

Policy for Volunteers and Volunteering

Date	Version	
November 2012	5	
Purpose		
This policy is a framework for staff and volunteers to show how the Trust recruits, manages and supports its volunteers.		
Who should read this document?		
Staff who come into contact with volunteers or who are considering developing a role for volunteers.		
Key messages		
Volunteers are a strategic human resource who add considerable value to and complement the work carried out by paid staff. Tasks undertaken by volunteers enhance the quality of service provided to patients and visitors.		
Accountabilities		
Production	Volunteer Co-ordinator	
Review and approval	Volunteer Co-ordinators' Group	
Ratification	Executive Director, Healthcare Governance	
Dissemination	Volunteer Co-ordinator	
Compliance	Healthcare Governance	
Links to other policies and procedures		
Pathways to Employment (Human Resources)		
Version History		
1	May 2003	Ratified by the Trust Board and published Trust wide
2	January 2005	Reviewed
3	July 2009	Reviewed – minor amendments
4	September 2010	Revised format
5	November 2012	Reviewed policy and revised format
Last Approval		Due for Review
October 2012		September 2017

The Trust is committed to creating a fully inclusive and accessible service. By making equality and diversity an integral part of the business, it will enable us to enhance the services we deliver and better meet the needs of patients and staff. We will treat people with dignity and respect, promote equality and diversity and eliminate all forms of discrimination, regardless of (but not limited to) age, disability, gender reassignment, race, religion or belief, sex, sexual orientation, marriage/civil partnership and pregnancy/maternity.

An electronic version of this document is available on the Trust Documents Network Share Folder (G:\TrustDocuments). Larger text, Braille and Audio versions can be made available upon request.

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1 Introduction

Volunteers are a strategic human resource who can, and do, add considerable value to the work of paid staff in Plymouth Hospitals NHS Trust. The contribution of volunteers is complementary to the work of paid staff, whether carried out by voluntary organisations or within in-house services.

Volunteering in health care provides an opportunity for people to be active in their community. Individuals can become more included and empowered by making a contribution as volunteers. In addition, a positive experience gained by volunteers in the Trust will reflect back to the local population, enhancing the Trust's image.

To endorse its commitment to this Policy the Trust employs a Volunteer Co-ordinator with a specific duty to ensure the principles recognised in this statement are followed.

This policy is a framework for staff and volunteers to show how Plymouth Hospitals NHS Trust recruits, manages and supports its volunteers.

2 Purpose, including legal or regulatory background

The purpose of the policy is to inform and guide volunteer co-ordinators, staff working with volunteers and volunteers themselves as to the principles which govern hospital volunteering and how these services are managed and supported within the Trust.

According to the document "Volunteering – involving people and communities in delivering and developing health and social care services" (Department of Health, March 2010):

"Volunteering...contributes significantly across DH's strategic objectives for better health and well-being, better care and better value."

Similarly, 'Volunteering in the Public Services: health and social care' (Baroness Neuberger, 2008)

"As well as improving outcomes for patients...volunteering can also bring health benefits to the people who actually volunteer."

3 Definitions

A *volunteer* is an individual who offers time and services for which no remuneration (other than expenses) is paid. In the Trust this includes students on placement for vocational purposes but not those undertaking a professional qualification.

The *supervisor/s* will be the person or people to whom the volunteer reports whenever s/he attends for duty and/or the ward manager/department head. This person is responsible for the day-to-day supervision of the volunteer.

4 Duties

The Volunteer Co-ordinator is responsible for overseeing the co-ordination of all voluntary services within the Trust, whether offered through Voluntary Organisations, via other Departments or individual volunteers.

Individual volunteers are appointed by the Volunteer Co-ordinator, and students attending for short term work shadowing placements are registered by the Volunteer Co-ordinator.

Volunteers who are appointed by other Voluntary Organisations or as a representative of another Department eg. Pastoral & Spiritual Care, are the responsibility of that organisation or department on a day-to-day basis.

The general principles outlined in this policy refer to all Trust volunteers, although some processes may vary according to the Voluntary Organisation or Department to which the volunteer has applied.

Volunteer co-ordinators from the other Voluntary Organisations and Departments, along with the Volunteer Co-ordinator, meet regularly as the Volunteer Co-ordinators' Group, to ensure parity of service and distribution of information concerning volunteering issues, throughout the Trust.

5 Key elements

5.1 Diversity

Volunteering provides opportunities for people from a variety of backgrounds to become involved in their local community. Plymouth Hospitals NHS Trust is committed to encouraging and valuing volunteers with differing backgrounds, abilities and needs, to fully represent the community in which we live.

5.2 Recruitment Process

Anyone aged 16 or over can apply to become a volunteer, although applicants are required to be aged 18 or over to volunteer in some settings eg paediatrics, League of Friends Shop.

All volunteers follow the same application process, where appropriate, in line with NHS Employers' Safe Recruitment Checks ie:

- Completion of an application form
- Completion of a Health and Wellbeing questionnaire
- Completion of an enhanced Criminal Records Bureau check
- Attend a pre-placement interview with the appropriate Volunteer Co-ordinator, where the applicant's identity is verified and the proposed voluntary work is discussed.
- Two references are sought (HSC2002/008 refers)
- Parental consent is sought for volunteers aged under 18 who are likely to be volunteering in a clinical area.

If it is felt the prospective volunteer is unsuitable for the task for which s/he has applied, or if there is no suitable vacancy, alternative volunteering will be suggested which might include referral to the local Volunteer Centre.

5.3 Induction and Training

All new volunteers placed in a clinical area receive an induction pack comprising:

- task description
- general guidelines (signed by volunteer)
- health and safety information (signed by volunteer)
- needlestick injury procedure
- fire safety procedure
- patient services within the hospital leaflet (libraries, shops, hairdressing, PALS etc)
- uniforms worn by different staff groups factsheet
- information on helping patients suffering from dementia
- identity badge slip
- car parking permit form (if applicable)
- map of Derriford Hospital and car parks (if applicable)

(this list is not exhaustive and may vary according to needs of the Trust and the location where a volunteer is to be placed)

Volunteers in clinical areas are personally introduced to their placement and staff receive a written introductory sheet.

All volunteers (apart from students on workshadowing placements) are given a Volunteer Induction pack devised by the Workforce Development Team.

A Volunteer *Update* session is offered to current volunteers on an annual basis and volunteers are encouraged to attend at least every two years.

Placements in administrative settings are arranged via the Human Resources Department.

A four-week/visit trial period is standard for all new volunteers, after which the appointing volunteer co-ordinator will ensure the new volunteer has been placed appropriately and has settled in.

5.4 Tasks Undertaken

Volunteering should complement the work of paid staff, not substitute it. Volunteers should not be placed in a situation where they are covering for long-term sickness or where a vacancy for paid employment exists and where the tasks they are undertaking substantially overlap that which is carried out by the employee on sick leave or that of the vacant post.

In clinical areas, volunteers do not carry out clinical tasks. The supervisor in the relevant area and the Volunteer Co-ordinator agree appropriate and suitable tasks. Under 18s do not carry out manual handling tasks and others may do so only following relevant training.

Volunteers who undertake professional services (eg. complementary therapies) will be appropriately qualified and registered with their professional body. In addition they will carry with them relevant insurance.

In the event of industrial action, volunteers should undertake no more voluntary activity than they would in the normal situation, to avoid a conflict of interests between paid staff and volunteers.

5.5 Expenses

Reimbursement of expenses helps to attract a diverse volunteer base by making volunteering accessible to all, regardless of income.

All volunteers can apply to have their travel expenses reimbursed. Further details are included in separate guidelines and may vary between voluntary organisations.

Volunteers who offer in excess of four consecutive hours' voluntary service in one day are entitled to receive a meal voucher.

Travelling expenses are authorised by the relevant volunteer co-ordinator. Volunteers in clinical areas can receive expenses up to £50 from the Trust Cashier, following authorisation and completion of a petty cash slip by the Volunteer Co-ordinator.

Meal vouchers are issued by the ward/department and the cost is borne by that ward or department.

5.6 Support and Supervision

On a day-to-day basis the volunteer's supervisor where the volunteer is helping, will offer ongoing support and supervision.

The Volunteer Co-ordinator can offer additional support where necessary.

It is not possible for the Volunteer Co-ordinator to supervise all volunteers on a regular basis given the number involved and the continuing recruitment process.

5.7 Insurance

All registered volunteers are covered by Plymouth Hospital NHS Trust's Employers Liability and Public Liability insurance whilst they are on the premises or engaged in voluntary work on behalf of Plymouth Hospital NHS Trust.

Other Voluntary Organisations whose volunteers are involved with Plymouth Hospitals NHS Trust, must obtain separate insurance to cover their activities.

A Master List of the names of registered volunteers is held by the Volunteer Co-ordinator.

5.8 Health & Safety

Section 3 of the Health and Safety at Work Act 1974, imposes a duty on every employer "to ensure, as far as reasonably practicable, that persons not in their employment, who may be affected by their undertaking, are not exposed to risks to their health or safety" and "to give to persons (not being their employees)" who may be affected in a prescribed manner information as might affect their health.

Volunteers receive health & safety information from the following sources:

- Appointing Co-ordinators
- Guidelines signed at interview (for volunteers in clinical areas)
- Other instructions (fire safety, needlestick injury) contained in their induction pack (for volunteers in clinical areas)
- Volunteer Induction Pack
- Volunteer Update sessions
- Local induction

Day-to-day responsibility for a volunteer's health and safety lies with his/her supervisor.

Volunteers also have a duty of care to themselves and others with whom they are working.

The presence of volunteers must be taken into account when wards/departments are carrying out risk assessments

5.9 Confidentiality

All volunteers are bound by the same confidentiality requirements as paid staff.

Individual volunteers helping in clinical areas sign guidelines to this effect at interview, prior to placement. Other appointing co-ordinators ensure this is carried out as part of the new volunteer's local induction.

Volunteers can seek further advice from their supervisor.

Patients or close relatives of patients would not normally be encouraged to volunteer in the area where the patient is receiving/has received treatment. If such a situation arises, the volunteer's contact with the clinical team should be minimal to prevent a potential breach of confidentiality.

5.10 Data Protection

The Voluntary Services Office follows the principles and processing of data in accordance with the Data Protection Act 1998. Information is recorded for a specific purpose, kept secure, and not retained for longer than necessary in line with the Trust's Employee Records Management Policy.

Volunteer information entered onto a database is recorded for statistical and monitoring purposes only.

5.11 Service Developments

Where Service Developments are planned within the Trust, consideration should be given to the role of existing volunteers and/or introducing new volunteering opportunities as a result of the service development, involving volunteers from the outset wherever possible.

5.12 Volunteer Recognition

An annual event is held, financed by Trust Funds, which recognises the contribution of volunteers throughout the organisation.

Long service certificates are issued to volunteers following 10 or more years' service, although individual groups may recognise their volunteers in other ways.

5.13 Cessation of Voluntary Service

Whilst every effort will be made to ensure volunteers continue helping for as long as they wish/are able, it may on occasion be necessary to suggest alternative voluntary work either within the Trust or elsewhere. An example would be where a volunteer's health may deteriorate to the point where they are unable to carry out their usual tasks safely.

Rarely, a volunteer may be asked to cease their voluntary service, for instance, if misconduct is reported. Such issues will be addressed by the appointing Volunteer Co-ordinator and the volunteer's supervisor.

6 Overall Responsibility for the Document

The contents of this policy have been agreed and endorsed by the following voluntary organisations and departments within the Trust: Derriford Hospital League of Friends, Hospital Radio, Mustard Tree/Macmillan Centre, WRVS, Department of Pastoral & Spiritual Care, Breastfeeding Peer Support Group, Volunteer Governor – Foundation Trust.

The Trust's Volunteer Co-ordinator retains overall responsibility for the production of the policy document.

7 Consultation and Ratification

The design and process of review and revision of this policy will comply with The Development and Management of Trust Wide Documents.

The review period for this document is set as default of five years from the date it was last ratified, or earlier if developments within or external to the Trust indicate the need for a significant revision to the procedures described.

This document will be approved by the Volunteer Co-ordinators' Group and ratified by the Executive Director of Governance.

Non-significant amendments to this document may be made, under delegated authority from the Executive Director, by the nominated author. These must be ratified by the Executive Director and should be reported, retrospectively, to the approving Volunteer Co-ordinators' Group.

Significant reviews and revisions to this document will include a consultation with named groups, or grades across the Trust. For non-significant amendments, informal consultation will be restricted to named groups, or grades who are directly affected by the proposed changes

8 Dissemination and Implementation

Following approval and ratification, this policy will be published in the Trust's formal documents library and all staff will be notified through the Trust's normal notification process, currently the 'Vital Signs' electronic newsletter.

Document control arrangements will be in accordance with The Development and Management of Trust Wide Documents.

The document author(s) will be responsible for agreeing the training requirements associated with the newly ratified document with the named Executive Director of Governance and for working with the Trust's training function, if required, to arrange for the required training to be delivered.

9 Monitoring Compliance and Effectiveness

The Volunteer Co-ordinator, along with the other appointing co-ordinators, will monitor compliance with the policy as necessary or when changes likely to affect the policy occur.

If shortfalls are identified, the Volunteer Co-ordinators' Group will agree action to remedy these and they will be reported in the notes of Co-ordinators' Group meetings, to be carried forward to subsequent meetings for monitoring if required.

10 References and Associated Documentation

- 1 Health Service Circular HSC 2002/008 – Pre and Post appointment checks for all persons working in the NHS in England. Published May 2002.
- 2 Making a Difference – Strengthening Volunteering in the NHS. Published by NHS Executive, 1996.
- 3 Volunteers Change Lives – Quality Patient Care Through Community Involvement. Published by NHS Executive, 1998
- 4 Operational Policy No 35 – Voluntary Services. Revised March 1981.
- 5 Good Thinking – Developing a Volunteer Policy. Published by the National Centre for Volunteering, 1996.

- 6 The Good Practice Guide – A Summary. Published by the National Centre for Volunteering, 1998.
- 7 Get It Right from the Start – Volunteer policies – the key to diverse volunteer involvement. Published by the National Centre for Volunteering, 2002.
- 8 Policies in Practice. Article in the Volunteering Magazine, May 2002.
- 9 Guidelines for Relations between Volunteers and Paid Workers in the Health and Personal Social Services. Published by the Volunteer Centre UK, February 1990.
- 10 Pathways to Employment – Trust Policy, published August 2010
- 11 Employee Records Management Policy, published November 2008

Core Information				
Document Title	Policy for Volunteers and Volunteering			
Date Finalised	November 2012			
Dissemination Lead	Elizabeth Pollard, Volunteer Co-ordinator			
Previous Documents				
Previous document in use?	Yes			
Action to retrieve old copies.	Remove from Public Folders and replace with update			
Dissemination Plan				
Recipient(s)	When	How	Responsibility	Progress update
All staff	Following submission to Information Governance	Email	Document Control	

Review		
Title	Is the title clear and unambiguous?	Yes
	Is it clear whether the document is a policy, procedure, protocol, framework, APN or SOP?	Yes
	Does the style & format comply?	Yes
Rationale	Are reasons for development of the document stated?	Yes
Development Process	Is the method described in brief?	Yes
	Are people involved in the development identified?	Yes
	Has a reasonable attempt has been made to ensure relevant expertise has been used?	Yes
	Is there evidence of consultation with stakeholders and users?	Yes
Content	Is the objective of the document clear?	Yes
	Is the target population clear and unambiguous?	Yes
	Are the intended outcomes described?	Yes
	Are the statements clear and unambiguous?	Yes
Evidence Base	Is the type of evidence to support the document identified explicitly?	Yes
	Are key references cited and in full?	Yes
	Are supporting documents referenced?	Yes
Approval	Does the document identify which committee/group will review it?	Yes
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Yes
	Does the document identify which Executive Director will ratify it?	Yes
Dissemination & Implementation	Is there an outline/plan to identify how this will be done?	Yes
	Does the plan include the necessary training/support to ensure compliance?	Yes
Document Control	Does the document identify where it will be held?	Yes
	Have archiving arrangements for superseded documents been addressed?	Yes
Monitoring Compliance & Effectiveness	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Yes
	Is there a plan to review or audit compliance with the document?	Yes
Review Date	Is the review date identified?	Yes
	Is the frequency of review identified? If so is it acceptable?	Yes
Overall Responsibility	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the document?	Yes

Core Information	
Manager	Elizabeth Pollard
Directorate	Healthcare Governance
Date	5 December 2012
Title	Policy for Volunteers and Volunteering
What are the aims, objectives & projected outcomes?	The purpose of the policy is to inform and guide volunteer co-ordinators staff working with volunteers and volunteers themselves as to the principles which govern hospital volunteering and how these services are managed and supported within the Trust.
Scope of the assessment	
Outlined in Section 5.1 of the policy. An Equal Opportunities Monitoring Form, completed by prospective volunteers, records data as required below. It is monitored by Equality & Diversity Leads. This information is not retained by Volunteer Co-ordinators.	
Collecting data	
Race	As in Section 5.1. Data is collected and monitored by Equality & Diversity leads.
Religion	As in Section 5.1. Data is collected and monitored by Equality & Diversity leads.
Disability	As in Section 5.1. Data is collected and monitored by Equality & Diversity leads.
Sex	As in Section 5.1. Data is collected and monitored by Equality & Diversity leads.
Gender Identity	As in Section 5.1. Data is collected and monitored by Equality & Diversity leads.
Sexual Orientation	As in Section 5.1. Data is collected and monitored by Equality & Diversity leads.
Age	As in Section 5.1. Data is collected and monitored by Equality & Diversity leads.
Socio-Economic	There is currently no data collected to show the impact in this area; however this will be monitored via feedback as appropriate.
Human Rights	There is currently no data collected to show the impact in this area; however this will be monitored via feedback as appropriate.
What are the overall trends/patterns in the above data?	Data collection formally commenced this year (2012), so no trends or patterns have been identified at this stage. However, should gaps/deficiencies emerge following audit by the Equality & Diversity leads, these will be considered appropriately.
Specific issues and data gaps that may need to be addressed through consultation or further research	Current monitoring has not identified any issues requiring addressing. There is currently no data collected to monitor the impact on Socio-Economic or Human Rights. This will be monitored via feedback.
Involving and consulting stakeholders	

Internal involvement and consultation	Volunteer Co-ordinators' Group			
External involvement and consultation	No external consultation has been undertaken, although external sources have been referenced (see Section 10).			
Impact Assessment				
Overall assessment and analysis of the evidence	<p>The procedures in place for recruiting and selecting volunteers encourage non-discriminatory practices.</p> <p>Data collection is analysed and audited by the Trust's Equality and Diversity Leads. Should deficiencies be identified, these will be considered and dealt with appropriately.</p>			
Action Plan				
Action	Owner	Risks	Completion Date	Progress update
Completion of equality monitoring form by new volunteers	Elizabeth Pollard/Jayne Middleman	Volunteers may choose whether or not to complete the form	On-going	Action will be taken as and when required/advised.