Volunteering in NHSScotland COVID-19

Shared practice and guidance for volunteer management in NHSScotland

Published 9 October 2020

Updated: 23 November 2020

Visit www.hisengage.scot/COVID-volunteering for the latest version of this guidance

Contents

Key points

▸ Any volunteering that takes place during the COVID-19 pandemic should be **safe for volunteers, patients, staff and the families of all involved.**

▸ **Terminology must be clear**. Volunteering differs significantly from people returning to the workforce. It does <u>not</u> apply to paid staff being reassigned to other duties in the same or in another organisation.

▸ The **volunteer recruitment process can be streamlined** through a number of measures contained in this paper, it took on average 14 weeks nationally pre-coronavirus for someone to become a volunteer

▸ The **return of existing volunteers to NHSScotland** can be managed in a **safe and phased manner**, ensuring compliance with evidence-based methodology and national guidance into roles where risks have been assessed and mitigated.

▸ Mitigating risk of infection and transmission of the coronavirus requires **risk assessment of the volunteer role** and an **individualised assessment for the individual.**

▸ The use of the **COVID-19 Age Tool** for screening new and returning volunteers is encouraged for local decision-making.

▸ Advice and guidance can be sought from the Volunteering in NHSScotland Programme Team. Please contact info@hisengage.scot in the first instance.

Significant updates

> ▸ Updated links to Scottish Government and Health Protection Scotland guidance throughout (include local restrictions and guidance for travellers)
> ▸ Coronavirus (COVID-19): Scotland's Strategic Framework and protection levels for each area, section 2
> ▸ Dedicated section on Developing Volunteer Roles, section 3
> ▸ Updates to volunteer role risk assessment examples, section 4
> ▸ Recommendation of the COVID-19 Age Tool for screening new and returning volunteers and reference to viral prevalence and clinical input in use of the tool, sections 5 and 6
> ▸ Encouragement to use the Protect Scotland app in section 5
> ▸ Association of British Insurers has extended insurance confirmation waiver to 31 December 2020, section 6.

1. Introduction

The COVID-19 pandemic has led to significant changes in volunteer management practice in NHSScotland. This paper collates a range of guidance and practice, drawing from developments across NHSScotland and beyond to support more rapid spread of practice with a focus on safety and retaining the integrity of volunteering.

On 17 March, the National Group for Volunteering sent recommendations to the Executive Lead for Volunteering in each NHS board.

Following the recommendations, NHS boards:

- Suspended all volunteering, or
- Suspended volunteering in high-risk areas and/or asked volunteers who fall into 'at risk' categories not to attend

Since March 2020, a number of NHS boards have reactivated volunteering programmes and are recruiting to a limited number of volunteer roles, most commonly related to ward volunteering and other support roles that do not take place in COVID-19 areas.

Through national, high-profile volunteering campaigns many NHS boards have experienced an increase in volunteer enquiries and applications, whether there are roles on offer or not. This guidance includes suggestions for role development and the safe and measured return of volunteering in NHSScotland.

This guidance is regularly updated in response to Scottish Government guidance by National Group for Volunteering supported by the Volunteering in NHSScotland programme.

2. Status of volunteering

Current Status: At the date of publication, Scotland is in Phase 3 of the COVID-19 Route Map. On 2nd November, Coronavirus (COVID-19): Scotland's Strategic framework came into effect giving protection levels for local authority areas.

From March 2020, the UK and Scottish governments put in place various measures to reduce the spread of the coronavirus.

Some restrictions remain in place such as the need **to wear a face covering, avoid crowded places, clean hands regularly, observe two metre distance and self-isolate and book a test if you have symptoms.**

On 23 October 2020, the Scottish Government published Coronavirus (COVID-19): Scotland's Strategic Framework, a five-level framework to allow for a refreshed strategic approach to suppressing Coronavirus (COVID-19) outbreaks. The framework sets out the levels of protection that might be needed based on different levels of transmission for the virus. It comprises of five levels from 0 to 4 with level 0 being similar to the levels of restriction in Scotland during August 2020 and level 4 being the highest. There is a five-level framework table available for easy access.

Each local authority area is placed in a level which will be reviewed on a weekly basis. Information on the protection levels for each local authority area is available. To easily find the local authority areas volunteers are living in a postcode checker is available.

On 20 November, travel restrictions were put into law. The regulations prohibit travel without a reasonable excuse into or out of a level 3 or 4 local authority area, or to or from other parts of the Common Travel Area. There are a number of exemptions to this including:
'travel for work on an activity associated with seeking employment, or to provide voluntary or charitable services, but only where that cannot be done from your home.'

The guidance still strongly emphasises the importance of minimising travel as much as possible for everyone's safety. However if travelling, the Scottish Government guidance states you should wear a face covering on public transport and you should avoid car sharing with people outside your family. Transport Scotland give further guidance on travel which volunteers may find useful.

It may be advisable to provide volunteers with documentation to confirm their reasons for travel.

Scottish Government guidance should be reviewed daily.

If restrictions on movement are in force, NHS boards may wish to provide correspondence to their engaged volunteers stating:

▸ Volunteer role
▸ Location of volunteering
▸ Start date
▸ End date (if known)

Providing the above via text message may be helpful, should volunteers need to access or refer to it while travelling to their place of volunteering.

3. Developing volunteer roles

The Volunteering in NHSScotland Programme recommends the **Developing Volunteering Toolkit and Checklist** is used in role development in NHS boards and healthcare settings. The Checklist is an integral part of the [Developing Volunteering Toolkit.](#)

An editable version of the Developing Volunteer Checklist is available from the Healthcare Improvement Scotland website at www.hisengage.scot/COVID-volunteering. The Checklist should be used in conjunction with the guidance in section 4 on risk assessment of volunteer roles.

A number of NHS boards have shared role descriptions for roles developed to respond to the coronavirus pandemic. Up to date role descriptions can be found on the Healthcare Improvement Scotland Community Engagement website at: www.hisengage.scot/COVID-volunteering.

Roles include:

‣ NHS Dumfries and Galloway COVID-19 Response Volunteer
‣ NHS Grampian Hospital Support Volunteer
‣ NHS Lanarkshire Meet and Green Volunteer
‣ NHS Lothian Ward Helper
‣ NHS Tayside COVID-19 Response Volunteer

4. Risk assessment of volunteer roles

All individual volunteer roles should be risk assessed with a renewed focus on how the requirements of the role affect risk of exposure or transmission of COVID-19.

The risk assessment of volunteer roles is a requirement (indicator 5.1) of [Investing in Volunteers](#), a quality standard that a number of NHS boards hold.

4.1. Guidance

[COVID-19 return to work guide for health professionals advising patients and employers](#) contains a framework for reviewing risks associated with the location and practice of work in healthcare settings. The following are risk factors which can be used to risk

assess volunteer roles:

- Patient care, individuals cared for in the community and public facing
- Ability to maintain physical distancing (two metres or more)
- Number of different people sharing the place of volunteering
- Travel to and from the place of volunteering
- Entry and exit to the place of volunteering
- Availability and use of personal protective equipment
- Ability to maintain hand hygiene
- Environment cleanliness control
- Ability to avoid symptomatic people

The development of *new volunteer roles* should be founded in robust risk assessment in accordance with local NHS board policy and procedures. The following considerations provide additional COVID-19 considerations.

For *existing and continuing roles*, earlier risk assessments should be updated in light of the coronavirus, physical distancing requirements and [Health Protection Scotland (HPS) guidance](#) for healthcare and non-healthcare settings.

Please use the HPS links to ensure the most up to date guidance is used.

The following elements of HPS guidance should be rigorously considered if placing volunteers into **acute settings** or into **patient transportation roles**:

[Novel coronavirus (COVID-19) Guidance for primary care (v12.4 updated 17 September 2020)](#)

- Physical distancing measures should be followed by everyone to help reduce the transmission of COVID-19.
- Where two metre physical distancing cannot be maintained, the use of PPE is accordance with guidance will reduce the risk of exposure.
- Staggering breaks and toilet use should be considered to limit the density of staff and volunteers in specific areas.
- The use of Perspex (or similar) screens to be considered to reduce the risk in non-clinical areas.
- Section 4.4 'Transport to and from home, or for further care' outlines specific transport options available, making no reference to volunteer transport in COVID-19 cases other than to state that "*Alternative local arrangement approved by the health board*."

- Those transporting patients with COVID-19 should not themselves be put at greater risk of severe infection.
- Patients should be given clear instructions on what do when they leave the ward to minimize risk of exposure to staff, patients and volunteers.
- The patient should wear surgical face masks for the whole duration of the journey
- The patient should sit in the back of the vehicle with as much distance from the driver as possible.
- Where possible, use vehicles that allow for optimal implementation of physical distancing or have a partition
- Vehicle windows should be open to facilitate a continuous flow of air
- Vehicles should be cleaned appropriately at the end of the journey
- Ensure patient has a supply of tissues and a waste bag for disposal for the journey.
- The waste bag should be taken into their house and disposed with general household waste after a period of 72 hours.

4.2. Examples of risk assessments

The following **risk assessments** have been shared by NHS boards as examples and are available from the Healthcare Improvement Scotland Community Engagement website at www.hisengage.scot/COVID-volunteering. Please note that some are dated prior to the latest HPS guidance above.

- NHS Greater Glasgow & Clyde
- NHS Lanarkshire
- NHS Shetland
- NHS Tayside

4.3. Coronavirus testing for volunteers

Scottish Government published [guidance on coronavirus testing](#), updated 14 November 2020, that includes volunteers as in Priority Group 4, *"Staff and volunteers in third or public sector organisations, including unpaid carers, and staff in nationally or locally significant industry important to economic sustainability and growth".*

Volunteers who are self-isolating because they are showing symptoms can be tested. The Prioritisation Matrix is available [here](#).

5. Safe return of 'stood down' volunteers to NHSScotland

Many services, patients and the currently 'stood down' volunteers will benefit from safe and measured return of volunteering.

Due care and attention should be paid to the Scottish Government Coronavirus (COVID-19) Scotland's Strategic Framework. The framework makes reference to both **public services and transportation**, two key elements in planning the return of volunteering. Throughout, the requirement to maintain physical distancing, handwashing, surface cleaning and respiratory hygiene guidance remain in place.

Scottish Government updated shielding advice and support (6 November) gives details to help people make informed decisions. We know from historical records that many volunteers in NHSScotland were aged over 70 and that during the coronavirus pandemic, this age group had been noted as 'at risk'.

We now know that 92% of all deaths involving COVID-19 were of people aged 75 or over, source: Deaths involving coronavirus (COVID-19) in Scotland, Week 37. The severity of the virus significantly alters how risks to individuals are assessed and mitigated, with age adding an additional variable not typically considered in generic volunteer role risk assessments.

5.1. COVID-19 Age Tool

On 9 November Scottish Government updated Coronavirus (COVID-19): guidance on individual risk assessment for the workplace. The guidance contains the COVID-19 Age Tool, developed by the Association of Local Authority Medical Advisors.

Also provided is a risk matrix that allows for changes in viral prevalence. See Covid-19 risk matrix and viral prevalence for more information.

The guidance also makes it clear that "**Clinical judgement should be used to decide which group is appropriate for any individual**."

The tool provides an evidence-based methodology for screening individuals, calculating a 'COVID age', taking into account age, sex, ethnicity and comorbidities. The resulting figure is then compared against a 'vulnerability level' as shown in the table below. It also contains advice for pregnant women.

A number of NHS boards have confirmed they have already implemented this tool when

screening volunteers to return and the National Group for Volunteering in NHSScotland has endorsed the use of the tool for returning or newly recruited volunteers.

It is also recommended that the tool is cascaded to third sector organisations where indirect volunteers are engaged.

The risk ratings for 'COVID Age' are shown below (updated 3 November).

Vulnerability level	Definition	Workplace considerations
Very High Covid-age around 85 and above	High risk of death if infection occurs.	Ideally work from home. Where local viral prevalence is moderate or high, take additional, sensible precautions such as ensuring a low likelihood of anyone breaching social distancing. Ensure good hygiene and wear appropriate face coverings or PPE. Where clinical work, care work and working closely with others is essential, risks must be managed reasonably and effectively. Working only with patients or clients who have tested Covid-negative may be an example of reasonable risk-management.
High Covid-age around 70 to 85	High risk of becoming hospitalised and seriously ill if infection occurs.	Keep the risk in the workplace as low as reasonably practicable by redeployment or controls including PPE. Clinical work, care work and working closely with others (such as teaching, sharing a vehicle, using public transport) may be possible where testing of patients and staff, and provision of controls (e.g. screens, PPE) are effective in managing the risk. Some individuals in essential roles may be asked to accept a higher risk and agree to do so where this can be justified.
Moderate Covid-age around 50 to 70	Those who are much less likely to develop severe disease if infection occurs	A moderately increased risk of infection may be accepted where there are no reasonably practicable means of reducing it further. Includes clinical work with higher hazard and risk levels, or roles where physical control or restraint is required, or where additional risk has to be accepted and can be justified.
Low Covid-age below around 50	Those who are very unlikely to develop serious disease if infection occurs	Increased risk of infection may be accepted where there are no reasonably practicable means of reducing it further.
Pregnancy	No current evidence of significantly increased risk or increased fatality rates in mother or baby in most cases unless mother has significant medical problems. There is emerging evidence of increased hospitalisation with severe symptoms in older mothers and ethnic minority mothers.	Current advice is to minimise the risk to pregnant women, while allowing them to choose whether to attend work and what role to undertake at work. Risk should be reduced as far as reasonably practicable. Advised to avoid roles where a degree of risk cannot be avoided, such as clinical work, care work and working closely with others. Particular care should be taken in the third trimester, especially for mothers from the at-risk groups including older mothers and ethnic minorities. Mothers with known additional risk factors such as congenital heart disease will be given specific advice by their antenatal team.

Additional measures can be taken to mitigate possible transmission of the virus. Phasing of volunteering services and a staggered approach to volunteer rotas, in recognition of the incubation period, would achieve this.

5.2. Phased return of volunteer services

A phased approach to the return of regular volunteering will limit the likelihood of localised spikes in infections. This may be considered on:

▸ A geographical or site basis,
▸ A service basis,
▸ A volunteer role basis, for example; low risk, physical distancing compliant roles such as gardening and hospital guides rather than high risk roles such as driving or ward based activities,
▸ A limitation of volunteer numbers,
▸ The availability of handwashing stations, or
▸ Other means by which there is control over the volume of interactions, for example; reduced length of patient interaction
▸ The level set in the health board area and where your volunteers stay

5.3. Up to date contact information and tracing

In order to support fast and effective contact tracing, should an individual become unwell, volunteer programmes should ensure that the contact details held for returning volunteers are up to date and processed and stored in keeping with information governance policies.

5.4. Physical distancing and hygiene measures

While physical distancing of two metres remains in place, prioritisation of services and roles due to be restarted should take account of how compliance with these requirements can be achieved.

Volunteer roles should be reviewed to determine whether national guidance on physical distancing can be maintained. It is important to document the level of proximity to other individuals, for example; 2m or 1m, as this element affects contact tracing, should an individual become ill with the coronavirus.

Similarly, roles descriptions should be reviewed in consideration of hand hygiene measures.

5.5. Face coverings and masks

[Coronavirus (COVID-19): interim guidance on the extended use of face masks in hospitals and care homes](#) (v2.1, updated 20 October 2020) recommends visitors to hospitals should wear a face mask/covering.

Staff working in a clinical area of an acute adult facility including mental health or a community hospital or in a care home for the elderly should wear a medical face mask at all times throughout their shift. Should volunteer roles reduce physical distancing to less than two metres, volunteers should also be provided with medical grade face masks in compliance with above guidance.

[Face coverings exemption cards](#) were launched by the Scottish Government (29 October) to support people who are unable to wear a mask for health conditions, disabilities or special reasons. Any consideration of this should be part of a risk assessment process.

5.6. Staggered rotas

[Scottish Government](#), [UK Government](#) and the [European Centre for Disease Control](#) estimate the incubation period for the coronavirus lasts between one and 14 days.

In order to limit transmission during the incubation period from asymptomatic individuals it is recommended that volunteers are engaged on a **fortnightly basis where possible**. This will allow for symptoms to appear and also allow for a greater level of volunteers to be engaged, albeit on a reduced frequency per person.

Accurate recording of volunteer rotas, e.g. to a ward level and time of day, will support efficient contact tracing should the need occur.

5.7. Considerations in respect of hospital visiting

Scottish Government guidance of 30 June 2020 on the phased return of hospital visiting may play a part in the planning of volunteers returning to ward based roles. As NHS boards progress through each stage there will be an increase in the volume and frequency of visitors resulting in greater risks and greater use of hand hygiene supplies.

5.8. Updated volunteer agreements and symptom reporting

As suggested in section 6.4 (Occupational health screening), volunteer agreements should be updated to include a requirement that the individual notifies the volunteer manager immediately should they experience any of the noted symptoms.

Due to the exceptional danger of the virus, instead of relying on exception reporting, for example; only reporting when symptomatic, NHS boards may choose to require volunteers to report to their volunteer manager or nominated contact **on symptom status on the day** of their planned 'shift' or engagement, for example:

- healthy, no symptoms
- without symptoms, isolating
- with symptoms, isolating
- isolating, diagnosed with COVID-19

Consideration should also be given to **confirmation of compliance with any relevant travel guidance**, e.g. return from overseas. Guidance on the isolation and reporting measures can be found at [Coronavirus (COVID-19): public health measures at borders (international travel)](#) (updated 19 November 2020).

5.9. Travel to and from the place of volunteering

The [Coronavirus (COVID-19) Protection Levels](#) (23 October 2020) give details of the travel guidance for each level. It recommends active travel (walk, run, cycle, wheel), avoid car sharing and to wear face masks on public transport in all levels whilst level 3 states 'avoid non-essential use of public transport' and level 4 'No use of public transport, except for essential purposes'. These [travel restrictions](#) became law on 20 November 2020 with the following exemption listed.

'travel for work on an activity associated with seeking employment, or to provide voluntary or charitable services, but only where that cannot be done from your home.'

Use of public transport (including taxis) [requires people to wear face coverings](#) and some services may yet be limited in terms of capacity due to factors including staff absence, physical distancing requirements and prioritisation of key workers. Advice from Scottish Government is currently to reduce non-essential use of public transport

where possible. Additional guidance on private vehicles, including car sharing is available from Transport Scotland.

Volunteering programmes may wish to initially restrict the return of volunteering to those able to safely travel using their own transport or walking.

6. Fast-tracking volunteer recruitment

Data from the Volunteering Information System tells us that it takes an average of 14.6 weeks to progress from point of enquiry to a volunteer beginning their placement, source: Volunteering Information System 2018/19 final report. There is scope to reduce the length of time this process typically takes.

NHS boards are normally expected to comply with the Safer Pre and Post Employment Checks PIN Policy. This policy covers aspects of the recruitment process including ID verification, referencing, Protection of Vulnerable Groups (PVG) screening and occupational health clearance.

Coronavirus (COVID-19): National arrangements for NHS Scotland staff, DL (2020)/5 states 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.

Each of these aspects is explored in detail below with additional information relating to insurance for driving roles. **It should be noted that the removal of screening measures will have a cumulative impact on the quality and safety of the recruitment process.**

6.1. ID verification

Verification of identification would normally be carried out in person to ensure that photographic ID matches the appearance of the person applying to volunteer.

> NHS boards may wish to move to online processing of ID verification via e-mail and use of videoconferencing or streaming technology.

It should be noted that meeting a prospective volunteer and the interview process is an important part of recruiting the right person to the right role.

6.2. References

Reporting and analysis of Volunteering Information System data tells us that it takes an average of 2.1 weeks to receive a volunteer reference, source: Volunteering Information System 2018/19 final report.

> By interpretation of DL (2020)/5 NHS boards may wish to:
>
> ▸ Reduce the number of references sought and/or required prior to a volunteer starting their placement
> ▸ Remove the requirement of references prior to a volunteer starting their placement
> ▸ Implement online referencing using existing tools such as Smart Survey or Webropol
> ▸ Secure references by telephone
>
> Each change will result in a cumulative increase in risk. Levels of on-site and regular support will also play a role in reducing exposed risk.

Of note, Shelter Scotland provided an evidence-based case study to NHS volunteer managers in February 2020 on how and why they removed the referencing element of volunteer recruitment. Contents from the presentation are available to members of the Community of Practice website.

6.3. Disclosure and Protection of Vulnerable Groups Scheme Membership

A number of changes have been implemented by Disclosure Scotland to support faster return of Disclosure and Protection of Vulnerable Groups (PVG) documentation.

It remains necessary to only apply for Disclosure or Protection of Vulnerable Groups screening where the role qualifies for it.

Changes updated 28 July 2020 at Disclosure Scotland include:

▸ Qualifying criteria for a free disclosure – a coronavirus response worker must meet all three criteria:
  o They must only need a disclosure because of their coronavirus work.
  o Their role must only exist in response to coronavirus.
  o They must be working in a qualifying sector.
▸ Online processing only, no paper forms to be sent

- ▸ Prioritising 'support roles', including healthcare
- ▸ Fees waived for coronavirus response disclosures in place until midnight, Friday 25 December 2020

Within the Coronavirus Act, Scottish Ministers have the power to change Protection of Vulnerable Groups legislation but at time of writing this has **not** been implemented.

This means that:

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Protection of Vulnerable Groups Scheme

It remains an offence for an organisation to appoint someone to a role containing 'regulated work' if that person is barred from doing so

It remains an offence for an individual who is barred from undertaking 'regulated work' to undertake such activity

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Disclosure Scotland has also provided some Frequently Asked Questions on Disclosure and Protection of Vulnerable Groups available in Appendix A.

6.4. Occupational health screening

It is common for NHS board volunteering programmes to use health self-declarations as a primary tool for occupational health screening. In light of pressures placed upon NHS systems it is advisable to implement this for volunteer recruitment during the pandemic.

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Screening of returning volunteers: COVID-19 Age Tool

The screening considerations that are recommended for new volunteers should be applied to the return of existing volunteers. The COVID-19 Age Tool is available for download including easy read versions and in an online form from the Association of Local Authority Medical Advisors.

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Particular attention should be paid to regular checking of symptoms, updated 2 October 2020, and self-isolation guidance, updated 19 November 2020, on NHS Inform. **Please use the NHS Inform links for current guidance.**

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Amendments to screening and volunteer agreements

Occupational health screening and volunteer agreements should include **specific reference to compliance with self-isolation** as noted and linked to above, with due reference to ensuring the paperwork is kept up to date and provides a link to current guidance.

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> To ensure safety of patients, staff, volunteers and their families NHS boards may also choose to implement **regular confirmation from volunteers** that they are symptom free before attending their place of volunteering.

6.5. Confirmation of insurance for driving roles

The Association of British Insurers (ABI) has waived the requirement for volunteers to confirm that their insurance extends to volunteering activity.

See the [statement](#) on the ABI website. This has been [extended to 31 December 2020.](#)

> If NHS boards seek to place volunteers into driving roles they should not require volunteers to seek confirmation from their insurer.

7. Volunteer induction and training

Healthcare Improvement Scotland has collaborated with NHS Education for Scotland to design and produce a basic online induction module for volunteers.

Content includes:

- NHSScotland values
- Communication and confidentiality
- Equality and diversity
- Adult and child protection
- Fire safety
- Infection control including COVID-19
- Health, safety and wellbeing
- Support and supervision including raising concerns and whistleblowing

The module was designed with the need to comply with 'stay at home' and physical distancing measures that have been prevalent during the coronavirus pandemic.

We are indebted to NHS Education for Scotland and NHS board volunteering programmes for the rapid development of the module.

> NHS boards recruiting volunteers may wish to review the module content to ensure it meets local requirements before issuing to prospective volunteers.

More information on the module design can be found in Appendix B: Volunteer induction module detail.

Consideration should be given to what elements of volunteer induction remain appropriate to deliver in a face to face environment (subject to safety measures) and balancing the recruitment risks incurred by not conducting face to face training versus safety risks created by bringing people together.

The Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Regulations 2020

Please note that under The Health Protection (Coronavirus) (Restrictions and Requirements) (Local Levels) (Scotland) Regulations 2020: Part 3 Restrictions on gatherings, it states that a person must not participate in a gathering in a public place indoors located in a level 3 area, unless the gathering is for the purpose of *"work or providing voluntary or charitable services"* or *"childcare, education or training".* This wording is included in all levels - Schedule 1 is level 0; Schedule 2 is level 1; Schedule 3 is level 2; Schedule 4 is level 3 and Schedule 5 is level 4.

The Protection Level Framework would need to be consulted to establish the arrangements for each area as would the balance of risk.

8. Volunteer retention

The interruption of regular volunteering and the implementation of 'stay at home' guidance by governments has led to increased isolation for many volunteers.

Reduction of social isolation is often a driver and common benefit for those who regularly volunteer.

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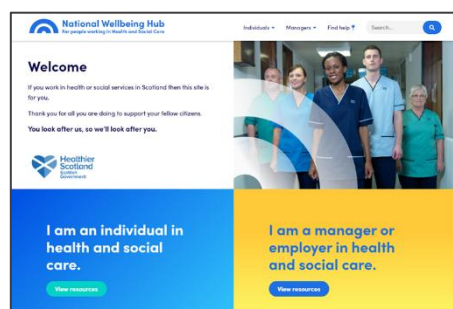
Staying in touch with the existing volunteer base may be difficult with the limited staffing on many volunteer programmes but consideration as to how to ensure volunteers are retained should not be lost amongst the pressures on volunteer programmes. The Association of Volunteer Managers published 'Themes from COVID-19 networking calls' that contains suggestions for how to stay in touch with volunteers and move towards virtual volunteering.

NHS boards with centralised volunteer management models are likely to face challenges in supporting and retaining volunteers that they normally encounter, particularly where there is a single volunteer manager.

NHS boards with decentralised models, whilst normally being more scalable and robust, may suffer from absence rates amongst the staff who would traditionally offer the light-touch support locally, example at a ward level if the pandemic escalates.

The National Wellbeing Hub was launched on 11 May and contains a wealth of resources for staff and volunteers in health and social care.

A collaboration of organisations from across Scotland have created the platform which has been specifically tailored to support people facing the challenges brought on by the coronavirus pandemic.

> NHS board volunteering programmes may wish to include a link to the National Wellbeing Hub (www.promis.scot) in volunteer induction and support guidance.

9. Scotland Cares campaign and Ready Scotland website

Current Status: On 1 May, Scottish Government paused the campaign as a suitable 'bank' of willing individuals had been secured.

On 30 March Scottish Government launched 'Scotland Cares', a campaign to provide a pathway for ex-health and social care workers to return to the system and for members of the public to volunteer. Scottish Government, with key stakeholders, agreed to build a campaign and structures that would offer a local, responsive offer to meet local demand via a national portal.

Through the scheme, individuals could select one of the following pathways on the Ready Scotland website:

Pathway 1: Accelerated recruitment of paid staff (via NHS Education for Scotland)

Pathway 2: Apply to become a Community Reserve Volunteer (British Red Cross)

Pathway 3: Register with the national portal for volunteering (Volunteer Scotland)

Individuals who registered via pathway one were directed to register with NHS Education for Scotland (NES) who were managing the recruitment. NES handled all aspects of recruitment including those applying via the health and social care Accelerated Recruitment Portal, including PVG and pre-employment checks. It liaised directly with NHS boards on the arrangements for bundling applications and deploying staff into the service.

Applicants who registered via pathways two and three (British Red Cross and Volunteer Scotland) were taken forward by those organisations in conjunction with Local Resilience Partners who were identifying local need. From the campaign the British Red Cross pathway had secured more than 18,000 applications. These individuals, once verified (including Protection of Vulnerable Groups membership, if required), were asked to undertake roles vital to boosting the community response to COVID-19, including tasks such as organising food parcels and supplies, delivering medicine to vulnerable people unable to leave their homes, and providing a line of communication for those without contact to the outside world.

More than 35,000 applications have been received by Volunteer Scotland who maintain the national volunteering portal and have links with each Third Sector Interface (TSI).

Communities Secretary Aileen Campbell has written to the tens of thousands of people who've signed up to be part of Scotland's response to the coronavirus outbreak. A guide on how to help locally can be found on the Ready Scotland website.

NHS Boards seeking to recruit to defined roles should register them with Volunteer Scotland/Third Sector Interfaces. Please refer to section 4 regarding role development and risk assessments.

The British Red Cross can be contacted through local channels or by contacting their dedicated mail box: covid_19responsescotland@redcross.org.uk. Contact phone numbers are now in place at Resilience Partnership and national level:

- North RRP areas: 01463 796624
- West RRP areas: 0141 891 4031
- East RRP areas: 0131 654 0340
- Emergency Response Operations Manager: Mobile 07590445372

NHS Boards can contact their local Third Sector Interface lead (details [here](#)) or the TSI Resilience Partnership Representative:

- ▸ North RRP: Maggie Hepburn, Chief Executive, ACVO Aberdeen, maggie.hepburn@acvo.org.uk; 07815 008 701
- ▸ West RRP: Ian Bruce, Chief Executive, Glasgow Council for the Voluntary Sector, ian.bruce@gcvs.org.uk 07818 400 116
- ▸ East RRP: Ella Simpson, Chief Executive, EVOC (Edinburgh), ella.simpson@evoc.org.uk 0754 219 8563

10. Emergency volunteering leave (emergency placement scheme)

Emergency Volunteering Leave, likely to be renamed the Emergency Placement Scheme, is a provision within the Coronavirus Act 2020. It will allow workers to request between 2-4 consecutive weeks of unpaid leave in order to volunteer during a 16-week window which the UK Government will 'open'. Workers, in health and social care roles, will only qualify for one period of leave per 16-week window. The Act contains within it provision to reimburse the worker for loss of earnings. Employees in organisations of less than 10 employees will not be able to access the scheme.

The scheme has not yet been activated. This will only happen if or when the governments have decided the NHS and social care sector needs additional capacity, and where that capacity cannot be supplied through existing routes.

The UK Government is developing guidance to give more information and support to both employees and employers in the event these powers are needed. The guidance will answer questions that people will have about this scheme and will be available on the GOV.UK website if and when the scheme is triggered.

The Volunteering in NHSScotland Programme is collating national data on volunteer numbers and service gaps on a monthly basis to inform decision-making at Scottish Government. Information requests to Strategic Leads for Volunteering are issued in advance of national collation and reporting on the first Friday of each calendar month.

11. Other considerations

Voluntary Health Scotland published a [briefing](#) on the impact of COVID-19 on voluntary health organisations. The paper outlines the impact of the pandemic on services and how they have adapted to respond. It is important that we remain aware of the role for volunteering in the recovery stage, once we reach it, and how we exit from this pandemic and support our colleagues, patients and volunteers when the time comes.

The Volunteering in NHSScotland Programme Team have been made aware of a number of external requests for role development that are out of keeping with the aforementioned management of risk and compliance with Health Protection Scotland guidance. This publication makes reference to the existing guidance and frameworks in place to ensure that roles are developed safely and with the input of all relevant stakeholders.

Should the pandemic result in staff availability falling to critical levels, the likelihood of demands for volunteers to undertake new tasks may increase. If such a scenario arises, there should be a continuing focus on safety, robust engagement and safeguards in place to ensure that any extension of volunteer roles is temporary and reviewed. There should be no confusion between volunteering and employment. It is vital that NHSScotland and the volunteering sector exit this pandemic with the hard-fought integrity of volunteering intact. Volunteering is and should remain the free will and choice of the individual concerned.

> *"Volunteering is a choice. A choice to give time or energy, a choice undertaken of one's own free will and a choice not motivated for financial gain or for a wage or salary."*
>
> [Volunteering for All](#), Scottish Government 2019

Appendix A: Disclosure Scotland Code of Practice

The text below is provided by Disclosure Scotland.

What roles need a PVG?

In brief, work or volunteering which involves certain activities with children (under 18s) or protected adults (aged 16 or over) which is regular and the person's normal duties, qualifies for a PVG check. Some of the types of activities are teaching, training, instructing, supervising, caring for, supervising, being in sole charge, giving advice and guidance in relation to health and wellbeing.

For protected adults, we also have to consider both the service you're providing and who it's provided to which is a little more detailed. The organisation needs to be either a Welfare, Care, Health or Social Care organisation and the adults you provide your service to need to have particular needs. A particular need is a specific requirement an individual may have arising from physical or mental illness or disability which may disadvantage that person when compared to the rest of society.

We have checklists for both children and protected adults which list the full range of activities, including determining if your adult service meets the criteria to help you decide if someone is doing regulated work which qualifies for a PVG check. They can be found on the Disclosure Scotland website.

What roles don't need a PVG?

There has been a rapid increase in Community Volunteering in response to local needs. Many organisations are concerned that until a PVG has been accessed, they will be unable to utilise new volunteers or increase their capacity or introduce new services such as telephone befriending and community transport. While many of these activities may be considered a regulated work activity, we need to give further consideration to whether at this time the new volunteers will be carrying out their role regularly and as part of their normal duties. We also need to consider whether the activities are being directed at children or protected adults, or more generally to the community, as not every person in self-isolation will have symptoms of the virus, for example they may be self-isolating as someone else in their household has symptoms, they may have an underlying condition which puts them at greater risk or they may be self-isolating due to Government advice based on their age.

In order to qualify for a PVG check, new volunteers would need to be carrying out a regulated work activity with children or protected adults regularly and as part of their normal duties

with an organisation and as we are in the very early stages of self-isolation, it's currently not possible to determine that the activities will be regular or normal duties. Your organisation may also consider that the new services or increased provision is in response to a crisis or emergency situation which would not require a PVG.

There are several support activities which definitely do not require a PVG check such as shopping, cash handling, having access to people's details and dog walking. Each organisation has to risk assess these activities and consider whether there is a need for any further safeguarding such as supervising new volunteers more closely.

Can PVGs Be Transferred?

No. A PVG certificate is issued in relation to a specific role and workgroup(s) within a named organisation. When an organisation accesses a PVG check, they registered their interest in the applicant so that they are notified if the member's status changes to either barred or considered for listing. This is why scheme members still need to complete another form when they move to another organisation. It is also worth bearing in mind that the scheme member will also have a copy of their PVG which they can share if they choose to.

Can Organisations Share PVG Information?

Yes, section 80 of the Disclosure Scotland Code of Practice gives guidance on this. Care must be taken to ensure the organisation information is being shared with are entitled to PVG information for the role in question and the scheme member must give you written consent to share their information. You should retain this permission in case there are any queries about sharing PVG information in the future. It is also worth bearing in mind that the scheme member will also have a copy of their PVG which they can share if they choose to.

Section 86 and 87 of the Code of Practice allow for information to be shared in relation to health and education transport services. The Code allows information to be shared with specific bodies for example a school, college or health body. Please refer to the Code for full details of this exemption.

The Code of Practice can be found on [Disclosure Scotland's website](.).

Appendix B: Volunteer induction module details

Scope

An online learning module for NHSScotland prospective volunteers. The module will be hosted on TURASLearn, accessible to anyone.

Branding with NHS Education for Scotland, referencing the Volunteering in NHSScotland Programme with recognition of the NHS Board content at appropriate sections.

Access

Users (prospective volunteers) can register on the TURASLearn site. It does not need authorisation from NES/NHS Boards.

Link to register:
https://turasdashboard.nes.nhs.scot//User/PersonalDetails/Create?openIdApplicationId=e8c7cbb9-34fd-4c87-8c6c-7232cf6786d7

Link to module: https://learn.nes.nhs.scot/29190/coronavirus-covid-19/volunteers-and-carers/volunteering-induction-covid-19

Verification of completion

A pass mark of 80% is required to pass the module.

Users can save and or print a certificate of completion and send this to their volunteer manager. This mitigates the risk of non-compliance with NHSScotland and local NHS board policies, for example; safeguarding and information governance is contained within the learning. It also removes the need for any volunteer management staff to access TURASLearn reporting.

Content and format

Content was sourced from NHS boards existing volunteer induction programmes, built on common themes identified in previous research.

Healthcare Improvement Scotland – Community Engagement reviewed submissions and provided condensed content for NES.

All images are sourced from NHS board induction programmes or the NHSScotland image library. No IP rights to be addressed.

Testing

Healthcare Improvement Scotland - Community Engagement provided a staff resource to undertake the module and provide feedback. Additional feedback was received from NHS boards, members of the National Group for Volunteering in NHSScotland and volunteers from the public.

Review

An evaluation of the module and its use is in progress, the survey closed on 30 August. Any critical issues or errors are to be communicated to the Engagement and Equalities Policy Manager (valerie.breck@nhs.net).

You can read and download this document from our website.
We are happy to consider requests for other languages or formats.
Please contact our Equality and Diversity Advisor on 0141 225 6999
or email contactpublicinvolvement.his@nhs.net

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