Welcome and apologies

Neil opened the meeting and apologies received were noted.

Minutes of meeting held on 22nd September 2015

The minutes of the meeting were agreed as accurate.

Matters arising

Update on Lampard report
An Update on the Lampard Report has previously been shared with the National Group and NHS board strategic leads. At the National Group meeting in September it was advised that a more cautious approach should be taken with sharing this more widely.
Claire Stevens and Alan Bigham informed the group of an update report published by the Department of Health, England on 26 November 2015; “Jimmy Savile NHS investigations: update on the themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile”. This report provides a summary of actions taken in response to the 13 recommendations of the Lampard report for the NHS, Department of Health and wider government. Interest has been expressed in this report within Scottish Government and what the response should be for Scotland.

Claire has been speaking with Angela Bonomy about recommendations for third sector engagement and governance arrangements in relation to how third sector organisations manage their volunteers. Voluntary Health Scotland has been asked to come up with a proposal to take this forward. The intention would be for the work to continue beyond the current financial year.

It was noted that if there were recommendations in the Lampard Report on the equivalent of the Protection of Vulnerable Groups (PVG) Scheme in England and Wales. That recommendation would require legislative changes as would be the case in Scotland.

Concern was expressed over the fact that for many roles, the guidance from Disclosure Scotland requires only basic disclosure which only give information on unspent convictions. Any person volunteering with only basic disclosure needs to be supervised which has an impact on staffing levels. Margaret provided an example relating to hospital radio (non-NHS volunteers) where this poses a current challenge, citing patient safety as the primary concern.

It was felt that the Department of Health report had still not addressed the fact that volunteers are engaged by the third sector within NHS settings.

It was felt to be important to have the right people participating in the proposed working groups with representatives from Scottish Government’s policy committee, SCVO, NHS boards, Disclosure Scotland being important key stakeholders.

4. Programme update

Alan gave a summary of key activities:

**Volunteering Information System**

- The Lothian legacy data has now been migrated.
- Nearly 100 people have now been trained in using VIS although there may be the need for some refresher sessions for those trained previously but who have not used it since.
- A VIS User group has been set up with representatives from each of the boards using the system. Their main task is to review the requests for system enhancements. There is currently a backlog of requests so some will be reviewed electronically with the main ones being considered at the next meeting in February 2016.
- One request that is being worked on now is to allow online applications to be submitted by volunteers. This should reduce the admin burden on the NHS. It is likely
that the link will not be freely available but will need to be sent to individual volunteers by the Volunteer Managers.

**Volunteer Managers National Networking Meeting**
- Although attendance was down for this meeting, good feedback was received on the day.
- Plans are in place for the next meeting, to take place in March 2016.

**Engagement of Integrated Joint Boards (IJBs)**
- A letter has gone out to Chief Officers of Integrated Joint Boards across Scotland to inform them of the research that will be taking place between now and January around developing, engaging and governing volunteers. It is hoped that the research being carried out will help to establish a baseline of where IJBs are in terms of working with volunteers and to identify what support might be required to meet the challenges. The aim is to have the information gathering stage complete by 22 January 2016. At the time of the meeting telephone interviews were arranged with 5 IJBs.
- It was noted that IJBs are mainly focussed on strategy at present. Highlighting the role of volunteering at this stage should help to promote this agenda.

5. **Update on meeting held with Danish Heads of Communication**

A contingent of 11 Heads of Communication from Denmark met with the Programme Manager to hear about volunteering within the NHS in Scotland. Although there is a strong culture of volunteering in Denmark, this is mostly in a sports setting and there is not so much within health settings. They were interested to hear about how volunteering in the NHS in Scotland has progressed over the years and felt that in Denmark they were far behind NHS Scotland in this respect.

6. **Why Volunteering Matters – The Case for Change**

Neil Galbraith fed back to the group his experience of judging the NHS Scotland health awards; it was humbling to see the work that was going on across the country and to hear of people going way beyond what would be expected of them.

The Why Volunteering Matters – The Case for Change paper was shared at the Volunteer Managers National Network meeting and the intention would be for it to be shared with strategic leads in NHS boards. It was also felt that the first 2 pages would be helpful for IJBs as they cover information relevant for strategic plans.

Harriet suggested that aspects of the report could be helpfully included in the Integrated Joint Board engagement report. Alan to oversee.
7. **Request from Cross party Group on Volunteering and the Voluntary Sector**

The letter written by Margaret McDougall, MSP asks members of the Volunteering and the Voluntary Sector Cross-Party Group to respond to questions on numbers of volunteers, plans to increase levels of volunteering and how to enhance the volunteer experience. Alan Bigham attended the discussion in parliament on that day and much of the discussion focussed on increasing participation rates. It was felt to be important to recognise that volunteering in health is not just about numbers but about the experience for patients. The questions have been passed on to the strategic leads for their response. It is not clear if there is to be an outcome from the consultation but there is due be 1 further meeting of the Cross-Party Group within the current Parliamentary term.

8. **Any other business**

**Inclusiveness of NHS Scotland policies for refugees and asylum seekers**

Group members were asked if any of them have any experience of involving refugees and asylum seekers as volunteers.

NHS Greater Glasgow and Clyde have held meetings with the Scottish Refugee Council but there is a gap in expectation over where refugees could be placed, especially where they have been working in a medical capacity in other countries as there are no roles for volunteers to engage in medical activity.

Although there was no clear idea of numbers, the expectation was that Glasgow would have the greatest populations of refugees and asylum seekers and would be best placed to lead on this issue. Although equalities staff within NHS Greater Glasgow and Clyde feel that some of the policies are not as inclusive as they could be, the duty of care to patients takes precedence over this. For volunteers working in NHS Scotland, they require a good level of spoken and written English in order to communicate with patients.

Consideration is being given to exploring using volunteers for visiting where they are fluent in other languages. It was generally felt that community settings would be more appropriate.

Rob Coward mentioned NHS Education for Scotland’s Refugee Doctors Scheme, which is designed to help with English language assessment/development and job placement which he agreed to look into.

**Future of the programme**

Scottish Government have discussed between directorates the proposal of the Volunteering programme being mainstreamed with the rest of Scottish Health Council. Alan Bigham is drafting a report to identify resource requirements for this. It should be noted that Scottish Health Council is also going through a period of organisational change.

9. **Dates for National Group meeting in 2016**
It was noted that it is helpful to have dates set in advance so proposed dates for 2016 will be sent out for group members to confirm their availability. Finalised dates will be sent out after that.

**Action log**

<table>
<thead>
<tr>
<th>Agenda item</th>
<th>Action</th>
<th>Responsibility</th>
<th>Timescale</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Minutes of June meeting to be made available on the Scottish Health Council website.</td>
<td>Alan Bigham</td>
<td>Within 1 week</td>
</tr>
<tr>
<td>3</td>
<td>Share the Update on the Lampard Report Paper, previously shared with the National Group, with Colin Brown, Scottish Government</td>
<td>Alan Bigham</td>
<td>31/12/15</td>
</tr>
<tr>
<td>3</td>
<td>Training and induction materials to be shared to support those boards looking to develop paper based materials to supplement electronic training systems. Glasgow have a newly developed paper based system and Lanarkshire have a handbook.</td>
<td>Alan Bigham</td>
<td>On request</td>
</tr>
<tr>
<td>6</td>
<td>Why Volunteering Matters document to be shared with strategic leads in NHS boards</td>
<td>Alan Bigham</td>
<td>31/12/15</td>
</tr>
<tr>
<td>6</td>
<td>Case for Change to be referenced in the report stemming from the Integrated Joint Board engagement</td>
<td>Alan Bigham</td>
<td>In line with report publication timescale</td>
</tr>
<tr>
<td>8</td>
<td>Rob to source information on the NES Refugee Doctors Scheme</td>
<td>Rob Coward</td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>Clarification to be sought over future links with Scottish Government</td>
<td>Alan Bigham</td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>Proposed dates for meetings in 2016 to be sent out</td>
<td>Susan McLaren</td>
<td>Within 1 week</td>
</tr>
</tbody>
</table>