

VOLUNTARY SERVICES OPERATIONAL POLICY

SECRETARY GENERAL'S OFFICE OF ENVIRONMENT POLICY		OPERATIONAL POLICY	
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APPENDICES

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1.0 INTRODUCTION

This policy provides a framework for the management of volunteers across Sherwood Forest Hospitals NHS Foundation Trust. It aims to ensure fairness and consistency in offering and developing volunteering opportunities and promotes equal opportunities throughout the community.

Volunteering plays a constructive and vital part of the Trust's community engagement initiatives. Volunteering can also help rebuild confidence and skills, whilst increasing employment options and give a greater understanding and knowledge of key service providers and community needs.

The Trust continues to make every effort to support volunteering as having volunteers with our hospitals enhances the value of the service currently provided by staff. The extra support and time volunteers can offer patients, and staff installs an extra dimension to the care we proudly offer our patients. The boundaries of what is appropriate for a volunteer/volunteer groups to support in the Trust should be discussed and agreed with the Community Involvement Manager.

SFHT volunteering is aligned to and informed by NHS England and the NHS Long Term Plan. A 3-year volunteering strategy will be launched in Spring 2025.

2.0 POLICY STATEMENT

This policy defines effective volunteer recruitment, selection and screening, the principles of effective volunteer management and the appropriate use of volunteers.

3.0 DEFINITIONS/ ABBREVIATIONS

The Trust - Sherwood Forest Hospitals NHS Foundation Trust

Staff – All paid employees of the Trust.

Volunteers – All volunteers registered to support services on behalf of the Trust.

Volunteer – A person who is engaged in any activity which involves spending time, unpaid (except for travel and other approved out of pocket expenses), doing something which aims to benefit someone. A volunteer complements a service and should not be depended on to provide a service

4.0 ROLES AND RESPONSIBILITIES

Committees:

- The Trust Board is responsible for determining the strategic direction of volunteering with the Trust.

The Director of Corporate Affairs and Company Secretary:

- Has overall responsibility delegated by the Trust Board for volunteers within the Trust and will report to the Trust Board on volunteers' activities.

The Community Involvement Manager is responsible for:

- Management of volunteers and Community Involvement staff
- Development of volunteering opportunities throughout the Trust
- Planning, delivering and recording volunteers training. All volunteers have a mandatory induction plus annual update training.
- Providing reports on volunteer activity as required to the Board of Directors

Divisional and Departmental Managers will:

- Ensure all staff, within their work areas, work in partnership with volunteers and within the scope of this policy.
- Managers must guarantee their staff understand this policy and apply this into their practice.

All members of Staff will:

- Support and work with volunteers in accordance with this policy.

5.0 APPROVAL

Executive Committee.

6.0 DOCUMENT REQUIREMENTS

PRINCIPLES OF USING VOLUNTEERS

Volunteers must not be used as a substitute for paid staff but should be regarded as complementary to normal staffing levels.

The Trust will ensure volunteers are properly integrated into the organisation.

The Trust expects staff at all levels to work positively with volunteers.

In order to avoid confusion of roles, no member of staff who also volunteers will be allowed to work as a volunteer in a role similar to or in the same area as their paid employment.

All Trust volunteers will be registered with the Community Involvement Department and records and statistics regarding volunteer activity will be kept and maintained by the Community Involvement Manager.

The Trust accepts liability for trust volunteers whilst undertaking their approved duties.

In the event of industrial action, registered volunteers may undertake their usual duties if they so wish. However, at every stage of the industrial action there will be consultation between the Community Involvement Manager/Trust Management/Trade Unions and Staff Associations.

RECRUITMENT

The Community Involvement Manager is responsible for co-ordinating all volunteer activity within the organisation and has ultimate responsibility for recruiting, selecting and placing trust volunteers.

The Community Involvement Manager liaises with the officers of partner organisations to agree compliance of SFH governance.

The Community Involvement Department provides a central point for information on voluntary services within the hospitals. Applications are encouraged from prospective volunteers who are veterans or currently serving in the armed forces.

All volunteer roles have a job profile giving a summary of the role, skills and experience required and time commitment required

All prospective trust volunteers are required to complete a volunteer application form and attend an interview to assess suitability.

An initial commitment of 3-4 hours per week for a minimum of 6 months is required for hospital volunteers. However, volunteers may be recruited for identified periods if appropriate and as agreed with the volunteer, the Community Involvement Manager and the Head of Service.

A volunteer must be at least 16 years of age. There is no upper age limit.

SCREENING

All prospective volunteers will be required to provide the names of 2 referees; references will be taken up prior to confirmation of a voluntary placement.

Volunteers will be required to undertake a Disclosure and Barring Service check (DBS) according to Trust policy. The volunteer will be advised of this procedure at interview and for some placements this process must be completed before the volunteer is allowed to commence his/her voluntary work.

PLACEMENT

The Community Involvement Manager will liaise with the Ward Leader/Head of Departments/Services or relevant Manager regarding a volunteer placement and will place the volunteer in an area/ward/department where the need for voluntary assistance has been identified and agreed. A risk assessment is undertaken.

Responsibility for the daily supervision of hospital volunteers lies with the senior member of staff on duty in the area in which the volunteer is placed.

Upon completion of the screening process the Community Involvement Manager will confirm details of the voluntary placement with the volunteer in writing. Volunteer job profiles and

personal specifications will be drawn up by the Community Involvement Manager for all voluntary placements outlining the duties which volunteers may undertake. They are reviewed annually in conjunction with Head of Service. These task lists are intended to clarify volunteer duties for both staff and volunteers.

Volunteers must not be given responsibility for or undertake tasks which require specific professional training even if they have previously received the appropriate professional training to undertake these tasks as a paid employee.

All voluntary placements are reviewed after approximately 12 weeks. Any change of arrangements relating to volunteers must be discussed with the Community Involvement Manager.

RESPONSIBILITY OF VOLUNTEERS

Volunteering carries responsibilities for the volunteer. A non-exhaustive list is included below:

- To accept appropriate supervision or guidance from staff
- To accept and support the aims and values of the Trust
- To comply with policies and practices of the Community Involvement Department
- To do what is reasonably required of the volunteer to the best of their capability
- To recognise that volunteers represent the Trust in an ambassadorial role
- To honour any commitment made and to give as much notice as possible if a commitment cannot be met e.g. due to illness etc
- To attend any training requested by the Community Involvement Manager

PAYMENT OF EXPENSES

Volunteers should not be out of pocket through their volunteer involvement and in accordance with the Gov.UK guidance, an Approved Mileage Allowance Payment (AMAP) may be claimed by NHS volunteers from their host organisation. All volunteers will be reimbursed at the nationally agreed rate to a maximum of 20 miles round trip for their agreed duty on the submission of a completed travel expense claim form. Reimbursement for public transport is reimbursed on production of receipts. All volunteers will access staff and visitor car parking facilities and are exempt from car parking charges.

HEALTH AND SAFETY

A summary of the Trust's Health and Safety Policy is contained in the volunteer induction pack. Risk assessments are undertaken for all volunteer placements and a separate risk assessment for volunteers age 16-18

Volunteers are included in the Trust Health and Safety Policy and are given the same status under health and safety regulations and public liability as any paid employee.

RAISING CONCERNS

Concerns from staff or the public relating to a volunteer should be directed in the first instance to the Community Involvement Manager where further advice and guidance will be provided.

Where a Volunteer Co-ordinator is concerned that a volunteer is not able to meet the demands of the role, or not demonstrating the values of the Trust, they will in the first instances discuss this with the volunteer, the purpose of the conversation will be to agree measures and support

the volunteer to hopefully achieve a positive outcome. A written file note will be kept by the volunteer and the Community Involvement Team. A review date will be agreed, and any further incidents may lead to the volunteer being asked to step down from their role.

Where a serious concern is raised, this will be logged as an incident and investigated in line with the Trust's incident reporting procedure. The volunteer may be asked not to volunteer until the matter is investigated. In this case the Community Involvement Manager will co-ordinate the investigation and ensure that the volunteer is kept informed of progress.

Volunteers who have a concern about something that they have witnessed at the Trust should speak to the Community Involvement Co-ordinator. They are also able to speak to the Freedom to Speak Up Guardian.

RECOGNITION AND WELLBEING

All volunteers are recognised for their length of service with bespoke badges and certificates.

The contribution that our volunteers give to the organisation is recognised at the annual Volunteers' Week with a planned PR campaign and input from the executive team.

Volunteers have access to staff wellbeing offers such as VIVUP and Blue Light discount.

Volunteers are provided with a free drink from the Volunteer Cafés whilst on duty.

The weekly staff bulletin is edited and sent to all volunteers to keep them informed of news and developments.

DRESS CODE

Volunteers are expected to maintain a good standard of tidiness and personal hygiene with smart casual clothing and a uniform consisting of a polo shirt or tabard.

When working in clinic or ward areas, volunteers are asked to comply with the Trust bare below the elbows policy.

Volunteers are provided with an ID badge which must only be worn when on duty.

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Number of roles/department risk assessments	Community Involvement Manager	Audit	Quarterly	Community Involvement Manager
Induction and annual update training	Community Involvement Manager	Audit	Quarterly	Community Involvement Manager
Volunteer role related training needs analysis	Community Involvement Manager	Audit	Quarterly	Community Involvement Manager

8.0 TRAINING AND IMPLEMENTATION

INDUCTION AND TRAINING

All volunteers will receive an appropriate induction.

All volunteers are issued with an induction pack which includes information on the following:

- Trust values
- Infection control & prevention
- Information governance/code of conduct
- Health and safety
- Incident reporting
- General information on hospital facilities
- Equality & Diversity
- Fire procedure
- Safeguarding

Volunteers are required to complete annual update training which is supported by healthcare professionals in partnership with the Community Involvement Team. The training is a combination of face to face and an online workbook. Failure to refresh update training will lead to volunteering being suspended until completed. Full support is given to all volunteers to complete with any reasonable adjustments made where required.

Volunteers can access suitable training appropriate to the work they are undertaking via the Community Involvement Manager. For example, mealtime assist or End of Life Care.

SUPERVISION AND SUPPORT

A Community Involvement Co-ordinator manages the volunteer department on each site and evaluates and monitors procedures to access the performance of volunteers.

Volunteers are supported by Trust staff and the Community Involvement Team during their voluntary work. Regular volunteer engagement sessions are held. The service is provided from a main entrance office facility on each site enabling staff to be available for on-the-spot resolution and support. A central signing-in facility is available on each site. Designated noticeboards are in-situ to communicate Trust and Department information and procedures

CONFIDENTIALITY

All volunteers are governed by the same rules of confidentiality as paid staff and are required to undertake information governance awareness training. A breach of confidentiality may result in the termination of a volunteer placement and may, in some circumstances, leave the volunteer open to prosecution.

Through the course of their work as a volunteer, they may become aware of confidential information concerning staff, patients or NHS business. Under the terms of the Data Protection Act, data must be used for a specific purpose and may only be disclosed in accordance with approved policies.

DATA PROTECTION

Sherwood Forest Hospitals NHS Foundation Trust will ask for personal details from its volunteers. The Trust takes its responsibilities for looking after this information seriously. We only ask for information that we need, keep the information secure, limit access to it and will not pass details on without consent unless legally obliged to do so.

9.0 IMPACT ASSESSMENTS

This document has been subject to an Equality Impact Assessment, see completed form at Appendix 1

- The Trust is fully committed to the principle of equality, inclusivity and diversity in employment and training and development and opposes all forms of unlawful or unfair discrimination on the grounds of ethnicity, gender, age, sexual orientation, marital status, pregnancy and maternity, disability, religious belief and social and employment status. EDI data is submitted quarterly by the Community Involvement Manager to NHSEI.
- The primary aim of this policy is to create a working environment where all volunteers can contribute to their full potential and to progress and develop within the organisation based solely on individual ability, competence and performance.

The Trust accepts that such an environment requires individual differences and cultural diversity to be recognised and valued and that certain staff groups may

require specific initiatives and/or assistance in order to progress and develop within the organisation.

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

- NHS England – Recruiting & Managing Volunteers in NHS

Related SFHFT Documents:

- Volunteers Induction Pack
- All policies as relevant to staff and volunteers.

11.0 KEYWORDS

Volunteer
Community
Involvement

12.0 APPENDICES

- Refer to list in contents table

Equality Impact Assessment (EIA) Form (Please complete all sections)

EIA Form Stage One:

Name EIA Assessor: Jo Thornley		Date of EIA completion: 14 March 2025
Department: Community Involvement		Division: Corporate
Name of service/policy/procedure being reviewed or created: Voluntary Services Operational Policy		
Name of person responsible for service/policy/procedure: Sally Brook Shanahan, Director of Corporate Affairs		
Brief summary of policy, procedure or service being assessed: This policy provides a framework for the management of volunteers across Sherwood Forest Hospitals NHS Foundation Trust. It aims to ensure fairness and consistency in offering and developing volunteering opportunities and promotes and encourages equal opportunities throughout the community. It also encourages and enables, rather than limits, the involvement of volunteers from socially diverse backgrounds.		
Please state who this policy will affect: Volunteers, Staff, Patients or Service Users, Carers or families (Please delete as appropriate)		
Protected Characteristic	Considering data and supporting information, could protected characteristic groups' face negative impact, barriers, or discrimination? For example, are there any known health inequality or access issues to consider? (Yes or No)	Please describe what is contained within the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening. Please also provide a brief summary of what data or supporting information was considered to measure/decipher any impact.
Race and Ethnicity	No	Equal and appropriate volunteering opportunities offered for all applicants regardless of any of the protected characteristics. A person-centred approach is taken throughout the recruitment process to determine if any additional support is required to enable the volunteer to participate.
Sex	No	
Age	No	

		<p>Volunteer Leads work closely with occupational health colleagues and department leads to ensure any required reasonable adjustments are in place. This may include environmental adaptations or information supplied in a different format. An example of this is volunteers who are not IT proficient may request training booklets as a hard copy.</p> <p>Guidance is also sought from the People EDI Team where required. Quarterly EDI data is submitted to NHSEI through the data collections framework. Examples of the data supplied (at January 2025) includes 73% of our volunteers are aged 65+ and 17% have declared a disability.</p>
Religion and Belief	No	
Disability	No	
Sexuality	No	
Pregnancy and Maternity	No	
Gender Reassignment	No	
Marriage and Civil Partnership	No	
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	No	
<p>If you have answered 'yes' to any of the above, please complete Stage 2 of the EIA on Page 3 and 4. n/a</p>		
<p>What consultation with protected characteristic groups including patient groups have you carried out? Volunteer surveys and engagement. Discussions with individual volunteers from protected characteristic groups.</p>		
<p>As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? Not aware of any issues, complaints or negative feedback.</p>		

On the basis of the information/evidence/consideration so far, do you believe that the policy / practice / service / other will have a positive or negative adverse impact on equality? (delete as appropriate)						
Positive						
High						
If you identified positive impact, please outline the details here:						
No negative impacts identified, and this volunteer policy promotes good practise around all equality aspects. Only positive impacts identified. No requirement for stage 2 EIA.						

EIA Form Stage Two: n/a		
Protected Characteristic	Please explain, using examples of evidence and data, what the impact of the Policy, Procedure or Service/Clinical Guideline will be on the protected characteristic group.	Please outline any further actions to be taken to address and mitigate or remove any in barriers that have been identified.
Race and Ethnicity	n/a	
Gender	n/a	
Age	n/a	
Religion	n/a	
Disability	n/a	

Sexuality	n/a	
Pregnancy and Maternity	n/a	
Gender Reassignment	n/a	
Marriage and Civil Partnership	n/a	
Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	n/a	

Signature: Sally Brook Shanahan

I can confirm I have read the Trust's Guidance document on Equality Impact Assessments prior to completing this form

Date:

14 March 2025

Please send the complete EIA form to the People EDI Team for review.

Please send the form to: sfh-tr.edisupport@nhs.net