



Document Type: Policy	Unique Identifier: CORP/POL/109
Document Title: Management of Volunteers	Version Number: 3
	Status: Ratified
Scope: Trust Wide	Classification: Organisational
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Replaces: Version 2, Management of Volunteers, Corp/Pol/109	Head of Department: Lynne Wyre, Director Nursing
Validated By: Equality of Access Network	Date: 22/02/2019
Ratified By: Procedural Documents and Information Leaflet Group	Date: 13/03/2019
Review dates may alter if any significant changes are made	Review Date: 01/02/2021
Which Principles of the NHS Constitution Apply? Please list from principles 1-7 which apply 1,3,4,5,6,7 Principles	Which Staff Pledges of the NHS Constitution Apply? Please list from staff pledges 1-7 which apply 1 Staff Pledges
Does this document meet the requirements of the Equality Act 2010 in relation to Race, Religion and Belief, Age, Disability, Gender, Sexual Orientation, Gender Identity, Pregnancy & Maternity, Marriage and Civil Partnership, Carers, Human Rights and Social Economic Deprivation discrimination? Yes	
Document for Public Display: Yes	
Reference check Joanne Phizacklea, 8.3.19 (2019/552)	
To be completed by Library and Knowledge Services Staff	

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BEHAVIOURAL STANDARDS FRAMEWORK

To help create a great place to work and a great place to be cared for, it is essential that our Trust policies, procedures and processes support our values and behaviours. This document, when used effectively, can help promote a workplace culture that values the contribution of everyone, shows support for staff as well as patients, recognises and celebrates the diversity of our staff, shows respect for everyone and ensures all our actions contribute to safe care and a safe working environment - all of which are principles of our Behavioural Standards Framework.

Behavioural Standards Framework – Expectations ‘at a glance’

Introduce yourself with #hello my name is... 	Value the contribution of everyone	Share learning with others
Be friendly and welcoming	Team working across all areas	Recognise diversity and celebrate this
Respect shown to everyone	Seek out and act on feedback	Ensure all our actions contribute to safe care and a safe working environment
Put patients at the centre of all we do	Be open and honest	For those who supervise / manage teams: ensure consistency and fairness in your approach
Show support to both staff and patients	Communicate effectively: listen to others and seek clarity when needed	Be proud of the role you do and how this contributes to patient care

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1. SUMMARY

The University Hospitals of Morecambe Bay NHS Foundation Trust (UHMB) and the Bay Health and Care Partners recognises and values the contribution that volunteers make to its services. Volunteers have an important role in complementing and enhancing the work of staff.

This policy supports the governing mechanisms for the involvement of direct NHS and partner volunteers and provides a set of standards and protocols to ensure a safe working practice. It defines the roles, rights and responsibilities of the organisations and of its volunteers and establishes how these standards will be implemented. It will also encourage and enable, rather than limit, the involvement of volunteers, promoting equal opportunities and social inclusion.

In February 2015, the government accepted in principle 13 of the 14 recommendations in Kate Lampard's lessons learnt report¹ following the investigations into the activities of Jimmy Savile relating to the NHS. This policy has reflected on that recommendation, we have reviewed our current practice against the recommendations.

The Bay Health and Care Partners work in partnership with voluntary organisations such as but not limited to the Royal Voluntary Services, Friends of the Hospital and the hospital radio services. We highly value the contribution that all partner organisations make to the services we provide. This policy will serve to enhance the excellent partnerships we already have in place.

Volunteers provide a supplementary service for patients, carers, staff and visitors but are not involved in direct clinical care, nor give advice or opinions about direct clinical care to patients or carers.

Volunteers offer their skills, expertise, knowledge and experience on a completely unpaid basis, in their own time, and of their own desire. Volunteers are not employees of any Bay Health & Care Partner and their role is complementary to that of salaried staff.

Volunteers will not be used for job substitution or form part of the essential staffing structure within the organisation

2. PURPOSE

The purpose of this policy is to provide a consistent and robust approach to the recruitment, induction, training, review and recognition of volunteers.

This will help to ensure that all citizens within The Bay Health and Care Partnership localities can identify and come forward with their voluntary offer and commitment to support the health and social care sectors.

3. SCOPE

This policy and its principles apply to our people, "our staff and volunteers" working / supporting the Bay Health and care partner organisations.

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4. POLICY

4.1 Duties

4.1.1 Executive Chief Nurse

Responsible for implementing, monitoring and evaluating compliance with this policy.

4.1.2 Director of Nursing - in Hospital

Will oversee the work of the Head of Inclusion, Diversity and volunteer management. The director will ensure that organisational objectives for volunteering are being achieved.

4.1.3 Care Group Directors

Are responsible for ensuring that departments within their care groups are supporting voluntary activity and adhering to this policy and the supporting training, information and instruction.

4.1.4 Head of Employment Services

Responsible to the Head HR for implementing, monitoring and evaluating compliance of the volunteer recruitment, section and clearances.

4.1.5 Head of Inclusion and Diversity

Responsible to the Director of Nursing and Chief Nurse for implementing, monitoring and evaluating compliance with this policy. The Head of Inclusion and Diversity will support departments and services in the development of volunteer roles, and will actively recruit and register volunteers. The Head of Inclusion and Diversity will annually report the effects of voluntary activity.

4.1.6 Volunteer Coordinators

Responsible to the Head of Inclusion and Diversity for the day to day liaison with our people (our staff and volunteers)

The volunteer coordinator post holders will support the localities of Lancashire North, Kendal including the Lake District and Furness including Millom and are responsible for the day to day leadership of the volunteers while they are undertaking voluntary activity within their locality.

4.1.7 The Equality of Access Network

The Equality of Access network is responsible for the monitoring and review of this policy. The group will monitor the progress of the Volunteering Developmental Plan which forms part of the corporate nursing business plan. The Equality of Access network report bimonthly to the Inclusions and Diversity Steering group

4.1.8 Volunteers

Volunteers have a responsibility to act in accordance with the organisational values and the standards laid out in the volunteer agreement. (Appendix 2)

4.1.9 All Health, Support and Social Care Staff

Have a responsibility to adhere to the standards set out in this policy to support meaningful safe voluntary activity in their work areas.

4.2 Recruitment of Direct NHS volunteers

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To ensure the protection of patients, visitors, service users, paid staff and volunteers it is essential to have a robust recruitment process as detailed below.

The process will be led by the Head of Inclusion and Diversity supported by employment services and the TRAC online system. Whilst volunteers are not employees, it is essential that the NHS ensures that any volunteers can effectively undertake the agreed activities assigned to them and do not pose a risk to patients, staff or visitors.

Consequently, the following procedures should be applied when recruiting volunteers:

- Pre-employment checks – Employment and Immigration Policy
- Pre-employment Health Screening Procedures
- Disclosure of Criminal Background checks relevant to the volunteer role. (DBS)

Advertising for volunteers will be undertaken through a variety of methods as appropriate.

- The recruitment process will be open, fair and transparent.
- All volunteers are required to complete an application form via the online system named Trac, (offline paper application forms are available for those with no computer access), and all volunteer applicants complete a health declaration form and provide two character references.
- Prospective volunteers will be invited to attend for an informal interview with the Volunteer coordinator. (This may be face to face, via telephone or other means of modern information technology) The role profile and tasks associated with the volunteer role will be discussed with the volunteer placement supervisor for the proposed area together with the suitability of the individual to undertake the role.

Relevant checks must be made **before** a volunteer can commence i.e. obtain satisfactory references, satisfactory Health clearance, and DBS where necessary.

4.2.1 DBS requirements – Risk Matrix

No DBS required for volunteer placements in open public places, i.e. information desk, shops and coffee shop locations. Volunteer and volunteer coordinator to ensure the individual is not moving into a ward placement areas over a period. (if the volunteer moves placements from a meet and greet role to a ward based patient support role the volunteer must refer into the volunteer service to allow further checks i.e. DBS and patient contact medical clearance before relocating into a ward or patient contact area.

Standard DBS checks are required for volunteer placements involving access to patient information. Volunteer to make the volunteer coordinator aware of any personal changes which may affect the volunteer role this includes personal circumstances. We will renew DBS check in line with the organisations DBS rechecking standard operational procedures.

Enhanced DBS checks required for volunteers who have direct access to patients and service users on a one to one basis, or are part of the volunteer time and skill bank moving around different volunteer roles within the trust. The volunteer must make the volunteer coordinator aware of any personal changes in their volunteer role or personal circumstances. We will renew DBS checks in line with the organisations DBS rechecking standard operational procedures.

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Enhanced DBS check with children and adult barring check required for volunteers who have direct access to vulnerable people, including young people, patients and service users on a one to one basis, or are part of the volunteer time and skill bank moving around different volunteer roles within the trust. The volunteer must make the volunteer coordinator aware of any personal changes in their volunteer role or personal circumstances. We will renew DBS check in line with the organisations DBS rechecking standard operational procedures.

Volunteers will be made aware of the DBS update service. This service reduces the need to apply for multiple Certificates when individuals move from one post to another in the same workforce or when a recheck is required.

Successful applicants will be offered an initial trial period of one month, to allow both parties to assess success of the placement. If either party considers the placement to be unsuccessful the line manager will inform the Volunteer Co-ordinator who will explore alternative voluntary opportunities with the volunteer.

All reasonable effort will be made to find a suitable placement for a prospective volunteer. All information received during the recruitment process will be treated as confidential.

Any prospective volunteers who are deemed unsuitable must be informed of the reasons why they are considered unsuitable as a volunteer and a record kept of the same.

Confidential records will be kept relating to the volunteer as part of the recruitment process in line with the organisational staff and volunteer records keeping standard operational procedure.

A record of all volunteers will be maintained by the office of the Community Engagement Manager. Volunteer line managers are responsible for informing the volunteer department of any volunteers who have ended their placement.

4.3 Induction and Training for Volunteer Wearing an NHS ID Badge

Induction and Training for volunteer wearing a NHS ID Badge

Volunteers will be provided with induction to the ward or department where they are placed, as well as attending an NHS volunteer induction. They will also receive training in the specific tasks to be undertaken, and be provided with ongoing opportunities for learning and development associated with the role.

General Induction will, as a minimum, include: -

- Volunteer policy
- Dress code
- Confidentiality and data protection
- Health and Safety, including Smoke Free policy
- Fire procedure within the hospital
- Security, including I D. badges
- Payment of expenses
- Infection control practice

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Local induction will, as a minimum, include: -

- Orientation to the placement area
- Confidentiality
- Health and safety within the area
- Fire procedure
- Limitations and boundaries of the role
- Introduction to supervisor
- Arrangements for training and support
- Procedure if unable to attend for volunteering

Records of all induction and training must be submitted to, and kept by the office of the Head of Inclusion and Diversity

There will be other organisational third party and bay health and care partner volunteers supporting patient experience at different levels. Each partner organisational will make available their standard operational procedures for auditing annually.

4.4 Supervision and Support

The volunteer coordinator will:

- Arrange uniforms, security badges and reimbursement of travel expenses for volunteers, as well as offering to provide a reference after 100 hours of volunteering, if required.
- Arrange and record induction training.
- Identify tasks suitable for volunteers to undertake in their area.
- Introduce volunteers to the department, drawing their attention to health and safety, confidentiality, infection control and other relevant Trust policies.
- Provide daily supervision of activities carried out by the volunteer or arrange for this to be delegated to another person. Inform the office of the Head of Inclusion and Diversity when a volunteer ends their placement.
- Ensure that volunteers return any items belonging to the NHS, i.e. name badge, clothing when they discontinue their service.
- Undertake regular review sessions, at least twice per year, with the volunteer. The purpose of these sessions is to ensure that volunteers are receiving the required level of support and that both parties are happy with the placement. Completed forms are sent to the Volunteer Coordinator.
- Inform the office of the Head of Inclusion and Diversity when a volunteer ends their placement.

4.5 Volunteers Roles and Responsibilities

- Declare all previous criminal convictions/cautions/warnings received, as required

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under the Rehabilitation of Offenders Act (1974)² through the DBS checking process. This information will be treated in confidence and will not necessarily prejudice the candidate being accepted for voluntary work. The volunteer has a duty to inform UHMB of any subsequent convictions.

- Undertake any training required by UHMB to fulfil the requirements of the role.
- Always inform the Line Manager/Supervisor if he/she is not attending the ward / department on any day when the volunteer would normally attend or has agreed to attend.
- Abide by the Volunteer Agreement
- End the placement at any time by notifying the Line Manager / Supervisor and return all NHS property issued to them.

4.5.1 Engaging Volunteers

We acknowledge the right of volunteers to:

- Know what is expected of them and to be given clear information and induction
- Have clearly specified lines of support and supervision
- Be shown appreciation
- Have safe working conditions
- Be issued with a role description
- Know what their rights and responsibilities are if something goes wrong
- Be paid expenses whenever appropriate
- Be valued and respected
- Have their confidentiality protected and respected?
- Have access to the complaints system
- Be trained and receive ongoing opportunities for learning and development
- Be free from discrimination and receive a fair treatment
- Experience personal development through participation

Opportunities for peer support and to meet with other volunteers within the organisation will be provided through the Volunteer coordinator, and through the year, these will take place in July and December each year.

4.5.2 Termination of Placement

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

- breach of confidentiality
- breach of volunteer agreement
- gross misconduct

This is not an exhaustive list and the line manager / supervisor will always discuss the reasons why the placement has been ended with the volunteer and the community engagement manager

The recruiting organisation reserves the right to review any volunteer involvement and move volunteers to other placements within the organisation, subject to the volunteer

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agreeing. If agreement cannot be reached, the placement will be terminated.

4.6 Claims and Payment of Expenses

The recruiting organisation will be ensuring that the volunteering opportunities it offers are accessible to all, regardless of income. However, it is also important to note that legally only out of pocket expenses can be paid otherwise the recruiting organisation could fall foul of the national minimum wage legislation, and individual volunteers who may be claiming social security benefits may be disadvantaged.

Any payment more than out of pocket expenses are subject to income tax.

The following expenses will be paid by the ward / department or with agreement from the community engagement budget.

4.6.1 Travel to and from the recruiting organisation

This will normally be the reimbursement of the cost of using public transport. However, if the volunteer travels by car cost of mileage will be paid as per the rate set by the recruiting organisation finance department. A car park pass may be issued to allow free parking when available, space permitting, whilst on duty. If no car parking space is available forcing the volunteer to use the visitor's car park, any charges will be reimbursed as out of pocket expenses.

4.6.2 Meals

Volunteer are eligible to claim for the cost of a light snack/ drink from the hospital restaurant to the value of £3.75 (2019) reviewed every 2 years.

Expense claim forms should be completed by the volunteer and will be processed by the line manager / supervisor or volunteer coordinator and posted to the Community Engagement Managers office at Westmorland General Hospital for sign off.

4.6.3 Minimum Age

The minimum age for volunteers is 18yrs. There is no upper age limit.

4.6.4 Insurance

Volunteers issued with an NHS ID badge and who have been recruited via the NHS will be covered by the NHS insurance whilst they carry out their agreed duties, and so long as they do so in line with the NHS policies and procedures.

Volunteers will be treated in the same way as staff for liability purposes.

Third party voluntary groups who operate within the NHS will be asked to provide their public liability insurance records for sampling by the NHS.

4.6.5 Health and Safety

The NHS is committed to the Health and safety of our volunteers. We regularly carry out risk assessments, which we act upon to reduce risk to our patients, visitors, staff and volunteers. We will provide volunteers with any information, training or equipment they need to remain safe.

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We expect volunteers to remember their duty of care towards people around them, and not act in a way that might endanger others.

4.6.6 Confidentiality

All volunteers are expected to abide by the Trust Confidentiality Policy and to maintain confidentiality of all information they may have access to during their role. Non-compliance of policy resulting in a breach of confidentiality such as unauthorised use or disclosure of patient identifiable information and is likely to result in immediate termination of the volunteer placement.

4.7 Developing a Relationship with the Volunteering Sector

The NHS will develop working relationships with the third-party volunteering, sectors and where appropriate with local volunteer centres.

Volunteers operating under a third-party sector agreement will undertake checks and clearances to the same standard as per detailed within this policy. The third-party sector organisations management systems will be sampled on a planned basis by The Head of Inclusion and Diversity

4.8 Strategic Development of Volunteering

The Bay Health and Care Partners will take a strategic approach to the development of volunteering. This will involve the production of a joint annual plan for volunteering (in consultation with stakeholders) and the capture of data and learning on volunteering that aids effective planning. The Annual Plan will be presented to the Quality Committee and the Foundation Governors patient experience group.

4.9 Investing in Volunteers

'Investing in Volunteers' is a set of standards for organisations to ensure that they have processes and systems in place to support best practice for volunteers and volunteering.

By working towards the achievement of the 'Investing in Volunteers' standard, we will demonstrate its commitment to volunteers, comparing practice against a recognised standard and giving confidence that we measure up to best practice in managing volunteers.

4.10 Volunteer Monitoring Arrangements

The recruiting organisation will strive to promote best practice in the management of volunteers and the co-ordination of volunteering opportunities across the bay health and care partners. We will be fostering great relationships with other volunteering groups outside of the health and social care sectors to ensure fair access for all.

4.11 Recognition and Award Scheme

Recognising the contribution and commitment of our volunteers is essential. All volunteers placed within the recruiting organisations will be recognised for their commitment through the Recognition and Award Scheme.

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This scheme will provide volunteers with a certificate to recognise everyone's contribution. Volunteers who have completed 5 years, and multiples of 5 years will be recognising with a certificate for their achievement.

Those volunteers who leave after one full years' service of more will the recognising with a certificate for their achievement.

The Bay Health and Care partners will recognise their volunteers through our established organisational reward system which allows our staff, patients, service users and members of the public to formally recognise the good work of our volunteers.

A Volunteer of the month scheme is in place.

4.12 Problem Solving

If a problem associated with a volunteer cannot be solved in the first instance through discussions between volunteers, supervisors and the volunteer coordinator, the issue will be dealt with using this problem-solving procedure (Appendix 3).

5. ATTACHMENTS	
Number	Title
1	Volunteer Agreement
2	Problem solving process - Complaints by volunteers
3	Equality & Diversity Impact Assessment Tool

6. OTHER RELEVANT / ASSOCIATED DOCUMENTS	
Unique Identifier	Title and web links from the document library
Corp/Strat/009	Public and Patient Involvement Strategy 2017-2022 http://uhmb/cs/tpdl/Documents/CORP-STRAT-009.docx
Corp/Pol/015	Data Protection and Confidentiality http://uhmb/cs/tpdl/Documents/CORP-POL-015.docx
Corp/Pol/140	Recruitment and Selection Policy http://uhmb/cs/tpdl/Documents/CORP-POL-140.docx

7. SUPPORTING REFERENCES / EVIDENCE BASED DOCUMENTS	
References in full	
Number	References
1	DoH (2015) Jimmy Savile NHS investigations: lessons learned. Available from: https://www.gov.uk/government/publications/jimmy-savile-nhs-investigations-lessons-learned (accessed 8.3.19)
2	Great Britain (1974) Rehabilitation of Offenders Act 1974. Available from: http://www.legislation.gov.uk/ukpga/1974/53/contents (accessed 8.3.19)
3	Investing in Volunteers. Website available from: https://iiv.investinginvolunteers.org.uk/ (accessed 8.3.19)
Bibliography	
Great Britain (1989) Data Protection Act 1989. Available from: http://www.legislation.gov.uk/ukpga/1998/29/contents (accessed 8.3.19)	
European Union (2018) General Data Protection Regulation. Available from: https://eur-lex.europa.eu/legal-	

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content/EN/TXT/?qid=1528874672298&uri=CELEX%3A32016R0679 (accessed 14.3.19)
Compact Voice. Website available from: http://www.compactvoice.org.uk/ (accessed 8.3.19)
Ministry of Justice (2014) New Guidance on the Rehabilitation of Offenders Act 1974. Available from: https://www.gov.uk/government/publications/new-guidance-on-the-rehabilitation-of-offenders-act-1974 (accessed 8.3.19)
Independent Inquiry into Child Sexual Abuse 'the Goddard Inquiry' (2016). Website available from: https://www.iicsa.org.uk/ (accessed 8.3.19)

8. DEFINITIONS / GLOSSARY OF TERMS	
Abbreviation or Term	Definition

9. CONSULTATION WITH STAFF AND PATIENTS		
Enter the names and job titles of staff and stakeholders that have contributed to the document		
Name	Job Title	Date Consulted
The Equality of access network	The Equality of Access Network	December 2018
Miss Shirley Rigby	Volunteer Coordinator	January 2019
Mrs V Moore	Volunteer	January 2019
Mr B Palmer	Volunteer	January 2019
Executive Chief Nurse Team for comment	Executive Chief Nurse Team for comment	February 2019
The Royal Voluntary Service	The Royal Voluntary Service	January 2019

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10. DISTRIBUTION PLAN	
Dissemination lead:	Head of Inclusion and Diversity
Previous document already being used?	Yes
If yes, in what format and where?	Trust Procedural Document Library
Proposed action to retrieve out-of-date copies of the document:	Archive previous online version
To be disseminated to:	
Document Library	Yes
Proposed actions to communicate the document contents to staff:	<p>Include in the volunteer training, information pack, with links to the policy within the volunteer handbook.</p> <p>Personal copy and web link to documents library will be sent to Executive Chief Nurse, Director of Nursing, Occupation Health Department, Employment Services and volunteer Services.</p> <p>Copies of this policy will be shared with the partner voluntary organisation both those presently operating within our organisations and those who are looking to support the Health and Care Partners in the future.</p> <p>Include in the UHMB Weekly News summary of the New Volunteer Policy document and its on-line file location.</p> <p>Share copy with volunteer partner organisations. -Barry Rigg April 2019</p>

11. TRAINING		
Is training required to be given due to the introduction of this policy? *Yes / No * Please delete as required		
Action by	Action required	Implementation Date
Head of Inclusion and Diversity Volunteer coordinators	Site wards / departments will be offered training, Information and policy instruction via face to face and remote instruction when a volunteer is placed in the associated ward/ department.	In place currently
Bay Health & Care partners	Partner workshops will be delivered to ensure an aligned delivery of this policy which supports patient experience and the safe recruitment and selection of volunteers who choose to support any of our bay health partners.	From 03/04/2019

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12. AMENDMENT HISTORY				
Version No.	Date of Issue	Page/Selection Changed	Description of Change	Review Date
1.1	1/2/2014	From new	New	Planned 19/12/16
2	01/11/2016	Policy review	<p>Updated policy to include and support Bay Health and Care Partners</p> <p>Updated logo 3.5 updated expenses 4.5 Reviewed and updated reward and recognition scheme. 7.0 Updated monitoring and compliance reporting.</p> <p>Full Equality Impact Assessment complete</p>	01/12/2019
3	01/03/2019	Policy review	<p>New template utilised</p> <p>Job roles / titles updated</p> <p>4.6.2 Volunteer meal allowance updated</p> <p>Section 7 review of incoming Blackpool and CPFT volunteer policies</p> <p>Section 11 Updated information, instruction and training section</p> <p>Review EIA/ updated</p>	01/02/2021

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Appendix 1: Volunteer Agreement

The Trust will:

- Ensure that volunteers are treated with respect and dignity by staff.
- Show recognition to volunteers for the unique benefits which the organisation
- Support volunteers to find the right role for their skills.
- Support volunteers in pursuing their personal development.
- Provide volunteers with opportunities to communicate with each other and share common interests.
- Provide volunteers with the required training to fulfil their role.
- Enable volunteers to play a role in the development of volunteering at the hospital.
- Insure that volunteers are reimbursed for out of pocket expenses.

Volunteers will:

- Actively perform their duties to the best of their abilities and remain loyal to the values, goals and procedures of the organisation.
- Act in a polite and courteous manner when dealing with anyone they meet while volunteering
- Complete the training which is required for the role in which they are active.
- Conform to the work-wear requirements of their role.
- Wear a Trust Volunteer's ID badge always; the ID badge should be worn in a visible place.
- Undertake their voluntary role at agreed times.
- Inform their named contact in advance if unable to attend.
- Give as much notice as possible if unable to continue their voluntary role.
- Raise any issues of concern relating to their voluntary role with their supervisor or the volunteer coordinator.
- Inform their supervisor of any relevant changes in their health status.
- Inform their supervisor of all breaks and holidays in advance.
- No smoking on site
- Maintain Confidentiality
- Act in accordance with the Hand Hygiene Procedures

I.....agree:

- To perform my volunteering role to the best of my ability.
- I will follow the organisation's procedures and standards, including health and safety and the equality, inclusion & diversity in relation to patients, staff and volunteers.
- I will maintain the confidential information of the organisation and patients.

I fully understand that the work in which I am involved is of a strictly confidential nature and am aware of the serious view which would be taken if I were to be responsible for a breach of this responsibility.

Volunteer Signed: Head of Inclusion and Diversity Signed.....

Date: Date:

This agreement is binding in honour only, is not intended to be a legally binding contract between us and may be cancelled at any time at the discretion of either party

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Appendix 2: Problem solving process Complaints by volunteers

Stage 1: Oral Complaints

The volunteer will be invited to raise the complaint orally with the Volunteer Coordinator who will attempt to resolve the issue at this stage. If the complaint is regarding the Volunteer Coordinator, then the site deputy chief nurse will fulfil this role. If the issue cannot be resolved at this stage, then the process will be moved to stage 2.

Stage 2: Written Complaints

The volunteer should make a formal written complaint to the Director of nursing who will respond to the complaint in writing within 7 working days. This may be a holding response while the investigation into the complaint takes place. A full response and decision regarding the complaint will be provided within 28 working days. If the volunteer feels that the outcome is not satisfactory then they may appeal to the Deputy Director of Human Resources.

Stage 3: Appeals

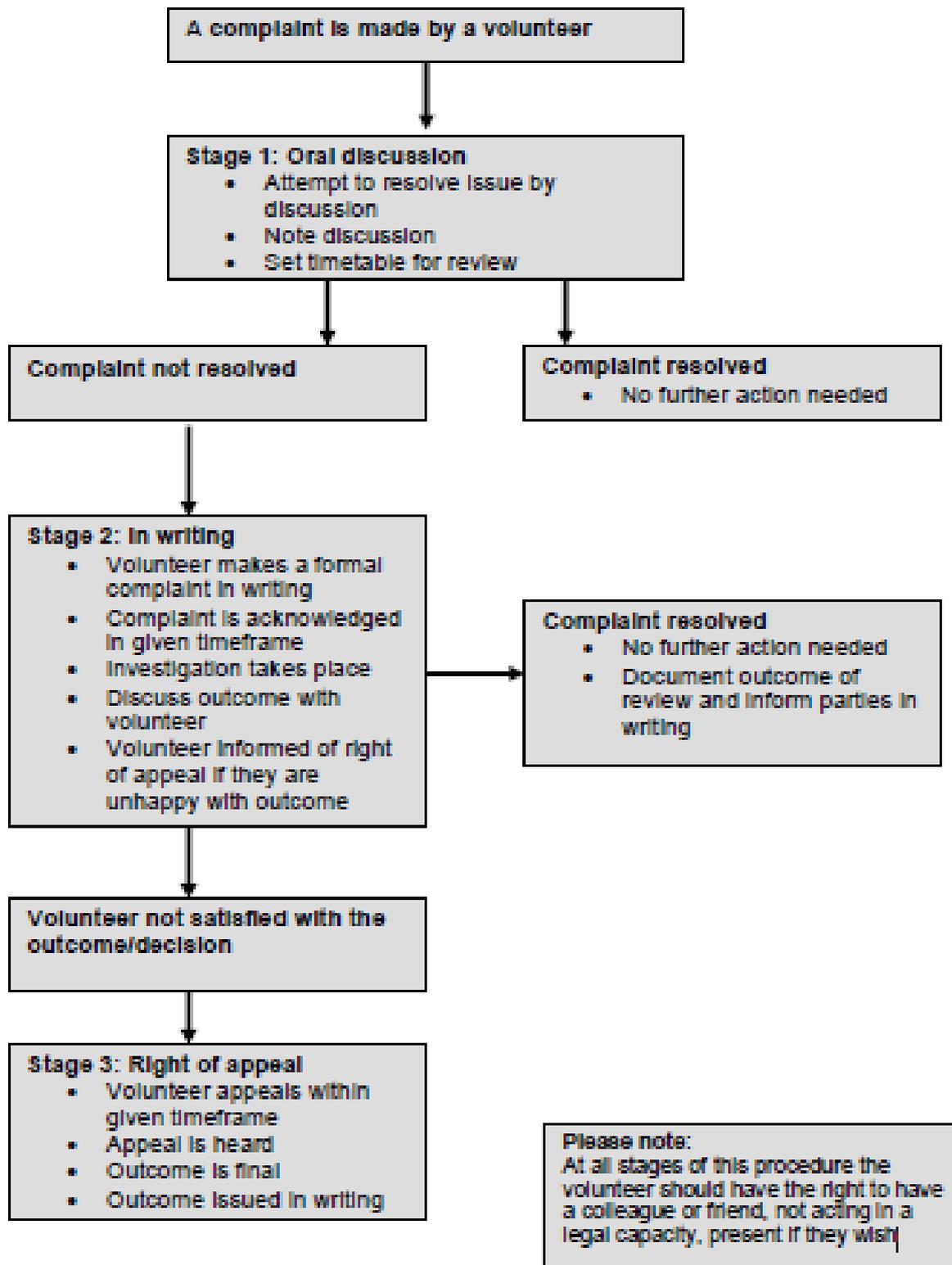
Following an appeal to the Deputy Director of Human Resources a meeting will take place with the Volunteer, site deputy chief nurse and the Deputy of Director of Human Resources. The meeting will take place within 14 days of the written appeal being received. The Deputy Director of Human Resources will review the complaint and decide on the outcome. This decision will be final. The complainant will be kept informed of developments and will receive written confirmation of the outcome of the process

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FLOWCHART – A Volunteer makes a complaint

A complaint is made by a volunteer

FLOWCHART – A Volunteer makes a complaint



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Complaints regarding volunteers

There may be occasions where a volunteer's performance or behaviour does not meet the required standards for the role in question and/or the agreed Trust Values and Behaviours. Regular supervision and review by supervisors, as well as the support of the Volunteer Coordinator, will often detect these issues and resolutions before formal procedures are required. The following procedure will take place if a member of staff or third party wishes to raise a complaint about a volunteer:

Stage 1: Oral Discussion

The Volunteer Coordinator will discuss the complaint with the volunteer and attempt to ascertain any factors which may have affected their behaviour and goals that will help the volunteer fulfil their role more effectively. Meetings to discuss complaints will take place within 10 working days of the date which the complaint was received. The Volunteer Coordinator will provide the volunteer with a written summary of the discussion following the meeting. The situation will then be reviewed by the volunteer coordinator within the 30 working days.

Stage 2: Written Notice

If following an oral discussion and review the issue remains unresolved then the Volunteer Coordinator will issue a formal written notice of the complaint to the volunteer. The volunteer will then be asked to attend a meeting with the Volunteer Coordinator and the Divisional Human Resources Business Partner to state their case. Further objectives may be set at this meeting and support offered to the volunteer. In extreme cases the Trust may ask end their activity with the Trust. Any decision will be communicated to the volunteer in writing. Those who are asked to leave will be given the opportunity to appeal to the Deputy Director of Human Resources.

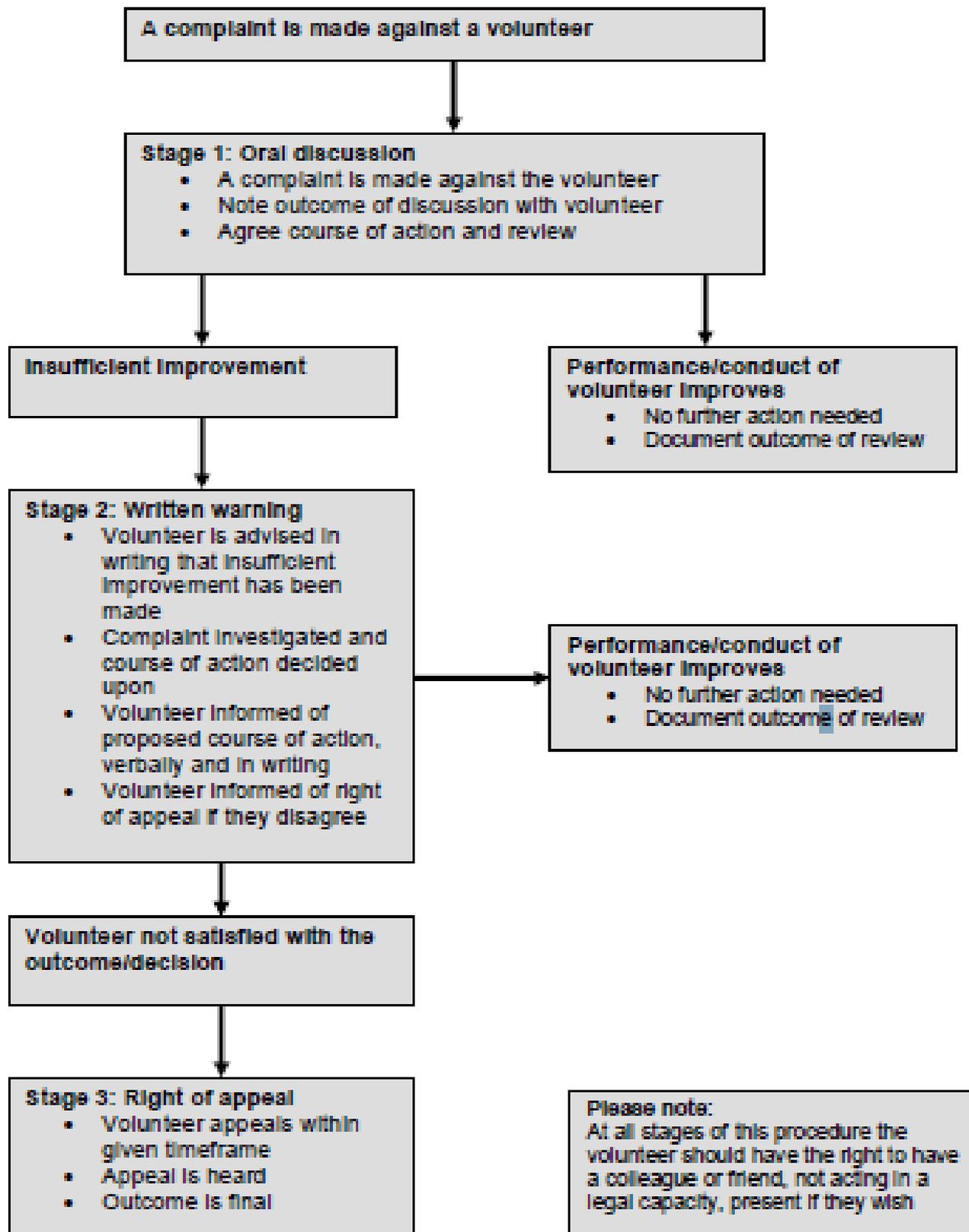
Stage 3: Appeal

Following an appeal to the Deputy Director of Human Resources a meeting will take place with the Volunteer, the Divisional Human Resources Business Partner and the Deputy of Director of Human Resources. The meeting will take place within 14 days of the written appeal being received. The Deputy Director of Human Resources will review the complaint and decide on the outcome. This decision will be final.

The Trust reserves the right to discontinue a voluntary role and will give reasons if requested. Volunteers' positions within the Trust remain at the discretion of the Deputy Director of Human Resources and the Executive Chief Nurse. The complainant will be kept informed of developments and will receive written confirmation of the outcome of the process.

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FLOWCHART – A complaint is made against a volunteer



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Appendix 3: Equality & Diversity Impact Assessment Tool



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Morecambe Bay
NHS Foundation Trust

Equality Impact Assessment Form

Department/Function	Volunteer Services – Corporate Nursing																			
Lead Assessor	Barry Rigg FCMI																			
What is being assessed?	<p>The current management of volunteer's policy version 2 is due to expire in April 2019</p> <p>We want to ensure a consistent approach to the management of volunteers within UHMB and its Bay Health and Care Partners.</p> <p>We have gathering some basic information on the current volunteering activities, management practices (quantitative), qualitative information.</p> <p>From this information, other evidence and specific data, it was concluded that there was a definite need for consistency and therefore a renewed version for the management of volunteer's policy was agreed.</p> <p>Wards, departments and volunteer partners were contacted and asked whether they had any relevant policies or procedures relating to volunteers, but apart from version 2 UHMB Management of Volunteer Policy, there was nothing specific for UHMB, however there was a similar policy for Cumbria Partnership and external stakeholders including the Royal Voluntary Service, Age UK, Slight advice and The Bay Trust Radio to name a few.</p> <p>Version 2 policies for the management of volunteers were put together, including a set of procedures with appendixes. It utilised information from the general good practice guidelines from Volunteering England Good Practice Resources.</p> <p>Version 2 Policy for the management of volunteer's document provides guidance on employing a consistent approach to the management of volunteers within UHMB and our Bay Health and Care Partners based on nationally recognised guidelines of best practice. In addition, it gives guidance and practical assistance to staff on best practice related to managing volunteers.</p> <p>It aims to consolidate guidelines and information on Good Practice with practical assistance and sought to integrate UHMB own policies referring to volunteers. .</p>																			
Date of assessment	21/02/2018																			
What groups have you consulted with? Include details of involvement in the Equality Impact Assessment process.	<table border="1"> <tr> <td>Equality of Access to Health Network</td> <td><input checked="" type="radio"/> Yes</td> <td><input type="radio"/> No</td> </tr> <tr> <td>Staff Side Colleague</td> <td><input type="radio"/> Yes</td> <td><input checked="" type="radio"/> No</td> </tr> <tr> <td>Service Users</td> <td><input type="radio"/> Yes</td> <td><input checked="" type="radio"/> No</td> </tr> <tr> <td>Staff Inclusion Network(s)</td> <td><input checked="" type="radio"/> Yes</td> <td><input type="radio"/> No</td> </tr> <tr> <td>Personal Fair Diverse Champions</td> <td><input type="radio"/> Yes</td> <td><input checked="" type="radio"/> No</td> </tr> <tr> <td>Other (including external organisations)</td> <td><input checked="" type="radio"/> Yes</td> <td><input type="radio"/> No</td> </tr> </table> <p>Please give details:</p> <ul style="list-style-type: none"> Cumbria Compact Principle document 		Equality of Access to Health Network	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Staff Side Colleague	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Service Users	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Staff Inclusion Network(s)	<input checked="" type="radio"/> Yes	<input type="radio"/> No	Personal Fair Diverse Champions	<input type="radio"/> Yes	<input checked="" type="radio"/> No	Other (including external organisations)	<input checked="" type="radio"/> Yes	<input type="radio"/> No
Equality of Access to Health Network	<input checked="" type="radio"/> Yes	<input type="radio"/> No																		
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- The Royal Voluntary Service
- The general good practice guidelines from Volunteering England Good Practice

1) What is the impact on the following equality groups?

1) What is the impact on the following equality groups?		
Positive:	Negative:	Neutral:
<ul style="list-style-type: none"> ➤ Advance Equality of opportunity ➤ Foster good relations between different groups ➤ Address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ Unlawful discrimination, harassment and victimisation ➤ Failure to address explicit needs of Equality target groups 	<ul style="list-style-type: none"> ➤ It is quite acceptable for the assessment to come out as Neutral Impact. ➤ Be sure you can justify this decision with clear reasons and evidence if you are challenged
Equality Groups	Impact (Positive / Negative / Neutral)	Comments
Race (All ethnic groups)	Positive	Currently we have a low level of recruitment /involvement of people from BME groups. This policy and the Patient and Public involvement strategy will go some way to address this development point.
Disability (Including physical and mental impairments)	Positive	We actively support disabled people who apply to become volunteers. We will continue to review all our volunteering opportunities to ensure they are suitable for disabled people, especially where disability is mobility & sensory related and those with a learning disability. We are known within the localities of Cumbria and Lancashire for creating supportive and developmental reasonable modifications -creating equal access for all who choose to volunteer with us.
Sex	Positive	Volunteers are recruited via the online Traq system which ensures all personal details with regards to the sex of the applicant is not shared with the recruiting manager until after the shortlisting process.
Gender reassignment	Positive	Our volunteer adverts are places in open locations. All volunteer positions offered are suitable for all genders, except for the breast-feeding buddies volunteer role which states you must have own experience of breast feeding. Currently our ratio of male/ female / not stated volunteers shows greater numbers of female volunteers, we plan to work with the staff networks to share future volunteer posts and seek the help from the gender network on a short term direct target audience advert.

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Religion or Belief	Positive	<p>Volunteers are recruited from majority faiths – especially Christian, limited numbers of volunteers from other faith groups.</p> <p>Volunteers supporting the multi faith services with healthcare are interviewed by the hospital chaplain and supervised by the hospital chaplain this Management of volunteer’s policy.</p> <p>Other faith leaders from the community are welcomed to the hospital and follow the same Management of volunteer’s policy.</p>
Sexual orientation	Positive	<p>We use an online NHS approved volunteer application form which does ask the applicant for their sexual orientation. This data is held by our employment service team and the personal information not shared with the volunteer management.</p> <p>As part of this policy review anonymous data was available for monitoring which helped to build the evidence base about our communities, which in turn has helped to understand and provide for our different needs.</p> <p>Sexual orientation monitoring has lots of benefits for the individual ensuing equality of access and opportunity in volunteering, ensuring equality of access to services and Improved services to more meet any specific needs.</p> <p>We are keen to creating a culture of inclusivity and openness at work and to recognition that our people’s sexual orientation is as important a part of each person’s identity as is the gender or ethnicity.</p> <p>We have one volunteer position named breast buddy which clearly states that the volunteer must be a “mum” who has experienced breast feeding.</p>
Age	Positive	<p>The new policy only allows those aged 18 or above to apply to become a volunteer.</p> <p>Anyone under the age of 18 have the option to be held on a waiting list and apply when they become 18 years of age or we can refer the young person to other external volunteer groups who support the recruitment of micro young volunteers.</p> <p>Those young people looking for work experience are directed to our Better Care work experience hub team.</p>
Marriage and Civil Partnership	Positive	<p>There are no impacts for those who are married or in a civil partnership.</p>
Pregnancy and maternity	Positive	<p>Those volunteers who are or become pregnant during the time they are a volunteer are required to liaise with the Head of Inclusion and Diversity to complete a personal risk assessment.</p> <p>This is covered in the volunteer induction for information.</p> <p>Some volunteer positions do not allow those who are pregnant i.e. radiology volunteer helper.</p> <p>We have one volunteer position named breast buddy which clearly states that the volunteer must be a “mum” who has</p>

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		ersonally experienced breast feeding.
Other Carers	Positive	For those volunteers who wish to bring their carer as part of their volunteer interaction this is encouraged. Both the volunteer and the carer will need to undergo the recruitment checks and clearances and attend induction.
Homeless Traveling communities	Negative	As with version 2 of the Management of volunteer's policy, this version may be disadvantaging both the homeless and the travelling communities as our volunteer recruitment process requires individuals to provide evidence of their home address, this is also required as part of the DBS process.

2) In what ways does any impact identified contribute to or hinder promoting equality and diversity across the organisation?	<p>Content of the policy are based on the recommended & nationally recognised standards of best practice in managing volunteers.</p> <p>Needs of volunteers are taken as being significantly important, and issues around race, gender, age, religious belief, disability, sexual orientation are captured throughout the procedures about recruitment, support and management techniques used.</p> <p>Some recommendations directly refer to consideration of some needs to remove unequal and / or prejudicial practices and encourage those that promote equality and diversity.</p> <p>Adaptation of volunteering roles to make them more suitable and more attractive to volunteers with disabilities or additional support needs* is encouraged, as is the provision of resources, literature / information in a variety of formats.</p> <p>Methods can be further developed utilising the specialist skills of organisations who work with people from BME. LGBT groups, disabled people, with older and young people, socially excluded and the homeless.</p> <p><i>* This term can include disabled people, those who experience mental ill health or who have a learning disability.</i></p>
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- 3) If your assessment identifies a negative impact on Equality Groups you must develop an action plan **to avoid discrimination and ensure opportunities for promoting equality diversity and inclusion are maximised.**
- This should include where it has been identified that further work will be undertaken to further explore the impact on equality groups
 - This should be reviewed annually.

Action Plan Summary

Action	Lead	Timescale
<p>Additional monitoring of all applications from those wishing to apply for the breast-feeding buddy volunteering role.</p> <p>We can offer anyone to apply to become a volunteer to collect donor breast milk from Southport and Preston and deliver to our hospital – this system is already implemented via our North-West Blood Bikers.</p>	B Rigg	April 2019
<p>Those identified above may be able to apply to become a health animator within their own communities. – Work to be developed in this area.</p>	B Rigg	From April 2019

This form will be automatically submitted for review for Policies and Procedures once approved by Policy Group. For all other assessments, please return an electronic copy to EIA.forms@mbht.nhs.uk once completed.

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