

NHS Volunteering Taskforce

Report and
Recommendations

June 2023



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Foreword

During the COVID-19 pandemic, we saw the vital role of volunteering demonstrated as never before with hundreds of thousands of volunteers across the country stepping forward and giving their valuable time and expertise to support their communities and the NHS.

It was incredible to see so many people making such a difference, whether it was through helping neighbours who were socially isolating, taking part in essential vaccine trials, or supporting the rollout of the most successful and largest vaccination programme in NHS history. - every one of our volunteers has played a vital role and we are immensely grateful.

Of course, community involvement in health and care didn't start with the pandemic; volunteering has been an integral part of the NHS since it began and was an important part of social care before then.

Across the NHS, there are many examples of fantastic volunteering projects that make a real difference to service users and our colleagues every day. One example is

Colchester Hospital's 'blanketeers' project. Set up by nursing colleagues at the hospital, volunteers make blankets to give comfort to patients and their families during end-of-life care, while also helping to combat loneliness in the community. The support and comfort the blanketeers give patients and their families at often the most difficult of times cannot be underestimated.

Our national NHS Cadet programme, developed and delivered in partnership with St John Ambulance, is another example of how volunteering can support our services and patient care, and our workforce. Through health-related volunteering, thousands of young people have the chance to take part in activities, hear directly from NHS staff and learn about the many different roles on offer.

The pandemic also highlighted the important role volunteering can play in a health and care crisis and the willingness of people to support their health and care services, and communities.

At the same time, it has raised important questions about the effectiveness of our current approaches to volunteering. Are we enabling people to volunteer in the simplest way? Are we offering appropriate volunteering roles and tasks? How can we best ensure our volunteers help us to improve patient and service user experience, and contribute to reducing pressure on our workforce?

Much of the information we have about the impact of volunteering is anecdotal and heavily localised. There is solid evidence that volunteering is good for volunteers – it improves health and wellbeing, as well as reducing loneliness – but the impact that volunteers can have on the organisations and people they're supporting is less well documented.

The NHS Volunteering Taskforce was set up in 2022. It has brought together clinicians, volunteers, voluntary organisations, policy makers and civil servants so we can better understand how to harness and build on the outpouring of help and support that we witnessed during COVID-19 in a way that optimises the impact of our volunteers on services and makes sure they also have the best experience possible.

The result is a set of recommendations to help take volunteering in health and care services to a new level. We want to strengthen leaders' awareness of the value of volunteering, expand the number and nature of volunteering opportunities and ensure a greater consistency of volunteer experience across all health and care settings. While the focus of the report is on NHS volunteering, we believe the principles could be applied more widely. It is also important that we continue to be inspired and learn from other sectors.

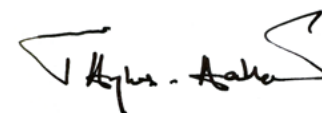
We would like to take this opportunity to thank all our taskforce members and those who supported our workstream task and finish groups for giving their time, knowledge and sound advice to support this work.



Ruth May
Chief Nursing Officer
for England

A handwritten signature in black ink that reads "Ruth May".

Sir Tom Hughes-Hallett
Founder, Helpforce

A handwritten signature in black ink that reads "Sir Tom Hughes-Hallett".

Executive summary

NHS England set up the NHS Volunteering Taskforce in January 2022 to stimulate transformational change in volunteering and strengthen links between volunteer programmes in and outside the NHS in England.

Co-chaired by Chief Nursing Officer for England Dame Ruth May and founder of Helpforce Sir Tom Hughes-Hallett, the taskforce has brought together a coalition of leaders from across government, the NHS, social care and the voluntary, community and social enterprise (VCSE) sector.

To frame its work, the taskforce developed a five-year vision for volunteering in the NHS. This set out its key ambitions for volunteering to be recognised as a key contributor to:

- improved patient experience and outcomes
- better staff experience and wellbeing
- reduced pressure on staff and services
- improved volunteer wellbeing alongside the acquisition of skills, experience and confidence.

The taskforce set up five workstreams to analyse the challenges facing volunteering in health and care. These covered: the definition of health and care volunteering; data; vision and leadership; volunteer experience, and volunteering to support resilience.

The workstreams pulled together some initial recommendations which were then tested during a period of wider engagement (May-July 2022).

The taskforce gathered stakeholder insight and feedback using existing networks to reach out to people already working within volunteering in health and care, and bespoke events and activities to inform and engage new audiences including senior leaders and clinicians. The taskforce has used this insight and feedback to produce four recommendations:

- **Data and measurement** - NHS England should develop consistent and appropriate measures as part of workforce returns to track number of volunteers, volunteering hours and diversity data.
- **Leadership** - NHS England should establish and maintain an influential network of ICS leaders, clinicians and experts to champion volunteering and the role of the VCSE, enabling their peers to understand how investment in volunteering can contribute to improved outcomes for patients and staff.
- **Volunteer experience** - NHS England should increase access to health and care volunteering opportunities by simplifying volunteer recruitment processes, enabling organisations to 'share' volunteers to meet changes in demand, and developing national volunteer experience standards that organisations can sign up to.
- **Resilience and emergency support** - NHS England should use learning from the pandemic to ensure it can stand up appropriate national volunteer and VCSE support swiftly in an emergency.

Section 1: Introduction

1.1 Background

Volunteers have always supported the NHS and before COVID-19 there were an estimated 100,000 volunteers supporting NHS trusts alone. There are over 300 different volunteering roles available, ranging from volunteers who sit with patients at the end of life, to the volunteer doulas who support vulnerable women through the final days of pregnancy and labour, or those who help with signposting in a busy hospital. The benefits these volunteers bring to the experience of our patients is invaluable. They do not replace, nor are they substitutes for, our substantive paid workforce; rather, they offer additional support that can enhance a patient's experience or reduce their anxiety levels by providing additional capacity for kindness and compassion.

As well as formal volunteering, the NHS relies on the informal support provided in the community to help keep people safe and well, whether in helping a neighbour get to a hospital appointment, checking in on people during a heat wave, or picking up a prescription for someone who cannot get to the pharmacy.

During the pandemic, the need for volunteers increased almost exponentially, at a time when many of our existing volunteers were forced to take a step back because they were themselves in a high-risk category. With 3.7m people advised to shield, there was an increased need for support in communities to help deliver shopping, prescriptions or medical equipment, as well as other forms of support to help prevent loneliness and protect mental health. The number of people who stepped forward to help the NHS was overwhelming, with 750,000 people signing up to the NHS Volunteer Responders programme in just four days following the Prime Minister's call to action¹ and it is estimated that over 12 million people overall volunteered in different ways to provide support in their communities or with local or national voluntary sector organisations². Their support enabled the rollout of the COVID-19 vaccination programme – the largest and fastest vaccination programme in NHS history – which helped to keep people safe in their communities, reduced the number of Covid-related deaths and relieved pressure on NHS services.

We should be proud of this legacy. We know that many of those volunteering were doing so for the first time and that many also want to continue volunteering.

¹This translated into 400,000 putting themselves forward to take on tasks by going 'on duty' as NHS Volunteer Responders.

²Our chance to reconnect: the new Talk/together report - British Future.

Yet, the availability of volunteering opportunities is extremely variable across the country and, as a member of the public, it can be difficult to find the right opportunity. This is a key factor in preventing health and care systems from fully realising the benefits of volunteering.

The NHS Volunteering Taskforce was therefore established to build on the achievements of the pandemic to create a sustainable legacy for volunteering across the NHS and within other organisations, acting on behalf of the health and social care system.

NHS Volunteer Responders stepped up at speed during the pandemic

NHS volunteer responders (NHSVR) was set up in the first weeks of the pandemic to support clinically vulnerable people to self-isolate. Volunteers were recruited across the country to deliver food, medication and make phone calls to reduce loneliness. They also helped move PPE and other vital supplies between NHS sites, and gave patients lifts to essential medical appointments. More than 450,000 volunteers took part, completing 2.2 million tasks within the first two years.

Volunteers were supported and managed digitally from the outset using the GoodSAM smartphone app. This offered volunteers a high level of flexibility to work around other commitments as they set their availability and selected tasks to complete through the app.



A steward volunteer helps manage patient flow at a COVID-19 vaccination site

Volunteer responders also played a vital role in the roll-out of the COVID-19 vaccination programme when its steward volunteers supported staff and patients, fulfilling 360,000 vaccination site shifts.

Dr Dame Emily Lawson DBE, National Director for COVID Vaccine Deployment, December 2020 – March 2022 told steward volunteers: “We absolutely could not have done it without you.”

1.2 What is the NHS Volunteering Taskforce?

NHS England set up the NHS Volunteering Taskforce in January 2022 to stimulate transformational change in volunteering and strengthen links between volunteer programmes in and outside the NHS in England. By creating a shared vision and clear set of recommendations the Taskforce wants to turbo-charge volunteering activity that specifically improves health outcomes, reduces health inequalities, improves volunteer wellbeing and increases the resilience of health and care services at times of extreme pressure, such as a future pandemic.

Co-chaired by chief nursing officer for England, Dame Ruth May and Sir Tom Hughes-Hallett, the taskforce has brought together leaders from across government, the NHS, social care and the voluntary, community and social enterprise (VCSE) sector (see appendix A). These key stakeholders and delivery partners have pooled their knowledge and experience to hold strategic conversations about volunteering which have been enhanced by operational insight. Five separate workstreams were set up to explore different aspects of the volunteering agenda and draw on additional expertise.

**Trained volunteer
Rochelle holds
a patient's hand
during eye
surgery**

A hand to hold makes all the difference

Operating theatre support volunteers at Moorfields Eye Hospital, London enable staff to focus on their clinical role by reassuring patients under local anaesthetic.

Anxious patients are accompanied by trained volunteers in the operating theatre where they can signal their needs, or simply draw comfort from having a hand to hold.

Volunteers support the patients as they wait for their procedure, through to discharge. And clinical teams can respond to any patient needs that volunteers identify.

Professor Gus Gazzard, Director of the hospital's glaucoma service, says of the volunteers' support: 'Patients are more relaxed and the theatre team can focus on their work safe in the knowledge that someone is there to help calm the patient and allay their fears.'



The taskforce also made use of recent research and reports, including the [Vision for Volunteering](#) (see 1.3), the [Centre for Ageing Better Age-friendly and inclusive volunteering](#) and the Kings Fund study [Adding value through volunteering in NHS trusts](#). We also benefited from programme delivery and previous engagement with relevant networks.

The period of analysis was followed by a programme of stakeholder engagement (see section 2) to test and refine taskforce thinking before producing the final set of recommendations set out in this report (section 3). We ask that decision makers take time to read the recommendations in full and consider how they might be able to respond to help make our vision a reality.

1.3 Scope

Taskforce members agreed that to achieve their overall ambitions, they needed to define a strategic framework that supports the embedding of volunteering within the NHS, recognises and includes the breadth of volunteering that already contributes to health and social care, unlocks investment for impact, and improves the volunteer environment for all who have a volunteer connection with the NHS.

While all volunteering is valuable, the taskforce needed to limit its scope to ensure that the recommendations could be as tangible as possible. Therefore, it also limited the focus of this report to volunteering for/and/or on behalf of the NHS. During its investigations, the taskforce heard about the ambitions of colleagues and leaders in social care and hopes further consideration will be given to covering the breadth of health and social care volunteering.

The following definition was used across all engagement activity and in developing recommendations:

Health and care volunteers form an essential part of the community of support that ensures the best experience for people in need of health or social care support. They provide their time and talents, freely and unpaid, for people beyond their close family.

Health and care volunteers are organised by the NHS, public and voluntary sector partners and community groups to deliver individual or collective actions. They have clearly defined roles that often include some degree of selection, training and supervision and are deployed where their role and contribution are valued and respected.

Volunteer-led phone support helps patients stay well

Volunteers at George Eliot Hospital NHS Trust in Nuneaton have engaged with almost 3,000 patients who are on waiting lists or have recently been discharged from hospital. They ensure patients receive the help they need, improving their wellbeing, patient experience and outcomes.

The trust set up the contact centre in October 2021 with support from volunteering charity Helpforce. Volunteers make check-in phone calls to patients to identify any issues or concerns. These are passed on to a clinician if appropriate. If the patient needs help with loneliness, transport, or getting in shape ahead of surgery then support is arranged through volunteers in the community.

Christian Hancox, Voluntary Service Officer at George Eliot Hospital said: “Our project is responsive and innovative, our volunteers really do make a difference.”



Types of volunteering

In addition to the definition of health and care volunteers above, the taskforce used the following parameters to describe types of volunteering. They are based on [research from the Kings Fund](#) and relate to NHS trust-based volunteering.

Function and impact

- **Enhancing patient/staff experience** – and experience of visitors, relatives, and carers.
- **Service delivery** – supporting or leading therapeutic interventions or supporting access to services.
- **Operational support** – tasks that enable efficiency, effectiveness.
- **Involvement and improvement of services through lived experiences** – eg using patient forums.

Training/experience

- **Generalist** – role doesn't require significant additional training, although it may be offered for quality/safety.
- **Generalist (upskilled)** – role requires some additional training beyond what is typically provided as standard.
- **Specialist** – more advanced or specific roles that may require qualifications, certain lived experience, professional training or accreditation.

A volunteer supports patients ahead of surgery at the George Elliot Hospital

1.4 Vision for volunteering in the NHS

Volunteers who support health and social care, whether directly for trusts or via charities, make up one of the largest group of volunteers in the country. Therefore, the taskforce felt it appropriate to develop a five-year vision for the NHS.

Five-year vision for volunteering in the NHS*

By 2028, the NHS Volunteering Taskforce expects volunteering to be recognised as a key contributor to:

- improved patient experience and patient outcomes
- better staff experience and wellbeing
- reduced pressure on staff and services
- improved volunteer wellbeing and the acquisition of skills, experience and confidence.

Volunteering is currently fragmented across the NHS. By 2028, volunteering should be recognised equally across England, with investment to ensure the maintenance of appropriate volunteering infrastructure. Barriers to volunteering will have been reduced so that anyone who wants to volunteer will be able to do so, while maintaining a safe experience for everyone.

* The Taskforce has drawn on the [Vision for Volunteering \(2022\)](#) in developing this vision.

Board support boosts volunteers' impact

Norfolk and Norwich University Hospitals NHS Foundation Trust regularly reports on the numbers, activity and impact of volunteers to its board of directors, as well as its quality and safety committee and hospital management board. This amplifies the impact volunteering has on compassionate care and patient experience at the trust, says chief nurse Dr Nancy Fontaine, who heads up the patient experience and engagement team including volunteer management.

"As chief nurse I can see first-hand the difference made by a robust and professionally managed voluntary services team and I can champion and advocate for continued investment," she says.

"This releases the power of volunteering to improve experiences of care, as well as freeing up staff to undertake the more complex care which is needed more and more by our increasingly vulnerable patients."

Section 2: Developing the recommendations

2.1 Initial development

The full taskforce met five times between January and June 2022. Members used these meetings to agree the overall scope and vision for the work. They also supported the development of an engagement plan to ensure that we reached:

- Stakeholders who are already informed about volunteering to understand their priorities.
- Key stakeholders, such as clinicians and senior leaders, who may be less aware of the potential of volunteering, to consider how enhancements to volunteering practice could help them address some of their key challenges.

Five workstreams developed initial recommendations that could be tested through broader engagement:

- Definition - to support the scope of the taskforce (see section 1.2)
- Data and measurement
- Vision and leadership
- Volunteer experience
- Volunteering to support NHS resilience.

Each workstream was led by a member of the taskforce, with additional members drawn from the taskforce and representatives from a wider group of organisations with relevant expertise.

2.2 Wider engagement

A period of wider engagement followed (May-July 2022) to test workstream recommendations and identify further areas for consideration.

The taskforce gathered stakeholder insight and feedback using:

- Existing networks to reach those who already work within volunteering in health and care.
- Dedicated meetings for a wider audience delivered by independent partners. They included three webinars organised with the Royal Society of Medicine to inform clinicians, and a dedicated workshop delivered by NHS Horizons for NHS trusts and system leaders – in particular, for chief nurses and HR directors.
- Insight from other research and reports published by, for example, the Kings Fund, Vision for Volunteering and NHS England.

All these routes provided a rich source of ideas and considerations for the taskforce. Appendix C provides further details of the engagement activity.

2.3 Feedback and learning

The overriding message from the engagement feedback was the need to 'seize the day'. Informed and less informed

stakeholders all emphasised the need to capitalise on increased knowledge and awareness of volunteering as a result of the pandemic.

Dedicated volunteers make great recruits

Shaun Sproule, 47, took a change of career direction when he moved from being a volunteer to an emergency medical technician at North West Ambulance Service NHS Trust.

He now manages other volunteers, ensuring community defibrillators are fully available across two counties.

He says: "It was volunteering as a community first responder that opened my eyes to the range of opportunities in the ambulance service and I can honestly say that I love my job."

Area community engagement/resuscitation manager and chair of the National Ambulance Responder Managers Group Mark Evans oversees the trust's 550 volunteers across Cumbria and Lancashire. He explains:



Shaun Sproule moved from volunteering to a staff role at North West Ambulance Service

"By supporting our volunteers to move into staff roles we know we're recruiting people who understand what's involved and really want to do it. We've employed more than 50 former volunteers in the last few years and the training we provide stands them in good stead to kick-start their career in the ambulance service."

"This has been such a successful means of attracting great candidates that we're now working towards an independently accredited training course to give our volunteers a potential route into employment within the ambulance service."

This section provides a summary overview of the feedback received:

Workforce

- Volunteers should be part of workforce planning, but there should be clear boundaries between volunteer and paid roles – volunteers enhance the work of staff, they don't replace them.
- We should invest in volunteers as potential future employees – developing skills and creating pathways from volunteering to paid roles.
- We should aim to recruit more young volunteers, including collaborating directly with schools and colleges, recognising the likely impact of this on future employment choices.
- We need to consider the impact on management/leadership and volunteer experience when introducing volunteering to settings/organisations/teams for the first time.

Inequalities and health inequalities

- Volunteers strengthen links between NHS organisations and our communities – this supports us to share preventive health messaging.
- The NHS can work to connect with and engage citizens from marginalised communities. There has been very effective work in the regions, getting community leaders on side and engaging with communities on a peer-to-peer level.
- Volunteering can be a way of supporting people from different communities to gain new experiences, eg, refugees and people with disabilities.
- Use volunteers to relate to patients in areas where the volunteer has lived experience – patients may find it easier to open up to them.

- Because of the impact on health inequalities, we need to involve the volunteer voice in system-wide discussions about care to ensure we are learning from the experience of volunteers.

Collaboration

- We need to share best practice on volunteering between organisations.
- We should try to increase the sharing of volunteers between organisations – eg, by agreeing the mandatory training that would enable them to move between organisations without repeating similar training, and developing effective data sharing agreements.
- Start with community conversations about what is needed beyond hospital trusts.
- Join up community assets – navigate what is there before creating new services.
- Look everywhere for inspiration, including internationally.

Data collection

- We need to measure satisfaction levels relating to volunteering from the perspectives of volunteers, staff and patient experience.
- There is a need to know far more about who is volunteering and to monitor trends.
- We need to capture data and intelligence to demonstrate the impact of volunteering on health and care services, users and staff.
- We need to involve volunteers in developing meaningful metrics.

Volunteer experience

- We could create better ways to incentivise volunteers.
- Volunteer roles need to be co-produced with volunteers and clinicians to ensure they are not just given the jobs staff don't want to do and that they have impact.
- We could streamline recruitment processes and find a way of matching interests and availability with the right type of opportunity.
- A single place where people can search all available NHS volunteering roles would help people to find the right volunteering opportunity for them.
- We could be more flexible about the time volunteers give, for example introduce 'twilight volunteering'.
- Create more standardisation around volunteer recruitment and management to support wider access to volunteers and volunteering – and in a way that supports the development of best practice for different settings.

Comfort blankets ease the pain of bereavement

Handicraft groups with a difference are thriving in Colchester and Ipswich's hospitals, creating bright, colourful blankets that families can lay over their loved one's bed as the end of life approaches.

The effort and kindness the crafters put into every blanket helps bereaved families feel emotionally supported, and it brings a touch of home to what would otherwise be an impersonal clinical environment.

Colchester group co-founder Susi Long knows first-hand how important the gift can be. She was inspired by receiving a blanket to share with her mother during her final illness. Susi



Nurses at Colchester Hospital receive blankets to gift to patients and their families

treasured it in the months after her mother died and says: "The vision I have of mum is of her asleep in her blanket."

The 'blanketeers' have gifted an amazing 6,000 blankets, each of which took several days to create, along with knitted teddies to cheer up young patients in the children's wards.

Awareness of the benefits that volunteers bring

- Ensure both staff and volunteers understand the value volunteers bring.
- Develop a 'brand' for volunteers in the NHS to ensure consistency, increase awareness and welcome volunteers into the NHS family.
- Make NHS staff more aware of how best to work with volunteers and support volunteering in their organisations and beyond.

There was also clear feedback that to achieve the ambitions of the Taskforce, there needed to be a strong focus on addressing current challenges. These included:

- **Bureaucracy** – especially around recruiting volunteers.
- **Understanding and building on what already works** – some stakeholders felt it was important to share best practice and intelligence around successful (and unsuccessful) initiatives.
- **Leadership** – leaders and clinicians must be on board and recognise the value of volunteering in tackling their key challenges.
- **Capacity** – clinicians, volunteer managers and trade union representatives emphasised that increasing the number of volunteers and scope of volunteering will require paid management support.

To the power of tea

Volunteers at Walsall Healthcare NHS Trust's Manor Hospital have found a great way to help ease the stress of working in a busy hospital.

The trust's volunteers help run a staff lounge, offering a comfortable space where staff can take a break and enjoy free drinks and snacks, as well as chat to volunteers.

Originally set up to provide staff with space to take a break from the pressures of the pandemic, this facility has expanded to support staff through the current cost of living crisis. The trust's catering team now provide staff with free breakfasts and hot meals at a minimal cost.

Not surprisingly, the lounge has received a 5-star rating from nearly all staff using it. It has also helped them to recognise the importance of taking a break – something that can easily be overlooked in an exceptionally busy and challenging environment.

It has turned into a fantastic joint venture: the trust funds the free meal offer; staff contribute donations to ensure free drinks and snacks are available for all colleagues; and volunteers provide many hours of essential person-power to keep the service running.

Section 3: Final recommendations and delivery plan

Based on the feedback highlighted in section 2, and further analysis by Taskforce members, this section details the final recommendations from the taskforce.

Overarching principles

The following principles underpin all of the recommendations:

- **Local decision making** – recommendations are aimed at empowering, enabling collaboration and sharing learning across boundaries.
- **Organisational neutrality** – recommendations are designed to engage with all organisations that support volunteering in health and care that are working to achieve better outcomes for patients and the NHS.
- **Building on what already works** – the taskforce recognises this will be the most effective way to achieve radical transformation and fully embrace the impact of volunteering.
- **Equality of access** – we must address the stark inequity in infrastructure for volunteering (which often relates to relative economic strength) to enable consistent levels of provision, access and quality.

Everyone wins when communities support their carers

Carers using Brent Carers Centre have described its services as a 'lifeline'.

Research shows that unpaid carers who support sick or disabled relatives and friends are more than twice as likely to suffer from poor health as people without caring responsibilities. This, in turn, affects their ability to support those who rely on their care.

Brent Carers Centre offers information, advice and help with any issues relating to caring responsibilities. It has trained advice workers who can put carers in touch with the right people to resolve problems ranging from medical and social services to benefit claims, legal and housing matters. The charity also helps people who are struggling to fill in application forms or need someone to speak up on their behalf.

The centre also provides practical help such as guidance and advice on home repairs and support to secure or maintain employment. And to reduce social isolation it puts on fun events, activities and group meetings.

Attracting young volunteers helps boost the workforce

Wye Valley NHS Trust employed a youth engagement officer in 2020 to bring in young volunteers during the pandemic. This was essential as many older volunteers had stepped back due to their clinical vulnerability.

The trust established strong relationships with local colleges and other organisations which led to more than 100 young volunteers joining up within two years. Of these, 14 have taken up permanent or bank jobs in the trust.

The trust has developed specific support for its young volunteers and their induction includes learning how clinical areas work, meeting operational staff, and support to understand patients' needs and conditions. Emphasis is placed on developing the volunteers' communications skills and they are all offered ongoing pastoral support.



3.1 Recommendation: data and measurement

NHS England should develop consistent and appropriate measures as part of workforce returns to track the number of NHS volunteers to include:

- **number of volunteers (mandatory monthly collection)**
- **volunteering hours (optional monthly collections)**
- **diversity data - to be included as part of WRES and WDES collections (optional).**

Ultimately, we need to be able to measure the impact our volunteers (and volunteering) are having but understanding who they are and any trends we are seeing is a key first step in measuring this impact.

Young volunteer Nadia helps run an induction for new volunteers at Wye Valley NHS Trust

NHS England should support this recommendation by:

- Continuing its annual survey to seek additional intelligence about the volunteer landscape including supply and demand, types of roles, and developing the capacity to better recruit, manage and support volunteers.
- Working with an ICS to scope and pilot principles and processes for obtaining comparable data beyond NHS trusts.
- Inviting VCSE partners to submit relevant data to NHS England to increase overall intelligence about trends in volunteering in health and care.
- Developing a system for capturing data from other sources such as volunteer recruitment sites.
- Considering ways to track the number of volunteers that go onto a career in health and care.

Department of Health & Social Care (DHSC) should explore ways to track the number of care volunteers as part of workforce returns.

3.2 Recommendation: leadership

NHS England should establish and maintain an influential network of leaders to champion volunteering and the role of the VCSE. This should focus on ICS leaders but also draw on clinicians, VCSE organisations and others with experience of supporting volunteering in health and care. Their work will enable all ICS leaders and clinicians to better understand emerging evidence of how and where investment in volunteering can contribute to improved outcomes for patients and staff.

NHS England should support this recommendation by:

- Building a compelling case for volunteering to support the ICS leaders' network that draws on data analysis to demonstrate the impact of volunteers, volunteering and the VCSE sector.
- Identifying leaders who can champion the role of volunteering.
- Involving local and national VCSE leaders.

- Using this insight to develop a suite of materials including case studies, toolkits and frameworks that health and care organisations can use to embed volunteering within their governance and delivery processes.
- Working with ICSs to co-design a set of minimum expectations for volunteering and VCSE support at system and place level.

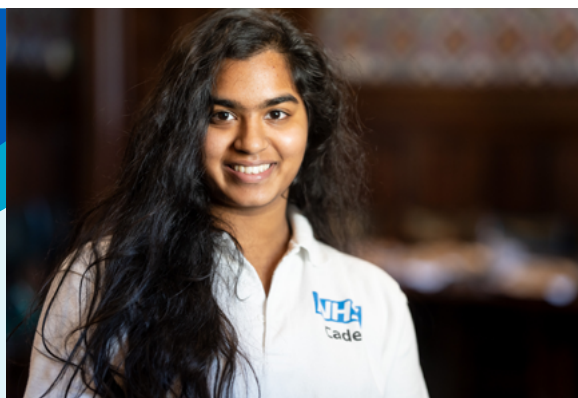
Local systems could support this recommendation by:

- Identifying local pathways where volunteers and the VCSE can best assist in improving outcomes for patients, families, and communities.
- Collaborating with partners to identify sources of funding which could help accelerate an expansion in volunteering opportunities.

Thousands of young people join NHS Cadets

The NHS Cadets was launched in 2020 to provide young people from diverse backgrounds with a step into an NHS career through training and volunteering. They meet at 101 sites across England, each linked to their local hospital trust.

To date more than 3,700 14- to 18-year-olds have taken part in NHS Cadets, learning first aid, leadership skills and about the 350+ careers available in the health service. Recruitment is targeted at young people from ethnic minority communities, those living in areas of deprivation, and other groups that are under-represented in the NHS workforce.



Minali encourages other young people from her area to join the NHS Cadets

Minali, from Croydon, urges young people growing up in areas with knife and gun crime to join the NHS Cadets, as she did. She says NHS Cadets has already helped towards achieving her ambition to become a doctor.

NHS Cadets is run in partnership by NHS England and St John Ambulance.

3.3 Recommendation: volunteer experience

NHS England should increase access to health and care volunteering opportunities by simplifying volunteer recruitment processes, supporting organisations to work together to meet changes in demand for volunteers, and developing a set of national volunteer experience standards.

NHS England should support this recommendation by:

- Developing a new ambition to increase the number of new volunteers from the most deprived neighbourhoods.
- Developing a health and care volunteering kitemark or brand that all volunteers supporting the NHS or social care can be part of.
- Investing in a recruitment portal as a national point of contact for all health and care volunteering opportunities.
- Working with agencies such as the Care Quality Commission, Disclosure and Barring Services and government departments to minimise the barriers that regulation creates for volunteering in health and care settings.
- Work with DHSC to test the contribution the NHS Volunteer Responders programme could make to adult social care.
- Developing volunteering as a route to a career in health care through programmes such as NHS Cadets for 14- to 18-year-olds and the National Volunteer Certificate.
- Incorporating the Centre for Ageing Better recommendations for age-friendly and inclusive volunteering into volunteering guidelines for trusts.

People with long term conditions thrive as volunteers

A volunteer-run activities programme at a GP practice in Stockport has had a major impact on patient health.

Dr Jaweeda Idoo is clinical champion for personalised care at Greater Manchester Health and Social Care Partnership and a working GP.

As part of the personalised care programme, she encouraged patients with long term conditions to become practice champions and share their skills, hobbies and passions with other patients.

With support from the practice manager and social prescribing link worker, a group of 18 volunteers launched a range of activities including singing, dancing and gardening.



Dr Jaweeda Idoo is a clinical champion for personalised care in Manchester

“People we had known for 20 years came forward with skills we never knew they had,” says Dr Idoo. “The results were incredible – our data showed a 28% reduction in the medical interventions required by those who took part in the activities.

Dr Idoo’s approach to reducing pressure on health services was developed by Altogether Better, a national networking body that has worked with over 300 GP practices to develop [Collaborative Practice](#), an evidence-based model.

3.4 Recommendation: NHS resilience and emergency support

NHS England and DHSC should use the learning from the pandemic to ensure they can stand up appropriate national volunteer and VCSE support, swiftly, in an emergency.

NHS England should support this recommendation by:

- Adapting NHS Volunteer Responders so that it can support local health and care systems to meet current challenges and provide a pool of volunteers who can be mobilised in an emergency.
- Establishing a framework for auxiliary support partners which will enable providers, ICBs, and national commissioners to draw on extra capacity from voluntary sector partners as part of a local or national crisis response.
- Continuing to ensure a regular dialogue with the VCS Emergencies Partnership to ensure the VCSE sector is aware of potential crises and can plan accordingly.

Next steps

The taskforce has now concluded its work and the recommendations above are presented to the NHS. We ask that decision-makers take time to read the recommendations in full and consider how they might be able to respond to help make our vision a reality.

There is a shared commitment to the vision for volunteering within the NHS and we know that partners are keen to work closely with the NHS as the recommendations are being taken forward.

Therefore, we suggest that NHS England set up an oversight group made up of organisations that count health and care volunteering among their priorities. Chaired by the Chief Nurse for England, this group will oversee the implementation of this taskforce's recommendations.

Wise women give reassurance before and during birth

The Bradford Doulas are trained volunteers who support vulnerable parents to feel calmer and more confident during labour and in the first weeks with their new baby.

Known as 'doulas', the Greek word for a wise woman, the volunteers undertake a Level 3 qualification which equips them to help mothers to have a positive birth experience and make informed decisions about childbirth, nutrition, and breastfeeding.

Project manager Aliya Fazil said: "There is no set criteria for receiving this support, but we focus our capacity on those who have the highest need. This is usually where there are social and medical concerns affecting the pregnancy and family, or the woman would otherwise have to go through labour on her own."

Based in one of England's most deprived areas, Bradford Doulas is commissioned by Bradford NHS Reducing Health Inequalities in Communities and A Better Start Bradford. They support around 95 mothers each year.

Aliya Fazil Project Manager (left) with a mother who benefited from the Bradford Doulas' support



Appendices

Appendix A – NHS Volunteering Taskforce members names

NAME	ORGANISATION
Dame Ruth May	Co-Chair and Chief Nursing Officer, NHS England
Sir Tom Hughes Hallett	Co-Chair
Mike Adamson CBE	British Red Cross
Karen Bonner	Buckinghamshire Healthcare
Neil Churchill OBE	NHS England
Emma Dean	Department of Health and Social Care
Sara Gorton	Unison
David Halpern CBE	Behavioural Insights Team
Jane Hartley	Voluntary Organisations Network North East
Martin Houghton Brown	St John Ambulance
Matt Hyde	Scouts Association and Co-Chair of Shaping the Future with Volunteering
Joy Johnstone	Department for Culture, Media and Sport
Catherine Johnstone CBE	Royal Voluntary Service
Samantha Jones	Office of the Prime Minister
Mark Lever OBE	Helpforce
Kate Livesay	NHS England
Alyson McGregor MBE	Altogether Better
Sir Keith Mills	
Zoe Seager	Department of Health and Social Care
Thomas Simons	NHS England
Tom Surrey	Department of Health and Social Care
Jean Tomlin OBE	
Sarah Vibert	National Council for Voluntary Organisations
William Warr	Office of the Prime Minister
Professor Em Wilkinson-Brice	NHS England

Appendix B: NHS Volunteering Taskforce terms of reference (updated 18 February 2022)

Purpose

To bring together a coalition of the willing to create and sustain a lasting legacy for volunteering, both directly with the NHS and with other organisations acting on behalf of the health and social care system, building on the incredible achievements of the public to support the NHS during the pandemic. Recognising the variability of volunteering across the NHS and social care, this taskforce will propose a more structured framework that enables volunteering to flourish across a range of NHS settings and brings together a more cohesive partnership between volunteering in the NHS, social care and the voluntary sector.

It is recognised that the immediate priority for volunteering is to deliver the Prime Minister's ambition for the vaccination programme. However, the taskforce will capitalise on this renewed public appetite for volunteering, to secure an ongoing legacy for health and care.

The taskforce will consider four elements:

1. Development of an inclusive vision for volunteering in health and care with a stretching but achievable goal that brings stakeholders together.
2. Creation of an overarching framework for volunteering that brings together a range of existing initiatives into a coherent overall offer to the public. This will include:
 - a. NHS Cadets and other opportunities for young people to volunteer, including opportunities from the age of 7;
 - b. A non-clinical NHS Volunteer Reserve that can be called upon at times of increased pressure (aligned, but separate to, the paid NHS Reserve which will work with ex-NHS staff / clinicians who will be paid for their time and therefore is out of scope of this Taskforce);
 - c. A Single Front Door / Single Point of Contact for volunteering opportunities in health and care;
 - d. A clear articulation of the range of volunteering roles available in health and care and where these can provide support (and not substantively replace) NHS staff, including in:
 - i. elective recovery
 - ii. hospital discharge
 - iii. supporting on wards
 - iv. primary and community care
 - v. social care.
 - e. A commissioning and partnership framework that supports the enabling of civil society organisations which use volunteers to support good health and social care outcomes.

3. Optimisation of the NHS's volunteering infrastructure and identification of what non-financial incentives might be needed to advance the vision for volunteering, including data, contractual levers and clinical leadership.

4. Creation of a call to action for the new integrated care systems and provider networks who will play a key part in advancing the vision.

Initial areas for consideration:

The taskforce will collectively agree on the areas of focus. However, the following list provides some options that the taskforce may wish to consider:

- definition and measures of volunteering (including non-clinical and clinical, paid and non-paid roles and volunteering in primary care)
- single point of contact
- recruitment and onboarding
- ongoing communications
- consistent training
- passporting
- non-financial incentives
- emergency volunteering leave
- social care volunteering roles
- partnership arrangements.

Potential enablers:

- senior Government and NHS buy into plan
- a figurehead/call to arms
- ongoing engagement and communication
- volunteer recognition etc.

Timings:

Terms of reference will be agreed at the first meeting of the taskforce on 14 January 2022. Actions and implementation timescales to be agreed from January onwards.

Announcements from the taskforce should be calibrated to reflect the current pressures on the NHS.

Membership:

Co-chairs: Dame Ruth May, Chief Nursing Officer, NHS England, and Sir Tom Hughes-Hallett

Secretariat:

Emma Easton, NHS England

Appendix C: Engagement activity

STAKEHOLDER GROUP	ACTIVITY
NHS system leaders (focus on chief nurses and workforce directors)	NHS Horizons event 13.07.22 [see Appendix D] NHS Confed Expo 16.06.22
Clinicians - primary care	Royal Society of Medicine webinar 06.07.22
Clinicians - urgent care	Royal Society of Medicine webinar 13.07.22
Clinicians - secondary care	Royal Society of Medicine webinar 20.07.22
Vision for Volunteering steering group	Volunteering Expo 08.05.22
Trades unions	NHS Employers/SPF meeting 16.05.22
Ambulance trusts	Regular meetings with Association of Ambulance Chief Executives
Health and Wellbeing Alliance	Meeting held 28.06.22
Hospital trusts	Volunteer Service Managers 12.07.22
NHS England	• Voluntary Partnerships Team regular update at weekly team meetings • VCSE Strategic Group
Richmond group	Meeting on 28.06.22
VCSE sector	• Health and Wellbeing Alliance 28.06.22 • Volunteering Oversight Group 12.07.22 • VCSE Infrastructure Group 14.07.22 • DHSC meeting ASC infrastructure orgs 18.05.22 • Local Government Association • Volunteering Expo (5 -7 May)
Adult Social Care	NHSVR volunteer survey April 22
Volunteers	NHSVR volunteer workshops 27.6.22-14.07.22

Appendix D: Engaging system leaders

On 13 July, NHS Horizons hosted an online event on behalf of the NHS Volunteering Taskforce to bring together senior leaders from across health and social care. The purpose was to raise awareness of the value of volunteering among senior leaders and to consider how the NHS and its partners could collectively harness the opportunities which volunteering presents at this juncture and start to break down the barriers which prevent more widespread volunteering within England.

The content was designed to help leaders identify how they could influence and shape the future of volunteering to support their workforce plans, build vital capacity and drive change. Its intended outcomes were to:

- Inspire senior leaders to support volunteering in their organisations and consider how volunteers and volunteering can help them achieve their strategic aims and operational targets, in particular, around workforce and patient outcomes
- Provide examples of how volunteering has developed since the pandemic and provide a vision for the future
- Seek the views of leaders about the barriers to implementing high quality volunteering programmes and the actions that would help overcome these barriers
- Start to create a network of leaders who can act as champions and help progress volunteering across different organisations
- Share the draft recommendations from the taskforce and contribute towards overall engagement on the recommendations
- Explore the potential of volunteering as part of the future NHS workforce.

Delegates were invited from a wide range of health and care settings including:

- regional, ICS and trust directors of nursing/chief nurses
- regional/ICS HR directors and workforce leads
- senior leaders in social care, ambulance and hospital trusts
- other ICS leaders
- members of the NHS Volunteering Taskforce
- voluntary sector organisations
- others with an interest in volunteering

The event was organised in recognition that this group of people can drive the change needed to expand and embed volunteering within health and care systems.



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