National Group for Volunteering in NHSScotland
Impact of COVID-19 on NHSScotland volunteer services

1. Introduction

The COVID-19 pandemic is a developing situation and will have an impact on all activity within NHSScotland. At time of writing the Volunteering in NHSScotland Programme Team has engaged with 14 of the 22 NHS Boards/organisations who have contributed to this paper.

NHS Board volunteering programmes are likely to be impacted in two ways in response to the emerging situation:

▸ A decrease in volunteer attendance
▸ An increase in unsolicited volunteer enquiries

In this paper, the National Group for Volunteering in NHSScotland has outlined a number of **recommendations** and a number of *options and approaches* which NHS Boards are taking forward or have already enacted.

It is the responsibility of each NHS Board to implement appropriate actions and to ensure that their duty of care towards patients, staff and volunteers is adhered to. **The guidance referred to in this paper is subject to change and the links to NHSScotland guidance should be reviewed on an ongoing basis.**

2. Duty of care to existing volunteer base

NHS Boards have a duty of care to their volunteers under the Health and Safety at Work Act 1974. Existing volunteer role risk assessments will be indicative of actions necessary in certain environments. As a priority the National Group for Volunteering in NHSScotland **recommends** that:

2.1. Existing risk assessments for volunteering programmes and roles should be reviewed and updated accordingly in NHS Boards.

The National Group for Volunteering in NHSScotland recognises the duty of care for NHS volunteers. The Group recommends that the following criteria should be applied in communicating to the existing volunteer base, instructing them not to attend to their regular volunteer duties:

2.2. Volunteers who are unwell[i] and those who meet qualifying criteria for flu vaccination should not attend. This means:

▸ **People with a health condition [ii]**
▸ **People aged 70 years or over** (note national guidance below states over 65)
▸ **Women who are pregnant**
▸ **People that work in healthcare**

> ‣ **Unpaid carers and young carers**

Source: https://www.nhsinform.scot/healthy-living/immunisation/vaccines/flu-vaccine

2.3 NHS Boards should also communicate the same information to <u>third sector agencies engaged in delivering services in NHS settings or on behalf of the NHS Board</u>.

With national guidance on COVID-19 developing on an ongoing basis, NHS Boards have already taken a range of approaches including:

‣ *Communicating ongoing Scottish Government/NHS Inform guidance to volunteers regarding protection, self-isolation and compliance with local and national NHS instructions (NHS Inform)*
‣ *Suspending all volunteer activities*
‣ *Suspending volunteering for those people in 'high-risk' categories (e.g. over the age of 70, those with respiratory conditions and pregnant women)*
‣ *Suspending volunteering in 'high risk' environments (e.g. where the number of patients infected with COVID-19 in a ward/area reaches a certain number)*
‣ *Postponing meetings of volunteers*

In light of the impact current developments may have on the mental wellbeing of volunteers, particularly those affected by anxiety, NHS Boards may also consider the following:

‣ *Volunteer access to employee helpline/counselling services*
‣ *Cascading mental wellbeing resources to volunteers*

It is uncommon for volunteer roles to be viewed as 'essential' in service delivery. An outlier is the Community First Responder role but others may also exist. With above considerations of the impact on the wellbeing of volunteers, particularly in the case of reduced management service, NHS Boards may wish to consider the following:

‣ *How volunteers in high impact/essential services can be adequately supported should volunteer management staffing be negatively affected*

3. Impact on volunteering programme

We know that in some cases volunteer managers are in siloed roles with little or no administrative support (Volunteer Management in NHSScotland). In some cases one individual may be the only volunteer manager in an NHS Board. NHS Boards may wish to consider how best to reduce any critical points of failure that fall on the attendance of a single, or a small number of individuals. E.g.:

‣ *Providing equipment and means for volunteer managers to work from home as a preventative measure or in cases where they are working but self-isolating (e.g. remote access tokens so they can access the Volunteering Information System)*
‣ *Training up other staff on use of systems and procedures for volunteer management (e.g. training on the Volunteering Information System)*

- *Putting business continuity measures in place should key members of staff become unwell and unable to work*
- *Where volunteer programmes are put on hold, redirecting staff to other parts of NHS Board services matching the role and the individual's skills base (e.g. communication, people management, coordinator roles), alternatively dedicating time to the back office functions of volunteer management (e.g. policy development/reviews, evaluating the impact of volunteering on volunteers)*

4. Volunteer roles

With anticipated constraints on NHS services and possible reduction in volunteer management capacity, NHS Boards have or plan to:

- *Prioritise requests for volunteer support to ward volunteering and/or an extension of Accident and Emergency-based volunteer roles*
- *Offer existing volunteers the opportunity to relocate to roles/environments likely to have a greater impact that current placements*
- *Engage with the local Third Sector Interfaces and other third sector organisations that deliver services through volunteering to signpost volunteers to areas of highest demand/impact*

5. Volunteer recruitment

Due to increased pressures on the NHS systems, possible reduction in volunteer management programme staff and/or above suspension of activities, some NHS Boards have:

- *Suspended all volunteer recruitment*
- *Suspended recruitment for all but roles that are of significance to alleviating pressures in local systems*
- *Considered how to 'fast-track' recruitment into high-impact roles (e.g. for ex-staff who want to volunteer in existing ward roles but who do not wish to join bank staff)*
- *Ensuring Occupational Health screening does not negatively impact on the services for staff (e.g. putting in place self-declaration screening for new applicants)*

6. Employee recruitment

Scottish Government has issued guidance to NHS Boards on the arrangements for staff (Coronavirus (COVID-19): National arrangements for NHS Scotland staff, DL (2020)/5). The guidance includes a reminder that it is the duty of NHS Boards to determine the level of screening required, in keeping with the Safer Pre-employment checks PIN Policy.

In many NHS Boards volunteers have been in receipt of the mandatory training required for many NHS staff roles. Many will already be members of the Protection of Vulnerable Groups (PVG) Scheme. Subject to a suitable skills match and recruitment procedures there may be people within the existing volunteer-base with the requirements of Administrative and Clerical

roles or in some cases clinical roles (e.g. retired clinicians).

NHS Boards may wish to consider:

▸ *Cascading recruitment of such roles amongst the volunteer base*
▸ *Agreeing methods for 'fast-tracking' already inducted and screened volunteers through the recruitment process*

7. Volunteering in NHSScotland Programme

The Volunteering in NHSScotland work programme has been reviewed and a number of projects have been <u>paused</u>, some are <u>ongoing but limited</u> (due to travel restrictions and compromised opportunities to engage). The following are considered business critical within the parameters of the programme and are <u>ongoing</u>:

▸ Developmental support to NHS Boards (advice and support on volunteer engagement, policy development and risk management)
▸ Provision and development of the Volunteering Information System
▸ Volunteering Information System training (via webinar)
▸ Sharing of research, publications and good practice on the Community of Practice
▸ Comms (e-newsletter)

The Business Continuity Plan for the Programme will be updated to take into account factors now brought into force by the COVID-19 pandemic. This will include specific measures for the Volunteering Information System.

As part of these measures, the team will be putting in place dedicated webinars to ensure that staff can carry out critical functions on the Volunteering Information System that relate to the actions and recommendations included in this paper.

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[i] At time of writing the current guidance is as follows:

If you live alone and you develop a new continuous cough and or fever however mild, stay at home for **7 days** from when your symptoms started.

If you live with others and you or one of them have symptoms of coronavirus (new continuous cough and or a fever) then all household members must stay at home and not leave the house for **14 days**. **<u>The 14-day period starts from the day when the first person in the house became ill</u>**

[ii] **Underlying Health Conditions**

People over 70 and those who have high risk and underlying health conditions are being strongly advised to stay at home as much as possible and significantly reduce unnecessary social contact. (For those under 70 underlying health conditions refers to all those eligible for the flu vaccine).

Conditions and diseases which can make flu more dangerous include:

- asthma
- stroke
- multiple sclerosis
- bronchitis
- liver problems such as cirrhosis/hepatitis
- emphysema
- diabetes
- cystic fibrosis
- asplenia or dysfunction of the spleen
- chronic heart disease
- being very overweight
- chronic kidney failure
- HIV infection