

A Framework for the Restart and Recovery of NHS Volunteer Services

3rd July 2020

NHS England and NHS Improvement



Purpose of this framework



- ❑ Volunteers continue to play a key role in delivery of NHS services. Before, during and beyond Covid-19 we know there is no 'one size fits all' with respect to NHS volunteer services.
- ❑ This framework document is intended to empower NHS providers to make decisions, develop local recovery plans and build the case for volunteering locally that benefits their patients, staff and services.
- ❑ The framework supports a recovery and reset approach that enables providers to restart volunteer services over the coming weeks and months – retaining what has worked well, learning from challenges and looking ahead to future need
- ❑ Plans should be responsive and reviewed regularly, and approaches should be embedded in, and support, wider organisational recovery plans.



Throughout this document live links to relevant national and Government guidance are provided so this framework can remain current in the ever-changing landscape.

Current Covid-19 landscape



- ❑ We do not know what will happen with the Covid-19 incident over the coming weeks and months. We know that local, regional and national NHS recovery responses will differ, and your plans need to reflect and integrate with your local recovery plans.
- ❑ We encourage you to use every opportunity to ensure volunteering is integrated into local plans at different levels.
- ❑ We know that Government advice will change as we move through the phases of the national incident response and we anticipate variations in local responses in reaction to localised outbreaks. It is important to always refer to the latest advice as you review and modify your plans. Live links are included in this document to help you with this process.
- ❑ It is advisable to document key decisions in relation to the relevant guidance at the time. This can help if you need to look back over your decisions in future.



[Government Advice on Coronavirus](#)
[NHS England Advice for Clinicians and NHS Managers](#)

Before you start...



Start from where you are

During the Covid-19 incident response we know that providers approached their volunteering service management in different ways due to their different circumstances. You are all in different starting places so its key that you **start from where you are** and what you need to achieve.

Don't feel pressure to emulate your colleagues in other organisations as their needs and starting points will be different to yours but do share and learn from each other in similar situations.

Find a “new normal”

Acknowledge that “recovery” does not necessarily mean returning to the ‘same as before’. Too much has changed and evolved, and we need to **establish a new “business as usual”** state. This is an important message to share with volunteers too.

Focus on a **phased return** to standing back up services incorporating **appropriate changes and improvements**

Consider a refreshed approach.

Across the health and care system there is renewed interest in, and support for, volunteering at both a strategic and local level. Build on the allies and the relationships that have developed during the Covid-19 incident response to ensure that volunteering is integral to the recovery planning. The suspension of volunteer services may have created time to reflect and may have presented new opportunities. Keep in mind the need to focus on the volunteer service you need for the future.


Review and Plan

Take time to capture learning and think through any intended or unintended consequences arising from the incident response. Capturing learning is easier whilst it is fresh in our minds. There are two key reasons for undertaking a review at this point.

1) Understanding what has been successful in responding to a major incident is useful should we find ourselves in a similar position again either in the short term or long term.

2) Understanding how things have changed on the ground for you and your volunteers is crucial when thinking about how to move forward - ensuring we keep the positives and learning from things we might do things differently in future.

**Remember your plans will need regular review – this is not fixed process - as things change over time you will need to revisit and adapt*

 The following slides pose a number of questions that you may wish to consider and your answers will help inform your local recovery plans. Links are included to relevant guidance or resources that you may find helpful.

Review: looking back



Q. What has worked really well?

Think about processes, ways of working, roles, relationships etc

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Q. What are the top things you would want to retain?

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Q. What was a challenge or didn't work well?

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Q. What were the reasons or blockers?

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Q. What needs to happen locally/ regionally/ nationally to help you move forward?

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Plan: Looking ahead

What are the service needs going forward? (Short term, Medium term, Long term)

Think wider recovery and the needs of:

Patients

Volunteers

Staff

Services

Organisational priorities

Bear in mind these may change over time

Based on your identified needs – what needs to happen?

What should be kept?

What need adapting / developing?

What needs to be introduced?

What should stop?

Bear in mind timescales for doing these

Recovery Plan

What roles do you now need?

Do Covid-19 specific roles need to remain?

Do you want to re-instate pre-Covid roles?

Have any pre Covid-19 roles been superseded?

What opportunities are there for new roles going forward?

How will these roles meet your needs during recovery and reset?

What do you need to make this happen?

Do you have the right infrastructure in place?

People, Resources, Processes, Systems

What support you need and from whom?
Champions, allies, networks?

Operational / strategic links?

Local, regional, national support?

How will you manage, support and retrain volunteers coming back?

Making it Happen


- ❑ It is important to risk assess your service plans taking into account existing and potential risks, along with mitigations for your volunteers, patients, staff and services.
- ❑ Consider also how volunteers can help to mitigate other organisational risks.
- ❑ The following slides look at risk assessment and mitigation in the following areas: People, Environment and Resources. For each section we look at both identifying and mitigating risk

IDENTIFY

Tips and considerations when thinking through risk assessments

MITIGATE

suggestions on how to mitigate risks and things to consider

 Links are included to relevant guidance or resources that you may find helpful including the live library of recovery resources on the NHS Futures platform. We encourage you to add your own resources to the library as well.

Making it happen: People



IDENTIFY

- ❑ You could adopt or adapt local staff risk assessments (as the same principles apply) or design your own risk assessment to meet your own needs.
- ❑ It is important to ensure that you undertake individual risk assessments for anyone that is deemed clinically vulnerable (i.e. over 70's, pregnant, BAME etc) and manage these individuals in line with national guidance and any local approaches/policies
- ❑ Consider the impact that Covid has had on your existing volunteers and the organisation, environment and roles that they could be returning to. There is a big exercise in managing expectations and there will be some consequences after Covid that impact on individual volunteers for a long time to come.

MITIGATE

- ❑ Stratifying your volunteers into risk categories may help manage your risk management approach.
- ❑ Consider which of your volunteer roles are low risk or could be done remotely
- ❑ Additional consent forms can help to manage expectations and confirm volunteers understand any additional risk and that they will comply with mitigations
- ❑ Make sure staff are clear on 'current' volunteer roles (not how it used to be pre-Covid) and any new boundaries, expectations or requirements of volunteers
- ❑ Consider additional support and check ins for volunteers before and during the restart and recovery phases, including access to staff health and wellbeing support

[Example Risk Assessment: NHS Employers](#)

[Government guidance defining those considered clinically vulnerable](#)

[Example Risk assessments, stratification and consent forms: various providers \(via NHS Futures\)](#)

[NHS Employers: NHS Health and Wellbeing Support](#)

Making it happen: Environment



IDENTIFY

- What changes need to be put in place to protect your volunteers and others?
Consider:
 - Shared areas
 - Facilities available for staff and/or volunteers such as toilets or common areas.
 - Processes such as signing in/out
- What organisational changes have been/will be implemented that impact on volunteers
Consider
 - One way systems and layouts
 - Changes to entrances/exits
- How can social distancing guidelines be accommodated?
- How will volunteers comply with new infection control procedures?

MITIGATE

- Re-working roles around social distancing guidance
- Stagger start times or alter shift patterns
- Enhanced infection prevention training and strict adherence to policy
- Virtual recruitment and training practices
- Alternative sign in processes
- Separate facilities for volunteers/staff and patients
- Enhanced cleaning processes including availability of hand sanitiser and handwashing facilities
- Limiting movement e.g. one ward/area per shift
- Limit areas volunteers go into e.g. Not Covid/Red Zones
- How volunteers can reduce personal risk i.e. avoiding public transport, working remotely or in other roles temporarily.



[Government guidance: Social Distancing](#)

[Examples of changes to volunteer processes and procedures: various providers](#) (via NHS Futures)

Making it happen: Resources




IDENTIFY

- What will volunteers need to comply with infection control (e.g. access to PPE)?
- What physical resources might be required to accommodate social distancing guidance or to facilitate volunteer roles working in a different way?
- Will sufficient staff resource be in place to support and supervise volunteers coming back?
- Health and well-being support
- Infrastructure resources to reset or recover volunteering services

NB: All volunteers should be offered the same level of protection and support as paid staff. Where roles involve volunteers having direct patient contact or volunteering in potential or confirmed COVID-19 positive environments, then the trust/host organisation is responsible for provision of PPE that is commensurate with the tasks they are being asked to do. This should be done in line with the national guidance on PPE requirements.

MITIGATE

- Make sure training in Infection Control is up to date
- Provision of Personal Protective Equipment (PPE) in line with guidance.
- Provide training in donning, doffing, disposal of PPE (if relevant to role)
- Uniforms – clothes suitable for washing at 60 degrees or volunteers issued with scrubs and provide changing facilities in hospital
- Consider changing shift times/length of shifts in COVID-19 environments to limit time in PPE
- Readily available hand sanitiser
- Buddying volunteers to reduce reliance on staff
- Consider a business case for additional support or new approaches to managing volunteering services during the recovery and reset phases and beyond.

 [Government guidance: Infection control and PPE](#)
[Example policies and procedures: various providers](#) (via NHS Futures)

- ❑ Deciding when the right time to restart services or when you are “ready” to bring back volunteers can feel daunting.
- ❑ There are four considerations regarding ethics (in no particular order) for thinking through when your trust is “ready” to support volunteers again (subject to risk management)
 - ❑ Are your staff ready to accommodate volunteers yet?
 - ❑ Are your volunteers ready to return yet? (Risk stratification and roles need considering)
 - ❑ What environment and conditions are you bringing volunteers back into?
 - ❑ Are patients and their families ready for volunteers? (Consider your trust policy on visitors/footfall, what support do families want in place?)
- ❑ Respect peoples’ choice about if and when they want to return (if safe to do so) and give them time and support to do so.
- ❑ Consider how you will continue to support those that don’t feel they can return for example where their ‘role’ has gone or the environment has changed significantly.

Communication

Maintaining communication and managing expectations is important but will vary with different volunteer cohorts:

Volunteers who have stayed with you -

- How will you continue to communicate changes and offer support?

Volunteers returning to your service

- How will you communicate around the changes that have happened whilst they have been away?
- How will you/your organisations support them to return post long term absence e.g. buddies, phased return?
- The environment and practices may be very different – how will they know what to expect?

Volunteers who remain stood down or choose not to return yet

- How will you ensure they know their choice is valid, and that they still feel part of the volunteer community?
- How will you enable them to let you know when they are ready?

Volunteers who wish to leave

- For volunteers that are too anxious to return at all or find that what they are returning to is so different they no longer wish or feel able to do it – how will you acknowledge their prior service and manage their exit?

Volunteers may have had some time out to re-evaluate and choose not to return. It is important to acknowledge and accept there may be some attrition through this process and we may need to support those individuals in the short term given the impact it may have on their own health and wellbeing.

VCSE relationships

- ❑ Where your organisation involves volunteers from external partners (such as Macmillan, Age UK, etc) review how essential these services are within local plans to re-start services.
- ❑ Consider how to stand up voluntary sector services ensuring alignment, consistency of approach and management of expectations. (e.g. you may choose to stand up Macmillan volunteers before internal roles to support priority cancer services.)
- ❑ Where services are essential or support areas of increased pressure (e.g home from hospital services), any NHS staff and volunteer guidance should apply to these groups.
- ❑ Many of the challenges that NHS volunteer services face are echoed in the voluntary sector. Sharing learning, resources and mutual support will help build positive relationships for the future and inform your respective recovery and reset planning.

Volunteer Passport

- ❑ Currently a temporary arrangement for passporting under license between NHS Providers has been put in place until March 2021 to reduce the burden of onboarding during Covid.
- ❑ There is an expectation that all NHS providers will support and facilitate the free movement of volunteers between trusts if required.
- ❑ NHS England and NHS improvement has an ambition to explore whether this temporary arrangement for NHS providers can be made permanent and ultimately, we hope to support the expansion of passporting across system partners to reduce bureaucracy, duplication and delays during onboarding.
- ❑ Consider how your organisation can benefit from passporting during the recovery period and beyond.



NHS England and NHS Improvement:

- ❑ Covid Specific guidance: [Advice regarding NHS volunteers relating to COVID-19](#)
- ❑ Pre-Covid/General guidance: [Recruiting and Managing Volunteers in NHS Providers – a practical guide](#)
- ❑ [Quality, service improvement and redesign \(QSIR\) tools](#)

Other useful resources

- ❑ [Learning from Pears Foundation #IWill funded NHS trusts engaging youth volunteers during covid](#)
- ❑ [The National Learning Hub for Volunteering](#)
- ❑ [NCVO Tools and Resources to support Volunteer Managers](#)

Networks for Volunteer Managers

NHS England and NHS Improvement



❑ NHS Futures platform - Volunteering workspace.

Information on NHSE/I volunteering programmes, network directly with other volunteer service managers and find a variety of resources that have been shared including recovery resources referenced in this document. Membership is restricted to those with responsibility for volunteers within the NHS. **If you wish to join or have any queries, please e-mail: england.volunteering@nhs.net**

❑ NAVSM (The National Association of Voluntary Service Managers)

A membership organisation supporting the development of best practice in volunteer management in the NHS and healthcare. Members have access to NAVSM HUBS for networking and training workshops plus information and support. Covers a range of different healthcare settings across primary, acute, mental health, children's, maternity, specialist and partnership organisations affiliated to the NHS. Normally a minimal membership fee, however NAVSM have waived the fee to join for 20/21.

NAVSM

National Association of Voluntary Services Managers
Leading volunteering in the NHS and Healthcare

❑ Helpforce

A charitable organisation with the ambition of using the power of volunteering to improve the health and wellbeing of people across the UK. The Helpforce Learning Network aims to empower, improve, connect, create and curate content around topics to meet needs and encourage shared practice for volunteer managers and clinicians working with volunteers. Free to join.



Click the images to link to the relevant sites for access and joining info