

## “UK wide live chat - reflections on the impact of Covid-19 on volunteering services in health and care and what's next.”

### Final notes from group discussions:

#### One thing that you would like to carry forward

##### ❖ Operations:

- Streamlined recruitment process
- Continue with the newly developed on-line induction process
- Faster on-boarding process
- Move paperwork online
- Movement to more of a task-based approach to volunteering
- Volunteering Hubs as a place to coordinate volunteering activities

##### ❖ Services:

- Move towards a demand-led service
- Supporting volunteers who wish to explore careers in health and care
- Remote volunteering roles: listening services, group support where telephone support/virtual meeting can be retained as an option, volunteer phone call to patient 24-48 hours post discharge, volunteer follow up with patient 10 days later, digital buddies (young volunteers providing support to older volunteers re IT literacy)
- Evolution of roles to continue but digitally, e.g. breastfeeding support, spiritual care, peer support model. Thinking about digital inclusion (Scotland, East Sussex)
- Continue the following roles:
  - Volunteer Response model
  - Trolley service on the condition that volunteers have full PPE
  - Delivery of PPE - retain in case of second wave
  - Restraint debrief volunteering role (where volunteers provide debrief to patients with mental health issues who were restrained by staff)
  - Health messaging role - encouraging uptake of flu vaccination, addressing obesity etc.
  - Volunteer drivers
  - Pharmacy drivers
  - Hospital radio/podcasts, chatting with chaplains talking about their services
- Providing bereavement support training
- Encouraging volunteers to access the free training on the National Learning Hub for Volunteering
- Developing more resources that support volunteer development and self care/wellbeing
- Focusing on micro volunteering (from an STP member)

- Continue the physical healthcare checks with St John's Ambulance
- Introduction of new pathway for patients following discharge.
- ❖ **Working styles:**
  - Continue the cross-sector collaboration, especially working with the Voluntary & Charity Sector, such as Healthwatch
  - Share and Learn from colleagues across Trusts/ STP systems through HF webinars and other channels
  - Staff engagement, e.g. working closely with facilities and estates team

## **Which old volunteering roles would you like to resume?**

- ❖ **On hospital sites:**
  - Coffee shops run by volunteers
  - Volunteer involvement in discharge process
  - Play assistants
  - Pharmacy volunteers
  - Recycling - volunteers would disinfect walking aids, benches, office furniture etc
  - Pet therapy
  - Meet and Greet
  - Volunteers supporting on rehab wards
  - Long way off ward based roles
  - Restart the mental health and wellbeing services
- ❖ **Virtual support:**
  - Telephone/virtual support
  - Chaplaincy - using podcasts
- ❖ **Community:**
  - Extend community-based role to home-visiting (Hospice Connect Group example)
- ❖ Acknowledgement that many volunteer services have been decimated and will need to start from scratch - previous roles may no longer be needed or workable.
- ❖ Concentrate on individual tasks for volunteers as they have responded to this more positively and with great motivation.

## **What's your Trust's plan for the second wave and winter pressure?**

### **Actions:**

- ❖ Continue with the discharge telephone volunteers – doing follow up calls to those who have been discharged.
- ❖ Facilitating online contact between patients / volunteers / families. Aiming to build up a Health Board supply of equipment to loan – with use beyond Covid
- ❖ Revisiting conversations about role and impact of volunteers – including supporting staff wellbeing and enabling a more diverse and resilient workforce
- ❖ Bringing in a new volunteer management system
- ❖ Caution on bringing back shielded volunteers where risk assessments are not in place yet
- ❖ Thinking of having more volunteers helping with staff wellbeing, such as keeping staff hydrated

## **Main themes:**

- ❖ Haven't really considered this yet
- ❖ Waiting for senior leaders to drive forward
- ❖ Not part of the conversation
- ❖ Want to be consulted on what can and will happen
- ❖ No set plans, currently plans are around trying to resume services that had to be put on hold at the time of lockdown.

## **Other concerns:**

- ❖ Concerns over volunteers coming back and then being stood down again
- ❖ Want a safe environment for volunteers
- ❖ Need to ensure adequate PPE to enable safe return of volunteers
- ❖ Need to develop wider understanding of volunteer role complementary to professional role
- ❖ Frustrating to turn down those willing to help. Added that there are A&E volunteers who're willing but it's how to get senior leadership to understand this.

## **How do you see your volunteer service can help in that plan?**

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- ❖ Ensure individuals are risk assessed
- ❖ Manage expectations
- ❖ Contributions through partnership working - better links with VCSE
- ❖ Linking with shielded through community hubs
- ❖ Trying to consider roles that could be done remotely due to older volunteers who had to step down due to shielding wanting to return to go back to volunteer.
- ❖ Unclear at this stage

- ❖ Acknowledgement that volunteering is now more visible to staff and senior leadership
- ❖ Continue to do more of the same. The Trust plans to keep doing what they are doing, increased open communication with volunteers, focus on **tasks** and encourage long term volunteers to mentor potential new volunteers.

## Other points

- ❖ Challenges with people thinking there is an over 70s 'ban' – balance between risk aversion and risk management
- ❖ Assumptions by public sector that Mutual Aid networks will carry on with the same level of support
- ❖ Signpost people to the NHS England Recovery Framework [Note: in Scotland there is the national Wellbeing Hub at <https://www.promis.scot/>]
- ❖ Need clarity on risk assessments
- ❖ Insurance for 70 +
- ❖ Not able to produce IG agreement to enable remote volunteer roles (ie telephone)
- ❖ Capitalise on recent successes
- ❖ Be agile - quick turnaround is possible
- ❖ Push boundaries