

Advice regarding NHS volunteers relating to COVID-19

15 May 2020, Version 2

Who does this apply to?

This guidance is targeted at all staff managing volunteers within NHS provider organisations and refers to members of the public with a formalised volunteering role in the NHS.

Please be aware that current government advice includes volunteers in health and social care within the definition of ‘key workers’. Therefore, NHS volunteers fall within this category.

Reason for guidance

Volunteers play an important role in delivering NHS services by adding significant value to the activities of paid healthcare staff. Often during a response to incidents, local NHS organisations see fluctuations in their volunteer population, through a decrease in existing volunteers being able to continue and an increase in members of the public wishing to offer support temporarily.

In line with government advice, we know that some existing NHS volunteers will fall into the [sections of the population advised to shield themselves](#), and some may choose to preventatively self-isolate (information on other population groups who are considered to be clinically vulnerable to COVID-19 can be found [here](#)). Equally, as the COVID-19 incident proceeds, some volunteers may become directly affected or have family members who contract the disease.

Volunteers can, and will, continue to play a key role in ensuring the NHS response is effective by providing additional support to patients, staff and the public, but it is essential that this is managed appropriately. **We do not recommend that all volunteer services are**

suspended during this time but rather that the risks are effectively managed in line with this guidance and with your own local business continuity support and emergency response plans.

With this in mind, **managers of NHS volunteers should:**

Support volunteers' health and wellbeing

Preserving and protecting volunteers' health, safety and wellbeing is critical for NHS organisations as they respond to the COVID-19 outbreak. It is essential that NHS organisations take every effort to support the physical and mental wellbeing of the volunteers, to enable them to stay healthy and protect themselves, colleagues, patients and families as we continue to deliver services through this challenging period. Volunteers should be supported in the same way as staff, in accordance with the latest [health, safety and wellbeing guidance](#).

All volunteers **must** be made aware of the need to stop volunteering should they feel unwell and to follow the latest government and NHS advice for the public especially regarding COVID-19 symptoms.

Review the volunteer base

Identify volunteers who have been advised to shield themselves and therefore need to temporarily step down from in-hospital volunteering. Also identify any others who, because of age or underlying health conditions, are deemed clinically more vulnerable and therefore may also need to step down from in-hospital volunteering temporarily. This may not be obvious, so volunteers should be encouraged to talk to volunteer managers and should stop their volunteering role if you or they are concerned for their own health or they have caring responsibilities for others in these groups. **It is important to note that the definition of vulnerability has been extended and additional at-risk groups may be identified over time, so it is important to regularly review this with volunteers and ensure any additional risk information is assessed and acted on.**

Redeploy or rest volunteers

For volunteers who need to temporarily step down from their current volunteering role, consider whether there are remote opportunities these volunteers could help with (eg peer support or reminding patients about appointments). If no such redeployment opportunities exist, allow volunteers to take a temporary break from volunteering and consider referring them to any other local or national volunteering schemes, if appropriate, that they can do from home.

For the remaining volunteer cohort, consider which volunteer roles are non-essential and consider redeploying those volunteers into other new or emerging alternative roles that

directly reduce pressure on services or staff as part of the COVID-19 response (see *COVID-19 volunteer roles*).

Optimise volunteer services

Many volunteer roles are essential to reduce pressure on services and support paid staff, so volunteering activity should be focused, where possible, on roles that support areas of greatest pressure. Volunteers can safely support many of the services currently being increased: for example, supporting discharge processes in discharge lounges or providing home-from-hospital support, including transport. These will become increasingly essential services that can be supported by volunteers and maintained safely and effectively with appropriate risk management protocols and guidance.

Where your organisation involves volunteers from external partners (such as Macmillan, Age UK, etc) please review how essential these services are in line with local business continuity plans. Where services are essential or support areas of increased pressure (for example, home from hospital services), any NHS staff and volunteer guidance should apply to these groups.

Please remember, some volunteer roles are likely to be even more in demand during this challenging time, such as volunteer chaplaincy services. We advise you to consider whether these could continue to be delivered safely using the distancing guidance. Also bear in mind their vital role in providing essential pastoral and emotional support to paid staff at these times of increased pressure and anxiety.

COVID-19 volunteer roles (in hospital settings)

NHS England and NHS Improvement have developed a series of volunteer role profiles in order to optimise in-hospital volunteering services as part of the NHS response to COVID-19. The available role descriptions have been endorsed and agreed by clinical leadership, infection prevention and control leads and PPE supply chain colleagues and are in keeping with national NHS guidance. They should continue to be reviewed in line with national NHS and PHE guidance as different stages of the COVID-19 incident response are triggered. The decision to adopt any new roles is owned by the trust and roles should be properly risk assessed and mitigated in line with NHS and PHE guidance. Roles should also be tailored to local needs, policies and cleared through relevant trust sign-off processes, eg with clinical or workforce leads to ensure they are embedded within local planning and delivery.

Plan how to respond to new requests

Consider how you will manage new requests from the public to support your organisation. If capacity exists, plan for how you could recruit and onboard new volunteers quickly. For example, could existing experienced volunteers help co-ordinate and manage new volunteers? There are also skilled clinical volunteers in organisations such as St John

Ambulance who may be able to provide increased support and who can be onboarded more quickly.

If capacity or infrastructure do not allow fast-tracked recruitment, consider suspending new volunteer recruitment temporarily and plan referral routes for potential volunteers into other NHS schemes or local voluntary and community sector partners that can take up the offer of support.

Consider new temporary voluntary or paid roles

Where organisations identify or create temporary roles as part of local emergency response plans or in response to having a reduction in the paid workforce, consider whether any of the existing volunteer cohort could be upskilled and recruited into these roles, given they are already inducted into and familiar with the organisation. (Please note: this could mean temporarily suspending a volunteer arrangement and the volunteer entering into a contractual arrangement for a separate paid role). There may also be additional temporary roles for volunteers that arise through local business continuity plans (e.g. counting and restocking personal protective equipment) or in supporting back-office functions where NHS staff have been redeployed.

Additional guidance concerning NHS volunteer services

Information governance

Information governance remains important when working with volunteers and voluntary sector organisations (in relation to patient-identifiable, confidential or personal information). However, there is a need for pragmatism during the COVID-19 response. The Information Commissioner has given a clear steer [here](#) that no action is likely to be taken in relation to any decisions to share data that is in the best interests of the patient during the COVID-19 response.

Onboarding volunteers

We are continuing to work on ways to streamline onboarding of volunteers and will continue to share updates and top tips with networks. Accepting DBS and occupational health checks from other organisations is at your own NHS organisation's discretion. However, you should take a pragmatic approach to onboard volunteers safely yet quickly. **We strongly encourage a holistic approach to risk management, weighing the balance of risks with the impact of not filling volunteer roles.** There may be merit in accepting DBS checks in the short term, for example, if the source and the relevance of these to the volunteer role has been adequately risk assessed. In addition, many trusts are already using self-declaration forms to satisfy local occupational health checking requirements, which we support. Finally, consider how to manage interviews, inductions and training using digital solutions where possible. **There is, for example, a national standard package of online training for volunteers**

on the [E-learning for Health](#) platform that is freely available to all volunteers with contextualised COVID-19 resources. NHS Employers has a [guide](#) on conducting virtual interviews.

Flexible movement of NHS Volunteers (Volunteer Passport)

There are some volunteers who are fit, healthy and able to volunteer who are not currently able to engage in volunteering opportunities within their usual or “host” NHS organisation. This may include students who would normally volunteer near their university but are currently at home or individuals who may wish to volunteer at a different hospital which is now easier to access. There are also some NHS providers who would like support from more volunteers as their own volunteers have temporarily stepped down for different reasons.

During the COVID-19 response NHS England and NHS Improvement support:

- the flexible movement of volunteers between NHS providers without need to repeat the full recruitment process
- the “Receiving” provider to accept the “Host” provider’s identity, DBS, Occupational Health checks and core competency training (e.g. Information Governance, safeguarding etc.) where evidence is provided to a satisfactory locally agreed level.

In order to support the flexible movement of volunteers NHS England and NHS Improvement can provide the following:

- an example process – to demonstrate how volunteer passporting can be applied
- an example volunteer passport form – to facilitate sharing of the required information between organisations
- a License to Attend document – which has been agreed with NHS Resolution and covers the required terms and conditions.

Youth volunteering in NHS trusts

Many NHS trusts across England run specific youth volunteering programmes, enabling young people to give back to their communities and increase their skills, confidence, wellbeing and career opportunities in the process. Where possible, NHS trusts are encouraged to continue with these where this can be done so safely, managing any risks in line with local business continuity plans and trust policy. Trusts should consider building in additional resilience support and check-ins for any continuing hospital-based activity and should highlight sources of support young volunteers can access.

The Institute for Voluntary Action Research (IVAR), the learning partner to the Pears Foundation’s #iWill Fund, have gathered learning and resources from 30 NHS trusts who

have been engaging with young volunteers since 2018. Resources can be found [here](#) along with an overview of how these trusts have adapted their services in response to COVID-19.

Volunteer management

Volunteer management remains critical if you are continuing to support volunteering in your services. We highly recommend that you consider business continuity and ensure you have alternative, additional or back-up arrangements for the ongoing management of safe volunteering. Many NHS organisations have experienced volunteers already taking an active role in supervising and managing other volunteers, so there may be existing volunteers or roles that can readily step up into this activity: for example, one NHS trust is involving its chaplains. Other organisations have been using a lead volunteer model to help quickly induct, train and support volunteers in new roles/environments.

Volunteers and COVID-19 priority testing

The latest government issued advice makes provision for “*frontline health and social care staff including volunteers*” to be included in the definition of essential workers prioritised for testing. All active NHS volunteers are eligible for COVID-19 testing. Guidance on coronavirus testing for essential workers, including information on the process, how to request a test and list of essential workers and those prioritised can be found [here](#).

Access to personal protective equipment (PPE) for volunteers

All volunteers should be offered the same level of protection and support as paid staff. Where roles involve volunteers having direct patient contact or volunteering in potential or confirmed COVID-19 positive environments, then the trust/host organisation is responsible for provision of PPE that is commensurate with the tasks they are being asked to do. This should be done in line with the national guidance on PPE requirements.

Indemnity

NHS Resolution has clearly set out [its position](#), making it clear that indemnity arrangements should not be a barrier to changed working arrangements during the pandemic.

Due to the ever-increasing pressure on the NHS during this time, employers asked for clarity regarding the application of the Clinical Negligence Scheme for Trusts during the deployment of clinical staff to other departments, roles and clinical duties as a result of COVID-19.

NHS Resolution indemnifies NHS organisations that are members of its schemes for clinical negligence through the NHS (Clinical Negligence Scheme) Regulations 1996. Clinical negligence defined as “a liability in tort owed by a member [NHS organisation] to a third party in respect of or consequent upon personal injury or loss arising out of or in connection with any breach of a duty of care owed by that body to any person in connection with the diagnosis of any illness, or the care or treatment of any patient, in consequence of any act or

omission to act on the part of a person employed or engaged by a member in connection with any relevant function of that member”.

We have received confirmation from NHS Resolution that according to Section 11 of the Coronavirus Act 2020, clinical staff will still be protected by the Clinical Negligence Scheme Regulations 1996 should they be redeployed to a new area of work during the pandemic.

The Coronavirus Act 2020 aims to safeguard staff posted to areas outside their normal remit during the COVID-19 crisis by allowing for specific provisions to be made if an individual is treating a COVID-19 patient (whether for coronavirus or another condition), or if a clinical staff member finds themselves working outside their normal specialty because of the virus’s impact on their organisation’s resources. NHS Resolution is reassuring all NHS employees (and honorary contract holders) that levels of protection and indemnity will continue to be in place through this time. **Volunteers who have been sourced by NHS trusts to help deliver clinical services will also be covered by these schemes.**

DBS arrangements

The Disclosure and Barring Service has made changes to legislation to allow employers to fast track DBS checks to allow individuals to start working or volunteering in a regulated activity where a risk assessment has been undertaken and appropriate safeguards have been put in place to monitor and/or supervise the individual, until the full disclosure has been received. Unpaid volunteers will remain eligible for a free DBS check. More information can be found in NHS Employers’ [COVID-19 pre-employment check guidance](#).

NHS Volunteer Responders

The NHS Volunteer Responders scheme has been set up to provide volunteer support for those “shielding” or most at risk from coronavirus and anyone deemed as vulnerable or receiving community care. This initiative is being delivered by the Royal Voluntary Service (RVS) and enabled by the GoodSam Responders app. It is an additional offer and not designed to replace volunteering **within** the NHS (such as hospital-based volunteering) but instead focusses on supporting a specific cohort of people, in the community. Professionals can refer in patients or those in the shielded group can also now self-refer. For further information please see the [NHS Volunteer Responders portal](#).

For the most up-to-date information, NHS staff and NHS volunteers should refer to the [NHS guidance](#).

For access to any of the resources mentioned in this document please contact england.volunteering@nhs.net

Please note: advice in this document is correct at time of circulation. It should be read alongside other guidance for NHS staff, some of which may also apply to volunteers.