
Volunteer Service

COVID-19 Recovery

Plan/Report



JUNE-AUG 2020

Volunteer Service
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COVID-19 Recovery Plan for the Volunteer Service June – Aug 2020

RISK MITIGATION – subject to 3 monthly reviews, comms plan and governing body guidelines

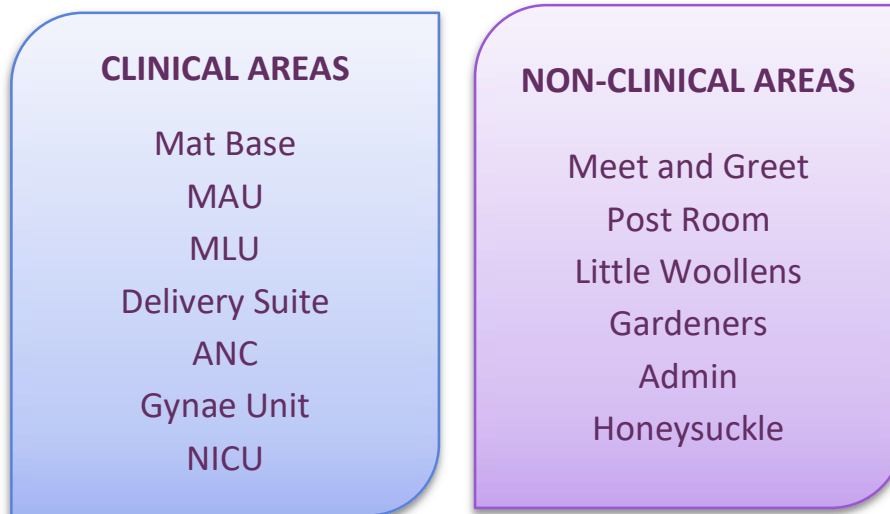
1. All Volunteering activity in clinical areas and non-clinical areas remain temporarily suspended with the exception of volunteer roles specifically requested for support during COVID-19.
2. Volunteers aged between 18 and 69 who are not considered vulnerable and who do not live or are in a 'support bubble' with anyone considered vulnerable, will be advised they can return to volunteer in a COVID volunteer role.
3. Updated Risk Assessments will be undertaken on each new role and this will include training, local induction and PPE, and further infection control measures in relation to COVID-19 as appropriate

MAINTAINING RELATIONSHIPS WITH OUR VOLUNTEERS

- Virtual Volunteer Annual Celebration on June 5th for Volunteer's Week.
- Hand deliver raffle prizes to winners at their homes (observing social distancing).
- Thank you cards to every volunteer for their patience and understanding for being rested during COVID.
- Establish the number of volunteers able to return to volunteering, considered vulnerable or leavers.
- Communicate regular updates to service plans through: Facebook, e-mail, text bulletins and newsletter.
- Host volunteer fortnightly virtual drop in and catchup sessions (Friday mornings).

OVERVIEW – CURRENT POSITION

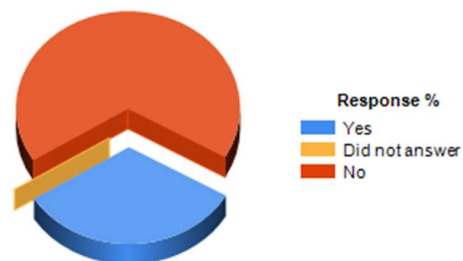
Prior to COVID-19 the hospital had approximately 120 volunteers, with 13 volunteering opportunities:



At the start of the government lockdown programme and the stand-down of volunteers, we surveyed 95 volunteers to establish how many would be in a position to provide help to the hospital if needed during lockdown.

Out of 55 responses, 18 said 'YES', they could help the hospital if needed.

Available Responses	Total	
Yes	18	
No	37	



Forty volunteers did not answer. Almost 10% of our volunteer help-force will be shielding because of their age and an additional 7% because of their disability. These volunteers are unlikely to return for some time, if indeed, at all.

Approximately 30% of our 120 volunteers are students, studying access courses for places at University to pursue careers in healthcare. The students rely on volunteering to gain valuable insight and experience of working in the NHS, therefore it is as equally important that the hospital

continues to provide volunteering opportunities for this cohort to help nurture and develop a future workforce.

It is common for a high number of volunteers who are also students to stop volunteering at this time of year, having gained their access certificate and desired voluntary experience, or because they have decided not to pursue a career in healthcare.

As students make up a third of our volunteer help-force it important that we establish short-term and long-term strategies to successfully guarantee there is a steady and sustainable onboarding process for this cohort.

Students

Barriers	Available solutions
<p>Uncertainty about colleges reopening in September.</p> <p>Students dropping out of college because of COVID (financial/health/fear).</p> <p>Fewer student admissions into college owing to people postponing applying for reasons of COVID (financial/health/fear) or less student places available owing to social distancing guidelines.</p> <p>Suspended or reduced Ward and Clinic based volunteering opportunities – students may decide to seek experience elsewhere.</p> <p>Fear of contracting and spreading COVID from using public transport and patient contact, infecting family/loved ones.</p>	<p>Ease volunteers fears of catching COVID: provide antibody testing. RA roles and put in IPC measures to minimize risk. Provide guidance for safer use of public transport.</p> <p>Follow government guidelines on colleges reopening and review feeder colleges websites regularly for updates.</p> <p>Liaise with colleges, establish working relationship to effectively communicate and promote opportunities to students.</p> <p>Communicate with Heads, Matrons and Managers to establish processes for existing roles and identifying new roles in clinical areas.</p>

Vulnerable Volunteers

Barriers	Available solutions
<p>Unable to volunteer until government restrictions are lifted.</p> <p>Lose enthusiasm and drive to volunteer.</p>	<p>There may be an option of undertaking virtual/telephone roles in their own home if they can use technology.</p>

<p>Fear of contracting and spreading COVID from using public transport and patient contact, infecting family/loved ones.</p>	<p>Maintain regular contact – to evoke interest to return to volunteering when it is safe to do so!</p> <p>Support their health and wellbeing – this could involve; listening, signposting, acting on their behalf.</p>
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Other Volunteers

Barriers	Available solutions
<p>Childcare/Family Commitments</p> <p>Living with and/or main carer for someone considered Vulnerable</p> <p>Employment commitments</p> <p>Fear of contracting and spreading COVID from using public transport and patient contact, infecting family/loved ones</p>	<p>Provide flexible working arrangements i.e. ad-hoc duties, reduced hours.</p> <p>Ease volunteers fears of catching COVID: provide antibody testing. RA roles and put in IPC measures to minimize risk. Provide guidance for safer use of public transport.</p>

WORKING FROM HOME/OFFICE MERGE WITH CTF

From the 15th June 2020 the Volunteer Service Team (VST) commenced sharing an office with the Charity Team (CT) and welcomed the merge. The support each department can provide each other under the 1 day a week on-site directive, will be greatly beneficial for both parties.

Though the directive stipulates an optimum of working 1 day a week on site, the Volunteer Service requires a degree of flexibility owing to elements of the volunteer recruitment process and operational activities that can only be completed by a member of the volunteer service.

To reduce the impact of an increased workload for the CT on the days the VST are not on-site, volunteers and applicants will be encouraged to resolve queries with the VST either on the days they are rostered in or by telephone, email or video conferencing on the days the VST are not on-site. However, there are elements of the recruitment process and operation of the service that can only be completed face to face by a member of the VST. In such cases when a volunteer’s queries/action cannot be resolved on the VST roster days, the VST requires flexibility to be onsite to provide support and assistance on days and times that are convenient for the volunteer/applicant. In the majority of these cases a VST member should only be on-site for a brief period of time.

For reasons of governance and knowledge of procedures the following are examples of when only a member of the VST can assist a volunteer/applicant on-site:

- Validating applicants and volunteer’s identification for DBS checks
- Volunteers first day of duty (new volunteers and existing volunteers in new roles)
- Finalising volunteer’s local induction
- Grievance/Disciplinaries
- Support with Mandatory Training (for those with no computer/smart device or experiencing difficulty accessing the online training)

The WFH directive should be reviewed as and when the volunteer service experiences increased levels of activity that require the team to be on-site more frequently than the current WFH arrangements permits.

VOLUNTEERS MANDATORY TRAINING COMPLIANCE – subject to two monthly reviews

Before the COVID-19 pandemic, we had made good progress in reducing the non-compliance figure for volunteers mandatory training following the transition to ESR. Whilst the volunteers have been rested, we have continued following the MT for Volunteers procedure and have sent regular reminders to those volunteers whose training had expired or was about to expire. Naturally, the response rate for volunteers completing the training while rested has been relatively low, and at the time of compiling this report, out of the 105 pre-COVID active volunteers, approximately 73% are up to date with their mandatory training.

Consequently, addressing the 27% non-compliance figure is integral to our recovery plan. We propose in the first instance, to ensure those volunteers, who are non-compliant and who are returning imminently to volunteer in COVID roles are given priority and supported to complete the training within two weeks of returning to duty.

VOLUNTEER ROLES

See table below outlining the current status of hospital volunteer roles (not including Bambis and League of Friends), also including possible threats that could delay reinstatement of key roles and provides consideration for sample solutions:

Volunteer Role	Status	Threats	Solution
Front Desk (COVID role)	Active	IPC Lock down restrictions Lack of Volunteer support	Priorities onboarding applicants currently in the recruitment process to increase volunteer numbers and support.

		Second Wave	
Volunteer Responder (COVID role)	Inactive	Clinical Areas unable to engage IPC Lock down restrictions Lack of Volunteer support Second Wave	RA role to minimize risk IPC Training Wait for lock down restrictions to ease and clinical areas to engage. Implement robust recruitment campaign.
Maternity and Gynae Services	Inactive	As above	As above
Meet and Greet	Resuming	As above	As above
Food Pantry (COVID role)	Inactive	As above	As above
BLISS (NICU)	Active (telephone support only)	N/A	N/A
Honeysuckle	Inactive	No known threats, volunteers are ready to resume	N/A
Little Woollens	Inactive	Majority of post holders are considered Vulnerable Volunteers Lack of Volunteer support to re-open shop on a regular basis Limited shop space prohibiting safe social distancing Second Wave	Temporarily backfill with Non-Vulnerable Volunteers (NVV) Advertise/Fastrack new applicants RA role and shop to optimize safe social distancing in a limited space.
Post Room	Inactive	Current post holders are all considered Vulnerable Volunteers Unpopular role, difficult to recruit to Second Wave	Temporarily backfill with NVV
Gardeners	Inactive	Lock down restrictions	None – cease role and offer volunteers alternative positions

		Current post holders all considered Vulnerable Volunteers No supervisory support (retirement imminent)	when it is safe for them to return to volunteering
Administrative	Inactive	Vulnerable Volunteers Lock down restrictions No supervisory support IPC Revised space utilisation / no designated workspace / no hot desking Second Wave	Wait for Government and LWH restrictions to ease. Ask NVV in admin role to swap days to coincide with supervisory support and available workspace.

RECRUITMENT

Volunteer recruitment activity was temporarily suspended from March 17th 2020 with the exception of onboarding applicants who had applied prior to COVID Lockdown. Our records indicate we have fourteen applicants in the recruitment process and a further ten are ready for induction to start.

Our aim is to remove obstacles for onboarding volunteers pertaining to lockdown and social distancing guidelines. One way to improve efficiency and reduce the necessity of applicants visiting the hospital is to commission the use of TRAC. We are currently negating terms with RLUH to oversee the administrative process of the volunteer recruitment procedure through TRAC. This process is taking longer than desired to negate and could seriously impede the recommencement of recruiting volunteers. Some of the benefits to using TRAC include:

- On-line advertising and application process
- On-line DBS checking, resulting in a speedier turnaround
- Automated reference request reminders
- Appointed volunteers' details are automatically transferred to workforce planning for entry on ESR

For the foreseeable future, and where possible, taking in to account that not all applicants will have smart devices and online access, we aim to conduct the vast majority of our informal chats for applicants and a section of the local induction for newly appointed volunteers, using video conferencing.

It is important we are notified in advance or timely manner of services reopening and returning to some degree of normality to aid planning for the reinstatement of volunteer roles and recruitment activity to establish and source the number of volunteers needed. Understandably some of our hospital services are resuming quicker and changing sooner than others, sometimes with short notice but we will do our utmost to support these services.

ENGAGEMENT AND COMMUNICATION

It was inevitable that in a short-time the majority of services throughout the Trust had to drastically re-direct their priorities to manage the impact of the pandemic. This period has been undoubtedly a difficult time and understandably to consider the re-introduction of volunteer amidst the demand of significant change was not a priority or consideration for many of the areas that, prior to COVID-19, had been fully engaged with volunteering.

The last two attempts to engage with clinical areas resulted in:

- April 2020, Volunteer Responder, 25% responded showing their appreciation for the offer of assistance but felt their areas would not benefit from volunteer support at that time.
- May 2020, Food Pantry, 19% responded in support of the project.

Nationally, many hospitals revised and introduced volunteering roles to support services during the current crisis soon after the government introduced the lockdown program. In our response, mid-April, we were unsuccessful in proposing a new role that had potential to provide volunteer support to clinical areas as and when it was needed. The lack of responses along with other contributing factors lead to the decision to postpone implementation and to consider revisiting the role as lockdown restrictions start to ease and clinical areas are in a better position to re-engage.

In May, the volunteer service launched 'The Food Pantry, giving is caring project'. Since promoting the project through senior management, visiting areas, social media and comms, we have had two phone calls requesting bags. We have found taking bags to areas a more successful way to gift them to patients. To sustain this service, we will commence involving volunteers in the sorting of donations and distribution of bags as soon as is possible.

As we emerge from the Governments formal lockdown at the end of June and hospital services reopen, we need the reintegration of volunteers in key areas given most important consideration and for services to respond in an open two-way dialogue with the volunteer services. The impacts of ineffective communication and lack of engagement could have an adverse effect on retaining volunteers, volunteering opportunities, reputation and loss of confidence which could greatly hinder the recovery of the volunteer services.

HIERACHY/REPRESENTATION

Approximately 5 years ago, the Volunteer Service was transferred from the N&M Directorate to the HR Directorate. Both divisions are considered viable hierarchies for Volunteer Services nationally in the NHS. Benefiting from HR's workforce planning and recruitment processes, whilst N&M is ideally suited to identifying need and leading volunteering initiatives in clinical areas.

Since the transfer to the HR Directorate, it is fair to argue that the volunteer service has been under represented in clinical area. With having no direct link, representation and reporting structure into clinical services, the volunteer service is in a disadvantaged position which could strongly stifle resurgence and expansion.

Going forward, there are three available options for consideration, in order of preference:

1. Remain in the HR hierarchy but identify a direct link to senior management with responsibility for leading volunteering in the N&M directorate
2. Return complete responsibility of the Volunteer Service to N&M
3. No action

The volunteer service could yield Knowledge and leadership from both directorates if point 1. was considered a viable option.

SUPPORT REQUIRED

This could be an ideal opportunity to regenerate the volunteer service and define new and innovative roles which will not only inspire people to join the volunteer service, but support services across the Trust like never before. For the service to reach its full potential it will require the unequivocal backing and drive from leaders at senior level and we ask the Board and Senior Management Teams for their support, direction and assistance in the following:

- Volunteers to be considered and included in all service recovery plans, whether or not volunteers have held supportive roles in those services prior to COVID-19.
- Directives to ensure there is two-way effective, responsive and timely communication between the volunteer service and services across the Trust.
- Provide the resources to promote volunteering opportunities through a planned robust media campaign.

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- Being kept abreast of the latest legislative directives, guidelines and developments to help the volunteer service identify, manage and prioritize operational plans for aiding in the recovery of the volunteer service.
 - Support and intervention when initiatives are delayed through no understanding or just cause behind the root of the obstruction.
 - Review the volunteer's hierarchy structure.