

# POLICY FOR TRUST VOLUNTEERS

Department / Service:	Corporate Nursing
Originator:	Head of Patient, Carer and Public Engagement
Accountable Director:	Chief Nursing Officer
Approved by:	Trust Management Board
Date of approval:	3 <sup>rd</sup> September 2025
Review Date: This is the most current document and should be used until a revised version is in place	3 <sup>rd</sup> September 2028
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust (WAHT)
Target Departments	All Departments working with volunteers
Target staff categories	All staff and volunteers

#### Purpose of this document:

Worcestershire Acute Hospitals Trust (The Trust) recognises and values the important role that voluntary activity plays in supporting the Trust with "Putting Patients First". Volunteers complement our work and we welcome the varied contribution that volunteers make. The purpose of this policy is to increase the understanding and use of volunteers within the Trust and to provide structure and guidance. This will ensure:

- A consistent and robust approach to the recruitment, induction, training, review and recognition of volunteers.
- Staff, senior managers and The Trust Board understand why volunteers are important, the roles that they play and the contribution that they make.
- That volunteers will have a supportive framework to underpin the time and commitment offered in volunteering at the Trust which will include volunteers being appropriately "placed" in roles which meet individual skill and interest areas.
- That the Trust is compliant with current best practice and guidance relating to volunteers including The Lampard Report, published in 2015 following the Savile Enquiry.
- An understanding and commitment to the fact that volunteer roles complement and enhance the work of paid staff and that such roles do not replace employed staff or undertake their roles.

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Key amend	dments to this Document:	
Date	Amendment	Ву:
April 2016	Updated to incorporate DBS requirements and The Lampard Report.	Tessa Mitchell
April 2019	Document extended for three months whilst review is completed	Rachel Sproston
June 2019	Document extended for 6 months whilst review and approval process is complete	Rachel Sproston
December 2019	Document extended for 6 months whilst review and approval process is complete	Anna Sterckx
June 2020	Document extended for 6 months during COVID-19 period	Anna Sterckx
7 <sup>th</sup> Jan 2021 V2	Document review date extended by 12 months in line with amendment to Key Document Policy	Anna Sterckx
November and December 2021	Review undertaken with key stakeholders. Policy updated to reflect developments undertaken since 2016. Policy shared with the Patient and Public Forum and through the Patient, Carer and Public Engagement group. Policy developed with the Volunteer Manager and Volunteer Administrator. The policy will be approved through the Clinical Governance group. <u>Updates</u> : This policy has been updated to include the focus of Trust recruited volunteers and the removal of the previous process which focused on Volunteer agencies (partner organisations) leading recruitment, retention and placements. Volunteer agencies (partner organisations) are now required to sign a Service Level Agreement. It is to be noted that due to the COVID19 pandemic all SLAs will need to be reviewed before the wider re-introduction of volunteers on site via partner agencies. See Appendix 15 and 16.	Anna Sterckx
2022	Overhaul of the Volunteer Policy to reflect a new way of working for the trust – direct recruitment of volunteers and no longer working with RVS to recruit and place volunteers. SOPs and processes underpin this.	
2025	Amendments to reflect developments in volunteering since 2022 – title of originator changed to reflect current job title, change of approver to Trust Management Board, amended reference to partner agencies with specific reference to SLA agreements (historic), ID badge access permission updated and updates to recruitment paperwork and process. Covid processes removed, process flow and appendices updated. Added social media guidance, safeguarding section updated.	

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years. ID Pass deactivated and badges returned.

Exit Questionnaire, certificate & thank you letter issued on behalf of the Trust.



1. Quick Reference Guide (updated April 25) - Flow Chart for Volunteer Recruitment and Placement Potential volunteer expresses an interest in volunteering with WAHT Volunteer Manager/Administrator informed and sends out an Application Pack Once returned, Volunteer Administrator invites potential volunteer to a recruitment day to discuss available roles and recruitment process No **Does potential** Yes volunteer attend recruitment day? Volunteer Manager informs the potential volunteer of Volunteer Manager/Adminstrator follows New reasons for unsuccessful application Volunteer process including: References, DBS and documents this information on the M Drive application commences, Occupational Health questionnaire issued, online Trust Induction and E-Learning for Health training sent. Placement identified. Volunteer Manager informs Volunteer about other suitable volunteering organisations. DBS and OH Checks Satisfactory No Yes Volunteer Manager/Administrator to Additional checklist completed: Set review dates Volunteer invited to induction day and start date Update database details agreed. Details inputted to Volunteer App, Ensure hours are recorded including DBS 3 year validity; expiry is indicated Administrator monitors DBS and by the App. training dates for compliance via the volunteer database app **EXIT**: Placement Supervisor to notify Volunteer Local Induction for Role and/or introduction to Adopt A Manager if volunteer leaves. The App is updated. Volunteer link. Issued: Badge, Uniform, Car parking Volunteer Folder is archived and deleted after 6 permit.

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Hard documents scanned to Volunteer's folder on M drive (Controlled and restricted access to M drive, data

kept for 6 years). Volunteer's hours recorded on the app every shift.



#### 2. Introduction

Volunteers make an invaluable contribution to running our hospitals and to the wellbeing of our patients.

In 2023/23 54% of adults in England (approximately 24.8 million people) had taken part in either formal or informal volunteering at least once in the last 12 months. [Department for Culture, Media & Sport. (2024). *Official Statistics Community Life Survey 2023/24: Volunteering and charitable giving.* [online] Available at: <a href="https://www.gov.uk/government/statistics/community-life-survey-202324-annual-publication/community-life-survey-202324-volunteering-and-charitable-giving#formal-and-informal-volunteering">https://www.gov.uk/government/statistics/community-life-survey-202324-volunteering-and-charitable-giving#formal-and-informal-volunteering</a>

There are countless reasons why people volunteer: for many it is a chance to do something positive and to help others; for others they simply have time to spare that they wish to give to something that matters to them. Volunteering helps others, can be highly rewarding and can help develop new skills and confidence. It can be a stepping stone into employment or training, creates opportunities to meet new people and make new friends and can improve health and wellbeing. It can also significantly contribute to community cohesion and a sense of worth and belonging by bringing people together to share skills, knowledge and experiences to compliment Trust activities.

Volunteering can promote good physical and mental health and can help prevent people at risk of social exclusion from becoming isolated. Where volunteers themselves have a health or social care need, volunteering can help break the cycle of dependence and empower individuals to take control of their own lives by supporting other people with health and social care needs in their communities.

The benefits of volunteering within health services has been widely recognised for many years. The report, Adding Value: A Strategic Vision for Volunteering in NHS Trusts-Helen Gilburt & Jake Beech (2022) The Kings Fund recommended that adding value through volunteering in NHS trusts is a resource that explores ways in which volunteering can have a positive impact: for organisations and their staff, for patients and carers, and for volunteers themselves. The NHS Volunteering Task Force Report (2023) states that by 2028, the NHS Volunteering Taskforce expects volunteering to be recognised as a key contributor to:

- improved patient experience and patient outcomes
- better staff experience and wellbeing
- reduced pressure on staff and services
- improved volunteer wellbeing and the acquisition of skills, experience

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

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There are many ways that our volunteers help and add value to patient experience:

- Wayfinding helping patients and visitors find their way around all our sites and providing a friendly welcome at the front door.
- Accident and Emergency volunteers provide nutrition and hydration support as well as answer telephone queries from members of the public about their loved ones.
- Discharge Response Volunteers support an effective patient flow enabling the patient to be discharged quicker with less or no waiting for medication
- Volunteers support our Chaplaincy team, helping to deliver pastoral care and spiritual support for our multi-faith communities and all our patients
- Joining our Patient and Public Forum, helping us to review our services and improve what we do
- Representing the patient voice on committees and on quality improvement projects and assurance audits.
- Fundraising and providing equipment and additional resources we continue to develop our partnership with the Worcestershire Hospital Charity
- We continue to recruit Patient Safety Partners this role sits within the Patient Safety Strategy.
- Support volunteer services sit under the umbrella of Trust volunteers eg Macmillan Pod and Therapy Dogs Nationwide. These volunteers are recruited as Trust volunteers.
- Outside the scope of this policy: there should be separate arrangements for volunteers and volunteering groups that are not Trust registered volunteers. This would include and not be limited to the RVS and the League of Friends. This is outside the responsibility of the volunteering team and the scope of this policy. Please contact the Volunteer Manager (<u>wah-tr.volunteers@nhs.net</u>) for clarification if needed.
- During the Covid 19 Pandemic many volunteer roles were suspended. These have been reinstated offering a full and varied service including ward and outpatient clinic support and patient mentoring and support services such as Macmillan and the Chaplaincy.

As an organisation we value the contribution made by individuals who give their time freely to provide services that complement the work of the Trust and that contribute to the overall organisational aims and values. This policy aims to enable us to continue to encourage the active contribution of volunteers by providing a robust structure to manage and train our volunteers, thereby ensuring that the quality of patient care provided to people within our services is to the highest standard. Alongside this we have consulted and met with many of our volunteers to help to shape "the way we do things round here" and the emerging Volunteer Strategy #WeAreVolunteering is the sum of these discussions and feedback.

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The 'Adopt a Volunteer' process offers all volunteers a standard supportive process for each volunteer placement which also supports our staff to manage expectations and help volunteers to "do more" and this is now business as usual.

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

New ways of working have been implemented in line with the Trust's improvement methodology to ensure we meet key requirements as a demonstration of good practice and deliver efficiency of service. These include a bulk recruitment process, a bespoke volunteer app which is continually being developed to offer a robust, dynamic database tool. The app now further monitors training compliance by automatically sending emails to volunteers asking them to update specific training.

Since 2018 the relevant points in the Safeguarding Action Plan have been addressed and we are compliant with the key actions in the report for volunteering risks. This is monitored through the Safeguarding Committee at Worcestershire Acute Hospitals Trust.

#### 3. Scope of this Document

This policy applies to all <u>Trust volunteers</u> only, current and future. It also applies to all staff working with volunteers. It outlines our shared expectations regarding robust and consistent recruitment, placement, training and support for volunteers.

This policy does **not** cover Work Experience Placements or apprenticeships. Queries regarding these should be directed to the Apprenticeship and Widening Participation Lead, Worcestershire Acute Hospitals NHS Trust, Worcestershire Royal Hospital, The Charles Hastings Education Centre, Charles Hastings Way, Worcester WR5 1DD Tel: 01905 763333 ext 33487 or Direct Line 01905 733244.

#### 4. Definitions

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

#### 5. Responsibility and Duties

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

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

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The Head of Patient, Carer and Public Engagement is responsible for:

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

**Divisional Directors** are operationally responsible for ensuring that this policy is rolled out divisionally so that staff understand volunteering and are able to develop tasks and roles for volunteers which will help us meet our aims and objectives and improve patient experience. <u>Volunteer role profiles</u> and the <u>Adopt a Volunteer</u> initiative will support this process.

The Volunteer Manager is the volunteer lead within the Trust and will liaise regularly with our volunteers and provide assurance that we are compliant.

All volunteers will be considered to be trust volunteers and recruited and supported by Trust and this policy unless they are:

- League of Friends Shop and/or coffee shop volunteers
- Friends of Worcestershire Royal Hospital volunteers
- Royal Voluntary Service shop and cafe volunteers
- External agency volunteers supporting specific service delivery

For these and all volunteers **not recruited by the trust**, there will need to be a separate agreement in place which is not covered by this policy.

The Trust works in partnership with the Worcestershire Acute Hospitals Charity, Macmillan Cancer Support and Therapy Dogs Nationwide and will provide Trust volunteers to support with projects and opportunities on request. These volunteers are governed by this policy.

#### **Worcestershire Acute Hospitals Staff**

All staff who have contact with Trust volunteers should have an understanding of the involvement of volunteers in service delivery and the value that they bring in complementing the work that we do. Staff need to work alongside and support volunteers and assist in the development and implementation of new and existing volunteer roles. To support this we have developed "Adopt a Volunteer" to support volunteers and staff in their role. The Volunteer Charter and profile roles specific to wards and departments have been developed in consultation with staff and volunteers giving guidance and direction to the individual roles.

The Charter is available in Appendix 1 of this policy and on request from the Volunteer Manager. Role profiles are also available on request from the Volunteer Manager.

#### Volunteer Lead/Buddy

The Volunteer Manager is responsible for overseeing the **Adopt a Volunteer** process which will include identifying a Volunteer Lead/buddy in a particular area in the Trust who will support each volunteer throughout their experience.

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The Patient and Public Forum (PPF) operate a buddy system for new volunteers, and all new volunteers should be offered at least one shadow shift with an experience volunteer before starting their new role. The local Manager and Volunteer Manager will:

- Support the development and creation of Volunteer role profiles which are relevant to the area
- Work to and support the Volunteer Charter
- Ensure the local induction is completed before a placement begins (Appendix 6) and the Volunteer Manager will ensure that this is undertaken at handover to the Ward/department.
- Go through the role specification/s and provide clarity regarding the volunteer's role and responsibility areas in line with the relevant role profile.
- Ensure day to day supervision and management of volunteers is in place, delegating as appropriate to named individuals.
- Identify any problems / issues or training requirements.
- Undertake regular reviews using the agreed proforma (Appendix 7)
- Provide the Volunteer Manager with any feedback and "stories"
- Ensure that all volunteers "clock in and out" using the Volunteer App to ensure accurate reporting of hours given and who is on site at any time
- The local manager will notify the Volunteer Manager/administrator if the volunteer leaves so that an Exit Questionnaire can be sent and contact details updated (see process flow)

#### **Volunteers**

Volunteers are responsible for:

- Complying with DBS requirements and producing a valid certificate
- Informing their local Manager, and therefore their Volunteer Manager, of any changes to their DBS status
- Undertaking any training required by the Trust to fulfil the requirements of the role
- Adhering to Trust policies and procedures
- Embodying their commitment to the Trust's values through their volunteering which will be discussed as part of the volunteer Induction process/meeting with the Volunteer Manager
- Abiding with the Volunteer Agreement/Code of Conduct (Appendix 3, Application Pack).
- Working within the role profile description agreed
- Engaging with support and supervision arrangements
- Maintaining confidentiality (Appendix 3, Application Pack)
- Reporting any areas of concern or potential safeguarding issues
- Wearing an ID Badge and Volunteer uniform a branded polo shirt, fleece or tabard / apron whilst undertaking volunteering activities
- To inform the local manager if they are not attending the ward / department on any day when the volunteer would normally attend or has agreed to attend
- Signing in and out and recording hours worked using the Volunteer App

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- To notify the local manager of any planned end to the placement and ensure that all Trust property is returned
- If a Trust email is provided for a specific role, the volunteer is expected to sign an agreement before use. (Appendix 10)
- There are separate arrangements for the Patient and Public Forum additional forms to complete as part of the recruitment process. (Appendix 11) and include the Concordat of Behaviours, NHS mail terms and conditions and a swipe access agreement which must be signed before volunteers start in this role). Patient and Public Forum volunteers are processed by the Patient Experience Support Officer or the Volunteer Manager and supported by the Head of Patient, Carer and Public Engagement.

#### 6. Policy Detail

#### 6.1. Eligibility for Volunteering

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

There is no national policy on age but NHS England and Improvement currently have a drive to involve volunteers below 18.

The minimum age for volunteers at the Trust currently is 16yrs except for Trust Hospital Youth Forum volunteers who work across the Trust and are not linked to individual wards. Volunteers are required to be 18 to volunteer in the Children's Department, A&E and the DRV role. There may be restrictions in other departments which can change with local and national guidance that the Trust follows. The Volunteer Manager can be contacted for the most up to date position.

There is no upper age limit, however it is to be noted that a risk assessment may be undertaken with volunteers. This may indicate reasonable adjustments as necessary such a PEEPS (personal emergency evacuation plan).

Appointment will be dependent on satisfactory pre-appointment clearance including DBS check, health screening and two written references and signatures on all relevant forms. Parental consent will be sought for volunteers from 16-18 years. Parents/Carers/Guardians are required to sign the relevant box on the application form to give authorisation for their child/young person to volunteer.

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

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

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

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

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

The Trust requires volunteers to be able to communicate at a basic level of English if supporting in key patient facing roles.

#### 6.2. Recruitment and Selection

There will be additional processes for the support of the Patient and Public Forum and other fora. In these cases it will be necessary to refer to the Terms of Reference for these groups for specific arrangements. Key documents can be obtained from the Patient Experience Support Officer or the Volunteer Manager. Documents include a Terms of Reference and process flow for recruitment.

The Trust is responsible for recruiting volunteers to support across our hospital sites. This includes the use of social media (Trust website, Facebook and Twitter for example), local media articles, promotional events and posters and word of mouth for example. All processes must comply with this policy which incorporates NHS Employment Check Standards and the Lampard Report recommendations. To ensure the protection of patients, carers, visitors, service users, paid staff and volunteers it is essential to have a robust recruitment process and this should be detailed in an initial Application Pack sent to volunteers.

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

- All prospective volunteers must complete an application form (Appendix 2, Application Pack) and be formally interviewed by the Volunteer Manager or Head of Patient, Carer and Public Engagement
- Identity and 'Right to Work' checks
- Two references
- Undergo Occupational Health screening (Appendix 4)
- Undergo enhanced Disclosure and Baring Service check and show original copy of certificate when issued https://www.gov.uk/dbs-update-service
- Commitment to completing Trust Induction and on-going mandatory training
- Patient Public Forum potential members will meet with the Head of Patient, Carer and Public Engagement and two members of the existing group which will include the Chair/Vice Chair of the Patient and Public Forum. They will then undergo the Trust recruitment process with additional steps commensurate with the role.

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It will be made clear at the enquiry stage that we expect a minimum of 6 months volunteering to be undertaken, unless educational/specific requirements restrict the time. There may be occasion for time limited specific projects which will be exempt from the six months' expectation.

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

Subsequent convictions must also be declared in order that a decision can be made concerning the future involvement of the volunteer. Each situation will be reviewed and assessed on an individual basis by the Volunteer Manager. Advice and support can be obtained from the Trust's Patient Experience and HR Teams.

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

#### 6.3. Occupational Health Questionnaires

An Occupational Health Questionnaire commensurate with role is completed to identify any health problems or disabilities that might make the proposed volunteer recruitment difficult or unsafe for them or others. It enables us to make any adjustments to the workplace environment that may be required. In the majority of cases Occupational Health provide a dated *Fit Form* that is saved to the Volunteer's file on the shared drive.

Vaccination compliance will be recorded in individual volunteer folders on the M drive and recorded/monitored via the Volunteer App dependent on the current national guidance – the Trust will follow the latest guidance on this position as required. The Volunteer Manager will be responsible for ensuring compliance with the most up to date position at any time.

#### 6.4. Role Profiles

Role specifications are central to recruitment. The Volunteer Manager should regularly review these with the staff / areas that drafted them (at least annually) to ensure that they are still relevant and current. Volunteers **will not** be involved in any task that constitutes direct care to patients (with the exception of patient experience care and those roles with dedicated training attached such as assisted feeding).

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

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

Volunteers must understand that they provide complimentary non-clinical services for patients, staff and visitors and cannot be involved in any direct clinical care, nor give advice or opinions about direct clinical care to patients or carers. They will be aware of who to escalate any concerns to at any time which will be communicated at the point of their induction to their role. Volunteers can expect a regular meeting with their placement manager to ensure that their role is supported and valued.

#### 6.5.Induction and Training

The Trust aims to ensure that all volunteers are able to contribute as effectively and safely as possible and as such all volunteers are expected to undertake a planned programme of corporate and mandatory training. Volunteers are required to undertake online Trust Induction by way of PowerPoint Presentations, including basic Safeguarding Awareness and Information Governance and Infection Control. There is also a requirement for fire safety training. This is subject to change and will be governed by the latest national and local guidance. There may be occasions where training is face to face or any training is replaced by online courses.

Evidence of completion of the Induction/Training is verified by signed compliance (document also saved) and will be recorded for all Trust volunteers on the Volunteer App. **Volunteers will not** commence their placements until they have completed their induction. They will also receive training in the specific tasks to be undertaken and be provided with on-going opportunities for learning and development associated with the role.

The E-Learning for Health programme is an online platform created by Health Education England Partnership. Volunteers sign up to the programme and are required to complete a minimum of 7 essential modules: Safeguarding for Adults, Safeguarding for Children, Prevent, Roles & Responsibilities, Fire Safety, Data Security and Moving and Assisting. Certificates of completion are saved in Volunteer's documents. Training should be regularly reviewed by the Volunteer Manager, no less than annually.

Volunteers will be booked onto Fire Training/Refresher courses as required, in addition to their E-Learning Fire Training. <u>The Volunteer Manager or local manager</u> will be responsible for booking this training.

On completion of the recruitment process, a role will be identified and once all necessary clearances completed, volunteers will receive a Welcome and the following takes place:

- arrangements are made with the local manager to introduce the volunteer.
- An introduction to volunteering; our expectations from the volunteer and what they can expect from us ie 'Adopt a Volunteer' programme.
- All Wayfinder volunteers and those who are not based/placed on wards will consider the Volunteer Manager to be their local manager.
- All staff who have a volunteer placement will understand that they are the local manager.

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Local induction with the local manager will, as a minimum, include: -

- Introduction to local manager and team
- Orientation to the placement area
- Completion of volunteer local health & safety induction (Appendix 6).
- Dealing with patient/ relative/visitor enquiries
- Health and safety within the area
- Infection Control within the area
- Fire procedure and location of fire equipment
- Limitations and boundaries of the role as per the Volunteer Charter
- Arrangements for ongoing training and support
- Procedure if unable to attend for volunteering
- the local manager will receive a copy of this policy

This should all be recorded on the local Induction Checklist (**Appendix 6**) completed by the local manager. Copies of future reviews / training records should also be forwarded and kept in the volunteers file. (**Appendix 7**).

#### 6.6.Adopt a Volunteer/Volunteer Charter

Our Volunteer Charter (Appendix 1) gives an overview of the expectations staff have of volunteers and volunteers can have of staff. This Charter was co-designed with volunteers and staff and is in place to ensure volunteers and staff show mutual respect and support for each other in the roles they perform to support our patients. The Adopt a Volunteer programme was launched as a pilot at Worcestershire Royal Hospital in August 2021. To support the Charter, specific Role Profiles were introduced to provide a framework of roles and expectations of the Volunteers.

#### 6.7. Safeguarding

The Volunteer Manager is responsible for ensuring all volunteers are compliant with the Trust safeguarding policy. To also ensure they have undertaken Safeguarding Adults and Safeguarding Children training – repeated every 3 years – and completed the Prevent module on E-LFH. Assurance is given annually at the Safeguarding Committee during May.

Following a review by the Head of Safeguarding in June 2024 prior to the Trust submission for the combined Section 11 Children's Act and Care Act audit in December 2025, it was agreed that further measures will be put in place to support volunteers:-

- a discussion point to the volunteer 3-month review paper will include safeguarding
- safeguarding will be added as an agenda item at the volunteer cake 'n chats
- The volunteer weekly email will contain safeguarding information on a quarterly basis
- There is a safeguarding section in our volunteer welcome handbook given to all new volunteers. They undertake safeguarding training on joining which is renewed every 3 years as per staff and discussed with them at their induction. This section in the handbook was reviewed and approved by the Head of Safeguarding in July 2024.

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 The offer of 1:1 discussion with any volunteer remains as an offer from the Integrated Safeguarding Team

Also, following the serious allegations of abuse involving Jimmy Savile at three NHS Organisations (2013), and the publication of The Lampard Report, NHS organisations are now required to ensure compliance with a number of recommendations aimed at ensuring patient safety.

The recruitment process outlined in this policy reflects these requirements. As part of this process volunteers are required to undertake DBS checks (as required under current legislation) and the Volunteer Manager ensures that these are updated every three years. Volunteers are required to inform the Volunteer Manager immediately of any changes to their DBS status.

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

Any concerns volunteers may have regarding a service user, staff or Trust procedures or premises should be raised directly with the senior staff member on duty. This is reflected in the Volunteer Charter that volunteers are provided with. Volunteers can also access the Freedom To Speak Up Guardian via <a href="wah.tr.freedomtospeakup@nhs.net">wah.tr.freedomtospeakup@nhs.net</a>. As well as dealing with the immediate concern, the Local Manager, should inform the Volunteer Manager who will ensure that the Trust's Head of Patient, Carer and Public Engagement is also made aware of the concerns raised.

Training can initially be covered by volunteers undertaking the online Trust Induction which will provide a general level of awareness. Safeguarding for Adults and Safeguarding for Children are two of the mandatory E-Learning for Health modules that volunteers are required to complete prior to volunteering. After this all volunteers will be required to undertake the Level 1 Safeguarding training updates every 3 years. This cycle should commence no longer than 12 months after the Trust Induction. This basic awareness training can be supplemented as necessary through identified training plans commensurate with the areas in which individuals volunteer. The Volunteer manager is responsible for ensuring that the Trust is compliant with safeguarding measures and training compliance for volunteers at any time.

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

- Access to the Children and Young Adults Ward is restricted to all volunteers, via a secure entry system.
- In general, volunteers in line with Adopt a Volunteer process, gain access to any ward

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by ringing the ward/ department door bell and wait for the door to be opened.

- Members of the Patient and Public Forum may be granted an 'access common areas'
  pass to carry out a variety of duties. In this case there will be a specific form and
  process to follow in advance of any pass being issued. Passes will be issued on an
  individual basis. This will be managed by the Patient Experience Support
  Officer/Volunteer Manager and overseen and signed for by the Head of Patient, Carer
  and Public Engagement.
- Some roles require access during the shift only eg ward volunteers, Emergency Department and DRV Volunteers. These volunteers can take ownership of a pass for the shift only and this can be signed out and back in via the appropriate Office. If this process is not possible, the volunteer will need to access the department via the reception and <u>not</u> use a pass. The Volunteer Manager/Administrator will ensure that the signing in and out sheet is securely monitored and stored. Permission for access for additional roles is via the Deputy Chief Nursing Officer.
- The Chaplaincy staff team have 3 passes to share with Chaplaincy volunteers to use. The Chaplaincy staffing team is responsible for ensuring that Chaplaincy volunteers are aware of reporting to the reception desk when they enter a ward. The Chaplaincy team will be responsible for the access passes.
- A separate disclaimer will need to be signed by each volunteer before using any common areas pass. Signed forms will be securely filed by the Volunteer Manager and recorded on the Volunteer App.
- The volunteers for the children's wards and maternity services will have additional local induction and supervision when carrying out their duties. As they have access to clinical areas, as with employed staff, they must be appropriately supervised, according to their role. As Lampard pointed out 'whilst policies and processes are currently in place to minimise the probability of abuse reported, it is important to ensure that no one is granted access to any clinical area, unless under close supervision, no matter how well meaning they appear to be or how famous they are'.

#### 6.8 Social Media, filming and photography

Many colleagues already use social media, interactive and collaborative websites and tools, both in a personal and professional capacity - and rather than try to restrict this activity, the Trust wishes to embrace it as an element of our commitment to a culture of openness.

However, volunteers must not create posts on private accounts that the public see which may breach Trust policy if they bring the Trust into disrepute.

This includes situations when volunteers could be identifiable as a WAHT volunteer whilst using social networking tools or occasions when commenting on NHS related matters in a public forum. Volunteers should use discretion and common sense when engaging in online communication.

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To protect the confidentiality of patients and the reputation of staff and volunteers, the communications team is to be consulted regarding plans or requests to film or photograph staff, patients, visitors or facilities. Any individual should seek permission before filming or taking photographs on our hospital sites.

The Trust's <u>Media and Social Media Policy</u> is a useful reminder of the dos and don'ts when posting online and volunteers should be made aware of it during induction.

#### 6.9 Supervision, Retention and On-Going Support

The Volunteer Manager will ensure that volunteers have the appropriate level of support when undertaking their roles, delegating as necessary to other named individuals to accommodate shift patterns etc. Volunteers must be made welcome and know that their contribution is recognised. The overseeing manager for volunteers should provide daily supervision of activities carried out by the volunteer or arrange for this to be delegated to another person.

They should also undertake an initial 3-month review with the volunteer (**Appendix 7**). This review should identify what's going well, any support needs or concerns and should then be repeated annually. Copies of these reviews should be forwarded the Volunteer Manager for the volunteer's personal file. If any party considers the placement to be unsuccessful, the Volunteer Manager or local manager will explore alternative volunteer opportunities within the Trust where possible.

In recognition of the support that our volunteers provide, the Trust invites volunteers to events throughout the year including: a Christmas celebration event, a Volunteer Week recognition event and cake and chat events throughout the year.

If a volunteer leaves the placement the local manager will inform the Volunteer Manager immediately so that an Exit Questionnaire can be sent **(Appendix 8).** Once notified of their retirement, the Volunteer Manager sends a Thank You letter and Certificate of accumulated hours on behalf of the Trust.

References can be provided by the Volunteer Manager or local manager, after a volunteer has completed 6 months with the Trust. References should be factual and copies should be retained on the volunteers file.

#### 6.10 Car Parking/expenses

On-site parking is provided free of charge for volunteers to park in staff car parks. Access to parking is via security swipe card and a parking pass is issued by the Volunteer Manager when commencing as a volunteer. The car parking swipe card will give access to the car park only.

The Trust will ensure that the cost of volunteer parking is covered and the volunteer induction should outline the arrangements for this.

Meals are not routinely subsidised by the Trust. Mileage and travel expenses are also not covered by the Trust in the exception of Patient and Public Forum members and Hospital

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Youth Forum members.

There are arrangements in place with one free drink per shift for volunteers subsidised by cafes at Worcestershire Royal and Alexandra Hospitals. And at Costa at Worcestershire Royal.

#### 6.11 Insurance

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

#### 6.12 Infection Control

Compliance with infection control protects patients, carers, visitors and staff/volunteers. Volunteers will comply with current Trust guidance which may change at short notice.

There will be separate arrangements for ward volunteers and inductions will include "bare below the elbows".

#### 6.13 Health and Safety

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

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

#### 6.14 Confidentiality

All volunteers are expected to abide by the Data Protection Act (2018) and to maintain confidentiality of all information they may have access to during the course of their role. The unauthorised use or disclosure of patient or other personal information is a dismissible offence and in the case of computerised information could result in a prosecution for an offence or action for civil damages. Volunteers sign a confidentiality agreement at interview. (Appendix 3).

The Trust will also ensure details regarding volunteers are kept in line with these requirements on the protected access M Drive.

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#### 6.15 Problem solving procedures

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

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

If the volunteer feels that they cannot do so or after having done is not happy with the outcome, then the supervisor should discuss with the individuals and try and resolve the issue. If that is unsuccessful the issue should be escalated to the Volunteer Manager who arranged the placement to review an appropriate way forward. Advice at this point can be sourced from the Trust's HR department.

If an issue / complaint is received about a volunteer, they have the right to be told why they are being investigated, the right to state their case and the right to appeal. The person who raised the issue/ complaint should be kept informed. The aim should be to resolve the issue/ complaint informally through discussion. Options such as additional support, supervision and training should be offered where necessary and clear aims along with review date should be set. HE advice should be sought to support this process and the Volunteer Manager included as a supportive point of contact. The volunteer can also contact the Freedom to speak up Guardian.

#### 6.16 Termination of Placement

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

- 6.16.1 Breach of confidentiality
- 6.16.2 Breach of any documents signed
- 6.16.3 Drinking or smoking whilst volunteering

  Being under the influence of illegal substances or other non-prescribed medications
- 6.16.4 Breach of Volunteer Code of Conduct/agreement
- 6.16.5 Gross misconduct
- 6.16.6 Any other circumstances it deems appropriate

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

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

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#### 6.17 Exit Process

Upon receipt of notice of a Volunteer retiring, a letter of appreciation is sent from the Volunteer's office on behalf of the Trust. A Thank You Certificate with their total hours of volunteering is presented. The Volunteer's files are archived and deleted after 6 years. Volunteers are required to return parking passes/ID, any other passes or equipment and name badges and uniform. Any volunteer with an email address must cease to use this, the Volunteer Manager will void the account with the IT department, and any volunteer with any pass/es must ensure this is handed in. Volunteer details are made inactive on the Volunteer App, an exit interview is conducted and exit questionnaire issued.

#### 7 Implementation

#### 7.1 Plan for Implementation

This policy was updated following consultation and workshops with volunteers to develop the volunteer strategy in 2019, early 2020 and in 2021. Developments were influenced through a series of consultations in 2020. Amendments have been made by the Volunteer Manager, Volunteer Administrator and Head of Patient, Carer and Community Engagement.

This policy will be reviewed by the Patient and Public Forum and approved by the Patient, Carer and Public Engagement Committee. Following approval at the Clinical Governance group it will be effective and updated immediately.

#### 7.2 Dissemination

The policy will be shared with Trust staff via the Volunteer Manager and Trust Managers including Divisional Directors, Matrons and Ward Mangers and via staff updates on the intranet / Weekly Brief.

Key information for volunteers will be shared with volunteers directly in the Welcome Handbook and induction meetings.

#### 7.3 Training and Awareness

An introduction to volunteering is included in the Volunteer Roles & Responsibilities Module in the E-Learning programme which is undertaken by all volunteers.

The Volunteer Manager will co-ordinate implementation and promote awareness of the Policy through the Trust working with Trust managers and staff.

A copy of this policy will be available in the volunteer's office for the volunteers to view, and a personal copy will be provided should they require one.

#### 8 Monitoring and Compliance

Monitoring and compliance with safeguarding requirements (training and DBS Assurances) will be monitored by the Safeguarding Committee annually. Policy review will be undertaken by the Patient, Carer and Public Engagement Committee every three years. The policy can be updated in between this time as required.

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Achievements, progress and developments with volunteering will be included in the Inclusion, Diversity, Equality and Accessibility Annual Report which is submitted to the Trust Board. This will consist of volunteer numbers, activities, key developments, storyboards, feedback, experiences and hours undertaken.

The Trust is part of a Foundation Group and wider volunteer networks (Future NHS Collaboration Platform and Learning Network and the local ICS) to ensure we remain updated with legislative requirements and best practice initiatives pertaining to volunteering.

The table below should be used to check compliance with this policy:

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Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the Policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: (Responsible for also ensuring actions are developed to address any areas of non-compliance)	Frequency of reporting:
	WHAT?	HOW?	WHEN?	WHO?	WHERE?	WHEN?
8.	Recruitment and Selection	All volunteers complete all recruitment checks, are compliant with training and DBS requirements on joining and prior to starting their role and details are correct on the volunteer app	ongoing	Volunteer manager	Safeguarding Committee	Annually May
9.	Induction and Training	Training records on vol app Discussions with volunteers	ongoing	Volunteer Manager	PCP Engagement Steering Group	quarterly
10.	Safeguarding	Annual compliance return Training on recruitment and compliant with regulated updates	Annually, ongoing	Head of PC&P Engagement Volunteer Manager	Safeguarding Committee	Annually May
11.	Retention	Induction checklists Monthly reviews Feedback from staff	At recruitment Monthly Twice yearly	Volunteer Mgr Volunteer Mgr Volunteer Mgr	PCP Engagement Steering Group	Annually

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13	Termination	Exit questionnaires	Monthly	Volunteer Mgr	PCP Engagement Steering Group	Annually
			Quarterly	Head of PCP Engagement Volunteer Mgr		
14	Monitoring compliance	Annual Report on Volunteering	Annual	Head of PCP Engagement	PCP Engagement Steering Group	Annually

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#### 9 Policy Review

This policy will be reviewed at least every 3 years.

#### 10 References

Name	Code
Safeguarding Adults Policy	WAHT-CG-055
Safeguarding Childrens Policy	WAHT-CG-445
Media and Social Media Policy	WAHT-HR-100
Quality Improvement Strategy – Patient, Carer and Community Engagement Plan	Intranet or Internet
Disciplinary Policy, Procedures and Guidelines	WAHT – HR - 017
Whistleblowing Policy for Raising Serious Concerns at Work	WAHT – HR - 051
Health and Safety Policy	WAHT – CG - 125
Complaints and PALS Policy and Procedure	WAHT-PS-005

External documents which had a direct impact on the creation of this policy include:

#### References:

'Themes and Lessons Learnt from NHS Investigations into Matters Relating to Jimmy Savile' – Independent Report for the Secretary of State for Health – Kate Lampard & Ed Marsden. February 2015

'Volunteering in Acute Trusts in England' The Kings Fund 2013

'Volunteering in Health and Social Care; Securing a Sustainable Future' – C Naylor. The Kings Fund 2013

Adding Value: A Strategic Vision for Volunteering in NHS Trusts-Helen Gilburt & Jake Beech (2022). The Kings Fund

NHS Volunteering Taskforce Report (2023)

Department for Culture, Media & Sport. (2024). Official Statistics Community Life Survey 2023/24: Volunteering and charitable giving. [online] Available at:

https://www.gov.uk/government/statistics/community-life-survey-202324-annual-publication/community-life-survey-202324-volunteering-and-charitable-giving#formal-and-informal-volunteering

'Department of Health Strategic Vision for Volunteering' October 2011

'Volunteers Across the NHS: IMPROVING THE Patient Experience and Creating Patient Led Services' – S Hawkins and M Restall. Volunteering England 2006

'Volunteers and the Law' - M Restall. Volunteering England 2005

The Equality Act 2010 http://www.legislation.gov.uk/ukpga/2010/15/contents

Health and Social Care Act 2008 (Regulated Activities) Regulations 2014

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Rehabilitation of Offenders Act 1974

Health & Safety at Work Act 1974

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#### 11 Background

#### 11.1 Quality requirements

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

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

#### 11.2 Financial risk assessment

The use of volunteers should not replace paid employees. Volunteering enhances service delivery and patient experience. The Trust has volunteers undertaking a wide range of tasks all of which contribute significantly and provide a currently unrecognised or analysed social return on investment. The financial implications for the implementation of this policy are connected with Volunteer staffing time to support. There are no further financial implications to implement this policy at this time.

#### 11.3 Consultation

Contribution List

During development, this key document was initially circulated to the following individuals for consultation:

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

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

Committee
Patient, Carer and public Engagement Steering Group
Patient & Public Forum Members

#### 11.4 Approval Process

This policy update will be approved by the Clinical Governance group following review by the Patient, Carer and Public Engagement Steering group and the Patient and Public Forum.

#### 11.5 Version Control (See pg 2)

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

Key amen	Key amendments to this Document:		
Date	Amendment	Ву:	
April 2016	Updated to incorporate DBS requirements and The Lampard Report.	Tessa Mitchell	
April 2019	Document extended for three months whilst review is completed	Rachel Sproston	
June 2019	Document extended for 6 months whilst review and approval process is complete	Rachel Sproston	
December 2019	Document extended for 6 months whilst review and approval process is complete – initial engagement with volunteers and staff at this time	Anna Sterckx	
June 2020	Document extended for 6 months during COVID-19 period and stakeholder review		
7 <sup>th</sup> Jan 2021 V2	Document review date extended by 12 months in line with amendment to Key Document Policy	Anna Sterckx	
November and December 2021	Review undertaken with key stakeholders. Policy updated to reflect developments undertaken since 2016. Policy shared with the Patient and Public Forum and through the Patient, Carer and Public Engagement group. The policy will be approved through the Clinical Governance group. <a href="Updates">Updates</a> : This policy has been updated to include the focus of Trust recruited volunteers and the removal of the previous process which focused on Volunteer agencies (partner organisations) leading all recruitment. Volunteer agencies (partner organisations) are now required to sign a Service Level Agreement. It is to be noted that due to the COVID19 pandemic all SLAs will need to be reviewed before the wider re-	Anna Sterckx	

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	introduction of volunteers on site via partner agencies. See Appendix 15 and 16	
2022	Overhaul of the Volunteer Policy to reflect a new way of working for the trust – direct recruitment of volunteers and no longer working with RVS to recruit and place volunteers. SOPs and processes underpin this.	Anna Sterckx
2025	ı	Anna Sterckx, Janet Neate

#### 11.6 Supporting Document 1 - Equality Impact Assessment Tool

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





# Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council	Herefordshire CCG
Worcestershire Acute Hospitals NHS Trust		Worcestershire County Council	Worcestershire CCGs
Worcestershire Health and Care NHS Trust	*	Wye Valley NHS Trust	Other (please state)

Name of Lead for Activity	Anna Sterckx, Head of Patient, Carer and Public
	Engagement and Janet Neate, Volunteer Manager

Details of			
individuals	Name	Job title	e-mail contact
completing this	Anna Sterckx	Head of Patient,	Anna.sterckx@nhs.net
assessment		Carer and Public	
		Engagement	
	Janet Neate	Volunteer Manager	janet.neate@nhs.net

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Date assessment	23.09.2025 (to replace assessment completed and submitted on previous
completed	template).

#### Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: Volunteering Policy		
What is the aim, purpose and/or intended outcomes of this Activity?	To ensure that the Volunteer Service operates safely and effectively and a document is in place to provide clarity.		
Who will be affected by the development & implementation of this activity?	□ Service User   □ Patient   □ Carers   □ Visitors    Staff  Communities  Other  Other		
Is this:	<ul> <li>□ Review of an existing activity</li> <li>□ New activity</li> <li>□ Planning to withdraw or reduce a service, activity or presence?</li> </ul>		
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic information for patients / services / staff groups affected, complaints etc.	Review of existing policy to ensure that the policy is up to date along with current developed practices.  Volunteer data is routinely reviewed and was considered. Volunteer and key stakeholder feedback.		
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Volunteers, Patient and Public Forum, key stakeholders at the Patient, Carer and Public Engagement steering group – this includes internal and external stakeholders.		
Summary of relevant findings	Revision of policy to ensure clarity over Trust volunteers and to include up to date roles.		

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. Please note it is possible for the potential impact to tick one or more impact box below for each Equality Group and explain your rationale. Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

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between groups, populations or individuals that arise from the unequal distribution of social,



**Equality Group** Potentia Potentia Potenti Please explain your reasons for any potential positive, neutral or negative impact I neutral al identified positive impact negativ impact е impact Age All age approach – minimum age 16 and no maximum age with current roles Υ **Disability** Approaches in place to support engagement with volunteers who have seen and hidden disability. Application form captures monitoring information if applicant wishes to provide. Gender Υ No discrimination – training (range) promoted Reassignment for awareness and inclusion Marriage & Civil Υ No discrimination – training (range) promoted **Partnerships** for awareness and inclusion Pregnancy & Specific roles to support **Maternity** Υ Race including **Traveling** No discrimination – training (range) promoted **Communities** for awareness and inclusion. Application form captures monitoring information if applicant wishes to provide. Υ Religion & Belief No discrimination – training (range) promoted for awareness and inclusion. Application form captures monitoring information if applicant wishes to provide. Sex Υ No discrimination – training (range) promoted for awareness and inclusion. Application form captures monitoring information if applicant wishes to provide. Sexual Υ No discrimination – training (range) promoted Orientation for awareness and inclusion. Application form captures monitoring information if applicant wishes to provide. Υ Other No discrimination – training (range) promoted Vulnerable and for awareness and inclusion. Application form Disadvantaged captures monitoring information if applicant Groups (e.g. carers; wishes to provide. care leavers; homeless; Social/Economic deprivation, travelling communities etc.) No discrimination – training (range) promoted Health Inequalities (any for awareness and inclusion. Application form preventable, unfair & unjust captures monitoring information if applicant differences in health status

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wishes to provide.



<b>Equality Group</b>	Potentia	Potentia	Potenti	Please explain your reasons for any
	I	I <u>neutral</u>	al	potential positive, neutral or negative impact
	positive	impact	negativ	identified
	impact		<u>e</u>	
			impact	
environmental & economic conditions within societies)				

#### Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
	Active monitoring in place through a range of approaches to gain volunteer feedback and staff feedback – Adopt a Volunteer/Cake and Chats/annual survey/events	Active monitoring in place through a range of approaches to gain volunteer feedback and staff feedback – Adopt a Volunteer/Cake and Chats/annual survey/events	Volunteer Manager	Dynamic review.
How will you monitor these actions?	team meetings -	 hrough an annual s regular reporting to y Governance Com	the Patient a	
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)		cy review – annual		g review.

#### <u>Section 5</u> - Please read and agree to the following Equality Statement

#### 1. Equality Statement

- 1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation
- 1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.
- 1.3. All staff are expected to deliver services and provide services and care in a manner which respects

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the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	Anna Sterckx
Date signed	23.09.2025
Comments:	Approved
Signature of person the Leader	Janet Neate
Person for this activity	
Date signed	23.09.2025
Comments:	Agreed
	·

























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Appendix 1: WAHT Volunteer Role Profile Template including Adopt a Volunteer process and Volunteer Charter

Volunteer	Volunteer
Role	The state of the s
Description	<ul> <li>To work as part of the care team supporting a positive patient experience across our wards and hospital trust.</li> <li>Act as additional support to patients and staff, carrying out tasks that will help improve the hospital experience and the efficient running of the ward.</li> </ul>
Intended Impact	eg To attend as requested by staff to improve patient experience, reduce complaints and release time to care for patients.  • Improve the patient experience by providing support • Support carers and relatives
Management Support/Point of Contact for the Volunteer	Staff in the department will support the volunteer while they are in the service area. Information and support around developing this new role will be provided by the Voluntary Services team.
Start date	•
Specific tasks	<ul> <li>Offering support to patients eg:         <ul> <li>Talking and interacting with patients through conversation and simple activities</li> <li>To support patient wellbeing, comfort and recovery - providing emotional support and reassurance to patients that are anxious</li> <li>Helping patients find out basic non clinical information</li> <li>Friends and Family feedback data collection.</li> <li>Act as a Runner</li> </ul> </li> </ul>
Skills, attitudes or experience required	<ul> <li>Friendly, approachable</li> <li>Good communication skills</li> <li>Patient and respectful of different patient's cultures and backgrounds</li> <li>Ability to use IT such as mobile phone</li> <li>Excellent listening skills</li> <li>Non-judgemental and compassionate</li> <li>Emotional resilience as well as an ability to recognise own personal limits and when to seek help</li> <li>Ability to stay calm in a stressful environment and with emotional patients, carers or staff</li> </ul>

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Location, hours	Placement area to be defined
and time	There is no expectation that volunteers will be available on bank
commitment	holidays
Dress	Tabard or polo shirt and volunteer ID
requirements	
Any risks or	All areas contain some risk of infection if proper PPE
health and	processes are not followed. Volunteers need to comply with all
safety issues?	PPE instructions
	Volunteers must not enter the hospital if they are unwell
Any restrictions?	Volunteers must follow the advice contained within their health
(Is there anything the	risk assessment which establishes their level of risk and areas
volunteer shouldn't	to avoid and tasks they can and cannot complete.
do)?	Volunteers to only undertake tasks as described in this profile.
	Please add specific restrictions if applicable
Training	WAHT statutory and mandatory induction for volunteers which
requirements	includes an introduction to the Trust values
roquiromonio	Trust Induction
	Data security awareness for volunteers
	Safeguarding adults
	Preventing radicalisation
	Health, safety and infection prevention for volunteers    Fire and the formula are
	Fire safety for volunteers
	Moving and assisting for volunteers
Department/local	Hospital induction provided by Voluntary Services team
induction	Initially volunteers will buddy up with an existing volunteer
provided by	Placement areas will be asked to give the volunteer an
	induction to the area/training on first shifts
'Adopt a	This project will be explained to Volunteers. It is about
Volunteer'	ensuring that all volunteers have a positive experience at our
support	hospitals and a named link on the ward. Please help your
опроп	"volunteer buddy" learn the layout of the clinic and support
	them if they are unsure of a particular location. Everyone
	learns at a different pace
	Please provide answers to queries from your buddy seeking
	support from the Volunteer Manager where necessary
	Please support your buddy in difficult conversations where
	your conflict resolution skills may have to be used. Please
	always ensure that you share this directly with the Volunteer
	Manager to support you to discuss the situation, share
	concerns and learning and to raise awareness
	Please introduce them to the other relevant members of staff
	that can support the efficient functioning of their role
	and our support the emotion functioning of their fold

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	<ul> <li>Please encourage your buddy to clock in and out so that we are aware of who is on site at all times and so that we can record the hours that volunteers give to us (volunteers use an app that is shared in the recruitment process)</li> <li>Please ensure you are aware of the Volunteer Strategy #WeAreVolunteering and how it is relvant to the volunteer's role and will support volunteers now and in the future.</li> <li>If there are any issues, please share them with the Volunteer Manager at the first opportunity</li> <li>We want to hear the good stories. We really want to share about your experience – what is working well, stories, unexpected acts of kindness so please, keep in touch with the Volunteer Manager to share your photos, experiences and stories so we can tweet them, share them on our website, include them in our internal reports, include them in a quarterly newsletter and share experiences with potential new volunteers.</li> </ul>
Targets or measurements of performance	Impact on the experiences of patients and families     Staff, volunteer evaluation survey
Level of DBS	Enhanced
What's in it for them?	<ul> <li>Opportunity to make a difference to patients, relatives and hospital staff</li> <li>Opportunity to provide support in specific area</li> <li>Add other benefits to the volunteer</li> </ul>

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## **Our Volunteer & Staff Charter**

We recognize the important roles that volunteers play in supporting staff and patients in the Trust. We have developed this charter to ensure volunteers and staff show mutual respect and support to each other in the roles they perform to support our patients

#### What Volunteers can expect from staff:

#### What Staff can expect from their Volunteers:

- To meet and greet volunteers at the start of the day and say thank you and sign volunteers out when leaving
- To welcome volunteers as they would any other staff member
- Be aware of volunteers and their profiles (see ward volunteer profile)
- Locate volunteer rota.
- Support volunteers to clock in and out via the volunteer portal
- Support volunteers with compliance of orientation/local induction
- Inform volunteers of infection control / PPE compliance
- Update volunteers on all changes in policy
- Provide ongoing day to day support from an allocated mentor
- Keeping in touch with the volunteer during episodes of sickness or absence.
- Support to integrate volunteers into the workforce team and involve where appropriate in team meetings and daily huddles.
- Make ward/department personnel, patients and visitors aware of volunteer
- Give feedback on performance
- Explain the process to escalate concerns
- Address concerns in a timely manner
- Inform volunteers of trust communications relevant to their role
- Allocate breaks suitable breaks in line with their shifts.

- To arrive on time and when expected
- Wear the appropriate uniform and ID in line with the volunteer uniform policy
- Carry out roles efficiently and honestly
- Accept guidance and decisions from the ward co-ordinator and mentor
- Be polite, courteous and respectful to others at all times
- Liaise in advance with the ward/department if not attending as planned.
- Escalate any concerns to the nurse/manager in charge
- Comply with Infection control measures and PPE guidance relevant to their volunteer role
- Follow their mandatory training requirements
- Participate in orientations, additional training, meetings and huddles when required
- Maintain DBS check within date (3 years)
- Carry out duties in line with their volunteer role profile (See profile)
- Adhere to the volunteer code of conduct
- Promote a positive image of the hospital, staff and voluntary services
- Follow and advocate the Trust cultural values and behaviours at all times
- Actively seek to promote a positive patient experience

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### Appendix 2 – Application pack

An application form can be downloaded from the trust website

# **VOLUNTEER APPLICATION FORM Please return to wah-tr.volunteers@nhs.net**

### **Personal Details**

ersonal Details	
Title	
Surname/Family Name	
Forename (s)	
Preferred Forename (s) & Pronouns (eg. He/him, she/her, they/them or none)	
Address	
Postcode	
How long have you lived at this address? Please give details of all other addresses if less than 5 years	
Home Telephone	
Mobile Telephone	
Preferred telephone number	☐ Home ☐ Mobile
Email Address	
Details of Emergency contact (name, relationship, contact no)	Please note these details will be shared with your Placement Supervisor
Have you or an immediate member of your family been a member of any branch of the armed forces?  Would you like to know more about	☐ Yes ☐ No  Worcestershire Acute Hospitals Armed Forces Network
the Trust Armed Forces Network?	☐ Yes ☐ No If yes, your contact details will be shared with the Trust

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	NHS Trust		
	Network coordinator who will be in touch		
Are you a carer?	☐ Yes ☐ No If yes, perhaps you would like to refer to the Worcestershire Carers Hub information on our website: Information for carers - Worcestershire Acute Hospitals NHS Trust (worcsacute.nhs.uk)		
Role			
Please state the type of role you a	re interested in:		
Ward Volunteers □ A&E Departm Macmillan □ Outpatient Vo Meet & Greet □ Patient Safety			
Please State which hospital you w	ould prefer:		
Worcestershire Royal Hospital □ Alexandra Hospital □			
Kidderminster Treatment Centre □			
What days / times are you available to	o volunteer?		
Why are you interested in volunteerin	g for us?		
	1		
Are you a United Kingdom (UK), Eur (EEA) National?	opean Community (EC) or European Economic Area		
□ Yes □ No			
If you have answered 'no' above, you	u must answer these questions:		
Please select the category that relate	es to your current immigration status.		
<ul> <li>☐ Highly Skilled Migrant Programm</li> <li>☐ Indefinite Leave to remain/enter</li> <li>☐ Work Permit/Tier 2</li> <li>☐ Dependant / Spouse visa</li> <li>☐ Clinical attachment visa</li> </ul>			
☐ Tier 4 student ☐ Visitor	☐ Other, please specify below		

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Please supply details of any visa currently held: Visa No: Start Date: (DD/MM/YY) Expiry Date: (DD/MM/YY) Details of any Restriction: Does your visa have a condition restricting employment or occupation in the UK? ☐ Yes □ No **Experience** Have you had any experience of volunteering? ☐ Yes □ No If yes what? Previous work history- what skills / experience do vou have? References Please provide the names and full contact details of the people who have agreed to supply references. Referees must have known you for at least 2 years and must not be related to you, or have any financial arrangement with you. Please note that all reference requests will be followed up and verified. Referee 1 ☐ Educational ☐ Personal Type of Reference □ Employer Title First Name Surname/Family name Relationship **Employer Name** Referee Job Title

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Trust Policy				Worcestershire Acute Hospitals
Address				
Post Code				
Telephone		Co	ountry	
Email		Fa	X	
Referee 2				
Type of Reference	□ Employer	□ Educ	ational	□ Personal
Title				
Surname/Family name		* F	rirst Name	
Relationship				
Employer name				
Referee Job Title				
Address				
Post Code/				
Telephone		*C	ountry	
Email		Fa	X	
Relationships Are you related to or in a member of staff working f state the nature of that relationships.	or WAHT? If so plea			
How did you hear about v within the Acute Trust?	oluntary work			

### **Declaration**

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

•

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I agree to the above declaration Signature Name Date Parental Consent required if applicant is between 16-18 years old: I give my consent to the above applicant becoming a volunteer at Worcestershire Acute Hospitals Trust Signature Name Date Relationship to applicant Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (Amendment) (England and Wales) Order 2013 As a volunteer with WHAT you will be required to undertake a full enhanced DBS check for any activity which falls under the category of 'regulated activity'. Having a criminal conviction will not necessarily preclude you from volunteering but it is important that you are honest with us and tell us. If you fail to tell us and we become aware of this, this could result in the loss of your voluntary role. Have you been bound over, cautioned or convicted of any offence by a Court / Court Marshall? ☐ Yes □ No If Yes, please include details of the order binding you over, caution or conviction below including the nature of the offence, the penalty, sentence or order of the Court, and the date and place of the Court hearing. You do not need to tell us about parking offences. Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with children? ☐ Yes □ No Are you currently bound by any barring decision made by the Disclosure Barring Service (DBS) from working with vulnerable adults? ☐ Yes □ No

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Further information and guidance regarding the Disclosure and Barring Service website at: <a href="https://www.gov.uk/government/organisations/disclosure-and-barring-service">www.gov.uk/government/organisations/disclosure-and-barring-service</a>

Where the position has, in addition, been identified as a regulated activity under the Safeguarding Vulnerable Groups Act (2006) (as amended by the Protection of Freedom's Act 2012) an enhanced DBS disclosure will include information which is held on the Children's and/or Adults barred list(s), as applicable to the position.

### MONITORING INFORMATION

Please state your date of birth

Please indicate your gender

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

### **Equality Act 2010**

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

☐ Male

□ other term preferred

☐ I do not wish to disclose this

□ Female

	s people against discrimination o ality, ethnic or national origin.	n the grounds of their race
Please indicate your ethnic or	•	
Asian or Asian British  ☐ Bangladeshi ☐ Indian ☐ Pakistani ☐ Any other Asian background	Mixed  ☐ White & Asian ☐ White & Black African ☐ White & Black Caribbean ☐ Any other mixed background	Other Ethnic Group  ☐ Chinese ☐ Any other ethnic group
Black or Black British  ☐ African ☐ Caribbean ☐ Any other Black background	White  ☐ British ☐ Irish ☐ Any other White background	☐ I do not wish to disclose this

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The Equality Act 2010 protects people against discrimination on the grounds of their

religion or belief, including a la	ack of any belief.	
Please indicate your religion o	r belief	
<ul><li>☐ Atheism</li><li>☐ Buddhism</li><li>☐ Christianity</li><li>☐ Hinduism</li></ul>	☐ Islam ☐ Jainism ☐ Judaism ☐ Sikhism	☐ Other☐ I do not wish to disclose this☐ other☐
The Equality Act 2010 protects	s disabled people - includin	g those with long term health
conditions, learning disabilitie	s and so called "hidden" di ability we can make reason	
Do you consider yourself to have a disability?	☐ Yes ☐ N	lo sclose this information
	ment which applies to you. F ch case you may indicate mo	People may experience more than
<ul><li>☐ Physical impairment</li><li>☐ Sensory impairment</li><li>☐ Mental health condition</li></ul>	<ul><li>□ Learning Disability/Difficulty</li><li>□ Long-standing illness</li><li>□ Other</li></ul>	
The Equality Act 2010 protects	s people who are married o	r in a civil partnership.
Please indicate the option which	ch best describes your marita	l status
<ul><li>☐ Married</li><li>☐ Single</li><li>☐ Civil partnership</li><li>☐ Legally separated</li></ul>	☐ Divorced☐ Widowed☐ I do not wish to disclos	se this
The Equality Act 2010 protects discrimination on the grounds		
Please indicate the option which	ch best describes your sexua	l orientation
□ Lesbian □ Gay □ Bisexual	☐ Heterosexual☐ other sexual orientation/n☐ I do not wish to disclose t	

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### Appendix 3 - Volunteer agreement

WAHT Volunteer Agreement & Non-Disclosure Agreement

WAITI Volunteer Agreement & Norr-bisclosure Agreement	
Volunteer name:	
Volunteers are important and valued members of Worcestershire Acute Hospitals NHS Trust. We hope	e that

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

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

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

#### The Trust commits to the following:

#### Management and support

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

### **Equal Opportunities**

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

#### Health & Safety

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

#### **Expenses**

- The trust will cover any onsite volunteer parking costs through the provision of parking passes.

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#### Insurance

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

#### Commitment

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

#### **Problems**

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

#### The Volunteer commits to the following:

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

- Help the Trust fulfil its vision and display the Trust Values (being open and honest, ensuring people feel cared for and showing respect for everyone) and associated behavious
- Participate in the induction and training sessions required to undertake the tasks relevant to your placement including regular safeguarding updates and DBS checks (currently 3 yearly)
- Undertake your voluntary role at agreed times, informing the relevant member of staff if you are unable to attend
- Comply with Trust policies and procedures, particularly in relation to confidentiality (see non-disclosure below)
- Inform your supervisor / volunteer administrator immediately of anything that will require an updated DBS check.
- Comply with the dress code, including the wearing of a WAHT identity badge and tabard/polo shirt when on Trust premises
- Raising any issues or concerns relating to your placement with your placement supervisor or Volunteer Administrator / Manager
- Reporting any accidents or incidents whilst attending your placement to your Placement Supervisor or Volunteer Administrator / Manager

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### **Non-Disclosure Agreement**

Information Provided: Potential access to patient and staff information.

Purpose of Disclosure: Information will only be shared to enable the volunteer to undertake their

duties.

"Any personal data provided shall be adequate, relevant and not excessive in relation to the purpose or purposes for which they are used".

### This agreement identifies the responsibilities of volunteers at WAHT

Information will be shared with the above named volunteer on the basis that the information received will only be used for the stated purpose and will be treated in the strictest confidence in line with the Common Law Duty of Confidentiality, the Data Protection Act 2018, GDPR and WAHT Policies and Procedures.

1. Fc	r the purposes of this Non-Disclosure Agreement (NDA):
1.1	Confidential Information means all information (whether written, oral, electronic or otherwise)
1.2	Process means everything done with that information i.e. holding, obtaining, recording, using ('using' includes disposal), disclosure and sharing.
hear	olunteers will have access to the Trust's buildings where they may see, have access to or process confidential information in any format, nteers must sign this agreement before they start to volunteer at the Trust
1	I agree to treat as confidential all staff and patient information which I come into contact with during the course of my agreed duties.
2	I agree to undertake all training including Data Security Awareness as part of my induction and to maintain training on an annual basis to enable me to undertake agreed duties whilst volunteering at WAHT.
3	I understand I must read and follow the Trust policies
4	I shall not disclose any confidential information to any third parties other than to an employee of the Trust in relation to the performance of authorised tasks.

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### **Trust Policy** Worcestersl Acute Hospitals **CONFIDENTIALITY** The volunteer will duly observe all their obligations under the Common Law Duty of Confidentiality. The Trust and the volunteer shall treat each other's confidential information as confidential and safeguard it accordingly; and not disclose it to any other person without the owner's written consent. 6 DATA PROTECTION The volunteer and the Trust will, at all times. comply with all applicable obligations under all applicable Data Protection Act 2018 and GDPR Legislation. 7 I shall not directly or indirectly share, disclose, display, provide, transfer or copy any of the Trust's confidential information without a member of WAHT staff's approval. Electronic or hard copy data shall not be transferred to any removable 8 medium (memory stick, CD, laptop, mobile phone etc.) by the volunteer without the express permission of a WAHT member of staff's approval. For further guidance contact the Information Governance Team.

#### **PHOTO / VIDEO CONSENT**

By signing this form, I agree that I can be photographed / filmed for the Trust to use and that this information will be stored securely.

#### We may use these images or video for:

- Press coverage
- Internal publications (e.g. staff newsletter or intranet)
- Trust website (<u>www.worcsacute.nhs.uk</u>)
- Trust social media (e.g. Twitter or Facebook)
- External publications (e.g. Annual Report)
- To share with third parties where appropriate (i.e. Trust charity, NHS and social care partners, local organisations)

If you change your mind at any time, or would like to contact us, you can email: <a href="mailto:wah-tr@volunteers@nhs.net">wah-tr@volunteers@nhs.net</a> or phone on 01905-733159

Find out more about how we store or use your data here: <a href="www.worcsacute.nhs.uk/GDPR">www.worcsacute.nhs.uk/GDPR</a>

We hope that you find your time with the Trust enjoyable and rewarding.

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Volunteer name (please print)		
Signed:	Date:	
Volunteer Manager name (please print)	Janet Neate	
Signed:	Date:	

To be completed by Volunteer and Volunteer Manager and copy kept on volunteer file

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### **Appendix 4 – Occupational Health Questionnaire for Volunteers**

Pre Placement Questionnaire for Clinical Staff (staff with patient or specimen contact)

THIS INFORMATION IS CONFIDENTIAL TO WORKING WELL

EMPLOYMENT DETAILS: to be completed by Recruitment Team / Medical Resourcing			
Job Title	Volunteer		
Organisation / Trust	WAHT		
Department / Ward			
Hours of Work	Full Time	Volunteers usually	do 3-6 hours a week max
	Part Time □		
Appointing Manager Name	Janet Neate		
Appointing Manager email address	Janet.Neate@n	hs.net	
RISKS WITHIN THE JOB: to be completed by the Recruitment Team / Medical Resourcing (failure to accurately reflect the candidate's role by ticking the appropriate activities may affect the accuracy of our advice on fitness for work if we are not aware of all aspects of the role)			
Night Working 23:00 − 06:00 □	Food Handling		Respiratory Sensitisers / Irritants
Lone Working □	Skin Sensitiser	rs / Irritants 🗆	Vibrating Tools □
Exposure Prone Work □	Other (please s	state):	
	1		
PERSONAL DETAILS: to be comp	leted by candida	ate	
Name Known as		Known as (if diffe	erent)
Address (Including Postcode)		Date of Birth	
Email Address	Contact No		
			conditions or issues that could affect your lace you at any risk in the new workplace.

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An outcome of the assessment of this questionnaire may be that the OH Service recommend adjustments or modifications to your new role or your working environment to enable you to do the job. We may also need to gain further evidence by undertaking an assessment or by contacting your GP and/or Treating Specialist. We will only



do these with your consent.

The OH Service will treat the information you give us as confidential and we confirm it will not be shared without your consent.

Please be aware that at the end of this form you will be asked to declare that all the statements you make are true to the best of your knowledge.

Please answer the questions below. If you tick yes to any question, please give details in the additional information box.

		Yes	No
1. Do you have any illness, impairment or disability which may affect your ability to u			
new role? This would include physical or psychological conditions including learning	disorders,		
such as dyslexia or dyspraxia.  2. Have you ever had any illness, impairment or disability which may have been cause.	and or made		
worse by your work?	sed of made		
3. Are you taking any medication or undertaking, or waiting for, any treatment or inve			
present? If yes, please give details of the condition, medication and / or treatment a below	nd dates		
4. Do you think you may need any adjustments or assistance to help you to undertake	te the new		
role?			
5. Have you lived outside the UK or visited a country outside the UK for three months the last 5 years? If yes, please list the countries you have visited or lived in.	s or more in		
6. Have you ever had Tuberculosis, or been treated for TB?			
Do you currently have any of the following?			]
A cough which has lasted more than 3 weeks			
<ul><li>Unexplained weight loss</li><li>Intermittent fever with night sweats</li></ul>			
7. Have you been diagnosed with one of the following diseases?			
Hepatitis B:			
Hepatitis C:			
HIV / AIDS:			
Additional information			
<b>Night workers only:</b> As there are some health risks associated with night work the opportunity to have a health assessment. A 'night worker' is defined as one whose wo			
include at least 3 hours between 23:00 and 06:00	J		,
Would you like a health assessment for night work?	Yes □	No	
If you tick YES, the Working Well Occupational Health Service who will send you a			
separate night worker health questionnaire to complete			

### **Screening and Immunisation Requirements**

All staff who have contact with and / or access to patients and / or specimens must comply with Working Well's mandatory immunity screening requirements.

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Please send documentary evidence of immunity to <u>wah-tr.OccupationalHealth@nhs.net</u> - this must be in English and be clearly stamped or signed with the name and designation of the practitioner issuing the report.

If you have provided the relevant information we will issue immunity clearance, however If you are unable to provide the relevant immunity screening information, you will be required to attend an immunity screening update (New Starter Check) appointment on commencement of employment. Please bring photo ID.

Communicable Disease	Acceptable Documentary Evidence
Measles and Rubella	<ul> <li>Blood test (antibody result) or</li> <li>Evidence of either 2 doses of the combined Measles, Mumps and Rubella (MMR) or</li> </ul>
	monovalent vaccines
Varicella	Past history of disease, or
	Blood test (antibody result) or
	2 doses of varicella vaccine
	Note: Candidates who come from tropical or subtropical countries are required to provide evidence of varicella antibody immunity irrespective of previous history of disease.
Tuberculosis	<ul> <li>Applicants new to the NHS from areas of the world where there is a high incidence of TB or those returning to the NHS after prolonged stay in high incidence areas, should provide a recent chest x-ray result if they have been in the UK for less than 5 years. Up-to-date information on high incidence countries, is available at: <u>Tuberculosis by country: rates per 100,000 people - GOV.UK (www.gov.uk)</u></li> </ul>
	<ul> <li>All candidates should provide documentary evidence of BCG scar check, vaccination or results of Mantoux test</li> </ul>
Hepatitis B	Evidence of primary course of Hepatitis B immunisation
	Blood test (Hepatitis B surface antibody result) following primary course

#### **Additional Specific Role Mandatory Screening Requirements:**

EPP: invasive procedures where there is a risk that injury to the worker may result in exposure of the patient's open tissues to the blood of the worker. These include procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissues (e.g. spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times. Taking blood (venepuncture), setting up and maintaining IV lines, incision of external abscesses and simple endoscopic procedures are not considered EPP activities.

EPP Evidence	Identity Validated Sample (IVS) results of:
required	Hepatitis B Surface Antigen status
	Hepatitis C Antibody status
	HIV Antibody / Antigen status
	Your IVS blood test results must be from a U.K. accredited laboratory / NHS Occupational Health
	Service or a NHS Occupational Health Service validated immunisation report.
	If you are not able to provide this evidence then, an appointment with the Occupational Health
	and Wellbeing Team will be arranged. It is essential that you bring formal photographic ID with
	you in order to validate the test results.

#### Declaration:

I declare that all foregoing statements are true to the best of my knowledge. I further declare that I have not omitted or falsified any material facts or details, which could have a bearing on the assessment.

I understand that I may be required to attend a medical consultation and / or undergo a physical examination, subject to further consent.

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I understand that although this form will be treated in medical confidence, further medical information may be requested from my Doctor or Treating Specialist, if considered necessary, subject to further consent.

I consent to the results of the assessment to be processed and a fitness certificate provided to my new employer.

I consent for the OH Service to process my personal information, as defined by the current data protection legislation.

Please email your completed form to wah-tr.OccupationalHealth@nhs.net

Candidates Signature:	Date:	

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Pre Placement Questionnaire for Non Clinical Staff (staff with no patient or specimen contact)

### THIS INFORMATION IS CONFIDENTIAL TO WORKING WELL

EMPLOYMENT DETAILS: to be completed by Recruitment Team					
Job Title	Volunteer				
Organisation / Trust	WAHT				
Department / Ward	WRH – general	volunteer (not ward	ds or clinics)		
Hours of Work	Full Time □ Part Time □	Volunteers usua	ally do 3-6 hours a week max		
Appointing Manager Name	Janet Neate				
Appointing Manager email address	Janet.neate@n	hs.net			
RISKS WITHIN THE JOB: to be co- candidate's role by ticking the app work if we are not aware of all asp	propriate activiti	ies may affect the	(failure to accurately reflect the accuracy of our advice on fitness for		
Night Working 23:00 - 06:00□	Food Handling		Respiratory Sensitisers / Irritants□		
Lone Working □	Skin Sensitisei	rs / Irritants 🗆	Vibrating Tools □		
Other (please state):					
PERSONAL DETAILS: to be comp	leted by candid	ate			
Name		Known as (if diff	erent)		
Address (Including Postcode)		Date of Birth			
Email Address		Contact No			
The purpose of this questionnaire is to establish if you have any health conditions or issues that could affect your ability to undertake the duties of the new role you have been offered or place you at any risk in the new workplace. Please read the following questions carefully.  To preserve medical confidentiality, you are not required to provide any medical detail on this form. If your answer to these questions is 'No', this form will be retained in your personal file. No further action is needed on your part. If your answer to any of these questions is 'Yes', the Recruitment Team will send this form to Working Well Occupational Health Service who will contact you to discuss your response. Usually issues can be resolved with a phone call but occasionally you may be required to attend Working Well for an appointment.					

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1.	Do you have any illness, impairment or disability which may affect your ability to undertake the new role?
	This would include physical or psychological conditions including learning disorders, such as dyslexia or
	dyspraxia
2	Have you ever had any illness, impairment or disability which may have been caused or made werea by

2. Have you ever had any illness, impairment or disability which may have been caused or made worse by your work?

your work?		<del></del>		
3. Do you think you ma	ay need any adjustments or as	ssistance to help you to und	ertake the ne	ew role?
Please confirm your answer t	o one of the statements below	r.		
confirm the answer to all of t	the above questions above is	'No' □		
This form will be retained on yassessments.	your personal file and you are	not required to undertake a	ny additional	Occupational Health
confirm the answer to at lea	st one of the above questions	above is 'Yes' □		
	vice will now contact you to ar call but occasionally you may			
	ere are some health risks ass assessment. A 'night worker' i veen 23:00 and 06:00			
Would you like a health asse			Yes □	No □
	ointing manager will send this e who will send you a sepa			
Declaration: declare that all foregoing sta	atements are true to the best o	f my knowledge.		
	equired to attend a medical co sults of the assessment to be p			
	s form will be treated in medica list, if considered necessary, s		al information	may be requested fro
consent for the OH Service	to process my personal inform	ation, as defined by the cur	rent data pro	tection legislation.
Candidates Signature:		Date:		

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### **Appendix 5 - Volunteer Induction checklist**

-	Preferred name		
-	ID Badge/yellow name badge (pronouns)	if yes, what:	
-	Car Parking and permit		
-	Uniform		
-	Permission to share personal and NOK cont	act details with	n placement supervisor
-	Bare below the elbow/hair & nail protocol		
-	Confidentiality –v- safeguarding		
-	Offer of 1-1 chat with safeguarding team		
-	Social Media use		
-	PPE/hand hygiene/Infection prevention/patie	ents in side roc	oms
-	Tailgating		
-	Mobile Phones		
-	Personal property		

- Emergency 2222
- Sickness, holidays and absences
- Signing in/out App
- Confirmation of availability
- Smoking/Vaping policy
- Trust Canteen facilities (free hot drink per shift not in concessions eg Costa)
- Original DBS seen
- ID Badge/Polo Shirt issued
- Wellbeing leaflet

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Name (please print)		Signature	Date
Verified by	Janet Neate	Signature	Date
_	Volunteer Manager		
3 mth review date:		•	

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### Appendix 6 – Volunteer Local Induction Checklist

## # Adopt a volunteer

Volunteer Name and Role	
Ward / Area/department	
Supervisor / mentor	
Placement Start Date	
Volunteer charter, recognition of roles	
Introduction to ward / area completed (orientation tour and introductions)	
Confirmation of role, attendance pattern, completing clocking in/out App and who to notify if cannot come in	
Kitchen facilities	
Local Health & Safety issues and preventable measures explained	
Infection Control Barrier /isolation areas	
Local fire alarms and assembly point	
Use of equipment essential to role	
Additional items at local level	
Additional training needs	
Review date	
Volunteer signature:	Date:
Supervisor signature:	Date:
Copy to be returned to Volunteer Administrator for volunteers fi	le

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## Appendix 7 – Initial 3 month and Annual Volunteer Review Form

Please note the questions are prompts to guide the conversation

Name:	Volunteer role:
Start date:	Volunteer/role Manager:
Review date:	Review undertaken Face to Face / By Phone
1. What is going well?	
Have you received adequate support / induction?	
3. Have you settled into area well?	
4. Do you wear your name badge / tabard /appropriate dress when undertaking voluntary activities?	
Personal Qualities - Please give ex	xamples of how you demonstrate these
<ol> <li>Are you polite and courteous to         <ul> <li>(a) Patients/visitors</li> <li>(b) Staff and colleagues</li> <li>and able to relate to people in friendly way?</li> </ul> </li> </ol>	
6. Are you willing to learn and ask questions?	
7. Have you been punctual and reliable? Have any failures to attend been communicated as agreed?	
8. Are you adaptable and flexible?	
9. Are you able to follow instructions and receive advice?	
10. Are you able to use own initiative and offer to help?	
11. Are you able to work as part of a team?	

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·	
12. Are you able to to communicate clearly?	
13. Is there anything that hasn't gone well?	
14. How has your volunteering role benefitted you / patients / the Trust?	
15. Do you have any needs? (training / support / additional options. Does training need updating?	
16. Do you have any suggestions for improving your volunteer experience?	
17. Safeguarding – have you dealt with any safeguarding issues? Do you know what to do if you had any safeguarding concerns?	
18. Any other issues / comments	
19. Placement supervisor comments	
Volunteers Signature	
Supervisor Signature	
Date of next review	

A copy of this form to be returned to the Volunteer Administrator for the volunteers file.

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### **Appendix 8 – Volunteer Exit Questionnaire & Template Letter**

Volunteers Exit Survey

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

1.	Ward	/Depart	ment of v	oluntee	ring pla	cement				
2.		-	<b>u volunt</b> e al Hospita	_	Alexa	andra Ho	spital	Kid	dderminst	er 🔲
3.		long hav	ye you be		6-1	2 months	1-3	2 years [	2+;	years
4.	Pleas	e indica	ite the re	ason fo	r leavin	g				
	l foun l did r	notfeelr	itments employme ny time w give deta	as well	used	I di			e commit s I was do	
5.	On a scale of 1 to 10 (1 being the lowest and 10 being the highest), please answer the following questions:					ase				
	a.	Hown	nuch did y	ou enjo	y your vo	olunteeri	ng experi	ence in th	ne trust?	
	1	2	3	4	5	6	7	8	9	10
	b.	Were	you welco	omed an	dfeltpa	rt of the to	eam whe	re you vo	olunteere	d?
	1	2	3	4	5	6	7	8	9	10
	C.	Didyo	u find you	urvolunt	teerrole	to be rew	arding			
	1	2	3	4	5	6	7	8	9	10
6.			mberorfi he organi No							ould you ce?
7.	What	did vou	like best a	aboutvo	lunteerii	ng at the	hospital?			

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8.	What did you like least about volunteering at the hospital?
9.	What suggestions or changes would you make to the way we work with volunteers?
mem	k you for taking the time to complete this questionnaire. If you would like a ber of the volunteer team to contact you about your volunteering experiences e complete the contact information below.
Name Conta	ect number



### **Example of Leaving Letter:**

Dear

Thank you for informing us that you will no longer be able to volunteer at Worcestershire Royal Hospital.

On behalf of Worcestershire Acute Hospitals Trust I would like to thank you for your time and commitment to volunteering with us; staff and patients alike value the work of our volunteers greatly and I know the team in (relevant department) will miss you.

Please find attached an appreciation certificate showing the hours you have contributed during your time with us. Every minute is greatly appreciated, and we thank you for your valuable contribution.

Kind Regards

Volunteer Manager



### Appendix 9 – Volunteer Certificate



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### Appendix 10 - NHS Mail Terms and conditions

Your NHS mailbox will have been created by a member of the Trust historically, or by Anna Sterckx the Head of Patient, Carer and Public Engagement following the identification of a clearly defined and appropriate case for you having access.

We have reviewed our processes and access to nhs.net accounts at Worcestershire Acute Hospitals Trust. Your mailbox will be activated subject to completion and adherence to the subsequent terms and conditions below. These have been drawn up using best practice and are in line with internal policies.

The following terms and conditions are in addition to the Worcestershire Acute Hospitals Trust Governance policy and the NHSmail user policy. They have been created to protect volunteers and staff alike.

Please read all terms and conditions before giving your consent.

#### Protecting your account:

- You will protect your mailbox with a secure and safe password using a combination of letters, a capital letter and a minimum of two numbers at all time
- You will not write down your password anywhere where someone other than you can access it and you will not share it with anyone else
- You will not give anyone else access to your mailbox
- Do not write down or share your answers to security questions with anyone else
- Do not access your mail account via a public Wi-Fi or public computer. If this does occur only sign in via. <a href="www.nhs.net">www.nhs.net</a> and not programmes such as Microsoft Outlook unless you have explicit permission from the WAHT to do so
- Remember to sign out after you have finished using your NHS Mail account each time you use it

#### Usage:

- I will not log into my NHSmail or work from home
- All emails should be relevant to your volunteer duties for WAHT
- Only contact people within your volunteer network or those associated with the specific project you are working on – the reason you have been given the email address

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- You should not conduct personal enquires on your mailbox unless they are to the volunteer or patient experience team
- Do not contact your friends or family using your NHS mail account
- Do not use your NHS mail account to subscribe to newsletters, businesses or purchase goods
- Do not open any links or attachments that do not look relevant to your volunteer role
- Do not use your account excessively or to overload or disable the computer system or network
- Do not forward any email chains or other frivolous material on to NHSmail accounts
- It is your responsibility to regularly delete or archive data in accordance with the trust policy and ensure your quota is not breached. Not managing your mailbox efficiently can result in your mailbox being terminated due to compromises in clinical safety

### Consent:

Full manne (mlagge mrint).

- I understand my responsibilities as an NHS mail holder and comply with all of the above policies
- I recognise that if I am no longer working on the project to which I was assigned an email account then my NHSmail account will be suspended
- I am aware that the Volunteer Manager can terminate my NHS mail account if found to be in breach of these terms and conditions

ruii name (piease print).	
Signature:	
Job role and project:	
Date:	

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### Appendix 11 – PPF Additional Application Pack

#### **PPF Concordat of behaviours**

The PPF Membership is not based on opinions or characteristics of individuals and shall be non-political and non-sectarian, at all times respecting diversity and exemplifying its commitment to the principles contained within the Equality Act.

All Members of the PPF make this commitment:

- A. To respect practice and patient confidentiality at all times.
- B. To treat each other with mutual respect and act and contribute in a manner that is in the best interests of all patients.
- C. To be open and flexible and to listen and support each other.
- D. To abide by the seven Nolan Principles of Public Life: Selflessness, Integrity, Objectivity, Accountability, Openness, Honesty and Leadership.
- E. Not to use the PPF as a forum for personal agendas or complaints. These should be taken forward through other appropriate channels.
- F. To accept that the ruling of the Chair or other presiding officer is final on matters relating to orderly conduct.
- G. Otherwise to abide by principles of good meeting practice, for example:
  - 1. Reading papers in advance
  - 2. Arriving on time
  - 3. Switching mobile phones to silent
  - 4. Allowing others to speak and be heard/respected

#### Signed agreement

NB: To ensure a jointly agreed approach by the Trust and each PPF member, this section should be signed by both parties.

These concordat of behaviours have been adopted by ......(PPF member) at the meeting held at ......(venue) on ......(date) and may be reviewed according to emerging needs.

Signed by PPF Member
Date
Signed by PPF Chair
Date







NHS Mail terms and Swipe card access Volunteer swipe card conditions 1.docx

disclaimer.docx

access disclaimer for

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