

POLICY FOR TRUST VOLUNTEERS

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|---|--|
| Department / Service: | Corporate Nursing |
| Originator: | Associate Director of Patient Experience |
| Accountable Director: | CNO |
| Approved by: | Key Document Approval Group |
| Date of approval: | 23 rd April 2016 |
| Extension approved on: | 25 th February 2022 |
| Review Date: This is the most current document and should be used until a revised version is in place | 30 th June 2022 |
| Target Organisation(s) | Worcestershire Acute Hospitals NHS Trust (WAHT) & all partner organisations providing volunteer placements |
| Target Departments | All Departments working with volunteers |
| Target staff categories | All staff and volunteers |

Purpose of this document:

Worcestershire Acute Hospitals Trust (The Trust) recognises and values the important role that voluntary activity plays in complementing our work and welcomes the varied contribution that volunteers make. The purpose of this policy is to increase the understanding and use of volunteers within the Trust and provide structure and guidance. This will ensure :

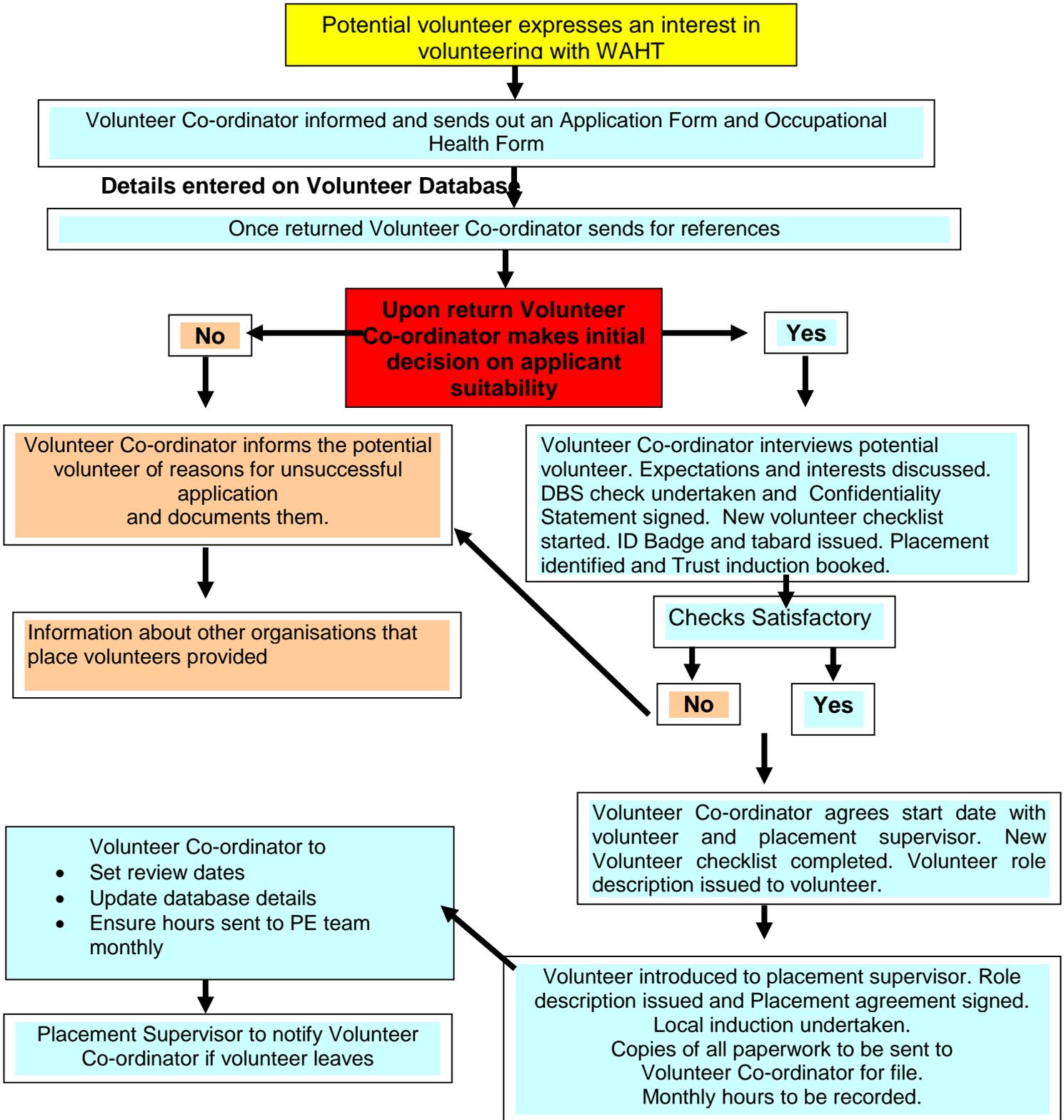
- A consistent and robust approach to the recruitment, induction, training, review and recognition of volunteers which is adopted by all the partners with whom we work.
- staff, senior managers and The Trust Board understand why volunteers are important, the roles that they play and the contribution that they make
- That all the communities that the Trust serves, will feel able to offer their time and commitment, and will be appropriately placed and supported during their time as volunteers.
- that the Trust is compliant with current best practice and guidance relating to volunteers including The Lampard Report, published in 2015 following the Savile Enquiry
- an understanding and commitment to the fact that volunteer roles complement and enhance the work of paid staff and that such roles do not replace employed staff or undertake their roles

Key amendments to this Document

| Date | Amendment | By: |
|--------------------------------|--|-----------------|
| April 2016 | Updated to incorporate DBS requirements and The Lampard Report. | Tessa Mitchell |
| April 2019 | Document extended for three months whilst review is completed | Rachel Sproston |
| June 2019 | Document extended for 6 months whilst review and approval process is complete | Rachel Sproston |
| December 2019 | Document extended for 6 months whilst review and approval process is complete | Anna Sterckx |
| June 2020 | Document extended for 6 months during COVID-19 period | |
| 7 th Jan 2021 | Document review date extended by 12 months in line with amendment to Key Document Policy | Anna Sterckx |
| 1 st November 2021 | Document extended for 3 months to allow time for thorough review | Anna Sterckx |
| 28 th February 2022 | Document extended to the end of June whilst review and approval process is complete | Anna Sterckx |

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1. Introduction

Volunteers make an invaluable contribution to running our hospitals and to the wellbeing of our patients. Around 3 million people volunteer for health, disability and welfare organisations in England, with some 78,000 volunteering within Acute Trusts. There are countless reasons why people volunteer: for many it is a chance to do something positive and to help others; for others they simply have time to spare that they wish to give to something that matters to them. Volunteering helps others, can be highly rewarding and can help develop new skills and confidence. It can be a stepping stone into employment or training, creates opportunities to meet new people and make new friends and can improve health and wellbeing. It can also significantly contribute to community cohesion and a sense of worth and belonging by bringing people together to share skills, knowledge and experiences to compliment Trust activities. Volunteering can promote good physical and mental health and can help prevent people at risk of social exclusion from becoming isolated. Where volunteers themselves have a health or social care need, volunteering can help break the cycle of dependence and empower individuals to take control of their own lives by supporting other people with health and social care needs in their communities.

The benefits of volunteering within health services has been widely recognised for many years. The 'Strategic Vision for Volunteers in Health & Social Care' (DH 2010) recommended that NHS Trusts enhanced their services by actively recruiting volunteers and more recently The Kings Fund (Volunteering in Acute Trusts in England 2013) highlighted that volunteers:

- Contribute to improving patient experience
- Build closer relationships between Trusts and local communities
- Help support tackling inequalities
- Support integrated care

Worcestershire Acute Hospitals NHS Trust (The Trust) recognises and values the contribution that volunteers make to its services. Volunteers have an important role in complementing and enhancing the work of our staff.

There are lots of ways that people help us including:

- Way finding – helping patients and visitors find their way around all our sites
- Ward support – assisting our nursing staff by providing assistance to patients such as mealtime support and ensuring regular drinks are available, reading and chatting with patients. All of which can greatly assist recovery.
- Helping in our shops and cafes – we have a wide range of opportunities across all our sites
- Supporting our bereavement staff – providing administrative support and helping provide a warm and welcoming environment to those who have been bereaved.
- Supporting our outpatient clinics through assisting with general enquiries and way finding.

- Helping deliver pastoral care and spiritual support for our multi-faith communities
- Patient mentoring – supporting patients using their own experience, such as supporting new mothers and cancer patients. Macmillan Cancer Support volunteers provide a wide range of information, signposting and emotional support to patients and families.
- Joining our Patient and Public Forum and helping us to review our services and improve what we do.
- Task and Finish Groups – time limited groups who look at specific areas of interest such as departmental letters and Patient Information.
- Fundraising and providing equipment and additional resources

As an organisation we value the contribution made by individuals who give their time freely to provide services that complement the work of the Trust and that contribute to the overall organisational aims and values. However nationally we know very little about those who volunteer for us. 'Volunteering in Health and Care: Securing a Sustainable Future' (2013) highlighted this and it is mirrored locally within our Trust. This policy aims to rectify this position by working with our partners and enabling us to better support and encourage the contribution of volunteers by providing a robust structure to manage and train them, thereby ensuring that the quality of patient care provided to people within our services is to the highest standard.

The Lampard Report emphasised that ' the scale of the volunteer presence and the extent and nature of the work that they do means that the arrangements for managing volunteers and the risks associated with their presence in hospitals , need to be robust and command public confidence'

We work with a number of voluntary groups who manage volunteering opportunities within our hospitals. This policy has been revised in consultation with these groups to ensure compliance with The Lampard recommendations, including the requirement that volunteers undertake DBS checks and safeguarding training every three years and that our volunteers receive a consistent experience wherever they volunteer.

2. Scope of this Document

This policy applies to all Trust volunteers, current and future, and to all our partner groups who oversee and manage volunteers on our behalf across all our sites. It also applies to all staff working with volunteers. It outlines our shared expectations regarding robust and consistent recruitment, placement, training and support for volunteers.

This policy does **not** cover Work Experience Placements. Queries regarding these should be directed to the Deputy Head of Learning & Development, Worcestershire Acute Hospitals NHS Trust, Worcestershire Royal Hospital, The Charles Hastings Education Centre, Charles Hastings Way, Worcester WR5 1DD Tel: 01905 763333 ext 33487 or Direct Line 01905 733244

3. Definitions

A volunteer is any participant who supports our services in an unpaid capacity. These are individuals who give valuable time to help us deliver services and enhance quality and patient experience in doing so.

4. Responsibility and Duties

The **Trust Board** is responsible for ensuring that the Trust has policies in place which complies with its legal and regulatory obligations. It will seek assurance that this policy is being complied with from the Patient and Carer Experience Committee.

The **Chief Nursing Officer** – has designated responsibility for all aspects of Patient Experience including Volunteers.

The **Associate Director of Patient Experience** is responsible for:

- Co-ordinating policy implementation and providing regular updates to The Patient and Carer Experience Committee.
- Ensuring the policy is monitored and updated and that the Trust remains in line with best practice initiatives and legislative requirements.

Divisional Directors are operationally responsible for ensuring that this policy is rolled out divisionally so that staff understand volunteering and are able to develop tasks and roles for volunteers which will help us meet our aims and objectives and improve patient experience.

The **Patient Experience Lead** is the volunteer lead within the Trust and will liaise regularly with our volunteer partners and provide assurance that we are compliant

Volunteers are supported across the organisation by a number of **partner organisations** including:

- Royal Voluntary Service
- League of Friends
- Macmillan Cancer Support
- Age UK
- The Alzheimer's Society

Our partner organisations have been included in updating this policy and in the work undertaken on the post Savile, Lampard Action Plan. They are responsible for ensuring that this policy is complied with through:

- Ensuring that their own procedures align with those outlined in this policy to ensure that there is a robust system in place for the recruitment, training and on-going support of volunteers as outlined by the Lampard Report and incorporated within this policy.

- Proactive volunteer management including: provision of a Volunteer Pack, ensuring volunteers attend Trust Induction and ensuring annual reviews and exit questionnaire are completed
- Ensuring compliance with Health & Safety requirements
- Promotion of volunteering and working with staff on new volunteering opportunities to further enhance patient experience
- Maintaining up to date records on numbers of active volunteers, hours undertaken, types of activities, training requirements and DBS checks. This information should be reported back to the Patient Experience Lead so that this can be shared throughout the Trust to help promote volunteering and at Trust Board level to ensure the contribution of volunteers to the work of the Trust is fully recognised.

Departmental / Area Volunteer Supervisors

The named volunteer supervisor is responsible for overseeing:

- The local induction (**Appendix 7**)
- Going through the role specification and providing clarity re the volunteers role and responsibility
- Ensuring day to day supervision and management of volunteers is in place, delegating as appropriate to named individuals.
- Identifying any problems / issues or training requirements.
- Undertaking regular reviews using the agreed proforma (**Appendix8**)
- Providing the relevant partner organisation with monthly information regarding hours undertaken by volunteers
- Notifying the partner agency who organised the placement if the volunteer leaves so that an Exit Questionnaire can be sent.

WAHT staff

All staff who have contact with Trust volunteers should have an understanding of the involvement of volunteers in service delivery and the value that they bring in complementing the work that we do. Staff need to work alongside and support volunteers and assist in the development and implementation of new volunteer roles.

Volunteers

Volunteers are responsible for:

- Complying with DBS requirements and producing a valid certificate
- Informing their supervisor of any changes to their DBS status
- Undertaking any training required by the Trust to fulfil the requirements of the role.
- Adhering to Trust policies and procedures
- Embodying their commitment to the Trust's PRIDE values through their volunteering

- Abiding with the Volunteer Agreement /Code of Conduct (**Appendix4**).
- Working within the role description agreed
- Engaging with support and supervision arrangements
- Maintaining confidentiality (**Appendix 5**)
- Reporting any areas of concern or potential safeguarding issues
- Wearing an ID Badge & Tabard / Apron whilst undertaking volunteering activities
- To inform the Placement Supervisor if he/she is not attending the ward / department on any day when the volunteer would normally attend or has agreed to attend.
- Signing in and out and recording your hours
- To notify the placement supervisor of any planned end to the placement and ensure that all Trust property is returned.

5. Policy Detail

5.1 Eligibility for Volunteering

Potential volunteers will be sought and encouraged to join the organisation from all sections of the community irrespective of race, religion, disability, gender, age or sexual orientation.

The minimum age for volunteers is 16yrs. There is no upper age limit.

Appointment will be dependent on satisfactory pre appointment clearance including DBS check, health screening and two written references. Parental consent will be sought for volunteers from 16-18 years.

The candidate must demonstrate a keen interest in volunteering and in supporting Trust services for the benefit of the community we serve.

An **asylum seeker** has the right and is fully entitled to become a volunteer providing all pre-engagement checks have been undertaken.

A **refugee** must provide evidence of refugee status but is also entitled to volunteer subject to pre-engagement checks.

Volunteers from European countries are eligible to undertake volunteering duties within the UK, subject to pre-engagement checks.

Volunteers from Non-European countries who have a current visa, to work or study in the UK may volunteer as long as they are still undertaking the activity stated on their visa. Evidence of the current visa will be required at interview.

The Trust requires volunteers to be able to communicate at a basic level of English.

5.2 Recruitment and Selection

Each partner organisation is responsible for recruiting volunteers. Their processes must comply with this policy which incorporates NHS Employment Check Standards and the Lampard Report recommendations. To ensure the protection of patients, visitors, service users, paid staff and volunteers it is essential to have a robust recruitment process.

Whilst volunteers are not employees, it is essential that the Trust ensures that any volunteers are able to effectively undertake the agreed activities assigned to them and do not pose a risk to patients, staff or visitors. Consequently, the following requirements should be applied when recruiting volunteers:

- All prospective volunteers must complete an application form (**Appendix 2**) and be formally interviewed.
- Identity and 'Right to Work' checks
- Two references
- Undergo Occupational Health screening (**Appendix3**)
- Disclosure and Baring Service check commensurate with role i.e.: regulated / unregulated activities and provide copies of the certificate when issued. <https://www.gov.uk/dbs-update-service>
- Commitment to attending Trust Induction and on-going mandatory training

No one will be taken on as a volunteer without an interview which will be documented (**on the Volunteer Checklist Appendix 5**) and a copy retained within the individuals personal file (retained by the partner organisation). Where possible these interviews should be conducted by the Volunteer Co-ordinator and the local supervisor if it is known where the individual will be placed. The partner organisation should also be satisfied that any volunteer understands the commitment required, that they have the relevant skills and will be reliable. *It should be made clear at the enquiry stage that we expect a minimum of 6 months volunteering to be undertaken.*

Under the provision of the Rehabilitation of Offenders Act (1964) Exemption Order where volunteers have contact with vulnerable people or will be involved in regulated activity they are required to declare all previous convictions whether considered spent or unspent. This information will be treated as strictly confidential and will not necessarily preclude a volunteer from taking up a placement.

Subsequent convictions must also be declared in order that a decision can be made concerning the future involvement of the volunteer. Each situation will be reviewed and assessed on an individual basis by the partner organisations recruitment manager / equivalent. Advice and support can be obtained from the Trusts Patient Experience and HR Teams.

All reasonable efforts will be made to find a suitable placement for a volunteer. Any prospective volunteers found unsuitable to volunteer should be provided with a reason for this and a note of this kept on their file.

5.3 Role Specifications

Role specifications are central to recruitment and each partner agency should regularly review these with the staff / areas that drafted them (at least annually) to ensure that they are still relevant and current. Volunteers **will not** be involved in any task that constitutes direct care to patients.

This policy encourages staff to discuss volunteering opportunities within their teams and to draft role specifications to share with our partner organisations to help recruit new volunteers and ensure that they know what opportunities exist across each site. A template for these is attached as **Appendix 1**. This specification outlines the tasks associated with the role and the necessary skills, experience, aptitudes and availability required. It also incorporates a risk assessment.

A copy of these specifications should also be logged with the Patient Experience Lead so that the Trust retains an overview of the types of voluntary activities taking place across our sites.

Volunteers must understand that they provide complimentary non-clinical services for patients, staff and visitors and cannot be involved in any direct clinical care, nor give advice or opinions about direct clinical care to patients or carers.

5.4 Induction and Training

The Trust aims to ensure that all volunteers are able to contribute as effectively and safely as possible and as such all volunteers are expected to undertake a planned programme of corporate and mandatory training. Volunteers are required to undertake Day 1 of the Trust Induction programme which gives an overview of the organisation and provides training on a number of areas including basic safeguarding awareness. Volunteers will not commence their placements until they have completed their induction. They will also receive training in the specific tasks to be undertaken, and be provided with on-going opportunities for learning and development associated with the role.

Once a role has been identified and all necessary clearances completed volunteers should receive the following induction:

- A meeting with the partner organisation manager to confirm the role and volunteering opportunity and arrange for a meeting between the volunteer and their supervisor.
- Brief overview of the partner organisation and work undertaken with the Trust
- An introduction to volunteering – our expectations from the volunteer and what they can expect from us
- A Volunteer Pack including this policy and Volunteer Agreement / Code of Conduct (Appendix 4)
- Confidentiality and data protection
- Fire safety awareness
- Health and safety including smoke free policy

- Infection control
- Manual handling
- Safeguarding
- Security, including Identity badges and uniform / clothing
- Car parking / Travel

Attendance of day one of the Trust Induction coupled with discussion with the Volunteer Co-coordinator / Manager will ensure that this is achieved and is incorporated within the Volunteer Checklist (**Appendix 6**)

Local induction with the volunteer supervisor will, as a minimum, include:-

- Introduction to Ward / area manager
- Orientation to the placement area
- Completion of volunteer local induction (**Appendix 7**).
- Dealing with patient/ relative/visitor enquiries
- Health and safety within the area
- Fire procedure and location of fire equipment
- Procedure for signing in and out and recording hours
- Limitations and boundaries of the role
- Arrangements for training and support
- Procedure if unable to attend for volunteering

This should all be recorded on the local Induction Checklist (**Appendix 7**) and a copy forwarded to the Partner Volunteer Manager. Copies of future reviews / training records should also be forwarded and kept in the volunteers file. (**Appendix 8**)

5.5 Safeguarding

Following the serious allegations of abuse involving Jimmy Savile at three NHS Organisations (2013), and the publication of The Lampard Report, NHS organisations are now required to ensure compliance with a number of recommendations aimed at ensuring patient safety. The recruitment process outlined in this policy reflects these requirements. As part of this process partner organisations are required to undertake DBS checks (as required under current legislation) and ensure that these are updated every three years. Volunteers are required to inform their volunteer supervisor immediately of any changes to their DBS status.

Partner organisations are required to share this information with the Trust and provide assurance that all volunteers undertaking tasks requiring DBS checks have been checked and will be rechecked every three years.

All staff and volunteers have a duty to safeguard and promote the welfare of children and vulnerable adults and to protect the public from preventable harm. This duty will take precedence over the duty of confidentiality where there is a risk of significant harm or where a criminal offence has occurred or is likely to occur. Any concerns volunteers may

have regarding a service user, staff or Trust procedures or premises should be raised directly with their supervisor or the senior staff member on duty. As well as dealing with the immediate concern the supervisor / senior staff member should inform the volunteer coordinator / partner organisation manager who will ensure that the Trust's Patient Experience Lead is also made aware of the concerns raised.

To ensure volunteers understand safeguarding, can identify potential issues and know how to report these they are all required to have safeguarding training every three years. This can initially be covered by volunteers undertaking the Trust Induction which will provide a general level of awareness. After that all volunteers will be required to undertake Level 1 Safeguarding training update every 3 years. This cycle should commence no longer than 12 months after the Trust Induction). This basic awareness training can be supplemented as necessary through identified training plans commensurate with the areas in which individuals volunteer. From reviews with partners as part of The Lampard consultation it is evident that in addition to new volunteers there are also a number of longstanding volunteers who will require both updated DBS checks and safeguarding training. Partner organisations should already have started to identify these and already be putting them forward for the required training and checks in a systematic manner ensuring that records are maintained and that these will be easy to update going forward.

Our hospitals have volunteers in Wards and Departments who carry out their duties under the direction and supervision of the Nurse in Charge/Head of Department. If at any time there are concerns about a volunteer, the initial concern is raised with the Nurse in Charge/Head of Department and reported to the Volunteer Lead.

Access to the Children and Young Adults Ward is restricted, via a secure entry system. The volunteers for the children's wards and maternity services will have additional local induction and supervision when carrying out their duties. As volunteers undergo the same level of employment checks as paid staff, they have access to clinical areas, however; as with employed staff, they must be appropriately supervised, according to their role. As Lampard pointed out ' whilst policies and processes are currently in place to minimise the probability of abuse reported, it is important to ensure that no one is granted access to any clinical area, unless under close supervision, no matter how well meaning they appear to be or how famous they are'

5.6 Supervision, Retention and On-Going Support

The volunteer supervisor will ensure that volunteers have the appropriate level of support when undertaking their roles, delegating as necessary to other named individuals to accommodate shift patterns etc. Volunteers must be made welcome and know that their contribution is recognised. The supervisor should provide daily supervision of activities carried out by the volunteer or arrange for this to be delegated to another person. They should also undertake an initial 3 month review with the volunteer (**Appendix 8**). This review should identify what's going well, any support needs or concerns and should then be repeated annually. Copies of these reviews should be forwarded the partner volunteer manager who arranged the placement for the volunteers personal file. If any party

considers the placement to be unsuccessful, the partner volunteer manager will explore alternative volunteer opportunities within the Trust.

In recognition of the support that our volunteers provide The Trust invites all volunteers to events throughout the year including a summer cream tea and Christmas mince pie celebration.

If a volunteer leaves the placement the supervisor will inform the partner volunteer manager immediately so that an Exit Questionnaire can be sent (**Appendix 9**)

References can be provided by the partner volunteer manager, in liaison with the volunteer supervisor, after a volunteer has completed 6 months with the Trust. References should be factual and copies should be retained on the volunteers file.

5.7 Car Parking / Expenses

Each volunteer partner has their own arrangements for volunteer expenses. The Trust will ensure that the cost of volunteer parking is covered and the volunteer induction should outline the arrangements for this.

5.8 Insurance

Registered volunteers will be covered by the Trust insurance whilst they carry out their agreed duties, and so long as they do so in line with WAHT policies and procedures. Volunteers will be treated in the same way as staff for liability purposes and are covered under the Trusts Employers Liability cover within the NHS Litigation Authority Scheme.

5.9 Health and Safety

The Trust is committed to the health and safety of our volunteers. Under the Health and Safety at Work Act, 1974 and The Fire Precautions Act, 1971 we are required to provide safe and healthy working conditions. We regularly carry out risk assessments, which we act upon to reduce risk to our patients, visitors, staff and volunteers. We will provide volunteers with any information, training or equipment they need to remain safe.

The Trust expects volunteers to familiarise themselves with our policies and procedures, remember their duty of care towards people around them, and not act in a way that might endanger others. Local health & safety awareness within the area in which the volunteer is placed is included in the local induction checklist completed with their supervisor.

5.10 Confidentiality

All volunteers are expected to abide by the Data Protection Act (1998) and to maintain confidentiality of all information they may have access to during the course of their role. The unauthorised use or disclosure of patient or other personal information is a dismissible offence and in the case of computerised information could result in a prosecution for an offence or action for civil damages. Volunteers will sign a confidentiality agreement at interview. (**Appendix5**). The Trust and its partner volunteer organisations will also ensure details regarding volunteers are kept in line with these requirements.

5.11 Problem solving procedures

Volunteering should be an enjoyable and positive experience for volunteers and for those that they support and work alongside. However we acknowledge that sometimes difficulties can occur and when this happens it is important that these are resolved openly, quickly and fairly.

A volunteer has the right to complain if they feel they have been treated unfairly. If the grievance is with a member of staff or concerns regarding their placement then their first point of contact should be their local supervisor. If the issue relates directly to another person then they should be encouraged to speak directly to the individual to try and resolve the issue.

If the volunteer feels that they cannot do so or after having done is not happy with the outcome then the supervisor should discuss with the individuals and try and resolve the issue. If that is unsuccessful the issue should be escalated to the volunteer manager who arranged the placement to review an appropriate way forward.

If an issue / complaint is received about a volunteer, they have the right to be told why they are being investigated, the right to state their case and the right to appeal. The person who raised the issue/ complaint should be kept informed. The aim should be to resolve the issue/ complaint informally through discussion. Options such as additional support, supervision and training should be offered where necessary and clear aims along with review date should be set.

5.12 Termination of Placement

WAHT reserves the right to terminate a volunteer placement with immediate effect in the following circumstances:-

- Breach of confidentiality
- Drinking or smoking whilst volunteering
- Being under the influence of illegal substances or other non-prescribed medications
- Breach of Volunteer Code of Conduct
- Gross misconduct
- Any other circumstances it deems appropriate

This is not an exhaustive list and the Volunteer Co-ordinator / Manager who arranged the placement should always discuss the reasons why the placement has been ended with the volunteer.

The Trust reserves the right to review any volunteer involvement and move volunteers to other placements within the organisation, subject to the volunteer agreeing. If agreement cannot be reached, the placement will be terminated.

6. Implementation

6.1 Plan for Implementation

This policy will be launched after appropriate consultation and following approval by the Patient and Carer Experience Committee and Trust Management Committee. It will then be effective immediately.

6.2 Dissemination

This policy has been drafted in consultation with our partner volunteer organisations. They need to ensure that this policy is now implemented within their areas and that existing volunteers are made aware of any changes which will affect them such as renewing their DBS or undertaking updated training.

The policy will be shared with Trust staff via Trust Managers including Matrons and Ward Managers and via staff updates on the intranet / Weekly Brief.

6.3 Training and Awareness

An overview of volunteering is included in the Patient Experience element of the Trust Induction programme which is undertaken by all staff and volunteers.

Responsibility for ensuring that existing and prospective volunteers are familiar with and comply with this policy lies with the recruiting volunteer organisation. This includes ensuring appropriate DBS checks and training are completed

The Patient Experience Team will co-ordinate implementation and promote awareness of the Policy through the Trust working with Trust managers, staff and our partner volunteer managers.

7. Monitoring and Compliance

Monitoring and compliance will be undertaken by the Patient and Carer Experience Committee. They will receive twice yearly updates and an Annual Report on Volunteering will be submitted to the Trust Board. This will consist of an analysis of volunteer numbers, activities, training & DBS assurances, feedback from Exit Questionnaire and hours undertaken.

Volunteering partner organisations will send monthly monitoring data (**Appendix 10**) to the patient experience team who will retain operational corporate oversight of volunteering activities across our sites.

The Trust and its partner agencies will be part of wider volunteer networks to ensure we remain updated with legislative requirements and best practice initiatives pertaining to volunteering.

Trust Policy

| Page/ Section of Key Document | Key control: | Checks to be carried out to confirm compliance with the Policy: | How often the check will be carried out: | Responsible for carrying out the check: | Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i> | Frequency of reporting: |
|--|---------------------------|--|--|---|--|-------------------------|
| | WHAT? | HOW? | WHEN? | WHO? | WHERE? | WHEN? |
| 8. | Recruitment and Selection | Monthly returns completed by Volunteer Partners includes DBS / Trust Induction Regular meetings with Volunteer Partners | Monthly Quarterly | PE Lead PE Lead / ADPE | P&CEC | Quarterly |
| 9 | Induction & Training | Monthly returns completed by Volunteer Partners Trust Induction and Safeguarding Training Regular meetings with Volunteer Partners Training records Discussions with volunteers | Monthly Quarterly | PE Lead PE Lead / ADPE | P&CEC | Quarterly |
| 10 | Safeguarding | Monthly returns completed by Volunteer Partners Trust Induction and Safeguarding Training Regular meetings with Volunteer Partners Training records | Monthly Quarterly | PE Lead PE Lead / ADPE | P&CEC | Quarterly |

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| | | Discussions with volunteers | | | | |
| 11 | Retention | Induction checklists Monthly reviews Feedback from staff | Twice yearly On-going | PE Lead / Voluntary Services Managers | P&CEC | Annually |
| 13 | Termination | Monthly returns completed by Volunteer Partner includes numbers leaving and exit questionnaires Exit questionnaires sampled by voluntary partners | Monthly Quarterly | PE Lead PE Lead / voluntary services manager | | |
| 14 | Monitoring compliance and | Monthly returns from Volunteer Partners collated. Issues identified and dealt with. Annual Report on Volunteering | Monthly Immediately Annual | PE Lead PE Lead / Voluntary Services Manager | P&CEC | Annually |

8. Policy Review

This policy will be reviewed at least every 3 years.

9. References

| Name | Code |
|--|-----------------|
| Safeguarding Adults Policy | WAHT-CG-055 |
| Safeguarding Childrens Policy | WAHT-CG-445 |
| WAHT – ‘Patient, Public and Carer Experience and Involvement Strategy 2013-17’ | |
| Disciplinary Policy, Procedures and Guidelines | WAHT – HR - 017 |
| Whistleblowing Policy for Raising Serious Concerns at Work | WAHT – HR - 051 |
| Health and Safety Policy | WAHT – CG - 125 |
| | |

External documents which have a direct impact on this policy include:

References:

| |
|---|
| ‘Themes and Lessons Learnt from NHS Investigations into Matters Relating to Jimmy Savile’ – Independent Report for the Secretary of State for Health – Kate Lampard & Ed Marsden. February 2015 |
| ‘Volunteering in Acute Trusts in England’ The Kings Fund 2013 |
| ‘Volunteering in Health and Social Care; Securing a Sustainable Future’ – C Naylor. The Kings Fund 2013 |
| ‘Department of Health Strategic Vision for Volunteering’ October 2011 |
| ‘Volunteers Across the NHS: IMPROVING THE Patient Experience and Creating Patient Led Services’ – S Hawkins and M Restall. Volunteering England 2006 |
| ‘Volunteers and the Law’ – M Restall. Volunteering England 2005 |
| The Equality Act 2010 http://www.legislation.gov.uk/ukpga/2010/15/contents |
| The Health & Social Care Act 2008 (regulated Activities) Regulations 2010 |
| Rehabilitation of Offenders Act 1974 |
| Health & Safety at Work Act 1974 |

10. Background**10.1 Quality requirements**

The Trust is committed to ensuring that as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy aims to ensure that we encourage a diverse range of volunteers to help us improve patient experience within our hospitals which reflects the composition of the diverse range of communities which we serve.

10.2 Financial risk assessment

The use of volunteers should not replace paid employees. Volunteering enhances service delivery and patient experience. The Trust has many volunteers undertaking a wide range of tasks all of which contribute significantly and provide a currently unrecognised or analysed social return on investment. There are no additional financial implications for the implementation of this policy

10.3 Consultation

Consultation regarding this updated Policy has taken place with a range of internal and external stakeholders including our volunteer partner agencies, patients and staff.

Contribution List

This key document has been circulated to the following individuals for consultation:

| |
|---|
| Designation |
| Royal Voluntary Services |
| Kidderminster League of Friends |
| Redditch League of Friends |
| Worcester League of Friends |
| Age UK |
| Alzheimer's Society |
| MacMillan Cancer Information and Support Service |
| WAHT Chaplains |
| Involved Patients including our PPF members and individual interested patient and carers |
| Divisional Directors of Nursing |
| Divisional Quality Governance Leads |
| Lead for Safeguarding Adults |
| Lead for Safeguarding Children |
| Matrons and Senior Nurses |

This key document has been circulated to the chair(s) of the following committee's / groups for comments;

| Committee |
|--|
| Patient and Carer Experience Committee |
| Patient & Public Forum Members |

10.4 Approval Process

This policy will be approved by the Trust Management Committee and Patient, Carer Experience Committee.

10.5 Version Control

This section should contain a list of key amendments made to this document each time it is reviewed.

| Date | Amendment | By: |
|--------------|--|----------------|
| April 2016 | Update to incorporate the recommendations of The Lampard Report. | Tessa Mitchell |
| October 2013 | Policy originated | Rani Virk |

10.6 Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

| | | Yes/No | Comments |
|------------------------------------|---|---------------|--|
| 1. | Does the Policy/guidance affect one group less or more favourably than another on the basis of: | | |
| | Race | No | Applicable to all |
| | Ethnic origins (including gypsies and travellers) | No | Applicable to all |
| | Nationality | No | Applicable to all.. Legislative requirements regarding eligibility for volunteering dependent upon immigration / right to work status is addressed within policy. |
| | Gender | No | Applicable to all |
| | Culture | No | Applicable to all. |
| | Religion or belief | No | Applicable to all |
| | Sexual orientation including lesbian, gay and bisexual people | No | Applicable to all |
| | Age | Yes | Volunteers need to be 16+ to undertake volunteering with The Trust. Children under 16 are eligible for Work Experience |
| | Disability | No | Disability is recognised along with the need to ensure appropriate adjustments are made as necessary. |
| 2. | Is there any evidence that some groups are affected differently? | Yes | Recognition we need to look to increase the diversity of our volunteers to reflect our population |
| 3. | If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable? | Yes | Eligibility to volunteer based on immigration / right to work and children under 16 while not accepted as volunteers can apply for work experience with the Trust. |
| 4. | Is the impact of the Policy/guidance likely to be | No | |
| Policy for Trust Volunteers | | | |
| WAHT-CG-783 | | Page 22 of 51 | Version 1.7 |

| | | | |
|-----------|---|-----|--|
| | negative? | | |
| 5. | If so can the impact be avoided? | N/A | |
| 6. | What alternatives are there to achieving the Policy/guidance without the impact? | N/A | |
| 7. | Can we reduce the impact by taking different action? | N/A | |

This policy has included consideration of all 9 protected characteristics and recognises that some groups are less represented than others amongst our volunteers. It promotes inclusion and increasing diversity, through on-going partnership work and good links with our safeguarding leads to ensure appropriate recruitment and oversight.

We recognise that natural bias presents a risk of potential discrimination in human relationships and communication and we therefore require all staff to complete regular Equality and Diversity training updates.

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Director of Human Resources.

Appendix 1

WAHT VOLUNTEER ROLE PROFILE

| | |
|-------------------------------------|--|
| Ward / Department | |
| Role Name / Task | |
| Purpose of Role | |
| Duties to be undertaken | |
| Skills / Attributes required | |
| Days and times required | |
| Named Placement Supervisor | |
| Training required | |

This role specification should be lodged with the local volunteer co-ordinator and a copy sent to the Patient Experience Team.

A copy should also be given to volunteer at their local induction interview.

Appendix 2

For Office Use Only
Reference Number:

VOLUNTEER APPLICATION FORM

Details entered in this part of the form will be held by the Volunteer Co-ordinator

Personal Details

| | |
|---|---|
| Title | |
| Surname/Family Name | |
| Forename (s) | |
| Address | |
| Postcode | |
| How long have you lived at this address? Please give details of all other addresses if less than 5 years | |
| Home Telephone | |
| Mobile Telephone | |
| Work Telephone | |
| Preferred telephone number | <input type="checkbox"/> Home <input type="checkbox"/> Mobile <input type="checkbox"/> Work |
| Email Address | |
| Details of Emergency contact (name / relationship and contact number) | |

Role

Please state the type of role you are interested in:

Ward Volunteers A&E Department Volunteer Chaplaincy
 Macmillan Outpatient Volunteers Meet and Greet
 Other

Please State which hospital you would prefer:

Worcestershire Royal Hospital Alexandra Hospital
 Kidderminster Treatment Centre

| | |
|---|--|
| What days / times are you available to volunteer? | |
| Do you have a current full driving licence? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Do you have access to a car / other transport? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Experience

| | |
|--|--|
| Have you had any experience of volunteering? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If yes what? | |
| Previous work history- what skills / experience do you have? | |

| |
|---|
| Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If you have answered 'no' above, you must answer these questions: |
| Please select the category that relates to your current immigration status. |
| <input type="checkbox"/> Highly Skilled Migrant Programme/Tier 1 <input type="checkbox"/> Post Graduate Doctors and Dentists <input type="checkbox"/> Indefinite Leave to remain/enter <input type="checkbox"/> Tier 5 Temporary Workers |

| | |
|---|---|
| <input type="checkbox"/> Work Permit/Tier 2 <input type="checkbox"/> Dependant / Spouse visa <input type="checkbox"/> Clinical attachment visa <input type="checkbox"/> Tier 4 student <input type="checkbox"/> Visitor | <input type="checkbox"/> Tier 5 Youth Mobility/ working holiday visa <input type="checkbox"/> Refugee <input type="checkbox"/> Other, please specify below ----- |
| Please supply details of any visa currently held: | |
| Visa No: Expiry Date: (DD/MM/YY) | Start Date: (DD/MM/YY) Details of any Restriction: |
| Does your visa have a condition restricting employment or occupation in the UK? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | |

References

Please provide the names and full contact details of the people who have agreed to supply references. Referees must have known you for at least 2 years and must not be related to you, or have any financial arrangement with you.

Please note that all reference requests will be followed up and verified.

Referee 1

| | | | |
|---------------------|--|------------|--|
| Type of Reference | <input type="checkbox"/> Employer <input type="checkbox"/> Educational <input type="checkbox"/> Personal | | |
| Title | | | |
| Surname/Family name | | First Name | |
| Relationship | | | |
| Employer Name | | | |
| Referee Job Title | | | |
| Address | | | |
| Post Code | | | |
| Telephone | | Country | |
| Email | | Fax | |

Referee 2

| | | | |
|---------------------|-----------------------------------|--------------------------------------|-----------------------------------|
| Type of Reference | <input type="checkbox"/> Employer | <input type="checkbox"/> Educational | <input type="checkbox"/> Personal |
| Title | | | |
| Surname/Family name | | * First Name | |
| Relationship | | | |
| Employer name | | | |
| Referee Job Title | | | |
| Address | | | |
| Post Code/ | | | |
| Telephone | | *Country | |
| Email | | Fax | |

Relationships

| | |
|--|--|
| Are you related to or in a relationship with any member of staff working for WHAT? If so please state the nature of that relationship. | |
|--|--|

| | |
|---|--|
| How did you hear about voluntary work within the Acute Trust? | |
|---|--|

Declaration

The information in this form is true and complete. I agree that any deliberate omission, falsification or misrepresentation in the application form will be grounds for rejecting this application or subsequent removal from my role. I am aware of the confidential nature of voluntary work and I agree to respect the privacy of patients/staff/visitors and not divulge any confidential information.

| | | | |
|----------------------------------|--|------|--|
| I agree to the above declaration | | | |
| Signature | | | |
| Name | | Date | |

Parental Consent required if applicant is between 16-18 years old:

| | | | |
|---|--|------|--|
| I give my consent to the above applicant becoming a volunteer at Worcestershire Acute Hospitals Trust | | | |
| Signature | | | |
| Name | | Date | |
| Relationship to applicant | | | |

Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013

As a volunteer with WHAT you will be required to undertake a full enhanced DBS check for any activity which falls under the category of 'regulated activity'. Having a criminal conviction will not necessarily preclude you from volunteering but it is important that you are honest with us and tell us. If you fail to tell us and we become aware of this, this could result in the loss of your voluntary role.

| |
|---|
| Have you been bound over, cautioned or convicted of any offence by a Court / Court Marshall? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If Yes, please include details of the order binding you over, caution or conviction below including the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing. You do not need to tell us about parking offences. |
| |
| Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with children? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with vulnerable adults? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No |

Further information and guidance regarding the Disclosure and Barring Service website at: www.gov.uk/government/organisations/disclosure-and-barring-service

Where the position has, in addition, been identified as a regulated activity under the *Safeguarding Vulnerable Groups Act (2006) (as amended by the Protection of Freedoms Act 2012)* an

enhanced DBS disclosure will include information which is held on the Children's and/or Adults barred list(s), as applicable to the position.

MONITORING INFORMATION

WHAT recognises the benefits of having a diverse range of volunteers and therefore welcomes applications from all sections of the community. The following optional questions will assist us in monitoring volunteers against the 'protected characteristics' outlined in the 2010 Equality Act (age, disability, gender reassignment status, marriage or civil partnership status, pregnancy or maternity, race, religion or belief, sex or sexual orientation) and to ensure that no one is being unfairly discriminated against or disadvantaged.

Equality Act 2010

The Equality Act 2010 protects people against discrimination on the grounds of their age and sex.

| | |
|---------------------------------|---|
| Please state your date of birth | |
| Please indicate your gender | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> I do not wish to disclose this |

The Equality Act 2010 protects people against discrimination on the grounds of their race which includes colour, nationality, ethnic or national origin.

| | | |
|---|---|--|
| Please indicate your ethnic origin | | |
| <p>Asian or Asian British</p> <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Any other Asian background | <p>Mixed</p> <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/> White & Black Caribbean <input type="checkbox"/> Any other mixed background | <p>Other Ethnic Group</p> <input type="checkbox"/> Chinese <input type="checkbox"/> Any other ethnic group |
| <p>Black or Black British</p> <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black background | <p>White</p> <input type="checkbox"/> British <input type="checkbox"/> Irish <input type="checkbox"/> Any other White background | <input type="checkbox"/> I do not wish to disclose this |

The Equality Act 2010 protects people against discrimination on the grounds of their religion or belief, including a lack of any belief.

| | | |
|---|--|---|
| Please indicate your religion or belief | | |
| <input type="checkbox"/> Atheism <input type="checkbox"/> Buddhism <input type="checkbox"/> Christianity <input type="checkbox"/> Hinduism | <input type="checkbox"/> Islam <input type="checkbox"/> Jainism <input type="checkbox"/> Judaism <input type="checkbox"/> Sikhism | <input type="checkbox"/> Other <input type="checkbox"/> I do not wish to disclose this |

The Equality Act 2010 protects disabled people - including those with long term health conditions, learning disabilities and so called "hidden" disabilities such as dyslexia. If you tell us that you have a disability we can make reasonable adjustments to ensure that your disability does not preclude you from volunteering.

| | |
|---|---|
| Do you consider yourself to have a disability? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I do not wish to disclose this information |
| Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'. | |
| <input type="checkbox"/> Physical impairment <input type="checkbox"/> Sensory impairment <input type="checkbox"/> Mental health condition | <input type="checkbox"/> Learning Disability/Difficulty <input type="checkbox"/> Long-standing illness <input type="checkbox"/> Other |

The Equality Act 2010 protects people who are married or in a civil partnership.

| | |
|---|--|
| Please indicate the option which best describes your marital status | |
| <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Civil partnership <input type="checkbox"/> Legally separated | <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> I do not wish to disclose this |

The Equality Act 2010 protects bisexual, gay, heterosexual and lesbian people from discrimination on the grounds of their sexual orientation.

| | |
|---|--|
| Please indicate the option which best describes your sexual orientation | |
| <input type="checkbox"/> Lesbian <input type="checkbox"/> Gay <input type="checkbox"/> Bisexual | <input type="checkbox"/> Heterosexual <input type="checkbox"/> I do not wish to disclose this |

**Appendix 3 OCCUPATIONAL HEALTH DEPARTMENT
PRE INDUCTION QUESTIONNAIRE FOR VOLUNTEER POSTS**

FULL NAME:DOB

HOME ADDRESS:

Telephone number Mobile number

Volunteer post

Based at WORC / KIDD / ALEX (please circle correct response)

DETAILS OF VOLUNTEER POST (Volunteer coordinator to complete)

How many hours of voluntary activity do you plan to do each week?

How many hours maximum do you expect to do in one period?

What volunteer activities are involved in your role? Please describe.....

What area/ward/department is your voluntary work based in?

What contact will you have with patients (eg: social interaction / food preparation / direct touching contact)?

HEALTH QUESTIONNAIRE, TO BE COMPLETED BY THE VOLUNTEER

The purpose of this questionnaire assessment is to identify any health problems or disabilities that may make the proposed volunteer post difficult or unsafe for you or others, and to enable WAHT to identify any adjustments that may be required.

GUIDANCE.

The types of health problems that can affect volunteers may include (this list is not exhaustive);

- 1.Problems with standing, bending , walking and lifting, due to current muscle or joint problem if the work requires physically demanding activities, or moving and handling equipment.
- 2.Some medications, if they cause side effects such as drowsiness, or immunosuppression.
- 3.Mental health conditions such as, Bi Polar Disorder and other mental health diagnosis, anxiety or depression, or drug/alcohol misuse.
- 4.Conditions that may cause sudden loss of consciousness eg epilepsy or insulin dependent diabetes **None of these will necessarily prevent you from volunteering but we need to know about them for your safety and for that of our patients**

| | | |
|--|-----|----|
| Do you have any health issues that may affect your ability to undertake the duties of your volunteer post, and may require adjustments or changes to be made? Please provide details; | Yes | No |
|--|-----|----|

| | | |
|--|-----|----|
| Are you having, or waiting for treatment (including medication) or investigations at present that might affect your ability to perform your volunteer post? Please provide details. | Yes | No |
|--|-----|----|

Signature of volunteer Date

ALL VOLUNTEERS Please send in details of any vaccinations you may have had. Obtain this from your GP. We would like to know if you are immune to Measles and Rubella and if you have had Chicken pox if you are working with children or babies. Occupational Health can provide immunisation if you are not covered.

Trust Policy



**Worcestershire
Acute Hospitals**
NHS Trust

For use by OCCUPATIONAL HEALTH

| | | | |
|-----------------------|----------|-----------------|------------|
| Fit | YES / NO | Unfit | YES / NO |
| Fit with restrictions | YES / NO | Signature | Date |

This form should be returned to:
Occupational Health & Wellbeing Services, Working Well Centre, Newtown Road, Worcs WR5 1JF

Appendix 4 –WAHT Volunteer Agreement and Code of Conduct

Volunteer's name:

Volunteers are an important and valued part of Worcestershire Acute Hospitals NHS Trust. We hope that you enjoy volunteering with us.

This agreement tells you what you can expect from us and what we expect from you.

Worcestershire Acute Hospitals NHS Trust will ensure you that your volunteering will be appreciated and recognised:

- in an organisation which strives to be non-discriminatory and diverse
- in a safe environment
- which encourages your development and provides you with the necessary information & guidance to carry out your role
- and will help you resolve any problems you may have on your placement

The Trust commits to the following:

1. Management and support

- ✓ We will provide a named person who will meet with you regularly to discuss your volunteering experience
- ✓ We will explain the standards we expect for our service and to encourage and support you to achieve and maintain them
- ✓ We will do our best to help you develop your volunteering role with us
- ✓ You will be given an individual induction programme for your role and a place on the Trust Induction which will incorporate a range of basic training including safeguarding.

2. Equal Opportunities

- ✓ Your right to be treated fairly with dignity and respect will be protected by the Trust Equality & Diversity policy.

3. Health & Safety

- ✓ We will aim to ensure you are safe at work by giving you a confidential health check, obtaining DBS clearance and taking up references for you.
- ✓ Any accidents/incidents at work will be treated in the same manner as for all employees.
- ✓ We will provide adequate training and feedback in line with the Health & Safety policy.

4. Expenses

- ✓ The trust will cover any volunteer parking costs through the provision of parking passes. Any other out of pocket expenses you incur whilst volunteering will be subject to the agreement made with your local volunteer co-ordinator.

5. Insurance

- ✓ We will provide adequate insurance cover for volunteers while undertaking any voluntary work approved and authorised by the Trust.

6. Commitment

- ✓ There is no contract of employment with the Trust.
- ✓ Volunteers may leave their roles at any time if they wish. We ask that you give us at least two weeks' notice so that alternative arrangements can be made.
- ✓ We aim to be flexible so please let us know if you would like to make any changes and we will do our best
- ✓ The Trust expects all volunteers to comply with our policies and procedures

7. Problems

- ✓ We will try and resolve fairly any problems, grievances and difficulties you may have during your volunteer placement
- ✓ In the event of an unresolved issue we will offer an opportunity to discuss the issues with the Volunteer Co-ordinator / manager and our Patient Experience Lead; however, the Trust can request you cease volunteering if the problem cannot be resolved.

Part 2: The Volunteer

All personnel within Trust are expected to maintain an atmosphere that supports the patients we care for. We expect you to be polite and courteous, to respect people and their views and to act as a role model to other volunteers. To do this we ask that you agree to:

1. Help the Trust fulfil its service and values
2. Participate in the induction sessions and training sessions required to undertake the tasks relevant to your placement including regular safeguarding updates and DBS checks (currently 3 yearly)
3. Undertake your voluntary role at agreed times, informing the relevant member of staff if you are unable to attend

- 4. Comply with Trust policies and procedures, particularly in relation confidentiality.
- 5. Inform your supervisor / volunteer co-ordinator immediately of anything that will require an updated DBS check.
- 6. Comply with the dress code, including the wearing of a WAHT identity badge and tabard when on Trust premises.
- 7. Raising any issues or concerns relating to your placement with your placement supervisor or Volunteer Co-ordinator / Manager.
- 8. Reporting any accidents or incidents whilst attending your placement to your Placement Supervisor or Volunteer Co-ordinator / Manager

We hope that you find your time with the Trust enjoyable and rewarding. Thank you for reading the above information. Please sign and date it and keep it safe, a copy will be kept on your personal volunteer file.

Signed
(Volunteer)

Print name:

Signed
(Volunteer Co-ordinator / Manager)

Print name:

Dated.....

**To be completed with Volunteer by Volunteer Co-ordinator / Manager at initial meeting.
Copy to be given to volunteer and copy kept on volunteer file.**

Appendix 5

Confidentiality Agreement for Contractors and Third Parties (including volunteers)

Scope and Definition of this Agreement

This Agreement describes the responsibilities of contractors and Third Parties under the NHS Confidentiality Code of Practice 2003 and the Data Protection Act 1998 when undertaking work for or with Worcestershire Acute Hospitals NHS Trust, Worcestershire Health and Care NHS Trust, NHS South Worcestershire Clinical Commissioning Group, NHS Redditch and Bromsgrove Clinical Commissioning Group or NHS Wyre Forest Clinical Commissioning Group, from now on known as the 'Trust' for the purpose of this document.

For the purposes of this Agreement the term Contractor means any company and its direct employees who undertake work for or with the Trust.

For the purposes of this Agreement the term Third Parties applies to any person(s) undertaking work for or with the Contractor or the Trust such as bank or agency staff, volunteers, locums, student placements, maintenance craftsmen, IT engineers and ancillary staff. For the avoidance of doubt Third Parties are under the supervision, direction and control of the Trust, save where expressly agreed with the Contractor.

All contractors and Third Parties who may come into contact with any person identifiable data, confidential or sensitive information (for the purposes of this Agreement - PID) must follow this Agreement. PID covers information held manually or electronically and also information heard during a visit to any Trust site. PID applies to any combination of information, which enables the identification of a patient or member of staff, either directly or indirectly.

A statutory Director or an appropriately nominated manager of the Contractor can sign this Agreement on behalf of their employee(s). The Trust also reserves the right to require individual employees of the Contractor to sign where deemed necessary; specifically when system access is required. The Trust shall ensure that the Contractor shall sign the Agreement prior to commencement of them undertaking work for the Trust; this also applies to Third Parties.

Rationale

The Trust is under common law duty to ensure that PID is protected from inappropriate disclosure. Furthermore, under Principle 1 of the Data Protection Act 1998 personal information must be processed fairly and lawfully. The Trust will only be able to comply with these conditions where it has ensured that everyone with whom they have contracts with are subject to, and comply with, patient confidentiality, information security, and freedom of information and data protection requirements.

What is confidential information?

A duty of confidence arises when one person discloses information to another (e.g. patient to clinician; colleague to colleague; employee to employer; commissioner to Contractor) in circumstances where it is reasonable to expect that information will be held in confidence.

It –

- is a legal obligation that is derived in case law.
- is a requirement established within professional codes of conduct.
- must be included within NHS employment contracts as a requirement linked to disciplinary procedures.

The public entrust the NHS with, or allow us to gather, PID relating to the clinical and business activities of the NHS. They do so in confidence and they have a legitimate expectation that all persons who may be exposed to, or process information will respect the confidentiality of that information and act appropriately. It is essential, if the legal requirements are to be met and the trust of the public retained, that the NHS provides, and is seen to provide, a confidential service in all of their clinical and business activities.

Trusts responsibilities

- The Trust’s Senior Manager, or Volunteer Partner Agency Manager who employs the Contractor or Third Party, is responsible for ensuring that they are fully aware of their responsibilities as stated in the Trust’s Code of Conduct in Respect of Confidentiality and all relevant Worcestershire Health ICT Services (WHICTS) policies. These should be supplied to or made available to the Contractor or Third Party. The Trust’s Senior Manager/Volunteer Partner Agency Manager is required to retain a signed copy of this Agreement for secure storage and retention.
- The Trust’s Senior Manager/Volunteer Partner Agency Manager must ensure that where Contractors and Third Parties access Trust data, they complete Information Governance training. For further information about how to complete training please refer to the Trust Intranet.

Freedom of Information (FOI)

- The Trust must ensure that any Contractor is aware of the possible impact of the Freedom of Information Act 2000 on the documentation connected with that Contract.
- Many Contractors will categorise all contracting documentation as confidential and not for disclosure outside of the contracting parties. In the light of the Freedom of Information Act this “confidentiality” may not apply. The Trust should ensure that the Contractor is aware that even though they may have categorised a document as confidential, the Trust may be obliged to disclose the document, or parts of it, to an applicant making a request under the

Freedom of Information Act or under the Data Protection Act for the prevention and detection of crime. For the avoidance of doubt where there is any contradiction between the terms of this Agreement and any signed Contract of supply between the Contractor and the Trust, including any national framework agreement, then the Contract shall take precedence.

- To ensure that the general right of access to information is not impeded; the Trust should ensure that Contracts are explicit as to which documents are appropriate for disclosure and ensure that the confidential categorisation is not used inappropriately.

Related legislation

- Data Protection Act 1998
- Freedom of Information Act 2000
- Human Rights Act 1998
- Confidentiality: NHS Code of Practice 2003
- Caldicott Principles
- Common Law Duty of Confidentiality

Contractor and Third Party responsibilities

They must:

- Ensure that they have read and comply with the Trust's Code of Conduct in Respect of Confidentiality and all relevant WHICTS policies.
- Be registered under the Data Protection Act 1998 with the Information Commissioner Office and provide the Trust with their Registration number if required; when contracted to process PID.
- Ensure compliance with related legislation and ensure the reliability of its employees who have access to any PID
- If required to access or process PID held by the Trust, then they shall keep all such information secure at all times (e.g. in a locked cupboard, or where stored electronically encrypted) and shall only process such data in accordance with instructions received from the Trust.
- Be aware of the possible impact of the FOI Act 2000 on the documentation connected with a contract.
- Indemnify the Trust and the Secretary of State for Health, subject to any limitations of liability in the Contract, against all claims and proceedings and all liability, loss, costs and expenses incurred in connection therewith made or brought by any person in respect of any loss, damage or distress caused to that person as a result of the Contractor's loss, damage, destruction or unauthorised disclosure of, or unauthorised access to or the unauthorised and/or unlawful processing of any PID that is held by the Contractor and its employees.
- Return all PID to the Trust in its entirety on completion of the task for which the PID was provided or on termination of this Agreement. No copies of PID may be kept without the approval of the Trust. The PID will, at all times, remain the property of the Trust.
- Not remove PID from the Trust without the appropriate authorisation; subject to the necessary approval PID needs to be encrypted to the required standard.
- Only use and process PID for the purpose for which it has been supplied.

- Be aware that under the Data Protection Act 1998 a breach of confidentiality may constitute an offence which may lead to a prosecution.
 - Obtain authorisation for use of their laptop on Trust's premises; via the Trust's Senior Manager/Volunteer Partner Agency Manager who will co-ordinate the request with WHICTS. Any requirement to store Trust data on the laptop must be authorised by the Trust's Senior Manager, and, if PID is being processed, then authorisation must be given by either the Caldicott Guardian, the Senior Information Risk Owner (SIRO) or their delegates. The Trust's Information Governance Department will be able to clarify this process. Further details can be found on the Health and Social Care Information Centre website. The laptop must be encrypted to the approved level; this can be verified with WHICTS.

Statement of Confidentiality

| | | | | | | |
|---|-------------------|--------------------------|-----------|--------------------------|-------------|--------------------------|
| Please Tick: | Volunteer Manager | <input type="checkbox"/> | Volunteer | <input type="checkbox"/> | Third Party | <input type="checkbox"/> |
| Volunteer Partner Organisation | | | | | | |
| Information Commissioners Office Data Protection Act 1998 Registration no: <i>(where appropriate)</i> | | | | | | |

I am aware of the relevant legislation, best practice guidelines and related Trust's policies and procedures and agree that:

I understand within the course of my work with the Trust; I may have access to or hear PID about patients, members of staff or other business activities of the Trust or other organisations.

I understand that no information of a personal or confidential nature concerning individuals or the Trust may be disclosed without proper authority having first been given.

I understand that failure to comply with the above rules will be regarded as serious misconduct, which could result in action being taken against myself, by my company / organisation, or from legal action by others.

| CONTRACTING COMPANY OR THIRD PARTY | |
|------------------------------------|-----------|
| NAME (PLEASE PRINT): | |
| JOB TITLE: | Volunteer |
| SIGNATURE: | |
| CONTACT TELEPHONE NUMBER: | |
| DATE SIGNED: | |
| CONTRACT END DATE IF KNOWN: | |

TRUST SENIOR MANAGER / VOLUNTEER PARTNER MANAGER

NAME (PLEASE PRINT):

JOB TITLE

SIGNATURE:

DATE SIGNED:

This form can be completed electronically; provided it has been signed electronically and/or has been sent via the Contractor's corporate mailbox and the Trust Senior Manager's/Volunteer Partner Agency Manager's mailboxes for audit purposes.

If access to Trust data is required (network account, OASIS etc.), a call must be logged with the IT Helpdesk and the form must be sent to the IT Helpdesk, Sky level, WRH.

The Trust line Manager/Volunteer Partner Agency Manager is responsible for logging a support call via the following link <https://ictservicesdesk.worcestershirehealth.nhs.uk/enduser/Home.aspx> or via intranet favourites. Please ensure the authorised form is attached to the logged support call.

Once complete, the Volunteer Partner Agency Manager responsible for the Contractor or Third Party should retain a copy of this form for secure storage and retention; a copy should also be sent to the Trust's Information Governance Department.

FOR OFFICE USE ONLY:

Appendix 6 - Volunteer Checklist

Volunteer Name:

| Required | Date / Name / Details |
|--|-----------------------|
| Two references received | |
| DBS form completed | |
| DBS form returned and approved (Renewal date on database) | |
| Occupational Health Form completed and sent | |
| Volunteer Agreement and Code of Conduct signed | |
| Volunteer Confidentiality Agreement signed | |
| Volunteer Welcome Pack issued | |
| Volunteer Badge / Uniform issued | |
| Car parking permit issued / expenses explained | |
| Trust Induction date (Training update in 3 years on database) | |
| Volunteer Role Specification agreed and issued | |
| Placement agreed as: | |
| Placement Supervisor is: | |
| Local Induction agreed with supervisor | |
| Initial Review Date (3 months then yearly- copies to be sent to Volunteer Manager for volunteer file) | |
| Termination Date | |
| Exit Questionnaire sent | |

Appendix 7 – Volunteer Local Induction Checklist

| | |
|---|--|
| Volunteer Name and Role | |
| Ward / Area | |
| Supervisor | |
| Placement Start Date | |
| Introduction to ward / area completed (orientation tour and introductions) | |
| Confirmation of role, attendance pattern, recording hours and who to notify if cannot come in | |
| Catering / social facilities | |
| Local Health & Safety issues and preventable measures explained | |
| Local fire alarms and assembly point | |
| Use of equipment essential to role | |
| Additional items at local level | |
| Volunteer Badge / Uniform Expectations | |
| Confidentiality expectations | |

Trust Policy

| | |
|----------------------------------|--|
| Safeguarding | |
| Trust Induction – date completed | |
| Additional Training Needs | |
| Review Date | |
| Volunteer Signature | |
| Supervisor Signature | |
| Date | |

Copy to be returned to Volunteer Co-ordinator / Manager for volunteers file.

Appendix 8 – Initial 3 month and Annual Volunteer Review Form

| | |
|-----------------|---|
| Name: | Department: |
| Volunteer Role: | Supervisor: |
| Start Date: | Date of Review : |
| | Review undertaken Face to Face / By Phone |

| | |
|--|--|
| 1. What is going well? | |
| 2. Have you received adequate support / induction ? | |
| 3. Have you settled into area well? | |
| 4. Do you wear your name badge / tabard / appropriate dress n when undertaking voluntary activities? | |
| Personal Qualities - Please give examples of how you demonstrate these | |
| 5. Are you polite and courteous to (a) Patients/visitors (b) Staff and colleagues and able to relate to people in friendly way? | |
| 6. Are you willing to learn and ask questions? | |
| 7. Have you been punctual and reliable? Have any failures to attend been communicated as agreed? | |
| 8. Are you adaptable and flexible? | |

| | |
|---|--|
| 9. Are you able to follow instructions and receive advice? | |
| 10. Are you able to use own initiative and offer to help? | |
| 11. Are you able to work as part of a team? | |
| 12. Are you able to communicate clearly? | |
| 13. Is there anything that hasn't gone well? | |
| 14. How has your volunteering role benefitted you / patients / the Trust? | |
| 15. Do you have any needs? (training / support / additional options. Does training need updating? | |
| 16. Do you have any suggestions for improving your volunteer experience? | |
| 17. Any other issues / comments | |
| Volunteers Signature | |
| Supervisor Signature | |
| Date of next review | |

A copy of this form to be returned to the Volunteer Co-ordinator / Manager for the volunteers file.

Appendix 9 – Volunteer Exit Questionnaire & Template Letter

Volunteers Exit Survey

This questionnaire is designed to help us understand what is working well and areas for improvement. You are welcome to complete this questionnaire anonymously or if you would like a member of the volunteer team to contact you regarding your experiences please complete the contact section at the end of this questionnaire.

1. **Ward/Department of volunteering placement:** _____

2. **Where did you volunteer?**

Worcester Royal Hospital Alexandra Hospital Kidderminster

3. **How long have you been**

0-3 months 3-6 months 6-12 months 1-2 years 2+ years

4. **Please indicate the reason for leaving**

| | | | |
|--------------------------------------|--------------------------|--------------------------------------|--------------------------|
| Family commitments | <input type="checkbox"/> | I cannot give the time commitment | <input type="checkbox"/> |
| I found paid employment | <input type="checkbox"/> | I did not like the tasks I was doing | <input type="checkbox"/> |
| I did not feel my time was well used | <input type="checkbox"/> | Education | <input type="checkbox"/> |
| Other (please give details) _____ | | | |

5. **On a scale of 1 to 10 (1 being the lowest and 10 being the highest), please answer the following questions:**

a. How much did you enjoy your volunteering experience in the trust?

1 2 3 4 5 6 7 8 9 10

b. Were you welcomed and felt part of the team where you volunteered?

1 2 3 4 5 6 7 8 9 10

c. Did you find your volunteer role to be rewarding

1 2 3 4 5 6 7 8 9 10

6. **If a family member or friend were thinking about volunteering with WHAT, would you recommend the organisation to them as a result of your volunteer experience?**

Yes No

7. **What did you like best about volunteering at the hospital?**

- 8. What did you like least about volunteering at the hospital?

- 9. What suggestions or changes would you make to the way we work with volunteers?

Thank you for taking the time to complete this questionnaire. If you would like a member of the volunteer team to contact you about your volunteering experiences please complete the contact information below.

Name _____

Contact number _____

Template letter if sending exit questionnaire

Address

Dear

Re : Volunteering for Worcestershire Acute Hospitals Trust

I am writing to thank you for your contribution towards the work of the Trust through your voluntary work with us.

To help us regularly review our voluntary placements and the work that volunteers undertake, all volunteers are sent an exit questionnaire when they leave. We would be very grateful if you could spend a few minutes to complete this. Please give us your honest views as this feedback will be used to shape volunteering opportunities across the Trust in the future.

Please return your completed questionnaire in the envelope provided.

If you would like to discuss any aspect of your volunteering experience please ring me on or contact the Trust's Patient Experience Team on 01905 760783.

Many thanks for your contribution to our work and we wish you all the best for the future.

Yours sincerely

Volunteer Manager for the Partner Agency

Appendix 10 - Volunteer Partner Agency Monthly Reporting Form

| | |
|---|-----------------|
| Partner Agency | |
| Reporting Month and Year | |
| No of volunteer hours of recorded this month | |
| Number of 'live' volunteers (Volunteers actively working within Trust including any on pre-arranged holidays or short term sickness- all of whom should be on volunteer database) | |
| Do all 'live' volunteers who need one have a current DBS? (These should be updated every three years. The Trust will need assurance that these have been scheduled and that any volunteers without this are not working within the Trust) | Yes / No |
| Number of volunteers who had a DBS update this month | |
| No of 'live' volunteers who require updated safeguarding training within the next 6 months (This should be updated every three years) | |
| No of volunteers who have undertaken safeguarding training this month | |
| No of new volunteers recruited this month | |

| | | | | | | | | | |
|--|---|------------------|-----------------------|-------------------|----------------|-------------------|---|--------------|--|
| | | | | | | | | | |
| No who have undertaken Trust Induction this month | | | | | | | | | |
| No of volunteers who have left | | | | | | | | | |
| Exit questionnaires sent | | | | | | | | | |
| Exit questionnaires returned | | | | | | | | | |
| Reasons for Leaving | <table border="0"> <tr> <td>Education</td> <td>Move from area</td> </tr> <tr> <td>Employment</td> <td>Unhappy</td> </tr> <tr> <td>Retirement</td> <td>Alternative Volunteering Opportunity</td> </tr> <tr> <td>Other</td> <td></td> </tr> </table> | Education | Move from area | Employment | Unhappy | Retirement | Alternative Volunteering Opportunity | Other | |
| Education | Move from area | | | | | | | | |
| Employment | Unhappy | | | | | | | | |
| Retirement | Alternative Volunteering Opportunity | | | | | | | | |
| Other | | | | | | | | | |
| Any other information | | | | | | | | | |

To be returned to Kate Edney PA to Associate Director of Patient Experience by the 10th of the following month after the reporting month