



# Guidance for Volunteers within SCAS

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## **1. Introduction and Purpose**

- 1.1 The purpose of this document is to set out the South Central Ambulance Service (SCAS) policy for including volunteers in its work and to set out the general principles and guidelines for volunteering, to ensure consistent standards and good practice.
- 1.2 In particular the policy will:
- Provide a framework for all SCAS staff when considering the use of volunteer
  - Provide a foundation on which individual volunteer schemes will be based
  - Provide a consistent set of guidelines to ensure volunteers are supported during their volunteering role
- 1.3 Volunteers provide a service to patients and their relatives. Their role is intended to complement NHS services and it is not intended that they will be used as a direct replacement for paid employment opportunities.
- 1.4 Recognises the benefits of using volunteers including:
- Offering alternative ways to involve and engage with communities
  - Offering credibility to SCAS as giving their time for free suggests that the work SCAS does is of value to the local population
  - Bringing new perspectives
  - Helping to extend the services we offer

## **2. Scope and Definitions**

- 2.1 The principles set out in this Policy apply to all individuals who undertake a volunteer role directly for and on behalf of the Trust. Where SCAS has arrangements with third party providers for the provision of voluntary support e.g. co-responder schemes, individual volunteers will be covered by the host organisation's handbook & appropriate policies.
- 2.2 A volunteer is defined as someone who commits time and energy for the benefit of others, who does so freely, through personal choice and without expectation of financial reward.
- 2.3 Volunteers are not employees and are not obliged to commit their time to SCAS. At the same time SCAS is not obliged to provide opportunities for voluntary activities when a volunteer is available. This means that any agreement with a volunteer is binding in honour only and is not intended to form a contract. For clarity this means that there is no entitlement to benefits such as sick pay or annual leave.

2.4 Staff may also act as volunteers, outside of their paid employment. Where the voluntary role undertaken is different from their employed role, for example an administrative member of staff undertaking Community First Responder duties, they will be covered by this policy in terms of induction training and support.

### **3. Types of Volunteering Activities**

3.1 Volunteers may be used in a variety of ways in SCAS, but the following are the most frequent volunteering opportunities available.

- Community First Responders (CFR's) – individuals who volunteer to provide a limited emergency response in their communities helping us to respond to patients more quickly than we may be able to otherwise.
- Volunteer Car Drivers (VCD's) – supporting the transport of mobile patients to and from hospital appointments.
- SCA Charity Volunteers – Individuals who volunteer to help with any aspect of the charities activities

## **4. Responsibilities**

### **4.1 Directorate leads and line managers**

4.1.1 The overall responsibility for the operation of a voluntary scheme lies with the relevant line management in the responsible directorate. Managers will take responsibility for ensuring that staff within their area are aware of the policy and any specific arrangements for the use of volunteers in their area. They are also responsible for inducting volunteers and providing ongoing support and monitoring of their activities.

### **4.2 Organisational Development**

4.2.1 Organisational Development are responsible for ensuring that volunteers undergo an appropriate recruitment and selection process and that they are safe to work with patients.

### **4.3 Staff**

4.3.1 Staff are responsible for being aware of the policy and for recognising the valuable contribution that volunteers can make to the quality of care offered to patients.

## **4.4 Volunteers**

- 4.4.1 Volunteers are responsible for ensuring that they follow the guidelines in this policy and any detailed guidance applicable to their role. This is often set out in a volunteer agreement which volunteers will be expected to sign to indicate their acceptance prior to commencing voluntary activity.
- 4.4.2 All volunteers have a responsibility to take account of the Working Time Regulation principals in terms of their overall working hours including their volunteer hours.

## **5. Recruitment and Selection**

- 5.1 Recruitment and selection processes in use for volunteers will be appropriate to the voluntary activity being undertaken but in line with the guidance on the use of volunteers issued by the Department of Health and consistent with the regulations governing employment checks in the NHS. This requires that certain checks are undertaken to ensure the safety of volunteers and staff engaged in direct patient related activity. For example, this means that all volunteers engaged in patient related activity will be required to undergo an enhanced Disclosure and Barring Service (DBS) check, provide references and may be required to undergo some health screening.
- 5.2 SCAS is however, mindful of the need to encourage volunteers from all sections of the community and will proactively consider how volunteers are recruited and how the recruitment and selection procedure can be adapted to recognise the voluntary nature of the role. Recruitment will be conducted in line with the SCAS Equal Opportunity and Diversity Policy and the recruitment processes of the recruiting department.
- 5.3 In line with national recommendations following the Saville review, volunteers undertaking patient facing voluntary activity with the Trust will be required to undergo a three yearly DBS check to ensure their continuing suitability to act in a voluntary role.

## **6. Induction and Training**

- 6.1 All Volunteers will receive an induction that will provide background information regarding the Trust, information about the activity they will be undertaking, the standards of behaviour they will be expected to meet, key contacts, and any administrative arrangements, such as how to claim expenses where these are appropriate. Some of this information may be provided in the form of a handbook but it will always be supplemented by a personal induction from a relevant member of staff from the directorate in which they will be volunteering.

- 6.2 Volunteers will be provided with any training necessary to carry out their volunteer role. In most cases the induction will be sufficient to meet the training needs of volunteers but some voluntary activity, such as Community First Responder schemes, will require specific training. In these cases, the local manager will be responsible for ensuring that any relevant training is refreshed at appropriate intervals.
- 6.3 Where appropriate volunteers may be issued with equipment to enable them to carry out their voluntary activity.

## **7. Use of Volunteers**

- 7.1 Volunteers are not under any obligation to offer their time to SCAS and SCAS is not under any obligation to use volunteers when they indicate that they are available. A volunteer should never be coerced to give their time as it must remain a free choice for someone to offer to volunteer. Volunteers that act as a Community First Responders will be expected to maintain confidence and competence in their role and therefore a minimum commitment of 20 hours a month to main their portfolios is required.
- 7.2 Obviously good communication between volunteers and SCAS is critical to ensure that patients are not let down in the services we deliver. The specific arrangements for advising SCAS of availability will vary between schemes and, where it suits volunteers, they will be able to indicate their availability in advance.

## **8. Reimbursement**

- 8.1 In some cases volunteers will be able to claim for actual expenses incurred e.g. mileage costs. The circumstances in which an expenses claim can be made will vary according to the area of volunteering and the details will be provided to volunteers during induction.
- Volunteers will be advised of the relevant forms on which they can make an expense claim. All claims will have to be authorised by an appropriate manager and volunteers will then be sent a cheque or BACS payment to cover the expenses claimed.
- 8.2 Volunteers should be aware that there is a mileage limit that volunteer drivers may travel before they have to declare their income received through voluntary driving to the HMRC. Once this limit is reached volunteers may be required to pay income tax on some of their expenses. The limit varies and further information can be obtained from the HMRC website.
- 8.3 In addition, any expenses received may be classed as income by HMRC or the Benefits Agency and volunteers are advised to discuss their volunteer activities with the relevant body if they have any concerns. SCAS is not in a position to provide tax or benefits advice.

## **9. Ongoing support**

- 9.1 Managers must ensure that volunteers are supervised to an appropriate level and are aware of whom to approach for advice and guidance if needed. Each volunteer will be advised of the relevant manager or supervisor who can provide ongoing support during the course of their voluntary activities.

## **10. Standards of Conduct**

- 10.1 Volunteers are representatives of the Trust and must always maintain a level of professionalism and courtesy when dealing with patients and members of the public. Volunteers should be appropriately dressed at all times and abide by the local policies in place regarding standards of dress and appearance.
- 10.2 Volunteers are expected to be respectful of different customs, values, sexuality, religion, belief, age or social background. Volunteers are expected to abide by the Trust's Values and Behaviours provided in Appendix 1 and further guidance given in their induction.
- 10.3 Although volunteers are not employees, they will be expected to follow relevant Trust policies, such as those relating to infection control, patient confidentiality, health and safety and equal opportunities. Relevant information will be provided to volunteers at induction to ensure that they are aware of the standards they are expected to adhere to when undertaking voluntary activity.
- 10.4 The NHS Constitution establishes the core principles and values underpinning the delivery of NHS services in England. It establishes the responsibilities and values to which all NHS organisations and those working for them should adhere, both in the delivery of care and in their day to day activities in the workplace with colleagues, patients and members of the public. The Trust fully adopts the NHS Constitution and sets out its own core values and guiding principles. All volunteers are expected to familiarise themselves with the NHS Constitution and the Trust's core values and behaviours and ensure that their behaviours reflect these at all times when they are undertaking voluntary activity and representing the Trust.
- 10.5 Where there is a complaint or issue raised about the conduct of a volunteer this will be investigated by SCAS. The volunteer affected will be given the opportunity to provide their version of events as part of the investigation. As there is no obligation to offer any voluntary activity to a volunteer, it is highly unlikely that a volunteer's services will be used whilst an investigation is ongoing. Once the investigation is complete the volunteer will be advised of the outcome.

- 10.6 SCAS reserves the right to cease using a volunteer where their conduct is felt to fall short of what is expected. In the interests of natural justice an opportunity for a volunteer to appeal against any decision will be afforded.
- 10.7 Staff Volunteers should be aware that their conduct as a volunteer could affect their employment. This is where their conduct as a volunteer brings the Trust into disrepute or their conduct substantially affects the employee's capability to work or indicates their unsuitability for their employed role. In these circumstances staff may be dealt with under the Disciplinary Procedure for activities undertaken in a voluntary capacity.

## **11. Problem Solving Procedure**

- 11.1 It is recognised that there may be occasions when difficulties arise in the relationship between either individual volunteers and/or SCAS management. This can include difficulties relating to the conduct or behaviour of a non-clinical nature between volunteers and management and/or other employees of SCAS. As volunteers are not employees, the disciplinary policies and procedures which relate to SCAS employees are not appropriate for volunteers. Community First Responders (CFRs) should refer to the Complaints and Investigations section of the CFR Handbook, for all other volunteer groups the good practice recommended by Volunteering England will be followed.

The emphasis, wherever possible, will be on informal resolution.

Problems or complaints will initially be discussed between the volunteer or employee and a member of the local management team who is not directly involved in the matter. In some cases, it may be that more training or support is needed, especially if the issue is related to a volunteer or employee's attitude or behaviour. The SCAS manager who is responsible for the initial discussion may set a time in which they can monitor the situation to find out if the problem or concern has resolved itself.

Where attempts at informal resolution are unsuccessful, the volunteer or employee will be asked to put the matter in writing to the identified local manager. SCAS will review the issue and respond to the volunteer or employee within 30 working days of receipt of the letter. If the volunteer or employee remains dissatisfied with the outcome, they have the right to raise their concern/grievance with the Head of the volunteering department the volunteer works for within 20 working days of receipt of the letter. The decision of that manager will be final.

In appropriate cases, mediation by a suitably qualified impartial third party may be used with the agreement of the parties involved in the problem.

## **12 Raising Concerns at Work**

12.1 The Trust has a responsibility to create an environment where individuals feel able to raise concerns in confidence. If you become concerned about safety, malpractice or wrong doing whilst undertaking voluntary duties for the Trust you have a responsibility to raise these concerns. This includes concerns which may affect patients, the public, staff or the organisation. Details of how to raise a concern can be found in our Freedom to Speak up Policy.

## **13 References**

13.1 This policy should be read in conjunction with other relevant SCAS policies such as Equal Opportunities and Diversity Policy and In addition, it has been developed in light of the following documents:

- Five Year Forward View / NHS 10-Year Plan
- NHS Employers Employment Checks Standards, 2019
- Staff Responder Policy

## **14 Monitoring**

14.1 The effectiveness of the policy will be monitored by review of occasions when there are complaints raised by volunteers or where there are conduct issues with volunteers. Issues will be reported by exception.

## **15 Liability and Insurance**

15.1 Personal injury and third-party liability cover is provided for under the arrangements with the insurers of South-Central Ambulance NHH Foundation Trust for all volunteers whilst actively engaged in volunteering activities for South Central Ambulance Service NHS Foundation Trust.

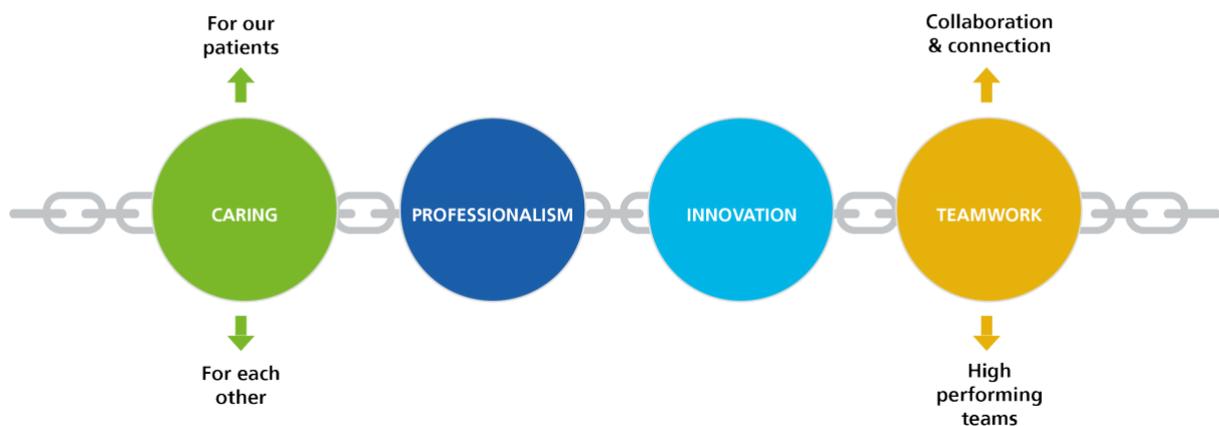
15.2 CFR's, when authorised to act on behalf of the Ambulance Service are covered for clinical negligence under arrangements with the National Health Service Litigation Authority.



Appendix 1

# Values Based Behaviour Set for Front Line (Patient Facing) Staff

## HOW WE DELIVER OUR SERVICES



## HOW WE WORK WITH EACH OTHER

Values Based Behaviour Set for Front line (Patient Facing) Staff - 2018



## CARING

For our patients and each other

### The right care for our patients – is our single greatest priority

Effective Behaviours	Ineffective behaviours
<ul style="list-style-type: none"> <li>➔ Focuses upon patient wellbeing at all times. Responds quickly to ensure the best care is delivered as soon as possible</li> <li>➔ Treats all patients with dignity, care and compassion. Takes time to reassure them and their carers whilst providing medical care</li> <li>➔ Seeks to understand and respect cultural, personal and family wishes for how the patient is treated, without compromising patient care</li> <li>➔ Treats each patient as an individual and seeks to understand their broader concerns and history as well as the presenting medical issue</li> <li>➔ Speaks up when encountering poor or unacceptable service and takes steps to rectify this where possible</li> </ul>	<ul style="list-style-type: none"> <li>- Is distracted by concerns that divert attention from patient needs. Does not demonstrate a sufficient sense of urgency</li> <li>- Is abrupt or cold towards patients and their carers. Does not respect their needs in terms of dignity or reassurance</li> <li>- Makes assumptions about how patients and those around them should be treated. Is unwilling to adapt approach to suit their wishes</li> <li>- Adopts a purely clinical or logistical approach that does not pay attention to the actual patient experience or their wider concerns</li> <li>- Excuses or explains away instances of poor or unacceptable service. Does not seek to find causes or rectify problems</li> </ul>

### We look after each other – as well as our patients

Effective Behaviours	Ineffective behaviours
<ul style="list-style-type: none"> <li>➔ Actively supports their colleagues. Is sensitive to their well-being and comes to their aid whenever needed</li> <li>➔ Plays to the strengths of those within the team and provides opportunities for others to develop and learn through their guidance</li> <li>➔ Speaks up if they see instances of bullying, favouritism or any other behaviour that harms or marginalises anyone</li> <li>➔ Takes a positive and up-beat approach to work. Takes time to thank and recognise those that support them</li> <li>➔ Places the safety of themselves and their colleagues as a priority at all times through use of the appropriate procedures and equipment</li> </ul>	<ul style="list-style-type: none"> <li>- Remains detached when colleagues are under pressure or experiencing difficulty. Does not pay attention to their well-being</li> <li>- Is overly hierarchical or status conscious when assigning tasks within the team. Does not offer opportunities for others to learn and develop</li> <li>- Turns a 'blind eye' to behaviour that might be harmful, spiteful or damaging to the well-being of others</li> <li>- Is consistently negative or cynical about their work. Rarely takes time to thank or recognise those that have supported them</li> <li>- Risks the safety of themselves or others by paying insufficient attention to the necessary procedures or use of the appropriate equipment</li> </ul>



## Professionalism

Setting high standards & delivering what we promise

Effective Behaviours	Ineffective behaviours
<ul style="list-style-type: none"> <li>→ Demonstrates a clear belief in the value of the service, as well as their own team's ability to contribute to this</li> <li>→ Is seen as credible and professional by patients, carers and all that they come into contact with. Is quickly trusted and respected</li> <li>→ Works actively with colleagues when problems occur. Seeks solutions rather than apportioning blame and is prepared to take a lead in this</li> <li>→ Adopts a 'can-do' and positive approach to situations that inspires others to invest energy even within tough or stretching circumstances</li> <li>→ Sets high standards for themselves and those that they work with. Does not compromise on quality, safety or standards of patient care</li> </ul>	<ul style="list-style-type: none"> <li>-Expresses doubts or reservations about the value of the service or the ability of their own team to contribute to this</li> <li>-Has limited credibility with those that they come into contact with. Does not quickly establish relationships or earn their trust and respect</li> <li>-Seeks to blame others when mistakes occur and operates from a 'not my problem' stance that allows situations to fester or remain unresolved</li> <li>-Does little to inspire or energise others, allowing them to become demotivated or disillusioned especially when facing difficulties</li> <li>-Works to a minimum level of acceptability rather than stretching for higher standards. Accepts mediocrity rather than striving for excellence</li> </ul>



# Innovation

Continuous improvement through empowerment of our people

Effective Behaviours	Ineffective behaviours
<ul style="list-style-type: none"> <li>➔ Recognises and identifies with the wider role that SCAS increasingly plays in supporting integrated patient services</li> <li>➔ Recognises the importance of cost control whilst suggesting where further investment may ultimately provide savings and added value</li> <li>➔ Welcomes and engages with new technology for greater efficiency and enhanced service delivery</li> <li>➔ Actively works with colleagues and partners to find ways to improve the quality and safety of services</li> <li>➔ Keeps own skills up-to-date through training and development. Openly discusses issues with team leaders and clinical mentors</li> </ul>	<ul style="list-style-type: none"> <li>-Sees SCAS purely as an ambulance service. Does not recognise the wider role that it plays through stronger integration of patient services</li> <li>-Uses resources without regard for cost control or does not take opportunities to suggest where investment may add value</li> <li>-Is resistant to new technology or is cynical about the benefits it may offer in terms of efficiency and service delivery</li> <li>-Does not take up or seek out opportunities to work with others to improve the quality and safety of services</li> <li>-Does not commit or protect time for own skills development and training. Does not share issues with team leaders and clinical mentors</li> </ul>



## Team work

Delivering high performance through an inclusive & collaborative approach which values diversity

### Collaboration and Connectivity – enable us to achieve outstanding results

Effective Behaviours	Ineffective behaviours
<ul style="list-style-type: none"> <li>→ Works collaboratively with other teams within SCAS. Takes a 'one team' approach and shows respect and courtesy to all colleagues</li> <li>→ Openly shares information with clinicians, GP's, carers and other professionals in order to provide patients with fully joined up care</li> <li>→ Actively connects to others within the system that are involved in patient pathways and care, regardless of level or specialism</li> <li>→ Supports the flow of constructive communication and support between teams</li> <li>→ Willingly spends time with their counterparts in other teams and functions in order to share information, ideas and experience</li> </ul>	<ul style="list-style-type: none"> <li>- Rarely collaborates with other teams across the service and allows barriers to form between them</li> <li>- Does not actively offer or share information with other medical, clinical or support professionals and so allows patient care to be fragmented</li> <li>- Avoids or is ineffective at connecting to others within the system that are involved in patient pathways and care</li> <li>- Acts as a blocker or distorter of effective communication and support between teams.</li> <li>- Takes an insular view of their role in SCAS, missing opportunities to share information, ideas and experience with their counterparts</li> </ul>

### High performing teams - are at the heart of all we deliver

Effective Behaviours	Ineffective behaviours
<ul style="list-style-type: none"> <li>→ Is trusted within their team to respect confidentiality and offer support when needed</li> <li>→ Is a strong team-player and openly shares credit and responsibility with the team for both successes and any issues that arise</li> <li>→ Works towards high standards and goals for their team that are stretching but achievable</li> <li>→ Works well in multi-disciplinary teams that bring together a breadth of experience and perspectives. Values and respects diversity</li> <li>→ Is sensitive to team relationships and dynamics, whilst being prepared to speak up and challenge when necessary</li> </ul>	<ul style="list-style-type: none"> <li>- Loses the trust of others by failing to respect confidentiality or offer support when needed</li> <li>- Works in isolation from others and is reluctant to share credit for success with others within the team.</li> <li>- Rejects or does not take full ownership of their team's standards and goals when these are stretching or difficult to achieve</li> <li>- Prefers to work in teams that have only a limited range of experience and perspectives. Does not show respect for diversity</li> <li>- Engages in internal politics or disrespectful behaviour and disrupts or derails effective team performance</li> </ul>