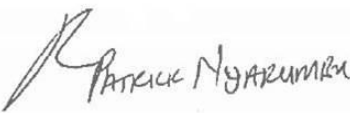




VOLUNTEERS POLICY

POLICY NUMBER & CATEGORY	HR 25	Human Resources
VERSION NO & DATE	7	November 2021
RATIFYING COMMITTEE	Transforming our Culture & Staff Experience Sub Committee	
DATE RATIFIED	December 2021	
ANTICIPATED REVIEW DATE:	December 2025	
EXECUTIVE DIRECTOR	Executive Director of Strategy, People & Partnerships	
POLICY LEAD	Workforce Development & Transformation Manager	
POLICY AUTHOR (if different from above)	Widening Participation & Volunteering Adviser	
Exec Sign off Signature (electronic)		
Disclosable under Freedom of Information Act 2000	Yes	

POLICY CONTEXT

BSMHFT values and recognises the role of volunteering as an essential part of their relationship with the community as well as a means of improving service user experience and promoting mental health wellbeing. The aim of this policy is to define volunteer activity throughout the Trust and set out the process for creating opportunities and recruiting, training, supervising and supporting volunteers.

POLICY REQUIREMENT (see Section 2)

The policy ensures that there is a consistent and robust approach to volunteering across the Trust and that the input they provide is safe and contributes positively to patient care. **Safeguarding is paramount so the policy must be adhered to.**

The policy relates to volunteers, and all staff who work alongside, support or supervise volunteers.

This policy provides Trust specific guidance regarding the boundaries between paid and volunteer roles.

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1 INTRODUCTION

Birmingham & Solihull Mental Health NHS Foundation Trust (hereafter referred to as the Trust) recognises the important role that volunteers play in improving the experience of service users and carers, engaging with local community, and improving and maintaining the reputation of the organisation. The Trust particularly welcomes volunteers who have lived experience of using mental health services, including service users or experience of caring for someone who has. We understand the part that volunteering plays in people's recovery, as well as the high value that volunteers with lived experience bring to people who use our services. The Trust is therefore committed to creating and enriching volunteer opportunities, pathways, and partnerships to support the work of paid staff, across a range of departments and activities which add value and are safe and enjoyable.

1.1 Rationale (Why)

It is important to ensure we engage and manage volunteers in the Trust and coordinate their contribution to enhancing service user care and experience through our Trust values.

Adherence to the policy will ensure a consistent and robust approach to the opportunities, recruitment, induction, training, supervision and support of volunteers.

The policy is in accordance with the NHS pre-employment checking standards, the Lampard Review and complies with the Trust's duty to safeguard vulnerable adults and children. This will enable the Trust to identify and manage risk hence ensure volunteers operate safely and effectively alongside our substantive staff for the benefit of our service users, carers and local community. This policy will support and contribute to the Trust being an Anchor institution by building better links with local communities.

1.2 Scope (Where, When, Who)

This policy applies to staff who; offer placements of volunteers, aid or facilitate the recruitment of volunteers, supervise or manage volunteers, operate in a service or team where a volunteer is active and to the volunteers themselves.

It is essential that department managers consult with employed staff to ensure a clear understanding of the Volunteer policy to fulfil the Trust safeguarding responsibilities.

The policy does not cover work experience, student placements, shadowing or service user consultants who provide ad-hoc 'when required' services (for example, a service user who is part of an interview panel) please refer to HR 32 Work Experience Policy. (Appendix 12 for the difference between work experience and volunteering)

There are mechanisms in place for service users who wish to undertake additional tasks whilst they are within the Trust's care; however this supported participation, or therapeutic activity, this would not constitute a formal volunteer role under this policy. For further information staff should refer to HR Policy 29; best Practice in the Engagement and Employment of Service Users and Carers.

Where there is a volunteer placement in a service and a current or former service user of that service wishes to undertake the role, due consideration must be given to the

nature of and appropriateness of the role, the nature of the service, and the individual. Such occurrences should be considered on a case by case basis by the team manager. The final decision will be with the team manager based on the effect it may have on the service and the current service users. There may be times when it is not appropriate for a volunteer to be placed within a service where they currently receive or have previously received treatment. In these circumstances, other placement options will be explored with the individual.

The minimum age for volunteers is 18 in clinical areas and 16 in non-clinical areas.

The Trust's Engagement team utilise volunteers for group events; these events have no age limit. The team will access the event using the Trust risk assessment.

Specific programmes of work i.e. Elders Project where volunteers are key to the success of the project are approved at board level. Outcomes from the board decision will be managed by the Engagement team.

1.3 Principles (Beliefs)

Volunteers can choose to donate their time, energy and discretionary effort for the benefits of others. Therefore, they are well placed to help the Trust provide compassionate caring, putting the patient first, deliver better information and signposting, and supporting cultures of openness and transparency, and must not be compromised or placed at a disadvantage by doing so.

The Trust asks that volunteers recognise that they are representing the Trust and therefore support our commitment to promoting equality through our Trust values. Volunteers must treat others with dignity and respect and not seek to discriminate against others.

The Trust believes that all volunteers have the right to volunteer in an environment which is free from discrimination and promotes fairness and equality in volunteering and volunteer recruitment.

Volunteers provide a supplementary service to users and their carers by choice and no obligation. They should **not** however be involved in direct clinical or personal care, nor give advice or opinions about direct clinical care to service users or carers. They are not employees; their role must be complementary to that of paid staff and they have a choice whether to volunteer their services or not. They may not be used for job substitution or a method of saving a department staffing costs or form part of the essential staffing structure within our Trust. Volunteers should never be used to temporarily fulfil the roles of paid staff that may off on leave.

2 POLICY (What)

All volunteers are required to be appointed through the procedure identified in this policy. No volunteer role should be a replacement for a paid staff opportunity.

Volunteer recruitment is an equal opportunity process and is open to anyone to apply. We welcome applications from members of all communities, FT members, service users and non-service users, carers, staff etc. Widening Participation & Volunteering

Advisor (WPVA) will collaborate with managers, identify volunteer placements and support the recruitment process.

Once a volunteer is engaged, responsibility for their direct supervision and management will rest with the designated line manager known in this policy as the volunteer recruiting manager.

3. PROCEDURE (See Volunteer recruitment process map – Appendix 3);

3.1 NHS Cadets

NHS Cadets is a new scheme created in partnership with the St John Ambulance, to provide 14-18-year-olds from under-represented communities with opportunities to explore a career in healthcare. The programme offers young people first aid training, courses to develop their leadership skills, and volunteering opportunities in the NHS - including vital hands-on work experience in hospitals, encouraging career pathways in the NHS.

3.2 Identifying a Volunteering Role

The WPVA should identify a site volunteer's recruiting manager from each site to developed volunteer profiles and allocate work to volunteers. The Volunteer recruiting manager must contact the WPVA to check the types of tasks and activities they would like the volunteer/s to help with.

In order to provide further detail about the expected tasks and skills required, the Volunteer recruiting Manager must complete the volunteering role template (Appendix 4) and a Trust risk assessment form. Once completed these must be submitted to the WPVT.

The WPVA will check that this is a suitable volunteering opportunity and will use the information to promote and place suitable volunteers. (See Volunteer recruitment process map) Appendix3.

3.3 Applying for a volunteer opportunity.

The recruitment and advertising of volunteer roles will take place on a regular on-going basis on NHS Jobs /Trac also through rolling recruitment; promotion through the Connects pages, aimed at referrals through families & friends. Volunteers will be required to complete an application form via the NHS jobs/ Trac process. The recruiting manager is responsible for shortlisting, interview questions, and interviews, to evaluate appropriate skills, knowledge, experience, and motivation of the candidates. They will also include an assessment of any additional support or access needs required as part of the recruitment process or to undertake the volunteering opportunity. Volunteers not placed within six months will be asked if they wish to remain on a waiting list should any further opportunities arise. Any volunteers not placed within twelve months will be advised that there are no suitable opportunities and that any future involvement requires re-registration for example they will need to have further DBS check or may need to re-apply.

Following a successful interview, suitable applicants will undertake The NHS Employment Check Standards.

3.4 DBS Checks for Volunteer roles

It is important to consider the DBS requirements at the earliest possible stage of role development when creating the role profile. All volunteers need to have a DBS check either enhanced or standard depending on the volunteering role. When a DBS is required, the WPVA will log the DBS number. The DBS reference is only valid for 3 years. (Appendix 3, level 1 volunteer)

The Police Act 1997 (Criminal Records) Regulations 2002 defines a volunteer as:

DBS Standard Checks – Risk assesses the role as to whether it requires infrequent and only occasional patient contact?

Volunteers in roles requiring a Disclosure and Barring (DBS) check will be required to undertake a new check at the appropriate level every 3 years unless they have used the update service. If a volunteers DBS has expired they must cease volunteering until it has been updated and logged with the Widening Participation & Volunteering Advisor WPVA. The Trust covers the cost of a volunteer DBS check.

An audit of a sample of volunteers will be undertaken annually to ensure that appropriate supervision, refresher training and DBS checks are in place the outcomes of the audit will be reported through the Safeguarding Committee.

Volunteers should not be asked to undertake a roles or tasks alone or unsupervised.

3.5 Training

All volunteers are required to complete the priority 'mandatory Volunteer fundamental training and induction as non-clinical Trust staff. Due to the Covid 19 volunteers are required to complete 9 fundamental training online only (see Fundamental Training Policy). Volunteer's information will be sent to the E-Learning team to provide the fundamental training online. The volunteers ID and badge will includes a review date after 12 months to assist in meeting this requirement attendance will be monitored and recorded by the WPVT based on supervision and attendance audit.

Support will be provided where required. Volunteers with face to face service user contact will also be required to undertake additional safeguarding training prior to placement.

3.6 Trust Induction

The new Volunteer Trust induction will also include a volunteer handbook and agreement. The Volunteer Trust induction will be facilitated virtually to discuss the use of the volunteer handbook and volunteer agreement*. The volunteer recruiting manager must complete, the local induction including security for secure sites. The information will also be updated annually by the WPVA and the data is kept on a spreadsheet for audit purposes. The Volunteer will appear in the management hierarchy on ESR of the team they are supervised by.

3.7 Starting the Volunteer Role

The Volunteer recruiting manager must complete the local orientation (appendix and introduction to the team as soon as possible and ensure all staff working alongside the volunteer have a clear understanding of their role as agreed in the profile.

The Volunteer recruiting manager should review the role at 8 weeks ensuring that it's suitable for the service and the volunteer. Any issues as part of the review period or otherwise should be addressed directly by the Volunteer recruiting manager and reported to the Trust's WPVA.

3.8 Volunteer Support

The WPVA should enable and develop all staff assigned to supervise volunteers with i.e. coaching; mentoring, Dignity in the workplace, Recovery College courses as appropriate.

All volunteers must receive support and regular supervision/debrief from Volunteer recruiting manager. The level will depend on the role and the experience of the volunteer. All volunteers should have a named person to offer support and guidance, and to resolve any queries. The Volunteer recruiting manager may be different to the team manager, but they must be assigned by the manager and be registered with the WPVA (who should also be notified of any changes). If a volunteer has multiple assignments they should have a supervisor for each assignment and any changes notified the WPVA.

It is important that all volunteers are provided with opportunities to give and receive feedback on their roles and on their experience of the organisation. Personal development templates are provided within the volunteer profile (Appendix 4) and should be recorded in the handbook.

Raising concerns see page 29

3.9 Additional training

Specified volunteer roles maybe carried out independently with explicit training, appropriate risk assessments, and supervision debrief (in approved roles). Volunteers and staff must adhere to all relevant policies in order to protect and safeguard the volunteer and service users.

Occasionally a volunteer maybe involved in or witness, an event that they find distressing or traumatic and therefore may require support or counselling. In these circumstances the Volunteer recruiting manager or the WPVA can make a referral or the volunteer can self-refer to the Trust's counselling service provision through Occupational health.

3.10 Expenses Claims for Volunteer Trust Wide

Volunteers will not be allowed to undertake tasks in excess of seven and a half hours per day, and maximum of 20 hours per week which will include a mid-morning break, a lunch break of at least half an hour, and a mid-afternoon break as a minimum. Travel will be reimbursed on receipt of travel tickets/receipts for those using public transport including taxis. For volunteers who are active for more than 4.5 hours in one

day, an additional amount will be allowed as reimbursement of up to £4.00 supported by receipts towards lunch (at time of policy).

Reimbursement of expenses will be arranged at the end of the day by the local manager through petty cash at the volunteer's base. Reimbursement of expenses for travel costs will be paid at the rate of West Midlands travel day-saver. Car users can claim the NHS reserve rate 28p per mile (at time of policy, subject to review based on Advisory Fuel Rates and changes in the NHS Reserve Rate).

Volunteers do not receive payments (only reimbursement of reasonable out-of-pocket expense upon receipt of proof), perks, or any other currency including vouchers. Volunteers should not accept gifts.

3.11. Expenses Claims for Take a Break Volunteer Rooms

The payment you receive is a token gesture of our appreciation. Due to welfare benefit regulations it is not possible for us to offer more than £20 per week for contributions to sessional engagement work.

If you wish to earn more than £20 a week you can investigate income tax self-assessment at www.citizensadvice.org.uk (this will mean you may need to make national insurance and tax contributions) and benefit payments may be affected. We also have options for greater involvement through peer support worker posts, apprenticeships and volunteering. DWP can offer permitted work with some conditions if you are claiming ESA

Volunteers do not receive financial payments (only reimbursement of reasonable out of out-of-pocket expense upon receipt of proof), benefits, or any other currency including vouchers. Volunteers should not accept gifts above the legal requirements of the trust such gifts should be declared in accordance with trust policy, and not accepting gifts or monetary gifts from people they are supporting.

A Volunteer claim form should be completed for all expenses (Appendix 5)

3.12 Health and safety, and insurance

Volunteers are included in the Trust's Health & Safety Policy. Therefore the Trust will provide volunteers with the information, training and equipment they require to remain safe.

It is important to note that the personal property of volunteers is not covered by any insurance taken out by the Trust.

Volunteers will be covered by the Trust's Employers' Liability insurance policy whilst they are on Trust premises or engaged in any approved volunteering activity off Trust site.

The Trust has both public liability insurance and employer's liability insurance. Public liability insurance covers claims where a third party (such as visitors) are injured whilst on Trust premises or they suffer damage to their property whilst on Trust premises. Employer's liability insurance covers the Trust for any compensation claim if an employee or volunteer is injured or becomes ill because of the work they do for the Trust.

It is the volunteer's own responsibility to ensure that his/her own insurance policy covers use of their own vehicle being used to get to and from their volunteer role.

3.13 Whistleblowing – Raising a concern

As a member of the public, volunteers may feel the need to raise concerns that would fall under the Trust's Whistleblowing Policy. Volunteers are protected under the policy. Managers should be aware of this and be prepared to take action if concerns are raised with them in the first place. Volunteers may want to discuss concerns with someone other than their Volunteer recruiting manager or Trust staff where they are based.

Speaking up about any concern you have whilst volunteering is really important. In fact, it's vital because it will help us to keep improving our services for all patients and the working environment for our staff.

<http://connect/corporate/governance/Policies/Freedom%20To%20Speak%20Up%20Raising%20Concerns%20Whistleblowing%20Policy.pdf>

3.14 Volunteers Complaints related to the team – direct to the right support

All volunteers have access to the WPVT and the Customer Relations team and may access support directly. Where deemed appropriate if the complaint relates to the behaviour of a member of staff, the WPVA may inform the employee relations team of issues that are raised. If the concerns relate to patient care, a formal complaint may be undertaken by the Customer Relations Team.

3.15 Managing a Complaint about Inappropriate Conduct of a Volunteer

Step 1- The Volunteer recruiting manager and the WPVA must promptly assess the seriousness of the complaint and consider if the volunteer needs to stop volunteering immediately and escalate complaint.

<http://connect/corporate/governance/Policies/Dignity%20At%20Work%20Policy.pdf>

Step 2 – The Volunteer recruiting manager and the WPVA need to discuss the complaint with the volunteer. The volunteer will be advised that they can be accompanied by a nominated person in accordance with the complaint /grievance policy at any of these meetings, but not in a legal capacity.

Step 3 - Based on the nature of the complaint and the informal discussion with the volunteer. The Volunteer recruiting manager and the WPVA should agree a course of action. This could be to identify further training and support or put a measure of improvement and review process in place for the individual. A possible outcome is that the volunteer is informed that they can no longer undertake volunteering for the Trust.

The WPVA must refer safeguarding all issues and consider reporting to the Disclosure and Barring Service.

Step 4 - If a volunteer wishes to appeal they may do in writing to the Trust Chair. The decision of the Trust Chair is final.

3.16 Industrial action

In the event of industrial action by BSMHFT staff, registered volunteers may undertake their usual duties if they wish to do so, providing they are suitably supervised. In the interests of harmonious relations amongst volunteers and paid staff, a volunteer should not be asked to temporarily cover the duties of any paid staff who are taking part in industrial action.

3.17 End of Placement

The placement may end by either party. If the opportunity is a specified project term it will automatically end on the agreed date.

If the volunteer chooses to continue in placement, they should contact the WPVA through bsmhft.volunteering@nhs.net or ask their Volunteer recruiting manager to do so. They should book onto and attend induction for the minimum mandatory annual training update and a re-issue of new trust ID and update.

In order to maintain a robust audit assurance, planning; an accurate recording database is central to track volunteers around the trust. This database is captured on a spreadsheet and kept within the Widening Participation & Volunteering team. The Volunteer recruiting manager must advise the WPVA of the volunteer's leaving date. The WPVA must close the assignment on ESR.

- End of placement set review/end dates
- Dress code – day events via engagement team will supply a volunteer t-shirt. Volunteer attire must be smart/casual no jeans.

3.18 Annual Audit

Support for volunteers is a vital aspect of personal development and recovery. Gathering feedback through audit to capture supervision, identify improvements to recruitment and placements will enable the volunteers and their Volunteer recruiting manager to have more training and more support to perform their role well; and implement the support for volunteers is key to establishing a vital volunteer opportunities within the trust. <http://jobs.bsmhft.nhs.uk/>

Developing external partnerships and signposting pathways through Recovery College is the future aspiration. There is continuing work to develop several opportunities and training to expand the offer, encourage wider participation, and make volunteering with the Trust a more attractive option.

Trust values – At BSMHFT we all agree to make our three core values real in the way we work together and deliver care. These are to be inclusive, compassionate, and committed. In joining the Trust, we will share a detailed guide to the type of behaviours that we are all expected to follow in making these values real every day. This detailed guide to behaviours is available on posters at our sites and also on Connect here:

<http://connect/ourtrustfiveyearstrategy/Documents/Everyday%20Behaviours%20Guide.pdf>

4 RESPONSIBILITIES

Post(s)	Responsibilities	Ref
Widening Participation & Volunteer Department	Ensuring the volunteer policy is being implemented and up-to-date paperwork and information is readily available for staff	1.2
	Sharing best practice, supporting staff to identify suitable volunteering opportunities including carrying out risk assessments.	3.2
	Approve volunteer opportunities so that they can be promoted through a variety of relevant platforms and partnerships.	3.11
	Undertake regular volunteer inductions ensuring that all volunteers have completed relevant checks and fundamental training and have a signed volunteer agreement.	3.14
	Undertake annual audits on recruitment of volunteers and the management of volunteers and report to Safeguarding Committee to offer assurance in aspect of the Lampard Review.	3.17
	Formally raise concerns and report non-compliance or risk associated with any aspect of volunteer activity or recruitment	3.10
	Monitor and evaluate the effectiveness, safety, and benefit of volunteering and report annually to the Workforce Committee, and the Trust Board for information	
Local Volunteering Supervisors	Gather, analyse and publish equality data information on volunteers annually	
	Adhering to the recruitment process	3.2/3
	Undertake a risk assessment prior to advertising an opportunity	
	Local orientation and induction including ensuring that the volunteer receives full information about the service/department	3.6
	Reimbursement of expenses	3.9
	Identifying additional Recovery College training and ensuring fundamental training is attended and up to date	
	Providing regular communication and feedback to the volunteers regarding their progress	3.7
	Allocating suitable tasks as agreed in profile, all voluntary work is non-clinical.	

Post(s)	Responsibilities	Ref
	<p>Ensure that the volunteer has a clear understanding of the duties of care and confidentiality attached to working in a healthcare environment and that they have the necessary levels of supervision at all times</p> <p>Delegate supervision responsibility in the absence of the named Volunteer Supervisor</p> <p>Ensure that volunteers undertake fundamental & safeguarding training updates annually.</p> <p>DBS checks (if appropriate to role) every 3yrs.</p> <p>Volunteers should be assigned a named contact person by the manager (if in a different service to their Volunteer Supervisor) of the area they are working in to provide supervision, support and regular reviews. These should be documented and recorded in their personal file.</p> <p>Ensure that all relevant staff are aware of the volunteers tasks and hours</p> <p>Ensure that appropriate arrangements are in place to identify the whereabouts of volunteers whilst on Trust business.</p> <p>Appropriately deal with any problems which may arise including the reporting of any accidents or incidents in accordance to Trust protocol</p> <p>Ensuring that their volunteers' details are registered correctly with the (WPVA) and on the Trust's volunteer management system (ESR NHS Electronic Staff Record)</p> <p>Providing feedback to the Widening Participation & Volunteer department for regular audit and monitoring of volunteer activity (Appendix 9)</p>	<p>3.4</p> <p>3.3</p> <p>3.10</p> <p>3.11</p> <p>3.12</p> <p>3.14</p> <p>3.17</p>
Volunteers	<p>Only undertake their voluntary work at times and locations agreed with their Volunteer recruiting manager</p> <p>Informing their supervisor or named contact in as far advance as possible if they are unable to attend</p> <p>Participate in all specified training and inductions and update sessions with their Volunteer recruiting manager decides is relevant and necessary to their role</p> <p>Informing their Volunteer recruiting manager and WPVA of any changes to their health or criminal status</p>	<p>App1</p> <p>App4</p> <p>App5</p>

Post(s)	Responsibilities	Ref
	<p>Raise any issues of concern relating to their voluntary work with their supervisor</p> <p>Updating their details on Trust's volunteer management system with the support of their Volunteer Supervisor so that information is up to date and accurate</p> <p>Informing the Volunteer Supervisor when they wish to end their volunteer role and return all passes and any Trust belongings</p> <p>Undertake a DBS check, at the appropriate level every three years.</p> <p>Adhere to the policy and notify the policy lead of any concerns</p>	<p>App6</p> <p>3.16</p> <p>3.1</p>
All Staff	To be aware of the purpose of volunteers to complement the paid workforce, adhere to the policy and notify the policy lead of any concerns. Promote and increase volunteer activity and share good practice.	
Service, Clinical and Corporate Directors	To ensure that managers within their areas adhere to the policy, promote and increase volunteer activity, and develop staff to supervise volunteers	
Policy Lead	Implement the policy and monitor, audit compliance	
Executive Director	Overall responsibility	

5 DEVELOPMENT AND CONSULTATION PROCESS

Consultation summary		
Date policy issued for consultation		June 2021
Number of versions produced for consultation		1
Committees or meetings where this policy was formally discussed		
PDMG		September PDMG
Transforming our Culture & Staff Experience Sub Committee		December 2021
Where else presented	Summary of feedback	Actions / Response

6 REFERENCE DOCUMENTS

Employment & Engagement of Service Users Policy

Equality Inclusion and Human Rights Policy

Health & Safety Policy

Induction and Fundamental Training Policy

Incident Reporting Policy

Information Governance Assurance Policy

Lone Working Policy

Whistleblowing (Raising a Concern) Policy

Work experience Policy

Grievance and Dispute Policy

Counter Fraud and Anti-Bribery

<http://connect/corporate/governance/Pages/policies-and-procedures.aspx>

7 BIBLIOGRAPHY

The Kings Fund Volunteering in health and care. Securing a sustainable future. 2013

<http://www.tuc.org.uk/workplace-issues/volunteering>

<https://www.gov.uk/volunteering/volunteers-rights>

www.nhsemployers.org

<http://www.nhsemployers.org/news/2017/09/revised-employment-check-standards>

<https://www.england.nhs.uk/get-involved/get-involved/volunteering/>

8 GLOSSARY

Volunteer recruiting manager the designated member of staff supervising the volunteer.

9 AUDIT AND ASSURANCE

What steps will be undertaken to assess how well the policy is working

Element to be monitored	Lead	Tool	Frequency	Reporting Arrangements	Acting on Recommendations and Lead(s)	Change in Practice and Lessons to be shared
Volunteers will be representative of the community and the Trust; it serves and reaches out to.	Widening Participation & Volunteer Manager	External partnerships and Events Audit and recruitment practice.	annually	Workforce Committee JOSC Recovery workforce committee	Revised recruitments & Advertising Signposting and events	ESR logging Staff engagement audit
Volunteers have undergone the appropriate NHS Employment checks	Widening Participation & Volunteer Manager	Revised recruitment & TRAC process,	annually	Workforce Committee Safeguarding Committee	Revised recruitment & Advertising Signposting	All reporting to managers should check DBS is current on ESR

Fundamental training Face to face and online take-up of training	Core Fundamental and professional training manager	Face to face training option as well as online training to improve recruitment and development of Volunteers	annually	JOSC Workforce Committee	Core Fundamental and professional training manager	A solely online method of eLearning training has been expanded to include face to face training
New Volunteer roles require monitoring and additional training to maintain development suitability and safety	Widening Participation & Volunteer Manager	Centralised recruitment process and advertising	On-going	Workforce Committee Safeguarding Committee	Team meetings and Audit returns	Supervision templates and booklets for logging meetings
All Volunteer Supervisors will coach and or mentor volunteers	Widening Participation & Volunteer Advisor Core Fundamental and professional training manager	Coaching and mentoring training for SM supervisors	On-going	JOSC Workforce Committee Recovery workforce Committee	Team and Service Managers	Regular updates and training offered
Volunteers Supervision	Widening Participation & Volunteer Manager Volunteer Supervisors	Regular supervision every 8 weeks. Volunteers concerns can be reported directly to the Widening Participation & Volunteer Advisor	On-going	JOSC Workforce Committee Recovery workforce Committee	Audit returns regular meetings	Pick up via review meetings, lessons learned.

10 APPENDICES

1. Equality Impact Assessment
2. DBS level 1
3. Volunteer recruitment process map
4. Volunteer profile builder
5. Volunteer expenses forms
6. Volunteer Agreement
7. Volunteer local orientation
8. Volunteer risk assessment template
9. Volunteer Audit Requirements
10. Volunteer raising concerns flow chart
11. Spiritual Care and Volunteering with BSMHFT
12. Differences between Volunteering and Work Experience

A toolkit is available including updated template documents at <http://connect/WPV/Volunteering/Pages/Volunteer-process>.

Advice can be obtained from the central team at any stage by calling 07985 883 709 or emailing bsmhft.volunteering@nhs.net

Appendix 1

Equality Impact Assessment

Title of Proposal	Volunteer Policy			
Person Completing this proposal	Michelle Johnson	Role or title	Widening Participation Adviser	
Division	Corporate	Service Area	Learning and Development	
Date Started	July 2018	Date completed	27 July 2021	
Main purpose and aims of the proposal and how it fits in with the wider strategic aims and objectives of the organisation.				
Managers at all levels across the Trust should be able to design, build and increase volunteer opportunities, creating and sustain ongoing volunteer development				
Who will benefit from the proposal?				
Interested parties from all communities should be able to access a wide range of opportunities to volunteer,				
Impacts on different Personal Protected Characteristics – Helpful Questions:				
<i>Does this proposal promote equality of opportunity?</i> <i>Where there is a need for assistance with an online application forms support can be accessed.</i> <i>Placements should be risked assessed for access and ongoing supervision and support</i> <i>Fundamental training is now offered in two formats online and face to face to appeal to all levels of ability</i> <i>Eliminate discrimination?</i> <i>Eliminate harassment?</i> <i>Eliminate victimisation?</i>		Volunteer advertising and events will be shared with partner organisations and to increase the reach and scope applying for roles, and endeavour to be reflective of the wider community <i>Promote good community relations?</i> <i>Promote positive attitudes towards disabled people?</i> <i>Consider more favourable treatment of disabled people?</i> <i>Promote involvement and consultation?</i> <i>Protect and promote human rights?</i>		
Please click in the relevant impact box or leave blank if you feel there is no particular impact.				
Personal Protected Characteristic	No/Minimum Impact	Negative Impact	Positive Impact	Please list details or evidence of why there might be a positive, negative or no impact on protected characteristics.

Age	<input checked="" type="checkbox"/>			Safeguarding protections means that, Children 16+ and under cannot access volunteering in a mental health trust.
Including children and people over 65 Is it easy for someone of any age to find out about your service or access your proposal? Are you able to justify the legal or lawful reasons when your service excludes certain age groups				
Disability		<input checked="" type="checkbox"/>		Volunteers who have declared a mental or physical health disability. Hearing impaired volunteers can have difficulty accessing our or ELearning or induction. Interpreters should be booked when necessary. Costing should be allowed for this. Face to Face Training for Fundamental training will be offered and interpreters can be arranged when necessary
Including those with physical or sensory impairments, those with learning disabilities and those with mental health issues Do you currently monitor who has a disability so that you know how well your service is being used by people with a disability? Are you making reasonable adjustment to meet the needs of the staff, service users, carers and families?				
Gender	<input checked="" type="checkbox"/>			
This can include male and female or someone who has completed the gender reassignment process from one sex to another Do you have flexible working arrangements for either sex? Is it easier for either men or women to access your proposal?				
Marriage or Civil Partnerships	<input checked="" type="checkbox"/>			
People who are in a Civil Partnerships must be treated equally to married couples on a wide range of legal matters Are the documents and information provided for your service reflecting the appropriate terminology for marriage and civil partnerships?				
Pregnancy or Maternity	<input checked="" type="checkbox"/>			
This includes women having a baby and women just after they have had a baby Does your service accommodate the needs of expectant and post-natal mothers both as staff and service users? Can your service treat staff and patients with dignity and respect relation in to pregnancy and maternity?				
Race or Ethnicity	<input checked="" type="checkbox"/>			
Including Gypsy or Roma people, Irish people, those of mixed heritage, asylum seekers and refugees What training does staff have to respond to the cultural needs of different ethnic groups? What arrangements are in place to communicate with people who do not have English as a first language?				
Religion or Belief	<input checked="" type="checkbox"/>			
Including humanists and non-believers				

Is there easy access to a prayer or quiet room to your service delivery area?				
When organising events – Do you take necessary steps to make sure that spiritual requirements are met?				
Sexual Orientation	<input checked="" type="checkbox"/>			
Including gay men, lesbians and bisexual people Does your service use visual images that could be people from any background or are the images mainly heterosexual couples? Does staff in your workplace feel comfortable about being 'out' or would office culture make them feel this might not be a good idea?				
Transgender or Gender Reassignment	<input checked="" type="checkbox"/>			
This will include people who are in the process of or in a care pathway changing from one gender to another Have you considered the possible needs of transgender staff and service users in the development of your proposal or service?				
Human Rights	<input checked="" type="checkbox"/>			
Affecting someone's right to Life, Dignity and Respect? Caring for other people or protecting them from danger? The detention of an individual inadvertently or placing someone in a humiliating situation or position?				
If a negative or disproportionate impact has been identified in any of the key areas would this difference be illegal / unlawful? I.e. Would it be discriminatory under anti-discrimination legislation. (The Equality Act 2010, Human Rights Act 1998)				
	Yes	No		
What do you consider the level of negative impact to be?	High Impact	Medium Impact	Low Impact	No Impact
			<input checked="" type="checkbox"/>	
If the impact could be discriminatory in law, please contact the Equality and Diversity Lead immediately to determine the next course of action. If the negative impact is high a Full Equality Analysis will be required.				
If you are unsure how to answer the above questions, or if you have assessed the impact as medium, please seek further guidance from the Equality and Diversity Lead before proceeding.				
If the proposal does not have a negative impact or the impact is considered low, reasonable or justifiable, then please complete the rest of the form below with any required redial actions, and forward to the Equality and Diversity Lead .				
Action Planning:				

How could you minimise or remove any negative impact identified even if this is of low significance?
<ul style="list-style-type: none"> • Volunteer advertising and events will be shared with partner organisations and to increase the reach and scope applying for roles, and endeavour to be reflective of the wider community • Volunteer recruiting managers will be specifically given coaching training, Dignity in the workplace and boundary training. • Hearing impaired volunteers can have difficulty accessing our or ELearning or induction. Interpreters should be booked when necessary. Costing should be allowed for this • Face to Face Training for Fundamental training will be offered and interpreters can be arranged when necessary
How will any impact or planned actions be monitored and reviewed?
Volunteer Audit
How will you promote equal opportunity and advance equality by sharing good practice to have a positive impact on other people as a result of their personal protected characteristic.
Please save and keep one copy and then send a copy with a copy of the proposal to the Senior Equality and Diversity Lead at hr.support@bsmhft.nhs.uk . The results will then be published on the Trust's website. Please ensure that any resulting actions are incorporated into Divisional or Service planning and monitored on a regular basis.

Appendix 2

Level 1 volunteer

Criteria for this level of volunteer of role;

- Volunteer role under constant supervised , never with SU alone
- Will not be in clinical inpatient ward areas
- No more than 20 hours a week for no more than 12 months

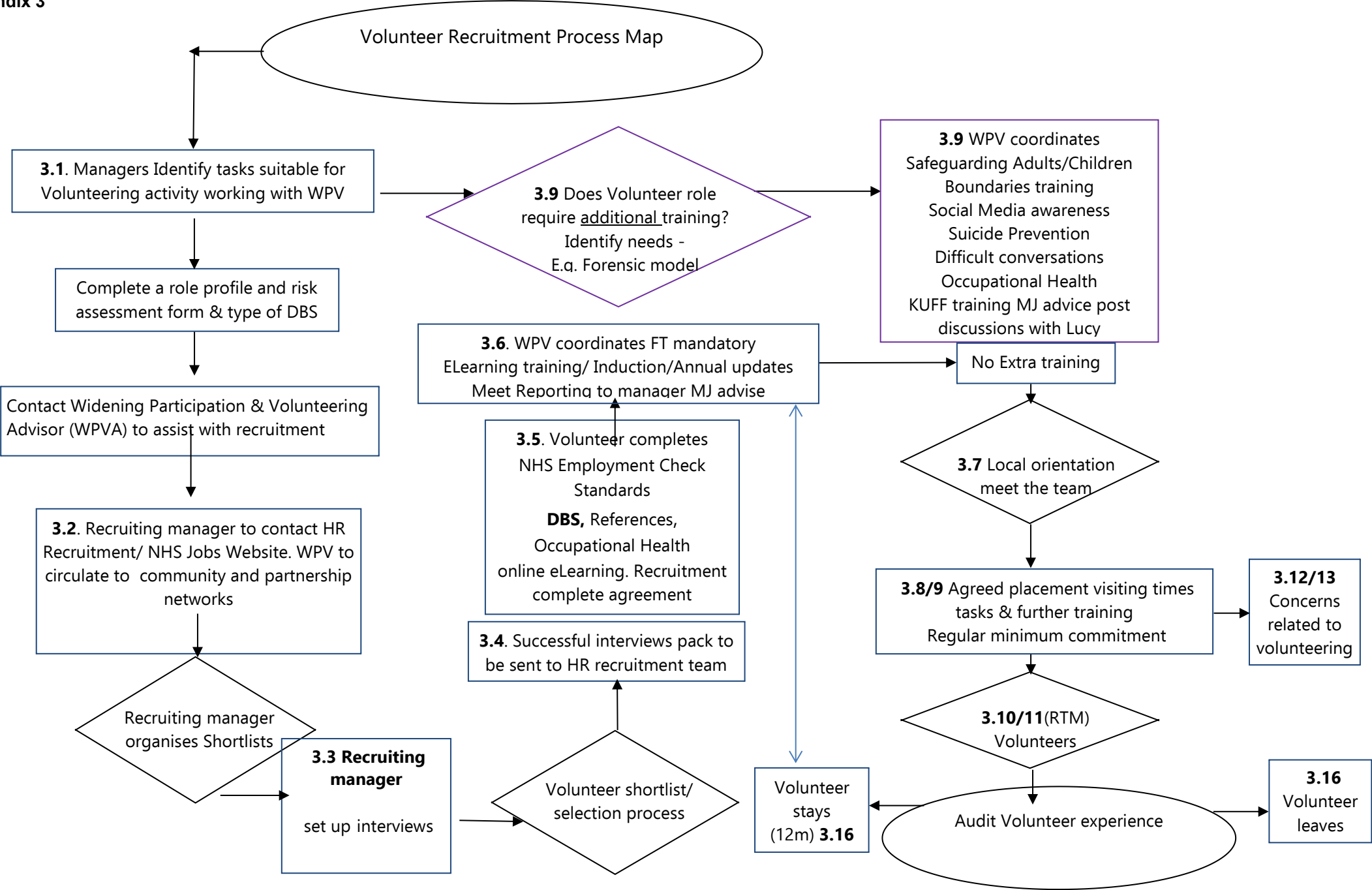
Therefore will not require

- DBS
- Occupational health screen – 1st - health conditions fit to do your job 2nd –
 - Develop an specific form - volunteer form – this will ensure that volunteers are safe in our environments
 - 3 x steps
 - Are you able to fulfil the role outlined in the volunteer briefing
 - Are there adjustments needed
 - Discuss with manager - can these be agreed
 - Manager refers to occupational health if required.
- E learning – statutory ie fire, manual handling , supported in face to face in cohort induction
- Volunteer agreement, issued by recruitment.
- References -

Volunteer policy to be adapted to include this level of volunteer role, to include flow chart and volunteer induction available for all

Agreed also to review the next level volunteer roles.

Look at other existing roles.



Appendix 4

Volunteer Profile

Role Title	
Department / Service	
Supervisor Name and Role	
Location	
Time Commitment per week	

Role Description	
Outline Key Tasks	
Skills/experience required to support the role:	
Our values and behaviours	Our values: compassionate, inclusive and committed guide how we treat ourselves, one another, our service users, families and carers, and our partner organisations. Our everyday behaviour guide sets out what this looks like in practice. We have attached this for your reference.
Risk Assessment Carried Out By?	Name:

Date	
Role Profile Completed By	

DBS Status (Please select where appropriate)	
Enhanced DBS / Working with SUs	
Standard DBS / Indirect contact with SUs	

Volunteer Signature		Date	
------------------------	--	------	--

Personal Development Planning

BSMHFT is a proactive and progressive employer. Our goal is to create a variety of pathways to careers in the NHS. The strength of our staff is in our shared values. This starts with a personal commitment. Our work experience, volunteers, apprentice programmes create opportunities to seek personal and professional growth and to give evidence of this in your placement and training.

Our Values	Compassionate	Inclusive	Committed
Supporting statements These statements expand on the values to broaden their meaning.	<ul style="list-style-type: none"> Supporting recovery for all and maintaining hope for the future Being kind to ourselves and others Showing empathy for others and appreciating vulnerability in each of us 	<ul style="list-style-type: none"> Treating people fairly, with dignity and respect Challenging all forms of discrimination Valuing all voices so we all feel we belong 	<ul style="list-style-type: none"> Striving to deliver the best work and keeping service users at the heart Taking responsibility for our work and doing what we say we will Courage to question to help us learn, improve and grow together
5 Core Behaviours The behaviours describe what our values look like in practice, i.e. it's how we demonstrate our values. These are the core top 5 behaviours for each of our values.	<ol style="list-style-type: none"> Use strategies to manage my emotions to avoid creating a negative atmosphere Offer forgiveness and do not judge others or myself harshly when we get things wrong Notice when someone is struggling and offer help Focus on finding a solution and do not blame the person responsible 	<ol style="list-style-type: none"> Treat everyone with respect irrespective of their perceived difference (i.e. beliefs, background, characteristics, culture, role or circumstance) Respect other people's personal space, privacy and dignity Privately and sensitively challenge my own behaviours or those demonstrated by others, that are not in line with our values Involve others to develop a shared 	<ol style="list-style-type: none"> Proactively identify what needs to happen to get the job done Own up to my mistakes without delay, apologies and take responsibility for putting them right Share my concerns with appropriate people to find a resolution Balance service user (or internal customer) needs with resources

	5. Look for, and praise, the achievements and contributions of other people	understanding of what needs to change 5. Proactively and willingly share relevant information with others	available when making decisions 5. Check to ensure service users (or internal customers) are happy with the service received
Leadership Behaviours These are for our people leaders in addition to the core behaviours above.	1. Enable people to work in a way that balances BSMHFT's objectives and suits them as an individual 2. Put people's wellbeing and needs ahead of my goals 3. Check in regularly with direct reports, to ask how things are and to offer support	1. Include those affected when creating plans 2. Coach people to identify issues and create their own solution without imposing my own ideas 3. Ensure people have the required training, knowledge, skills, time and space to do their work comfortably and safely	1. Build a strategy that is clearly aligned with anticipated future service user needs 2. Find opportunities for people to use and develop their strengths 3. Seek regular feedback on my leadership style and make adjustments to suit my people
Negative Impact Behaviours These behaviours describe things that often have a negative impact on others and therefore, are what we don't want to see or experience.	Non-compassionate behaviours ➤ Not listening to others ➤ Failing to realise and accept, or ignoring the negative impact of your behaviour on others ➤ Using force, coercion or power to bully or impose	Non-inclusive behaviours ➤ Dismissing other people's experiences or views, as untrue or unimportant ➤ Being rude, using inappropriate banter or making discriminatory/derisive comments about others ➤ Pretending other people's work was done by you and taking the credit for it.	Non-committed behaviours ➤ Ignoring issues, saying they are somebody else's problem ➤ Dismissing feedback about service user or staff care ➤ Not involving service users and their families in care and service decisions.



Appendix 5

1. CLAIM FOR VOLUNTEER EXPENSES

Reimbursement of expenses will be arranged at the end of the day's work by the local manager through petty cash at the volunteer's base. Reimbursement of expenses for travel costs will be paid (£4:60) at the Regional Day saver rate. For volunteers working for more than 4.5 hours in one day, an additional amount will be allowed as reimbursement of expenses towards lunch (£4.00). In services where meals are available, a meal can be provided. Any alternative travel arrangements will need to be negotiated through the Volunteer Supervisor.

Any materials that a volunteer is asked to purchase in order to undertake their role should be agreed by the budget holder and the Volunteer Supervisor.*

Bus/Train Fare (max £4:60)	£
Car miles _____ @28 pence per mile (NHS Reserve rate)	£
Parking	£
Meals / Snacks / Refreshments max £4:00	£
* Reimbursement of out of pocket expenses relating to role, receipt required. Prior agreement from budget holder and Volunteer recruiting manager required.	£
Total Claim	£

The above is a true record of my out-of-pocket expenses for participation as a volunteer for Birmingham and Solihull Mental Health NHS Foundation Trust

Name (Block Capitals) _____

Signed _____ Date _____

Authorised by Budget holder (to be reimbursed through petty cash)

Name (Block Capitals) _____

Signed _____ Date _____

Account Code _____

The Volunteer recruiting manager will submit the dated forms to be authorised by Budget holder within the team (to be reimbursed through petty cash). In the event there is no local petty cash account to arrange to return on a subsequent day to complete.



CLAIM FOR COVID VOLUNTEER EXPENSES

The payment you receive is a token gesture of our appreciation. Due to welfare benefit regulations it is not possible for us to offer more than £20 per week for contributions to sessional engagement work.

If you wish to earn more than £20 a week you can investigate income tax self-assessment at www.citizensadvice.org.uk (this will mean you may need to make national insurance and tax contributions) and benefit payments may be affected. We also have options for greater involvement through peer support worker posts, apprenticeships and volunteering. DWP can offer permitted work with some conditions if you are claiming ESA.

All sections **MUST** be completed

Name (print)	
Home Address	
Email address (for confirmation of payment)	
National Insurance Number (this information is required because of statutory services accounting regulations)	

Bank Account Details

Name of Bank	
Address of Bank	
Name of Account Holder	
Account Number	
Sort Code	

Payment details:-

Meeting/event/workshop/interview	Date	Venue	£
MAXIMUM £20 IN A GIVEN WEEK			

TRAVEL EXPENSES CAN ONLY BE CLAIMED FOR THOSE VOLUNTEERING THEIR TIME OR WHERE THE WORK IS CARRIED OUT AT A LOCATION OTHER THAN YOUR REGULAR BASE, FOR WORK OR CARE WITHIN OUR TRUST.

Day saver / local bus, train or tram fare	£
Taxi (only by prior agreement/ agreed need) £4.60	
Car: _____ miles (at 33p per mile)	£

TOTAL CLAIM (MAXIMUM £20 PLUS TRAVEL TO NON-REGULAR BASE)

£.....

The above is a true record of my fee entitlement for participation in this meeting/event. I understand that accepting the payment of a fee may affect my Benefits and/or Income Tax status and I undertake to declare this income to the relevant Statutory Authority.

Service user or carer's signature..... **Date**

.....

OFFICE USE ONLY

Authorised by Budget holder:(print name)

Signed:.....

Date:..... Budget code:.....

SCAN OR RETURN THIS SHEET TO FINANCE bsmhft.payments@nhs.net

Appendix 4 Volunteer Policy HR 25 V3

AGREEMENT AND CODE OF CONDUCT FOR VOLUNTEERS

Name: _____ Date: _____

1. Definition

Volunteers provide supplementary service to service users and their carers, but cannot be involved in their direct clinical care. Your role is complementary to that of paid staff. You will not be used as an employee, or form part of the essential staffing structure within our Trust.

2. Responsible Manager – Volunteer recruiting manager

For this placement you will be directly responsible to (Name and contact number of Volunteer Supervisor);

.....
should you not be able to contact your manager, then you should contact a nominated member of staff based where your role takes place on:

3. Flexible Tasks

Your tasks are described in the role description you have already received. These may be changed, after discussion with you, to meet the needs of the department.

The Trust reserves the right to review your involvement and move you to other placements within the organisation, as long as you agree. Regrettably, if an agreement cannot be reached which suits both the Trust and the volunteer, then the placement will be ended and other options discussed.

4. Hours of Voluntary Service

Your hours will be discussed and agreed with you and your Volunteer recruiting manager. We will try to help arrange hours that suit you and the service you volunteer with.

5. Attendance

If you are unable to attend as agreed for any reason, please notify your Volunteer recruiting manager as soon as possible. Please note an absence of 12 weeks may result in the ending of your volunteer assignment.

6. Health Clearance

We will arrange for you to undergo health clearance before you begin to ensure you are fit to carry out the activities involved. This will involve you completing a health questionnaire and may be followed by a health interview with a member of staff from the Occupational Health Department. You may access the OH provider directly for assistance if necessary

7. Confidentiality and Data Protection

Your attention is drawn to the confidential nature of information collected within the Trust. You should not divulge any patient or other information as a result of your placement with the Trust, to anyone not authorised to receive it. This includes holding discussions with members of Trust staff concerning patients in situations where the conversation may be overheard. This high level of confidentiality continues indeterminately. Matters concerning staff and details of items under consideration by the Trust are also included in this clause. In the case of computerised information, breach of confidentiality could result in a prosecution for an offence or action for civil damages under the Data Protection Act 1998.

Volunteers must also sign and keep a copy of the Trust's 3rd Party Confidentiality Agreement. This agreement describes the responsibilities of external parties under the NHS Confidentiality Code of Practice 2003 and the Data Protection Act 1998 when undertaking tasks for/ within Birmingham and Solihull Mental Health NHS Foundation Trust (BSMHFT).

8. Social Media and Boundaries

You must not post photographs of yourself, your colleagues, with resident service users, carers or visitors within the Trust or at Trust locations at any time. Volunteers must safeguard themselves and other volunteers, staff, service users and carers by discouraging any contact between resident service users outside of the capacity to which they fulfil the Volunteer role (including interaction via social media) to promote safety, confidentiality and ensure that professional boundaries are in place. Professional codes of conduct must be recognised and respected.

9. Criminal Offences

You are required to inform the Trust of any custodial or non-custodial conviction, criminal record, investigation, charges, caution or other relevant action including any investigation that has occurred before your placement with the Trust. The Trust retains the right to end your placement if it is felt that this will have impact on, or effect the position you hold and /or duties that you carry out.

If you do not disclose such information, the Trust may end your placement without notice.

10. Security Arrangements

You must wear your name/security badge at all times whilst on Trust property. Your reporting to manager will make arrangements for you to have a badge and inform you about any other security arrangements. The name/security badge must be returned to your Volunteer Supervisor at the end of your placement.

10. Acceptance of Gifts

You must not accept any gifts of consideration as an inducement or reward for:

- Doing, or refraining from doing, anything in your volunteering capacity **or**
- Showing favour or disfavour to any person in your capacity as a volunteer

Any money, gift or consideration received by you whilst at Birmingham & Solihull Mental NHS Foundation Trust, from a person or organisation holding or seeking to obtain a contract, may result in the end of this placement. It will also be deemed by the fraud team to have been received corruptly unless you are able to prove the contrary.

11. Personal Property

The Trust does not accept responsibility for loss or damage to personal property belonging to you. You should, therefore, consider obtaining adequate insurance cover for any personal items of value.

12. Risk Management

You must take reasonable care and responsibility for your own health and safety and for that of other persons who may be affected by your own actions or omissions for the period of your placement with the Trust. For further information and details of health and safety rules, you are referred to the local Risk Management and Health and Safety Policies available from your department. You must not undertake any tasks, e.g. manual handling, for which you have not received any training.

13. Policies and Procedures

You will need to observe the following:

- Equality Human Rights and Inclusion Opportunities Policy
- Dignity at Work Policy

- Raising a Concern (Whistleblowing) Policy
- Health and Safety Policy
- Risk Management Policy
- Incident Reporting Policy
- Information Governance Assurance Policy
- All other relevant Trust policies and procedures

All of the above are available for you to see on the intranet. Training can be arranged and your Volunteer Supervisor will help you to understand the relevant sections. The main requirement is to be aware that these policies exist, and to always seek support if necessary.

14. Acceptance and Understanding of the Terms of Reference for Volunteers

Please sign of copy this Volunteer Agreement to acknowledge your acceptance and understanding of its terms. Your Volunteer Supervisor should take a copy of the signed agreement to keep on your file, please keep this copy for your own reference.

The Volunteer Agreement is not a binding agreement and there is no obligation on either party to maintain the arrangement. Either party can conclude this placement without formality.

If at any time during the period of this placement, your conduct and/or performance prove unacceptable, the Trust reserves the right to end this placement, as it deems necessary, without notice.

PRINT NAME _____

SIGNATURE _____ DATE _____
Volunteer Supervisor

Appendix 6

Local Placement Induction Checklist for Volunteers

Name of Volunteer	Volunteer recruiting manager	Department	Date Commenced

This record is to be completed by Volunteer recruiting manager in presence of the volunteer.
It is to be completed on the first day of attendance in Team/ Directorate/Department.

Introduction	date information given	information given by (signature)	information received by volunteer
Introduction to area of work, team, ward, dept. service – tour of Area			
Introduction to colleagues/patients (if applicable)			
Given clear instructions on whom to report to Volunteer recruiting manager or (Volunteer buddy)			
Shown lockers/security of belongings explained			
Been acquainted with location of dining facilities, coffee machine/kettle, library – (where available).			
Check role profile and -introduce to the tasks/to be undertaken			
Health & safety	date information given	information given by (signature)	information received by volunteer
Location and fire-fighting equipment (legal requirement although volunteers not expected to use or be responsible for evacuating service users etc.)			
What to do in case of Fire drills and alarms & location of Fire Exits/Assembly points			
Health risks – COSHH			
Reporting incidents			
First Aid boxes/first aiders/incident forms			
Security measures – doors and alarm codes (e.g. pin point alarms)			
Information	date information given	information given by (signature)	information received by volunteer
Signing in/out procedures			
Meal times and arrangements/volunteer meals			

Code of dress			
Whom to approach for help/information			
Importance of checking in at a regular time keeping/attendance			
Policies and where they can be found			
Issued with any supplementary checklists			
Expected standards of procedure confidentiality and boundaries	date information given	information given by (signature)	information received by volunteer
Politeness to service users, carers and visitors			
Communication, boundaries, social media contact			
Car parking			
Volunteers raising concerns flowchart			
Received information on: (if applicable)	date information given	information given by (signature)	information received by volunteer
Team or Department rules			
Identifying Training Needs			
Ward/department/service routines			
Goal setting,			
Understanding the trust, communications brief, notice boards, Trust website,			
Departmental meetings			

A copy should be kept within the department with the volunteer booklet and a copy should be scanned and emailed to the Widening Participation & Volunteering Advisor (WPVA). BSMHFT.Volunteering@bsmhft.nhs

I acknowledge receipt of this document and will keep a personal copy for my own reference.

PRINT NAME _____

SIGNATURE _____ DATE _____
Volunteer



Environmental Risk Assessment

There is a list of potential hazards listed below. Please use these as appropriate to populate the risk assessment. This is not a definitive list therefore if there are other hazards that you identify in your working environment that are not listed please ensure that these are included. Equally not all listed hazards might be applicable to your working environment, so there is no requirement to include in your assessment.

List of Potential Hazards

- Violence and Aggression/ Assault
- Work Related Stress
- Infection Control
- Food Hygiene
- Moving and Handling
- First Aid
- Fire Safety
- Attire
- Infectious Diseases/ Needle sticks/ Sharps
- Lone Working
- Display Screen Equipment
- Chemical Hazards
- Biological Hazards
- Electricity
- Equipment
- Working at height/ Slips/ Trips/ Falls
- Asbestos
- Legionella
- Interviewing service users
- Driving/ Vehicle Safety
- Security
- Bomb Threats/ Suspicious Packages
- Environment Factors e.g. noise, lighting, ventilation
- Confined Spaces
- New and Expectant Mothers
- Severe Weather – extreme heat/ cold; flooding; snow
- Ligation
- Young or Inexperienced Person
- Access and Egress

This record is to be completed by Volunteer recruiting manager in presence of the volunteer. It is to be completed on the first day of attendance in Team/ Directorate/Department.

Please forward a copy of this Workplace Risk Assessment Record to Risk & Safety and Service Manager

Workplace Risk Assessment Record

Activity	Hazard and Harm	Key persons at risk	Existing Controls
Violence Aggression/assault	Physical or verbal assault by SUs	Staff, contractors, visitors, SUs	
Infectious diseases Needle stick Sharps	Cross-infection. Outbreaks. Needle-stick injuries	SUs, staff, contractors, visitors	
Manual Handling	Back injuries, strains, pulls, muscular discomfort.	Staff	
Display Screen Equipment	Eye strain, repetitive strain injury	Staff, SUs	
Water Management	Scalds, burns, infection and legionella	Staff SUs Visitors	
Chemical/Hazardous Substances	Ingestion, burns, splashes, fume inhalation	Staff SUs Visitors	
Fire Safety	Smoke inhalation, burns, damage to buildings and property. Deliberate fire setting – internally or externally	Staff SUs Visitors Contractors	
Electricity	Electrocution/death	Staff SUs Visitors Contractors	

Please forward a copy of this Workplace Risk Assessment Record to Risk & Safety Team and Service Manager. Please also ensure that all staff that could be affected by these hazards have seen the assessment and are aware of the relevant control measures

BSMHFT Workplace Risk Assessment/Inspection Record **February 201**

- **RISK RATING:** H = High/ill health severity and/or likelihood; priority action needed and ensure interim risk controls are in place in the meantime.
 M = Medium severity and/or likelihood, action needed within 3 months and ensure interim risk controls are in place in the meantime.
 L = Low risk continue to manage, monitor and review

Activity	Hazard and Harm	Key persons at risk	Existing Controls
Equipment	Injury	Staff SUs Visitors Contractors	
Work Related Stress	Inability to concentrate, time off sick from work, impact on social/home life, depression, impact on service provision	Staff	
Food Hygiene	Food poisoning, D&V outbreak, unit closure	Staff SUs Visitors Contractors	
Lone Working	Physical or verbal abuse, injury	Staff	
Ligature Risk and Self-harm	Serious injury, death	SUs	
Slips, Trips and Falls	Various injuries – cuts and bruises to broken bones	Staff SUs Visitors Contractors	
Security	Loss of property, damage to premises, confidential	Staff SUs Visitors Contractors	

Please forward a copy of this Workplace Risk Assessment Record to Risk & Safety Team and Service Manager. Please also ensure that all staff that could be affected by these hazards have seen the assessment and are aware of the relevant control measures

BSMHFT Workplace Risk Assessment/Inspection Record **February 201**

- **RISK RATING:** H = High/ill health severity and/or likelihood; priority action needed and ensure interim risk controls are in place in the meantime.
M = Medium severity and/or likelihood, action needed within 3 months and ensure interim risk controls are in place in the meantime.
L = Low risk continue to manage, monitor and review

Activity	Hazard and Harm	Key persons at risk	Existing Controls
	documents accessed, absconsion		
Environmental Factors	Unacceptable living/working conditions	Staff SUs	
New and Expectant Mothers	Injury to expectant mother and harm to unborn child	Staff	
First Aid	Injuries such as cuts, bruises, sprains and broken bones that happen on Trust premises	Staff SUs Visitors Contractors	
Access and Egress	Unauthorised access to the ward/unit/team	Staff SUs Visitors	
Barricade Situations	Injury due to being barricaded in a room	Staff SUs Visitors	
Use of the clinic	Harm due to lack of servicing/ maintenance of medical devices Harm due to medication not being stored at the right temperature	Staff SUs	
Searching Service Users			

Please forward a copy of this Workplace Risk Assessment Record to Risk & Safety Team and Service Manager. Please also ensure that all staff that could be affected by these hazards have seen the assessment and are aware of the relevant control measures

BSMHFT Workplace Risk Assessment/Inspection Record **February 201**

- **RISK RATING:** H = High/ill health severity and/or likelihood; priority action needed and ensure interim risk controls are in place in the meantime.
M = Medium severity and/or likelihood, action needed within 3 months and ensure interim risk controls are in place in the meantime.
L = Low risk continue to manage, monitor and review

Activity	Hazard and Harm	Key persons at risk	Existing Controls
Interviewing Service Users	Physical or verbal abuse	Staff	

Risk Quantification:

Measures of likelihood

5 x 5 Risk Scoring Matrix (AS/NZS 4360:1999)

L I K E L I H O O D	Almost Certain	5 Green	10 Yellow	15 Amber	20 Red	25 Red
	Likely	4 Green	8 Yellow	12 Amber	16 Red	20 Red
	Possible	3 Green	6 Yellow	9 Amber	12 Amber	15 Red
	Unlikely	2 Green	4 Green	6 Yellow	8 Amber	10 Amber
	Rare	1 Green	2 Green	3 Yellow	4 Yellow	5 Amber
		Insignificant	Minor	Moderate	Major	Catastrophic
CONSEQUENCE						

Please forward a copy of this Workplace Risk Assessment Record to Risk & Safety Team and Service Manager. Please also ensure that all staff that could be affected by these hazards have seen the assessment and are aware of the relevant control measures

BSMHFT Workplace Risk Assessment/Inspection Record **February 201**

- **RISK RATING:** H = High/ill health severity and/or likelihood; priority action needed and ensure interim risk controls are in place in the meantime.
M = Medium severity and/or likelihood, action needed within 3 months and ensure interim risk controls are in place in the meantime.
L = Low risk continue to manage, monitor and review

Level	Descriptor	Detail description																		
1	Rare	The event may only occur in exceptional circumstances																		
2	Unlikely	<p>The event could occur at some time but the chance is very small (1 in 100 to 1 in 1000)</p> <table> <tr> <th>Level</th><th>Descriptor</th><th>Detail description</th></tr> <tr> <td>1</td><td>Insignificant</td><td> No injuries No risk to Trust None / 1 person involved Unlikely to cause complaint/ litigation Low financial loss </td></tr> <tr> <td>2</td><td>Minor</td><td> First aid treatment / short injury < 3 days absence Contained on site Minimal risk to the organisation One person involved Moderate financial loss (£10,00- 25,000) Complaint possible, litigation unlikely </td></tr> <tr> <td>3</td><td>Moderate</td><td> Medical treatment required- semi-permanent injury Contained on site with outside assistance RIDDOR reportable incidents > 3 days absence Needs careful public relation Small numbers involved 3-10 High potential for complaint, litigation possible Medium financial loss (£25,000- 500,000) </td></tr> <tr> <td>4</td><td>Major</td><td> Permanent injury/ disability, multiple injuries, death Loss of production capability- service closure Long term sickness Adverse publicity >3 days Moderate number involved 10-50 Litigation expected/ certain Major financial loss (£500,000- £1m) </td></tr> <tr> <td>5</td><td>Catastrophic</td><td> Death - Multiple fatalities National adverse publicity / Full public enquiry HSE Investigation Many people involved 50+ Litigation expected/ certain /Huge financial loss </td></tr> </table>	Level	Descriptor	Detail description	1	Insignificant	No injuries No risk to Trust None / 1 person involved Unlikely to cause complaint/ litigation Low financial loss	2	Minor	First aid treatment / short injury < 3 days absence Contained on site Minimal risk to the organisation One person involved Moderate financial loss (£10,00- 25,000) Complaint possible, litigation unlikely	3	Moderate	Medical treatment required- semi-permanent injury Contained on site with outside assistance RIDDOR reportable incidents > 3 days absence Needs careful public relation Small numbers involved 3-10 High potential for complaint, litigation possible Medium financial loss (£25,000- 500,000)	4	Major	Permanent injury/ disability, multiple injuries, death Loss of production capability- service closure Long term sickness Adverse publicity >3 days Moderate number involved 10-50 Litigation expected/ certain Major financial loss (£500,000- £1m)	5	Catastrophic	Death - Multiple fatalities National adverse publicity / Full public enquiry HSE Investigation Many people involved 50+ Litigation expected/ certain /Huge financial loss
Level	Descriptor	Detail description																		
1	Insignificant	No injuries No risk to Trust None / 1 person involved Unlikely to cause complaint/ litigation Low financial loss																		
2	Minor	First aid treatment / short injury < 3 days absence Contained on site Minimal risk to the organisation One person involved Moderate financial loss (£10,00- 25,000) Complaint possible, litigation unlikely																		
3	Moderate	Medical treatment required- semi-permanent injury Contained on site with outside assistance RIDDOR reportable incidents > 3 days absence Needs careful public relation Small numbers involved 3-10 High potential for complaint, litigation possible Medium financial loss (£25,000- 500,000)																		
4	Major	Permanent injury/ disability, multiple injuries, death Loss of production capability- service closure Long term sickness Adverse publicity >3 days Moderate number involved 10-50 Litigation expected/ certain Major financial loss (£500,000- £1m)																		
5	Catastrophic	Death - Multiple fatalities National adverse publicity / Full public enquiry HSE Investigation Many people involved 50+ Litigation expected/ certain /Huge financial loss																		
3	Possible	The event may occur occasionally (1 in 10 to 1 in 100)																		

Please forward a copy of this Workplace Risk Assessment Record to Risk & Safety Team and Service Manager. Please also ensure that all staff that could be affected by these hazards have seen the assessment and are aware of the relevant control measures

BSMHFT Workplace Risk Assessment/Inspection Record February 201

- **RISK RATING:** H = High/ill health severity and/or likelihood; priority action needed and ensure interim risk controls are in place in the meantime.
M = Medium severity and/or likelihood, action needed within 3 months and ensure interim risk controls are in place in the meantime.
L = Low risk continue to manage, monitor and review

4	Likely	The event is likely to occur imminently or in the short term
5	Almost Certain	Will definitely occur

Please forward a copy of this Workplace Risk Assessment Record to Risk & Safety Team and Service Manager. Please also ensure that all staff that could be affected by these hazards have seen the assessment and are aware of the relevant control measures

BSMHFT Workplace Risk Assessment/Inspection Record **February 201**

- RISK RATING: H = High/ill health severity and/or likelihood; priority action needed and ensure interim risk controls are in place in the meantime.
M = Medium severity and/or likelihood, action needed within 3 months and ensure interim risk controls are in place in the meantime.
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Appendix 9

VOLUNTEER AUDIT REQUIREMENTS

In order to update all long serving Trust volunteers and to create a central directory of all volunteers to comply with recent government changes - Would managers please complete annual update forms for every volunteer in your team the following audit request in Quarter 4 and return to the Widening Participation & Volunteering Advisor (WPVA).

It is important all new and long serving volunteers have current DBS clearance where necessary and ID, contact information and have a location specific ID card. Volunteers must also successfully complete all required. Mandatory, regular monitoring supervision, face to face E-learning updates and have an agreed, up to date, role profile. Please send scan copies to BSMHFT.volunteering@nhs.net

Volunteer Role	Name	DBS Renewal date
Team Manager		
Department / Service Activity placement	Clinical Area 18 + only	
Local Supervisor Name and Role		
Regular Supervision (8 weeks)		
Location		
Volunteer Start date		Volunteer End date

Please complete annual update forms for every volunteer in your team.

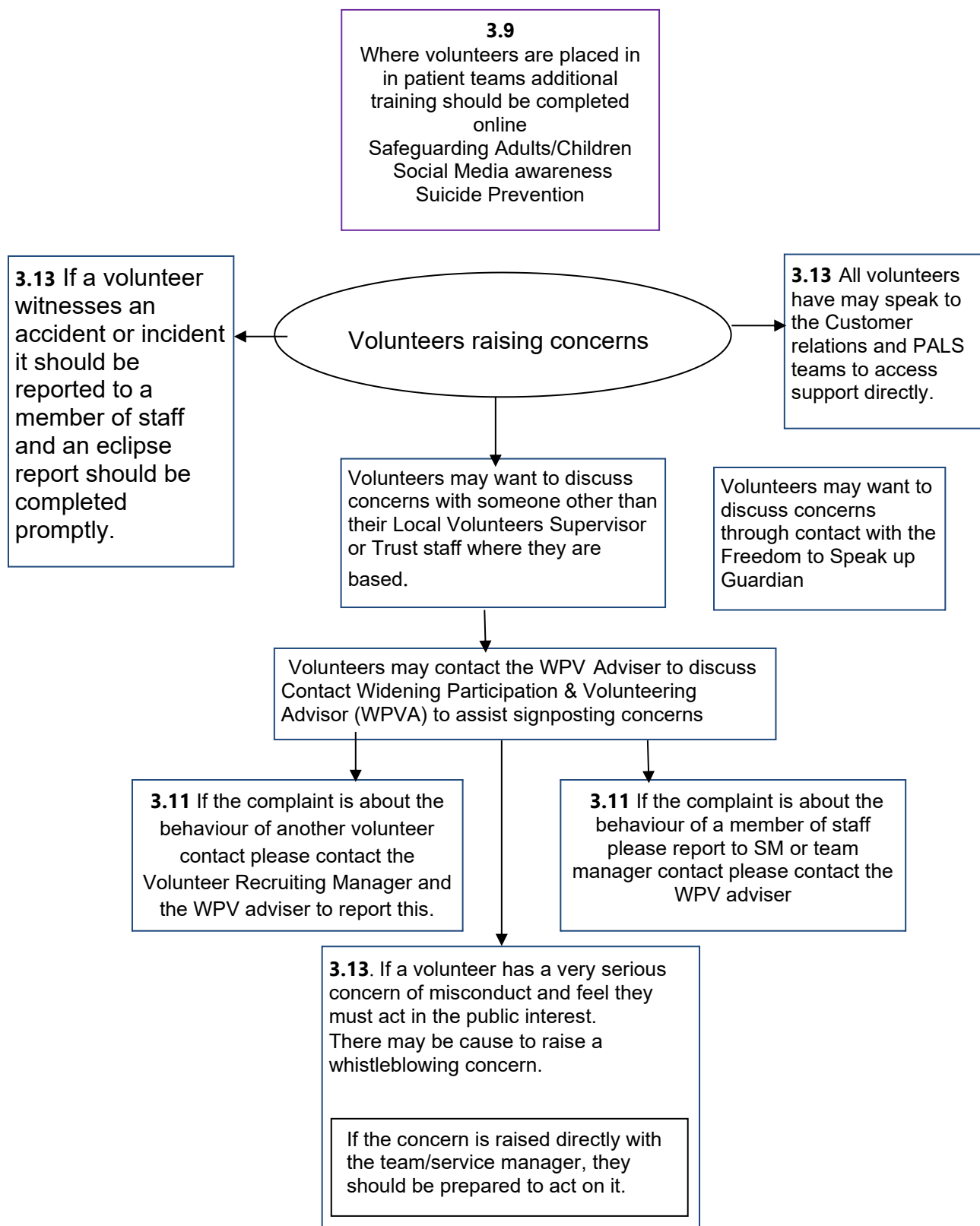
Volunteer Role	Name	DBS Renewal date
Team Manager		
Department / Service Activity placement	Clinical Area 18 + only	

Local Supervisor Name and Role		
Regular Supervision (8 weeks)		
Location		
Volunteer Start date		Volunteer End date

Please complete annual update forms for every volunteer in your team.

Volunteer Role	Name	DBS Renewal date
Team Manager		
Department / Service Activity placement	Clinical Area 18 + only	
Local Supervisor Name and Role		
Regular Supervision (8 weeks)		
Location		
Volunteer Start date		Volunteer End date

**For further information Please contact: - Bsmhft.Volunteering@nhs.net
07985 883 709**



Please signpost to volunteers how they may raise a concern as soon as they start in their role at the local orientation

Why we have volunteers in spiritual care services (The rationale)

Our service users tell us that they value support for their spiritual care needs as part of their plan for recovery (70%: SeRvE study 2010/11, BSMHFT) and 78% of staff tell us that this is an aspect of care they feel they need support to offer (survey 2009). In addition, although our society is often referred to as being increasingly secular, the census statistics 2011 and the Count Me In data tell us that the majority of our population and service users (70%+) self-identify with a particular faith, belief or religion. Whilst they may not practice this on a regular basis, we recognise that in times of distress, illness or crisis many turn to their faith or that of their cultural background to find comfort and/or an explanation for their current situation. This is particularly important in mental healthcare when culture, tradition and faith/belief influence understandings of the causes and potential remedies for mental illness.

Realistically, we cannot employ a representative from every world faith, let alone every denominational understanding from within each one. In order to meet the support requests of our service users (which is not only right but also what is expected by both CQC and the NHS Patient Charter), we have a network of faith representatives, authorised by their communities, available to visit service users on request, in the company of a staff chaplain and with the support of the clinical team. These volunteers (who will be referred to as ‘approved visiting chaplains’) and others in support roles add quality and diversity which is recognised by the NHS to have benefits for both volunteers and the service¹.

What our volunteers do (The spiritual care voluntary service)

Spiritual care volunteers work under the direct supervision of a named member of the spiritual care team and/or local manager to support access to, or delivery of, spiritual care. Examples include:

- Friday and Sunday afternoon volunteers who work alongside a chaplain and nursing staff to support service users who wish to attend worship in the Barberry Chapel.
- Assistance with the preparation of art materials for spiritual care groups and attendance at the group, alongside a spiritual care facilitator, to assist service users in group participation.
- Music sessions
- *Visiting service users in secure care who have no family/carer visits (planned development based on similar prison-visiting schemes and within existing approved visitor SCC policies)*

¹ “Volunteers already make an enormous contribution to health and well-being in this country. They are involved in every sphere of health, public health and social care. We want to ensure that, in the process of system and service reform, this enormous wealth of activity is recognised, celebrated and strengthened. Volunteering increases the quality and diversity of services and support available in our communities. It has multiple health and well-being benefits, not just for those who receive support, but also for the volunteers themselves, communities and society as a whole.” *Executive Summary, Social Action for health and well-being; building co-operative communities, NHS 17/10/11*

How we ensure a quality service and quality support for our volunteers (the governance)

Spiritual care services have governance issues that may not arise in all other settings, particularly where faith, belief or religious views are concerned. We recognise we have a duty of care to our service users to ensure that those who come into contact with them are appropriate individuals who understand their role in offering complementary, not contradictory, care and support. We also recognise we have a similar duty of care to our volunteers to ensure that they are supported and their health and well-being is protected. Approved visiting chaplains are no different to any other visitor a service user may request to see and all risk is managed by the staff chaplain, present at all times, and the nurse escorts agreed by the MDT/CTM. All other spiritual care volunteers are now recruited, trained and supported with access to a framework based on that set for staff, with high standards of support and development opportunities.

Recruitment – the right people:

Although many of our volunteers have previous mental health context experience, we do not make this a requirement for our roles. We can enhance skills, knowledge and can work with people to encourage positive behaviours however underlying attitudes and values that are not appropriately supportive of our service users or our service are unlikely to lead to a successful experience for either the volunteer or the service. We looked at some of the competencies we expect for employees and adapted these to apply to our volunteers, with particular reference to the spiritual care context:

COMPETENCIES (BEHAVIOURS)	How they apply to the role	
Focus on service-users	<ul style="list-style-type: none">• Demonstrates respect and sensitivity to the cultural, spiritual and/or religious care needs of service users• Shows empathy with client group	Interview
Contributes to the team	<ul style="list-style-type: none">• Reliable, able to work in collaboration with colleagues• Understands own contribution to cultural diversity of team, respecting and learning from that of others• Demonstrates willingness to participate in team development	Application Interview References
Building relationships	<ul style="list-style-type: none">• Able to communicate clearly at an appropriate level to service users and colleagues• Acknowledges, respects and values difference	Application Interview
Managing own performance	<ul style="list-style-type: none">• Demonstrates understanding of own development needs• Understands benefits and shows evidence of, or is willing to develop, reflective practices and awareness of healthy life balance	Application Interview

Knows the job	<ul style="list-style-type: none"> • Actively able to support the team through using their own knowledge and skills • Demonstrates a willingness to learn • Understands need to actively seek guidance if uncertain 	Interview References
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Induction and Probationary Period – the right people in the right roles:

We include two gateway review points, following successful recruitment and after an induction / probationary period, and on-going annual reviews. At these reviews, or at any other point if concerns are raised by anyone involved, we listen and talk to our volunteers about how things are going and would expect to be able to agree a way forward. We make it clear that if we or they feel they are not suited to the role or our team, we will be supportive and honest and will try to find an alternative role within the Trust, recognising this may not always be possible.

In Service – the right people, in the right roles with continuing support and development:

Our experience of working with volunteers tells that our ‘light touch’ conversational approach is effective and highly valued. However we recognise the need to underpin this with a robust framework to enable us to continue to use this approach whilst ensuring we can demonstrate clear governance, maintain safety and manage risk. Again, we are developing this in line with current staff policies.

Maintaining safety and managing risk (the assurance of governance)

In addition to compliance with the current volunteer policy, we are introducing training and supervision for our support role volunteers which mirrors the working better together framework. Aligning with the Trust’s approach to employees means we offer our volunteers the same high quality support and development opportunities our staff enjoy and give assurance of maintaining safety and managing risk. This is a cost effective way of adding quality and diversity to the services the team offers.

Phase	Safety and managed risk	Mitigation / assurance	Frequency of check
Recruitment	Appropriate individual for role	Satisfactory CRB number held on file	3 years or as per Trust policy
	Volunteer competencies appropriate for role and representative of faith group (if applicable)	References: Additional reference if faith-specific: named individual / leader / authorised officer must provide letter stating volunteer is approved as representative and giving details of accountability arrangements Interview	Monitor at regular volunteer management supervision (RVMS) – 2 – 3 monthly dependant on hours worked. Form uses similar language and covers same issues

			as standard staff RMS
	Ensuring volunteers’ health will not be harmed by role	Occupational Health ‘Fit for Work’ statement required	Monitor at RVMS
Gateway review – potential role/s identified if accepted			
Induction and probationary period	Infection control	Training course – introduction to healthcare chaplaincy (21 hours) Local induction <i>Completion of MHFA course within six months of starting date as from 05/13</i> Probationary period (min 6 sessions)	<i>Frequency of update training to be agreed</i>
	Confidentiality and information governance		Monitor at RVMS
	Safeguarding		
	Skills/knowledge gap		
	Volunteer competencies appropriate for role		
Gateway review – role confirmed and supervisor allocated if accepted			
In service	Service user support complements other clinical care (does not contradict)	All faith-specific support visits accompanied by staff member and nurse-escorted if necessary	Monitor at RVMS
	Skills / knowledge gaps	Education/training offered	Monitor at RVMS
	Volunteer competencies appropriate for role	Feedback from service users and other staff sought	Monitor at RVMS
	Volunteer understands team priorities and standards	Invited attendance to staff meeting	10 meetings per year
	Support / experience sharing (clinical supervision equivalent)	<i>Peer volunteer group support sessions</i>	<i>3 monthly (4 per year) begins April 2013</i>
Annual review			

From a volunteer perspective little has changed from our traditional ‘light touch’ conversational approach. However using this framework gives assurance that we offer both volunteers and the Trust a quality service, with quality people, which maintains safety and manages risk.

Appendix 12

Differences between Volunteering and Work Experience

Work Experience

Birmingham & Solihull Mental Health Foundation Trust are keen to support young people making informed career choices through gaining experience on work placements. There are lots of benefits to offering work experience placements for the Trust and to the students and staff involved in the programme.

Work experience placements are available to Birmingham & Solihull residents or a student attending a school within Birmingham & Solihull area.

14-16 year old students (Year 10-11 work experience)

The Trust will offer up to one week placements in non-clinical areas to support these students and up to one day for clinical areas. Placements offer an excellent opportunity for creating, motivating and sustaining interest in health care careers amongst young people.

We will also invite local schools to attend adhoc career events on (Trust sites), currently suspended due to Covid 19, attend school/ college career events and send individuals/ teams representing different professions to visit local schools

17+ (Year 12 -13) Work Experience Placements

The period of work experience for these students can vary, and both clinical and non-clinical placements will be offered depending on their interests/ preferences. A risk assessment must be completed for all placements taking into account inexperience and young age. If the individual is under 18 this must be signed off by their parents/ legal guardian and a representative from school.

Volunteering

The minimum age for volunteers is 18 in clinical areas and 16 in non-clinical areas.

The Trust's Engagement team utilise volunteers for group events; these events have no age limit. The team will access the event using the Trust risk assessment.

The trust is opening up volunteer roles for young people from the age of 16, and some now offer youth volunteering programmes for 16 and 17-year-olds.

All volunteers are required to be appointed through the procedure identified in this policy. No volunteer role should be a replacement for a paid staff opportunity.

Volunteer recruitment is an equal opportunity process and is open to anyone to apply. We welcome applications from members of all communities, FT members, service users and non-service users, carers, staff etc.

The recruitment and advertising of Volunteer roles will take place on regular rolling basis. Widening Participation & Volunteering Advisor (WPVA) will collaborate with managers identify volunteer placements and support the recruitment process.

Once a volunteer is engaged, responsibility for their direct supervision and management will rest with the designated line manager known in this policy as the Volunteer recruiting manager .