VOLUNTARY SERVICES OPERATIONAL POLICY

	POLICY

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YES	NO	N/A
x		

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APPENDICIES

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1.0 INTRODUCTION

This policy provides a framework for the management of volunteers across Sherwood Forest Hospitals NHS Foundation Trust.

Volunteering plays a constructive and vital part of the Trusts 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 are able to offer patients and staff installs an extra dimension to the care we proudly offer our patients.

The boundaries of what is safe for a volunteer/volunteer groups to do in the Trust should be discussed and agreed with the Community Involvement Manager.

SFHT volunteering is aligned to and informed by The Department of Health Vision for Volunteering and NHS Employers Volunteering Pack.

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.

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

Joint Staff Partnership 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 prospective trust volunteers are required to complete a volunteer application form and attend an interview in order to assess suitability.

A minimum of 3 hours per week for a period 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.

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

<u>INDUCTION AND TRAINING</u>

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
- Social media policy
- No smoking policy
- Health and safety
- Incident reporting
- General information on hospital facilities
- Equal opportunities
- Fire procedure
- Safeguarding children and young people
- Safeguarding adult

Volunteers are required to attend annual volunteer update training delivered by our healthcare professionals in partnership with the Community Involvement Team:

- Information governance
- Fire and safety
- Infection control

Volunteers are able to access suitable training appropriate to the work they are undertaking via the Community Involvement Manager.

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.

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

CONFIDENTIALITY

All volunteers are governed by the same rules of confidentiality as paid staff and are required to attend 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.

PAYMENT OF EXPENSES

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 to a maximum of 20 miles round trip for their agreed duty. All volunteers will access staff car parking facilities and are exempt from car parking charges.

Volunteers should not be out of pocket through their volunteer involvement. Travel expenses are offered and are reimbursed on the submission of a completed travel expense form and receipts when applicable.

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.

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.

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 race, ethnic or national origin, gender, age, sexual orientation, marital status, family responsibilities, disability, religion, belief, political affiliation, trade union membership and social and employment status.

- The primary aim of this policy is to create a working environment where all volunteers are able to 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.

This document has been subject to an Environmental Impact Assessment, see completed form at Appendix 2

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

APPENDIX 1 - EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed: Voluntary Services			
New or existing service/policy/procedure: Operational Policy			
Date of Assessment: February 2023			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	**a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?**	**b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?**	**c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality**
The area of policy or its implementation being assessed:			
Race and Ethnicity	None identified	n/a	None identified
Gender	None identified	n/a	None identified
Age	None identified	n/a	None identified
Religion	None identified	n/a	None identified
Disability	None identified	n/a	None identified
Sexuality	None identified	n/a	None identified
Pregnancy and Maternity	None identified	n/a	None identified
Gender Reassignment	None identified	n/a	None identified
Marriage and Civil Partnership	None identified	n/a	None identified
Socio-Economic Factors	None identified	n/a	None identified

(i.e. living in a poorer neighbourhood / social deprivation)			

What consultation with protected characteristic groups including patient groups have you carried out?
- None

What data or information did you use in support of this EqIA?
- None

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?
- None

Level of impact

From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here), please indicate the perceived level of impact:

Low Level of Impact

For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.

Name of Responsible Person undertaking this assessment:
Shirley Higginbotham

Signature:

Date:
February 2023

APPENDIX 2 – ENVIRONMENTAL IMPACT ASSESSMENT

The purpose of an environmental impact assessment is to identify the environmental impact, assess the significance of the consequences and, if required, reduce and mitigate the effect by either, a) amend the policy b) implement mitigating actions.

Area of impact	Environmental Risk/Impacts to consider	Yes/No	Action Taken (where necessary)
Waste and materials	• Is the policy encouraging using more materials/supplies? • Is the policy likely to increase the waste produced? • Does the policy fail to utilise opportunities for introduction/replacement of materials that can be recycled?	No	
Soil/Land	• Is the policy likely to promote the use of substances dangerous to the land if released? (e.g. lubricants, liquid chemicals) • Does the policy fail to consider the need to provide adequate containment for these substances? (For example bunded containers, etc.)	No	
Water	• Is the policy likely to result in an increase of water usage? (estimate quantities) • Is the policy likely to result in water being polluted? (e.g. dangerous chemicals being introduced in the water) • Does the policy fail to include a mitigating procedure? (e.g. modify procedure to prevent water from being polluted; polluted water containment for adequate disposal)	No	
Air	• Is the policy likely to result in the introduction of procedures and equipment with resulting emissions to air? (For example use of a furnaces; combustion of fuels, emission or particles to the atmosphere, etc.) • Does the policy fail to include a procedure to mitigate the effects? • Does the policy fail to require compliance with the limits of emission imposed by the relevant regulations?	No	
Energy	• Does the policy result in an increase in energy consumption levels in the Trust? (estimate quantities)	No	
Nuisances	• Would the policy result in the creation of nuisances such as noise or odour (for staff, patients, visitors, neighbours and other relevant stakeholders)?	No	