Volunteering to support NHS: looking forward in the light of Covid-19

15TH SEPTEMBER 2020

Context

In September WCVA facilitated an on-line discussion forum to deepen understanding of the experiences of the NHS and voluntary sector in Wales in respect of the volunteering response witnessed in relation to the Covid-19 pandemic. This report seeks to summarise key themes and experiences with the intent to develop learning to sustain the response and to ensure that NHS and voluntary sector stakeholders are prepared for potential further waves of Covid-19.

The discussion forum was free to access and promoted widely across WCVA's networks. Nearly 60 participants attended the session.

The discussion focused on four key questions which participants were asked to consider at the point of registration; the questions went on to form the basis of the discussion.

- From your experience/ perspective of volunteering in relation to Covid 19, what was helpful in supporting the NHS response?
- What was unhelpful or challenging?
- What is the volunteering legacy of Covid 19; what learning/ different ways of working do we want to retain?
- What do you see as priorities for developing the contribution and impact of volunteering on our health services in the future?

Richard Newton Consulting has prepared a summary report for the session. This will be shared widely with the sector and others, such as funders and policymakers.

The report seeks to establish themes and actions rather than create a summary of what was said. It reflects the survey responses and contributions during the events, rather than WCVA or Richard Newton Consulting's positions. We cannot verify if they are wholly accurate or rather are people's perceptions.

Volunteering to support nhs: looking forward in the light of covid 19

INTRODUCTION

It was felt that there was much to learn from the period March – September 2020 in respect of the potential, and associated challenges, of enabling volunteering to support health services in Wales effectively. WCVA had maintained contact with volunteering teams across all Health Boards in Wales and discovered a variety of approaches in respect of volunteering. There were great examples of volunteers making special contributions distinctive from those made by the workforce, and some exemplar partnership working to help mobilise volunteers. Many of these initiatives were implemented quickly, and there were associated concerns in respect of risk, governance, how to streamline processes and in respect of managing the expectations of both staff and volunteers.

Whilst recognising that there is an operational network of volunteer managers in the NHS, many of the themes to be considered have a wider reach than this group, hence establishing this discussion forum. Furthermore, the status of volunteering within the NHS needs to be explored. Prior to Covid-19, volunteering was low profile with little reporting. Volunteering rapidly became a strategic priority during the Covid-19 pandemic; however, the speed of this meant that development of reporting systems etc. dragged behind.

CASE STUDIES

Three case studies from across Wales sought to directly highlight experiences.

Betsi Cadwaladr University Health Board

The Health Board worked with Awyr Las (the NHS charity in the area – it is worth noting that there are several NHS charities in Wales, each aligned to a Health Board, and varying considerably in size.

There was already a volunteering programme 'The Robins' in place. 'Robin' volunteers typically (pre-Covid-19) undertook ward volunteering (filling water jugs, offering a befriending scheme to patients). This was affected as part of the Covid-19 response as many of the established volunteers were included in the shielding group and therefore could not engage with any activity delivered away from their home, alongside restrictions in terms of ability to engage with NHS sites. The Robins model was used to recruit new volunteers in response to Covid-19. Many of these roles were anticipated to be required for the field hospitals and wider workforce planning. Over 700 people volunteered and were cleared to work in roles such a befriending, housekeeping, reception, stock control and deliveries of PPE and medication. Not all the volunteers were mobilised as the field hospitals didn't come into operation at the scale feared.

Presently the Health Board is cleansing the database and creating three volunteer pathways for the future –

i. The Robins – the original former volunteer role
ii. A response team in readiness for future waves
iii. A volunteer routeway to support progression into employment / bank

Approximately 250 of the new volunteers remain, plus the established 'Robins' who are starting to return as shielding ends.

Powys Teaching Health Board

A Memorandum of Understanding was quickly established at the onset of the pandemic with Powys Association of Voluntary Organisations to help recruit volunteers. Nearly 500 volunteers were recruited into roles which extended beyond hospitals to include residential care, home care and drivers. Many of the established volunteering roles were paused due

to Covid-19 and the ability to access sites. A new set of roles replaced these offering, for example, befriending services and tech buddies.

A standard induction for all new volunteers was developed, with funding from the Regional Partnership Board. This adopted the WCVA/Wales TUC Charter Principles.

Cardiff and Vale University Hospital Health Board

Cardiff initially stood volunteers down and directed them to local opportunities. Like other areas the established volunteer base was affected by the impact of shielding.

When volunteering restarted much was centred on patient focused roles such as distribution of digital tablets, virtual visiting roles and patient support. Many roles were undertaken by students as career pathways. Records show that 40 students gave 5400 volunteer hours over six months.

In addition, the Command Centre received requests for drivers and housekeeping and recruited very large numbers of people. Unlike in other areas, St John's Cymru managed the recruitment of volunteers to the field hospitals.

Some of the developments in volunteering as part of the Covid-19 response have now been mainstreamed. This includes induction elements and virtual visiting.

VOLUNTEERING

Volunteering is about many things:

- Building Health Board Capacity
- Improving Patient Experience
- Developing Career Pathways

The case studies support many of the key themes coming out of the pre-event survey.

- **Consistency and co-ordination** of approach was really valuable. The NHS faced tremendous pressures during the first wave of the pandemic and where a co-ordinated and consistent approach to volunteering was adopted (and cascaded across a health board) this had benefits in terms of buy-in / understanding both from within the health board and within the (potential) volunteers. There is clear feedback that differences in the approach across the home nations was not helpful in managing expectations – particularly the call to volunteer which was delivered very early on in the process prior to roles being confirmed.

- **Partnership and co-working** were acknowledged by many as a positive. This included working with CVCs, the Volunteering Wales website, volunteering and health programmes and local voluntary sector groups. This partnership working helped to build capacity to co-ordinate the volunteer response. There is also clear evidence that those who were not appropriately resourced felt over-whelmed by the size of the volunteer response.

- The **flexibility** of volunteers was seen as a positive but there is an acknowledgement that there was frequent misalignment of volunteer supply (skills, locations) and volunteer demand (actual volunteer vacancies).

The discussion developed to explore the key enablers to supporting volunteers which were common across all experiences

- **Capacity** - this is a blend of providing appropriate support, and also ensuring that there was an understanding across the health board of the roles that volunteers could undertake. It was noted that staff teams were depleted due to shielding and, whilst those working were working exceptionally hard, it is imperative that there is the capacity to support volunteers.

- **Consistent and developed processes** - there needs to be robust and proper processes for recruiting and deploying volunteers and these needed to be able to fast track where needed.

Some workforce teams within the Health Boards were keen to monitor volunteer engagement in terms of full-time equivalents. Cardiff and Vale for instance had clear data that volunteers had contributed the equivalent of 144 full time equivalent roles through volunteering. Betsi Cadwaladr, however, stated the strength of measuring the added value that volunteers bought to the Health Board. This was especially true where volunteers had lived experiences, for example working with mental health patients. Measuring volunteering in terms of full-time equivalents caused some concern in respect of maintaining the distinction between staff and volunteer roles and honouring trade union agreements.

With the need to offer virtual / remote support even in very sensitive roles such as end of life care, volunteering that needed to be delivered virtually required significant remodelling and resourcing (i.e. training, access to digital devices). For many, the use of technology was new and many users (and volunteers) required support in this area. As such volunteers were contributing to the patient experience not just through the wellbeing delivered, but also through developing the skills of users to engage in digital technology which had wider benefit in terms of connecting the patient to family and advice / advocacy services.

Links with CVCs and Volunteer Centres were really important where these were developed. They were able to act as the first port of enquiry for many, thus taking the pressure away from the Health Boards of dealing with these enquiries and 'keeping them warm' (essential due to the volume of volunteers and the early call for volunteers). There was a feeling that the national call from UK Government for volunteers went out too early, as Health Boards were not yet clear what their volunteering requirements were. In Wales there was further confusion given that the main, nationally agreed pathway for volunteer recruitment (via Volunteering-Wales website) was different to that in England which was receiving significant media support.

Welsh Government were represented at the discussion forum and highlighted that they recognised that there was a huge mix of areas to consider. That said it felt like the solutions were all in the room, it was just a matter of fully working them out with regional and national level meetings.

KEY MESSAGES

From this discussion forum there were key messages that need to be considered, moving forward.

The design and support of volunteering in the NHS is really important. This includes establishing the profile and importance of volunteering and the added value that it offers the health board.

- How is impact measured and how is consistency ensured across Wales?
- What support do health boards require from CVCs and national volunteering platforms such as Volunteering Wales?

The design of volunteer roles - there are a breadth of volunteer roles across the NHS. Some are substantive whilst others are linked to contingency planning for other periods of crisis. Developing and agreeing roles (with role and skill descriptions) will help to re-enforce the positioning of volunteering in the NHS and enable fast-track mobilisation in respect of future surges in demand. The role of technology needs to be included in this design, alongside ability for roles to be delivered within the NHS estate and remotely. Consideration needs to be given to the characteristics of potential volunteers, recognising that many long-standing volunteers have shielding / isolation requirements and many of the additional volunteers recruited as part of the Covid response may not be able to offer long-term commitments as initiatives such as furlough end.

Volunteering needs resourcing - volunteering doesn't come for free. It requires resourcing to manage and develop. Management needs to buy into this, understanding the return on investment offered on terms of

added value, and underpinning this with resources (staff, development of induction / training) from the health board or PSB.

Ultimately however there is a clear feeling that the environment is right to positively change the positioning of volunteering within the NHS and that parties should work collectively to achieve this.