



# Western Isles Health Board

## Policy Document

Title: Volunteer Policy

Version 2

Reviewer	TK Shadakshari, Lead Chaplain and Strategic Diversity Lead
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Date of issue	CMT approval	Next review due date	Reviewers/review team
19/05/2015	19/05/2015	May 2018	Volunteer Services Manager and Volunteer Services Coordinator

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## Document Control

Version	Date	Latest changes made by	Status	Reason for change and reviewers
Version 1 Draft 4	09/12/2009 24/12/2009	Denise Symington	Draft	To include comments made on Draft Version 1, 2 &3
Version 1 Draft 5	03/11/2011	Calum Russell	Draft	To include comments from CMT and Chief Executive
Version 1 Draft 6	01/05/2012	Calum Russell	Pre CMT Approval	Changes asked by SOD
Version 1 Draft 7	31/07/2012	Calum Russell	Draft	To include feedback and comments
Version 1	31/07/2013	Calum Russell	Published	
Version 2 Draft 1	16/01/2014	TK Shadakshari	Draft	Changes made to wording as suggested by Investing in Volunteer Scotland – 'work' is now 'task', 'job' is now 'volunteering'
Version 2 Draft 2	24/11/2014	TK Shadakshari Denise Symington	Draft	Changes made to wording taking into account recommendations from the Lampard Report

## Document Approval

Reviewers Name	Reviewers Role	Review Date
	Area Clinical Forum	
	Area Partnership Forum	
	Single Operating Division	
	Clinical Management Team	
	Patient Focus Public Involvement Committee	
	Volunteer Services Manager	

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Distributed to the Following for Information

<b>Name</b>	<b>Job title</b>	<b>Role and responsibility</b>
Ellena Macdonald	Risk Management	Ensure compliance with risk requirements
TK Shadakshari	Lead Chaplain and Strategic Diversity Lead	Ensure compliance with equality and diversity
Mairi Murray	Partnership representative	Ensure staff visibility

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## 1 Introduction

In June 1998 the Scottish Office Management Executive circulated guidance to Health Boards on Volunteering in the NHS (MEL(1998) 42). This requested Health Boards, in partnership with primary care providers and other relevant agencies, to:

- draw up a policy statement on NHS volunteering in their area;
- co-ordinate, monitor and support the development of these services; and
- nominate a Director with responsibility for the oversight and development of volunteering. The nominated Director for NHS Western Isles is the Nurse Director.

This document updates NHS Western Isles's response to all previous guidance, and has been drawn up in accordance with the requirements of Scottish Government CEL 10 (2008) "Refreshed Strategy for Volunteering in the NHS in Scotland". This has been prepared with assistance from the Local Volunteer Development Agency (Volunteer Centre Western Isles).

CEL10 (2008) required Health Boards to:

- provide Volunteer Development Scotland (VDS) with a named designated person within their Board area who will lead on volunteering (Nurse Director).
- Provide VDS with contact details of all Volunteer Service Managers within their area;
- ensure an Equality Impact Assessment of their volunteering policy is undertaken;
- ensure a local strategic action plan for volunteering is developed in partnership with key local stakeholders;
- work in partnership with VDS to achieve the *Investing in Volunteers Standard*

### 1.1 Definition of Volunteering

'Volunteering' is defined for the purpose of this policy as: "The commitment of time and energy for the benefit of society and the community, the environment, or individuals outside one's immediate family. It is undertaken freely and by choice, without concern for financial gain."

A volunteer for the NHS is defined as "A person who gives freely and willingly of their time to help improve the health and wellbeing of patients, users (and their families and carers) of the NHS in Scotland."

A long history of volunteer involvement exists in NHS Western Isles, and has traditionally been delivered through a mixed economy of services from external volunteering agencies, based on Service Level Agreements and from individual volunteers. Volunteers contribute in a variety of ways – as volunteers recruited directly; indirectly through voluntary organisations that provide help within hospitals or in the community; or as volunteers in specific voluntary sector projects that we fund and/or support.

NHS Western Isles has a specific remit around Patient Focus Public Involvement (PFPI) and the Nurse Director is the Designated Director to take this agenda forward.

The Government is committed to supporting voluntary action as an essential element in the concept of citizenship. Government policy to support and promote volunteering has been developed and built around four key objectives;

- to encourage and enable people to become and remain volunteers
- to maximise the involvement of volunteers and the impact of volunteering
- to improve the organisation and infrastructure of volunteering
- to communicate the importance, effectiveness and value of volunteering

NHS Western Isles recognises the important role that volunteers play in complementing and supporting the work of paid employees within the organisation. For patients, volunteers can offer friendship, time and attention. For volunteers, the experience can provide a very purposeful activity, a sense of belonging, social contact and be good for their own health. For staff, it provides the opportunity to be informed in our activities by Lay Representatives providing a public or patient perspective.

The purpose of this policy is to enable NHS Western Isles to meet the above objectives and at the same time to ensure patient, volunteers, staff and the organisation are protected. This policy relates solely to volunteers and does not extend to incorporate the different arrangements with voluntary agencies.

This policy aims to:

- acknowledge and promote the importance of volunteering to health services and to the communities of Western Isles;
- set out the principles governing the involvement of volunteers and provide a set of procedures to ensure good working practice;
- encourage greater recognition and appreciation for the contribution of volunteers in society;
- define the roles, rights and responsibilities of NHS Western Isles and of its volunteers;
- encourage more people to volunteer across the NHS i.e. in hospitals, in primary care and in community settings;
- encourage and enable, rather than limit, the involvement of volunteers; and
- apply the principle of equal opportunities to all volunteering activities.

The Volunteering Policy and accompanying handbook (to follow currently under revision) are intended primarily for use by NHS Western Isles employees and volunteers; however, NHS Western Isles would recommend that this policy and handbook be adopted by independent contractors with primary care in the Western Isles.

## 2 All Involved

The Volunteer Policy has been developed with the involvement of staff and assistance from Volunteer Development Scotland, Scottish Health Council and Volunteer Centre Western Isles. It has been circulated for comment to department heads, chairs of committees and has been subject to public consultation.

## 3 Policy Statement

NHS Western Isles is committed to providing a service that supports and promotes the wellbeing and safety of patients, volunteers and staff.

The Western Isles NHS Board:

- recognises the important role played by volunteers in the work of NHS Western Isles and the important and valuable contribution they make;
- acknowledges the unique contribution made by volunteers to the wider community, to patients and those who care for them, paid staff and to the volunteers themselves;
- will implement measures to support volunteering through appropriate and reasonable resourcing and training;
- will implement good practice with regard to the involvement of volunteers and will expect organisations with whom it deals with to adopt a similar mode of good practice;
- will demonstrate a commitment to provide appropriate training and support for volunteers. All volunteers will undertake as a minimum corporate induction and any additional mandatory training suitable to their volunteer role;
- will require that Operational Managers identify openings where volunteers would add enhancement to their service, and produce a role descriptor before recruiting Volunteers
- will ensure that it does not use volunteers to replace paid staff: or take on tasks formerly undertaken by employees: or to work in ways which facilitate a decrease in paid employment; and will not replace that of paid staff who provide core patient services
- will not ask volunteers to do the work of paid staff in situations where business continuity has become difficult for example at times of industrial action or flu pandemics. However, if they wish to, they will be able to undertake their normal volunteering activity under these circumstances, if the appropriate support and supervision is still available;
- will contact all volunteers on the NHS register via their departmental lead should there be an infectious outbreak within their area of operation to advise them should their attendance be considered inappropriate
- has a nominated Director responsible for the development of monitoring of the Volunteering Policy, ensuring consistency of approach in NHS Western Isles and other NHS organisations both locally and nationally;
- NHS Western Isles will ensure that the standards of care for, and the conduct by, volunteers, match those expected by and from employees. The safety and wellbeing of patients, patients' family and carers, staff and volunteers will at all times be the paramount concern;
- will require patients to give informed consent where volunteers are providing services, and will ensure that their wishes are respected; and

- Will encourage organisations from whom it commissions services to be volunteer-involving and committed to these principles.

### **3.1 Equality and Diversity**

Fair care is ensured to all without any discrimination between persons on grounds of sex, marital status, race, disability, age, sexual orientation, language, social origin, other personal attributes, including beliefs or opinions, such as religious beliefs or political opinions. A copy of the fairness assessment can be found at appendix 2.

### **3.2 Patient Focus Public Involvement**

NHS Western Isles is working with patients and members of the public to improve the quality of health service provided.

A patient-focused NHS will:

- Maintain good communications, including listening and talking to patients, public and communities
- Know about those using the service and understand their needs
- Keep users of the service informed and involved
- Have clear, explicit standards of service
- Maintain politeness and mutual respect
- Have the ability to respond flexibly to an individual's specific needs
- Ensure effective action is taken to improve services
- Talk with users, the wider public and communities

Effective public involvement can:

- Act as a catalyst for change
- Help achieve a major improvement in the health of the public
- Help strengthen public confidence in the NHS



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## 4 Volunteer Policy

### 4.1 Scope

#### Improving health and wellbeing through volunteering

The scope for volunteer involvement is wide and includes tasks carried out by volunteers both on NHS Western Isles premises and in the community. Volunteering can contribute to raising individual self-esteem and self-confidence as well as the regeneration of local communities and to society as a whole. Volunteering also helps wellbeing and recover – Evaluation of Capital Volunteering 2008. Wherever they are volunteering, NHS Western Isles will ensure that volunteers are involved in a relevant and appropriate manner.

### 4.2 The role and value of volunteering

- Staff will be encouraged to identify ways in which the activities of NHS Western Isles can have value added to them by the involvement of volunteers and to ensure that these opportunities complement rather than replace the activities of paid staff.
- Opportunities will be developed for volunteers to represent their views and provide feedback to departmental supervisors, and the Volunteer Services Manager.
- The tasks to be performed by volunteers will be clearly defined so that all concerned with their activities are sure of their respective responsibilities, training and support requirements.
- Individuals transporting patients are not classed as volunteers unless covered under the Scottish Ambulance Escort Driver Service.
- NHS Western Isles will make reasonable adjustments to meet the specific individual needs which could otherwise impair or limit volunteering opportunities. The Equality & Human Rights Commission publication “Guidance for Volunteer Opportunity providers” is a positive resource to help create barrier-free volunteering opportunities. NHS Western Isles is committed to addressing equality issues and ensuring equality of access with specific reference to age, sexual orientation, gender, ethnicity, disability and faith.

### 4.3 Recruitment and Selection

#### 4.3.1 NHS Western Isles will:

- ensure that all volunteering opportunities will be advertised widely, in ways that are accessible to all sections of the community, including any of the following; Volunteer Centre Western Isles, public information boards, electronic information boards, Locality Planning Groups, Slàinte Newsletter, adverts in the local press, poster campaigns, leaflets, contact with partner agencies such as community education, adult learners forum, colleges, churches and community groups, word of mouth; NHS Western Isles website, Facebook and Twitter accounts, SHOW website; Living It Up SHINE portal;

- acknowledge the importance of social inclusion, the diversity of volunteers and recognise that all prospective volunteers have something of value to offer. All reasonable effort will therefore be made to find placements for everyone who offers their time and energy. Where there is no suitable placement available, the volunteer will be informed of the reasons and referred, where applicable, to another agency such as the Volunteer Centre Western Isles;
- place volunteers in accordance with appropriate volunteer recruitment and selection procedures. However, volunteer placements will be defined by the needs of NHS Western Isles and its service users; and
- will regularly review our process for recruitment and retention of volunteers.

#### **4.3.2 Managers will:**

- recruit volunteers from all sections of the community in accordance with legislation policy and guidance on equality, diversity and social inclusion in line with the Equality Act 2010 ;
- provide volunteers with written role descriptions that show time, commitment, necessary skills and actual duties;
- ensure that all volunteers who offer their services will have their offers dealt with timeously and aim to place volunteers as soon as is practically possible;
- ensure that all people who are unsuccessful in their request for a volunteer placement receive feedback on their application;
- ensure that references are requested directly from the referee for all successful applications for a volunteer placement;
- carry out all recruitment in line with the electronic Volunteering Information System once operational and until such times the Volunteers Handbook;
- maintain records on each volunteer, in accordance with the electronic Volunteering Information System once operational. These will include the completed application, references, placement details, correspondence and any other relevant information; they will be kept securely, with strictly limited access.
- secure/identify the necessary resources to support volunteers in their area of responsibility prior to commencing any initiative/involvement, such as volunteer expenses, which should be clearly identified within departmental budgets.
- ensure that volunteers undertake mandatory and departmental training as suitable to their volunteer role.

#### **4.4 Support and Supervision for Volunteers**

Volunteers will be provided with support to carry out their role, and:

- be assigned a named contact person for supervision and support, and will be given clearly specified lines of accountability. Other staff in the area where the volunteer is located will be expected to provide support as appropriate;
- all successfully placed volunteers will go through an induction process before commencing their volunteer role;
- supervision sessions will be carried out by the line manager to assess the progress of the placement and to resolve any problems at an early stage;
- regular support and supervision will be available to each volunteer through their line manager. The type and level of support will depend upon the needs of the volunteer and their area of volunteering activity. Opportunities will also be provided, through meetings, training and social events, to meet other volunteers for mutual support and to discuss issues of common interest.

- CEL 23 (20011) provides guideline regarding expenses which can be paid to volunteers. Volunteers will be given clear information about what expenses how to claim them. Payments will be made timeously; and
- volunteers will be given training on appropriate legislation or policies, e.g. Health and Safety, which may affect them, and will be treated in the same way as paid staff for liability purposes.

The Named Contact person is responsible for:

- advising the Volunteer Services Manager of all volunteers to ensure that an up to date register is maintained;
- following the requirements of this policy and the support in the Volunteers Handbook;
- providing support and guidance to volunteers;
- monitoring and evaluating volunteer performance; and
- ensuring prompt reimbursement of expenses.

#### **4.5 References**

On the basis of their voluntary tasks, volunteers will have the right to request a reference from their named contact person.

#### **4.6 Volunteers' Rights**

NHS Western Isles acknowledges the right of volunteers to:

- know what is expected of them and to be given clear information and induction;
- have clearly specified lines of support and supervision;
- have safe working conditions;
- be issued with a role description;
- be valued and respected;
- have their confidentiality protected and respected;
- have access to the complaints system;
- be trained and receive ongoing opportunities for appropriate and agreed learning and development;
- be free from discrimination;
- be paid out of pocket expenses in line with CEL 23 (2011) and detailed in the volunteer handbook;
- be insured
- when volunteering, volunteers can use subsidised facilities, at staff rates where available;
- have access to a reference and awards for volunteering i.e. Saltire Award
- undertake appropriate Mandatory and Departmental Training; and
- be provided with volunteer uniform and identification and access badges.

#### **4.7 Expectations of Volunteers**

NHS Western Isles expects volunteers to:

- have a safe working knowledge of English
- participate in induction sessions and other core training dependent on the placement area;
- comply with all NHS Western Isles policies and procedures, particularly in relation to hand hygiene, infection control, equality and diversity, confidentiality, media policy, accident reporting, health and safety and criminal record checks (all Volunteers engaged by NHS Western Isles in patient facing placements will be required to have a Standard Disclosure)
- undertake volunteering at mutually agreed times;
- inform their named contact person if they are unable to attend, and if possible in advance;
- give notice if unable to continue volunteering; (1 week)
- raise any issues, concerns or suggestions relating to their volunteering with their named contact person.
- provide equalities monitoring information as appropriately required by NHS Western Isles.

(♦ Please note Disclosure will **not** be required of Lay Representatives on Committees, or other Strategic Groups where there will be no direct contact with patients.)

#### **4.8 Volunteers working with Vulnerable/At Risk People**

NHS Western Isles will ensure that should a volunteer activity involve contact with vulnerable or at risk people that there are procedures in place to provide compliance with the following:

- NHS Western Isles Child Protection Guidelines
- NHS Western Isles Child Protection Unborn Child Policy
- 'Protecting Vulnerable Adults in the Western Isles' procedures
- Western Isles Child Protection Committee Inter-Agency Procedures and Guidelines
- Protection of Vulnerable Groups (Scotland) Act 2007.

#### **4.9 Other Services Involving Volunteers**

Organisations commissioned by NHS Western Isles to carry out duties which involve volunteers should have a volunteering policy which adopts similar commitments to those outlined in this policy and procedures statement.

#### **4.10 Employer-supported Volunteering**

NHS Western Isles will support its employees who are involved in volunteering and will:

- increase employees' awareness of the opportunities for volunteering through advertising in The Slàinte newsletter and on NHS Western Isles intranet pages, notice boards, pre retirement courses, etc.
- acknowledge the value of employees' volunteering activity and the development opportunity it represents for the individuals as well as NHS Western Isles.
- consider offering access to help in kind, for example premises, use of appropriate equipment, for employee volunteers, where considered safe and appropriate.

## 5 Accountability

### 5.1 NHS Western Isles

NHS Western Isles is responsible for providing adequate resources in relation to staff support, training and line with CEL 8 (2009) to enable this policy to be implemented, and in relation to reimbursement of 'Out of Pocket' expenses this is in line with CEL23 (2011).

### 5.2 Volunteers

Volunteers are responsible for:

- maintaining confidentiality and signing of confidentiality declaration form;
- maintaining a fair, open attitude to provide impartial input;
- attendance as agreed and if unable to attend alerting their named contact;
- will be expected to comply with NHS Western Isles policies applicable to the placement area in which they are working;
- undertake induction and departmental training appropriate to the designated role
- will comply with NHS Western Isles Code of Conduct;
- in case of complaint resolution NHS Western Isles will follow the resolution schedule outlined in Appendix 1.

## 6 Education and Training

### 6.1 Information, Communication and Training

NHS Western Isles will undertake to:

- ensure that volunteers receive full information about the area in which they will be placed and their responsibilities to NHS Western Isles. This will include information about issue resolution procedure and grievance procedures for volunteers and about their rights and responsibilities;
- provide volunteers with a comprehensive induction and training programme in the specific tasks to be undertaken, and they will receive ongoing opportunities for learning and development; and
- NHS Western Isles will maintain effective communication of information to and from volunteers. These will include appropriate standard documentation and the maintenance of necessary records. Communication will be carried out in line with the outlined support provision.

## **6.2 Managers will ensure that:**

- volunteers and lay representatives attend suitable induction training before taking up their role;
- named contact persons are trained in the use of the policy and procedures in the Volunteers handbook;
- produce a volunteer role descriptor in line with the needs of the department; and
- provide a reference for volunteers upon request.

## **6.3 Named contact persons will ensure that:**

- volunteers/lay representatives are provided with clear, jargon-free documentation;
- technical terms are explained in sufficient detail and that meeting papers are circulated in time for mature reflection before discussion; and
- training and support appropriate to the role is provided

## **7 Monitoring and Reviewing**

The policy and related procedures and induction processes will be reviewed every 2 years. Additionally, reimbursement for expenses will be revised in line with any changes to rates that are made in line with national guidance.

## 8 Risk Assessment


<b>Site</b>	WESTERN ISLES HOSPITAL	<b>Risk Category</b> (See list)	
<b>Dept/Ward</b>	SPIRITUAL CARE & DIVERSITY	<b>Assessors name</b> (person who documents the risk)	T K SHADAKSHARI
<b>Risk Ref No.</b>		<b>Risk status</b> (active-being reduced, inactive-tolerated, active-escalated)	
<b>Date risk raised</b>		<b>Register for Escalation</b> (Hosp or CHaSCP)	
<b>Operation/Activity</b>			Describe the setting and the work being undertaken
VOLUNTEER POLICY			
<b>Observations</b>			What can be seen or envisaged that might lead to a risk?
NON-COMPLIANCE WITH THE POLICY			
<b>Risk(s)</b>			What is the risk? What might happen? Start with "there is a risk that..."
There is a risk that – VOLUNTEERS MIGHT BE ASKED TO DO WHAT THE EMPLOYEE SHOULD BE DOING			
<b>Hazard(s)</b>			All hazards associated with the activity should be entered here. e.g. physical hazards, machinery, electricity, working at heights, substances, access, adverse clinical event, equipment, vehicles, etc.
IN SOME AREAS THERE CAN BE A LACK OF CLARITY BETWEEN THE TASKS OF VOLUNTEERS AND THE TASKS OF EMPLOYEES			
<b>People at Risk</b>			Highlight the people at risk i.e. nursing staff, Domestic, Estates, Visitors, the likely numbers exposed
PATIENTS, STAFF AND RELATIVES			
<b>Current Control Measures</b>			List current and interim control measures, including physical controls but do not forget to include other controls including safe working, policies, procedures, information, instruction and training
VOLUNTEER POLICY			

### a) CURRENT STATE

#### QUANTIFICATION OF RISK RATING WITH CURRENT CONTROL MEASURES IN PLACE

Likelihood d	a	x	Severity y	b	=	Risk Rating	c	Estimate of likelihood and severity Refer to key below, and to the Risk Quantification Criteria. Select numbers according to the likelihood and severity. Enter the numbers at a and at b, multiply them together and record the resultant risk rating at c.
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#### RISK QUANTIFICATION - KEY

LIKELIHOOD D (a)		SEVERITY TY (b)		RISK RATING (c)	RISK COLOUR	See RISK QUANTIFICATION CRITERIA
1	Rare	1	Negligible	1 to 3 = Low	(Green)	 C:\Risk Quantification Criteria
2	Unlikely	2	Minor	4 to 9 = Medium	(Yellow)	
3	Possible	3	Moderate	10 to 16 = High	(Orange)	
4	Likely	4	Major	17 to 25 = Very High	(Red)	
5	Almost certain	5	Extreme			



<b>Current Control Measures</b> <i>(Please mark appropriate box with an X)</i>	<b>Wholly Inadequate</b>	<b>Weak/Require Strengthening</b>	<b>Satisfactory</b>
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With these controls, are the risks at a level that is as low as reasonably practicable? (Yes or No)

If the answer to the above question is NO, please continue to b) and complete a Risk Control Action Plan

## b) FUTURE STATE

<b>Risk Control Action Plan</b> <i>(Complete if further control measures required. Use one row per action)</i>	<b>Who will do it</b> <i>(name)</i>	<b>When will action be completed by</b> <i>(estimate date)</i>	<b>Dependencies</b> <i>(give details e.g. * Financial – amount * Resources – people or equipment * Commitment/priority)</i>
ACCEPTANCE OF POLICY	NHS WI BOARD	JUNE 2014	RESOURC4ES
TRAINING FOR STAFF	SPIRITUAL CARE & DIVERSITY TEAM	SEPT 2014	COMMITMENT/PRIORITY

<b>Risk Control Action Plan Costs</b> <i>(Please mark appropriate box with an X and specify total estimated cost)</i>	<b>Under £5000</b>	<b>Amount £</b>	<b>Over £5000</b>	<b>Amount £</b>
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Can the Risk Control Action Plan be implemented locally? Yes or No, or Partially

## QUANTIFICATION OF TARGET RISK RATING WITH RISK CONTROL ACTION PLAN IMPLEMENTED

Likelihood d	2	x	Severit y	3	=	Risk Rating	C	<i>Estimate of likelihood and severity Refer to key below, and to the Risk Quantification Criteria. Select numbers according to the likelihood and severity. Enter the numbers at a and at b , multiply them together and record the resultant risk rating at c.</i>
-----------------	---	---	--------------	---	---	----------------	---	--

<b>Risk Assessor:</b> <i>(Print Name)</i>	T K SHADAKSHARI	<b>Signature:</b>		<b>Date:</b>	
<b>Service Head / Nominated Deputy</b> <i>(Print Name)</i>	DIRECTOR OF NURSING	<b>Signature:</b>		<b>Date:</b>	

## c) PERIODIC REVIEW

REVIEW THE RISK EVERY THREE MONTHS. UPDATE TO REFLECT CURRENT STATUS

<b>Review Date</b>	AUGUST 2014				
<b>Reviewer</b>	T K SHADAKSHARI				
<b>Action</b>	RISK SCREENED				

Send copy of completed Risk Assessment to Line Manager for inclusion on the Ward/Department/Unit Risk Register

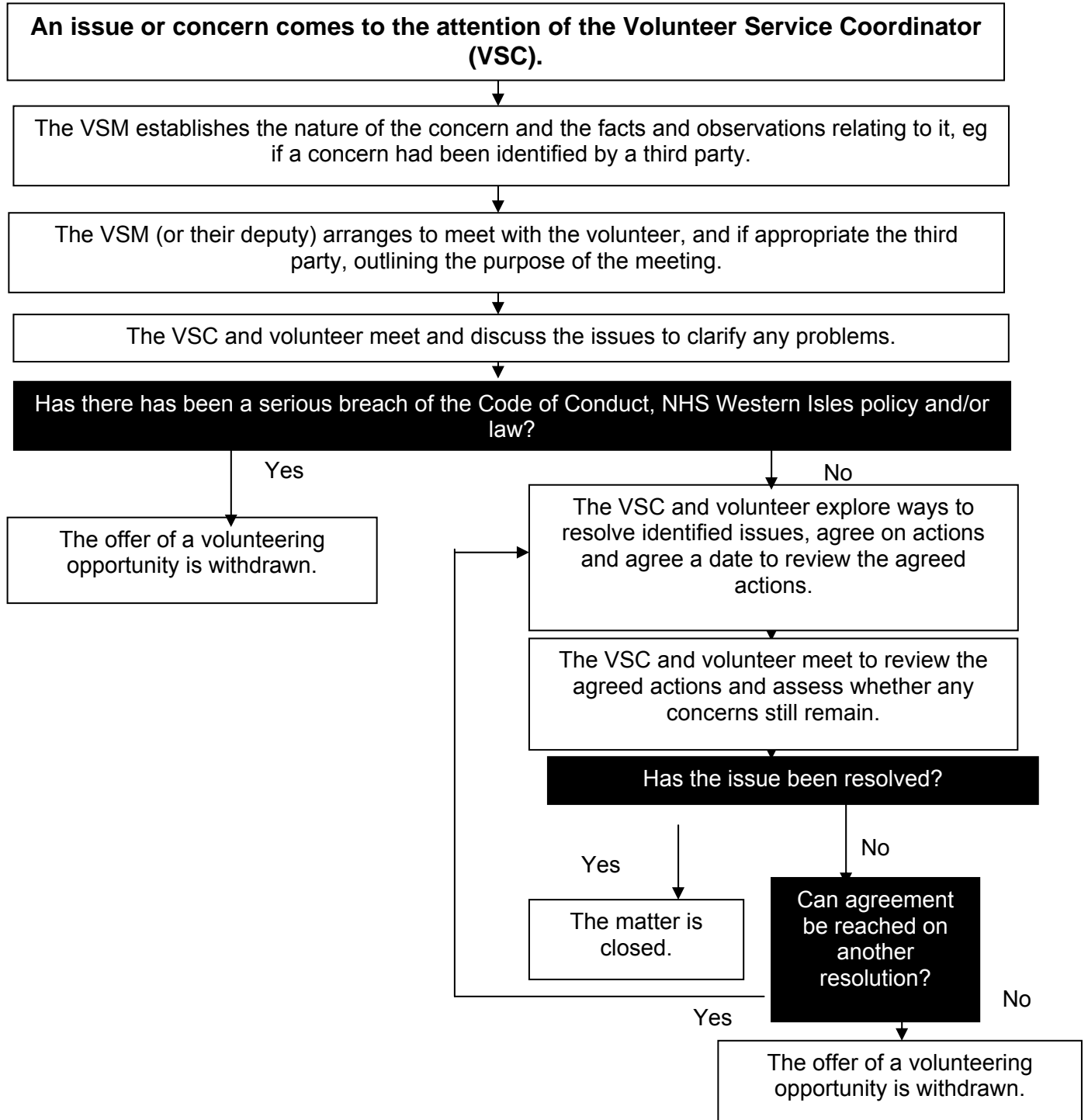
<b>Date Sent:</b>	12/05/2014	<b>Line Manager Name:</b>	SANDY BROWN
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## 9 References

- CEL 10 (2008) Guidelines for Volunteering in Scotland
- CEL 23 (2011) Reimbursement of Out of Pocket Expenses
- Investing in Volunteers Standards
- Participation Standard (Draft)
- Guidance on Informing, Engaging and Consulting People Draft
- Volunteer Opportunity Providers (Disability Rights Commission) Guidance
- Confidentiality Policy
- Accident reporting Policy
- Infection Control Policy
- Hand Hygiene Policy
- Accident Reporting Policy
- Health and Safety Policy
- Fire Safety Policy
- Dignity at Work Policy
- Criminal Records Checks Policy
- Equal Opportunities Policy
- Protection of Vulnerable Groups (Scotland) Act 2007
- Moving and Handling Policy
- Complaints Procedure
- Volunteering Development Scotland
- NHS Western Isles Twitter Acceptable Use Procedure

## 10 Appendices

### 10.1 Appendix 1 Issue Resolution Procedure



If a volunteer feels that they have not been treated fairly or the above process has not been followed they will be able to make a complaint through the NHS Western Isles Complaints Procedure).

(This document was sourced through Healthcare Improvement Scotland)

## 10.2 Appendix 2 Fairness Assessment

### Fairness Assessment Toolkit

This toolkit is designed to be used by those:

1. Writing Policies, Procedures & Protocols from scratch
2. Reviewing existing Policies, Procedures, Protocols and services
3. Planning new services or redesigning existing ones.

**IT IS IMPORTANT THAT AT THE BEGINNING OF THE POLICY DESIGN PROCESS YOU CONSIDER THE REQUIREMENTS OF THIS TOOL. IT IS DESIGNED TO ASK THE QUESTIONS THAT WE SHOULD BE ASKING AT THE START OF PRODUCING OR REVIEWING POLICIES, PROTOCOLS, STRATEGIES AND SERVICES.**

Author/Reviewer Name	T K Shadakshari
Name of policy, protocol, procedure, strategy or service	Volunteer Policy
Line Manager responsible for signing Off	Lead chaplain & Strategic Diversity Lead
Date Started	January 2014
Date Completed	January 2014

## **Key steps for conducting a Fairness Assessment**

1. Identify the key aims & outcomes of the policy.
2. Gather information & evidence around protected characteristics & identify the gaps.
3. Assess the impact - consider alternatives & mitigate negative impacts.
4. Involve & consult on impact assessment - internally & externally.
5. Make a decision; develop an Action Plan based on evidence.
6. Sign off; send to Strategic Diversity Lead for sign off.
7. Final Fairness Assessed policy to be published on NHS WI Show website.
8. Monitor & review the final assessment.

**Section 1 About your project**

Please answer the following questions:

**1. Is this a new policy?****No**

If yes, please explain why it is being done and what the effects of it will be

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**2. Have you checked if there are any other current guidance on this topic in the Health Board?****Yes No**

If the answer is No, please stop and check now.

**3. Please list who is likely to be affected by this project and how they will be affected**

<b>Who?</b>	<b>How?</b>
Patients, staff & carers	Volunteers will be working along side other staff for the wellbeing of patients

**4. Please tell us how you are going to involve these people in the project**

Wide range people were consulted in the process of the development of this policy
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## **Section 2 Protected Characteristics**

**Read the following, as these are about the people or groups of people whose rights are specifically protected under the 2010 Equalities Act. This page gives you information on each of the nine protected characteristics.**

### **1. Age**

Where this is referred to, it refers to a person belonging to a particular age (e.g. 32 year olds) or range of ages (e.g. 18-30 year olds, 65-80 year olds)

**How will these groups be affected?**

No age group will be affected because everyone will be treated fairly

### **2. Disability**

A person has a disability if s/he has a physical or mental impairment which has a substantial and long term adverse effect on that person's ability to carry out normal day to day activities.

**How will this group be affected?**

Potentially some of this group might be affected. However, the reasonable adjustments will be made to address this

### **3. Gender Reassignment**

The process of transitioning from one gender to another.

**How will this group be affected?**

There won't be any negative impacts on this people

### **4. Marriage and Civil Partnership**

Marriage is defined as a 'union between a man and a woman'. Same sex couples can have their relationships legally recognised as 'civil partnerships'. Civil partners must be treated the same as married couples on a wide range of legal matters.

**How will this group be affected?**

No negative impacts

**5. Pregnancy and Maternity**

Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth, and is linked to maternity leave in the employment context. In the non work context, protection against maternity discrimination is for 26 weeks after giving birth, and this includes treating a woman unfavorably because she is breastfeeding.

**How will this group be affected?**

No adverse impacts

**6. Race**

Refers to the protected characteristic of race. It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.

**How will this group be affected?**

No adverse impacts

**7. Religion and Belief**

Religion is the term given to a collection of cultural belief systems based on narratives, traditions and symbols that give meaning to life and instill a moral framework of conduct. Belief includes religious and philosophical beliefs including lack of belief (e.g. atheism). Generally, a belief should affect your life choices for it to be included in the definition.

**Does your proposal discriminate or disadvantage any religious or non religious group?**

No adverse impacts



## 8. Sex (Gender)

A man or a woman. (Male or female)

**Does your proposal discriminate between men and women, if so how and why?**

No adverse impacts

## 9. Sexual Orientation

Whether a person's sexual attraction is towards their own sex, the opposite sex or to both sexes.

**How will this group be affected?**

No adverse impacts

## 10. Negative Findings

If you have found negatives in the above assessments, how do you intend to deal with these, and why?

Nil

### **Section 3 Human Rights**

**It is unlawful for a public authority to act in a way which is incompatible with a European Convention of human Rights requirements. There are 15 protected rights which public authorities must ensure that they comply with in their policies, services and practices. Those listed below are the ones which can directly be affected by Healthcare provision.**

- The right to life – protects your life, by law. The state is required to investigate suspicious deaths and deaths in custody.

**Does your proposal affect this right?**

No

- The prohibition of torture and inhuman treatment – you should never be tortured or treated in an inhuman or degrading way, no matter what the situation.

**Does your proposal affect this right?**

No

- The right to liberty and freedom – you have the right to be free and the state can only imprison you with very good reason – for example, if you are convicted of a crime.

**Does your proposal affect this right?**

No

- The right to a fair trial and no punishment without law – you are innocent until proven guilty. If accused of a crime, you have the right to hear the evidence against you, in a court of law.

**Does this proposal affect this right?**

No

- Respect for privacy and family life and the right to marry - protects against unnecessary surveillance or intrusion into your life. You have the right to marry and raise a family.

**Does this proposal affect this right?**

No

- Freedom of thought, religion and belief – you can believe what you like and practice your religion or beliefs, so long as this does not harm others.

**Does your proposal affect this right?**

No

- No discrimination – everyone’s rights are equal. You should not be treated unfairly – because, for example, of your gender, race, sexuality, religion or age.

**Does your proposal affect this right?**

No

**Equality Leads Use**

**Received for review: 12/05/2014**

**Checked by:**

**Owner of Fairness Assessment: T K Shadakshari**

**Comments and recommendations:**

The policy has no adverse affects on any protected characteristics of *Equality Act 2010* or any Human Right Act

**Signed: ..... Date: .....**  
**By Strategic Diversity Lead**