

Minutes of Meeting held on 20 August 2024

Present

Tom Steele (TS)	Chair	Scottish Ambulance Service
Janice Malone (JM)	Programme Manager	Healthcare Improvement Scotland
Alan Stevenson (AS)	CEO	Volunteer Scotland
Harry Balch (HB)	Volunteering Services Manager	NHS Greater Glasgow & Clyde
Marion Findlay (MF)	Director of Services	Volunteer Edinburgh
Eilidh Gallagher (EG)	Head of Person-Centred Care	NHS Forth Valley
Craig Hunter (CH)	Head of Service, Strategic Operations & Resilience	Scottish Ambulance Service
Mike Melvin (MM)	Volunteering Services Manager	Aberdeen City TSI, ACVO
Siobhan McIlroy (SM)	Head of Patient Experience	NHS Fife
TK Shadakshari (TKS)	Lead Chaplain, Strategic Diversity and Spiritual Care	NHS Western Isles
Diane Graham (DG)	Head of Engagement Practice – Improvement	Healthcare Improvement Scotland
Jane Christie-Flight (JCF)	Employee Director	NHS Golden Jubilee
Louise Ballantyne (LB)	Head of Engagement	NHS Grampian
Stephanie Johnstone (SJ)	Senior Policy Manager	Scottish Government
Rachel Killick (RK)	Spiritual Care and Volunteering Services Manager	NHS Greater Glasgow & Clyde

In attendance

Diane Lockhart (DL)	Voluntary Services Manager	NHS Lothian
Sarah Compton-Bishop (SCB)	Chair	NHS Highland
Iain McClumpha (IM)	Administrator	Healthcare Improvement Scotland (Minutes)

Apologies

Alison Solley (AIS)	Director of AHPs	NHS Dumfries & Galloway
Rachael Honeyman (RH)	Head of Volunteering	NHS Lothian
Tracey Passway (TP)	Head of Patient Safety, Clinical Governance and Risk Management	NHS Tayside
Geraldine Lawrie (GL)	Head of Workforce and Development	NHS Grampian
Tejesh Mistry (TM)	Chief Executive	Voluntary Health Scotland

1. Welcome and Apologies

TS welcomed everyone to the meeting and gave a brief overview of the state of play with the NHS in Scotland since the Covid outbreak in 2020.

Apologies were noted.

2. Minute of meeting of 20 February 2024 and matters arising

The minutes of the previous meeting were agreed to be accurate, and discussion turned to the actions raised.

JM noted that the following actions had been completed:

- Terms of reference review: Action: The Terms of Reference was accepted and can be circulated in the next couple of weeks (JM)
- Disclosure Scotland Consultation
- Developing the mental health workforce. Action: MF will forward contact details for NHS Education for Scotland to TS.

JM also noted that the following actions were outstanding, and will be carried forward to the next meeting.

NHS Scotland Volunteering Strategic Risks.

Action: JM, TP and TS will meet. NHS Scotland Volunteering Strategic Risks will be taken to the NHS Chairs meeting at an appropriate time.

Under 16's and NHS Scotland Volunteering.

Action: TS and JM will reflect and see if there are any actions for the group, how to follow up and challenge barriers.

3. Disclosure Act Fees - Business Regulatory Impact Assessment (BRIA)

Gerry Murray, Customer Engagement Manager, Disclosure Scotland

Disclosure Scotland has recently completed a consultation with stakeholders on fee waivers/discounts.

Disclosure Scotland's fees and fee structure have not changed since 2011. This is the longest period fees for disclosure products in Scotland have been frozen. Whilst this consultation did set out some proposed fee levels for disclosure products under the Disclosure Act, taking account of affordability, actual cost of delivery and inflation, its focus was on gathering more evidence on Disclosure Scotland's approach to fees in certain circumstances to help us develop our policy approach to fees.

Further to this, work is ongoing to ensure fees are set at a level for 2025/26 which balances affordability for customers against the cost of delivering disclosures. Please note that a new fee structure (such as linking payment to the time-limited scheme membership) would not be implemented until 2026.

As part of this work, Disclosure Scotland are engaging with the advisory board to understand the impact of various options for fee levels for 2025/26, including retaining fees at their current levels.

Having given a presentation GM invited questions:

- With reference to the slide detailing fees (Option 1 current, Option 2 full cost recovery and Option 3 the optimum fees) JM queried if the fees under Option 3 were a stepping stone to the highest level, Option 2, to which GM replied that if Option 2 was selected that is the option that would be used, with no hidden rises in fees.
- JM also commented that any increase in fees could impact on the number of volunteers that NHS boards could engage and has the potential for NHS boards to have no choice but to reduce the number of volunteers involved in regulated work.

- TS noted that Option 2 would need to source additional funding.
- Following a question from AS concerning how the figures for Option 3 were arrived at, GM noted that Option 2 was the cost recovery model it is agreed that it was a substantial increase, so a 'plan B' was needed, thus Option 3, an intermediate level.
Following further discussion GM noted that there may be a need for an Option 4, but what that will look like is unknown at the moment.
- TS noted that the Scottish Government might want a cost neutral option, adding that this is a challenging time for the service, and the NHS as a whole. GM responded by noting that although prices for everyone have risen for the past 13 years, Option 3 may be the best option.
- MF mentioned that, from a QVO perspective any rise on fees could see volunteers leave the service, adding that the £140 PVG cost could be the last nail in the coffin, and have a knock-on effect on the wider NHS itself. GM replied that all the concerns and comments from the meeting are being recorded and will go to the Ministers for consideration.
- MM commented that volunteer organisations were distraught and devastated by the potential impact of any rise in registration fees. MM added that the pressures on the NHS of delayed discharges could be exacerbated by proposed fee increases. MM also noted that locally they are having to deal with a £35 million shortfall. GM responded that the Option 1, status quo is still an option.
- In response to a question about volunteer organisations GM noted that at the moment they do not have to pay fees.
- HB commented that she was shocked when she saw the Option 2 fees for disclosure and PVGs. These costs, she added would result in the demise of the volunteering service and added that even the more palatable Option 3 would have an impact.
- RK asked GM if he was asking what impact the new fee structure would have on new volunteers and staff, and if NHS Board staff were also being consulted. GM replied that was the case and that all of the impact assessments would be going to the Ministers. GM added that if anyone has comments or questions to email him.

Action:

JM to send GM a copy of the NHS Scotland Volunteering Impact: Insights from the Frontline report.

4. Encouraging NHS board sign up to the Volunteer Charter

Alan Stevenson, CEO Volunteer Scotland

Following NHS Grampian recently signing up to the Volunteer Charter and some excellent publicity around this AS was keen to have a discussion with the advisory board around how we can encourage other boards to sign up.

Key to this will be that the commitment to the charter comes from senior leadership within the board - as demonstrated by NHS Grampian's recent activity.

NHS Grampian has made a ground-breaking commitment by being the first NHS board to pledge support for the Volunteer Charter. This significant endorsement highlights the essential role that volunteers play in the healthcare sector. It is our hope that NHS Grampian's leadership will inspire other NHS boards across Scotland to follow suit, publicly committing to the highest standards of volunteer involvement.

AS shared a presentation with the membership which included the ten principles which were launched in 2023 as part of the charter. LB added that she was delighted when MM highlighted the charter to NHS Grampian as was very keen to support.

MM noted that the charter strengthens the relationship between Boards and volunteers, and added that JM's report highlights the work of volunteers well. He added that Boards should all sign up to the charter and highlight how they can benefit from volunteers.

TS gave his thanks for the presentation and discussion and asked if any of those present would be enthusiastic for the charter to be more widely accepted, several NHS boards highlighted that they are considering signing up.

JM commented that leadership buy-in is important, to bring volunteering into those strategic level conversations.

Following a brief discussion where others agreed with JM the following action was agreed:

Action:

JM to draft a communication (with input from MM, AS and LB), which will be sent on behalf of the advisory board from TS to NHS board chairs and CEO's.

5. NHS Scotland Volunteer Impact Series: Insights from the Frontline - NHS Staff Perspectives report

Janice Malone, Programme Manager, Healthcare Improvement Scotland

JM noted that she had shared the report with everyone and gave an overview of the findings contained within:

- The survey generated 251 responses in total, reflecting the views of staff across 46 NHS Scotland locations in five NHS boards.
- The findings from the pilot survey have given very useful insights into the positive impact that involving volunteers has on NHS staff. Based on the perspectives of NHS staff who participated in the survey, we can conclude that volunteers contribute to a range of benefits for both staff and patients.
- The most significant finding from the report was that 99% of staff who responded to the survey said that involving volunteers is worth the investment of their time. Of that, 84% also said that they spent less than 30 minutes per day providing support to volunteers. This would then suggest that volunteers provide a high level of benefit, for minimal investment of time.
- Similarly, 69% of staff reported that involving volunteers reduces their levels of stress, alongside 26% who told us that volunteers help to support their mental health and wellbeing at work. Staff also reported better quality patient care, improved patient wellbeing and improved communication between staff and patients as outlined below:

65% agreed that volunteers help staff deliver better quality of care.

45% reported that volunteers improved responsiveness to patient and visitor needs.

29% told us volunteers support their professional development and / or gave them supervisory experience.

23% told us that volunteers contribute to reduced number of complaints from patients.

35% said that volunteers improve communication between staff and patients.

56% agreed that volunteers free them up to do other tasks.

In conclusions, the findings support volunteers as valuable partners in delivering quality care and outcomes for patients and visitors in healthcare and that the time required to support volunteers is minimal in comparison to their impact.

JM asks of the advisory board:

Consider opportunities to share the findings of this and the Volunteer Experience survey, and asked if there were any opportunities to present at conferences or events, and added whether VAB members could share the report with their networks when it is published.

LB commented that the report was very well produced and noted that staff sometimes don't know what volunteers do, adding that staff benefit from working with them. LB also noted that staff views should be recorded in any impact assessment.

AS stated, that he liked the report and would like to share it as soon as possible with colleagues, and invited JM along to meetings to discuss the report.

TS suggested that people would be surprised at the report's positivity.

Action: JM to more widely distribute the report when published on the website.

6. Volunteering Management System

Janice Malone, Programme Manager, Healthcare Improvement Scotland

JM reported that there has been a slight delay in the timelines as a result of having to iron out some details and address some governance concerns that were raised by the Executive Team around data security and in light of ongoing conversations at NHS CEO level around where NHS systems should sit within the NHS in future.

JM added that despite the delay there has been some progress made in the background while these issues have been addressed. JM also noted that she has set up a Project Board and will be scheduling the first meeting very soon. First area of work will be procurement. She reported that she has been working with a consultant from DHI on drafting the tender document which is at the stage which requires input from the Project Board.

JM added that, all being well she hoped that the project will be able to go out to tender in the next 4 - 6 weeks, and to begin to recruit the project team within the same time frame.

DHI have begun working up the plans for building on what has been learned from the stage 2 scoping and planning the development of the national minimum data set and agree the high level processes that the system will support.

JM also noted that she has begun drafting communications about the project and as soon as some final work has been completed for ET it is expected that she should be in a position to be able to announce it publicly.

JM added that she hoped that everyone if they could get some local engagement. TS asked JM to keep the Board up to date as the system progresses.

7. Chair of the NHS Scotland Volunteering Advisory Board

TS who has chaired the advisory board for over 5 years reported that he will step down in September 2024. The role of Chair will be taken over by Sarah Compton-Bishop who is Chair of NHS Highland.

TS also mentioned that he felt it was a very rewarding role, and stated that he felt SCB would be an excellent Chair going forward.

SCB noted that she was looking forward to taking over the role and highlighted her previous roles, which included working with Argyll and Bute IJB, and has a background in community-led development.

Advisory board members thanked Tom for his leadership and support, recognising the impact that he has had on volunteering in NHS Scotland.

8. AOB

No other items were raised.