Trust Policy		NHS Worcestershire Acute Hospitals NHS Trust

POLICY FOR TRUST VOLUNTEERS

Department / Service:	Corporate Nursing
Originator:	Associate Director of Patient Experience
Accountable Director:	Chief Nursing Officer
Approved by:	Trust Management Executive
Date of approval:	20th July 2022
Review Date: **This is the most current document and should be used until a revised version is in place**	20th July 2025
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust (WAHT) & Volunteer Agencies (partner organisations) providing volunteer placements
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 and that this approach will be understood and where appropriate adopted by all the volunteer agencies (partner organisations) with whom we work.
- 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.

Key amendments to this Document:		
Date	**Amendment**	**By:**
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
7th 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. Updates: 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.	

Contents

Quick Reference Guide (updated Nov 2021) - Flow Chart for Volunteer Recruitment and Placement

Potential volunteer expresses an interest in volunteering with WAHT

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Volunteer Manager/Administrator informed and sends out an Application Pack

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Once returned, Volunteer Manager conducts telephone interview, discussing expectation and interests

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Upon return Volunteer Manager makes initial decision on applicant suitability

No ← | → **Yes**

No path:

Volunteer Manager informs the potential volunteer of reasons for unsuccessful application and documents this information securing on the M Drive.

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Volunteer Manager informs Volunteer about other suitable volunteering organisations.

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Yes path:

Volunteer Manager follows New Volunteer Checklist including: References, DBS application commences, Occupational Health questionnaire issued (including Covid 19 Risk assessment), online Trust Induction and E-Learning for Health training sent. Placement identified.

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DBS and OH Checks Satisfactory

No | **Yes**

(No → returns to New Volunteer Checklist)

Yes path:

Additional checklist completed: Risk Assessment Meeting (see Appendix). Volunteer Profile and Charter issued to volunteer. Start date agreed. Details inputted to Volunteer App, including DBS 3 year validity; expiry is indicated by the App.

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Local Induction for Wayfinding Role and/or introduction to Adopt A Volunteer link. **Issued**: Badge, Uniform, PPE, LFT (current Covid position reliant), Car parking permit. 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 day".

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Volunteer Manager to
- Set review dates
- Update database details
- Ensure hours are recorded
- Manager monitors DBS and training dates for compliance via the volunteer database app

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EXIT: Placement Supervisor to notify Volunteer Manager if volunteer leaves. The App is updated, Volunteer Folder is archived and deleted after 6 years. ID Pass deactivated and badges returned. Exit Questionnaire, certificate & thank you letter issued on behalf of the Trust.

1. Introduction

Volunteers make an invaluable contribution to running our hospitals and to the wellbeing of our patients. It is estimated that 22 million people in the UK volunteer in some form every year with around 78,000 volunteers supporting across all acute Trusts in England, contributing more than 13 million hours per year. 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 'Strategic Vision for Volunteers in Health & Social Care' (DH 2010) recommended that NHS Trusts enhanced their services by actively recruiting volunteers and The Kings Fund (Volunteering in Acute Trusts in England 2013) highlighted that volunteers:
- Contribute to improving patient experience
- Build closer relationships between Trusts and local communities
- Help support tackling inequalities
- Support integrated care

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.

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.
- Pandemic Response Volunteers have been recruited throughout the Covid19 pandemic to support additional capacity – this includes the Patient Delivery Small Gift Service, Accident and Emergency Care and Comfort, Patient Experience Volunteers and Pharmacy/Discharge Lounge support.
- Volunteers support our Chaplaincy team, helping to deliver pastoral care and spiritual support for our multi-faith communities and all of our patients
- Joining our Patient and Public Forum and Hospital Youth Forum and 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 are developing our partnership with the Worcestershire Hospital Charity
- We are developing Patient Safety Partners and this role will sit within the Patient Safety Strategy.
- A variety of organisations support the hospital Trust which include Sight Concern, The League of Friends, The Friends of Worcestershire Royal Hospital and Therapy Dogs Nationwide.

Volunteering activity is aligned with the trust position on Visiting. When Visiting is suspended, ward volunteer and wider opportunities will be suspended. The Trust position on Visiting is informed by national guidance and through discussion at the Bronze, Silver and Gold Covid19 Command Structure. Pandemic Response Volunteer roles will be in place at this time with a limited number of volunteers on site. Roles include:

- **Wayfinder volunteers**
- **Emergency Department Volunteers**
- **Parcel delivery support**
- **Pharmacy Runner/Discharge**

The following volunteer services have been temporarily suspended due to the Covid19 pandemic at the time of the policy revision date. The current position at any time can be understood by contacting the Volunteer Manager or the Head of Patient, Carer and Public Engagement at the Trust:

- Ward support – assisting our nursing staff by providing assistance to patients such as mealtime support and ensuring regular drinks are available; reading and chatting with patients. All of which can greatly assist recovery.
- Working with provider organisations to support in shops and cafes across our hospitals.
- Supporting our outpatient clinics through assisting with general enquiries and Wayfinding.
- Patient mentoring – supporting patients using their own experience, such as supporting new mothers and cancer patients. Macmillan Cancer Support volunteers provide a wide range of information, signposting and emotional support to patients and families.

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. We have piloted new ways of working through a process we have called "Adopt a Volunteer" – this is intended to offer all volunteers a standard supportive process for each volunteer placement and which also supports our staff to manage expectations and help volunteers to "do more".

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.'

We have worked hard to implement new ways of working to ensure that we meet key requirements and which stand as good practice going forwards – these include new recruitment processes, a Volunteer App and database and ways to monitor compliance with training and DBS checks for example.

We work with a number of voluntary groups who manage volunteering opportunities within our hospitals and compliancy is managed through individual SLAs that are reviewed annually. These groups were consulted in the creation of these SLAs to ensure compliance with The Lampard recommendations, including the requirement that volunteers undertake DBS checks and safeguarding training every three years and that our volunteers receive a consistent experience wherever they volunteer.

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.

2. Scope of this Document

This policy applies to all Trust volunteers, current and future, and to all our volunteer agency (partner organisations) who oversee and manage volunteers across all our sites. 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. Queries regarding these should be directed to the Deputy Head of Learning & Development, 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.

3. 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.

4. 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.

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. Volunteer role profiles and the Adopt a Volunteer initiative will support this process.

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

All volunteers will be considered to be trust volunteers and recruited and supported by the Trust unless they are:
- League of Friends Shop and/or coffee shop volunteers
- Friends of Worcestershire Royal Hospital volunteers
- Royal Voluntary Service shop volunteers
- Macmillan volunteers
- An external agency who is recruiting volunteers to support with specific service delivery

For these and all volunteers **not recruited by the trust**, the volunteer agencies (partner organisations) are responsible for their recruitment and legal compliance for their volunteers. It is to be noted that a separate agreement will be in place regarding Shop Leases which is not covered by this policy.

The Trust works in partnership with the Worcestershire Acute Hospitals Charity and will provide Trust volunteers to support with projects and opportunities on request.

Volunteers are supported by the Trust as well as by **voluntary and charitable organisations.**

The Voluntary Agencies (Partner Organisations) include:

- Worcestershire Acute Hospitals Charity
- The League of Friends Kidderminster/Alex,
- Friends of Worcestershire Royal Hospital
- Therapy Dogs Nationwide through a local volunteer – the partnership is not with the national organisation
- Macmillan Cancer Support
- Choice Radio (Hospital Radio)
- Sight Concern

Our volunteer agencies (partner organisations) have been included in completing a Service Level Agreement (SLA) to progress with work undertaken post the Savile, Lampard Action Plan. The SLA remains in place for the duration of the service (unless the level of service changes) and must be in place before the volunteer agency (partner organisation) brings volunteers on site. **All SLAs will need to be reviewed once agencies bring volunteers on site post Covid19**.
 They are responsible for ensuring that this policy is complied with, by:
- Undertaking DBS checks and data assurance for all volunteers and to ensure all emergency contact details are up to date and available to access by the Trust. There may be occasions where personal details are not to be shared and this should be covered by the SLA in all cases.
- Ensuring that their own procedures align with those outlined in this policy to comply with a robust system in place for the recruitment, training and on-going support of volunteers as outlined by the Lampard Report and incorporated within this policy.
- The Volunteer agencies (partner organisations) are expected to ensure that SLAs are up to date by communicating any required changes in the first instance to the Volunteer Manager and the Head of Patient, Carer and Public Engagement.
- Partner/external organisations will need to ensure that any volunteer recruited by a Volunteer agency completes the relevant Trust induction and completes Trust mandatory training <u>before they start volunteering</u>. The League of Friends and RVS coffee shop volunteers are exempt from Trust Induction and Trust Mandatory training as these volunteers are seen to be external groups which are not connected with the Trust volunteering process. All training can be accessed via the Volunteer Manager.
- The League of Friends and RVS coffee shop organisations are also not required to share volunteer emergency contact details for the Volunteer database as these

volunteers are not connected with the Trust volunteering process, they are required however to complete an SLA.
- Proactive and "good practice" volunteer management is expected from all organisations which includes the provision of a Volunteer Handbook and ensuring annual reviews and exit questionnaires are completed. The Volunteer Manager can advise on this if required
- Ensuring compliance with Health and Safety requirements; the Volunteer Manager can advise as required.
- Promotion of volunteering and working with staff on new volunteering opportunities to further enhance the patient and carer experience.

In conclusion, any volunteer that is not a Trust volunteer (directly recruited and supported by the trust and Volunteer Office) will be considered to be a Volunteer with the Volunteer Agency (partner organisation) and the responsibility of that organisation.

The volunteer agency (Partner Organisations) will maintain up to date records on numbers of active volunteers, hours undertaken, types of activities and training requirements. The volunteer agencies (partner organisations) are responsible for carrying out DBS checks on their volunteers. This information should be reported back to the Volunteer Manager as agreed between the Volunteer Manager and the Volunteer Agencies (Partner Organisations) so that this can be shared throughout the Trust to help promote volunteering and at Trust Board level to ensure the contribution of volunteers to the work of the Trust is fully recognised.

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 the Appendix 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. This will include the Volunteer Agencies (Partner Organisations).

The Local Manager, Volunteer Manager and Volunteer Agencies (Partner Organisations) 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 7** 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.
- Identifying any problems / issues or training requirements.
- Undertaking regular reviews using the agreed proforma **(Appendix 9)**
- Provide the Volunteer Manager with monthly information regarding hours undertaken by volunteers and any feedback and "stories"(hours undertaken will not be expected from any shop/café/Friends volunteer).
- 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
- Notify the Volunteer Manager/ volunteer agencies (partner organisation) who organised the placement 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 Forward Signature Behaviours and 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 2, Application Pack**).
- Working within the role profile description agreed
- Engaging with support and supervision arrangements
- Maintaining confidentiality **(Appendix 2, 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
- 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 14)**

- There are separate arrangements for the Patient and Public Forum – additional forms to complete as part of the recruitment process. **(Examples form Appendix 17 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 Administrator or the Volunteer Manager and supported by the Head of Patient, Carer and Public Engagement.

5.   Policy Detail

5.1 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 with the exception of the Hospital Youth Forum. Volunteers are required to be 18 to volunteer in the Children's Department. 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. It is to be noted that a risk assessment will be undertaken with volunteers. This may include additional assessments as necessary – for example the Covid19 risk calculator.

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 pre-engagement checks have been undertaken.

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

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.

5.2 Recruitment and Selection

There will or may be separate 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 Administrator 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 social media (Trust website, Facebook and Twitter for example), local media articles, promotional events and posters and word of mouth for example. We work alongside and with volunteer agencies (partner organisations) and in these cases we have individual Service Level Agreements in place and each Volunteer Agency (partner organisation) is responsible for recruiting volunteers. 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/information 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 by an agency who has signed an SLA).
- Identity and 'Right to Work' checks
- Two references
- Undergo Occupational Health screening (**Appendix 3 and 4**)

- Disclosure and Baring Service check commensurate with role i.e.: regulated / unregulated activities and provide copies of the certificate when issued. https://www.gov.uk/dbs-update-service
- Commitment to completing Trust Induction and on-going mandatory training
- The full process is detailed in Appendix 5 and all stages must be fully completed before any volunteer is recruited
- Patient Public Forum potential members will be interviewed via a separate process 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

Volunteers will not be recruited without completing an interview (in telephone or in person) which will be documented (**on the Volunteer Recruitment Checklist Appendix 5**) and a copy retained within the individual's personal file (retained by the Trust Volunteer Manager or volunteer agency (partner organisation). Where possible all interviews should be conducted by the Volunteer Manager and the local manager if it is known where the individual will be placed. The Volunteer Agency (Partner Organisation leads) will be responsible for the recruitment of their volunteers with the support of the Volunteer Manager and in line with their SLA.

The Volunteer Agency (partner organisation) should also be satisfied that any volunteer understands the commitment required, that they have the relevant skills and will be reliable. *It should 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/Volunteer Agency (partner organisation). 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/Volunteer Agency (partner organisation).

5.3 Occupational Health Assessments

The Covid 19 Risk Assessment has been developed to assess if the volunteer is at higher risk of developing serious symptoms if they come into contact with the Covid 19 virus. The form helps the volunteer and Volunteer Manager choose the right actions for the volunteer based on the level of risk. Assessment is completed between the Volunteer Manager and volunteer. This document is forwarded to Occupational Health for review and is saved on the Volunteer's individual folder on the shared drive. Depending on the outcome of risk assessment the application process continues or is put on hold until Pandemic restrictions ease, enabling all volunteers identified as high risk due to Covid to continue with application process, or return if previously volunteering.

The Occupational Health Questionnaire is 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.

5.4   Role Profiles

Role specifications are central to recruitment. The Volunteer Manager and Volunteer Agency (partner organisation) 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 our Volunteer Manager and Volunteer Agency (partner organisations), 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, along with specific **Volunteer Role Profiles**. 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.

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.

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 occasion 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 5 essential modules: Safeguarding for Adults, Roles & Responsibilities, Fire Safety, Data Security and Moving and Handling. Certificates of completion are saved in Volunteer's documents. Training should be regularly reviewed by the Volunteer Manager, no less than annually. It is recommended that Volunteers complete all 15 modules within 6 weeks of starting their role. This is not mandatory but for their own personal development to support and improve their knowledge base as a volunteer.

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

On completion of the recruitment process, Covid 19 additional risk assessments are completed, face to face with the Volunteer. Once a role has been identified and all necessary clearances completed, volunteers will receive a Welcome Pack (in pilot stage development at the time of updating this policy) and the following takes place:

- If the volunteer is volunteering with the volunteer agency (partner organisation) arrangements are made for a meeting between the volunteer and their local manager.
- If the volunteer is a Trust volunteer, 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 – 'Adopt a Volunteer' programme.
- Volunteer policy is given to volunteers with key sections highlighted by the Volunteer Manager to cover what a volunteer can expect and what the trust can expect from a volunteer.
- 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.

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 induction **(Appendix 7)**.
- Dealing with patient/ relative/visitor enquiries
- Health and safety within the area
- Infection Control within the area
- Fire procedure and location of fire equipment
- Procedure for clocking in/out using the Volunteer App
- 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 7)** completed by the local manager or the volunteer agency (partner organisation) manager. Copies of future reviews / training records should also be forwarded and kept in the volunteers file. **(Appendix 9)**.

5.5 Volunteer Charter (Adopt a Volunteer)

Our Volunteer Charter (Appendix 13) 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.

5.6   Safeguarding

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 trust and partner organisations ensure that these are updated every three years. Volunteers are required to inform the Volunteer Manager immediately of any changes to their DBS status. Volunteer Agencies (partner organisations) are responsible for, in line with the SLA, for ensuring all DBS checks and personal information of volunteers are kept up to date.

The Volunteer Agencies (Partner organisations) are required to share this information with the Trust and provide assurance that all volunteers undertaking tasks requiring DBS checks have been checked and will be rechecked every three years. As part of the recruitment process, the Volunteer Manager ensures all training is provided and DBS checks are compliant. Agency leads are responsible for identifying any non-compliance with their volunteers and are expected to be equipped to rectify issues.

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 wah.tr.freedomtospeakup@nhs.net. 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.

To ensure volunteers understand safeguarding, can identify potential issues and know how to report these they are all required to have safeguarding training every three years.

Training can initially be covered by volunteers undertaking the online Trust Induction which will provide a general level of awareness. Safeguarding for Adults is one 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 update 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. There may be changes to the delivery of training due to the Covid19 pandemic and the Volunteer manager is responsible for ensuring that the Trust is compliant with safeguarding measures and training compliance for volunteers at any time.

From reviews with partners as part of The Lampard consultation, it is evident that in addition to new volunteers there are also a number of longstanding volunteers who will require both updated DBS checks and safeguarding training following a return after a pause in activity due to the Covid19 pandemic. The Volunteer agencies (partner organisations) can have access to the App, enabling them to monitor training and DBS compliance in the same manner that the Volunteer Manager does.

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.
- Volunteers in line with Adopt a Volunteer process, gain access to any ward 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 Administrator/Volunteer Manager and overseen and signed for by the Head of Patient, Carer and Public Engagement.

- Emergency Department Volunteers can take ownership of a pass "for the shift only" and this can be signed out and back in via the Volunteer Office. If this process is not possible, the volunteer will need to access the department via the reception and not use a pass. The Volunteer Manager/Administrator will ensure that the signing in and out sheet is securely monitored and stored.

- The Chaplaincy staff team has one pass 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 pass.

- A separate form will need to be completed before any common areas pass is given to a volunteer. 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'.

5.7   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 both Trust and volunteer agency (partner organisation) 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 9**). 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/ volunteer agency (partner organisation) manager who arranged the placement 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: (previous to the Covid19 pandemic) a summer cream tea and Christmas mince pie celebration.

If a volunteer leaves the placement the local manager will inform the Volunteer Manager immediately so that an Exit Questionnaire can be sent **(Appendix 10).** 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.

5.8   Car Parking
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 provision of 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.

Each volunteer agency has their own arrangements for volunteer expenses. The Trust will ensure that the cost of volunteer parking is covered and the volunteer induction should outline the arrangements for this.

Meals and drinks are not at this time 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 Youth Forum members.
There are temporary and interim arrangements in place with one drink per shift for volunteers subsidised by cafes at Worcestershire Royal and Alexandra Hospitals.

5.9 Insurance

Registered volunteers will be covered by the Trust insurance whilst they carry out their agreed duties, 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.

5.10 Infection Control

Compliance with infection control protects patients, carers, visitors and staff/volunteers. The Volunteer Manager completes risk assessments with volunteers which include: guidance and advice on recording Lateral Flow Test results (subject to advice locally and nationally at that time), guidance on wearing volunteer uniform (and changing clothes), hand hygiene and PPE/visor guidance. Additionally, guidance is provided on 'what to do if you have Covid symptoms.' The Volunteer Manager takes the Volunteer through these assessments prior to starting a shift, they are e-mailed electronic copies of the Assessments with their Welcome E-mail. There will be separate arrangements for ward volunteers and inductions will include "bare below the elbows".

5.11 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.

5.12 Confidentiality

All volunteers are expected to abide by the Data Protection Act (1998) 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. **(Appendix5).** The Trust and its volunteer agencies (partner organisations) will also ensure details regarding volunteers are kept in line with these requirements on the protected access M Drive.

5.13 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.

5.14 Termination of Placement

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

- Breach of confidentiality
- Breach of any documents signed
- Drinking or smoking whilst volunteering
- Being under the influence of illegal substances or other non-prescribed medications
- Breach of Volunteer Code of Conduct
- Gross misconduct
- 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 been 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 agreeing. If agreement cannot be reached, the placement will be terminated.

5.15 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 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.

6.   Implementation

6.1   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 has been reviewed by the Chaplaincy team and the Patient and Public Forum. This policy will be discussed at and approved by the Patient, Carer and Public Engagement Committee. Following approval at Clinical Governance group it will be effective immediately.

6.2   Dissemination

This policy was initially drafted in consultation with our partner volunteer organisations. **They will be expected to ensure that this policy is implemented within their areas and that any new or returning volunteers are made aware of any changes which will affect them such as renewing their DBS or undertaking updated training.** This process will be supported by conversations with the Volunteer Manager.

The policy will be shared with Trust staff via the Volunteer Manager and Trust Managers including 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.

6.3   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 staff and volunteers.
Responsibility for ensuring that existing and prospective volunteers are familiar with and comply with this this policy lies with the Volunteer Manager, recruiting volunteer organisation and all Trust Staff. This includes ensuring appropriate DBS checks and training are completed.

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

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.

7. Monitoring and Compliance

Monitoring and compliance with safeguarding requirements (training and DBS Assurances) will be monitored by the Safeguarding Committee twice yearly. 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.

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.

Volunteering agency managers (partner organisations) will send monitoring data **(Appendix 10)** to the Volunteer Manager who will agree the frequency of reports and who will retain operational and corporate oversight of volunteering activities across our sites.

The Trust is part of 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:

Trust Policy		Worcestershire Acute Hospitals NHS Trust

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 working at the trust meet with the Volunteer manager to complete the process chart (appendix 1 and details are entered on the database which is checked

Should volunteer agency managers (partner organisations) not be compliant with agreement sign off. Persistent failure by the External Voluntary Organisation Supplier to meet the agreed service levels as specified within the SLA may lead to the contract being terminated. Prior to termination the complaints and escalation procedure should be followed to attempt to | ongoing

Quarterly | Volunteer manager

PE Lead / ADPE | Safeguarding Committee twice a year | Six monthly |

		resolve any issue. Should suitable resolution not be achieved, the Trust will be allowed to terminate the SLA immediately in writing stating the reasons. Monthly returns completed by Volunteer Manager & Volunteer agency managers (partner organisations) to include DBS, (Appendix 12). Regular meetings with Volunteer agency managers (Partners organisations)_				
9	Induction & Training	Monthly returns completed by Volunteer agency managers Partners incudes DBS & Training Compliance of their volunteers Safeguarding Training Regular meetings with Volunteer Partners Training records Discussions with volunteers	Monthly Quarterly	PE Lead PE Lead / ADPE	P&CEC	Quarterly
10	Safeguarding	Monthly returns completed by Volunteer Partners Trust Induction and Safeguarding	Monthly	PE Lead	P&CEC	Quarterly

		Training Regular meetings with Volunteer agency managers Training records Discussions with volunteers	Quarterly	PE Lead / ADPE		
11	Retention	Induction checklists Monthly reviews Feedback from staff	Twice yearly On-going	PE Lead / Voluntary Services Managers	P&CEC	Annually
13	Termination	Monthly returns completed by Volunteer agency managers includes numbers leaving and exit questionnaires Exit questionnaires sampled by voluntary partners	Monthly Quarterly	PE Lead PE Lead / voluntary services manager		
14	Monitoring and compliance	Monthly returns from Volunteer agency managers collated. Issues identified and dealt with. Annual Report on Volunteering	Monthly Immediately Annual	PE Lead PE Lead / Voluntary Services Manager	P&CEC	Annually

8. Policy Review

This policy will be reviewed at least every 3 years.

9. References

Name	Code
Safeguarding Adults Policy	WAHT-CG-055
Safeguarding Childrens Policy	WAHT-CG-445
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:

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
'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
The Health & Social Care Act 2008 (regulated Activities) Regulations 2010
Rehabilitation of Offenders Act 1974
Health & Safety at Work Act 1974

10. Background

10.1 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.

10.2 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 (a Business Case is in development at the time of this policy review). 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.

10.3 Consultation
Consultation regarding this updated Policy has taken place with a range of internal and external stakeholders including our volunteers, volunteer agencies (partner agencies) patients and staff.

Contribution List
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

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

Committee
Patient and Carer Experience Committee
Patient & Public Forum Members

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

10.5   Version Control
This section should contain a list of key amendments made to this document each time it is reviewed.

Key amendments to this Document:		
Date	**Amendment**	**By:**
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	
7th 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. Updates: 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

	introduction of volunteers on site via partner agencies. See Appendix 15 and 16	

10.6 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.

		Yes/No	Comments
1.	**Does the Policy/guidance affect one group less or more favourably than another on the basis of:**		
	Race	No	Applicable to all
	Ethnic origins (including gypsies and travellers)	No	Applicable to all
	Nationality	No	Applicable to all. Legislative requirements regarding eligibility for volunteering dependent upon immigration / right to work status is addressed within policy.
	Gender	No	Applicable to all
	Culture	No	Applicable to all.
	Religion or belief	No	Applicable to all
	Sexual orientation including lesbian, gay and bisexual people	No	Applicable to all
	Age	Yes	Volunteers need to be 16+ to undertake volunteering with The Trust. With the exception of the Hospital Youth Forum membership. Should Children/young people under 16 be eligible for Work Experience this will be covered in a different policy.
	Disability	No	Disability is recognised along with the need to ensure appropriate adjustments are made as necessary.
2.	**Is there any evidence that some groups are affected differently?**	Yes	Recognition we need to look to continue to increase the diversity of our volunteers to reflect our

			population. Current Covid19 restrictions (local and/or national guidance) may impact on some groups of volunteers being able to actively volunteer on site.
3.	**If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?**	Yes	Eligibility to volunteer based on immigration / right to work and children under 16 while not accepted as volunteers may be able to apply for work experience with the Trust.
4.	**Is the impact of the Policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	N/A	
6.	**What alternatives are there to achieving the Policy/guidance without the impact?**	N/A	
7.	**Can we reduce the impact by taking different action?**	N/A	

This policy has included consideration of all 9 protected characteristics and recognises that some groups are less represented than others amongst our volunteers. It promotes inclusion and increasing diversity, through on-going partnership work and good links with our safeguarding leads to ensure appropriate recruitment and oversight. This will be reflected via volunteer's data in the app and will be captured on application forms.

We recognise that natural bias presents a risk of potential discrimination in human relationships and communication and we therefore require all staff to complete regular Equality and Diversity training updates and is available to volunteers on E-Learning for Health.

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact the Assistant Director of Human Resources.

Appendix 1: WAHT Volunteer Role Profile Template (Additional Volunteer Roles are being created over the next 3 years). The Volunteer Manager should be contacted for an up to date list of all completed Volunteer Profiles.

WAHT VOLUNTEER ROLE PROFILE

Ward / Department	
Role Name / Task	
Purpose of Role	
Duties to be undertaken	
Skills / Attributes required	
Days and times required	
Named Placement Supervisor	
Training required	

This role specification should be logged with the Volunteer Manager and a copy sent to the Head of Patient, Carer and Public Engagement.

A copy should also be given to volunteer at their local induction interview.

Appendix 2 – Application pack

An application form can be downloaded from the trust website

For Office Use Only
Reference Number:

VOLUNTEER APPLICATION FORM

Details entered in this part of the form will be held by the Volunteer Co-ordinator

Personal Details

Title	
Surname/Family Name	
Forename (s)	
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	
Work Telephone	
Preferred telephone number	☐ Home ☐ Mobile ☐ Work
Email Address	
Details of Emergency contact (name / relationship and contact number)	

Role

Please state the type of role you are interested in:

Ward Volunteers ☐   A&E Department Volunteer☐   Chaplaincy ☐

Macmillan ☐   Outpatient Volunteers☐   Meet and Greet ☐

Other☐

Please State which hospital you would prefer:

Worcestershire Royal Hospital ☐   Alexandra Hospital ☐

Kidderminster Treatment Centre☐

What days / times are you available to volunteer?	
Do you have a current full driving licence?	☐ Yes ☐ No
Do you have access to a car / other transport?	☐ Yes ☐ No

Experience

Have you had any experience of volunteering?	☐ Yes ☐ No
If yes, what?	
Previous work history- what skills / experience do you have?	

Are you a United Kingdom (UK), European Community (EC) or European Economic Area (EEA) National?
☐ Yes   ☐ No

If you have answered 'no' above, you must answer these questions:	
Please select the category that relates to your current immigration status.	
☐ Highly Skilled Migrant Programme/Tier 1 ☐ Indefinite Leave to remain/enter ☐ Work Permit/Tier 2 ☐ Dependant / Spouse visa ☐ Clinical attachment visa ☐ Tier 4 student ☐ Visitor	☐ Post Graduate Doctors and Dentists ☐ Tier 5 Temporary Workers ☐ Tier 5 Youth Mobility/ working holiday visa ☐ Refugee ☐ Other, please specify below --
Please supply details of any visa currently held:	
Visa No: Expiry Date: (DD/MM/YY)	Start Date: (DD/MM/YY) Details of any Restriction:
Does your visa have a condition restricting employment or occupation in the UK?	
☐ Yes ☐ No	

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

Type of Reference	☐ Employer	☐ Educational	☐ Personal	
Title				
Surname/Family name		First Name		
Relationship				
Employer Name				
Referee Job Title				
Address				
Post Code				
Telephone		Country		
Email		Fax		

Referee 2

Type of Reference	☐ Employer	☐ Educational	☐ Personal	
Title				
Surname/Family name		* First Name		
Relationship				
Employer name				
Referee Job Title				
Address				
Post Code/				
Telephone		*Country		
Email		Fax		

Relationships

Are you related to or in a relationship with any member of staff working for WHAT? If so please state the nature of that relationship.	

How did you hear about voluntary work within the Acute Trust?	

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.

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

Further information and guidance regarding the Disclosure and Barring Service website at: www.gov.uk/government/organisations/disclosure-and-barring-service

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

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.

Please state your date of birth	
Please indicate your gender	☐ Male ☐ Female ☐ I do not wish to disclose this

The Equality Act 2010 protects people against discrimination on the grounds of their race which includes colour, nationality, ethnic or national origin.

Please indicate your ethnic origin		
Asian or Asian British ☐ Bangladeshi ☐ Indian ☐ Pakistani ☐ Any other Asian background **Black or Black British** ☐ African ☐ Caribbean ☐ Any other Black background	**Mixed** ☐ White & Asian ☐ White & Black African ☐ White & Black Caribbean ☐ Any other mixed background **White** ☐ British ☐ Irish ☐ Any other White background	**Other Ethnic Group** ☐ Chinese ☐ Any other ethnic group ☐ I do not wish to disclose this

The Equality Act 2010 protects people against discrimination on the grounds of their religion or belief, including a lack of any belief.

Please indicate your religion or belief		
☐ Atheism ☐ Buddhism ☐ Christianity ☐ Hinduism	☐ Islam ☐ Jainism ☐ Judaism ☐ Sikhism	☐ Other ☐ I do not wish to disclose this

The Equality Act 2010 protects disabled people - including those with long term health conditions, learning disabilities and so called "hidden" disabilities such as dyslexia. If you tell us that you have a disability, we can make reasonable adjustments to ensure that your disability does not preclude you from volunteering.

Do you consider yourself to have a disability?	☐ Yes ☐ No ☐ I do not wish to disclose this information	
Please state the type of impairment which applies to you. People may experience more than one type of impairment, in which case you may indicate more than one. If none of the categories apply, please mark 'other'.		
☐ Physical impairment ☐ Sensory impairment ☐ Mental health condition	☐ Learning Disability/Difficulty ☐ Long-standing illness ☐ Other	

The Equality Act 2010 protects people who are married or in a civil partnership.

Please indicate the option which best describes your marital status	
☐ Married ☐ Single ☐ Civil partnership ☐ Legally separated	☐ Divorced ☐ Widowed ☐ I do not wish to disclose this

The Equality Act 2010 protects bisexual, gay, heterosexual and lesbian people from discrimination on the grounds of their sexual orientation.

Please indicate the option which best describes your sexual orientation	
☐ Lesbian ☐ Gay ☐ Bisexual	☐ Heterosexual ☐ I do not wish to disclose this

PHOTOGRAPHIC / FILMING CONSENT FORM

☐ **I agree to be photographed / filmed for the Trust to use**

☐ **I agree for the Trust to keep the information on this form on file**

We may use these images for:

- Press coverage
- Internal publications (e.g. staff intranet or staff newsletter)
- Trust website (www.worcsacute.nhs.uk)
- Trust social media (e.g. Twitter or Facebook)
- External publications (e.g. Annual Report)

Name: …………………………………

Signature: ………………………………

Date: …………………………………

If you would like a copy of the photo(s) or video(s) please fill in your email address below.

Email ………………………………………………………………………………

--------✂--✂--------------

Take a look where your photo(s) or video(s) might go. Visit us online at:

🌐 www.worcsacute.nhs.uk

🐦 twitter.com/WorcsAcuteNHS

📘 facebook.com/WorcsAcuteNHS

📷 instagram.com/WorcsAcuteNHS

▶ youtube.com/WorcestershireAcute

If you change your mind at any time, or would like to contact us, you can email: wah-tr.communications@nhs.net or phone us on 01905 760453.

Find out more about how we store or use your data here: www.worcsacute.nhs.uk/GDPR

Confidentiality Agreement for Contractors and Third Parties (including volunteers)

Scope and Definition of this Agreement

This Agreement describes the responsibilities of contractors and Third Parties under the NHS Confidentiality Code of Practice 2003 and the Data Protection Act 1998 when undertaking work for or with Worcestershire Acute Hospitals NHS Trust, Worcestershire Health and Care NHS Trust, NHS South Worcestershire Clinical Commissioning Group, NHS Redditch and Bromsgrove Clinical Commissioning Group or NHS Wyre Forest Clinical Commissioning Group, from now on known as the 'Trust' for the purpose of this document.

For the purposes of this Agreement the term Contractor means any company and its direct employees who undertake work for or with the Trust.

For the purposes of this Agreement the term Third Parties applies to any person(s) undertaking work for or with the Contractor or the Trust such as bank or agency staff, volunteers, locums, student placements, maintenance craftsmen, IT engineers and ancillary staff. For the avoidance of doubt Third Parties are under the supervision, direction and control of the Trust, save where expressly agreed with the Contractor.

All contractors and Third Parties who may come into contact with any person identifiable data, confidential or sensitive information (for the purposes of this Agreement - PID) must follow this Agreement. PID covers information held manually or electronically and also information heard during a visit to any Trust site. PID applies to any combination of information, which enables the identification of a patient or member of staff, either directly or indirectly.

A statutory Director or an appropriately nominated manager of the Contractor can sign this Agreement on behalf of their employee(s). The Trust also reserves the right to require individual employees of the Contractor to sign where deemed necessary; specifically when system access is required. The Trust shall ensure that the Contractor shall sign the Agreement prior to commencement of them undertaking work for the Trust; this also applies to Third Parties.

Rationale

The Trust is under common law duty to ensure that PID is protected from inappropriate disclosure. Furthermore, under Principle 1 of the Data Protection Act 1998 personal information must be processed fairly and lawfully. The Trust will only be able to comply with these conditions where it has ensured that everyone with whom they have contracts with are subject to, and comply with, patient confidentiality, information security, and freedom of information and data protection requirements.

What is confidential information?

A duty of confidence arises when one person discloses information to another (e.g. patient to clinician; colleague to colleague; employee to employer; commissioner to Contractor) in circumstances where it is reasonable to expect that information will be held in confidence.

It –
- is a legal obligation that is derived in case law.

- is a requirement established within professional codes of conduct.

- must be included within NHS employment contracts as a requirement linked to disciplinary procedures.

The public entrust the NHS with, or allow us to gather, PID relating to the clinical and business activities of the NHS. They do so in confidence and they have a legitimate expectation that all persons who may be exposed to, or process information will respect the confidentially of that information and act appropriately. It is essential, if the legal requirements are to be met and the trust of the public retained, that the NHS provides, and is seen to provide, a confidential service in all of their clinical and business activities.

Trusts responsibilities

- The Trust's Senior Manager, or Volunteer Agency Manager who employs the Contractor or Third Party, is responsible for ensuring that they are fully aware of their responsibilities as stated in the Trust's Code of Conduct in Respect of Confidentiality and all relevant Worcestershire Health ICT Services (WHICTS) policies. These should be supplied to or made available to the Contractor or Third Party. The Trust's Senior Manager/Volunteer Partner Agency Manager is required to retain a signed copy of this Agreement for secure storage and retention.

- The Trust's Senior Manager/Volunteer Agency Manager must ensure that where Contractors and Third Parties access Trust data, they complete Information Governance training. For further information about how to complete training please refer to the Trust Intranet.

Freedom of Information (FOI)

- The Trust must ensure that any Contractor is aware of the possible impact of the Freedom of Information Act 2000 on the documentation connected with that Contract.

- Many Contractors will categorise all contracting documentation as confidential and not for disclosure outside of the contracting parties. In the light of the Freedom of Information Act this "confidentiality" may not apply. The Trust should ensure that the

Contractor is aware that even though they may have categorised a document as confidential, the Trust may be obliged to disclose the document, or parts of it, to an applicant making a request under the Freedom of Information Act or under the Data Protection Act for the prevention and detection of crime. For the avoidance of doubt where there is any contradiction between the terms of this Agreement and any signed Contract of supply between the Contractor and the Trust, including any national framework agreement, then the Contract shall take precedence.

- To ensure that the general right of access to information is not impeded; the Trust should ensure that Contracts are explicit as to which documents are appropriate for disclosure and ensure that the confidential categorisation is not used inappropriately.

Related legislation
- Data Protection Act 1998
- Freedom of Information Act 2000
- Human Rights Act 1998
- Confidentiality: NHS Code of Practice 2003
- Caldicott Principles
- Common Law Duty of Confidentiality

Contractor and Third Party responsibilities
They must:
- Ensure that they have read and comply with the Trust's Code of Conduct in Respect of Confidentiality and all relevant WHICTS policies.
- Be registered under the Data Protection Act 1998 with the Information Commissioner Office and provide the Trust with their Registration number if required; when contracted to process PID.
- Ensure compliance with related legislation and ensure the reliability of its employees who have access to any PID
- If required to access or process PID held by the Trust, then they shall keep all such information secure at all times (e.g. in a locked cupboard, or where stored electronically encrypted) and shall only process such data in accordance with instructions received from the Trust.
- Be aware of the possible impact of the FOI Act 2000 on the documentation connected with a contract.
- Indemnify the Trust and the Secretary of State for Health, subject to any limitations of liability in the Contract, against all claims and proceedings and all liability, loss, costs and expenses incurred in connection therewith made or brought by any person in respect of any loss, damage or distress caused to that person as a result of the Contractor's loss, damage, destruction or unauthorised disclosure of, or unauthorised access to or the unauthorised and/or unlawful processing of any PID that is held by the Contractor and its employees.

- Return all PID to the Trust in its entirety on completion of the task for which the PID was provided or on termination of this Agreement. No copies of PID may be kept without the approval of the Trust. The PID will, at all times, remain the property of the Trust.
- Not remove PID from the Trust without the appropriate authorisation; subject to the necessary approval PID needs to be encrypted to the required standard.
- Only use and process PID for the purpose for which it has been supplied.
- Be aware that under the Data Protection Act 1998 a breach of confidentiality may constitute an offence which may lead to a prosecution.
- Obtain authorisation for use of their laptop on Trust's premises; via the Trust's Senior Manager/Volunteer Agency Manager who will co-ordinate the request with WHICTS. Any requirement to store Trust data on the laptop must be authorised by the Trust's Senior Manager, and, if PID is being processed, then authorisation must be given by either the Caldicott Guardian, the Senior Information Risk Owner (SIRO) or their delegates. The Trust's Information Governance Department will be able to clarify this process. Further details can be found on the Health and Social Care Information Centre website. The laptop must be encrypted to the approved level; this can be verified with WHICTS.

Statement of Confidentiality

Please Tick:	Volunteer Manager	☐	Volunteer	☐	Third Party	☐
Volunteer agency (Partner Organisation)						
Information Commissioners Office Data Protection Act 1998 Registration no: *(where appropriate)*						

I am aware of the relevant legislation, best practice guidelines and related Trust's policies and procedures and agree that:

I understand within the course of my work with the Trust; I may have access to or hear PID about patients, members of staff or other business activities of the Trust or other organisations.

I understand that no information of a personal or confidential nature concerning individuals or the Trust may be disclosed without proper authority having first been given.

I understand that failure to comply with the above rules will be regarded as serious misconduct, which could result in action being taken against myself, by my company / organisation, or from legal action by others.

CONTRACTING COMPANY OR THIRD PARTY	
NAME (PLEASE PRINT):	
JOB TITLE:	Volunteer
SIGNATURE:	
CONTACT TELEPHONE NUMBER:	
DATE SIGNED:	
CONTRACT END DATE IF KNOWN:	
TRUST SENIOR MANAGER / VOLUNTEER PARTNER MANAGER	
NAME (PLEASE PRINT):	
JOB TITLE	
SIGNATURE:	
DATE SIGNED:	

This form can be completed electronically; provided it has been signed electronically and/or has been sent via the Contractor's corporate mailbox and the Trust Senior Manager's/Volunteer Partner Agency Manager's mailboxes for audit purposes.

If access to Trust data is required (network account, OASIS etc.), a call must be logged with the IT Helpdesk and the form must be sent to the IT Helpdesk, Sky level, WRH.

The Trust line Manager/Volunteer Agency Manager is responsible for logging a support call via the following link https://ictservicedesk.worcestershirehealth.nhs.uk/enduser/Home.aspx or via intranet favourites. Please ensure the authorised form is attached to the logged support call.

Once complete, the Volunteer Agency Manager responsible for the Contractor or Third Party should retain a copy of this form for secure storage and retention; a copy should also be sent to the Trust's Information Governance Department.

FOR OFFICE USE ONLY:

WAHT Volunteer Agreement and Code of Conduct

Volunteer's name: …………………….…………………………….

Volunteers are an important and valued part of Worcestershire Acute Hospitals NHS Trust. We hope that you enjoy volunteering with us.

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:

1. 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 will incorporate a range of basic training including safeguarding.

2. Equal Opportunities

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

3. 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.

4.   Expenses

✓ The trust will cover any volunteer parking costs through the provision of parking passes.
Any other out of pocket expenses you incur whilst volunteering will be subject to the agreement made with your local volunteer co-ordinator.

5.   Insurance

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

6.   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

7.   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 Co-ordinator / manager and our Patient Experience Lead; however, the Trust can request you cease volunteering if the problem cannot be resolved.

Part 2: The Volunteer

All personnel within 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:

1. Help the Trust fulfil its service and values

2. Participate in the induction sessions and training sessions required to undertake the tasks relevant to your placement including regular safeguarding updates and DBS checks (currently 3 yearly)

3. Undertake your voluntary role at agreed times, informing the relevant member of staff if you are unable to attend

4. Comply with Trust policies and procedures, particularly in relation confidentiality.

5. Inform your supervisor / volunteer co-ordinator immediately of anything that will require an updated DBS check.

6. Comply with the dress code, including the wearing of a WAHT identity badge and tabard when on Trust premises.

7. Raising any issues or concerns relating to your placement with your placement supervisor or Volunteer Co-ordinator / Manager.

8. Reporting any accidents or incidents whilst attending your placement to your Placement Supervisor or Volunteer Co-ordinator / Manager

We hope that you find your time with the Trust enjoyable and rewarding. Thank you for reading the above information. Please sign and date it and keep it safe, a copy will be kept on your personal volunteer file.

Signed　　　　……………………………………………………………………
(Volunteer)

Print name: ..……………………………………………………………………………

Signed　　　　……………………………………………………..
(Volunteer Co-ordinator / Manager)

Print name: ..……………………………………………………………………………

Dated…………………………………………………………………………

To be completed with Volunteer by Volunteer Co-ordinator / Manager at initial meeting. Copy to be given to volunteer and copy kept on volunteer file.

Appendix 3 – Occupational Health Questionnaire for Volunteers

WORKINGWELL Supporting workplace wellbeing

Worcestershire **NHS** Acute Hospitals NHS Trust

1

QUESTIONNAIRE FOR VOLUNTEER POSTS

DETAILS OF VOLUNTEER POST (Volunteer coordinator to complete)

FULL NAME: DOB

HOME ADDRESS:

POST CODE

Telephone number.   Mobile

VOLUNTEER POST

Based at WORCS / KIDDERMINSTER / ALEX (please circle correct response)

Volunteer Co-ordinator name & email address:Alison.davis16@nhs.net   01905 733159

How long do you anticipate volunteering for? ~~Under 6 months or~~ over 6 months *(please circle correct response)*

What volunteer activities are involved in the post? Please describe

What area/location/ward/department is the volunteer post? ....

Will the volunteer have direct contact with patients (physical contact / touching)?

Will the volunteer have social contact with patients only? (talking only)

Will the volunteer perform manual handling?
If yes, please describe what manual handling activities they will undertake...
....

HEALTH QUESTIONNAIRE, TO BE COMPLETED BY THE VOLUNTEER

The purpose of this questionnaire assessment is to identify any health problems or disabilities that may make the proposed volunteer post difficult or unsafe for you or others, and to enable your employer to identify any adjustments to your work environment that may be required.

GUIDANCE.
The types of health problems that can affect workers may include (this list is not exhaustive);

1. Problems with standing, bending, walking and lifting, due to current muscle or joint problem if the work requires physically demanding activities, or moving and handling patients or equipment.
2. Some medications, if they cause side effects such as drowsiness, or immunosuppression.
3. Mental health conditions such as, Bi Polar Disorder and other mental health diagnosis, anxiety or depression, or drug/alcohol misuse.
4. Conditions that may cause sudden loss of consciousness eg epilepsy or insulin dependent diabetes

Do you have any health issues that may affect your ability to undertake the duties of your volunteer post, and may require workplace adjustment or changes to be made? If yes, please provide details	Yes	No
Are you having, or waiting for treatment (including medication) or investigations at present that might affect your ability to perform your volunteer post? If yes, please provide details.	Yes	No

I, the undersigned confirm that the information given in this questionnaire is correct to the best of my knowledge and I consent to information regarding my fitness for the post being disclosed to my employer.

Employee Signature ...

Print Name

Date of signing

ALL VOLUNTEERS
Please send in details of any vaccinations you may have had. You can obtain this information from your GP. Please ask them for a print out of your immunisation history. We need to know if you are immune to Measles and Rubella. If you are going to work with children or babies, we also need to know if you have had Chicken pox. Occupational Health can provide immunisations if required.

FOR OCCUPATIONAL HEALTH USE ONLY

Fit   YES / NO

Fit with restrictions YES / NO

Unfit   YES / NO

Appointment required in Occupational Health YES / NO

If yes, what is required ....

Signature .... Print name ....

Date ....

Appendix 4 – Covid 19 Individual Occupational Risk Assessment

COVID-19 Individual Occupational Health Risk Assessment
Form v4.7 Updated July 2021

This risk assessment has been developed to see if you are at higher risk of developing more serious symptoms if you come into contact with the COVID-19 virus. The form then helps you and your line manager chose the right actions for you based on the level of risk.

It is in everyone's interest for all colleagues to complete an updated risk assessment to identify those at higher risk, to remind colleagues of protective equipment measures and to identify how to reduce the exposure where possible.

It is important to note that the risk assessment template is a guide to the discussions and you and your line manager can add to the form as necessary.

If you have any concerns or your line manager has not arranged a meeting please discuss this with your line manager initially and then you can get further support from:

- Staff side - http://nww.worcsacute.nhs.uk/departments-a-to-z/staff-side-trade-unions/whos-who/
- BAME Network - wah-tr.bame@nhs.net
- Freedom to speak up guardian - wah-tr.freedomtospeakup@nhs.net
- HR – wah-tr.hrenquiries@nhs.net

If you need further support completing this form or you are not sure how to proceed, you can contact the Occupational Health department for advice. Opening hours are open Monday to Friday, 8.30am-5pm

This form is split into 3 sections:

Section 1 – Risk Assessment – to be completed by you

This section uses the Alama tool to calculate your COVID-age, this is based on evidence for the main identified risk factors which include age, sex, ethnicity, and various health problems. It works by translating the risk associated with each factor into years which are added or subtracted from your actual age.

You can then plot your risk level based on your workplace environment, community viral prevalence, and COVID-age which will be adjusted if you have taken up a COVID vaccination or have tested positive in the last 6 months

Section 2 – Health and Wellbeing conversation – to be completed by you and your manager
This section is to be completed jointly by you and your manager and is a conversation about your wider health and wellbeing and any concerns / apprehensions you may have around the outcome of your risk assessment.

Section 3 – Mitigation of risk and agreed actions – to be completed by you and your manager
This section is to record actions both you and your manager agree to take to reduce the level of risk.

Section 4 – Reduced risk assessment following mitigation
This section records the reduced risk following agreed actions to reduce or mitigate the risk

PLEASE SCAN AND SEND A COPY OF THE COMPLETED FORM TO OCCUPATIONAL HEALTH
wah-tr.OccupationalHealth@nhs.net

To be completed for **ALL** staff

Your Details
Your Name: .... **Job Title:** ……………………………..
Ethnicity: ……………………………………
Department: …………………………………………..**Telephone Extension:** ………………………..

Your Manager's Details
Your Manager's Name: . ... **Job Title:** . ...
Department: . ... **Telephone Extension:** . ...

Your Signature: .... **Date:** . ...

Your Manager's Signature: . ... **Date:** . ...

| **Trust Policy** | | NHS Worcestershire Acute Hospitals NHS Trust |

INITIAL RISK ASSESSMENT

If you do not know the answers to any of the health questions please consult your GP or healthcare professional.

The COVID-age calculator can be found here as an internet link or below is an embedded excel sheet

Copy of
Alama-risk-tables-202

		Community viral prevalence per week at main place of work https://coronavirus.data.gov.uk/details/interactive-map			
Workplace risk	**COVID Age***	0-9 / 100,000	10-99 / 100,000	100-800 / 100,000	800+ / 100,000
VERY HIGH Direct contact (<2m) with confirmed cases of COVID or Aerosol Generating Procedures (AGP)	85 and above	Red	Red	Red	Red
	70 – 84	Red	Red	Red	Red
	50 – 69	Amber	Amber	Amber	Amber
	Under 50	Green	Green	Green	Green
HIGH Direct contact (<2m) with suspected cases of COVID	85 and above	Red	Red	Red	Red
	70 – 84	Amber	Amber	Amber	Amber

	50 – 69	Amber	Amber	Amber	Amber
	Under 50	Green	Green	Green	Green
MEDIUM High number of direct face to face contacts where social distancing cannot be maintained	85 and above	Amber	Amber	Red	Red
	70 – 84	Amber	Amber	Amber	Amber
	50 – 69	Green	Green	Amber	Amber
	Under 50	Green	Green	Green	Green
LOW Where good social distancing, ventilation and hygiene measures are in place	85 and above	Green	Amber	Amber	Red
	70 – 84	Green	Green	Amber	Amber
	50 – 69	Green	Green	Green	Amber
	Under 50	Green	Green	Green	Green
Working from home	All ages	Green	Green	Green	Green

Matrix guide for estimation of overall initial risk level	
ADVICE	SELECT RISK LEVEL CALCULATED FROM TABLE ABOVE
Overall risk is very high, avoid this activity by redeployment to a lower risk area or working remotely.	

Overall risk is moderate, additional mitigating controls required	
Overall risk is low, not requirement for additional adjustment or controls	
Pregnant women under 28 weeks should not work in a high or very high work environment and should be redeployed to a lower risk workplace.	
Pregnant women over 28 weeks should not have any direct patient contact and should be redeployed to a lower risk workplace.	

| **Section 2 – Health and Wellbeing Conversation** |
| **(to be completed by you and your manager)** |

Some staff will be apprehensive about the outcome of their risk assessment which may include fears around workplace transmission if they are returning to work, or for some staff fears of the psychological impact of continuing to work remotely or be redeployed.

Use the wellbeing conversations template to understand wider health and wellbeing impacts of the outcome of your risk assessment

Wellbeing_conversati
on_and_plan_220220

Use this space to record any concerns and/or actions that come out of the wellbeing conversation.

Where both the employee and manager feel there would be a negative impact on health and wellbeing and this impact would be greater than the overall risk of contracting severe COVID-19 please refer to Occupational Health for specialist advice.

	Section 3 – Actions Taken
	Things I can do for myself – please **tick** to confirm agreed actions to reduce risk
	1. Observe good hand hygiene, with frequent use of soap and water or alcohol-containing gel
	2. Maintaining a distance of 2 metres is an important aspect of the measures we must all take to minimise the risks of the spread of COVID-19. It is something we should aim to do in all aspects of our daily lives, in informal workplace activity as well as patient contact
	3. Use appropriate personal protective equipment identified for your role and know how to use it properly. Follow Public Health England and Trust PPE guidance both at work and outside of work

	4. Observe isolation requirements if directed to by PHE, NHS COVID-19 app, or Trust track and trace.*please remember to turn NHS COVID-19 app off when in the workplace
	5. Ensure your infection control training is up to date
	6. Protect yourself by taking up the COVID vaccination as offered to you.
	7. Comply with any Trust testing schemes such as lateral flow testing
	8. Comply with the Trust COVID-19 staff health compliance policy
	9. Comply with the Trust uniform policy, particularly in relation to travelling to and from work in uniform
Things my line manager can help with – please **tick and add notes** of agreed actions to reduce risk	
	10. Strict adherence to social distancing advice (may include staggered rostering to facilitate social distancing at work)

	11. Whether public transport / rush hour can be avoided through adjustments to working hours
	12. Limit duration of close interaction with patient (e.g. prepare everything in advance away from patient)
	13. If possible maintain >2m distance from the patient
	14. Asking patients to wear mask for staff member interactions
	15. Provide an alternative face covering where the staff member is not able to wear a surgical mask in the workplace due to health reasons

	16. Redeployment to lower risk area (add in details)
	17. Consider no patient contact e.g. non-patient facing role in same department remote consultations with patients/ service users
	18. Remote working
	19. Enhanced PPE

	20. Others, please specify

SECTION 4 – REDUCED RISK
This section is to re-assess the risk following actions taken in sections 2 and 3.

1. **COVID-Age**
   You will drop down to the next lower COVID-age category below your calculated level if:
   - You had the infection in the last 6 months
   - You had the both does of vaccine more than 14 days ago

2. **Mitigating actions**
   If actions taken in section 3 have reduced the risk, for example agreed redeployment or additional mitigating controls are now in place record the new risk level.

			Community viral prevalence per week at main place of work https://coronavirus.data.gov.uk/details/interactive-map				
Workplace risk		**COVID Age 58**	0-9 / 100,000	10-99 / 100,000	100-800 / 100,000	800+ / 100,000	
VERY HIGH		85 and above	Red	Red	Red	Red	
Direct contact (<2m) with confirmed cases of COVID or Aerosol Generating Procedures (AGP)		70 – 84	Red	Red	Red	Red	

	Age					
	50 – 69	Amber	Amber	Amber	Amber	
	Under 50	Green	Green	Green	Green	
HIGH Direct contact (<2m) with suspected cases of COVID	85 and above	Red	Red	Red	Red	
	70 – 84	Amber	Amber	Amber	Amber	
	50 – 69	Amber	Amber	Amber	Amber	
	Under 50	Green	Green	Green	Green	
MEDIUM High number of direct face to face contacts where social distancing cannot be maintained	85 and above	Amber	Amber	Red	Red	
	70 – 84	Amber	Amber	Amber	Amber	
	50 – 69	Green	Green	Amber	Amber	
	Under 50	Green	Green	Green	Green	
LOW Where good social distancing, ventilation and hygiene measures are in place	85 and above	Green	Amber	Amber	Red	
	70 – 84	Green	Green	Amber	Amber	
	50 – 69	Green	Green	Green	Amber	
	Under 50	Green	Green	Green	Green	

Working from home		All ages	Green	Green	Green	Green	
Matrix guide for estimation of reduced risk level							
RISK LEVEL	ADVICE						
Red**	Overall risk is very high, avoid this activity by redeployment to a lower risk area or working remotely.						
Amber	Overall risk is moderate, additional mitigating controls required (see table in section 3 below)						
Green	Overall risk is low, not requirement for additional adjustment or controls						
	Pregnant women under 28 weeks should not work in a high or very high work environment and should be redeployed to a lower risk workplace.						
	Pregnant women over 28 weeks should not have any direct patient contact and should be redeployed to a lower risk workplace.						

** Individuals concerns can be taken into consideration where the adverse health effects of redeployment / working from home would be greater than the overall risk of contracting severe COVID-19, this can be explored through the conversation in section 2 and would require agreement from both the individual and the manager to accept the risk and advice from OH.

Appendix 5 - Volunteer Recruitment Checklist

Volunteer Name:………………………………… Placement…………………………….

Organisation:………………………………………… Site:………………………………………

	From/Date	Actioned by
Completed application form received		
Reference requests sent		
Reference 1 received		
Reference 2 received		
Interview date		
DBS application made		
DBS Certificate number, original certificate seen DBS No. Enhanced Child &Adult only or Standard		
Occupational Health from sent		
Occupational Health Risk Assessment Covid-19		
Occupational Health Clearance certificate received		
Photo consent dated		
Security ID parking only applied for Security No.		
Car parking permit applied for Permit No.		
Volunteer Agreement and Code of Conduct read & signed		
Volunteer Confidentiality Agreement read & signed		
Trust Induction date		
Certificate of completion of Trust Induction in light of no face to face training.		
Mandatory training booked: Mandatory training completed:		
In the absence of no face to face training ELearning document sent: Covid-19, Fire Safety and Information governance modules completion certificates received:		
Start date agreed with: Manager: Contact details:		
Volunteer ID badge/Parking Permit/uniform/ issued		
Placement agreed as:		

Placement supervisor is:		
Local induction agreed with supervisor		
Termination Date		
Exit questionnaire sent		
Exit questionnaire received		

Appendix 6 - Volunteer Induction checklist:

Name   Date

Steps needed for safe return to Volunteer Role:	**Date of completion:**		
Risk assessment Health checklist clearance received. Information re Covid-19 testing for volunteers by Trust if symptomatic.			
Knowledge of the correct volunteer procedure before starting a shift.			
Discuss additional Risk factors ie shielding, caring role, DBS active			
Uniform, Hygiene and PPE guidance overview and emailed for further reference.			
Compliance signed on wearing a polo shirt volunteer uniform			
Advice re changing clothes when returning home post volunteering.			
Phone call/ meeting to discuss returning to role.			
Email clock in/out App to Band 7s and Housekeepers Reminder to clock in and clock out, health and safety, track and trace.			
Sign disclaimer that clocking in and out is a signal they are fit and well			
Check volunteer portal up to date.			
Mandatory training compliance reviewed Email Mandatory training link.			
Discuss with ward housekeepers and band 7s the return of volunteers and their responsibilities.			
Establish department rota for when volunteer on duty.			
Parking permit application form			
Car parking security pass/ photo			
Discussion of the importance of having the flu jab with the volunteer and covid-19 vaccine			
Date of Flu Jab Vaccination: Date of Covid-19 Vaccination:			
Covid vaccination status	Date 1	2	Booster
Lateral Flow Test Kit:			
Email volunteer contact detail forms to band 7s			

Appendix 7 – 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 principles of Covid-19. Donning and doffing of relevant PPE. Barrier /isolation areas.	
Local fire alarms and assembly point	
Use of equipment essential to role	
Additional items at local level	

Volunteer Badge / Uniform Expectations	
Confidentiality expectations	
Safeguarding	
Trust Induction – date completed	
Additional Training Needs	
Review Date	
Volunteer Signature	
Supervisor Signature	
Date	

Copy to be returned to Volunteer Co-ordinator / Manager for volunteers file.

Appendix 8: Additional Risk Assessments

During Risk Assessment meeting between Volunteer Manager and Volunteer, the following risk assessment documents are reviewed and provided electronically: Donning & Doffing of PPE, PPE Mask Guidance, Covid 19 Advice Notice, Uniform & PPE Guidance, Uniform & Visor Guidance & What to do if you have Covid Symptoms.

Appendix 9 – Initial 3 month and Annual Volunteer Review Form

Name:	Department:
Volunteer Role:	Supervisor:
Start Date:	Date of Review : Review undertaken Face to Face / By Phone

1. What is going well?	
2. Have you received adequate support / induction ?	
3. Have you settled into area well?	
4. Do you wear your name badge / tabard / appropriate dress n when undertaking voluntary activities?	
Personal Qualities - Please give examples of how you demonstrate these	
5. Are you polite and courteous to (a) Patients/visitors (b) Staff and colleagues and able to relate to people in friendly way?	
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?	
12. Are you able 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. Any other issues / comments	
Volunteers Signature	

Supervisor Signature	
Date of next review	

A copy of this form to be returned to the Volunteer Co-ordinator / Manager for the volunteers file.

Appendix 10 – 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/Department of volunteering placement:** _____

2. **Where did you volunteer?**

    Worcester Royal Hospital ☐   Alexandra Hospital ☐   Kidderminster ☐

3. **How long have you been**

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

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

    Family commitments ☐   I cannot give the time commitment ☐
    I found paid employment ☐   I did not like the tasks I was doing ☐
    I did not feel my time was well used ☐   Education ☐
    Other (please give details) _____

5. **On a scale of 1 to 10 (1 being the lowest and 10 being the highest), please answer the following questions:**

    a. How much did you enjoy your volunteering experience in the trust?

    1   2   3   4   5   6   7   8   9   10

    b. Were you welcomed and felt part of the team where you volunteered?

    1   2   3   4   5   6   7   8   9   10

    c. Did you find your volunteer role to be rewarding

    1   2   3   4   5   6   7   8   9   10

6. If a family member or friend were thinking about volunteering with WHAT, would you recommend the organisation to them as a result of your volunteer experience?

    Yes   No

7. What did you like best about volunteering at the hospital?

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?

Thank you for taking the time to complete this questionnaire. If you would like a member of the volunteer team to contact you about your volunteering experiences please complete the contact information below.

Name   _____

Contact number   _____

Example of Leaving Letter:

Dear Mrs X

Thank you for your email informing me that you will no longer be able to volunteer at Worcester Royal Hospital, you will be missed.

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.

I wish you well in your role with the Royal Voluntary Service and hope the closer location of the hospital is more convenient for you.

Thank you again for the valuable volunteer role you undertook and please stay safe.

Kind Regards
Volunteer Manager

Appendix 11 – Volunteer Certificate

Appendix 12 - Volunteer Partner Agency Monthly Reporting Form

Volunteer Agency	
Reporting Month and Year	
No of volunteer hours of recorded this month	
Number of 'active' volunteers (Volunteers actively working within Trust including any on pre-arranged holidays or short term sickness- all of whom should be on volunteer database	
Do all 'active volunteers who need or have a current DBS? (All active volunteers to have a valid DB these are updated every three years. The Trust will need assurance that these have been scheduled and that any volunteers without this are not working within the Trust)	Yes / No
Number of volunteers who had a DBS update this month	
Number of 'active' volunteers who require updated safeguarding trainin within the next 6 months (This should be updated every three years)	
Number of volunteers who have undertaken safeguarding training this month	

Number of new volunteers recruited month	
Number of volunteers who have left	
Exit questionnaires sent	
Exit questionnaires returned	
Reasons for Leaving	Education Move from area Employment Unhappy Retirement Alternative Volunteering Other Opportunity
Any other information	

To be returned to Volunteer administrator / manager by the 10th of the following month after the reporting month

Appendix 13 – Volunteer & Staff Charter

Our Volunteers & 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 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 4Ward cultural behaviours at all times - Actively seek to promote a positive patient experience

Trust Policy		**NHS** Worcestershire Acute Hospitals **NHS Trust**

Appendix 14 - NHS Mail Terms and conditions

Your NHS mailbox will have been created by a member of the Trust historically, or if you have joined within the last 2 years 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. www.nhs.net 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

- 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:

- 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

Full name:

Signature:

Job role and project:

Date:

Appendix 15 – Master SLA

External DBS Checks - Voluntary Services
Service Level Agreement (SLA)

Title: Volunteer Service Level Agreement
Contract Duration: 1 year

Service level agreement details

This Service Level Agreement (SLA) is between the following parties and in accordance with Trust Terms and Conditions.

Period of the Service Level Agreement (SLA)	Effective Date		Expiry Date	

Unless otherwise agreed by both parties, this SLA will remain in force until the expiry date agreed above. If no extension/renewal is agreed and the customer continues to access the suppliers' services, the terms of this agreement shall apply on a rolling basis until the overarching expiry date.

External Voluntary Service SLA Signature panel

"External Supplier of Voluntary Services Information"	
Name of External Supplier of Voluntary Service	
Name of External Supplier of Voluntary Service Authorised Signatory	
Job Title	
Address of External Supplier of Voluntary Service	
Signature of Authorised Signatory	
Date of Signature	

Trust SLA Signature panel

The "Trust Information"	
Name of Customer	Worcestershire Acute Hospitals NHS Trust
Name of Customer Authorised Signatory	Anna Sterckx
Job Title	Head of Patient, Carer and Public Engagement
Contact Details email	Anna.Sterckx@nhs.net
Contact Details phone	01905 763333 (x38685)
Address of Customer	Patient Experience Team 1st Floor, Kings Court Worcestershire Royal Hospital Charles Hasting Way Worcester WR5 1DD
Signature of Customer Authorised Signatory	Anna Sterckx
Date of Signature	

This service level agreement shall remain in force regardless of any change of organisational structure to the above named authority and shall be applicable to any successor organisations as agreed by both parties.

Table of Contents

1. Agreement Overview

This Agreement represents a Service Level Agreement ("SLA" or "Agreement") between **……………………………………………** and ***Worcestershire Acute Hospitals NHS Trust*** for the provision of providing Criminal Record and DBS data assurance. This Agreement remains valid until superseded by a revised agreement mutually endorsed by both parties. This Agreement outlines the parameters for data sharing by external suppliers for Voluntary services so they are mutually understood by the primary stakeholders.

2. Goals & Objectives

The **purpose** of this Agreement is to ensure that the proper elements and commitments are in place to provide consistent assurance regarding DBS data of volunteers to the Trust by the External Supplier of Voluntary Services. The **goal** of this Agreement is to obtain mutual agreement for sharing information regarding volunteers having an up to date DBS in place with the External agency.
The **objectives** of this Agreement are to:
- Provide assurance and evidence that all volunteers working within the Trust have been DBS checked and cleared.
- Provide emergency contact details for all volunteers as is necessary within Trust policies.

3. Stakeholders

The primary stakeholders from the Supplier and the Trust will be responsible for the day-to-date management of the Agreement and the delivery of the service. If different from the Authorised Signatory details listed on page 1 of this Agreement, please provide the names of the **primary stakeholders** associated with this SLA.

External Voluntary Service Supplier Contact:
Voluntary Services Trust Contact: Anna Sterckx (Head of Patient, Carer and Public Engagement)
Anna.Sterckx@nhs.net 01905 763333 (x38685)

4. **Periodic Review**

This Agreement is valid from the **Effective Date** outlined herein and is valid until the **Expiry Date** as agreed.

5. Service Requirements

A.   Services Provided
Please detail the service(s) that will be provided by the Supplier to the Trust

> To undertake DBS Checks and Data Assurance for all volunteers and to ensure all emergency contact details are up-to-date and available for access by the Trust. Minimum emergency contact details should include:
> Next of Kin Details
> Volunteer Contact Telephone Number
> Volunteer Full Address

B.   Key Performance indicators

KPI	Target	Achievement
Volunteers have relevant and up to date Criminal Records DBS Check.	100%	
Emergency contact details for all volunteers to be active and up-to-date	100%	
Activity Reports	To notify the Trust of any anomalies or Breaches of DBS at point of identification	

C.   Supplier Tier
Please detail the Supplier(s) in respect of Volunteer DBS DATA

> …………………………is the Sole Supplier for providing external volunteer Data for their organisation as outlined section 5A.

D.   Business Requirement

> …………………………..to provide assurance, by signing the Service Level Agreement, that all volunteers who are placed to work within Worcester Acute Hospitals NHS Trust will have a current Criminal Records DBS check in line with the Trusts Safeguarding Policy.
> The external organisation will immediately inform the Trust Volunteer co-ordinator if any volunteer breaches this requirement. Immediate suspension for that volunteer will take place, in line with the Trust Safeguarding Policy, until we receive assurance that the breach has been resolved.

E. DBS
The Customer should detail the level of DBS check requirement

Basic DBS for all Volunteers.
Enhanced DBS for volunteers working within Maternity, Children & Young People's departments.

F. Complaints/Escalation Procedure
The standard procedure is detailed below

In the first instance, the Trust and the External Voluntary Organisation Supplier should work together and attempt to resolve any issues locally. Should this approach fail to result in a satisfactory outcome for the Trust, the issue should be escalated to the Chief Nursing Officer who will then attempt to resolve the issue to the satisfaction of both parties. Should this approach not result in a satisfactory outcome, the Trust may decide to terminate the Service Level Agreement and partnership working with the External Voluntary Organisation Supplier

G. Termination
The standard procedure is detailed below

Persistent failure by the External Voluntary Organisation Supplier to meet the agreed service levels as specified within the SLA may lead to the contract being terminated. Prior to termination the complaints and escalation procedure should be followed to attempt to resolve any issue. Should suitable resolution not be achieved, the Trust will be allowed to terminate the SLA immediately in writing stating the reasons.

NOTE: It is agreed between both parties that after the first initial 12 months of the contract, a review will be undertaken. Should service performance be deemed to be inadequate, and further to sufficient time having been afforded to the Supplier via requested review meetings to correct issues, the contract may be terminated.

Appendix 16 – Service Level Agreement

Volunteer agency	Expiry	
Macmillan	SLA to be revisited prior to return post Covid pandemic	
Choice Radio	SLA to be revisited prior to return post Covid pandemic	
Therapy Dogs	SLA to be revisited prior to return post Covid pandemic	
League of Friends	SLA to be revisited prior to return post Covid pandemic	

Appendix 17 – 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

[W] NHS Mail terms and conditions 1.docx

[W] Swipe card access disclaimer.docx

[W] Volunteer swipe card access disclaimer for I