

Name	Volunteering Policy and Procedure
Summary	Outlines NHS Golden Jubilee’s ethos for volunteering and procedural steps
Associated documents	People Strategy (to be published)
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Record of Approval	For new and updated documents please send a copy of the completed / signed Record of Approval along with your final document

Have you made any changes as part of your review: Yes
If yes, please list any key changes made to this document as part of the review:
<p>Involving People Strategy to be replaced by the People Strategy. Reference to the NHSGJ Volunteer Strategy 2023-2026 and Scottish Government Volunteer National Framework. Updated references including guidance expenses. Appendix A – Recruitment section updated. Appendix E – Expenses. Appendix G – revision of volunteer recruitment and induction check list. Appendix H – flow chart amended.</p>

NHS Golden Jubilee Values Statement

What we do or deliver in our roles within the NHS Golden Jubilee (NHSGJ) is important, but the way we behave is equally important to our patients, customers, visitors and colleagues. We know this from feedback we get from patients and customers, for example in “thank you” letters and the complaints we receive.

Recognising this, NHSGJ has worked with a range of staff, patient representatives and managers to discuss and promote our shared values which help us all to deliver the highest quality care and service across the organisation. These values are closely linked to our responsibilities around Equality.



- V**aluing dignity and respect
- A** can do attitude
- L**eading commitment to quality
- U**nderstanding our responsibilities
- E**ffectively working together

Our policies are intended to support the delivery of these values which support employee experience.

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Volunteering Policy and Procedure

1.0 Policy Statement

1.1 NHS Golden Jubilee (NHS GJ) recognises the important role volunteers play in enhancing the patient experience and in turn support the work of our employees.

1.2 We are committed to ensuring we have in place a volunteering policy that is accessible, comprehensive and fully inclusive and which complements and supports our forthcoming People Strategy. The purpose of this policy, and its associated procedure, is to enable us to meet these objectives and at the same time ensure the safety of patients and also volunteers, as far as is reasonably practicable.

2.0 Context and Definitions

2.1 An NHS volunteer is defined as;

“A person who gives freely and willingly of their time to help improve the health and wellbeing of patients, carers and users of the NHS in Scotland”.

Our Board has had in place a volunteer programme for over 13 years. This policy and associated guidance underpins our commitment to volunteering.

Volunteering makes a huge contribution to NHSScotland, it improves the experience of patients accessing health services, it frees up staff capacity and it can improve the health and wellbeing of volunteers themselves (Healthcare Improvement Scotland, 2023. Community Engagement, 2023). <https://www.hisengage.scot/equipping-professionals/volunteering-in-nhs-scotland/>

Volunteering brings enormous benefits and enjoyment, not only to beneficiaries, but to communities, and to volunteers themselves. We know that – among other things – volunteering increases social and civil participation, empowers communities, and reduces loneliness and isolation. It can also improve mental and physical health, support the development of job and life skills, and foster a greater sense of belonging (Scottish Government, 2019. Volunteering for All: Our National Framework).

<https://www.gov.scot/binaries/content/documents/govscot/publications/strategy-plan/2019/04/volunteering-national-framework/documents/volunteering-national-framework/volunteering-national-framework/govscot%3Adocument/volunteering-national-framework.pdf>

2.2 The Scottish Executive Health Department (SEHD) first issued guidance for NHS Boards with regards to volunteering in the NHS in 1998 with the publication of MEL (1998) 42. This guidance was further reinforced in 2000 with the publication of MEL (2000) 04 which offered further guidance on implementation of volunteering policies.

2.3 In 2008, the Scottish Government issued CEL 10 (2008) *Refreshed Strategy for Volunteering in the NHS in Scotland* set a clear path for us to aspire towards. The pandemic necessitated a Volunteer Strategy refresh launched in November 2022. The policy also takes in to consideration the Board Strategy, and the lived experience of those who volunteers when asked, what matters to you.

The Board notes the commitment from Healthcare Information Scotland (HiS), Volunteer Scotland (VDS) and our many other external partners including West Dunbartonshire Community and Volunteering Services.

[Home - Volunteer Scotland](#)

2.4 Our approach is based on the principles of the National Framework, Volunteering for All (Scottish Government, 2019) and incorporated in to our new Volunteer Strategy (2023-2026) and are listed in our policy aims.

- Flexible and responsive
- Enabled and supported
- Sociable and connected
- Valued and appreciated
- Meaningful and purposeful
- Recognises diversity.

3.0 Scope of this policy

3.1 This policy applies to all volunteers recruited to the Board. This includes not only those who undertake specific activities but those volunteers who are part of other groups or committees within the organization.

3.2 We request that this policy is also be used as a guideline for the recruitment and, use of volunteers by the voluntary organisations permitted to undertake voluntary duties within the Board such as Royal National Institute for the Deaf, and that, wherever possible, the guidance, as listed under the various headings in this policy, is followed.

Should any suggestion in this policy cause problems for the voluntary organisations we will work with our partners to reach a resolution.

3.3 The Board makes clear through this policy, that all volunteers will be treated in an equitable way founded on the same values as applied to paid staff. This includes having in place appropriate role descriptors, comprehensive recruitment processes, ongoing support and access to training when required; NHS Scotland one for all policies specifically workforce, Occupational Health and Health and Safety.

4.0 Policy aims

- **4.1** Aims reflect the Volunteering for All National Framework (Scottish Government, 2019):

Everyone can volunteer more often, and throughout their lives. Volunteering contributes to our personal, community and national wellbeing.

It is important that volunteering opportunities in NHSGJ reflect the principles of volunteering.

- Flexible and responsive:
- Enabled and supported:

- Sociable and connected
- Valued and appreciated
- Meaningful and purposeful
- Recognises diversity.

5.0 Responsibilities

5.1 The following staff are responsible for implementing this policy:

- **Nurse Director** – As Executive Director for PFPI is designated responsible Officer for this policy. The Nurse Director will liaise at strategic level forums to ensure the volunteer programme is informed by national policy drivers and relate this information back through the Volunteer forum.
- **Director of Workforce** – Develops, implements and monitors the Board’s volunteering policy ensuring that it reflects national guidance. They are also directly responsible for engagement with volunteers. Along with the **Spiritual Care Lead, the Volunteer Services Manager** is the principle point of contact for volunteer enquires
- **Head of Spiritual Care and Volunteering** – Supports the Director of Workforce in the development, implementation and monitoring of this policy. Specifically, will facilitate development of staff and volunteer guidance providing relevant advice to support delivery of the key elements of this policy. Under the broader remit of the Spiritual Care Lead job outline will have a specific remit for ensuring the impact of the policy monitored through use of feedback from a variety of sources.
- **Volunteer Services Manager** - The Volunteer Services Manager is responsible for the recruitment of volunteers and has a responsibility to ensure they provide appropriate support to all volunteers as outlined in this policy and procedure.
- **Hospital Managers** – Responsible for utilising this policy where appropriate, to enhance the quality of the services they provide. Managers who recruit volunteers to their service are expected to treat the volunteer in exactly the same way as any other member of staff. Managers will ensure their staff are fully aware of any volunteers who are working within the department so they are able to support individuals appropriately.
- **The Volunteer Forum (VF)**. The VF will meet every quarter and will oversee the operational delivery of the volunteer programme. This will include;
 - Ensuring the implementation of the volunteer policy and procedure through a dedicated work plan.
 - Overseeing the growth of the volunteer programme by ensuring roles are developed, implemented appropriately within the needs and resources of the Board.
 - Supporting the development of innovative practices in volunteering.
 - Volunteer Services Manager’s Reports – inclusive of activity statistics, development and approval of new volunteering roles.
 - To be updated on the progress of the Volunteer Strategy.

6.0 Implementation and Monitoring of this policy

6.1 Implementation of the policy will be through the agreed governance processes and monitored through our Volunteer Forum (VF). Where a situation arises in the process as defined Appendix A, will be highlighted to the Volunteer Forum for review. As noted in section 5, the Spiritual Care Lead and the Volunteer Services Manager will have specific responsibility for monitoring the impact of the policy.

6.2 The **Volunteer Services Manager** will provide support and advice to all managers who are working with volunteers.

7.0 Review

7.1 This policy will be reviewed again in 2026 or sooner as necessitated by a change in national and local priorities.

7.2 An Equality Impact Assessment has been undertaken on this policy.

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Appendix A

Procedure for recruiting and supporting Volunteers in NHS Golden Jubilee

1.0 Introduction

1.1 This procedure should be read in conjunction with the NHS GJ Policy for Volunteering.

1.2 Development of Roles.

There are 3 types of volunteering roles in the GJF:

- **Advisory Roles**

- ***Member of group/ committee/ steering group/staff networks.***

- The Board has a number of groups and committees and other forums for which volunteers are required to contribute. Individuals on these groups are recruited as members or are self-selecting depending on the role and remit of the group. Such individuals are provided with induction and ongoing support through the chair and members of the committee they attend although are not required to go through a full recruitment process.

- **Patient and Family Support Roles**

- The Board has developed a number of roles that involve direct patient contact. All such roles must have a detailed role description form, which is similar to a traditional job description and are subject to all elements of this policy and procedure. If managers have any doubts with regards to the type of volunteer required for their project or department then advice should be sought from the Volunteer Services Manager.

No new role should be introduced without the approval of the volunteer forum and partnership forum.

- ***External Volunteers.*** It is recognised that there are increasing opportunities to work with the third sector and other public bodies to develop joint roles or roles which are filled by volunteers trained by a third party but hosted by the Board. Such opportunities are actively sought out and underpinned by formal memorandums of agreement.

1.3 Identification of need. The core principle for the engagement of any volunteer is to enhance the patient journey. This can be in a number of ways:

Corporate - Volunteer input to core groups and committees to meet obligations under general and specific duties of Single Equality Act 2010 and Patient Rights Act.

Frontline – Roles that are developed to enhance the patient experience and require the volunteer to engage on a regular basis with patients and staff; managers in association with the Volunteer Services Manager normally identify roles across all areas of the Board.

2.0 Recruitment and Selection

2.1 Volunteers are recruited from all sectors of the community, using any form of media thought appropriate, in accordance with the Board's recruitment procedures.

The Volunteer Services Manager is responsible for the recruitment of volunteers in association with the recruitment team and support where indicated with the Spiritual Care Lead.

All enquiries from potential volunteers are directed to the Volunteer Services Manager.

2.2 Volunteers are recruited using the same process as paid staff. Prospective volunteers must complete a volunteer application form and, if considered suitable, will complete a number of checks to ascertain their suitability to join the organisation.

2.3 Age restrictions.

The lower age for recruitment of volunteer workers will be 16 years. There is no upper age limit by which volunteers may offer support to the Board. However, the criteria outlined in section 2.5 apply to staff of all ages with regards to continuing in the role of a volunteer.

2.4 Health. The individual must be able to meet the physical demands of the role of volunteer without risk to their health and safety and that of other persons with whom contact is made during the course of their duties. If necessary, the occupational health department may be asked to confirm that it is reasonable for the volunteer to carry on.

2.4.1 It is a requirement that applicants being considered for volunteering activity will complete a health declaration form (see Appendix B). This form will be forwarded to the Occupational Health Department who will assess the candidate's medical fitness for the appointment. Confirmation of the health suitability will be notified to the Recruitment Team who will then communicate with the Volunteer Services Manager before any offer of appointment is made. The services of the Occupational Health Department are also available to any volunteer who wishes to discuss or seek advice concerning their own health in connection with their duties.

2.5 References.

The candidate will be asked to provide referees covering a 2 year period two (who are not related to the applicant). References will be taken up and checked prior to all appointments.

2.6 Disposition.

An informal interview will assess the suitability of the candidate and will select accordingly. The Volunteer Services Manager must be satisfied that the candidate possesses such personal qualities (e.g. responsibility, reliability, maturity, willingness to cooperate) as are desirable to uphold the integrity of the volunteer service and which reflect the vision and values of the Board.

2.7 Where applicable, Criminal Convictions.

Under the rehabilitation of Offender Act (1974) Exemption Order, volunteers are required to declare all previous criminal convictions. Furthermore, the Board requires a Disclosure Scotland check to be undertaken on working in certain roles some volunteers depending on their role. -

This information will be treated in strict confidence and will not necessarily prejudice the acceptance of the candidate for volunteering activities. However, it is important that the interviewer has this information to assist with selection and to determine placements. The volunteer has a duty to inform the Board of any convictions which may occur after appointment.

This information will be treated in strict confidence and will not necessarily prejudice the acceptance of the candidate for volunteering activities. However, it is important that the interviewer has this information to assist with selection and to determine placements. The volunteer has a duty to inform the Board of any convictions which may occur after appointment.

2.8 Registration.

If the volunteer is successful in their application, then they will be entered by the Recruitment Team recruitment in to the recruitment database and the Volunteer Services Manager will update the National Volunteer Information System. This contains all relevant information only accessible to the Volunteer Services Manager and Spiritual Care Lead.

2.9 Rights and Responsibilities.

All volunteers are requested to be aware of rights and responsibilities for volunteers at NHS GJ. (See Appendix C)

2.10 Confidentiality.

All volunteers must understand the importance of confidentiality and sign a 'Declaration of Confidentiality' before commencement of duties. Training will be offered at induction days (See 6.3) (See Appendix D for disclosure form)

2.11 Induction.

All volunteers must complete the e-Learning Corporate Induction module within 2 months of commencing in post. Departmental Induction and training specific to role is arranged for all volunteers. Sessions may be held for groups of volunteers where this is appropriate or for individuals on an as required basis. All volunteers must attend an induction and complete learn pro online modules on the following: Fire Safety, Health and Safety, Hand Hygiene. Other training is available to volunteers similar to staff including some training that is highly recommended (e.g. Valuing Diversity 2 and Whistleblowing).

2.12 Uniform.

The following points are noted;

- **Uniforms for volunteers in direct roles.** To ensure patient safety and to ensure volunteers are easily recognised and distinct when in wards and departments this volunteer group will wear the Board's volunteer uniform.
- **Uniforms for volunteers on groups and committees.** Volunteers in these roles will not be expected to wear uniform when attending meetings.

2.13 Ongoing Development.

Volunteers are entitled to the same opportunities of training and development as paid staff. All volunteers should:

- Have regular sessions with the appointing manager to gauge progress and discuss concerns. This should be recorded in the volunteer's 1:1 review form. This is recorded three monthly for the first year and then should take place at least once a year thereafter.
- Where appropriate and to support the development of the volunteer written objectives can also be developed.
- If a volunteer is struggling with any aspect of their role then this should formally be reviewed and objectives established to support the individual reach the required standard. Should there remain issues with performance HR support should be sought. It may be that another role may be required or the volunteer's engagement may be required to be ended.
- Volunteers can access appropriate training through the Volunteer Services Manager and with advice from the Learning and Development Team.

2.14 Unacceptable Behaviour.

If a volunteer should breach any aspect of the code of conduct whilst on duty, the manager for the area that the volunteer is working in will contact the Volunteer Services Manager so that the incident can be investigated and appropriate action taken. The rights and responsibilities of volunteers can be reviewed at appendix 3 as well as in individual role descriptions. All Interviews with a Volunteer will be recorded on a 1:1 Review Form.

In any case where there is evidence of gross misconduct the volunteer will be subject to the same sanctions as employed staff and maybe dismissed with immediate effect.

2.15 Insurance

Each volunteer officially registered with the Board will be covered by insurance for claims from third parties. The Board, in its name, has taken out an insurance policy against such third party claims.

2.16 Expenses.

In line with DL (2022) 34 it is noted that no volunteer should be out of pocket as a result of their volunteering work; and reimbursement is not appropriate unless actual expense is incurred in the course of the volunteering. Guidance for expenses is included in appendix G.

[https://www.sehd.scot.nhs.uk/dl/DL\(2022\)34.pdf](https://www.sehd.scot.nhs.uk/dl/DL(2022)34.pdf)

2.17 Support and supervision.

All volunteers undertaking work activities with the Board will carry out their role as noted within their role description. Support will be provided as appropriate and will normally be provided by the Volunteer Services Manager. Meetings should be documented and a record kept in the volunteers file. The Spiritual Care Lead and Workforce will also be available for support when required. Those volunteers active in any role for the Board are covered by its key one for all and local policies where these are appropriate.

2.18 Facilities.

Given the diversity of volunteering roles and responsibilities it is recognised that volunteers will require dedicated space to attend to their duties. The board will provide a volunteer room which will have a PC access and provision to store valuables.

2.19 Communicating with volunteers.

The Board will use a variety of multimedia to communicate with volunteers:

- There will be an annual volunteer 'conference' to recognise the contribution made by volunteers to the Board.
- The volunteer room will have a specific notice board for volunteers.
- There will be a specific page on the Board's website dedicated to volunteering.

A variety of formats / languages will be available on request.

3.0 Implementation and monitoring of this procedure.

3.1 The responsibility for implementation and monitoring of this procedure rests with The Spiritual Care Lead and the Volunteer Services Manager. These individuals will ensure:

- Staff engaging volunteers should follow the procedural steps in this document.
- That appropriate support given to all volunteers across the Board.
- That training for volunteers is provided where this is identified as required.

- That volunteers are reimbursed for legitimate expenses.
- That volunteers are aware of their rights and responsibilities whilst engaged in activities for the Board.

4.0 Review

4.1 The above procedure (3.0) is reviewed as required and when policy is reviewed.

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Appendix B

OCCUPATIONAL HEALTH SERVICE

PRE- EMPLOYMENT HEALTH ASSESSMENT FORM

SECTION 1: THIS SECTION MUST BE COMPLETED

Prospective Post	_____	Directorate of Post	_____
Job/SHOW Ref No:	_____	Manager Name	_____
Location	_____	Manager E-mail Address	_____
Department	_____	Manager Phone No	_____
Number of Hours	_____	Full time/Part time/Bank	_____

The job will involve: please mark all relevant boxes as F or N or O (Frequently / Never / Often)

<input type="checkbox"/> Exposure Prone Procedure (EPP)	<input type="checkbox"/> Chemical Handling	<input type="checkbox"/> Manual Handling
<input type="checkbox"/> Haemofiltration / Haemodialysis	<input type="checkbox"/> Moving & Handling of Patients / Donor Specimens	<input type="checkbox"/> Working in Clean Room

Statutory Health Surveillance:

<input type="checkbox"/> Frequent hand washing / 'wet work' (20 or more hand cleansing events per shift)	<input type="checkbox"/> Shift Work	<input type="checkbox"/> Other (please specify): _____
<input type="checkbox"/> Noise; Vibrating tools; Working at heights; Extreme Temperatures; confined spaces	<input type="checkbox"/> Driving – Patients	_____
<input type="checkbox"/> Display Screen Equipment User	<input type="checkbox"/> Driving – Large Van / HGV	_____
<input type="checkbox"/> Clinical Care of Patients	<input type="checkbox"/> Bank Work	
	<input type="checkbox"/> Food Handling	

SECTION 2: PERSONAL INFORMATION – To be completed by employee

Surname	_____	Home Tel No	_____
Forename(s)	_____	Mobile No	_____
Previous Name(s)	_____	E-mail	_____
Address	_____	Family Doctor	_____
	_____	Doctor's Tel No	_____
Postcode	_____	Address	_____
Date of Birth	_____		_____
Country of Birth	_____	Postcode	_____

SECTION 3: EMPLOYMENT HISTORY

To assist us when organising your occupational health care, please list your previous jobs below, present position first. Include any information about special hazards or risks to which you have been exposed continue on a separate page if required.

Job Title	Employer / Training Organisation	From / To

SECTION 4: HEALTH

<p>1. Do you currently have any illness / impairment / disability (physical or psychological) which may affect your work? If yes, please give details below. Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Do you think you may need adjustments to help you do the job? If yes, please give details below. Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
<p>2. Are you having, or waiting for treatment (including medication) or investigations at present? If yes, please provide further details of the condition, treatment and dates below. Yes <input type="checkbox"/> No <input type="checkbox"/></p>			
<p>3. Do you have any of the following?:</p> <p>a) Alcohol dependency or misuse Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>b) Drug dependency or misuse (prescription or recreational) Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>c) Any history of skin problems or allergies Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If yes, for any of the above, please give details below.</p>			
<p>4. a) Have you ever been diagnosed with a TB infection? Yes <input type="checkbox"/> No <input type="checkbox"/> Details:</p> <p>b) Have you ever had contact with someone with a TB infection? Yes <input type="checkbox"/> No <input type="checkbox"/> Details:</p> <p>c) Have you ever had a BCG vaccine? Yes <input type="checkbox"/> No <input type="checkbox"/> Details:</p> <p>d) Have you ever had a TB skin test (e.g. mantoux, heaf, tine)? Yes <input type="checkbox"/> No <input type="checkbox"/> Details:</p> <p>e) Have you ever had a TSpot Test or a Quantiferon Gold Test? Yes <input type="checkbox"/> No <input type="checkbox"/> Details:</p> <p>f) Have you lived or worked outside of the UK in the last 5 years, or been abroad for 12 weeks or longer (cumulatively) in that time? Yes <input type="checkbox"/> No <input type="checkbox"/> Details:</p> <p>g) Have you experienced any of the following recently: Night Sweats? Yes <input type="checkbox"/> No <input type="checkbox"/> Details: Unexplained Weight Loss? Yes <input type="checkbox"/> No <input type="checkbox"/> Details: Persistent Productive Cough? Yes <input type="checkbox"/> No <input type="checkbox"/> Details: Fever? Yes <input type="checkbox"/> No <input type="checkbox"/> Details:</p> <p>h) Have you ever had an abnormal Chest X-Ray? Yes <input type="checkbox"/> No <input type="checkbox"/> Details:</p>			

5. Is there any other health issue you would like to discuss with Occupational Health?
If **Yes**, please give details below:

Yes

No

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SECTION 5: IMMUNISATIONS AND IMMUNITY TESTING

Can you provide documented evidence of:	Yes	No	Dates	Results Attached
immunity to mumps, measles and rubella				
Hepatitis B vaccination (Primary Course)				
Hepatitis B Antibody testing				
Hepatitis B Surface Antigen testing				
Hepatitis C Antibody testing				
HIV Antibody testing				
Evidence of BCG vaccination / scar from GP / OHS / previous employer				
Mantoux or Heaf testing				
Interferon Gamma testing				
Chest X Ray				
Diphtheria / Whooping cough				
Have you ever had chicken pox / shingles?				
Chickenpox / Shingles Antibodies				

If you do not provide this information or fail to attend any associated appointments with Occupational Health, this will result in notification to HR of your failure to comply with this aspect of your recruitment process.

Exposure Prone Procedures (EPP) are those procedures where the worker's gloved hands may be in contact with sharp instruments, needle tips or sharp tissue (e.g. spicules of bone or teeth) inside a patient's open body cavity, wound or confined anatomical space where the hands or fingertips may not be completely visible at all times.

If you are unsure about your EPP status, please contact the OH Team. **All** EPP staff **MUST** provide documentary evidence of hepatitis B status. Documentary evidence of hepatitis C and HIV status is also required for staff undertaking EPPs for the first time. This must be an identified validated sample (IVS). Blood tests must have been done in a UK lab. Health clearance for EPP work cannot be given until these results have been received and processed by the OH team.

IT IS YOUR RESPONSIBILITY TO ENCLOSE YOUR MOST RECENT CERTIFICATES OR LABORATORY REPORTS.

IF RESULTS ARE NOT AVAILABLE YOU WILL BE TESTED IN THIS DEPARTMENT AND HEALTH CLEARANCE FOR EPP WORK WILL BE DELAYED UNTIL THESE RESULTS ARE PROCESSED. You will be asked to show formal photographic ID i.e. valid driver's licence, passport or NHS ID for this procedure. This is to comply with the Department of Health's standard for Identified Validated samples (IVS).

Pre-Employment Blood Borne Virus Testing

As part of Scottish Government Guidance we offer testing for Hepatitis B, Hepatitis C and HIV for new health care workers in the NHS. Please indicate if you would like to have these bloods taken and we will arrange this for you after you take up post.

Yes No

Please note if you work in an EPP role, e.g. midwifery, medical / nursing staff in A&E, Theatres and Renal then this testing is mandatory and you will be given an appointment.

SECTION 6: DECLARATION TO BE COMPLETED BY ALL APPLICANTS

I confirm that the information I have provided on this form is complete and true. I understand and acknowledge that if I knowingly falsify or wilfully provide misleading information on this form, this may form grounds for either the rejection of my application or my dismissal from the organisation after I have been employed.

- I consent to undergoing a health assessment if this is deemed to be required.
- I agree to inform the OHS of any changes to my health that may affect my ability to work.
- I understand that it is my responsibility to notify the OHS if I have been diagnosed with a serious communicable condition like HIV, Hepatitis C or Hepatitis B and to comply with the advice of the Occupational Health Physician / Nurse regarding seeking the appropriate treatment and modification to my practice, as required.
- I understand that my personal details will be handled and stored by the OHS in accordance with the EU General Data Protection Regulations.

Please provide location of previous Occupational Health Record:

-
- I ***give / refuse *(delete, as appropriate)** consent for the Occupational Health Service
 - To request the transfer of my previous Occupational Health Records to my new NHS employer's OHS, if required.
 - To obtain my immunisation & screening results for any other NHS organisation.
 - Transfer my immunisation & screening results to other NHS organisations where I am working, where I intend to work, be on placement or part of a rotational training post.

I understand that my personal details will be handled and stored by the OHS in accordance with the EU General Data Protection Regulations.

If I have provided a mobile telephone number, I consent for OHS to communicate with me by use of text messages regarding my appointments with the service.

Print Name:

Signature:

Date:

Once completed please email to: occ.health@gjnh.scot.nhs.uk
or send directly to:

**Occupational Health Dept
Golden Jubilee National Hospital
Agamemnon Street
Clydebank
G81 4DY**

Tel No: 0141 951 5435

Appendix C

Rights and responsibilities for Volunteers

We at NHS Golden Jubilee would like to thank you for agreeing to give up your time to act as a volunteer with us. We have developed a code of rights and responsibilities for volunteers, that is designed to support you in your role.

1. The fundamental purpose of the volunteer is to assist the Board's employed staff in improving the patient's experience. ***We will support you in your role by applying the same principles as apply to all our employed staff.***
2. The volunteer must maintain at all times the highest standards of behaviour, conduct and reliability. ***All volunteers are treated with dignity and respect by staff and patients.***
3. The volunteer must always endeavour to improve their skills as outlined in the role descriptor. ***We will provide support to you to develop these skills.***
4. The cultural beliefs of patients and colleagues will be respected. ***The people strategy outlines our commitment to your rights as an individual and will be respected.***
5. The volunteer recognises their responsibilities and limitations of their volunteer role. ***We will never ask you to do anything out with your role descriptor(s).***
6. The volunteer is under an obligation to carry out the instructions of the ward or department staff as part of the team. ***We will always involve you in work planning, discussing and explaining fully what we would like you to do.***

Age restrictions

The lower age limit for recruitment of volunteer workers will normally be 16 years. Whilst there is no upper age limit for volunteers all individuals must be fit to work. Where there is any concern regards this advice should be sought from the Occupational Health Department.

Insurance

Each volunteer officially registered with the hospital is covered by insurance claims from third parties. It is essential that all volunteers 'sign in' at their place of work at the start of every duty, to ensure that they are covered by the provisions of this insurance.

Clothing

All volunteers must appropriately dressed as defined by NHS Scotland uniform policy. The uniform for frontline volunteers will include a name/ identification badge, which must be worn at all times. The uniform and ID badge must be returned upon termination of voluntary service.

Occupational Health Department

The services of the above department are available to any volunteer who wishes to discuss concerns over their own health in connection with their duties. If you are undertaking a role which requires it you will be asked to complete an occupational health screening form.

We ask all volunteers to be aware of their rights and observe their responsibilities. Should these rights and responsibilities be breached by either the Board or the volunteer we will facilitate a meeting to explore why this is so.

I have explained these rights and responsibilities to

Signed:

Date:

I have read and understood these rights and responsibilities.

Signed:

Date:

Appendix D

Confidentiality and related matters

All patients have an absolute right to confidentiality. The privacy and the protection of confidential information is a serious issue and one of which all staff need to be aware of. Failure to adhere to Data Protection legislation can have legal ramifications.

You are reminded that it is a condition of the volunteer agreement to observe Board Policies and procedures. You should also be aware that any action or behaviour contrary to these policies and/or Data Protection legislation may result in your volunteer agreement being terminated and could result in legal action being taken against you through the courts.

Guidance

I understand that, while I am working in a voluntary capacity for NHS Golden Jubilee, I may have access to personal information collected for purposes of patient care or for administrative, statistical or other purposes. Such personal information may include the identity of, and personal and health information about individual persons.

I undertake not to knowingly access any personal information unless such information is essential for me to properly and efficiently perform my duties/obligations.

I recognise and accept that access to, holding and use of information is subject to the Data Protection Act 2018 and principles contained within that Act and undertake to comply with those principles, relevant UK and European legislation and Board policies affecting the Holding, Obtaining, Recording, Using, and Sharing of information.

In order to fulfil this undertaking, I will not divulge any personal health information regarding individual persons, except as allowed by the Data Protection Act and Board policies

I further undertake to inform my supervisor or the Information Governance if I become aware of any breach, or suspected breach, of privacy or security relating to the information which I access in the course of my duties.

I undertake to treat as private and confidential all information that I may read, hear or see concerning patients and I confirm that I have read and understand this guidance

Name (block capitals please).....
Date
Signature

Appendix E

Protocol for payment of expenses for Volunteers

1.0 Introduction. All Boards have in place a written policy for payment of expenses for volunteers. This ensures that volunteers:

- Receive payments promptly by BACS into their Bank Account
- Receive appropriate payment
- low income volunteers are not disadvantaged

NHS Golden Jubilee (the Board) has developed this protocol to ensure that all volunteers are treated equitably. The arrangements laid out in this protocol should be adhered to by managers and volunteers at all times. Should there be any queries regarding the content of this protocol they should be addressed in the first instance to the Head of Clinical Governance.

2.0 General principles. The Board believes that in the payment of travel and other expenses for volunteers, that:

- No volunteer should be out of pocket as a result of his/her volunteering work; and
- Reimbursement is not appropriate unless actual expense is incurred in the course of the volunteering.

3.0 Arrangements for making claims. All claims should be made using the Board standard form. Each volunteer is provided with their own Expenses Claim form by the Volunteer Services Manager to complete and submit at the end of each month. Detailed information is provided below with summary tables in part 5.

(a) For Travel Tickets, Bus, Taxi, Car Parking, Toll Charges Etc.

- Volunteers should be encouraged to use public transport to and from their place of volunteering where possible.
- Reimbursement of the costs of travel tickets, or taxi fares (where prior approval for use of a taxi has been given) should also be made. Appropriate receipts, used tickets or ticket stubs must be attached to the claim.

(b) Travel by Private Motor Car, motor cycle or bicycle

The mileage allowances for travel by private car, motor cycle and bicycle are shown in this section. There are two levels of car mileage allowances and volunteers should be advised, as part of their induction, which rate will apply in reimbursement of their travel costs:

(i) Public Transport (or Commuting) Rate

Entitled to 29 pence per mile

The 'Public Transport Rate', which is intended to cover the cost of fuel only and not motoring costs, is payable where volunteers use their private motor

vehicle to commute between their home and the place of volunteering but are not required to use their car for their volunteering business.

NB: This will apply to the majority of volunteers at the Board

(ii) Standard Mileage Allowance

Entitled to 45p per mile for the first 10,000 miles and 25p thereafter

The 'standard mileage allowance', which takes motoring costs such as insurance and road tax into account, is payable when volunteers use their private motor vehicle for volunteering business e.g. volunteer drivers; or volunteers who use their own cars in direct connection with their volunteering and therefore incur business miles. With effect from 1 April 2009 the mileage rates, which accord with the current guidelines from the HM Revenue and Customs, should be paid to volunteers who:

- drive their own private motor vehicles (including motor cycles) as defined below in connection with their volunteering but subject to the limitations set out elsewhere in this Section; and
- meet the insurance requirements set out below.

(iii) Passenger mileage allowance

The Board also allows a passenger mileage rate payable (**of 5 pence per mile not per passenger**) to volunteers in certain circumstances. Payment of this allowance will apply:

- From 1 April 2011 where volunteers carry other volunteers to the place of volunteering or if attending training or meetings etc in the same way as this is applied when staff carry other staff as passengers (*this is in line with the current guidance and with payments to staff* ;
- From 1 April 2012 where volunteer car drivers carry more than one passenger/patient (*this is not per passenger*).

(iv) Motor Vehicle Insurance

Volunteers involved in managed volunteering activities using their private motor vehicle or a vehicle owned by a spouse or partner on volunteering business must satisfy certain insurance conditions in order to claim the motor mileage allowance. It is the responsibility of volunteers to ensure that their vehicle insurance policy covers the risks set out below.

Board Staff are asked to remind volunteers of this responsibility. Inductions for volunteers who use their vehicle for volunteering business will be tailored to ensure the above criteria are met.

Motor mileage allowance will be payable only if the insurance conditions are fulfilled. A standard letter for the volunteer to send to their insurance company can be obtained from the Involving People Manager.

Volunteers using their private motor vehicle or a vehicle owned by a spouse or partner on volunteering work must have motor vehicle insurance without financial limits covering the following:

- bodily injury to or death of third parties;
- bodily injury to or death of any passenger; and
- damage to the property of third parties.

In addition, the insurance policy must specifically cover the use of the vehicle on volunteering business. This also applies in the case of a vehicle owned by a spouse or partner.

Volunteers' Liability

It is strictly prohibited for a volunteer to drive any vehicle as part of their volunteering duties within the NHS unless they have a valid driving licence. It is the responsibility of the volunteer to ensure their licence is valid. **This should be confirmed by the manager recruiting the volunteer during the induction period.**

(c) Subsistence allowances

Subsistence allowances are designed to cover out of pocket expenses spent mainly on meals, other minor personal incidental expenses and accommodation. This will include reimbursement of expenses incurred by volunteers when they attend training events in connection with their volunteering work.

(i) Day subsistence allowance.

Payable only when the volunteer meets the prescribed minimum periods detailed below and the volunteer has to purchase a meal, or meals:

- Day subsistence over 5 hours payable for a period of volunteering of more than 5 hours but less than or equal to 10 hours.

Entitled to £4.90

NB: This is given as a lunch voucher which is available from the Volunteer Services Manager

- Day subsistence over 10 hours for a period of volunteering of more than 10 hours.

Entitled to £10.70

The day subsistence rate is not payable when meals or meal vouchers are provided. Day subsistence is not required to be supported by receipts.

(ii) 24 hour Subsistence Allowance

The 24 hour subsistence allowance covers a period of up to 24 hours and includes expenditure on overnight accommodation and breakfast, lunch and dinner and personal incidental expenses (e.g. personal telephone calls). Bed and breakfast costs must be supported by a receipt attached to the travel and subsistence claim.

Entitled to £55.00

May also claim: £20 meals allowance and personal incidental expenses allowance (e.g. telephone calls etc) £5.00

(iii) Staying With Friends Allowance

If an overnight stay is necessary in the course of the volunteering and the volunteer resides overnight with and in accommodation provided by friends or relatives, irrespective of the circumstances, they can claim the Staying with Friends Allowance. This allowance is a 24 hour rate designed to cover accommodation and all meals in the 24 hour period starting when the journey commenced.

Receipts are not required to be produced to support a claim for this allowance. Volunteers are also allowed to claim the personal incidental expenses allowance in addition to this allowance if expenses are incurred.

Entitled to £25.00

(d) Communication/ consumable expenses. Volunteers should, where appropriate, be reimbursed the costs of ink cartridges, paper, labels, envelopes, telephone calls and stamps specifically incurred in the course of their volunteering work on production of appropriate receipts. The volunteer must agree with the employing manager that such work is required before it is carried out.

Entitled to £5.00

(e) Other” Expenses

Volunteers can also claim the “other” expenses detailed below.

- Reimbursement of receipted childcare expenses (subject to ceiling equivalent to the current hourly childminding rate paid by the local authority) or other carer expenses: *will be covered for volunteers who incur such expenses while undertaking their volunteering duties.*
- Reimbursement of reasonable receipted additional expenses of people with disabilities. *All volunteers who have a disability and incur such additional expenses while undertaking their volunteering.*

4.0 Payment methods

Advances.

The Board will make provision, where it is considered appropriate, for an advance of expenses to individual volunteers to cover anticipated travel and subsistence expenses. This must be supported by the recruiting manager.

These advances can, if requested, be paid by Electronic Transfer into the volunteer’s bank account. Volunteers should then complete and submit a travel claim form showing the actual expenses and the advance received as soon as possible following the travel.

Cash payments.

The Board has in place arrangements for payment of expenses in cash where small amounts are involved. Volunteers should complete the expenses form as normal and have this signed of by The Volunteer Services Manager and approved by the Head of HR. The completing form should be taken to the cash office for payment. BAC payments are processed to Finance Office by Volunteer Services Manager for payment .

(Up to the value of £40 is paid in cash. Over £40 is paid by BACs.)

5.0 Summary tables

Travel and Subsistence Rates payable from 6 April 2011 (with exception of the extension of the passenger mileage for volunteers shown at * which is payable from 1 April 2012)

(i) Subsistence Rates

1. Day Subsistence Allowance	
Volunteering of more than 5 hours but not more than 10 hours where meals are purchased (not payable if meals provided) A lunch voucher is provided by Volunteer Services Manager.	£ 5.00
Volunteering of more than 10 hours where meals are purchased (not payable where meals are provided)	£ 15.00
2. 24 hour Subsistence ¹	
Receipted cost of bed and breakfast up to a limit of (Boards may need to apply discretion and reimburse actual cost – this will depend on costs of B&B available)	£ 55.00
plus meals allowance	£ 20.00
plus personal incidental expenses allowance (e.g. telephone calls etc)	£ 4.20
3. Night allowance in non-commercial accomodation ¹	£ 25.00

(ii) Motor Mileage Rates

1. Public Transport (or commuting rate)	29p
Standard Motor Vehicle Mileage	45p per mile for the first 10,000 miles and 25p thereafter ²
Passenger Allowance	5p per mile passenger allowance is payable: ➤ * from 1 April 2012 for the carriage of more than one passenger/patient e.g. volunteer car drivers (<i>this is not per passenger</i>); ➤ from 1 April 2011 for each

¹ Only payable when overnight stay required.

² Based on the HM Revenue and Customs Approved Mileage Allowance Payment rate announced on 23 March 2011 <http://www.hmrc.gov.uk/budget2011/tiin6310.pdf>

		passenger where this relates to the carriage of other volunteers for meetings/training etc
2.	Motor Cycle Mileage	29p per mile
3.	Bicycle	10p per mile

(iii) Public Transport costs – Actual costs will be paid

(iv) Other Expenses

1.	Reimbursement of reasonable receipted childcare or other carer expenses	Eligibility: all volunteers who incur such expenses in the course of their volunteering work.
2.	Reimbursement of reasonable receipted additional expenses of people with disabilities.	Eligibility: all volunteers with a disability who incur such additional expenses in the course of their volunteering.

Appendix F

Overarching Volunteering risk assessment

(a) Context.

NHS Golden Jubilee (the Board) has stated through its Involving People Strategy and Volunteering Policy that it welcomes the support of volunteers from across all areas of the community and in a number of roles to reflect the skills and experience of the volunteer.

To ensure the safety and well being of all volunteers the Board has conducted an overarching risk assessment which underpins our commitment to our volunteers.

Where appropriate for the role of the volunteer local risk assessment will be conducted for the individual as they would for our paid staff (i.e. for moving and Handling Control of Substances Hazardous to Health etc.)

(b) Description of risk.

There is a possibility that volunteers will not be adequately supported whilst they are undertaking activities on behalf of the Board. At best this means that volunteers may have a less than satisfactory experience in terms of the duties they conduct and at worst may lead to physical or physiological harm.

(c) Current controls.

The current controls are in place:

- There is a robust Volunteering Policy which sets out the requirements for the Board to support volunteers. This policy has been widely consulted upon and is regularly updated to reflect national guidance.
- There is an Executive Director, Director of Quality Innovation & Development, who has executive responsibility for the volunteering across the Board. This ensures the needs of volunteers are represented at the highest level of the Board.
- The Director of HR and Volunteer Services Manager have operational responsibilities relating to supporting the delivery of the Volunteering Policy.
- Regular reports relating to volunteering activity and developments are reported through the Board's governance arrangements upward to the Clinical Governance Committee.
- The Board has developed role descriptions for all volunteers. These are kept centrally and roles are regularly reviewed.
- Volunteers are recruited using the same standards applied to paid staff. This is appropriate to the role of the volunteer. All volunteers who have a front line or patient facing role are subject to formal interview and disclosure checks.
- All volunteers receive appropriate induction prior to commencing in post. Induction reflects the role of volunteer.

- Volunteers receive regular reviews to discuss progress. They are also able to access training as reflects the needs of the role.
- Volunteers are able to claim back expenses through the same process as staff.

(d) Risk Grading.

Risk assessment is conducted using the Board's risk assessment matrix as outlined in its Risk Management Strategy.

Impact: Volunteers without adequate support may suffer minor injury or illness which may be RIDDOR reportable. This may have a knock on effect on the reputation of the Board in the local Community as a good employer.

Likelihood: Given the current controls it is possible that this risk may occur occasionally.

Overall risk grade: Medium.

(e) Actions.

The following actions are currently outstanding.

- The Board was revalidated with Investor in Volunteer status in May 2017 which was valid until May 2020. This ensured the complete volunteering process and structure is reviewed to meet national standards. There is a separate action plan being developed to steer activity which is available on request.
- The Board's overall approach to volunteering is linked to the Volunteer Strategy. This strategy is subject to detailed review in 2017 which should further enhance support to volunteers.

(f) Risk Grading with controls in place

Impact: It is intended that with the actions outlined put in place that the impact will reduce to negligible injury / harm requiring less than three days away from role.

Likelihood: It is intended that with the actions outlined put in that this risk may occur occasionally.

Overall Risk Grade: Low.

This risk assessment will be updated annually and will be held on the CGRMDU Risk Register.

Appendix G

Volunteer Recruitment & Induction Checklist

Volunteer Name:-	Tel No:- Email: -
Role & Shift Allocated:	Date attended Information Session:-
Date of Induction Interview:-	Start Date:-
Signed by Volunteer Services Manager: -	Signed by Volunteer:-
1. Induction Process	Documentation/Actions
At induction the following information is discussed and completed.	<ul style="list-style-type: none"> • Organisational Values explained and discussed. • Corporate Induction/Training is discussed. • Importance of signing in/out and recording patient statistics.
2. Following Interview Database Updated	Volunteer Services Manager inputs information onto Volunteer Information System (ViS). <ul style="list-style-type: none"> • Emergency contact details. • Change status to undergoing training/induction. • Activity Log – Attendance Induction Training. • Update notes.
3. Discuss and agree start date and training programme for the volunteer	Training specific to the role is arranged i.e. The volunteer will shadow an experienced volunteer for the amount of sessions required, as per individual volunteer. All training and information needs relevant to the post is discussed with volunteer. <ul style="list-style-type: none"> • Complete volunteer availability days/times on ViS. • Discuss the volunteer Role Descriptor/Standard Operating Procedure. • Procedure to notify service if unavailable.
	<u>LearnPro Mandatory and recurring:</u>
	Corporate induction

4. Procedures for volunteering	Fire Awareness (yearly) Hand hygiene (yearly) Health & Safety Infection Control
	<u>Learn Pro Highly Recommended:</u>
	Diversity 2 Whistleblowing
	Volunteer Room Access and process for signing in and out for shifts is discussed and training on PC given
	Discuss the process and guidelines for the 1:1 Review Meetings which are held between Volunteer and VSM 3 months into post or sooner if required. Thereafter catch-ups are held annually.
	Expenses information – paid by BACS monthly. Provide Volunteer Expenses Claim form to be submitted monthly. This is flexible if required.
	Volunteer Uniform and Security Badge issued, ViS updated.
	Staff discounts in Canteen, Hotel and gym are explained.
	Volunteer is given a Guided Tour of Hospital
	Volunteer is introduced to the staff and department they will be working in.
	Involvement in Volunteer Forum and Staff Networks.
	Access to Occupational Health/Physiotherapy Services and TimeforTalking.
	Car Parking and consideration for time and spaces.
	Volunteer issued with a copy of the Volunteer Policy and access to Organisations Policies explained.
Discuss NHS Golden Jubilee social media to follow.	
5. Ongoing training/support	Informal and Formal support and supervision is offered to each volunteer by the Volunteer Services Manager.
	Debriefing Session with the Chaplain is available for Pastoral Care, Patient Peer Support and Quality Walk round volunteers if requested. Explanation of this support given to the volunteer.
6. Administration	VSM to advise the following of volunteer start date:- <ul style="list-style-type: none"> • Recruitment • Learning and Organisational Development • Workforce Information Advisor
	Add the volunteer details to:- <ul style="list-style-type: none"> • Email lists – Volunteers and service groups • Mobile Phone and WhatsApp Group, if applicable • Volunteer Service Schedule

Appendix H

Volunteer recruitment flow chart

