

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

Notes from speakers:

Alan Bigham - Scotland (slides)

1. Impact of Covid-19 on volunteering programme:
 - Reprioritisation of current volunteering programme and new work
 - Urgent guidance to NHS Boards to ensure safety of volunteers
 - Online induction module
 - Fast-tracking volunteer recruitment guidance - improvement project findings accelerated
 - Rapid spread of practice – online and monthly updates to guidance
 - Contribution to the development of the UK Emergency Volunteering Leave Scheme

In March 2020 there was an increase of 123% in requests for volunteer support from health boards.

2. Impact of Covid-19 on NHS boards:
 - Unplanned national recruitment campaigns leading to a large increase in volunteer enquiries and unmet expectations
 - Lack of clarity in terminology causing confusion and risking the integrity of volunteering
 - Unprecedented volume of applicants led to streamlined processes (seven NHS Boards):
 - Fast-tracking of recruitment
 - Removal of bureaucracy from recruitment process
 - Increased focus on risk assessment of roles and specific activities within roles

Some roles have been adapted to offer services in a different way:

- Spiritual care
- Breastfeeding peer support
- Listening services
- Public involvement/engagement roles connected virtually
- Guide/wayfinding roles with increased focus on hand hygiene

New roles:

- Donation/belongings transfer and collection
- Generic ward roles (e.g. supporting staff hydration)
- Community-based roles (prescription delivery, shopping)

Key learning for external stakeholders:

- Engagement with stakeholders is vital
- Volunteers are not expendable
- Volunteers do not replace the work of staff
- Volunteers support needs to be planned and available

- Robust and sustainable volunteering programmes require adequate investment

George Gillespie - Northern Ireland

In N Ireland the statutory sector is set up differently - healthcare, social care, ambulance service and fire service are all combined.

30% of volunteers in acute and community care settings are >70 yrs and will not be able to return to their roles.

In all - 95% of volunteer roles have been suspended and are not expected to resume until 2021.

Roles that have continued throughout Covid include:

- Breastfeeding support
- Telephone/online befriending
- Chaplaincy - remote pastoral care

There has been no Dept of Health guidance for individual trusts around the resumption of roles - all roles being reintroduced must be reviewed and individually risk assessed.

Volunteer Now are working with trusts to update role descriptions - for example those being reintroduced by Belfast Trust:

- Meet & greet - enhanced role, volunteers stand behind perspex screens in hospital entrances
- Delivery of prescriptions and food parcels for those shielding in the community

The NHS campaign and the separate N Ireland recruitment drive has meant that volunteer expectations have not always been met. However there is greater awareness of risk assessments, health & safety guidelines and insurance requirements for volunteers. Induction processes have been streamlined and new online registration forms have been introduced.

Jane Fox - England

Jane remarked on similar observations to Alan and George with regard to the standing down of volunteers and suspension of many volunteer roles.

NHSE guidance was published early on with updates for specific areas of work:

- Fast-tracked recruitment processes
- Passporting - new short-term agreement for vols to move between trusts with the aim of supporting redeployment into areas of greater need.

Jane shared that there has been an increase in microvolunteering and task-based volunteering.

There has also been progress towards integrated volunteer roles where hospital volunteer roles have extended into the community.

Acknowledgement that there have been unmet expectations where people have signed up to volunteer but there have been insufficient roles to meet the demand.

Current focus in England is on resilience and response volunteering in preparation for a possible second wave of Covid combined with winter pressures.

Fiona Liddell - Wales

Overwhelming volunteer response to the Covid crisis in Wales - offers have far exceeded the roles available.

Statutory and voluntary sectors are more closely connected and WCVA is the main point of contact for NHS, govt departments and voluntary orgs.

A new app has been developed during the pandemic to manage tasks - this is accessed via WCVA's website and enables volunteers to be mobilised quickly. It embraces the idea of microvolunteering.

NHS Responders has not been rolled out in Wales.

The agility of community groups during Covid has been valued and the challenge now is to retain the good practice without stifling progress.

Links with community organisations are becoming established, in many cases with MOUs in place to formalise working practices.

Co-production of solutions is being encouraged, these are some examples:

- One health board has introduced 'chatterlines' to help volunteers keep in touch with each other
- Reuniting possessions with families of deceased patients
- Letter writing
- Sewing groups
- Previous volunteer roles have been adapted to ensure volunteer safety, for example driving/delivery roles, pharmacy, gardening

Some boards are using a workforce approach and including volunteers in their people planning, however there has been a low uptake of volunteers generally.

Health boards acknowledge that it is easier to redeploy existing volunteers than to recruit/onboard new volunteers - this leads to greater resilience and flexibility.

Questions being asked by health boards include:

- How do we tap into the volunteer resource that is now available?
- How do we manage volunteer expectations?
- How can better pathways be created for volunteers, eg passporting arrangements?
- How can boards work more closely together?