

## Hospital Volunteering Policy

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<b>Document Owner:</b>	Sally Dyson		
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2	05/08/2014	Sally Dyson, Voluntary Services	To bring into alignment with Trust governance structure, correct layout

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Author/s: Sally Dyson

Author/s title: Voluntary Services Manager

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		Manager	etc.
3	21/04/2021	Sally Dyson, Voluntary Services Manager	To update and align with new volunteer strategy
4	05/01/2023	Sally Dyson, Voluntary Services Manager	To update travel reimbursement rates to bring in line with Trust policy

### Previous Titles for this Document:

Previous Title/Amalgamated Titles	Date Revised
None	Not applicable

### Distribution Control

Printed copies of this document should be considered out of date. The most up to date version is available from the Trust Intranet.

### Consultation

During development of this policy, the Chief Nurse, Assistant Chief Nurse, Head of Compliance Governance, Head and Deputy Directors of Nursing and Volunteering at NHS England were consulted.

### Monitoring and Review of Procedural Document

The document owner is responsible for monitoring and reviewing the effectiveness of this Procedural Document. This review is continuous however as a minimum will be achieved at the point this procedural document requires a review e.g. changes in legislation, findings from incidents or document expiry.

### Relationship of this document to other procedural documents

This document is a strategy applicable to the Norfolk & Norwich University Hospitals NHS Foundation Trust; please refer to local Trust's procedural documents for further guidance.

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# Hospital Volunteering Policy

## 1. Introduction

Norfolk and Norwich University Hospitals NHS Foundation Trust (the Trust) values and respects all volunteers and voluntary groups who offer their services at the Trust.

The Trust supports the development of volunteering to become an integral part of the patient experience. The volunteering ethos supports the guiding principles for quality patient care.

The Trust will develop service frameworks with volunteer groups from the external voluntary sector who support the activities at Norfolk and Norwich University Hospitals NHS foundation Trust.

### 1.1. Rationale

The rationale of this policy is to provide reference and guidance for the recruitment, selection, management, support and training of all volunteers at the Trust.

It also provides guidance to ensure volunteers and staff know how to speak out safely in line with Trust policy, best practice and in compliance with both legislative and NHS standards in order to ensure that volunteering remains a valuable experience for all.

This policy demonstrates the Trust's commitment to the volunteer programme and the recognition of volunteers as a valuable resource. The volunteer role complements, not substitutes the work of paid staff and helps to:

- Improve patient experience
- Support families, carers and staff
- Provides meaningful roles for volunteers
- Build a closer relationship between services and local communities
- Support integrated care

### 1.2. Objective

The objective of this policy is to:

- Provide a valuable and effective enhanced resource to the Trust
- Set out that recruitment of volunteers is in line with safe recruitment practices and in keeping with Trust policy.
- Attract and retain a diverse volunteer community which is representative of the local community it serves.
- Ensure that the roles are open to all sections of the community and consistent with the Trusts recruitment policy and our commitment to fair and equitable treatment.
- Ensure that paid staff understand why volunteers are involved and the role they have within the organisation.
- Support the aims of improving the experience of patients, families, carers and staff.

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- Help individuals gain the confidence and skills they need to join / re-join the jobs market and apply for paid posts.

### 1.3. Scope

The policy covers all sites of the Norfolk and Norwich University Hospital where volunteers are placed.

Volunteers are people, who, of their own free will and without payment or expectation of payment, contribute their time, energy and skills to benefit their community, or to acquire relevant experience

### 1.4. Glossary

The following terms and abbreviations have been used within this document:

Term	Definition
NNUH	Norfolk and Norwich University Hospital
NAVSM	National Association of Voluntary Services Managers

## 2. Responsibilities

### 2.1. Voluntary Services Manager

The Voluntary Services Manager will have overall responsibility for leading the Volunteer service within the Trust and is responsible for:

**Governance** - Ensuring the service complies with Trust policies, financial restrictions, relevant legislation and that effective policies and procedures are established and developed for the utilisation of volunteers.

**Service Development** - Identifying and implementing strategic development to reflect the Trusts objectives.

**Operational Management** – Ensuring that voluntary services are developed, promoted, organised and managed across the organisation, overseeing the recruitment, training, support & problem solving procedures.

**Performance Management** – Monitoring service performance & reporting to the Patient Experience and Engagement Board

**Personnel Management** - Leading and developing the voluntary services team and ensuring they have the support and information they need in order to work effectively with volunteers.

**Financial Management** - Managing and maintaining pay and non-pay budget for the service

**Corporate Responsibilities** - Contribute to the general management of the Trust as a member of the Nursing & Education Directorate

**External Responsibilities** - Monitor, advise and assign appropriate resources to support external volunteer groups affiliated to the hospital, ensuring all Trust recruitment standards are met.

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Regional & National Responsibilities – Represent the Trust and develop partnerships with local and national networks to influence development and best practice regionally and nationally. Maintain an appointment on the National Executive Committee of the National Association of Voluntary Services Managers (NAVSM).

## 1.1. Voluntary Services Coordinators

The Voluntary Service Coordinators are responsible for the project management of their individual services as well as supporting their peers to deliver professional integrated volunteer management. They are responsible for:

- Interviewing, recruiting, training and retaining people willing to be Volunteers at the Trust, ensuring that all required recruitment checks are undertaken in line with the Trusts recruitment standards.
- Negotiating relevant and suitable roles/placements for volunteers and acting as liaison between NNUH employees and volunteers.
- Providing day to day coordination and management of NNUH Volunteers either personally or through the arrangement of an assigned mentor.
- Developing and delivering bespoke training packages for volunteers.
- Providing advice and support to volunteers ensuring that they are aware of how to raise any matters of concern
- Interacting regularly with volunteers and providing regular feedback sessions to ensure that they feel valued for their contribution.
- Ensuring volunteers have the same respect and care as employees with clarity for all that the relationship is non contractual.
- Dealing with first stage problem solving procedures ensuring every effort is made to support volunteers remaining in post.
- Identifying any service improvements or new initiatives to continually develop their services.
- Acting as deputy to Voluntary Services Manager in her absence.

## 1.2. Recruitment Administrator

The Recruitment Administrator is responsible for all secretarial, administrative and personnel support to the Voluntary Services Department and is responsible for:

- Recruitment Administration
- Database management
- Generic email communication and dissemination
- Diary Management

## 2.1. Volunteers

Volunteers are responsible for:

- Ensuring they adhere to all Trust policies

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- Keeping within the boundaries of agreed tasks and may refuse tasks not specified within their role description.
- Wearing an official identity badge whilst volunteering within the Trust and returning this and any uniform if/when they leave.
- Behaving in a manner which reflects positively on the organisation and to promote our vision and values.
- Reporting to the person in charge of the ward/department on arrival, introducing themselves and awaiting any advice or instructions.
- Actively taking part in induction and training as required.

### 2.2. Trust Employees

#### Access

Staff/Departments seeking volunteers should consult the Voluntary Services team. They will be asked to complete a task list listing the main duties and activities of the role. This will be risk assessed by the coordinators against personal risk, environmental risk and job substitution. The Voluntary Services team will then provide a suitable volunteer.

#### Support

All volunteers will have direct access to a named contact person within their ward/department who will advise and allocate their day-to-day activities and support their development needs.

### 3. Policy Principles/Processes to be followed

#### 3.1. Recruitment – General Guidelines

All general enquiries about voluntary work at the Trust are referred to the Voluntary Services team. The team will explain the opportunities available and the important links with external voluntary groups who support the Trust.

The Trust can recruit volunteers for most areas within the hospital, and potential volunteers should be willing to offer a minimum of one session (4 hours) per week.

Applicants will be asked to complete an application form, a disclosure and barring check and a health questionnaire. The recruitment process requires that all volunteers provide two references and complete Trust mandatory training.

The minimum age for a hospital volunteer is 16 years with parental consent. Volunteers are not permitted in Clinical areas below 17½ years.

Full details of recruitment guidelines can be found on the Trust's website.

### 4. Training & Competencies

All volunteers recruited by the Trust must attend a relevant induction to volunteering

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followed by annual updates. This mandatory training programme organised by the volunteer coordinators is also provided to volunteers recruited by external groups and includes:

- Code of Conduct / PRIDE Values
- Health and Safety / Waste Awareness
- Fire procedures
- Security
- Infection prevention & Control
- Safeguarding (Child & Adult)
- Information Governance
- Limitations of the Volunteer role
- Dementia Friends

In addition, volunteers receive a first day induction which includes:

- Hospital Orientation
- Signing In / Signing Out
- Risk Management
- Reporting clarification

Volunteers may receive additional specific training such as feeding, wheelchair pushing, end of life support, settle in service, driving assessment etc if relevant to their role.

Volunteers recruited by the Trust will be issued with a good practice agreement (Appendix 1) covering:

- Attendance (Signing in and out)
- Holiday and absence notification
- Sickness reporting
- Personal belongings
- Gifts and shopping
- Personal identification cards
- Personal development including certificate of volunteering
- Departure, reference and exit interviews

### 5. Expenses and Travel

Volunteers are able to claim their travel expenses. Car users can claim reimbursement at 30p per mile but must use Costessey Park & Ride as no parking is available on the hospital site. Public Transport users can claim for any bus or train tickets purchased.



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Volunteers may use the staff catering facilities at a discounted rate on production of their ID badge.

### 6. Insurance

All volunteers are covered by the Trust's indemnity (Insurance Scheme) whilst they are on the premises, providing they are operating within the restrictions of their role and have completed and updated their mandatory training.

### 7. Solving Problems, Complaints or Disputes

If a volunteer has a complaint about the organisation, a member of staff or another volunteer, in the first instance they should seek advice and guidance from their named contact person. If the issue is unable to be resolved, the volunteer should then refer the matter to the Voluntary Services team, who will endeavour to solve it informally.

If the problem is more complex, the Voluntary Services Manager may suggest escalating the issue formally to our HR department.

If a complaint is raised against a volunteer the coordinator will meet with the volunteer concerned and discuss with them why the expected standard of performance or conduct is not being met. They will endeavour to solve the matter informally.

If the problem is more complex, the Voluntary Services Manager may suggest escalating the issue formally and will follow the volunteer problem solving guidelines.

### 8. Reporting Incidents

Volunteers involved in any incident must report the circumstances to the senior person in the department where the incident occurred. Volunteers may be requested to complete the Trust incident reporting form provided for this purpose.

### 9. Related Documents

NAVSM Guidelines – available at:

<https://www.navsm.org/best-practice-guides>

'The Standard' - Investing in Volunteers available at:

<http://iiv.investinginvolunteers.org.uk/>

'Volunteering in acute Trusts in England', The King Funds available at:

<http://www.kingsfund.org.uk/publications/volunteering-acute-trusts-england?gclid=CJ7EjZHJ278CFVMRtAodp3YAhg>

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### 10. Monitoring Compliance / Audit of the process/policy principles/service to be delivered

Compliance with the process will be monitored through the following:

Key elements	Process for Monitoring	By Whom (Individual / group /committee)	Responsible Governance Committee /dept	Frequency of monitoring
Ensure that the service remains fit for purpose	Annual review of the performance & provision of service; undertaken by the Voluntary Services Manager & staff	VSM and Coordinators	Patient Engagement and Experience Governance Sub-Board	Annually
Ensure that the Trust complies with this policy	Spot check on services provided by the volunteers (random example 10 volunteers yearly); undertaken by the Voluntary Services Manager & staff	VSM and Coordinators	Patient Engagement and Experience Governance Sub-Board	Annually

The audit results are to be discussed at the Patient Engagement and Experience Governance Sub-Board to review the results and recommendations for further action. Then the Patient Engagement and Experience Governance Sub-Board will ensure that the actions and recommendations are suitable and sufficient.

### 11. Appendices

#### Appendix 1: Good Practice Agreement

<b>Good practice</b>
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#### 1.1 Attendance

All volunteers must record their attendance by signing in at East or West outpatient reception. They must always report to their named contact person in charge of their ward/department and sign out at the end of their shift.

#### 1.2 Dress Code

Volunteers are required to wear provided uniforms while on duty. These are designed to protect clothing and reduce the risk of infection. Further to this, volunteers working on wards must remain bare below the elbows and remove wrist watches and jewellery with the exception of a plain wedding band.

#### 1.3 Holidays

If volunteers are likely to be away due to holidays etc, they must notify the person in charge of their ward/department in advance. Should they anticipate a long absence

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they should inform the Voluntary Services team.

### 1.4 Sickness

Volunteers are requested not to attend if they are feeling unwell. In the event of absence at short notice we request that they telephone their ward/department direct. The Workplace Health and Wellbeing Department should be informed after any long term illness or hospitalisation, or serious vomiting and diarrhoea on return from travel abroad.

### 1.5 Gifts and Shopping

Volunteers must not accept cash rewards or gifts. If shopping for patients, volunteers should only accept small change for specific items and must not accept responsibility for a patient's credit cards or cash cards.

### 1.6 Personal Belongings

The Trust is not responsible for any loss or damage to a volunteer's personal property. Security and storage of personal property will be discussed at induction.

### 1.7 No Smoking

Smoking is not permitted on any Trusts premises.

### 1.8 Identification

Each volunteer is provided with an identification badge and uniform, which must be worn at all times.

### 1.9 Confidential Matters

Volunteer's may see and hear confidential information during their duties. Nothing concerning patients, or their condition, must be mentioned outside or inside the hospital. Full information governance training is provided as mandatory during induction.

## Departure of Volunteers

### 1.10 Unsatisfactory Service

A volunteer who proves unsatisfactory may be requested to leave. This action would only be necessary if we had made every effort to solve the problem following the process set out in the volunteer problem solving procedure, and reached an unsatisfactory conclusion.

### 1.11 Exit Interviews

When a volunteer decides to leave the services of the Trust, they may request an exit interview to discuss their placement and experiences.

### 1.12 Certificates

Upon leaving if a volunteer has completed a minimum of six months service they will be offered a certificate of recognition for the time that they have committed to the

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Trust.

### 1.13 Reference requests

For volunteers seeking paid employment, the Voluntary Services Manager may provide references on request.

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### 12. Equality Impact Assessment (EIA)

<b>Type of function or policy</b>	New
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<b>Division</b>	Corporate	<b>Department</b>	Voluntary Services
<b>Name of person completing form</b>	Sally Dyson	<b>Date</b>	16/01/2023

Equality Area	Potential Negative Impact	Impact Positive Impact	Which groups are affected	Full Impact Assessment Required YES/NO
Race	None	None	N/A	No
Pregnancy & Maternity	None	None	N/A	No
Disability	None	None	N/A	No
Religion and beliefs	None	None	N/A	No
Sex	None	None	N/A	No
Gender reassignment	None	None	N/A	No
Sexual Orientation	None	None	N/A	No
Age	None	None	N/A	No
Marriage & Civil Partnership	None	None	N/A	No
<b>EDS2 – How does this change impact the Equality and Diversity Strategic plan (contact HR or see EDS2 plan)?</b>				

- **A full assessment will only be required if: The impact is potentially discriminatory under the general equality duty**
- **Any groups of patients/staff/visitors or communities could be potentially disadvantaged by the policy or function/service**
- **The policy or function/service is assessed to be of high significance**

**IF IN DOUBT A FULL IMPACT ASSESSMENT FORM IS REQUIRED**

**The review of the existing policy re-affirms the rights of all groups and clarifies the individual, managerial and organisational responsibilities in line with statutory and best practice guidance.**