

VOLUNTEER POLICY 2016

Document Type	Corporate Policy
Unique Identifier	CO-306
Document Purpose	The purpose of this policy is to establish a framework for the involvement of volunteers in Worcestershire Health and Care NHS Trust giving clear understanding not only to the volunteers themselves but also staff, patients, service users, carers and indeed anyone who has involvement or interest in volunteering.
Document Author	Jane Thomas – Head of Stakeholder Engagement and Patient Involvement
Target Audience	Staff, potential and existing volunteers
Responsible Group	Quality and Safety Committee
Date Approved	27.7.16
Expiry Date	3 years from Ratification

This validity of this policy is only assured when viewed via the Worcestershire Health and Care NHS Trust website: <http://www.hacw.nhs.uk>. If this document is printed into hard copy or saved to another location, its validity must be checked against the unique identifier number on the internet version.

The internet version is the definitive version.

If you would like this document in other languages or formats (i.e. large print), please contact the Communications Team on 01905 760020 or communications@nhs.net

Version History Version	Circulation Date	Job Title of Person/Name of Group circulated to	Brief Summary of Change
9.	20.5.16	Head of Community Engagement and Patient Involvement Company Secretary Volunteer Administrator	Re-fresh, minor updates
	28.6.16	Clinical Policies Group	Inclusion of co-production statement
	27.7.16	Quality and Safety Committee	Ratified
9a	18.4.17	Head of Stakeholder Engagement and Patient Involvement	Updates on induction/training

Accessibility

Worcestershire Health and Care NHS Trust has a contract with Applied Language Solutions to handle all interpreting and translation needs. This service is available to all staff in the trust via a free-phone number (0800 084 2003). Interpreters and translators are available for over 150 languages. From this number staff can arrange:

- Face to face interpreting
- Instant telephone interpreting
- Document translation
- British Sign Language interpreting

To identify area codes please follow the following link:
<http://www.hacw.nhs.uk/trust-a-z/services/translation-services/>

Training and Development

Worcestershire Health and Care NHS Trust recognise the importance of ensuring that its workforce has every opportunity to access relevant training. The Trust is committed to the provision of training and development opportunities that are in support of service needs and meet responsibilities for the provision of mandatory and statutory training.

All staff employed by the Trust are required to attend the mandatory and statutory training that is relevant to their role and to ensure they meet their own continuous professional development.

Co-production of Health and Care – Statement of Intent

The Trust expects that all healthcare professionals will provide clinical care in line with best practice. In offering and delivering that care, healthcare professionals are expected to respect the individual needs, views and wishes of the patients they care for, and recognise and work with the essential knowledge that patients bring. It is expected that they will work in partnership with patients, agreeing a plan of care that utilises the abilities and resources of patients and that builds upon these strengths. It is important that patients are offered information on the treatment options being proposed in a way that suits their individual needs, and that the health care professional acts as a facilitator to empower patients to make decisions and choices that are right for themselves. It is also important that the healthcare professional recognises and utilises the resources available through colleagues and other organisations that can support patient health.

WORCESTERSHIRE HEALTH AND CARE NHS TRUST

VOLUNTEER POLICY

Contents

1. INTRODUCTION.....	5
2. PURPOSE OF THE POLICY	5
3. DEFINITION OF VOLUNTEERING.....	5
4. KEY PRINCIPLES OF VOLUNTEERING	5
5. VOLUNTEER PROCESS.....	6
6. DISCLOSURE AND BARRING SERVICE (DBS) CHECKS.....	8
7. CONFIDENTIALITY	8
8. INDUCTION AND TRAINING.....	8
9. HEALTH AND SAFETY.....	9
10. EQUALITY AND INCLUSION	10
11. LEGISLATION COMPLIANCE	10
12. COMPLAINTS.....	10
13. POLICY VALIDATION.....	11
14. EQUALITY IMPACT ASSESSMENT.....	11
15. DISSEMINATION AND IMPLEMENTATION OF THE POLICY	11
16. MONITORING AND REVIEW.....	11

APPENDICES

1. Travel Claim Form
2. Local Induction Template
3. DBS Flowchart
4. Confidentiality Form
5. Volunteer Role Description
6. Volunteer Agreement
7. Occupational Health Form
8. Termination Of Volunteer Placement Protocol
9. Volunteer Registration & Equal Opportunities Form
10. Patient Self-Management Programme Recruitment and Selection details
11. Volunteer Exit Questionnaire

1. INTRODUCTION

Worcestershire Health and Care NHS Trust recognize and value the role of volunteers and acknowledge that they can make a valuable contribution to the work of the Trust through their time, energy and skills.

Volunteers potentially add value to the experience of service users/patients and their carers and can support staff in carrying out their roles. The contribution of volunteers is consistent with principles of social inclusion and of community engagement. Equally volunteering can also bring benefits to volunteers themselves by improving skills and confidence and developing interests.

The Trust welcomes and encourages volunteers from the local community and is committed to safeguarding our patients and expects volunteers to share the same commitment.

2. PURPOSE OF THE POLICY

The purpose of this policy is to establish a framework for the involvement of volunteers in Worcestershire Health and Care NHS Trust giving clear understanding not only to the volunteer who has involvement or interest in volunteering but also staff, patients, service users, carers and indeed anyone.

3. DEFINITION OF VOLUNTEERING

Volunteering and volunteering opportunities are any non-compulsory activity which involves spending time, unpaid, doing something which is of benefit to others (excluding relatives), society or the environment.

Examples could include spending time talking to patients, helping with practical tasks on a hospital ward, running or assisting in an activity, administration, gardening or self-management programmes.

4. KEY PRINCIPLES OF VOLUNTEERING

- 4.1 The Trust will actively seek to identify placement opportunities will recruit volunteers by various methods e.g. through Worcestershire Health and Care NHS Trust current employees, through the Foundation Trust membership, through using online facilities, via Volunteer Bureaus, through contact with local voluntary and community groups, through local advertisements and through the Patient Self-Management Programme (see appendix 10 for more details of the Patient Self-Management Programme).
- 4.2 The contribution of volunteers will be recognised throughout the Trust with volunteering activity being reported via the Strategy and Business Directorate Plan and to the Board, to highlight the range and benefits of volunteering with and for Trust service users. Volunteers are to complement and not replace roles of paid staff.
- 4.3 The Trust believes that no volunteer should be out of pocket as a result of voluntary activity

and reimburses travel expenses as per their current criteria and rates. (Appendix 1: Travel Claim Form).

- 4.4 Volunteers will be offered a full Trust induction and a further departmental induction will be provided to volunteers, appropriate to their role. All volunteers are expected to abide by the policies and procedures of the Trust and will be shown how to access these. Volunteers should have a clear understanding of the role expected of them and receive any relevant training.
- 4.5 All volunteers will need to go through a vetting process and all satisfactory checks will need to be received before they can commence their volunteering role. This involves DBS checks, occupational health checks and references
- 4.6 All volunteers will be asked to sign a confidentiality agreement (see appendix 4)
- 4.7 Volunteers are to be given a named member of staff for liaison around their day-to-day duties. They will also have a clear understanding of who will be supervising them and who to contact if there are any problems, queries or a need to discuss volunteering matters.
- 4.8 Volunteers should be provided with appropriate facilities and resources to enable them to carry out their volunteering role.
- 4.9 Applications to become a volunteer will not normally be considered from parties who are currently receiving inpatient treatment or in a location where they have previously received services. There may be occasions when an exception can be made but this will be looked at on an individual basis.
- 4.10 In the event of any concerns regarding a volunteer, the manager should speak to the Volunteer Administrator in the first instance. If concerns cannot be resolved by the Volunteer Administrator, the Head of Stakeholder Engagement and Patient Involvement should be contacted.

5. VOLUNTEER PROCESS

5.1 Potential volunteers are required to:-

- Complete a volunteer registration form (which can be filled in verbally with the Administrator if preferred) and complete an equality and diversity monitoring form for the purposes of collating demographical information.
- Provide two referees
- Complete occupational health screening form
- Have an informal meeting with the administrator to discuss volunteering and:
 - The Trust and its services
 - Volunteering roles within the Trust
 - The Trust's expectations of volunteers
 - Expenses
 - Car Insurance / Trust Employee Liability Insurance
 - Possible placements

5.2 Giving the potential volunteer opportunity to discuss

- The type of role they would be interested in
- What they hope to gain from volunteering
- Days, times and frequency that they are available to volunteer
- Ask any other questions

If it is decided that volunteering is to proceed then:-

Complete if necessary a Disclosure and Barring Service (DBS) form as per current DBS and Barring Rules for which the volunteer will bear no cost.

5.3 At a later date the Administrator will arrange for an informal interview between the line manager/ nominated supervisor of the department where they will be based and the potential volunteer to discuss -

- Client group
- Staff
- Commitment needed for the role (frequency/duration)
- Support available
- Training requirements
- Restrictions that may apply e.g. roles that are to be carried out by paid staff only
- Other information the volunteer may need to know

5.4 It is the line manager's role to ascertain with the potential volunteer:-

- What they hope to gain from volunteering with them
- Relevant skills, experience and interests
- What understanding they have of relevant issues
- Days, time and frequency available to volunteer
- Any needs or concerns (including adjustments or additional supports that may be needed related to disability)

5.5 If the potential volunteer being interviewed is not suitable for the role they will be given feedback. If the line manager feels that whilst they may not be suitable for their service he/she should explain this to the Volunteer Administrator who will advise the volunteer and consider other areas of the Trust that may be more appropriate.

5.6 If volunteering is to proceed, and satisfactory clearances have been received (see 4.5 - clearance will be confirmed by the Volunteer Administrator) the volunteer will undertake the Trust induction. Two options will be available:

- attend a Trust Induction session which is held monthly
or
- complete an induction workbook (see section 8).

Trust staff are advised to refer to the Trust Induction Policy.

5.7 The department will ensure that appropriate preparation is made for the new volunteer's arrival. A local departmental induction will take place and will include the volunteer being provided with a copy of the relevant Trust policies and an opportunity to familiarise themselves with these documents (appendix 2: Local Induction Template).

- 5.8 The volunteer will undergo a one month trial period, which will be reviewed by the line manager. If the trial period has been successful, the volunteering placement will continue. If the placement was found to be unsuitable / unsuccessful the line manager should explain this to the Volunteer Administrator who will advise the volunteer and consider other areas of the Trust that may be more appropriate.
- 5.9 In order to claim expenses, volunteers will be required to complete a claim form each month or when the amount exceeds £10 and hand/post this for to the named member of staff designated to dealing with these. The expenses claim form is at Appendix 1. All expenses will be paid from a centralised resource. The cost code for this is on the expenses form.
- 5.10 Volunteers will be given regular opportunities for supervision/reviews and mutual feedback. There will be regular ongoing reviews to assess and ensure that the placement continues to meet the expectations and needs of both the volunteer and the Trust.
- 5.11 Any individual volunteering via another organisation for example League of Friends / WRVS will be expected to adhere to the 'Control of Contractors' policy.

6. DISCLOSURE AND BARRING SERVICE (DBS) CHECKS

- 6.1 Where a volunteer already holds a DBS disclosure dated within the past six months, portability may apply in line with Trust Procedures.
- 6.2 Where a DBS check identifies an issue of concern the Volunteer Administrator will meet with the applicant to discuss the contents of the disclosure and complete a risk assessment. Consideration should be given to the nature of the information on the DBS and the nature of the post. This risk assessment will then need to be forwarded to the appropriate Service Delivery Unit Lead and Human Resources Manager for a decision on whether the volunteer process can proceed.

Please see Appendix 3 for summary flowchart.

7. CONFIDENTIALITY

- 7.1 All volunteers must be aware of their own personal responsibilities with regards to data protection and confidentiality and need to sign the confidentiality form which will be given to them and its implications fully discussed. See Appendix 4.
- 7.2 Volunteer data is retained by the Trust and any information provided will be treated in confidence. Details will be held electronically in accordance with the requirements of the Data Protection Act 1998.

8. INDUCTION AND TRAINING

- 8.1 The Lampard Report (2015) and Care Quality Commission recommendations offer invaluable guidance around the induction and training of volunteers. There is a structured induction programme in place to ensure all Trust volunteers have access to and information on a variety of subjects needed to carry out the tasks expected, preparing him/her in the individual care setting for the role to be undertaken.

8.2 The Trust delivers an induction day.

This covers:

- Trust presentation that explains services and structures
- Information governance
- Quality governance including record keeping
- Infection prevention and control
- Counter fraud
- Safeguarding
- Health and Safety
- Equality and Inclusion

All new volunteers who have face to face contact with patients or service users are required to attend Trust induction. The sessions provided at induction are sufficient to be classed as mandatory training for volunteers. The areas not covered – Fire Safety and Moving and Handling – are covered in the accompanying induction workbook.

Volunteers who do not have face to face contact with patients or service users will receive an induction workbook. They are required to sign for the workbook and return a signed form to say that they have completed all sections of the workbook.

The induction/training needs to be refreshed every three years. Volunteers with a face-to-face role are required to again attend a Trust induction. Those without a face to face role are required to complete a new workbook

Trust staff are also advised to refer to the Trust Induction Policy.

8.3 Items covered by the Volunteer Administrator

- An overview of the volunteer and any other relevant policies
- How their volunteering role fits within the Trust
- Driving and Insurance

8.4 To facilitate their smooth transition into the working environment a local departmental induction appropriate to the volunteer's level of involvement will take place (see appendix 2).

9. HEALTH AND SAFETY

9.1 The Trust is committed to the health and safety of its volunteers and will provide volunteers with any information, training or equipment they need to remain safe.

10.2 Volunteers are expected to demonstrate their duty of care towards those they come into contact with and not act in a way that might endanger those around them. Volunteers must comply with Trust's Health and Safety Policy.

10. EQUALITY AND INCLUSION

- 10.1 The Trust is committed to equal opportunities, diversity and inclusion and this commitment extends to our volunteers. We welcome everyone from our community as a volunteer and will not discriminate against our volunteers on the grounds of age, disability, race, nationality, ethnic or national origin, gender, religion, beliefs, sexual orientation, domestic circumstances, social and employment status, pregnancy / maternity status, gender reassignment, political affiliation or trade union membership. Furthermore, we value difference and recognise the value that the different cultures, skills, outlooks and experiences of our volunteers bring to the organisation.
- 10.2 Behaviour that contradicts the letter or spirit of our Equality and Inclusion policy will not be tolerated. Volunteers will be required to abide by the Trust's Equality and Inclusion policy and a volunteer will be required to leave the Trust if he/she refuses to do so or breaches the policy.

11. LEGISLATION / POLICY COMPLIANCE:

The following documents have been used to inform this policy: -

- Health and Social Care Policy 2012
- Data Protection Act 1998
- Health and Safety at Work Act 1974
- Equalities Act 2010
- Safeguarding Vulnerable Groups Act 2006
- Confidentiality Policy (Worcestershire Health and Care NHS Trust)
- Community Engagement Policy (Worcestershire Health and Care NHS Trust)
- Disclosure Policy (Worcestershire Health and Care NHS Trust)
- Raising Concerns at Work Policy (Worcestershire Health and Care NHS Trust)
- Control of Contractors Policy (Worcestershire Health and Care NHS Trust)
- Equality and Inclusion Policy (Worcestershire Health and Care NHS Trust)
- Health, Safety and Security Policy (Worcestershire Health and Care NHS Trust)
- Infection Control Policies and Procedures (Worcestershire Health and Care NHS Trust)
- Induction Policy for New Staff (Worcestershire Health and Care NHS Trust)

12. COMPLAINTS

- 12.1 Any complaint about a volunteer will be referred to the Head of Stakeholder Engagement and Patient Involvement or Volunteer Administrator for investigation. A complaint made by a volunteer will be dealt with in the same way.

Raising a Concern: Concerns are often best resolved with staff involved at the time, however, if concerns are unable to resolve with staff, the Volunteer Administrator and Head of Stakeholder Engagement and Patient Involvement can also give independent advice, support and help.

Making a Complaint: A complaint concerning a Volunteer should be made as soon as possible after the event and must be within 3 months of the problem occurring.

The Volunteer Administrator or Head of Stakeholder Engagement and Patient Involvement reserves the right to take the following action:

- To speak with the volunteer about a breach of the Volunteer Agreement/Trust Policy and if appropriate seek assurance that this will not happen again.
- Offer an alternative placement for the volunteer, e.g. helping with another activity or another part of the organisation.
- Based on the facts of the investigation it may be necessary for the Trust to inform the volunteer that the Trust no longer wishes them to volunteer.
- Provide the volunteer with a copy of the Trust Complaints Procedure.
- If the complaint is of a safeguarding nature give consideration to implementing the procedure for dealing with allegations made against staff in respect of Children, Young People and Adults at Risk.

13. POLICY VALIDATION

All policies ratified for use by the Trust contain the following information:

- A designated owner with responsibility for ensuring an appropriately skilled professional will lead the development and/or review of the policy in line with timescales set by the Work Group work plan
- A Working Group, whose work plan identifies their responsibilities with regard to the development and/or review of the policy, monitoring compliance and signing off the policy within agreed timescales prior to ratification by the Quality and Safety Committee.

14. EQUALITY IMPACT ASSESSMENT

This policy has been equality impact assessed to ensure that it does not discriminate

15. DISSEMINATION AND IMPLEMENTATION OF THE POLICY

This Policy will be published on the Trust's intranet. Local Senior Managers will be responsible for ensuring that all staff are made aware of its content and how it applies to them as individuals

The Volunteer Administrator will be responsible for advising all Volunteers of its content and how it applies to them as individuals

16. MONITORING AND REVIEW

This policy has been approved by the JNCC Policy Group and Quality and Safety Committee and will be reviewed when circumstances require (e.g., legislation changes, in response to an incident) or in 3 years whichever occurs first



**Worcestershire
Health and Care**
NHS Trust

VOLUNTEER POLICY

APPENDICES

Appendix 1

VOLUNTEER EXPENSES CLAIM FORM

Date	Detail	Journey		Total car mileage	Other expenses		Amount due
		From	To		Detail	Value £	
	Volunteering/Session: Organiser's Name: Email Address: Telephone No:						
	Volunteering/Session: Organiser's Name: Email Address: Telephone No:						
	Volunteering/Session: Organiser's Name: Email Address: Telephone No:						

Please remember to attach any relevant tickets and receipts and to sign the form

Declaration: I declare that I have incurred the above expenses and that this claim for reimbursement of expenses is in accordance with the Trust's Volunteer Policy. I accept responsibility for informing appropriate agencies of any monies received that might affect my benefits or tax liability.

Name:		Home Address Including Post Code:	
Signature:		Date:	

Authorised by: **(Organiser of meeting)**

Name: Internal ext:	Title:	Signature:	Date:	Cost Centre: K41235
------------------------	--------	------------	-------	------------------------

GUIDANCE FOR COMPLETING A VOLUNTEER EXPENSES CLAIM FORM:

NB: CLAIMS SHOULD BE SUBMITTED MONTHLY even if there is only one item to claim as late claims, especially after the year end, may be refused. However please note that claims for less than £10 will not be processed, unless they are a one-off payment, & will be held until further claims exceed £10

Date: state the date of the meeting or the volunteer session you are claiming for: eg: 17/07/2010; 12/10/2010

Details: state what meeting or session you are claiming for: eg: Worcester City Forum, Activities Project group, Shrub Hill workshop, Athelon ward
Organiser of meeting, their email address and telephone number: this must be added to form

Journey From: state where your journey started from, (this will usually be from your home) eg: Inkberrow; Stourport: Worcester

Journey to: state where you went to: eg: Isaac Maddox House (IMH); Hillcrest; Kidderminster Health Centre, Evesham Community Hospital

Note: If you go from home to one location then onto another put this in as two journeys and link them to the same date using a bracket ie: {

Total car mileage: state the exact mileage between the two locations eg: 42.7; 16.9; 3.1 Note that this should always be the shortest distance between the two locations. (If you have to take a longer route due to road closures then you should state this)

Other expenses - Detail: state what expenses you are claiming for: eg: a bus; train; parking and remember that you must attach the receipts. You can also claim here for any passenger/s you carry on the same journey and for the purpose of the agreed voluntary activity

Other expenses - Value £: state the cost of the expense claimed: eg: the cost of the bus or train ticket; the parking charge

Amount due: DO NOT COMPLETE THIS COLUMN – this is used by finance staff to calculate the claim

EXAMPLE:

Date	Details	Journey		Total car mileage	Other expenses		Amount due
		From	To		Detail	Value £	
22/07/2014	Volunteering/Session: Member's Forum Organiser's Name: Staff Member Email Add: ...@nhs.net, Tel No: 01905.....	Home	IMH and return	2.2			
23/07/2014	Volunteering/Session: Carer's Committee Organiser's Name: Staff Member Email Add: ...@nhs.net, Tel No: 01905	Home	Droitwich and return		Train	£3.40	

YOU MUST INCLUDE ORGANISER DETAILS FOR FORM TO BE COMPLETED

Name: Your name

Home address: Your address including Post Code

Signature: Remember to sign here or your form will be returned.

Date: The date you make this claim

Name:		Home Address: Including Post Code	1 The Cottage; Church Lane, Worcester
Signature:	SIGN HERE!!	Date:	31/07/2014

Authorised by: DO NOT COMPLETE THESE BOXES! Your claim will be checked and authorised then passed on to finance for payment.

VOLUNTEER EXPENSES - WHAT CAN BE CLAIMED

TRANSPORT COSTS. Volunteers are required to choose the most cost-effective transport available <u>and</u> provide receipts or tickets	
• Car, motorcycle travel costs	56p per mile for cars 20p per mile for pedal cycles 28p per mile for motor cycles
• For each additional passenger you carry	5p per mile
• Public transport (bus, rail) with receipt	Actual cost
• Car parking charges with receipt	Actual cost
Taxis and Private Hire <u>only</u> available where specialist transport is required and with prior agreement from budget holder	Actual cost (following prior agreement) will only be reimbursed following prior agreement with the appropriate budget holder
OTHER COSTS Volunteers can only claim the following additional expenses with the prior agreement of the appropriate budget holder	
Administrative expenses: Stationery, postage, photocopying costs where incurred as a necessary part of the role	The rate and amount to be assessed and agreed with appropriate budget holder
Telephone calls / internet expenses only where incurred as a necessary part of the role	Actual cost of call and only when evidenced via itemised billing and agreed with appropriate budget holder
Subsistence Only payable when required by the Trust to attend an event outside the County	The costs of meals and any essential overnight accommodation if not provided as part of the event in accordance with the rates available to Trust staff <u>and</u> with the prior agreement of the appropriate budget holder
Child care or adult minder Only payable when essential for full participation	Actual cost when provided by a Registered Person (evidence of which should be provided) with prior agreement with appropriate budget holder Note: No payment will be made to family members acting in this capacity
Interpretation Only payable when essential for full participation	Actual cost when provided by a recognised interpreter (evidence of which should be provided) and if Trust interpretation service is not available Note: No payment will be made to family members acting in this capacity
Supporter/ Advocate Only payable when essential for full participation	Actual cost when provided by a recognised service (evidence of which should be provided) Note: No payment will be made to family members acting in this capacity

Expenses must not be 'rounded up' as this can be classed as earnings and, as such, can affect benefits, be subject to tax, and affect the employment status of volunteers.

NOTE: When making a claim you are signing to say that you have incurred the expenses you are claiming and that your expenses claim is in accordance with the Trust's Volunteer Policy. You should be aware that you may be prosecuted if you make a false claim. You are also accepting responsibility for informing any appropriate agency of any monies you receive that could affect any benefits you are in receipt of or your tax liability.

Appendix 2

VOLUNTEER - WORKPLACE INDUCTION SHEET

	Details	Remarks
Orientation	<ul style="list-style-type: none"> Brief overview of the department/service, what it does, aims objectives and purpose of service. Explain function of the work area, i.e. ward, office. 	
Departmental Structure	<ul style="list-style-type: none"> Person volunteer is responsible to on a day to day basis and ultimately Organisational charts Liaison with other agencies/departments 	
Introductions to Colleagues	<ul style="list-style-type: none"> Names of key colleagues Introduce new volunteer to colleagues in the department and to staff the are likely to come into regular contact with Appoint mentor 	
Tour of Department and/or Building	Car park <ul style="list-style-type: none"> Evacuation point Toilets/Changing rooms/Lockers Store rooms Canteen/Kitchen/Rest rooms Fire alarm/Meeting point/Extinguishers Fire Exits/Equipment Evacuation point in case of fire First Aid Point Photocopier/Fax Machine etc Post room/Post trays Meeting rooms Security codes/keys Reception staff Notice Boards 	

Health & Safety	<ul style="list-style-type: none"> • Health and Safety Policy • Action to be taken in the event of an emergency – medical emergency, fire, violence • Health and safety risk assessments • Display screen equipment – if the volunteer member is a regular user of display screen equipment the person must read the Display Screen Equipment Policy and associated guidance on the Intranet and must complete the training package on the intranet 	
Working Pattern	<ul style="list-style-type: none"> • Agree working pattern 	
Lunch/Rest Breaks	<ul style="list-style-type: none"> • Discuss with the volunteer when and for how long they can break for lunch and rest breaks 	
Allowances/Expenses	<ul style="list-style-type: none"> • Issue Travel Expense claim forms (if appropriate) and discuss how and when to complete • Discuss reimbursements of any other costs 	
Holidays	<ul style="list-style-type: none"> • Discuss with the volunteer the need to inform us when taking holiday. 	
Sickness	<ul style="list-style-type: none"> • Discuss with the volunteer the importance of calling as soon as possible when sick . • Highlight importance of informing if they suspect the sickness is related their volunteer placement). 	
Departmental/Service Policies & Procedures	<ul style="list-style-type: none"> • Specific policies or procedures relevant to the volunteer’s role and any other key guidelines or protocols. • Discuss boundaries and safeguarding issues • Any other Trust Policies which may be relevant 	
Key Tasks	<ul style="list-style-type: none"> • Confirmation of key tasks. Ensure that the volunteer understands all aspects of the role. • Sign and date key task to be put in the volunteers personal file. 	

Accidents/Incidents/Untowards Events/Losses & Damages	<ul style="list-style-type: none"> • Incident reporting procedure and how to report incidents • Procedure for reporting loss or damage • Introduce to First Aiders and show location of First Aid Kit 		
Checklist	<ul style="list-style-type: none"> • Arrange the following (as appropriate) <ul style="list-style-type: none"> - Identity badge - Name badge - Car park pass - Digital codes - Computer user account codes - Uniform 	Date Requested	Date Received
Car Parking	<ul style="list-style-type: none"> • Explain the car parking/cycle storage arrangements at the base and other premises that they may have to visit • Organise passes as appropriate 		
Confidentiality/Information Governance	<ul style="list-style-type: none"> • Detail guidelines relating to the sharing of information relating to mental health service users • Introduce the volunteer to the Information Governance policy, protocols . 		
Dress Code	<ul style="list-style-type: none"> • Explain to the volunteer what they will be expected to wear to work and the standard of overall appearance with reference the Dress Code Policy 		
Leaflets/Service Handbooks	<ul style="list-style-type: none"> • Departmental leaflets or handbooks which can be read to gain further knowledge. 		
Support and Supervision	<ul style="list-style-type: none"> • Supervision arrangements. 		
Reporting	<ul style="list-style-type: none"> • Matters which effect, or could effect, the welfare or safety of either clients or staff • Compliments and complaints 		

COMPLETED FORM TO BE HELD ON VOLUNTEER'S PERSONAL FILE

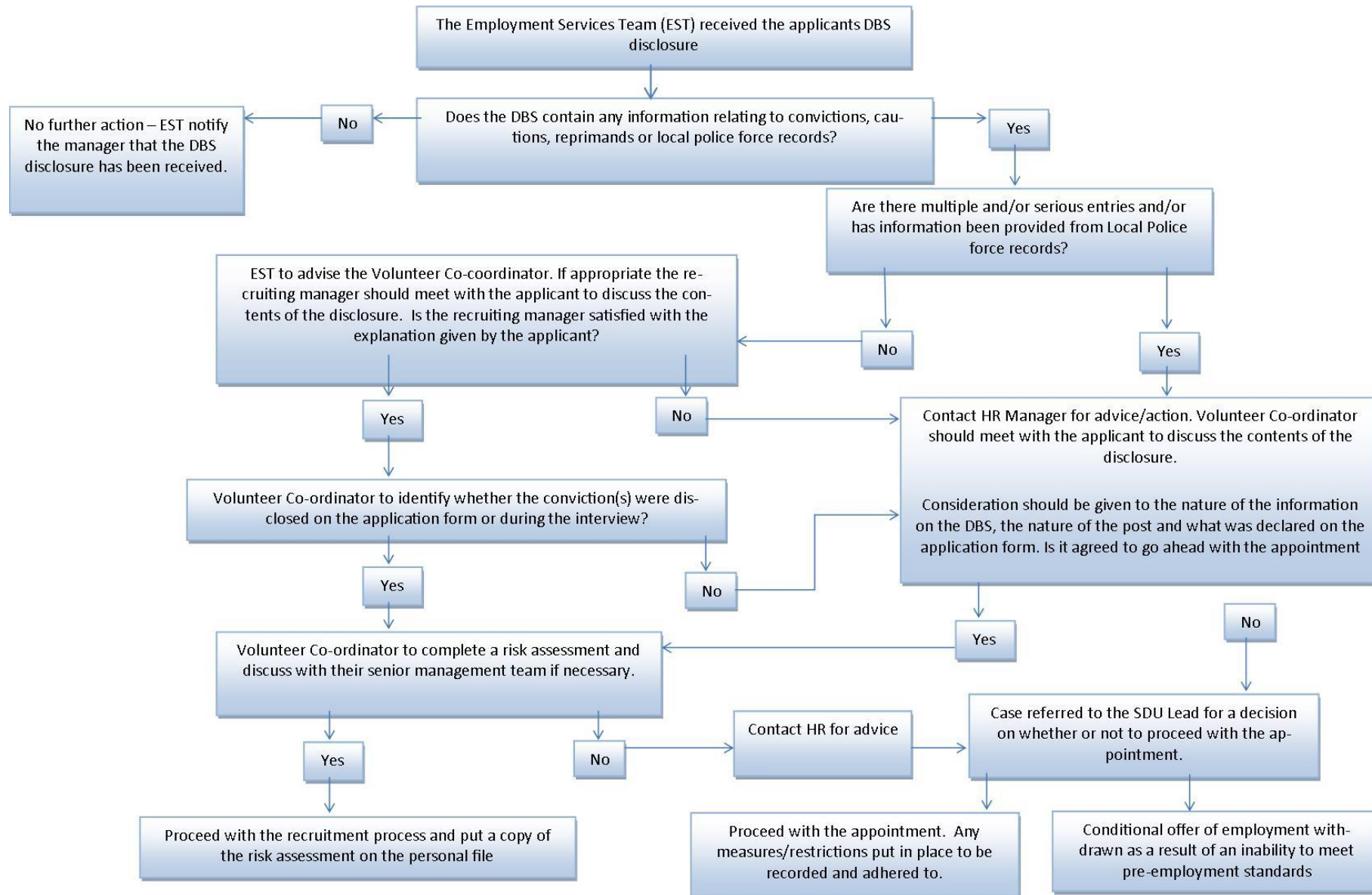
I confirm that the above named Volunteer has been provided with a Workplace Induction Programme in line with the Trust Volunteer Policy

Managers Name: **Signature:** **Date:**

Volunteers Name: **Signature:** **Date:**

Appendix 3

Procedure for dealing with DBS Disclosures



Appendix 4

VOLUNTEERS CONFIDENTIALITY STATEMENT

During my time with Worcestershire Health and Care NHS Trust, I may come into contact with, or hear, confidential personal information relating to patients, visitors and staff, or other confidential private business information relating to the Trust.

I understand that all such information must be treated with the strict confidence and that, in line with the Data Protection Act 1998, I must not remove, destroy, share or discuss any such information inappropriately unless specifically requested to do so by my supervisor.

In addition, all papers and records containing confidential information must not be left in a way that unauthorised persons can obtain access to them and they must be kept secure when not in use.

If I become aware of information that I am asked to keep confidential, but it relates to a risk of harm to an adult or child, then I understand that in those circumstances I must share that with my workplace supervisor / volunteer coordinator and seek further advice.

I also understand that under no circumstances must I give confidential information over the telephone, no matter who makes the request.

I also understand that the Trust will keep my personal information secure and confidential at all times.

NAME: **(BLOCK CAPITALS PLEASE)**

SIGNED:

DATE:

**Please return to: Kate Richards – Volunteer Administrator, Isaac Maddox House,
Shrub Hill Road, Worcester or email kathryn.richards3@nhs.net**

Appendix 5

Volunteer Role Description

Department

Base

Volunteer Role

Brief outline of role

Purpose of Role

Explain Purpose of Role and how it fits into the wider context of the Department

Main Tasks

Skills , Qualities and Experience

Required:

Desirable:

When and Where ?

Training and Support Provided

Describe initial training that will be given within the Department and who will be responsible for this.

Describe ongoing training and support that will be provided.

Supervision

Who will the volunteer report to on a day-today basis? Who will be responsible for formal supervision (if different)?

Contact Details:

Who should we contact when a match between a potential volunteer and description is made?:

Name:

Contact Number

Email address:

Base:

Please return to: Kate Richards – Volunteer Administrator, Isaac Maddox House, Shrub Hill Road, Worcester, WR4 9RW or email kathryn.richards3@nhs.net

Appendix 6

VOLUNTEER AGREEMENT

This Volunteer Agreement describes the arrangements made between the Worcestershire Health and Care NHS Trust (HACW) and

.....[Insert Name]

We would like to assure you of our appreciation of your support for the work of Worcestershire Health and Care NHS Trust (HACW) and we will do the best we can to make your time as a volunteer with us an enjoyable and rewarding experience

PART 1

On behalf of Worcestershire Health and Care NHS Trust (HACW)

Project Summary

Brief Role Description:

Department/Service:

Named Contact :

Your role as a volunteer will be to carry out the following project/tasks (see Role Description):

.....
.....
.....

With effect from (insert date):

Until (date if applicable):

Hours/Time commitment/duration agreed (insert details as appropriate):

.....
.....

You will be based at:

The volunteering, which you will be carrying out, will support the work of Worcestershire Health and Care NHS Trust (HACW) by:

.....
.....

Induction and training

We will provide:

- An induction to the Service you will be volunteering with, which is appropriate to the nature and duration of your volunteering.
- An outline of the tasks, we would like you to carry out in your role as volunteer.
- Training and support, which we consider to be relevant to your role as a volunteer
- Specific training and support on health and safety matters, including a risk assessment for your placement, where relevant.
- Information, including relevant policies and procedures, which you will need to be aware of during your placement with us.

Supervision and support

We will provide:

- A named member of staff who will be supervising your placement. This person will be your point of contact should you have any queries or problems or if you wish to raise any issues on a confidential basis.
- The opportunity for you to receive feedback on your work with us and the opportunity for you to give us feedback on your experiences as a volunteer for us.
- A reference, if requested, based on your work as a volunteer with us.

Insurance

For **non-vehicular** activity we will provide:

- Adequate insurance cover under the employing organisations' public liability insurance for you whilst undertaking voluntary work for us.

For vehicular activity we will provide:

- Cover under the employing organisation's own motor insurance policy to cover you when driving Employing organisation vehicles on business. However, this insurance will not cover you when driving your own vehicle or a vehicle belonging to someone else.
- If your work will involve you using your vehicle or a vehicle belonging to someone else, you will need to ensure that the motor insurance policy covers you for business use. It should be clear from the motor insurance certification whether or not business use is permitted under the policy, but we can provide a draft letter that you may send to your insurer to check the position if you are in doubt.

NOTE: this requirement does not apply if you will only be using the vehicle to get to and from work.

Expenses

We will provide:

- Reimbursement, where appropriate for expenses incurred whilst volunteering, as agreed with your named contact in advance. Claims should be submitted on a monthly basis.

Equality and Diversity

We will ensure:

- That you are treated fairly and considerately in accordance with Worcestershire Health and Care NHS Trust (HACW) Equality and Diversity policies.

[Where a volunteer will drive as part of their work, replace PART 2 with PART 2B. Where a volunteer will not drive as part of their work, PART 2B can be deleted.]

VOLUNTEER AGREEMENT

PART 2 A (For all volunteers using Public transport only)

As the volunteer, *[Insert name]* agree to the best of my ability to:

- Meet the time commitment as mutually agreed and give reasonable notice if I am unable to achieve this. I understand that I am required to give a minimum of 24 hours notice where possible.
- Ensure I follow Worcestershire Health and Care NHS Trust policies and procedures where relevant. This will include our Code of Conduct and our Health and Safety, Equality and Diversity, and Data Protection policies.
- Claim for expenses incurred whilst volunteering, where this was agreed with me by my named contact in advance. I understand that I should claim on a monthly basis only.
- Attend training, which will help me in my placement as a volunteer.
- Wear appropriate forms of identification

This agreement is not a legally binding contract. Worcestershire Health and Care NHS Trust has no obligation under it to use the volunteer nor has the volunteer any obligation under it to carry out the relevant tasks - hence it does not create any employment relationship between the parties. The parties accept that no employment relationship will be created in the future under this agreement and that this agreement can be terminated by either party at any time.

Signed (on behalf Worcestershire Health and Care NHS Trust)

.....

Date

Signed as the volunteer

.....

Date

VOLUNTEER AGREEMENT

PART 2 B (For volunteers who intend to use their own car whilst volunteering)

As the volunteer, I[Insert name] agree to the best of my ability to:

- Meet the time commitment as mutually agreed and give reasonable notice if I am unable to achieve this. I understand that I am required to give a minimum of 24 hours notice where possible.
- Ensure I follow Worcestershire Health and Care NHS Trust policies and procedures where relevant. This will include our Code of Conduct and our Health and Safety, Equality and Diversity, and Data Protection policies
- Claim for expenses incurred whilst volunteering, where this had been agreed with me by my named contact. I understand that I should claim on a monthly basis only.
- Attend training, which will help me in my placement as a volunteer.
- Wear appropriate forms of identification
- Declare the use of my vehicle for my placement as a volunteer to my insurer.
- Ensure that I have current valid motor insurance **that permits business use** to cover all occasions when I use my vehicle during the course of my work as a volunteer.
- Certify that I hold a full and current driving licence appropriate for the vehicle I drive in connection with my work as a volunteer.
- Provide documentary evidence of motor insurance and driving licence if requested by the Employing organisation.

This agreement is not a legally binding contract. Worcestershire Health and Care NHS Trust has no obligation under it to use the volunteer nor has the volunteer any obligation under it to carry out the relevant tasks - hence it does not create any employment relationship between the parties. The parties accept that no employment relationship will be created in the future under this agreement and that this agreement can be terminated by either party at any time.

Signed (on behalf of the Employing organisation)

.....

Date

Signed as the volunteer

.....

Date.....

Appendix 7



Appendix 7

CONFIDENTIAL

Occupational Health Department
Worcestershire Royal Hospital
Aconbury West, Charles Hastings Way
Worcester WR5 1DD

**OCCUPATIONAL HEALTH SERVICES
PRE EMPLOYMENT QUESTIONNAIRE FOR WORK EXPERIENCE AND
VOLUNTEER POSTS**

FULL NAME

HOME ADDRESS

.....

TELEPHONE NO

DATE OF BIRTH

PROPOSED VOLUNTEER/WORK EXPERIENCE ROLE

(Attach Role Description)

BASED AT

CLEARANCE CONFIRMATION TO BE RETURNED TO:
Kate Richards – Administrator, Community Engagement Team, Worcs H & C NHS Trust, Isaac Maddox House, Shrub Hill Worcester, WR4 9RW.
Email address: Kathryn.richards3@nhs.net

PLEASE ANSWER THE FOLLOWING QUESTIONS	YES NO		Details
	Are you in good health?		
When did you last see your GP?			
For what reason did you last see your GP?			
Is there any medical reason why you cannot carry out the volunteer post duties required of you?			
Do you have any disabilities that affect your:	Standing	Yes / No	
	Bending	Yes / No	
	Walking	Yes / No	
	Balance	Yes / No	
	Lifting	Yes / No	
	Use of hands	Yes / No	
	Driving	Yes / No	

For use by OCCUPATIONAL HEALTH Comments.			
Fit	YES / NO		
Unfit	YES / NO		
Fit with restrictions	YES / NO	signature	Date

PROTOCOL FOR ENDING VOLUNTEER ARRANGEMENTS

- Allegation received and Volunteer Administrator is notified asap. Volunteer Administrator then advises the Head of Stakeholder Engagement and Patient Involvement and where necessary Human Resources.

(note: if the volunteer is also an employee additional action may also need to be taken so must consult with Human Resources before taking any action)

- Line Manager to consider if the Volunteer is due to attend the Trust in the near future, and dependent upon the circumstances take any necessary action to put restrictions in place.
- Consider whether a referral should be made to the Safeguarding team (advice available if required).
- Line Manager to keep a timeline of events.
- Line Manager to investigate allegations including obtaining witness statements, relevant documentation (e.g. rota's, emails) and a response from the person the allegations have been made against.
- Volunteer Administrator to review this documentation to ascertain if it supports the allegations made.
- Volunteer Administrator to show these findings to Head of Stakeholder Engagement and Patient Involvement and reach a decision on what course of action is necessary e.g. end the volunteer arrangement or put restrictions in place. Consideration may also need to be given to making a referral to DBS or professional body.
- HR advice must also be sought.
- Volunteer Administrator will verbally advise the Volunteer of the decision and Head of Stakeholder Engagement and Patient Involvement will confirm it in writing (*templates available from HR*)
- Volunteer Administrator to make all necessary arrangements to ensure that the decision is fully implemented and ensure a full record is kept of the case.

VOLUNTEER REGISTRATION FORM

PERSONAL DETAILS

Family Name or Last Name	
First Name(s)	
Title (Mr, Mrs, Ms etc)	
Address	
Postcode	
Email Address	
Home Telephone	
Mobile	
Date of Birth	
Are you under 16 years of age	Yes / No (if yes please answer following question)
Are you still at secondary School	Yes / No

EMERGENCY CONTACT

Contact Name / Number in Case of Emergency whilst you are volunteering

Name:	
Relationship:	
Telephone Number:	

ID BADGE

Please state how you would like your name to appear on your ID Badge	
---	--

INDUCTION

Please note that all volunteers need to attend a one day Staff/Volunteer Trust Induction which is held on the first Monday of each month in Evesham	
--	--

GENERAL INFORMATION

1. **Please provide details of your last 10 years of employment history starting with the current/most recent employment (including any gaps in employment and the reason for these gaps).** *Please include any voluntary work experience and any other relevant information or additional employment history.*

2. **Please outline the type of volunteer work that you would find interesting to do.**

3. **Do you have any particular skills or experience that you would like to tell us about, which you think we may be able to utilise?** *This may include previous volunteer work that you have undertaken, as well as other skills or experience that you might have gained through paid work, domestic work, study, or general interests and life experience (this does not need to be specific to working with vulnerable adults).*

4. Please give us some indication of the amount of time you are able to give to volunteer work. Please specify which days you are available, how many hours and how often you can volunteer for us.

5. Do you have a disability? If you do, we will discuss any particular needs that you have (e.g. communication/ access requirements) before we find you a placement. We are committed to promoting equality of opportunity.

6. How did you find out about volunteer opportunities with Worcestershire Health and Care NHS Trust?

7. Do you have a current valid driving licence? Yes No

8. Do you have access to a vehicle? Yes No

If yes, what type? Car Motorbike Moped Bicycle

9. If you answered yes to question 8, would you be willing to use the vehicle as part of your volunteer work (mileage can be reimbursed)? Please note that you must check with the insurers that the vehicle is insured for you to use as a volunteer

Yes No

10. Criminal convictions or disqualifications.

The nature of the volunteer work you are applying for is listed as an “exempted office/employment” under the terms of the Rehabilitation of Offenders Act 1974 (Exemptions) Order 1975. The effect of this means that **you must provide details about any and all convictions, cautions and bind-overs whether spent or not.** Failure to disclose may result in the withdrawal of any/all volunteer work. Information provided will be completely confidential and only used in relation to your application.

“Spent” Convictions Explanatory Note:

*Under the Rehabilitation of Offenders Act 1974, a conviction will become “spent” (i.e. treated as if it had never occurred) where the individual has not, after a specified period of time, committed another serious offence. Rehabilitation periods vary depending on the type and length of conviction originally incurred. However, **for the purpose of this position no offence can be treated as spent - details of all offences must be given below.***

Please give details of:

Any convictions and cautions (including driving offences) and or Disqualifications from driving or performance of professional duties:

Any current / impending cases awaiting outcome:

11. Please give details of two people who are able and willing to comment on your suitability for volunteering.

- *If you are currently working / volunteering with vulnerable adults in any capacity, one should be related to the organisation concerned.*
- *If you are not currently working/ volunteering with vulnerable adults in any capacity but have done so previously, one/both should be related to the organisation/s concerned.*

<u>1st Referee</u>	<u>2nd Referee</u>
Name:	Name:
Address:	Address:
Relationship to you:	Relationship to you:
Daytime Telephone Number:	Daytime Telephone Number:
Email:	Email:
Do you wish to be consulted before referee is approached?	*Do you wish to be consulted before referee is approached?
Yes* No	Yes* No

Declaration

I declare that all of the information given on this form is correct and complete.

Signed:

Date:

Thank you for expressing an interest in volunteering and for taking the time to complete this registration form.

You will be contacted shortly to discuss current opportunities for volunteering with Worcestershire Health and Care NHS Trust

Appendix 9

Equality and Diversity Monitoring Form

Gender

Male Female Transgender Male Transgender Female
I do not wish to disclose my gender

Marital Status

Single Married/Civil Partnership Partner
Divorced Widowed I do not wish to disclose

Age

16-24 25-34 35-44 45-54 55-64 65+

Sexual Orientation

Homosexual (Lesbian/Gay) Heterosexual/Straight Bisexual
I do not wish to disclose my sexual orientation

Pregnancy / Maternity Status

Pregnant Maternity / Paternity Leave

Religion/Faith Belief

Atheism Sikhism Buddhism Jainism Christianity
Hinduism Islam Judaism Other None
I do not wish to disclose my religion / belief

Ethnic Origin

White	Mixed	Asian & Asian British	Black & Black British	Chinese or other ethnic group
British Irish <input type="checkbox"/>	White & Black Caribbean <input type="checkbox"/> White & Asian <input type="checkbox"/> White & Black African <input type="checkbox"/>	Indian <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Pakistani <input type="checkbox"/>	Caribbean <input type="checkbox"/> African <input type="checkbox"/>	Chinese <input type="checkbox"/>

Any other, please state: _____
Categories are used by the office for National statistics

Nationality _____

I do not wish to disclose my Ethnic Origin and/or Nationality

Disability

Do you consider yourself to have a disability?

Yes No I do not wish to disclose this information

Please state the type of impairment(s) which applies to you.

Physical Impairment Learning Disability/Difficulty Sensory Impairment

Long Standing Illness Mental Health condition Other

Appendix 10

Recruitment and Selection: Patient Self-Management Programme

The interview and selection process:

1. People who have asked to become volunteers with the Patient Self-Management Programme are sent a pack outlining their responsibilities and duties. They are asked to complete a volunteer application form which is returned to the Patient Self-Management office.
2. Once application forms have been returned and assessed, prospective volunteer tutors are sent a letter inviting them to attend for interview.
3. The interview panel, will include the Patient Self-Management coordinator and a programme Volunteer
4. Referees chosen by the candidate indicated on the application form, are contacted. Candidates are also advised that a Disclosure and Barring Service (DBS) will need to be completed as they are dealing with vulnerable adults/children.
5. Successful candidates will be asked to sign a volunteer agreement prior to the Initial Training course. This agreement forms the basis of supervision and commitment.

Documentation to support process

- Volunteer Recruitment Guidelines
- Volunteer Induction Pack

Patient Self-Management Volunteer Training

1. Initial training for the role of Volunteer Tutor will be carried out. This will be led by the Patient Self-Management coordinator and course volunteers and will cover a full day. After this volunteers will also be required to attend safeguarding training and will receive the trust induction booklet.
2. If successful, the Volunteer Tutor will then co-facilitate on his or her first full course. During this first course the tutor will be given feedback from the programme coordinator
3. After successfully completing the first course the Volunteer Tutor will be offered the opportunity to get involved in more roles within the programme such as co-facilitating monthly sessions with other tutors, leading sessions and becoming involved in evaluation and course development.
4. Volunteers will be required to attend group supervision a minimum of twice yearly. This will give volunteers the opportunity to meet each other and reflect, evaluate and develop themselves and the programme.

Appendix 11

Volunteer Exit Questionnaire

Worcestershire Health and Care NHS Trust likes to continually work to improve the experience of our volunteers.

To enable us to understand what is working well and what we need to improve on, would you mind completing the questionnaire below. This can be filled in anonymously or alternatively, if you would like to discuss your experience of volunteering, please fill in the contact section at the end of the questionnaire and someone from the Volunteering Team will contact you.

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

2. **Which site did you volunteer at?**

3. **How long have you been volunteering? (please tick appropriate box)**

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

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

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"/>	I am pursuing new training/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 did you feel part of the team when 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 Worcestershire Health and Care NHS Trust, would you recommend the organisation to them as a result of your volunteering experience?**

Yes No

7. What did you like best about volunteering with the Trust?

8. What did you like least about volunteering with the Trust?

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 someone from the volunteering team to contact you about your volunteering experiences, please complete the contact information below:

Name: _____

Contact number: _____