

by Sheila Hawkins and Mark Restall

Volunteers across the NHS: improving the patient experience and creating a patient-led service

Some of the things that volunteers do within the NHS

Administration helper/medical records assistant
Advocacy
Ambulance first responder
Anti-coagulant assistant
Artist
Arts and crafts (knitters, blanket maker, art therapist)
Befriending/buddying (in-patients and community)
Benefit advice
Birds of prey (volunteers bringing birds to children's units)
Buggy service for outpatients with mobility problems
Carer support
Chapel pianist and organist
Chapel service helpers and singers
Chapel services names collector
Chaplaincy lay preacher
City guides (guides who conduct hospital tours)
Clerical helper
Clinic assistant (baby/well-being etc)
Counsellor
Curtain matcher (collecting odd curtains in hospital and putting them in pairs for re-hanging)
Dental Complaints Service volunteer panel member
Discharge lounge assistant
Drama assistant
Entertainment
Events helpers
Exercise to music
Expert patient
Feeders (for patients)
Fish tank maintenance
Focus groups for research
Flower arrangers/flower care on wards
Fundraising
Games players (for example chess player companion)
Garden (including pond maintenance)
GP patient participation group member
Governance and trustees
Hand holders (for surgery etc)
Home care
Home escorts for vulnerable patients
Hospital radio presenter and request collector
Information/leaflet readers and checkers
Information provider (for example in epilepsy clinic)
Interpreter
Interviewer
IT volunteers (database work)
Knitters for premature babies
Lay assessor (for the Quality and Outcome Framework)
Letter writer
Librarian
Magazine delivery
Massage and aromatherapy massage
Medicinema
Meet and greet/welcomer
Musicians
Occupational therapy activities assistant
Packs (making up maternity packs, patient emergency toilet kits)
PALS officer
Pets as Therapy (PAT) dogs/animal visits
Pastoral
Peer educators (various projects)
Pharmacy
Physiotherapist assistant
Plain language volunteers (to de-jargon written materials)
Playroom helpers
Post room assistant
PPI forum member
Print room assistant
Reception/Information/Enquiry desk/Welcome desk
Recruitment and selection of staff
Recycling assistants
Reflexologist
Runner (of errands in and out of hospital)
Shop helper (food, clothing etc)
Shoppers (for patients)
Skin camouflage
Social events organisers/helpers
Speech and language volunteers
Sport companions for mental health service users (for example golf buddy)
Sport organisers for mental health service users (for example angling groups)
Support groups for specific health conditions
Tea bar/café/bar
Theatre trip companion
Trainers (for example life saving technique)
Therapeutic hand care
Transport (drivers)
Trolley service (meals, drinks, toiletries, newspapers etc)
Visitor screening helpers
Ward and department volunteers (various, including A&E, Outpatients, Occupational Health, X-ray etc)
Wheelchair pushers
Youth group helpers

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Published by Volunteering England February 2006
ISBN 1 897708 31 9
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List of acronyms

CRB	Criminal Records Bureau
DH	Department of Health
EPP	Expert Patients Programme
NED	Non-executive director
NHS	National Health Service
PALS	Patient Advice and Liaison Services
PCT	Primary care trust
PPI	Patient and Public Involvement
VSM	Voluntary service manager

Some of the things that volunteers do within the NHS
[Listed overleaf >](#)

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Foreword

Energy...enthusiasm... empowerment

Support for a strong and vibrant voluntary and community sector is an essential component of our vision for the future of health and social care.

There are key benefits of volunteering for the NHS.

First, volunteers are often in a position to provide a more personal response, a response that formal health and social care workers sometimes find more difficult to deliver in the pressured environments in which they work.

Second, volunteers can foster better local ownership. The involvement of volunteers in Expert Patient Programmes in particular, or as representatives on working groups, can give commissioners of health and social care services an invaluable window into the community they serve.

Third, 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 purpose of this guide is to help ensure that the NHS uses volunteers well. NHS organisations are among the largest employers in many communities. There is a tradition of involving volunteers in supporting individuals using services, alongside the provision of formal health care services. However, there is often inconsistency in the way that volunteers are managed and reimbursed. This needs to change.

It is important that NHS organisations tap into the energy and enthusiasm that individuals who are willing to give up their time to volunteer in their communities have to offer. This guidance underlines the government's support for expanding volunteering in NHS organisations and encouraging NHS organisations to think about new roles that volunteers could fulfil.



Liam Byrne MP

Parliamentary Under Secretary of State for Care Services

The Orthopaedic Outpatients Service Improvement Manager at Stockport Foundation NHS Trusts identified 11 points during a typical patient pathway in which volunteers contributed to that patient's experience.

In Poole NHS Trust, dialogue has been established between patient-volunteers and professional groups to facilitate exchange of views and information. The trust is developing knowledge about consultation models which have informed the Patient and Public Involvement (PPI) strategy and has been useful for staff training in PPI methods.

Section 1

The value of volunteering

Volunteering is: 'an activity that involves spending time, unpaid, doing something that aims to benefit the environment or someone (individuals or groups) other than, or in addition to, close relatives'.

Definition of volunteering from the Compact on relations between government and the voluntary and community sector.

Volunteers bring tremendous value to the National Health Service, in a variety of roles that enhance services to patients provided by paid staff and assist the NHS in improving and developing services. Some of these roles (such as providing library trolleys or fundraising) pre-date the NHS; other roles reflect newer developments such as involvement in Patient and Public Involvement activities, governance, service and policy development activities, self-help groups and initiatives such as the Expert Patients Programme (EPP). What all these activities have in common is that individuals give freely of their time to benefit the NHS.

The team of 'meet and greet' volunteers in Queen's Medical Centre in Nottingham see over 4,700 people in a typical two-week period so are in a position to comment on many aspects of hospital life. They act as a conduit to the Patient Advice and Liaison Services (PALS) and also contribute to trust working groups improving disability access, signage and having a clean environment.

Individuals are motivated to volunteer in the NHS for many reasons which include:

- > wanting to give something back after they or their family have benefited from services
- > exploring a career in health care
- > a wish to develop or maintain skills and experience
- > wanting to help the NHS improve and develop specific services.

The need for guidelines

Volunteering programmes have developed in a variety of ways over time, with the result that the way in which volunteers are recruited and managed can be inconsistent, and can inadvertently give the impression that some roles are more valued than others. Research by the Institute for Volunteering Research in December 2004 and January 2005 highlighted these discrepancies and the potential difficulties they could create. This document is intended to inform local practice, and help to harmonise and regularise support for NHS volunteer involvement so that it becomes more consistent and coherent across NHS organisations.

SURF (Service Users Reaching Forward) is the local involvement/representation group for the Durham and Chester-le-Street Primary Care Trust area. The group is involved in working with staff, management, service users, carers and local resource centres in all types of projects related to mental health. These currently include:

- > working on the design of a new hospital for the north of County Durham
- > involvement in the clinical governance group for the north of the county
- > working with other county and regional service user and carer networks
- > representation on the local PPI forum for the County Durham and Darlington Priority Services Trust.

Contribution to the whole organisation

For the organisation to make the most of its volunteers, it needs resources and support from the whole organisation. Where the voluntary services are properly integrated into the organisation their contribution includes:

- > developing services that meet the needs of the whole community
- > increasing standards and the quality of care
- > resolving small issues before they become formal complaints

- > acting as advocates for the trust to the community
- > enabling the trust to be Compact compliant
- > supporting the trust in meeting Healthcare Commission Standards.

- ✔ Sections marked with a tick throughout the document show where there is an implication for resources and/or NHS boards.

In East Lancashire Hospitals, volunteers based in the pharmacy department deliver urgently required drugs to ward sisters for patients who have been discharged subject to their prescription being dispensed. In practice this means that patients are able to leave hospital earlier in the day and, in turn, beds then become more readily available.

Volunteers at the Wooda GP Practice in Bideford, Devon, help out over two full days at the annual flu clinic. The surgery books as many over-65s as possible to attend for their flu jab, and it is the responsibility of the clinic volunteers to ensure the smooth running of the clinic by driving infirm patients to the clinic, organising a queuing system, ushering them, and helping them on and off with their coats to enable the surgery's nurses and GPs to see as many patients as possible. The doctors carrying out the injections have commented to the volunteer co-ordinator that the clinics could not treat so many patients so effectively without the help of the volunteers.

Where this guidance is applicable

- ✔ Although this guidance was specifically developed for the NHS context, it provides a framework of best practice in volunteer management, which could be applied to volunteers engaged in a variety of health and social care settings. The guidelines could also inform the business cases of voluntary sector organisations which are applying for funding or bidding for NHS contracts to demonstrate how they have arrived at costs.

Throughout the document there are references to voluntary services managers (VSM), but there are other members of staff who have responsibility for managing volunteers as part of their role. Similarly, not all trusts have a dedicated voluntary services manager, using a range of different models of managing volunteers. 'Voluntary services manager' has been used in this guidance as a shorthand term for anyone managing volunteers in the NHS.

- ✔ This guidance does not cover paid PPI involvement or paid non-executive directors, and also excludes work experience and training schemes, which have a specific context outside volunteering. These issues are covered in separate NHS guidance *Reward and recognition: the principles and practice of service user payment and reimbursement in health and social care* (www.dh.gov.uk).

This work has been sponsored by the Department of Health through the Home Office funded ChangeUp programme, and reflects the importance of working with volunteers in NHS settings.

Section 2

Legal position of volunteers

Volunteers should be assured that they will be treated in the same way as paid staff, in most circumstances.

Extent of legal protection

The organisation owes a duty of care to volunteers through, for example, good practice in health and safety matters, and must take appropriate measures to ensure volunteers' safety.

Volunteers do not have a distinct legal status in the same way that paid workers do, and are not covered by employment law in the same way. This means that equal opportunities legislation does not apply to volunteers, and that they have no protection from unfair dismissal. See also section on contracts [below].

Volunteers should be afforded the same respect and care as employees, yet it should be clear that the organisation has a different, non-contractual relationship with them. They should be included in organisation-wide policies such as equal opportunities, health and safety, and zero tolerance of violence. Policies relating directly to the volunteer's relationship with the organisation – for dealing with grievance and disciplinary issues, for example – should be distinct from those for paid staff.

Contracts

Volunteers can be seen as workers in the eyes of the law if they can demonstrate that they are working under a contract. A contract is a description of a relationship and is not necessarily a written document. Care should be taken to avoid creating circumstances that imply an employment relationship.

In the area of employment, contracts may arise where there is 'consideration' – the exchange or promise of something of material value – in return for work.

Consideration could be any money over and above out-of-pocket expenses. It could also be a perk with a financial value, such as training that is not necessary for the volunteer's role. Therefore offering training as a benefit to the volunteer simply to improve their

employment prospects (for example IT training for befrienders) could be regarded as a consideration, whereas training to enable volunteers to carry out their tasks should not be. The section on expenses (starting on page 8) deals with how to avoid the main areas of 'consideration'.

There has to be an intention to create a binding relationship, but this can be inferred by tribunals or similar bodies from the relationship itself.

Depending on the nature of the contract, the individual may be eligible to receive the minimum wage and protection from the employment provisions of equal opportunities legislation, and even from unfair dismissal.

More information on volunteers and the law, with examples of case law, is available from Volunteering England (www.volunteering.org.uk).

Responsibility of NHS organisations

- ✔ Volunteering is an activity that is undertaken as an act of free will, with people choosing to give their time without concern for financial gain. At the same time, there are obligations on the volunteer in certain respects.
- ✔ The lack of a legal framework for volunteers means that there is an increased need for NHS organisations to ensure good practice in the management of volunteers.

Section 3

Volunteer policy and procedures

Having a volunteer policy demonstrates a commitment to volunteers, and helps put in place a consistent approach to volunteering across the whole organisation.

Setting the framework

✓ It is important to have a clear volunteer policy in place (see outline policy starting below). This should set out a framework for volunteer involvement, and place it in an organisational or service delivery context. Having a volunteer policy demonstrates a commitment to volunteers, and helps put in place a consistent approach to volunteering across the whole organisation. There is more detail on policy below.

✓ Having a volunteer policy in place is also important from an organisational point of view, as volunteers will be acting on behalf of the organisation. A volunteering policy should recognise the potential range of volunteer involvement in the organisation, including Private and Public Involvement and Expert Patients Programme activities.

It should be an accessible and understandable document, written in plain language, developed with input from volunteers, staff, staff-side representative and service users. Consideration should be given to alternative formats – Braille, tape and community languages, for example.

✓ The policy should be ratified by the board and reviewed alongside other organisational policies.

Elements of a policy

The policy needs to promote consistency and best practice. Contents should include:

Introduction and policy statement

This could set out why your NHS organisation involves volunteers – for example in relation to

social inclusion, community participation and PPI – the principles underpinning this involvement and how this helps to meet the organisation's objectives. It may also explain the role of the voluntary service manager or similar lead post on volunteering, and how the work is managed and reported to the board.

Staff-volunteer relations

The VSM or similar support staff could be tasked with explaining the role of volunteers within the NHS organisation and their relationship to paid staff. This would set out the nature and limits of volunteer involvement, ensuring that staff have a clear understanding of the remit of volunteers and the limitations on their involvement.

Equal opportunities and diversity

A clear equal opportunities and managing diversity statement, and signposting to the organisational policy, removes fear of discrimination.

Recruitment and selection

Summarises the recruitment and selection process, from task descriptions to interviews.

Induction and training

Describes the induction process, and the training available at the start of the role and throughout the volunteer's involvement.

Expenses

A statement on expenses, describing what will be reimbursed and how: for example, cash/cheque and on the day/weekly. If this varies according to volunteering role this needs to be made clear. There is more information about expenses in the section starting on page 8.

Support and supervision

Describes the levels of support provided. These may vary according to type of role. All volunteers should have a named person to offer support and guidance, and to resolve queries.

Insurance

Explains insurance cover for volunteers. It should inform them that they will be indemnified through the organisation's insurance (as laid down by the NHS

Litigation Authority), provided that they are carrying out activities with the agreement of their supervisor and within any guidelines or codes of conduct that have been issued to them.

Volunteers using their own vehicles as part of their voluntary work must confirm that their own insurance policy covers this. Both Volunteering England and the Community Transport Association provide a standard form which volunteers can use to inform their insurance company that they are using the vehicle during their voluntary activities.

For more information, visit: www.volunteering.org.uk www.communitytransport.com/

Criminal record checks

Signposts to NHS guidance, such as *CRB disclosures in the NHS – new guidance*, published by NHS Employers.

Health screening

Describes the context in which health screening will take place. Health problems will not necessarily exclude someone from voluntary work.

Health and safety

Health and safety statement, signposting to the organisational policy.

Problem-solving procedures

Summarises and signposts to the relevant procedures for dealing with complaints by and about volunteers.

Reports to the board

Sets out the commitment to report on volunteer activity to the board (annually, as a minimum). This may include number of volunteers, number of volunteer hours, range of tasks performed, impact on the work of the NHS organisation, impact on patient experience, impact on NHS priorities and meeting Healthcare Commission standards.

Recognition of volunteers

Describes how the time and effort of volunteers will be recognised. This may include annual certificates or special badges for one, five and 10 years of service. The contribution of volunteers may be highlighted in publicity and press releases. Internal or external volunteer awards may be set up or nominated for, although the individual volunteer's

permission should be sought before nominations are made.

The Ipswich Hospital NHS Trust held a summer tea party – complete with live jazz band and buffet lunch – during Volunteers' Week 2005 to say thank you to all its hard-working and valued volunteers. This annual event attracts around 400 volunteers. The trust chairman, executive and non-executive directors also attended.

Confidentiality

Summarises the organisation's policy and indicates where full details of the policy can be accessed. Confidentiality can be a barrier, so a good understanding of confidentiality issues on the part of staff and volunteers is important and will provide more volunteering opportunities.

Data protection

A data protection statement. Information on volunteers should be kept in line with Caldecott principles and the Data Protection and Freedom of Information Acts.

Policy in use

The policy should be subject to regular review so that it can be updated to reflect changes in volunteer involvement. It should be discussed with volunteers as part of their induction, to make sure that they are aware of it.

Any staff who supervise or work with volunteers as part of their overall duties should be issued with a copy of the volunteer policy, as well as related policies and procedures, or similar guidance on working with volunteers, even if their involvement with volunteers is minimal. This may be linked to staff appraisal.

Volunteers in North West Surrey Primary Care Trust perform a wide range of tasks within different community health settings. These include providing practical help to midwives and health visitors by preparing rooms in baby clinics in community settings, making refreshments and occupying toddlers while their mothers attend post-natal exercise classes.

Section 4

Expenses

Volunteering is an activity that is undertaken as an act of free will, without concern for financial gain. At the same time, it is good practice for volunteers to be reimbursed for their out-of-pocket expenses.

Enabling people to volunteer

Volunteers should be offered – and encouraged to accept – reimbursement of their expenses. Volunteers should not be financially worse off through their voluntary involvement, as cost is a major barrier preventing people from volunteering. This is an equal opportunities issue: reimbursement of expenses may enable people who cannot afford to fund their journey to the hospital or clinic to undertake voluntary work. This section is a summary of the main issues. For further guidance see *Reward and recognition: the principles and practice of service user payment and reimbursement in health and social care*, published by the Department of Health.

Implications for benefits

Reimbursement, if rounded up so it is more than the actual expense, can be classed as earnings and as such can affect benefits, be subject to tax, and could affect the employment status of volunteers, making the service provider liable to pay the National Minimum Wage and other employment rights. Expenses should therefore be reimbursed against receipts, public transport tickets and so on.

Use of private and public transport

Volunteers should normally be expected to use the cheapest practical form of transport available to them to get to where they volunteer. An agreement on taxi use may be appropriate where volunteers have poor mobility or will be working in situations such as late

nights where they may be vulnerable. Volunteers should be informed which recommended and reputable taxi companies to use where arrangements have been made by the NHS organisation. Some volunteers cannot use public transport, so this policy on use of taxis shows that they are valued, irrespective of their capacity, circumstances or disability.

Volunteers should be encouraged to claim their expenses which should be reimbursed as promptly as possible – easily and without embarrassment to the volunteer.

Typical expenses may include (but not necessarily be restricted to):

- > travel to and from the place where the voluntary work is taking place
- > travel while volunteering
- > meals taken while volunteering where reasonable
- > parking
- > supply of protective clothing
- > supply of special equipment (for example, induction loop) to enable someone to volunteer
- > reimbursement of clothing or property damaged while volunteering.
- > post and phone costs*
- > care of dependents (for example, children, elderly parents) while volunteering.*

*These are more likely for volunteers involved in attending meetings or other representative activities.

Additional out-of-pocket expenses may be determined by the NHS organisation where appropriate. The organisation may also determine where expenses would not be paid, for example parking fines or reimbursement for loss of personal possessions.

Mileage rates

Where volunteers use their own vehicles to travel to and from home, or to transport goods or people as part of their volunteering role, it is important to have a consistent mileage rate across the trust, regardless of where they are managed. As the costs of running a vehicle are the same for staff and volunteers, it may also be helpful to link these rates to staff mileage rates within the trust, to show their contribution is valued in the same way as staff. Reimbursement of mileage above the HM Revenue and Customs rates can be

seen as taxable income for volunteers (and staff). At the time of writing (January 2006) these rates are:

- > cars and vans – 40p per mile for the first 10,000 miles; 25p per mile over 10,000
- > motorcycles – 24p per mile
- > bicycles – 20p per mile.

These rates can be checked on the HM Revenue and Customs website at www.hmrc.gov.uk/rates/travel.htm

Reward and recognition

In some cases, particularly in relation to service user involvement, there may be roles or tasks where it is more appropriate to pay the individuals rather than involve them as volunteers. *Reward and recognition: the principles and practice of service user payment and reimbursement in health and social care* (see the further information section, starting on page 26) provides guidance on this issue, and advice on the implications of payment, alongside further guidance on voluntary service user involvement.

Section 5

Volunteer agreement

A volunteer agreement can enhance the bond between the volunteer and the NHS organisation. It sets out the relationship with the volunteer, outlining mutual expectations.

Enhancing bonds

A volunteer agreement can enhance the bond between the volunteer and the NHS organisation.

A volunteer agreement sets out the relationship with the volunteer, outlining mutual expectations. It is not intended to be a binding document. It can, however, be helpful to have a written agreement – one that specifically states that the document is not a contract of employment, or deemed to have any legal status as an employment arrangement.

Expectations, not obligations

Care should be taken to avoid setting out mutual obligations. The agreement should be framed in terms of hopes and expectations.

An example of a volunteer agreement can be found in Annex C, starting on page 32.

Code of conduct

It may be useful to set out a code of conduct for volunteers. This should express in clear terms what the organisation considers to be inappropriate conduct. Examples include breaching confidentiality or entering into financial transactions such as lending money to patients.

The code may cross-reference with the organisation's equal opportunities and zero tolerance to violence policies, but may also include guidance on accepting gifts from patients or relatives, appropriate language and representation of the NHS organisation.

Section 6

Volunteer roles

A key aspect of volunteer involvement in the NHS is the value it brings to the health service at a collective level, and to the volunteer at an individual level.

NHS organisations should communicate clearly with paid staff that volunteers are not replacing their roles, but adding value to the organisation. To gain the trust of staff, an organisation could involve staff-side representatives.

Volunteers should not be used to replace paid staff, nor to cover formal health care roles. If new volunteer roles are to be developed, all interested parties should be consulted. In NHS organisations volunteers should not be used in roles that are primarily concerned with personal or physical care (bathing, assisting with use of toilet). The involvement of volunteers and the value they bring in complementing the work of paid staff should be explained to employees.

Clarifying expectations

Normally all volunteer roles should have an associated role description. This clarifies expectations and indicates the level of support for the volunteer. Where practical, role descriptions should be viewed as flexible and should reflect the volunteer's abilities and capabilities, and the needs of the service. New roles can also be developed to meet local and national priorities.

Adding value

Roles should be of value to volunteers, as well as adding value to the work of the NHS, whether through providing experience, offering rewarding opportunities, a chance to meet new people and so on. Roles that are de-motivating will not keep people involved and engaged for very long.

Volunteers contribute to the NHS environment by supporting in-patients to use bedside TV and telephone services and co-ordinating artwork displays in corridors and waiting areas.

Questions to consider

When creating a volunteer role, the following questions should be considered in partnership with service users and staff who will be working alongside the volunteer:

- > What tasks will the volunteer be expected to carry out?
- > Who will provide support for the volunteer?
- > Is there a valid role for the volunteer?
- > What training will the role need and how will it be identified?
- > What other resources are required (space, equipment and so on)?
- > Are these resources available?
- > What on-going feedback and support will be available to the volunteer?

A volunteer in South Yorkshire comments: 'I originally became a volunteer to try to repay for everything my family had received from the hospital. As time has passed my whole idea has completely changed. I now enjoy the feeling that I am making difficult times somewhat easier for visitors and patients – not to forget stressed staff. Seeing satisfied and slightly less stressed "friends" leave, makes me feel better. Our primary aim is to provide a service – hopefully with a smile.'

Section 7

Recruitment/screening

Volunteers reflect the diversity of the local community and create links with it.

Recruitment practices should be in line with Department of Health guidance and the wider policies of the trust. It is important to make links with other parts of the organisation, including human resources, and reach agreement on mutual ways of working with volunteers.

Recruitment methods

Recruitment methods may depend on the nature of specific roles, but typical options are:

- > local volunteer centres (these can be found on the Volunteering England website www.volunteering.org.uk/finder)
- > NHS trust website
- > posters, leaflets, talks
- > advertising in local media (press and radio) – including media which target specific communities and age groups etc
- > local community events and open days
- > volunteering open days (these give people the opportunity to find out about the organisation and possible work, before committing themselves to an interview)
- > local business and statutory sector pre-retirement courses
- > student community volunteering, within local students' unions, who may have volunteers who are considering careers in health care.

If someone wants to volunteer, make it easy for them to do so. Be aware that their first contact with the organisation is very important. Make sure that volunteers have a named contact, or an answerphone message is in place if no-one is available. Make sure that all members of staff and volunteers deal promptly with any new volunteers or potential volunteers so that they are not put off and don't lose interest.

Word of mouth can be a powerful tool for volunteer recruitment, but should not be relied on, as it tends to reinforce the demographic profile of current volunteers – people tend to know people like themselves. Active steps should be taken to reach out

to the entire community. It is important to be aware of the local community, and make sure that the volunteer base reflects the entire community.

Recruitment material and speakers

Recruitment material should reflect a concern for diversity. Images and use of language should be inclusive. Make sure that materials are suitable for those who are colour blind or who are visually impaired. Locations to display recruitment material should be selected to reflect the local community.

Avoid simply asking for volunteers. No-one would respond to a recruitment advertisement saying 'employees wanted'. Set out what the role is, what it involves, what a volunteer might get from the experience and how they can contact you.

Current volunteers can be a useful source of information about what attracted them to the organisation, what they get out of volunteering and so on. They may be prepared to help recruit other volunteers by commenting on recruitment materials, talking at meetings or speaking to potential volunteers on an individual basis about their volunteering role.

Remember that people may have preconceptions about the NHS, specific patient groups or volunteering in general.

Many Expert Patients Programme participants go on to volunteer to run subsequent EPP courses. Other participants become volunteers in other organisations, some go on to do educational or recreational courses, some gain the confidence and health to change jobs, and some medically retired people return to work.

Application forms

When dealing with a large number of requests from potential volunteers, application forms are usually the best way to manage the process. However, complex application forms have the potential to be off-putting for potential volunteers. They also present a barrier to many people, for example, people with English as a second language, learning difficulties, dyslexia, poor

literacy skills, sight problems and so on. Application forms should be as simple and easy to use as possible, asking only for information that is needed for the recruitment process. Work can be carried out in partnership with your organisation's human resources department to create a clear and straightforward application form for volunteers.

An option for the form to be filled in verbally as part of the interview should be available for those people who need it.

NHS Employers require all NHS staff (including volunteers) to provide two references, and be subject to health screening. Where posts involve access to patients as part of normal duties a Criminal Records Bureau check will also have to be made. Offers of a placement are conditional on these requirements being met successfully, and time should be allowed for these checks to be made before an individual can start volunteering.

It is vital to the application stage that volunteers are comfortable about why they have to fill in an application form. A short explanation of the requirements set out by the trust and Department of Health will be useful, and can help to make sure that applicants complete the process.

Interviews

Volunteer interviews should be informal, and offer potential volunteers the chance to find out about the role, and what it is like to work with patients or hospital visitors, comment on services and so on.

Hold the interview in a friendly and private space. Try to arrange not to be interrupted. Prepare a set of questions to ask the applicant, but make sure the process is two-way. Prepare a checklist of information you would like to give potential volunteers, so that issues they do not raise are covered.

It is important to tell them about:

- > the organisation and the role of volunteers within it or connected to it (this includes areas such as PPI activities, even if they are recruited separately)
- > the client group (if appropriate)
- > training and support offered
- > the organisation's expectations of volunteers (including a brief outline of policies that impact on volunteers)
- > commitment needed for the role (frequency and duration)
- > resources available to volunteers, such as

reimbursement of out-of-pocket expenses, protective clothing and so on.

You will want them to tell you:

- > what they like about the idea of volunteering with this particular organisation or doing this type of work
- > what they hope to gain from volunteering
- > relevant skills, interests and experience
- > understanding of relevant issues or user groups
- > time availability
- > resources they will need (induction loop, reimbursement of care costs, support from outside the organisation)
- > names of potential referees
- > other commitments they may have within the NHS organisation
- > any concerns about working in a health care setting
- > any health concerns of the volunteer that may be relevant to their volunteering.

If practical, there could be the opportunity to meet current volunteers. This gives applicants the chance to find out more about the volunteering experience.

Applicants should be given a clear timescale for a decision. Let them know that a decision cannot be made until the occupational health and CRB checks have been made, and that receiving references may be another cause of delay.

References

Two references should be sought. These should be fresh references rather than pre-prepared letters. Family members are not appropriate as referees. While it is useful for one referee to be a previous employer or volunteer supervisor, it is important to remember that not all volunteers will have such a referee. There should be a degree of flexibility, and potential referees should be discussed with the volunteer.

Remember that some volunteers will have particularly limited options. For example:

- > asylum seekers and other people who have not been in the country for very long
- > people who have never had a paid position.

Other people who could give them a reference could include a religious or cultural leader, teacher or tutor, case worker, social worker or community leader.

Trial period

It is good practice to have a clearly defined trial period. This allows volunteers a chance to try out their volunteer role, gives them the opportunity to change tasks or locations, and also allows them to back out without losing face. A trial period also means that the voluntary service manager or other support staff can see the volunteer in action.

A trial period of one month normally gives enough time for decisions to be made.

A review meeting should be held at the end of the trial period.

Unsuccessful applicants

If a prospective volunteer is not suitable for volunteering in a health care setting, then provide them with honest feedback without hurting their feelings. Offering support to identify alternative forms of voluntary work shows that the organisation has a caring attitude. This could include the nearest volunteer centre which can be found on Volunteering England's website (www.volunteering.org.uk).

Criminal Records Bureau checks

Criminal record (and, where appropriate, Protection of Children Act and Protection of Vulnerable Adults) checks should be carried out in accordance with current NHS guidance. At the time of writing this is contained in *CRB disclosures in the NHS – new guidance*, published by NHS Employers. Up-to-date information should be sought from NHS Employers or the organisation's human resources department.

CRB disclosures are free for volunteers. This exemption does not apply to individuals on work experience or students on work placements.

Health screening

This should be carried out in accordance with current NHS guidance and local procedures. It is useful to explain to the potential volunteer how this will help find a volunteering placement that will not put their health at risk. Where there are concerns about the

effect volunteering may have on someone's health, it is worth asking the potential volunteer if you can approach their GP or key worker for further information.

There are some specific volunteering roles where having a particular health condition may be an important requirement for volunteers. For example, Expert Patients Programme lay tutors are graduates of the programme and therefore must have a long-term medical condition. Similarly, almost all self-help groups will have volunteers with that condition, and their experience of the condition is part of their contribution as a volunteer. Health screening for volunteers should take into account the volunteering role, whether having a specific condition is relevant to that role, whether that creates any risks and how these should be managed.

The National Society for Epilepsy, with the help of trained volunteers, operates information services in health care settings throughout England. Volunteers provide information and a listening ear to people with epilepsy which complements the services provided by clinical staff.

Guidance to enable people to volunteer

Asylum seekers and refugees

Asylum seekers are fully entitled to volunteer. This includes those appealing against a decision to refuse them asylum, and those who are registered with the International Organisation for Migration and who are awaiting return to their own country. Volunteering roles can enhance self-esteem and encourage commitment to the wider community among asylum seekers and refugees.

The Voluntary Services Department at the Royal Free Hospital in North London helps many diverse social groups, including refugees and asylum seekers, to access volunteering. Many were health professionals in their country of origin and hope to work in a health care setting once their asylum claim has been accepted and they have permission to work in the UK.

Their experience as volunteers (in a non-clinical role) gives them an insight into working in the NHS that is invaluable in subsequent job applications.

It is important to note that although asylum seekers receive form IS 96, which states that they cannot take up paid or unpaid employment, this does not exclude people from volunteering.

Home Office guidance states that care should be taken to ensure that activity undertaken by an asylum seeker is for a not-for-profit organisation, and does not amount to either employment or job substitution. It confirms that asylum seekers are entitled to receive out-of-pocket expenses just like other volunteers.

Volunteers from overseas

There is no restriction on people from EU countries coming to the UK to volunteer. People from outside the EU who have a visa to work or study in the UK may volunteer, as long as they are still undertaking the activity that is stated on their visa. It is possible to get a visa to come to the UK to volunteer, but this must be arranged in advance and certain restrictions apply.

People on visitor visas are not permitted to volunteer.

More information on overseas volunteers can be obtained from Volunteering England (www.volunteering.org.uk).

Ex-offenders

Volunteer roles working with children may fall into the definition of a regulated position under the Criminal Justice and Court Services Act 2000. People with convictions for certain offences against children will have a disqualification order attached to their conviction. This makes it an offence for them to apply to work in a regulated position, and an offence to offer them a regulated position. The disqualification order will be revealed by a CRB disclosure check.

For other positions there are no guidelines other than inclusion in the Protection of Vulnerable Adults and Protection of Children Act lists of people considered unsuitable to work with those client groups. NHS organisations have a statutory requirement not to recruit an individual on the Protection of Children Act list into a regulated position.

The Safeguarding Vulnerable Groups Bill (March

2006) will create a new vetting and barring scheme which will introduce a new centralised way of listing people who are prevented from working with children and vulnerable adults.

Further information from <http://www.everychildmatters.gov.uk/vettingandbarring/>

If someone has a previous conviction or convictions, the following questions need to be considered:

- > What was the nature of the offence(s)?
- > Is it relevant to the role?
- > How long ago was it?
- > Is there a pattern of offending?
- > Were there personal circumstances associated with the offence that have now changed?
- > What is the person's attitude to their conviction?
- > What support is available to the individual, such as a social worker or probation officer?

Further information and guidance are available from the Criminal Records Bureau at www.crb.gov.uk/

See also *CRB disclosures in the NHS – new guidance*, published by NHS Employers.

Accepting a volunteer with a criminal record can greatly improve their quality of life when attempts to gain paid employment have failed. A substantial period of voluntary work that proves the commitment, capabilities and honesty of the volunteer can result in a reference that may be valued for future job applications.

Young people

Many young people want to volunteer in the NHS and this offers them a good opportunity to engage with the issues and provides invaluable experience for a future career in the NHS. There are very limited opportunities for young people under 16 to volunteer but there is scope to involve young people in areas such as PPI.

There is an enhanced duty of care when involving younger volunteers. Involving volunteers under the age of 18 raises a number of issues, both for patient care and the safety of the volunteer. It is important to remember that such volunteers should be regarded as vulnerable.

An individual risk assessment will enable a proper judgment to be made on whether placing a young person in a voluntary role would put them or the people they work with at risk. However, by adhering to

the following basic principles, most organisations can involve young people in their work:

- > young people should not be left unattended
- > induction, training and supervision may have to be amended or increased for young volunteers.

Good practice requires that informed parental/guardian consent is obtained for volunteers under 16. This shows that the volunteer's parent/guardian understands the role the young person will be undertaking, what it involves, when and where they will be, and indicates that they consent to this. Additional permission should be sought if the young person will be undertaking activities away from the premises where they normally volunteer, in which case additional permission should be sought.

A development co-ordinator at Aintree Hospitals NHS Trust works with younger age groups of 14 to 19-year-olds. The scheme is working in partnership with 72 schools across the Merseyside area, promoting the benefits of volunteering and developing awareness of the many careers available in the NHS. In five years, almost 500 volunteers have been accepted on to nurse training within Aintree hospitals and another 300 people have found paid employment within the trust in various roles.

Older people

There should be no upper age limit. Volunteers should be treated as individuals, with the only measure of suitability being their capability to carry out duties in a safe manner and in line with the NHS organisation's policies.

Where older volunteers are becoming too frail for their normal tasks, consider changing their roles or redeploying them elsewhere within the organisation. If this is not possible, retire volunteers with dignity.

Vulnerable people

Some adult volunteers may be vulnerable or require additional support, for example if they have a substantial physical or learning disability, are very elderly, have mental health problems or are recovering from addictions. See also *You cannot be serious: a*

guide to involving volunteers with mental health problems published by Volunteering England.

Clients referred from community mental health teams who want to volunteer receive continued support from development workers at Oxleas NHS Trust and Volunteer Centre Greenwich. The development worker may come to the first one or two shifts until the client feels confident, or may go to all the shifts which the client volunteers for, until they are ready to volunteer independently. After the initial period, support continues by phone or in face-to-face interviews where clients can give feedback about their volunteer placement.

It is important to remember the organisation's commitment to equal opportunities and diversity. By refusing to take on anyone who is vulnerable the organisation could be losing out on good volunteers as well as preventing people who are often at risk of social exclusion from taking an active role in the community.

However, just as when working with young people, care is needed to make sure that vulnerable people are not at risk and are adequately supported to carry out their role. It is important to remember that different people have different support needs and that individuals are usually the best judges of what they can and cannot do, and of the types of help that they need.

Buddying schemes or involvement in local supported volunteering programmes may be an option here.

Supporting volunteers with physical, mental and age-related difficulties can be a lifeline. Voluntary work produces a feelgood factor which can enhance self-esteem and which can often renew someone's purpose in life.

Benefits information

Benefits rules should not prevent claimants from volunteering but voluntary service managers should keep themselves up to date to ensure that volunteer involvement is in line with current benefits regulations.

See the section on expenses, starting on page 8, for guidance on how benefits may be affected. The

information in this section is correct at the time of going to press: up-to-date information can be obtained from Volunteering England.

Jobseeker's Allowance

Jobseeker's Allowance claimants can do as much voluntary work as they like as long as they remain available for and are actively seeking work. This means that they will have to show that they are looking for work and applying for jobs where appropriate.

If an individual is volunteering, then they are entitled to 48 hours' notice if they have to attend an interview, and a week's notice before starting work. These are concessions to the 24-hour notice normally allowed.

Volunteer involvement should be flexible enough to accommodate volunteers having to attend the job centre for meetings and to sign on, and the possibility of interviews being arranged at short notice.

Income Support

Income Support should not be affected by volunteering, as long as the claimant does not receive anything apart from reimbursement of out-of-pocket expenses.

There is no hour limit on volunteering.

Incapacity Benefit

Incapacity Benefit should not be affected by volunteering. There is no hour limit, although claimants are sometimes told that there is a 16-hour rule. This may arise from confusion with permitted work, which is a separate category from volunteering.

Volunteering should not trigger an investigation into an individual's capacity for work, but care should be taken to reassure benefits staff of the flexible nature of volunteering.

Informing Jobcentre Plus

Volunteers in receipt of benefits should declare their voluntary activity. Voluntary service managers and other support staff should make them aware of this requirement, although the decision to inform is a matter for the volunteer.

Section 8

Induction

A well-structured induction programme ensures that the volunteer is fully informed of the tasks expected. It also prepares them for their role and gives them an understanding of the health care setting.

Preparing volunteers for their role

All volunteers should have an induction appropriate to their level of involvement.

This may be fairly basic for volunteers engaged in short-term or one-off volunteering projects. For volunteers with regular involvement, the induction should aim to prepare them fully for their role, and give them an understanding of the health care setting. A well-structured induction programme ensures that the volunteer is fully informed of the tasks expected and is able to voice any doubts or concerns.

There can be a lot of information for volunteers to take in at this stage, so consider varied learning styles, mixing talks with other activities.

While the information given may vary according to the role, it could include:

- > introduction to the work and setting
- > information on other opportunities to volunteer within the organisation – for example PPI activities
- > introduction to volunteer policies
- > introduction to relevant staff
- > manual handling
- > health and safety information, first aid, fire procedures (this is a mandatory part of the induction)
- > expenses procedures – it can help to work through the expenses form, for example
- > infection control
- > occupational health
- > general information – where to make tea and so on
- > wheelchair/trolley pushing
- > confidentiality.

An induction checklist should be used to ensure that the volunteer receives all relevant information.

A volunteer handbook or induction pack could be produced as a reference guide for volunteers to use after their induction.

Volunteers at the Joseph Weld and Trimar Hospice and Cancercare Dorset Trust attend a training course offered over two days which looks at how the organisation works and its ethos, interacting with terminally ill patients, family support, complementary therapy, health and safety, the boundaries involved for volunteers, developing listening skills and learning to liaise with community specialist palliative care nurses.

Section 9

Training

Staff preparation and training is a critical success factor in involving volunteers in any setting, and particularly in such a disciplined setting as the NHS. Training also makes volunteers feel valued.

Making volunteers feel valued

Training enhances status, provides vital information and guidance, and makes the volunteer feel valued.

- ✓ The NHS organisation must be made aware of the cost implications of induction and training volunteers, and allowance for such costs should be included in budgets. Volunteers provide enormous benefits to the NHS, and represent excellent value for money, but they are not free. Their induction and development must be properly resourced.

Volunteers should receive adequate training to carry out their roles. Training needs should be assessed at interview and during induction. Style and content of the training will depend on the tasks, but as well as role-specific topics, training in areas such as volunteer/patient boundaries may be appropriate.

Training to help someone to carry out their role should be available and easily accessible throughout the volunteer's involvement, and a budget should be set aside for this. This could include informal learning such as coaching from a more experienced volunteer, which provides development opportunities for both new and established volunteers.

Any training provided must be intended to help the individual carry out their role. **Training given as a perk may be regarded as a consideration, affecting the legal status of the volunteer** (see information on the legal position of volunteers, starting on page 5).

Hereford and Worcestershire Ambulance Trust volunteer drivers have driving assessments with the trust's training department and their driving licences and

insurance details are checked. An interview then establishes whether they are suitable to work with patients and their carers. Training is an essential part of the service and it covers the use of any equipment, including child car seats and transfer aids which assist patients who are less mobile to get in and out of the car.

Individual volunteers who are considering a career in health or related professions may also benefit from informal learning opportunities such as job shadowing, which will help them make more informed choices.

A trial period worked well for one young volunteer at Sheffield Children's Hospital who was about to apply for medical school. She had quickly realised that she didn't want to be a doctor after observing work on the wards and requested an alternative placement. After volunteering in the hospital pharmacy, she is now training to be a pharmacist.

Training for staff

- ✓ Making links with the induction programme for all paid staff can be useful and will enable them to understand the role of volunteers within the NHS Trust.

Staff working with volunteers on a regular basis may need additional guidance or training (see Section 3).

Recruiting, supporting and managing volunteers require different skills to managing paid staff and these are described in the National Occupational Standards for Volunteer Managers. There is a range of learning and development opportunities for voluntary service managers which include:

- > Excellence in Volunteer Management Programme (details available through Volunteering England at www.volunteering.org.uk)
- > programmes delivered through groups such as the National Association of Voluntary Services Managers
- > local opportunities within the voluntary and community sectors.

Section 10

Support and supervision

All volunteers deserve feedback on their work. By the same token, it is just as necessary for the NHS organisation to receive feedback from its volunteers.

Two-way feedback

All volunteers deserve feedback on their work. By the same token, it is just as necessary to receive feedback from the volunteers. The most appropriate method to achieve this will depend on the nature of the volunteer's involvement, and who is most appropriate to provide the support. Where a team of volunteers provide the same service at different times, group supervision can be really helpful in supporting those volunteers.

- ✓ All volunteers should have a point of contact, where they can raise concerns. This also gives them the opportunity to give feedback on the organisation, both from their own perspective and via the perspective of service users.

Resolving queries and problems

Procedures should be put in place to deal with volunteers' concerns, and with issues about competence and compliance with policies and procedures. Problems with a volunteer's work should be raised informally in the first instance. Most matters can be resolved simply and internally, through training or changes to the role for example.

If this is not possible, problem-solving procedures should be used to ensure matters are dealt with consistently and openly. Staff procedures should not be used. Example procedures can be found in Annex D, starting on page 33.

Mentoring and buddying schemes

Mentoring or buddying schemes may be appropriate as methods of providing extra support. Visit www.mandbf.org.uk for a step-by-step guide to setting up a mentoring scheme.

Communication

As well as providing individual feedback and support there should be communication from the NHS organisation with the volunteer group as a whole. This could be via newsletters, email bulletins etc. As well as providing news and information on the work of the organisation or the involvement of volunteers, it can also help to foster a sense of belonging among volunteers.

In South Devon Healthcare Trust some volunteers who may be vulnerable are given 'buddies' who are generally more experienced volunteers, carefully picked by the volunteer manager. This system is a way of supporting volunteers who may not be confident enough to volunteer on their own, or who have health problems that need to be monitored.

Section 11

Equal opportunities/diversity

The very act of volunteering can be an excellent way of bringing people together, whatever their background or culture.

Representing and reflecting the community

- ✓ The organisation's equal opportunities and diversity policy applies to all employees and volunteers. The NHS organisation's approach to equal opportunities and diversity should be explained as part of induction. Volunteers should be made aware of their responsibility to follow the letter and spirit of such policies. Volunteer policies and involvement should be subject to the organisation's equality and diversity impact assessment.

Section 12

Data protection/Freedom of Information Act

Volunteers can be reassured that the organisation only asks for information that it needs, and that it will keep the information securely, limit access to it, and will not pass their details on without consent unless legally obliged to.

Good practice in collection and storage

- ✓ All information held on volunteers must be kept subject to the Data Protection Act.

The reason for requesting information should be explained fully: that it is needed to support volunteers' work and for times of necessity. The only data held should be that which is necessary for the volunteer's involvement. Care is needed to ensure that information collected is adequate and up to date. It should only be used for the purposes for which it was collected. Volunteers should be aware of what information is held, and why. Explicit consent should be asked for the collection, use and storage of sensitive personal information, such as ethnic or racial origin, and physical or mental health.

Information must be kept securely, and access to personal information should be restricted to relevant parties only.

Information should only be kept for as long as its original purpose is valid, and in line with data protection and internal human resources guidelines. When no longer required, information should be destroyed (shredded) by the voluntary services department or returned to the volunteer.

Volunteers should be made aware of their rights to view information held by the NHS organisation under the Freedom of Information Act.

Further information on the Data Protection and Freedom of Information Acts can be found at www.informationcommissioner.gov.uk

Section 13

Health and safety

Volunteers should be reassured that the organisation has a duty of care towards them, and that procedures are in place to protect them during their work.

Duty of care

- ✓ Health and safety legislation places duties on employers towards their employees. While volunteers fall outside the definition of employee, they are still protected by the duty of care and legal responsibilities on employers towards people they don't employ, but who may be affected by their activities.

The duty of care is a common law duty to take reasonable care to avoid causing harm to others. Organisations have a duty of care towards their volunteers – and, equally, volunteers have a duty of care to those around them, such as patients, colleagues and members of the public.

Section 3 of the Health and Safety at Work Act 1974 imposes a duty on every employer:

'to ensure, as far as reasonably practicable, that persons not in their employment, who may be affected by their undertaking, are not exposed to risks to their health or safety'

and

'to give to persons (not being their employees) who may be affected in a prescribed manner information as might affect their health or safety'.

In other words, while volunteers are not included in health and safety legislation in the same way as paid staff, the organisation has clear responsibilities towards them.

Risk assessment

The Management of Health and Safety at Work Regulations 1999 compels employers to assess risk not only to employees, but to anyone who might be affected by their activities. There should be written risk assessments where the employer has more than five employees.

Written risk assessments should be made for volunteer roles, and action taken based on the findings. Risks can typically be lowered through information, training, further supervision and by providing any necessary safety protection.

Induction training and guidance

Volunteer induction should include relevant health and safety information. Volunteers should also be informed of their health and safety duties to the people around them.

Guidance produced by Addenbrooke's NHS Trust for managers working with volunteers is reproduced as Annex E, starting on page 34.

People with medical conditions are sometimes the best people to assist others with the same condition and they should not be excluded on health and safety grounds. It is important to look at individual cases and not adopt a blanket exclusion policy, particularly with people who are already attending the hospital as patients.

Section 14

Employees as volunteers

Volunteering is central to active citizenship, inclusion and democracy. Volunteering for their organisation in their spare time may offer employees an insight into a different career path in the NHS.

Offering employees additional insights

- ✓ Some NHS employees want to volunteer for their organisation in their spare time. While there is nothing to stop them doing so, care is needed to avoid legal or management problems. Organisations will find it helpful to have an employee volunteering policy, such as the example from Sheffield West Primary Care Trust, shown as Annex F, starting on page 35.

Volunteering for their organisation in their spare time may offer employees an insight into a different career path in the NHS. By accepting volunteers from paid staff, understanding of volunteers and their roles can be spread throughout the organisation.

Management issues

Care should be taken to make sure that volunteer roles do not duplicate or replicate paid roles: the volunteer role must be different to the individual's paid role. This is particularly important where the 'volunteer' time could be seen as an attempt to breach the National Minimum Wage Act. Employment tribunals may also regard the voluntary time as an extension of the paid time if the two are treated in the same way in practice.

Having a different role should also help avoid problems over demarcation of time and management responsibility. Care is needed to avoid the individual being called on to deal with issues relating to their employment while volunteering, and vice versa.

Thought should also be given to the possibility of someone acting in a manner that demands

disciplinary action as a volunteer, and how this will affect their paid position.

Employees should be interviewed in the same way as a member of the public. References and a CRB check may be required, depending on the voluntary work applied for and/or their length of service as an NHS employee.

The human resources department will be a good source of information and support, and will be able to advise on how to deal with individual situations.

Staff at Walsall Hospital NHS Trust also volunteer in the Patient Advice and Liaison Services office as part of the PALS 'meet and greet' service. This is seen as good practice as callers speak to a person rather than an answering machine when they call in, which helps to reduce anxiety and frustration for callers when, for instance, a PALS officer is out on another call and cannot answer the telephone. Staff-volunteers who are normally in roles with little or no patient contact have developed a better understanding of the patient perspective through their involvement with the PALS service. Some have since moved on to jobs with more patient contact, using the skills they have developed through their volunteering experience.

Section 15

Moving on

Volunteering can help people to gain new skills and experience, and for some can provide a stepping stone into paid employment.

Gaining new skills and experience

Volunteering can be a valuable source of experience, and is often a route into employment for many volunteers. References can be offered after a suitable length of acceptable voluntary work: staff who are supporting volunteers should be willing to write a reference for them.

Hospital radio not only benefits patients and staff, but volunteers also gain positive outcomes. To date, volunteers from Mid Downs Hospital Radio have gone on to paid employment with Heart 106.2, BBC Southern Counties Radio, coastal radio stations, communications companies and one has become a newsreader on a local commercial station.

It is important to avoid promising employment as a consequence of a volunteer role, or leading volunteers to believe that this is likely. This may contribute to the creation of a contract, or bad feeling if paid work does not result. At the same time, voluntary work can also assist in recruitment for the organisation. Volunteers are already screened, are known for their abilities and have demonstrated their commitment to the NHS.

Internal recruitment procedures should apply to volunteers. Volunteers should be given information about relevant posts, and internal staff bulletins and similar communication channels should be made available to volunteers.

The Gateway project at University Hospital Lewisham is funded by Jobcentre Plus and the European Union to help long-term unemployed people gain skills which will help them gain employment or obtain a qualification. The courses are seen very much as a 'stepping stone' towards work and many of the volunteers who attend are particularly interested in health care jobs, for example in nursing or as a health care assistant. The voluntary services department works with the human resources department and local job centres to ensure that volunteers read the job noticeboards and look at NHS websites so that they can apply for and achieve NHS jobs.

Voluntary service managers should liaise with their human resources departments to ensure that volunteers have access to all relevant information.

Section 16

Further information

References and further reading

Compact on relations between government and the voluntary and community sector and the Volunteering Compact code of good practice
www.thecompact.org.uk

CRB disclosures in the NHS – new guidance, NHS Employers, 2005.

Disability equality in volunteering, Rachel Wilson, Skill, 1998.

Making a difference: strengthening volunteering in the NHS, NHS Executive, 1996.

Recruiting volunteers, Fraser Dyer and Ursula Jost, Directory of Social Change, 2002.

Reward and recognition: the principles and practice of service user payment and reimbursement in health and social care, Alison Cooley and Zoë Lawrence, Department of Health, January 2006

The good practice guide (second edition), Kate Bowgett, Kathryn Dickie and Mark Restall, National Centre for Volunteering (now Volunteering England), 2002.

Volunteers and the law, Mark Restall, Volunteering England, 2005.

You cannot be serious: a guide to involving volunteers with mental health problems, Sherry Clark, Volunteering England, 2003.

Useful agencies

Association of Voluntary Services Managers (AVSM)
Promotes and develops good practice in volunteer management within palliative care.
www.volunteermanagers.co.uk

Criminal Records Bureau
Administers the disclosure system of criminal record and related checks.
www.crb.gov.uk
www.disclosure.gov.uk

See also *CRB disclosures in the NHS – new guidance*, published by NHS Employers.

Expert Patients Programme
The Expert Patients Programme is a self-management course for anyone over 18 years old living with any long-term physical or mental health condition.
National phone enquiry line (local call charge): 0845 606 6040
www.expertpatients.nhs.uk

HM Revenue and Customs
See information on mileage rates.
www.hmrc.gov.uk/rates/travel.htm

Mentoring and Befriending Foundation (MBF)
The Mentoring and Befriending Foundation is the national strategic body for mentoring and befriending, offering support to practitioners and organisations throughout the sector.
www.mandbf.org.uk

National Association of Voluntary Service Managers (NAVSM)
NAVSM is the national association for voluntary service managers in the fields of health and social care.
www.volunteering.org.uk/navsm

NHS Employers
Works for employers throughout the NHS to offer information on human resource issues. Aims to improve the working lives of staff and, through them, to provide better care for patients. In particular, see the website section on 'safer recruitment and employment' and the contact details page for specific enquiries.
www.nhsemployers.org

Volunteering England
Offers support and information on volunteer management.
Information line (and textphone): 0800 028 3304
Mondays to Fridays, 9.30am to 5.30pm
www.volunteering.org.uk

Voluntary and community organisations involving volunteers in the NHS

The British Red Cross

The British Red Cross supports statutory services in the UK by providing care in crisis situations.

www.redcross.org.uk

Community Service Volunteers (CSV)

A nationwide volunteering and training organisation which involves volunteers within the NHS.

www.csv.org.uk/

Hospital Broadcasting Association

A national charity which promotes and supports hospital broadcasting in the UK.

www.hbauk.com

Attend (formerly the National Association of Hospital and Community Friends)

Enhancing health and social care locally since 1949.

Works in partnership with Leagues of Hospital Friends, other health and social care charities, statutory and voluntary bodies to maximise the effectiveness of volunteers in the sector.

www.attend.org.uk

Women's Royal Voluntary Service

A volunteering organisation which works with the private and public sectors to support people at home or in hospital.

www.wrvs.org.uk

Annex A

Indicators of good practice from the Investing in Volunteers Standard

There is an expressed commitment to the involvement of volunteers, and recognition throughout the organisation that volunteering is a two-way process which benefits volunteers and the organisation.

The organisation commits appropriate resources to working with volunteers, such as money, management, staff time and materials.

The organisation is open to involving volunteers who reflect the diversity of the local community, in accordance with the organisation's stated aims, and operates procedures to facilitate this.

The organisation develops appropriate roles for volunteers in line with its aims and objectives, and which are of value to the volunteers and creates an environment where they can develop.

The organisation is committed to ensuring that, as far as possible, volunteers are protected from physical, financial and emotional harm arising from volunteering.

The organisation takes a considered approach to taking up references and official checks which is consistent and equitable for all volunteers, bearing in mind the nature of the work.

Clear procedures are put into action for introducing new volunteers to the organisation, its work, policies, practices and relevant personnel.

Everybody in the organisation is aware of the need to give volunteers recognition.

The organisation takes account of the varying support needs of volunteers.

www.investinginvolunteers.org.uk/

Annex B

Guidelines on relations between volunteers and paid workers in the health and personal social services

These Guidelines have been drawn up by a working party representing statutory authorities, trades unions and organisations which involve volunteers in the health and personal social services. They update and replace the earlier 'Drain Guidelines' produced by The Volunteer Centre UK in 1975.

The Guidelines are not hard and fast rules. Variations in local practice make a single binding agreement between organisations which involve volunteers and trades unions impracticable. Rather they are a guide to good practice which, if adhered to by the parties concerned, should help avoid some of the misunderstandings and difficulties which have soured relations between volunteers and paid workers on occasions in the past.

The Guidelines are in two parts. Section 1, *General Guidelines*, sets out general principles governing relations between volunteers and paid workers. Section 2, *Local Agreements*, shows how the general guidelines might be applied in a particular setting.

The Guidelines are directed at trades unions and organisations which involve volunteers in the health and personal social services. They are of relevance to the voluntary sector, the statutory sector and to the private sector.

Introduction

The group recognises the value of voluntary activity in giving help directly or indirectly to others and in providing opportunities for volunteers to participate and find self-fulfilment.

Voluntary activity can be effective in many fields and is not limited to health and personal social services. The group is aware of the contributions of volunteers in many other settings, including schools and adult education, the environment, sport, politics, trade unionism and religion. Volunteers are involved in direct service provision and on committees of management of voluntary organisations and statutory bodies. Volunteers are active in the statutory and private sectors as well as in the voluntary sector. In addition, much voluntary activity takes place within

the community on an informal basis, with assistance being given to friends and neighbours. The group has noted recent developments in voluntary activity, such as the rapid spread of mutual aid and self-help groups and the development of advocacy, where volunteers represent or take up the cause of someone else, such as an individual with learning difficulties or an elderly confused person.

The group is aware of the effect of economic and social trends over the last decade on volunteering. For example, high levels of unemployment have increased the scope for volunteering in meeting the needs of individuals and communities faced with long periods without paid work. As against this, unemployment has led to increased concern that volunteers will be substituted for paid workers. Government initiatives to deal with high unemployment, such as special employment measures and training schemes, have also affected the context of volunteering by contributing to a blurring of the boundaries between paid and voluntary work. However, it is the opinion of the group that a distinction can and must be drawn between people on unemployment and training schemes and volunteers.

Other trends in society are also set to have an effect on volunteering: some working in favour of an expansion of voluntary activity, some against. Changes in the structure of work and free time, such as the shift towards a shorter working week, an increase in temporary and less than full employment (including job sharing schemes) and moves towards earlier retirement may open up new opportunities for an expansion of volunteering. Nevertheless, in the case of earlier retirement there are already indications that the tightening labour market is reversing this trend. Other trends, such as falling birth rates and the entry of more women into the labour market, may work against volunteer involvement. The group is aware that many traditional voluntary organisations which rely heavily on women and young people as volunteers are already experiencing a decline in levels of participation.

The group has noted the implications for relations between paid workers and volunteers of recent changes in local and central government policy, such as the contracting out of local authority-run services.

In many settings relations between paid workers and volunteers are harmonious and mutually rewarding. They will be enhanced by good

procedures, clarity of respective roles, mutual trust and support. The group draws attention to the fact that many paid staff in voluntary organisations are members of trades unions and some unions are recruiting volunteers into membership.

Nevertheless problems do sometimes occur between volunteers and paid staff. The aim of these guidelines is to keep such problems to a minimum and to allow for the speedy resolution of any difficulties which do occur.

SECTION 1: GENERAL GUIDELINES

1. Voluntary activity should complement the work of paid staff, not substitute for it.

As a general principle volunteers should not substitute for paid employees, nor intentionally or unintentionally undermine their terms and conditions of service. However, it is not possible to make hard and fast rules about what work is suitable for paid employees and what is suitable for volunteers and the practical implications of this statement need to be worked out at local level.

The contracting out of services by local authorities may lead to organisations which involve volunteers taking a larger role in direct service provision. However, volunteers should not be used as a cheap source of labour to reduce tender costs and to secure contracts as this exploits both paid workers and volunteers.

2. The action of volunteers should not threaten the livelihood of paid staff.

On occasions, voluntary activity implemented without proper consultation has threatened the jobs of paid staff and/or has had repercussions on earning levels. Such activity, however well intentioned, can only lead to a deterioration in industrial relations and result in a poorer service. However, there will be situations in which organisational changes incorporating new notions of care might involve the use of volunteers in ways which could affect the interests of groups of paid employees. Also the contracting out of local authority-run services to organisations involving volunteers might have a detrimental effect on some local authority paid staff. In all such cases negotiations should take place between the relevant organisation with a view to reaching agreement to safeguard the existing terms and conditions of trades union members as well as the interests of volunteers.

3. Any change in the level of voluntary activity should be preceded by full consultation between interested parties.

Because local situations vary enormously, full consultation should take place between management, relevant trades unions and representatives of volunteers. Where possible, there should also be consultation with users and/or their representatives. In this way decisions on the nature and extent of voluntary activity can take account of the interests of all concerned and result in a better all-round service.

4. Agreements on the nature and extent of voluntary activity should be made widely known among intended parties.

It is essential that any agreement made on the deployment of volunteers is communicated to all interested parties and at all levels of the various organisations. Thus trades unions should publicise any agreement among their membership, and organisations which involve volunteers should notify both paid staff and volunteers.

5. Volunteers should receive full out-of-pocket expenses.

It is important that volunteers should be offered full out-of-pocket expenses so that they are not deterred from offering their services on financial grounds.

6. There should be recognised machinery for the resolution of problems between staff and volunteers.

It is important to name an individual responsible for the co-ordination of voluntary activity within an organisation to whom both paid staff and volunteers can refer in the first instance if difficulties arise. Similarly a representative of the paid workforce (such as the trades union shop steward or branch secretary) should be given responsibility for liaising with the volunteer co-ordinator and volunteers.

7. Volunteers not involved in industrial action should undertake no more voluntary activity than they would do in the normal situation.

In situations where volunteers are members of the trades union involved in the dispute, difficulties are less likely to arise. In other situations there may be a conflict of interests between paid staff and volunteers.

Volunteer co-ordinators, trades union officials and management should seek a meeting at the earliest

opportunity to clarify the position of volunteers during the dispute.

Should a dispute occur at their place of work volunteers are advised to consult their volunteer co-ordinator or other appropriate person as soon as possible.

If volunteers continue to do only their normal work, no problems should arise. Any changes in the work they do should be agreed with the management and with those trades unions involved in the dispute.

If good channels of communication have been developed between the paid workforce and volunteers during normal working conditions, then difficulties during industrial disputes will be more easily resolved.

8. If volunteers are faced with a picket line which is not prepared to agree that the volunteer workers should cross, the volunteers should not attempt to do so but discuss the situation with their organiser of the voluntary service, who should in turn discuss it with union and management officials.

Provided that information on the basis of agreement has been passed through to all levels of management, union members, and volunteers, such conflicts can be avoided. In the event of a picket line it may be helpful for volunteers to be issued with a document, signed by management and a trades union and volunteer representative, indicating the basis on which the agreement to work has been secured.

SECTION 2: LOCAL AGREEMENTS

The above guidelines should be taken as the starting point for any agreement between trades unions and organisation involving volunteers, which may be negotiated at a local level.

In some settings all that may be required is a general understanding from the parties involved to keep one another informed of future developments and to set up a procedure to deal with any difficulties should they arise.

In other settings it may be necessary to draw up a detailed agreement on the involvement of volunteers.

A detailed local agreement might include the following elements:

- > A statement of intent laying down general principles regarding the involvement of volunteers in the work of the agency or organisation.
- > Guidelines on avoiding substitution of volunteers for paid workers.

- > Guidelines on identifying areas of work appropriate for paid staff and appropriate for volunteers.
- > Guidelines on differentiating between regular volunteers, trainees, secondees and regular paid workers.
- > Guidelines on the involvement of volunteers in tendering for and contracting out local government services.
- > Agreement on the rights and responsibilities of volunteers, including reimbursement of out-of-pocket expenses, provision of insurance, training opportunities, access to decision making, and access to a trades union.
- > Guidelines on conduct in industrial disputes.
- > Establishment of a local hotline or other mechanism for quickly resolving difficulties.

A local agreement might include all or some of these elements, or any others relevant to the particular local situation. Even if agreement is not possible on all counts, then the process of consultation will be of value in fostering closer understanding between organisations involving volunteers and trades unions.

Annex C

Sample volunteer agreement

Volunteer agreement

Volunteers are an important and valued part of Anytown NHS Trust. We hope that you enjoy volunteering with us and feel a full part of our team.

This agreement tells you what you can expect from us, and what we hope from you. We aim to be flexible, so please let us know if you would like to make any changes and we will do our best.

We, Anytown NHS Trust, will do our best:

- > to introduce you to how the Trust works and your role in it and to provide any training you need. The initial training agreed is [].
- > to provide regular meetings with your supervisor so that you can tell us if you are happy with how your work is organised and get feedback from us. Your supervisor's name is [].
- > to respect your skills, dignity and individual wishes and to do our best to meet them.
- > to reimburse your travel and meal costs up to our current maximum.*
- > to consult with you and keep you informed of possible changes.
- > to insure you against injury you suffer or cause due to negligence.*
- > to provide a safe workplace.*
- > to apply our equal opportunities policy.
- > to apply our complaints procedure if there is any problem.

We expect volunteers:

- > to work reliably to the best of your ability, and to give as much warning as possible whenever you cannot work when expected.
- > to follow Anytown NHS Trust's rules and procedures, including health and safety, equal opportunities and confidentiality.

*More details on these issues are provided in the volunteer handbook.

Note: this agreement is in honour only and is not intended to be a legally binding contract of employment.

Annex D

Problem-solving with volunteers

This is guidance for drawing up procedures to allow problems to be dealt with swiftly, fairly and openly. These are outlines only and should be adapted to suit your organisation's supervision structure.

Volunteers should be allowed to be accompanied by a colleague, union representative or friend at all relevant meetings. There should also be the right of appeal at the end of each process to an appropriate senior manager, whose decision will be final.

Volunteers with problems

If a volunteer has a complaint against a member of staff or another volunteer they should first discuss the matter with their named point of contact (for example, the department or ward manager).

If the issue is not resolved, or the complaint is with the point of contact, then it can be taken to the voluntary services manager (or similar appropriate manager). The complaint will be investigated, and a decision reached within 14 days.

Problems with volunteers

Where a volunteer's behaviour causes concern, and the problem cannot be resolved informally, it should be referred to the VSM or similar appropriate manager. The volunteer should have the right to put their case. Following investigation, an informal warning may be issued at this point. A need for further training or extra support may also be identified.

If there is insufficient progress after an agreed timeframe, a formal warning may be issued, again following an opportunity for the volunteer to put their case.

The final stage is the exclusion of the volunteer, again following investigation.

Where a volunteer is accused of committing serious misconduct (this may include, but is not limited to, theft, acts of violence, harassment, malicious damage, serious breaches of the letter or spirit of the equal opportunities policy and so on), they will be asked to temporarily stop volunteering while the matter is investigated. This should take no longer than two weeks. The volunteer will have the right to put their case. The volunteer may then be asked to permanently cease volunteering.

Annex E

Guidance produced by Addenbrooke's NHS Trust for managers working with volunteers

Health and safety

Please remember that we need a risk assessment for each volunteer task but an individual risk assessment is required for individual volunteers under the age of 17. Voluntary Services will tell you if this is necessary, although in general, volunteers of whatever age should not be coming into situations where they are at risk nor where they are likely to put other people at risk.

In particular, volunteers must not:

- > move or lift:
 - > heavy equipment or furniture
 - > patients – with the exception of pushing patients in wheelchairs if they have had the appropriate training

- > come into contact with or use:
 - > dangerous equipment or machinery
 - > radioactive materials
 - > drugs, poisons, other substances hazardous to health
 - > sharps, soiled dressings etc, body fluids or items likely to spread infection.

When they are registered with the Voluntary Services Department, all volunteers sign an undertaking to comply with the Trust's Health & Safety policies and procedures. If you find that a volunteer is not adhering to the appropriate procedures, you or another suitable member of your staff should raise this with the volunteer. If the behaviour continues, you should consult the Voluntary Services Manager to discuss whether it is necessary to relocate the volunteer or in serious cases, to terminate their volunteering at Addenbrooke's.

Annex F

Example of an employee volunteering policy

Sheffield West Primary Care Trust Employee volunteering policy

Introduction

Sheffield West Primary Care Trust recognises the value of volunteering as an activity which helps others, creates stronger communities and contributes positively to all our lives.

Sheffield West Primary Care Trust supports its staff in their volunteering activities. Their roles may be within their own communities, within the Sheffield West area, or with a national or international agency.

The Trust acknowledges that many staff volunteer already and that this is a valuable parallel to their paid employment. The Trust is committed to supporting staff to volunteer within their own time.

20 hours

The Trust will grant 20 hours per year paid time off work (part time pro rata) to every employee to carry out voluntary work under the following conditions:

- 1) Voluntary work must be for a recognised voluntary, community or religious group or agency including charitable organisations. You may be expected to provide evidence of your involvement.
- 2) Time off must be agreed with your line manager with reasonable notice.
- 3) Time off within a team should be staggered to allow the best coverage of paid work.
- 4) The voluntary role should not be in conflict with your paid work i.e. acting as treasurer for a charity that you manage the contract for.
- 5) Time can be taken as a whole or spread across the year.
- 6) Time off should be recorded on your leave sheet under special leave.
- 7) The activity should not bring the Primary Care Trust into disrepute.

Training and development

Volunteering is viewed as a positive activity which contributes to staff's life long learning and should be recorded on personal development plans to record this. It can help to improve staff motivation, develop

skills such as communication, problem solving, change management and innovation. It also enables staff to develop their skills in a way not necessarily possible at work i.e. chairing a management committee.

Volunteering can also be considered as a means of team development by undertaking group tasks. It is an ideal form of team building.

Information

The volunteer manager will keep staff informed about volunteering opportunities and support staff to find volunteering roles.

It is recognised that it would be good practice to discuss volunteering opportunities with Pre-Retirement staff to enable them to be aware of areas where their skills would be invaluable.

Annex G

Sample statements for volunteer policies

Sample equal opportunities statement

Anytown NHS organisation is committed to equal opportunities and diversity. This commitment extends to our volunteers and we welcome everyone from our community as a volunteer. We will not discriminate against our volunteers on the grounds of gender, sexuality, disability, age, race, creed, colour, nationality, ethnic or national origin, trade union activity, HIV or marital status, or similar bases.

Furthermore we value difference, and recognise the value that the different backgrounds, skills, outlooks and experiences of our volunteers bring to the organisation.

We will not tolerate behaviour that contradicts the letter or spirit of this statement or our full equal opportunities policy.

Sample health and safety statement

Anytown NHS organisation is committed to the health and safety of our volunteers. We carry out risk assessments, which we act upon to lower risk. We will provide volunteers with any information, training or equipment they need to remain safe. Volunteers are expected to remember their duty of care towards the people around them, and not act in a way that might endanger those around them. Volunteers are included in our health and safety policy.

Sample data protection statement

Anytown NHS organisation asks for some personal details from its volunteers. This is to ensure that we can contact you and take account of your health and safety. We take our responsibility for looking after this information seriously. We will respect your privacy, and have notified (registered with) the Information Commissioner, who is responsible for the Data Protection Act 1998. We will follow the Data Protection Act at all times when asking for or handling your information. We only ask for information that we need, we keep the information securely, limit access to it, and will not pass your details on without your consent unless legally obliged to. Sometimes we may ask for information that the law considers particularly sensitive. We will always ask for explicit consent

before taking or using this information.

If you have any questions about the information we keep, please contact the trust or PCT data protection 'lead'.





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