

MINUTES

NHS Scotland Volunteering Advisory Board

12 November 2024, 1030 to 1200 on MS Teams



Present		
Sarah Compton-Bishop (SCB)	Chair	NHS Highland
Janice Malone (JM)	Programme Manager	Healthcare Improvement Scotland
Louise Ballantyne (LB)	Head of Engagement	NHS Grampian
Jane Christie-Flight (JCF)	Employee Director	NHS Golden Jubilee
Gary Cocker	Participation Team Leader, Person-centred Outcomes, Participation & Sponsorship Unit	Scottish Government
Rachael Honeyman (RH)	Head of Volunteering	NHS Lothian
Diane Graham (DG)	Head of Engagement Practice – Improvement	Healthcare Improvement Scotland
Craig Hunter (CH)	Head of Service, Strategic Operations & Resilience	Scottish Ambulance Service
Siobhan McIlroy (SM)	Head of Patient Experience	NHS Fife
Gerry Lawrie	Head of Workforce & Development	NHS Grampian
Tejesh Mistry (TM)	Chief Executive	Voluntary Health Scotland
Tracey Passway	Head of Patient Safety Clinical Governance and Risk Management	NHS Tayside
Alison Solley (AIS)	Director Allied Health Professionals	NHS Dumfries & Galloway
Alan Stevenson (AS)	CEO	Volunteer Scotland
In Attendance		
Dawn Fisher (DF)	Senior Project Officer	Healthcare Improvement Scotland
Harry Balch (HB)	Volunteering Services Manager	NHS Greater Glasgow & Clyde
Evelyn McPhail	Board member	Healthcare Improvement Scotland
Apologies		
Marion Findlay (MF)	Director of Services	Volunteer Edinburgh
Ruth Hutton (RH)	Third Sector Unit, Volunteering Team	Scottish Government
Stephanie Johnstone (SJ)	Senior Policy Manager	Scottish Government
Rachel Killick (RK)	Spiritual Care and Volunteering Services Manager	NHS Greater Glasgow & Clyde
Mike Melvin (MM)	Volunteering Services Manager	Aberdeen City TSI, ACVO
TK Shadakshari (TKS)	Lead Chaplain, Strategic Diversity and Spiritual Care	NHS Western Isles
Fiona ZapiRAIN (FZ)	Team Lead, Third Sector Unit	Scottish Government
Board Support		
Alison Waugh (Minutes)	Administrative Officer	Healthcare Improvement Scotland

1.	Welcome and apologies
	SCB introduced herself to the Board. She is chair of NHS Highland and is delighted to be taking over from Tom Steele as Chair of the Volunteering Advisory Board. SCB thanked JM for her

	<p>support and bringing her up to speed. SCB welcomed, and asked that it was noted, that Evelyn McPhail is shadowing as part of the Aspiring Chairs Programme run by NES.</p> <p>Apologies were noted.</p>
2.	Minute of meeting of 20 August 2024 and matters arising
	<p>The minutes of the previous meeting were agreed to be accurate.</p> <p>JM noted that the following actions carried forward from the May 2024 meeting were outstanding, due to capacity, and will be carried forward:</p> <ul style="list-style-type: none"> • 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. <p>JM noted that all other actions were complete. Following previous discussion on the Volunteer Charter, a communication had been sent to NHS board chairs and chief executive's and a Volunteering Practitioner Network event with Volunteer Scotland held about the benefits of the Volunteer Charter and Investing in Volunteers (liV). In Healthcare Improvement Scotland a volunteer policy is being developed and it is planned to sign up to be a Volunteer Charter Champion to coincide with the policy.</p> <p>ALS noted that NHS Dumfries & Galloway is one of the few boards who have done liV and asked what the general consensus was, and if people were doing the Charter rather than the liV.</p> <p>JM responded that the Charter and liV are two different things. There are principles in the Charter and the liV is about standards in volunteering. AS agreed with JM, the Charter is a minimum and liV is more about developing the volunteering programme, a standard accreditation and assurance. There are two different levels in investment in time.</p> <p>Discussion followed and comments included that the liV was an indication of the quality of service provided to volunteers, the language in the Charter not being in keeping with NHS board language and that the Charter was a way to demonstrate the board signs up to the principles and it gives assurance.</p> <p>AS commented that a refresh of the charter champion initiative had been done and noted that the point around language is important and will bear this in mind for future reviews.</p> <p>SCB suggested bringing this to last agenda item when thinking about when we measure and support, adding it is important to consider what we are using and why.</p> <p>Decision: The minutes from 20 August 2024 were approved.</p>
3.	NHS Scotland Volunteering Impact Series: Experiences of volunteers
	<p>SCB commented that she will not do a state of the nation but wanted to reflect. She thought Tom Steele had done did a great job of laying this out and felt it is standing on the edge of</p>

	<p>change, political change, budget, reform and to think about the uncertainty in the system. It is good to focus on the future of volunteering in the NHS, it is timely.</p> <p><u>Dawn Fisher, Senior Project Officer, Healthcare Improvement Scotland</u></p> <p>DF presented on findings from the Volunteer Experiences Survey 2024 including comparison with 2023 figures and highlighting findings that boards may want to explore and understand further.</p> <p>DF outlined the six recommendations for NHS boards and suggested how improvements could be made to volunteer experience:</p> <ol style="list-style-type: none"> 1. Engagement with staff at all levels across sites to foster greater awareness and understanding of the volunteers' roles and responsibilities and support inclusion of volunteers. 2. Consideration of how volunteers can be brought together more frequently to share experiences, skills and to socialise. 3. Feedback for volunteers which demonstrates how they make a difference to the overall work of the board as well as their immediate area. 4. Explore opportunities to increase flexibility for volunteers such as shadowing, performing dual roles and working across sites, where practicable. 5. Review placements to ensure that volunteers are matched to roles that allow them to utilise their knowledge, skills and experience. 6. Explore ways to further diversify the volunteer base to ensure that a broad range of applicants and volunteers feel that they're part of the NHSScotland and are representative of the community served by the site(s). <p>DF welcomed ideas and views on the recommendations for Healthcare Improvement Scotland. These recommendations included timing of the survey and encouraging all boards involving volunteers in their work to participate. Following a discussion it was noted by JM that we must try to strike a balance between national and local and a question of operational improvement versus strategic improvement.</p> <p>Action(s):</p> <ul style="list-style-type: none"> • JM and DF to bring to a future meeting a plan for volunteer and staff experience surveys. • JM to explore the use of a validated tool, including connecting with NES and Scottish Government.
4.	NHS Scotland Volunteering Transformation
4.1	<ul style="list-style-type: none"> • Progress Update • Volunteering Management System (VMS) • Outcomes and measuring success
	<p>SCB took the papers VAB-9-02 and 03 as read.</p> <p>JM outlined the key points: VMS is out to tender, and a supplier will be appointed in early January 2025. Our strategic vision, published last year, was a good place to set context for wider transformation of volunteering through VMS that we hope to achieve.</p>

	<ol style="list-style-type: none"> 1. Building and sharing evidence demonstrating the impact of volunteering. 2. Using knowledge and expertise to improve volunteering 3. Providing assurance that volunteering in NHS Scotland is high quality, safe and effective. <p>SCB introduced the discussion paper and summarised, asking members to consider how we use this to define outcomes and measure success. What can the tool do and what is the potential of the new system to support the wider transformation of volunteering.</p> <p>There was discussion around taking a benchmarking approach, as outlined in a publication from Wales to help us understand the current state of volunteering across NHS Scotland, which in turn would help the Volunteering Advisory Board to drive improvement at strategic level. This exercise would also have significant benefits for boards resulting in greater understanding around what individual boards are doing, benefits and impact of volunteering, levels of commitment and volunteer resource compared to other boards.</p> <p>TM felt that what is being described is change process and asked what support / resource around change management do we have. JM shared that over the past two years the work has been scoped, working with volunteer managers/colleagues across Scotland with consultancy support from DHI to define the business model for NHS Scotland Volunteering and helping to build a business case. DHI will continue to work with us through the next phase on developing the target operating model for NHS Scotland Volunteering. Fixed term staff are being recruited to support in overall project management.</p> <p>Other areas for consideration are NHS Scotland as an anchor organisation and wider thinking around community planning partnerships.</p> <p>SCB summarised that it had been a helpful discussion and there is potential work and correspondence between now and the next meeting for the group to have a more concrete idea of next steps.</p> <p>Action(s):</p> <ul style="list-style-type: none"> • JM will download the information added to the meeting chat. • JM will review the benchmarking document and bring a proposal to VAB. • SCB, JM and DF to meet and plan how to take forward.
5.	Any Other Business
5.1	<p>AS had met with Craig Hunter at the Scottish Ambulance Service about an issue with the Volunteer Charter and a community first responder role in the islands. AS was connected with the TSI raising the concern and Scottish Ambulance Service who were proposing the role. There was a positive conclusion; the role was in line with the Charter.</p> <p>Action: AS will share further information with SCB as requested.</p>