



Policy:

MD 004 Volunteer

Executive or Associate Director Lead	Executive Medical Director
Policy author/ lead	Engagement Manager
Feedback on implementation to	Engagement Manager, Volunteer Co-ordinator

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Target audience	All SHSC staff(including staff seconded into or working in SHSC services),the Board of Directors and all volunteers
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Policy Version and advice on document history, availability and storage

This is version 7.0 of this policy and replaces version 6.0 (October 2016). This version was reviewed and updated as part of an on-going policy document review process.

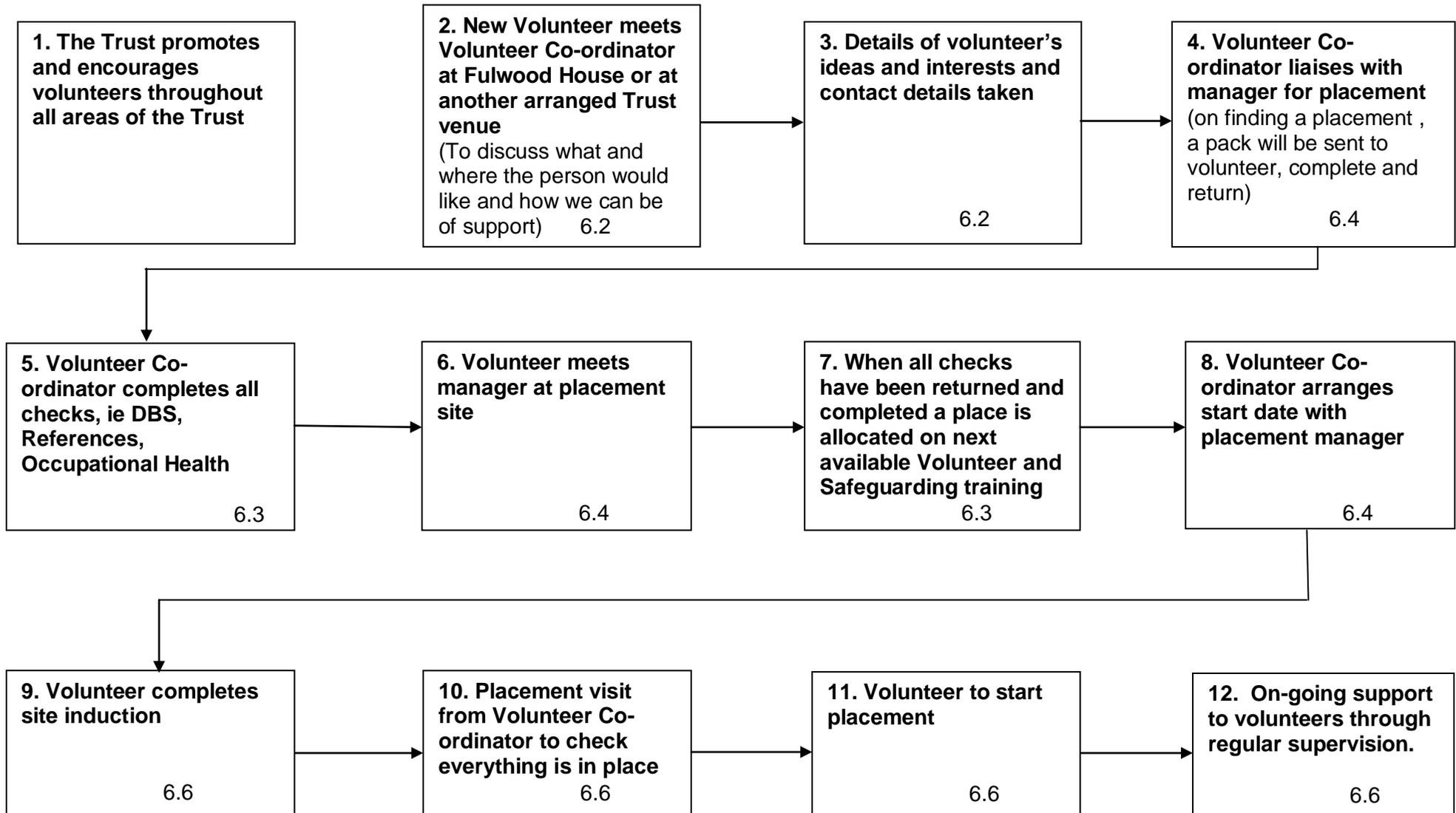
This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. The previous version will be removed from the Intranet and Trust website and archived. Any copies of the previous policy held separately should be destroyed and replaced with this version.

Any printed copies of the previous version (V6.0) should be destroyed and if a hard copy is required, it should be replaced with this version

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Flowchart



1. Introduction

A volunteer is any participant who supports our services in an unpaid capacity by the Trust. They are individuals who give valuable time to help the Trust deliver its quality service and enhance user experience in roles where they are not remunerated for the service they offer.

Sheffield Health and Social Care NHS Foundation Trust (SHSC) recognises the important role that voluntary activity plays in complementing the work of its staff and welcomes the varied and unique contribution that volunteers make. By giving their time, volunteers can make a unique contribution and they have the opportunity to bring their own credibility to their volunteer role. SHSC is committed to fair, clearly stated, supportive relationships between the organisation and its volunteers and staff. We aim to live our values; not only in the way we work, but also in the way we treat everyone who works for and with us.

We believe that it is important to expand the role of volunteers in health and social care, to ensure that volunteers, service users and carers are put at the heart of SHSC. Expanding the role of volunteers allows individuals to collaborate with each other and create people centred services. There is also a growing body of evidence that shows volunteering to have a positive impact on wellbeing.

Volunteers contribute to improving patient experience and building closer relationships with services and communities. Additional benefits are brought to the sector from the part volunteers play in tackling health inequalities and promoting health in hard to reach groups, and supporting integrated care for people in those hard to reach groups, and those with multiple needs (Volunteering in health and care; securing a sustainable future).

The Kate Lampard Report (The themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile 2015) states that “the scale of volunteer presence and extent and nature of the work they do means that the arrangements for managing volunteers, and risks associated with their presence in hospitals, need to be robust and command public confidence”. The findings from the themes and lessons learnt from the NHS Investigation in matters relating to Jimmy Savile (DH:2015) set out clear recommendations on safe recruitment that should include DBS checks and safeguarding training that should both be renewed three yearly.

Anyone over the age of 18 years can volunteer, who successfully completes the selection process (see pages 5 - 9). Service users and carers, as well as interested members of the public, are welcomed and encouraged to bring their experience when volunteering. SHSC staff are also invited to volunteer, should they wish to develop their skills and contribute voluntary hours. This must be done in conjunction and consultation with their line manager.

Volunteers must receive training, support and supervision to ensure good quality experience for the volunteer, and the staff and service users they work alongside. Volunteers can expect to feel safe, valued, be kept informed and to enjoy their time with the Trust.

2. Scope

This policy applies to prospective and current volunteers. It will be applied to assist all staff working with volunteers as part of their role.

All tasks carried out by volunteers will be clearly defined in a role description so that both volunteers and staff are sure about their respective roles and responsibilities.

Whilst all volunteers and staff must adhere to this policy, the policy is not intended to create a legally binding contract or employment relationship as it is important to recognise the relationship with volunteers is based on mutually agreed expectations around the role.

3. Definitions

A **volunteer** is an individual who gives their time willingly and takes part in agreed activities under the direction of SHSC, usually for a specified time period. The relationship is binding in honour, trust and mutual understanding. No enforceable obligation, contractual or otherwise can be imposed on volunteers to attend.

Mentor - is usually a person with whom the volunteer has day to day contact as part of their placement within the working environment. Mentors will provide supervision for volunteers.

Supervisor – this may be the same individual as the volunteer's mentor. If an individual is volunteering in more than work area/team/service, a lead supervisor will be identified by the Engagement Manager/volunteer Co-ordinator who will provide supervision to the volunteer.

4. Purpose

This policy sets the minimum standards for the way SHSC recruits, works with and supports volunteers.

The purpose of this policy is to set the standards and define the guidelines for the way SHSC recruits, involves and engages volunteers in SHSC.

The policy aims to:

- Ensure a fair and consistent approach to the recruitment of volunteers;
- Promote good practice and a consistent approach to volunteer management;
- Clarify the role of volunteers and the relationship between volunteers and paid members of staff within SHSC;
- Acknowledge the value of the contribution made by volunteers and champion their development;
- Confirm the commitment of SHSC in involving volunteers in its work and promote best practice.

SHSC acknowledges that the involvement of volunteers:

- Supports social inclusion and vocational development for our service users – supports individuals to live fulfilled lives, linking in with our vision, offering opportunities within SHSC to help people find volunteering opportunities in the local community;
- Supports the commitment of SHSC to help place service users and carers at the centre of decision making through collaborative working. Volunteering brings fresh expertise, new skills, additional time and different perspectives;
- Provides a designated pathway into employment – there is an agreement in place that individuals who are volunteering for SHSC are treated as internal candidates. This policy proposes that all volunteers are given the opportunity to apply for jobs, prior to them being advertised externally, if they have been volunteering for at least six months. This, however, will only be applicable where there are no suitable internal candidates;
- Raises awareness of a range of disabilities including mental health, learning disabilities and long term conditions, and to break down stigma by offering volunteering opportunities to the general public to “reach” into our service;
- Supports the most interested and active engagement of our membership, supporting us to be accountable to our local population.
- Volunteering is offered to everyone who signs up to be a member of the Trust volunteer;
- Keeps the organisation in touch with grassroots feelings and perspectives and it is hugely beneficial to involve volunteers from every part of the community that SHSC works with. This includes young people and adults from a range of backgrounds and with a range of abilities or experiences.

This includes people:

- with a disability or a physical impairment
- from black minority and ethnic groups
- with learning disabilities
- who are refugees and asylum seekers
- who are ex-offenders and people with a criminal record
- from low incomes or from economically-disadvantaged backgrounds.

A diverse team of volunteers can:

Improve patient/service user experience by providing opportunities for patients/service users to be supported by people who have had similar experiences or are from similar backgrounds, this all helps to:

- reduce health inequalities and evidence suggests that those who experience health inequalities often have the most to gain from volunteering
- promote trust by having volunteers that are representative of all parts of the communities that SHSC serves, and it improves services by bringing different perspectives and helping to deliver more flexible services to meet everyone’s needs
- provide a diverse range of skills and experiences and helps to develop skills across communities.

All staff within SHSC have a role to play in recruiting volunteers who reflect the diversity of the local community and in providing volunteers with a safe, supportive and welcoming environment, free from discrimination.

5. Duties

The Chief Executive- is responsible for ensuring the Trust has policies in place and complies with its legal, statutory and regulatory obligations.

The Head of Service User Experience and Monitoring Unit has the overall responsibility for ensuring robust processes are in place for working with volunteers throughout the Trust.

Service and Clinical Directors are responsible for ensuring that their services comply with the requirements set out in this policy.

Managers throughout the Trust must follow the processes set out in this policy with regard to the recruitment, support and development of volunteers within the Trust.

Line managers must ensure all volunteers within their service have a designated mentor and that volunteers are appropriately supervised throughout their time with the Trust.

The Engagement Managers are responsible for managing the recruitment, selection and development of all volunteers covered by the terms of this policy and for managing the Volunteer Co-ordinator. This individual must ensure that appropriate handovers have taken place between the Volunteer Co-ordinator and the placement manager and that appropriate mentoring/supervision arrangements have been established.

The Volunteer Co-ordinator and Engagement Managers have day to day responsibility for the administration and co-ordination of volunteer recruitment, selection and development of all SHSC's volunteers and for ensuring that all volunteer placements, as part of this policy, are appropriately allocated, recorded and monitored.

Mentors/Lead Supervisors must ensure that appropriate support, supervision and development is provided to volunteers.

All staff are required to welcome volunteers into their service/team and ensure that mentors and volunteers are supported in their volunteer placement. Staff working with volunteers should ensure that they do not ask the volunteer to do tasks that are outside of their agreed remit. All staff must comply with the requirements set out within this policy. All prospective and current volunteers must comply with the requirements set out within this policy

6. Process: The Volunteer Process

6.1 Principles Behind the Process

- The role of the volunteer is complementary, not supplementary, to the role of paid staff. Volunteers will not do the work of paid members of staff, nor will they fill temporary, vacant or discontinued positions;
- The selection process for volunteers follows guidelines for best practice, avoids unfair discrimination and is welcoming to all prospective volunteers. It ensures that all volunteers are subject to a systematic process of recruitment;
- The Trust will ensure that volunteers are treated fairly and equally in accordance with the Trust's Equal Opportunities and Dignity at Work Policy;
- Volunteers are properly integrated into the organisational structure and mechanisms are in place for them to contribute to the Trust's work;
- SHSC expects that staff at all levels will work positively with volunteers and, where appropriate, will actively seek to involve them in their work;
- Volunteers are provided with a clear explanation of what is expected of them;
- Volunteers are provided with the necessary training and support to carry out their assigned role and responsibilities. This will take place prior to prospective volunteers volunteering.
- SHSC recognises that volunteers require satisfying work and personal development and will seek to help volunteers meet these needs;
- Volunteers will have regular supervision sessions with a named member of staff (this could be a mentor / buddy in the volunteer's area of work). Supervision sessions will be recorded and held centrally within individuals' personal records. Supervision will follow the Trust's Supervision Policy (Appendix G and H provides a Supervision Contract and sample Supervision Template).

6.2 Recruitment and Selection of Volunteers

Prior to recruiting volunteers, wherever possible, consultation and discussion should take place with staff requesting volunteers to ensure there is a genuine need for volunteers and to develop a clear description of their role. Once a volunteer is placed, each department should have an identified lead for supporting them.

The prospective volunteer must be able to meet the demands of the role without risk to clients or their own physical or mental well-being.

All prospective volunteers are required to complete an application form and complete the volunteering process below:

- Received medical clearance by Occupational Health; Satisfactory Disclosure and Barring (DBS) check;
- Two references from whom they have known for at least 3 years in a professional capacity, they cannot be a friend or family member;

- Signed a confidentiality form and acceptance to the voluntary role offered.

All the above must be in place and received by the Volunteer Co-ordinator prior to any placement commencing. Former staff members who move to volunteer status within six months of the termination of their employment are not required to adhere to this process.

6.3 Preparation and Training

The volunteer will not work with clients until they have received adequate training and have been fully prepared for the role they will be undertaking. As part of the local induction, they will be required to undertake training within the following areas: basic manual handling, infection control, health and safety awareness, fire regulations, risk management, safeguarding, information governance and confidentiality.

Volunteers will be expected to undergo formal update training in safeguarding at the appropriate level at least every three years. The Volunteer Co-ordinator will contact volunteers to advise them of training requirements.

Through volunteering the volunteers will have an opportunity to enhance their existing skills, learn new skills, enhance their C.V. and gain experience within a health and social care setting.

Volunteers will receive a local induction to every work placement this will include an orientation of the workplace and will be carried out by the named supervisor.

The supervisor will:

- outline the requirements to the volunteer and provide information on the capabilities of the client / group and how to cope with any likely problems;
- ensure volunteer familiarisation with the layout of the building or the area in which the volunteer will be working;
- ensure the volunteer understands the Health and Safety policies and procedures, and fire regulations and manual handling requirements;
- ensure the volunteer is aware of how to report safeguarding concerns;
- arrange for any specific training the volunteer may require in order to carry out the role safely and effectively;
- complete the appropriate application forms (in line with Trust Information Governance Policies) if it is essential for the volunteer role to have IT access. This does not include access to Insight ,System One, or any other electronic patient administration system as none of these are appropriate for volunteering roles;
- advise the Volunteer Co-ordinator of any changes in volunteers i.e. resignations, change of address details etc.

6.4 Placement of volunteers

Volunteers will be placed in accordance with the following principles:-

- Volunteers will not be used as a substitute for paid staff;
- Volunteers provide an extra service to clients and their relatives; they will not be involved in clinical care or administration;
- Proposed voluntary activities should provide a meaningful experience for both the client and the volunteer;
- Volunteers will be allocated to a named supervisor/mentor. The precise frequency and duration will be for determination by the Supervision Lead (or delegated manager);
- For each individual volunteer a record of training/experience will be made, ensuring that if volunteers move from one site to another there is an adequate record of the activities captured;
- Volunteers may support service users on a 1:1 basis, providing adequate risk assessments have been undertaken in advance.

When a new role for volunteers is being developed, a role description will be drawn up and agreed between the volunteer, staff with whom the volunteer will be working and the Volunteer Co-ordinator.

Volunteers will be placed initially for a trial period of one month. This will be reviewed by the volunteer's supervisor. Should the volunteer be deemed to be unsuited to the placement, every attempt will be made to find an alternative placement.

Placement opportunities for service user volunteers will be given priority as part of promoting recovery.

6.5 Recording Information

A log of all placements and activity will be monitored and managed by the Engagement Manager / Volunteer Co-ordinator.

6.6 Support and Supervision

All volunteers must work under the guidance of staff and are responsible to the local management within their working environment. All volunteers will have a named supervisor, or mentor. The mentor will be properly supervised by their Line Manager, who will act as a support for any issues or problems that may arise.

Volunteers will have regular supervision sessions with a named member of staff (this could be a mentor / buddy in the volunteer's area of work). Supervision sessions will be recorded and held centrally within individuals' personal records. Supervision will follow the practice outlined in the Trust's Supervision Policy (Appendix G and H provides a sample Supervision Contract and Supervision Record Template)

6.7 Expenses

The Trust will reimburse all reasonable expenses incurred by volunteers in relation to their work for us. Reasonable expenses will normally include local travel costs. Travel to and from the volunteer's base will be reimbursed up to the value of a bus service one-day saver pass. The volunteer must provide receipts to have their travel costs reimbursed from the service within which they are volunteering.

All volunteers are required to itemise and submit expense claims forms. The Volunteer Co-ordinator will provide these forms as and when required. Completed forms must be appropriately authorised by the supervisor and returned to the Volunteer Co-ordinator, within 90 days or will not be allowed to claim.

6.8 Volunteers Using Their Cars

Volunteers may offer, or on occasions be required, to use their cars as part of their volunteer role. This could involve moving between different sites and/or transporting service users.

Volunteers must ensure that they are insured for this purpose through their own car insurance policy and provide evidence of this before using their cars as a volunteer. A copy of this evidence will be held on file by the Volunteer Co-ordinator. Volunteer supervisors or Team/Service Managers must have seen this evidence before a volunteer can use their car for volunteering purposes.

A form is available to record mileage and, in accordance with HM Revenue and Customs approved mileage rates, travel expenses will be paid at the appropriate rate to volunteers who use their car(s).

6.9 Insurance

All volunteers are covered by the Trust's insurance policies against personal injury whilst acting in the course of their activities for the Trust. This does not include injuries occurring outside of authorised Trust activities. Volunteers are required to only engage in agreed activities in accordance with their agreed remit(s) and must seek advice if they are concerned about any tasks that may fall outside of this agreed remit(s).

6.10 Health and Safety

Volunteers are required to comply with the Trust's Health and Safety and Fire Policies whilst carrying out their volunteering roles and whilst on Trust premises. They must ensure that they make themselves aware of these requirements and comply with Trust policies on incident reporting.

6.11 Confidentiality

Volunteers are bound by the same requirements for confidentiality as paid staff members. A copy of the Confidentiality Policy is included as part of volunteer induction and a completed signed confidentiality agreement must be in place prior to any placement being offered.

6.12 Ending of Volunteer Placement

If volunteers wish to leave their role at the Trust they should inform their mentor/supervisor or work placement manager, giving as much notice as possible. The placement manager must inform the Volunteer Coordinator.

The placement manager must also inform IT if the volunteer has had IT access. When volunteers leave the Trust they will be offered an exit interview with the Volunteer Co-ordinator.

References may also be provided upon request.

Volunteers will be required to return their ID badges at the time of giving notice.

Concerns raised about the behaviour/activity of a volunteer should be dealt with in the same way as a paid member of staff.

6.13 Volunteer Conduct

SHSC expects volunteers to:

- maintain and uphold the good name and reputation of the Trust;
- aim for high standards of efficiency, reliability and quality in all aspects of their contribution;
- work within the ethos and guidelines of the Trust;
- encourage two-way communication with other volunteers and paid staff, fostering a pleasant and friendly atmosphere;
- work collaboratively with paid members of staff, to listen and learn from what they have to say to achieve the aims of the Trust;
- communicate where possible if you are unable to fulfil the role by contacting your manager;
- monitor own health and wellbeing, as a volunteer, seeking medical advice when needed;
- adhere to all Trust policies and procedures, including Confidentiality, Equality and Diversity, general behaviour, Health & Safety, Relationships, Code of Conduct, Incident Report in accordance with this Volunteer Policy;
- communicate any planned changes to volunteer placement with the placement manager and Engagement Managers and Volunteer Co-Ordinator;
- maintain a professional relationship and boundaries with service users, in accordance with the Trust's Relationships with Service users Policy.

Volunteers should expect the Trust to:

- recognise that successful volunteer involvement incorporates the individual's motivations, aspirations and choices;
- ensure volunteers receive appropriate training, support and regular supervision to help them deliver in their roles and to demonstrate the Trusts' appreciation of their expertise;
- celebrate the success and achievement of volunteers and volunteering;
- respect volunteers, listen and learn from what they have to say, consistently encouraging two-way communication;
- make financial and other provisions in management plans for the needs of volunteers.

This may include reimbursement for expenses, as agreed;

- foster a friendly and supportive atmosphere - aiming to make volunteering fun;
- provide an accessible problem solving procedure and endeavour to resolve fairly, any complaints or grievances;
- provide references, where requested, and support with job search skills where appropriate.

6.14 Problem Solving Procedures

Discipline

Most disciplinary matters will be dealt with informally by the placement manager responsible for the volunteer. If necessary, formal matters will be handled in line with Trust disciplinary policies and procedures.

Grievance

A grievance or complaint raised by a volunteer will be examined quickly and effectively in line with Trust policy.

7. Dissemination, storage and archiving (Control)

Within 5 working days of ratification of this policy, an 'ALL SHSC staff' email alert will be sent to all staff informing them of the new/revised policy and attaching the link showing where the policy can be accessed via the intranet and internet.

Local managers are responsible for implementing this policy within their own teams.

This policy will be available to all staff via the Sheffield Health & Social Care NHS Foundation Trust Intranet and on the Trust's website. The previous version will be removed from the Intranet and Trust website and archived. Word and pdf copies of the current and the previous version of this policy are available via the Medical Director.

Any printed copies of the previous version should be destroyed and if a hard copy is required, it should be replaced with this version.

In addition the Assistant Medical Director and Clinical Directors will be instructed to ensure that all relevant medical staff are informed of the policy and associated documentation.

8. Training and other resource implications

All staff newly appointed to the Trust will receive information about the Volunteer Policy at Trust induction. In addition the Volunteer Co-ordinator and the Engagement Managers will be available to work with staff on any training needs relevant to this policy.

All volunteers will complete a Trust induction prior to completing any volunteer activity this will include the Volunteer Induction and Comprehensive Safeguarding Training.

9. Audit, monitoring and review

The implementation of the policy will be audited by the Engagement Managers and Volunteer Co-Ordinator and the Director of Human Resources on an annual basis.

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ Group committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
a)style and format	Tri-annual review of policy	Policy Lead	Within 3 years of ratification	Policy Lead	Policy Lead	Lead Director
b)explanation of any terms used(definitions)	Tri-annual review of policy	Policy Lead	Within 3 years of ratification	Policy Lead	Policy Lead	Lead Director
c)consultation process	Tri-annual review of policy	Policy Lead	Within 3 years of ratification	Policy Lead	Policy Lead	Lead Director
d)ratification process	Tri-annual review of policy	Policy Lead	Within 3 years of ratification	Policy Lead	Policy Lead	Lead Director
e)review arrangements	Tri-annual review of policy	Policy Lead	Within 3 years of ratification	Policy Lead	Policy Lead	Lead Director
f)control, including archiving arrangements	Tri-annual review of policy	Policy Lead	Within 3 years of ratification	Policy Lead	Policy Lead	Lead Director
g)associated documents	Tri-annual review of policy	Policy Lead	Within 3 years of ratification	Policy Lead	Policy Lead	Lead Director
h)supporting references	Tri-annual review of policy	Policy Lead	Within 3 years of ratification	Policy Lead	Policy Lead	Lead Director

This policy will be reviewed by Policy Lead
Volunteer Policy

10. Implementation plan

Action / Task	Responsible Person	Deadline	Progress update
New policy to be uploaded onto the Intranet and Trust Website.	Director of Corporate Governance / Head of Communications	Within 5 working days of ratification	
A communication will be issued to all staff via the Communications Digest immediately following publication	Director of Corporate Governance / Head of Communications	Within 5 working days of issue	
A Communication will be sent to Education, Training and Development to review training provision.	Director of Corporate Governance / Head of Communications	Within 5 working days of issue	

11. Links to other policies, standards and legislation (associated documents)

- DBS Policy
- Relationships with Service Users Policy
- Safeguarding Adult policy
- Safeguarding Children policy
- Health and Safety Policy
- Induction Policy
- Mandatory Training Policy
- Employee Expenses Reimbursement Policy
- Volunteering in the Public Services: Health and Social Care, Baroness Neuberger's review as the Government's Volunteering Champion March 2008
- You cannot be serious by Sherry Clark, published by Volunteering England
- Volunteers and the Law, by Mark Restall, published by Volunteering England
- Volunteering in health and social care: securing a sustainable future, by C Naylor
- Jimmy Savile Investigation: Broadmoor Hospital, DoH 2014
- Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile, Independent report for the Secretary of State for Health, February 2015, authors Kate Lampard, Ed Marsden.

12. Contact details

<i>Title</i>	<i>Name</i>	<i>Phone</i>	<i>Email</i>
Medical Director	Mike Hunter	01142264838	mike.hunter@shsc.nhs.uk
Head of Clinical Governance	Tania Baxter	01142263279	Tania.Baxter@shsc.nhs.uk
Head of Service User Experience and Monitoring Unit	Jane Lyon	01142716634	Jane.Lyon@shsc.nhs.uk
Engagement Manager	Mia Bajin	01142263367	Mia.Bajin@shsc.nhs.uk
Engagement Manager	Laura Di Bona	01142718283	Laura.Dibona@shsc.nhs.uk
Volunteer Co-Ordinator	Liz Walker	01142716925	Elizabeth.Walker@shsc.nhs.uk

13. References

Jimmy Savile Investigation: Broadmoor Hospital, DoH 2014

Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile, Independent report for the Secretary of State for Health, February 2015, authors Kate Lampard, Ed Marsden.

Appendix A – Version Control and Amendment Log

Version No.	Type of Change	Date	Description of change(s)
1.0	Draft policy creation	Feb 2012	Creation of policy
1.1	Review/ratification	Feb 2012	Amendments made during consultation, prior to ratification
2.0	Review	Sept 2015	Full review following new NHSLA standards being published
2.1	Review on expiry of policy		Committee structure updated
3.0	Review	Oct 2015	New draft policy created
4.0	Review	Nov 2015	Revision of draft policy following consultation to task and finish group
5.0	Review	Nov 2015	Further revision of draft policy following further internal and external consultation
6.0	Review	Oct 2016	No changes in content other than updates for new template, role titles and contact details
6.0	Review on expiry of policy (no amendments made)	Oct 2017	Policy review date extended from September 2017 to February 2018
6.1	Review	Jan 2018	Slight amendment of content, update for new template, role titles and contact details.
6.2	Review	Jan 2018	Further revision of policy following consultation and discussion at SUSEG
7.0	Revised policy	Feb 2018	Review by PGG and approval by EDG

Appendix B – Dissemination Record

Version	Date on website (intranet and internet)	Date of “all SHSC staff” email	Any other promotion/ dissemination (include dates)
6.0	Nov 2016	Nov 2016 via Communications Digest	
7.0			

Appendix C – Stage One Equality Impact Assessment Form

Equality Impact Assessment Process for Policies Developed Under the Policy on Policies

Stage 1 – Complete draft policy

Stage 2 – Relevance - Is the policy potentially relevant to equality i.e. will this policy potentially impact on staff, patients or the public? If **NO** – No further action required – please sign and date the following statement. If **YES** – proceed to stage 3

This policy does not impact on staff, patients or the public (insert name and date)

Stage 3 – Policy Screening - Public authorities are legally required to have 'due regard' to eliminating discrimination , advancing equal opportunity and fostering good relations , in relation to people who share certain 'protected characteristics' and those that do not. The following table should be used to consider this and inform changes to the policy (indicate yes/no/ don't know and note reasons). Please see the SHSC Guidance on equality impact assessment for examples and detailed advice. This is available by logging-on to the Intranet first and then following this link https://www.xct.nhs.uk/widget.php?wdg=wdg_general_info&page=464

	Does any aspect of this policy actually or potentially discriminate against this group?	Can equality of opportunity for this group be improved through this policy or changes to this policy?	Can this policy be amended so that it works to enhance relations between people in this group and people not in this group?
AGE	No		
DISABILITY	No		
GENDER REASSIGNMENT	No		
PREGNANCY AND MATERNITY	No		
RACE	No		
RELIGION OR BELIEF	No		
SEX	No		
SEXUAL ORIENTATION	No		

Stage 4 – Policy Revision - Make amendments to the policy or identify any remedial action required (action should be noted in the policy implementation plan section)

Please delete as appropriate: Policy Amended / Action Identified / no changes made.

Impact Assessment Completed by (insert name and date)

Appendix D - Human Rights Act Assessment Form and Flowchart

You need to be confident that no aspect of this policy breaches a person's Human Rights. You can assume that if a policy is directly based on a law or national policy it will not therefore breach Human Rights.

If the policy or any procedures in the policy, are based on a local decision which impact on individuals, then you will need to make sure their human rights are not breached. To do this, you will need to refer to the more detailed guidance that is available on the SHSC web site

<http://www.justice.gov.uk/downloads/human-rights/act-studyguide.pdf>

(relevant sections numbers are referenced in grey boxes on diagram) and work through the flow chart on the next page.

1. Is your policy based on and in line with the current law (including case law) or policy?

- Yes. No further action needed.**
- No. Work through the flow diagram over the page and then answer questions 2 and 3 below.**

2. On completion of flow diagram – is further action needed?

- No, no further action needed.**
- Yes, go to question 3**

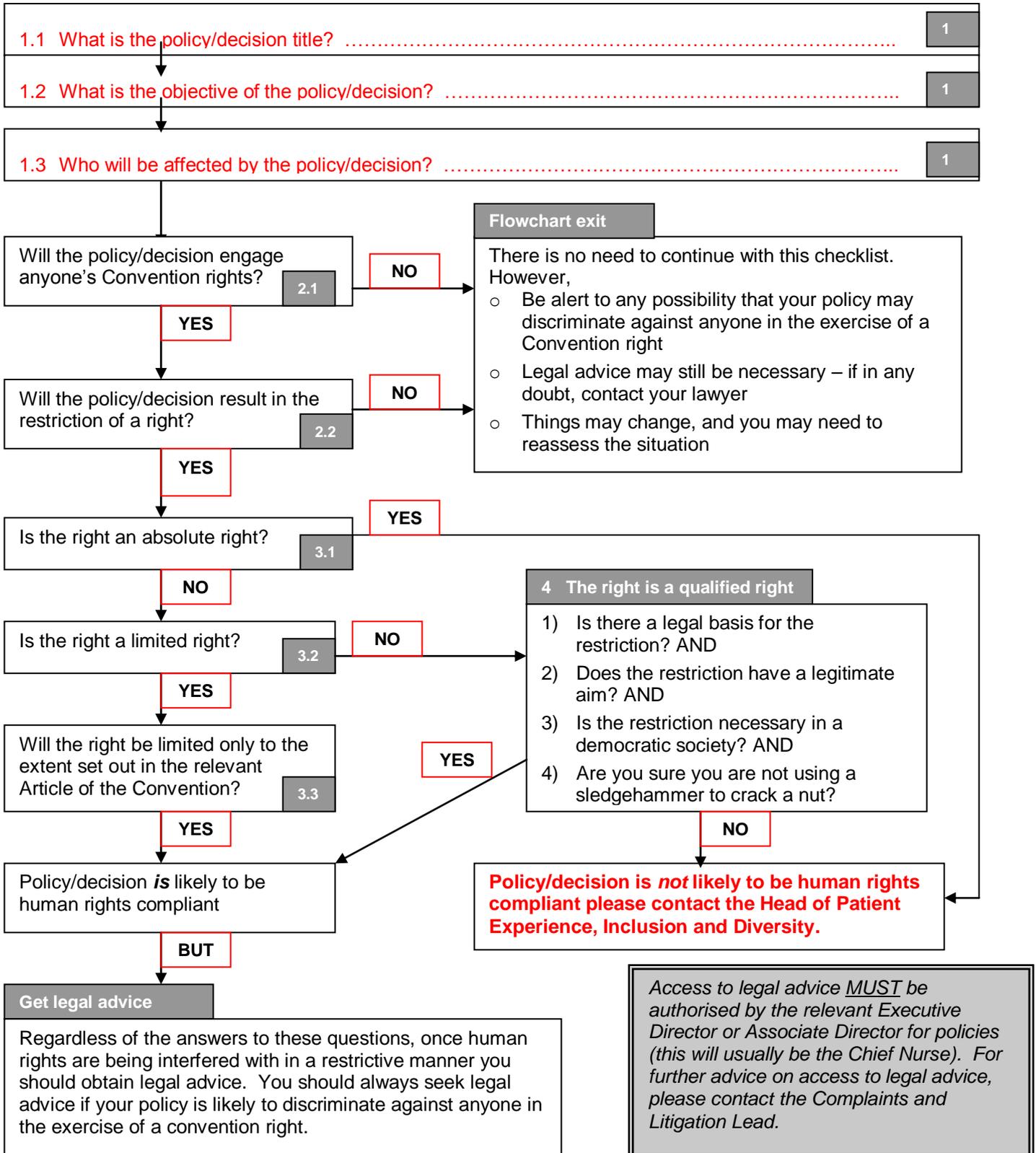
3. Complete the table below to provide details of the actions required

Action required	By what date	Responsible Person

Human Rights Assessment Flow Chart

Complete text answers in boxes 1.1 – 1.3 and highlight your path through the flowchart by filling the YES/NO boxes red (do this by clicking on the YES/NO text boxes and then from the Format menu on the toolbar, choose 'Format Text Box' and choose red from the Fill colour option).

Once the flowchart is completed, return to the previous page to complete the Human Rights Act Assessment Form.



Appendix E – Development, Consultation and Verification

Development:

This policy has been revised as part of the policy review and update process. There are minimal changes from version 6. These have included:

Mapping over onto a revised policy document template;
Updating job titles / roles;
Contact details.

Consultation: The draft policy was sent to numerous teams who use volunteers and their feedback was incorporated.

Verification: The policy was verified by the Service User Engagement Group on 22 January 2018.

Appendix F –Policies Checklist

Please use this as a checklist for policy completion. The style and format of policies should follow the Policy template which can be downloaded on the intranet (also shown at Appendix G within the Policy).

1. Cover sheet

All policies must have a cover sheet which includes:

- The Trust name and logo
- The title of the policy (in large font size as detailed in the template)
- Executive or Associate Director lead for the policy
- The policy author and lead
- The implementation lead (to receive feedback on the implementation)
- Date of initial draft policy
- Date of consultation
- Date of verification
- Date of ratification
- Date of issue
- Ratifying body
- Date for review
- Target audience
- Document type
- Document status
- Keywords
- Policy version and advice on availability and storage

2. Contents page

3. Flowchart

4. Introduction

5. Scope

6. Definitions

7. Purpose

8. Duties

9. Process

10. Dissemination, storage and archiving (control)

11. Training and other resource implications

12. Audit, monitoring and review

This section should describe how the implementation and impact of the policy will be monitored and audited and when it will be reviewed. It should include timescales and frequency of audits. It must include the monitoring template as shown in the policy template (example below).

Monitoring Compliance Template						
Minimum Requirement	Process for Monitoring	Responsible Individual/ group/ committee	Frequency of Monitoring	Review of Results process (e.g. who does this?)	Responsible Individual/group/ committee for action plan development	Responsible Individual/group/ committee for action plan monitoring and implementation
A) Describe which aspect this is monitoring?	e.g. Review, audit	e.g. Education & Training Steering Group	e.g. Annual	e.g. Quality Assurance Committee	e.g. Education & Training Steering Group	e.g. Quality Assurance Committee

13. Implementation plan

14. Links to other policies (associated documents)

15. Contact details

16. References

17. Version control and amendment log (Appendix A)

18. Dissemination Record (Appendix B)

19. Equality Impact Assessment Form (Appendix C)

20. Human Rights Act Assessment Checklist (Appendix D)

21. Policy development and consultation process (Appendix E)

22. Policy Checklist (Appendix F)

Appendix G - Supervision Contract

Supervisor:	Date:
Supervisee:	
1. Frequency	
2. Length of session	
3. Venue	
4. Scope (e.g. Operational Line Management / Professional / Clinical)	
5. Links to other forms of Supervision	
6. Details of other Supervision	
7. Arrangements requiring cover	
8. Confidentiality (confirm the arrangements to apply)	
9. Evidence of sessions (see template sheet attached)	
10. Organisation if cancelled	
11. Date of Review for this contract	

Signed – Supervisee	
Signed – Supervisor	
Signed – Line Manager	

Appendix H - Supervision Template

Sample Record of Supervision

This is the minimum requirement for record keeping and this document must be available for audit purposes which will examine the uptake of this type of supervision.

Directorates and teams may require additional guidance and recording requirements, and the supervisee should keep these forms.

Name of Supervisor		
Name of Supervisee		
Role of Supervisee		
Work Area of Supervisee		
Topics discussed	Actions	Comments

Supervisor Signature

Supervisee Signature

Date