

Aneurin Bevan University Health Board

Volunteering Aneurin Bevan

Volunteer Framework



This document is available in Welsh and English. It is also available in accessible formats on request.

N.B. Staff should be discouraged from printing this document. This is to avoid the risk of out of date printed versions of the document. The Intranet should be referred to for the current version of the document.

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Introduction

"Volunteering is recognised by the Welsh Government and the Third Sector Partnership Council as a 'good thing' for Wales, to be supported and promoted. It has benefits for the individual, for organisations and movements in which they are involved, and for communities more widely." Welsh Government Volunteering Framework Supporting Communities, Changing Lives, August 2015.

Aneurin Bevan University Health Board recognises the important and valuable contribution made by volunteers who give freely of their time to enhance the services provided by paid staff, with the aim of improving the experience for patients, their families, and carers. The Health Board is committed to ensuring that volunteers are treated consistently and with respect throughout the organisation, in order to ensure that the volunteering experience is positive.

The Health Board recognises the value that volunteering may have for those that are considering career options and therefore support the ethos and process of 'Volunteer to Career'. Where feasible, volunteers will be able to apply to the Resource Bank and as part of that will be able to apply for internal posts. Volunteers will also be supported in accessing information and advice from appropriate staff in relation to their career choices.

The Health Board considers the safety of patients and service users to be absolutely paramount and expects that the standard of care and conduct of volunteers to be of the same high quality as that of paid staff, embedded within the Health Board Values and Behaviours Framework.

The Volunteer Framework will take account of all relevant aspects of the Health and Care Standards (2015) with particular reference to the importance of delivering person centred care and standards:

- 1.1 Health Promotion Protection and Improvement, as volunteers make a significant impact on reducing isolation and loneliness and reconnecting people with communities
- 4.1 Dignified Care, as volunteer role profiles are designed specifically to meet the needs of those people who may have unmet needs
- 7.1 workforce, as volunteers are trained and supported in order that their roles directly impact patients

Purpose of the Framework

The purpose of this Framework is to provide a governance focussed and structured process that enables volunteers to be engaged safely and

effectively by Aneurin Bevan University Health Board (ABUHB). This will ensure:

- The volunteer can access the experience most beneficial to them, using their skills and experience to benefit others
- The volunteer is recruited, trained, and supported appropriately
- That all staff in ABUHB can be fully involved in the engagement of volunteers

A structured Framework will support ABUHB in embedding a model of engagement that provides a range of opportunities for people within our communities to volunteer. The Framework intends to improve the wellbeing of people, whether they are receiving healthcare, working in healthcare or volunteering with us by enhancing:

- A sense of purpose and wellbeing for the volunteer
- A positive experience for those people receiving volunteer input, including patients within acute and community hospital settings, residents in care homes and people living in their own home
- Staff confidence in supporting volunteers as part of the team
- Public confidence in knowing that volunteers are trained and skilled to undertake their role

This Framework will act as a point of reference for staff, volunteers, potential volunteers and interested partners.

Definition of a Volunteer

The Welsh Council for Voluntary Action Cymru, provides the following definition:

“Volunteering is an important expression of citizenship and an essential component of democracy. It is the commitment of time and energy for the benefit of society and community and can take many forms. It is undertaken freely and by choice, without concern for financial gain.”

The ethos of volunteering also supports:

- The Wellbeing of Future Generations Act (Wales) 2015
- Care Aims Framework
- The Equality Act 2010
- A Healthier Wales 2019
- The Welsh Language (Wales) Measure 2011
- The Health and Social Care (Quality and Engagement) (Wales) Act 2020 (including the Duty of Candour)

- Health and Care Standards (Wales) 2015

Volunteers will be fully aware of their role when engaged with ABUHB. Employed staff will have a clear understanding of the nature, boundaries, and limits of volunteer involvement. The role of the volunteer is complementary, not supplementary to the role of paid staff. Volunteers will not undertake the work of paid members of staff, nor will they cover vacant posts. Volunteers will not be employed in times of industrial action to do the work of paid staff but may continue with their regular, complementary role.

The engagement of volunteers will always seek to match the volunteers' skills, talents, and interests with those of the people they are supporting.

Volunteer Role Profiles

Volunteers engaged by ABUHB are able to undertake a number of roles both within the organisation and across the community. These roles include those listed below, but volunteer role profiles are constantly being developed. Role profiles can be found at on the ABUHB Intranet pages [Aneurin Bevan University Health Board | Volunteering \(wales.nhs.uk\)](#) and www.ffrindimi.co.uk

- Adverse Weather Driver
- Chaplaincy Volunteer
- Community Volunteer
- Connector Volunteer
- Covid Vaccination Centre Volunteer
- Dementia Companion
- Digital Buddy Volunteer
- End of Life Companion
- Expert by Experience Volunteer
- Fundraiser Volunteer
- Hear in your Community Volunteer
- Hospital Volunteer
- Hospital Welcomer
- Navigator Volunteer
- Patient Survey Volunteer
- Therapy Dog Volunteer Service
- Telephone Volunteer

- Woodshed Volunteer (Mental Health and Learning Disabilities)

All role profiles identify:

- The experience and skills required
- The recruitment process and level of Disclosure and Barring Service (DBS) required
- Training requirements
- Key activities and duties to be provided by volunteers
- Duties and activities not to be performed by volunteers.

All role profiles are discussed and agreed with the Trade Union Partnership Forum (TUPF) before publishing. Volunteers should only be engaged in accordance with a role profile and therefore advice must be sought from the Person Centred Care Team (PCCT) regarding the development of new volunteering schemes or the introduction of new volunteer roles. The PCCT will support the service area in undertaking an assessment of potential benefits and risks (including financial impact), ensuring robust governance, management and supervision processes are in place ahead of engaging volunteers.

Partnerships and Voluntary Organisations

The Health Board embraces the opportunity for partnership working to both develop new and support existing volunteer programmes. A partnership agreement will be drawn up between the Voluntary Organisation's nominated Senior Manager and the Health Board's Person-Centred Care Team, which will contain a formal written commitment to the principles contained in this Framework. The Partnership Agreement will be signed by the Chief Executives (or their nominated representative) of each partner organisation. A template for the Service Level Agreements can be found in Appendix 3

Accountability and Responsibility

Overall responsibility for volunteering within the Health Board rests with the Executive Director of Nursing, as delegated by the Chief Executive.

The PCCT are responsible for the operational recruitment and core training of volunteers engaged within ABUHB. Please see the Standard Operating Procedure Algorithm for Volunteer Processes, Appendix 2.

The PCCT will work closely with divisions, working in partnership, to support with informal interview and selection of volunteers.

The nurse in charge of the ward or person in charge of the department will take responsibility for all volunteering within their area. Volunteers should become a part of the team they are engaged in and be supported in their role by ward or department staff. This ensures that the volunteers feel valued, their performance is supervised, and their role becomes embedded in the structure of the department. If at any time the volunteers do not receive the support and or respect that they are entitled to, they may choose to leave or may be allocated to another area.

A few of the volunteer roles will include supporting people within the community. This may include people who live in in their own homes, independent living schemes and care homes. To ensure the safety and safeguarding of both volunteers and clients risk assessments will be performed. This will include an environmental risk assessment to ensure the building and surroundings are suitable for a volunteer to visit and a risk assessment of the client themselves to ensure that they are suitable for a volunteer to visit in view of lone working.

Clear guidelines are provided in the Core Volunteer Training and Information Booklet, a copy of which will be provided to all volunteers. Each volunteer will have access to a volunteer lead within the PCCT.

It is the responsibility of the PCCT to ensure that all volunteers engage with the appropriate Risk Assessments:

- Covid 19 Workforce Risk Assessment
- Covid 19 return to work in the roadmap out of lockdown
- Young Person's Ward Risk Assessment
- Community Visit Environmental Risk Assessment
- Community Visit Client Risk Assessment

It is the responsibility of the PCCT to provide Lateral Flow Test (LFT) kits to all front facing volunteers with appropriate guidance (when necessary).

It is the responsibility of all front facing volunteers to ensure they comply with infection control guidance and the LFT process while engaged as an active volunteer

Insurance

Volunteers engaged with ABUHB will be indemnified as long as discharging legitimate Health Board activities, as directed by the Health Board.

The Health Board accepts liability for the results of all volunteer activity carried out in good faith within the scope of this Framework and accordance with agreed role profiles in which they are engaged.

Where volunteers, in the course of their authorised voluntary activity, suffer loss or damage, the Health Board will act towards them as it would towards paid staff. Concerns in this regard should be directed to the Person-Centred Care Team in the first instance.

Voluntary organisations who manage volunteer schemes in partnership with the Health Board are responsible for providing appropriate insurance cover for their own volunteers.

Equality, Diversity and Inclusion

The Health Board's commitment to equality and inclusion applies to all Health Board volunteers and will be explained to volunteers as part of their training and induction.

The Health Board encourages involvement by volunteers from all sections of the community and will not discriminate against any volunteers in the selection procedure or in the application of any reasonable adjustments required to enable volunteers to undertake their duties.

Volunteering in the Health Board can commence from the age of 16. The engagement of volunteers will be undertaken in accordance with the Health Board's Recruitment and Selection Framework, and takes account of Equality and Diversity considerations, the Welsh Language Standards and the requirements of the Human Rights Act and protected characteristics of the Equality Act (2010).

If a volunteer declares that they have a disability, even if they are already engaged in volunteering activity, a risk assessment will be carried out to identify specific needs. This will support a discussion between the volunteer and the Volunteer Lead to identify any reasonable adjustments that need to be made to ensure equality of opportunity.

Welsh Language Standards

The Welsh Language (Wales) Measure 2011 created the procedure for placing duties on organisations in the form of Welsh Language Standards (“the Standards”). The Standards are a series of statutory requirements that apply to the Health Board. They clearly set out our responsibilities to provide high quality, equitable bilingual services to patients and the public. Under the Standards we should not treat the Welsh language any less favourably than the English language. Furthermore, one of the seven Well-being goals of the *Well-being of Future Generations (Wales) Act 2015* requires us to think more about the long-term aim of creating a Wales of vibrant culture and thriving Welsh language. With this in mind, the valuable contribution made by volunteers who give freely of their time to enhance the services provided by paid staff, can play a key role in improving the experience for Welsh speaking patients, their families and carers.

Volunteers are routinely briefed on issues around bilingualism and signposted to resources for guidance and learning and receive mandatory Welsh Language training upon induction.

Welsh speaking volunteers are encouraged to inform the Health Board of their linguistic skills and allocated 'Working Welsh' merchandise to make their status as a Welsh speaker/learner visible to patients, their families and carers, and Health Board staff.

Training, Supervision and Support

Volunteers have a right to receive relevant training, supervision, and support to enable them to carry out their duties safely and effectively. It is the responsibility of the volunteer to participate in training relevant to their volunteering role.

Core Mandatory training as detailed in the role profile will be provided or facilitated through the Person-Centred Care Team, which includes:

- Equality and Diversity
- Safeguarding
- Safe Working
- Confidentiality
- Infection Control
- Communication

- Welsh Language Awareness
- Dementia Friends

Mandatory and any specific training must be completed before a volunteer commences their active role. Additional training is provided for specific roles in accordance with the role profile.

Any opportunities for additional training that may enhance the volunteer experience will be offered to volunteers but there is no mandatory aspect to this.

Local induction will be provided by the Department Lead and supported by the PCCT if required. Personal Protective Equipment (PPE) training must be given at the point of induction.

Expenses

The Health Board will ensure that there is a clear, consistent, and accessible system for claiming out-of-pocket expenses and that all volunteers are aware of the procedure.

Travelling expenses should be paid to volunteers at the rate approved by the HMRC. Current guidance will be included in the Core Volunteer training Information Booklet.

All volunteer commissioning contracts, Service Level Agreement (SLA) and Memorandum of Understanding (MOU) should include how their volunteer expenses will be paid.

General Data Protection Regulations

In compliance with the General Data Protection Regulations, at all stages of the volunteer engagement process only information essential to the engagement decision will be obtained. Such information will be stored securely and in no circumstances released to a third party without the consent of the volunteer unless the Health Board is legally obliged to do so. Further information on how the Health Board collects, stores and uses personal information can be found on the Health Board's Privacy Notices which can be found on the Health Board's internet and intranet pages.

Asset forms relating to the storage of confidential information will be completed and sent to the Information Governance Department.

Records Management and Storage

All engagement documentation pertaining to individuals who are not successful in becoming volunteers for the Health Board will be retained for a period of one year in order that any complaints can be properly handled.

All engagement documentation pertaining to individuals who are successful in becoming volunteers for the Health Board will be retained electronically in a secure folder.

In accordance with the Disclosure & Barring Service (DBS) code of practice, DBS documentation will be stored securely in the volunteer electronic file.

Implementation

This Framework will be monitored and reviewed 3 yearly by the PCCT. The PCCT will support service areas in its implementation.

This Framework will be communicated to staff via the Intranet and supported by the PCCT.

For further information contact the PCCT Ffrindimi.abb@wales.nhs.uk

This Framework has undergone an equality impact assessment screening process using the toolkit designed by the NHS Centre Equality & Human Rights. Details of the screening process for this Framework are available from the Framework owner.

Appendices

Appendix 1: Processes for Engagement of Volunteers

Appendix 2: Standard Operating Procedure Algorithm for Volunteer Process

Appendix 3: Addendum to Training, Supervision and Support

Appendix 1: Processes for Engagement of Volunteers

1. Engagement

Identified staff in the relevant area and PCCT are responsible for the engagement of volunteers.

All information for engaging volunteers can be found in the Volunteer Framework. Advice may also be sought from the PCCT (ABB.ffrindimi@wales.nhs.uk).

1.1 Advertising

Staff must liaise with the PCCT team regarding the advertising of any volunteer roles. Some roles may be advertised externally via third parties such as Gwent Association of Voluntary Organisations (GAVO) and Torfaen Voluntary Alliance (TVA) and via the Aneurin Bevan University Health Board Communication Team where they can advertise via Twitter and Facebook links.

1.2 Role Profile

The PCCT and Service/Department Leads are responsible for drawing up a role profile which clearly defines the activities that can be performed by volunteers and any activities not to be undertaken. This should include the desirable personal attributes required to match the right person to the role. All new role profiles must be discussed with the Trade Union Partnership Forum (TUPF) before final adoption.

The PCCT must always be informed of the development of new volunteering roles or schemes. Contact the PCCT for the full list of all available volunteer role profiles.

All volunteers will have their responsibilities clearly explained and will return a signed copy of the role profile. This will be retained on the volunteer's engagement file.

1.3 Volunteer Hours

Most people volunteer for one or two sessions per week; an average session being two to four hours but may vary as agreed between the volunteer and the service area. A volunteer will be encouraged to work in a specific area on a regular basis rather than travelling between departments or wards.

Staff in the area will ensure that all volunteers under their supervision are able to manage the hours they have committed to and will agree commitment on

an individual basis taking into account the wellbeing and wishes of the volunteer and the needs of the department, clients or patients.

Therapy dog volunteers should restrict visits to one hour, for the welfare of the dog, in line with Pets as Therapy and Therapy Dog Volunteers Nationwide guidance. If wished, the owner may pause the visit after an hour and resume after resting the dog.

2.0 Recruitment Process

All volunteers must complete the full recruitment process (as detailed below), Core Training, Dementia Friends Awareness; any additional training required for the role, be provided with an identity badge, and have an induction with the appropriate volunteer lead before commencing their active role.

Contact the PCCT for all necessary forms, role profiles and information regarding training. See **Appendix 2** for the Volunteer Process Algorithm.

2.1 Interviews

As part of the recruitment process it will be necessary to hold an informal interview prior to engagement. The interviewer must be satisfied that the volunteer possesses the appropriate personal qualities for a volunteering role within the Health Board and is prepared to operate according to the volunteering governance (as per Volunteer Framework) and Health Boards Values and Behaviour Framework. The PCCT will support the interview process where requested.

2.2 Identity and Signature Check

The identity and signature of the candidate must be verified at interview. For detailed guidance about pre-engagement document checks please contact the PCCT. A photocopy of the document verifying identification must be placed on the volunteer's engagement file.

2.3 Immigration Status

Enquiries should be made at interview in respect of the immigration status of all candidates and relevant documents viewed and photocopied. It is not possible to obtain work permits for volunteers. Any voluntary role must not begin until the immigration status of the candidate has been confirmed as satisfactory. Contact the PCCT for a detailed guidance about pre-engagement checks.

2.4 Claiming Benefits

If a volunteer is unemployed and claiming benefits, they must notify the Department of Work and Pensions that they are undertaking volunteering duties. The Volunteer must contact the Job Centre Plus and Department of Work and Pensions for up-to-date advice before starting voluntary activity, as indicated on the ABUHB volunteer Application form.

2.5 References

Volunteers are required to provide two-character references, satisfactory to the Health Board. If possible one of these should be from a previous employer or volunteer supervisor. Voluntary activity must not begin until two satisfactory references have been received.

2.6 Disclosure and Barring Service (DBS)

The Health Board fully complies with the DBS code of practice. For further information about DBS disclosures please refer to the DBS website (www.homeoffice.gov.uk/dbs). All volunteer roles will be assessed to determine whether or not a DBS check is required and if so at what level. If the role requires a DBS check the volunteer will not be able to commence their role until clearance is received.

The minimum age at which someone can be asked to apply for a DBS check is 16 years old.

Under the Rehabilitation of Offenders Act (1974) Exception Order, volunteers are required to declare all previous criminal convictions. This information will be confidential and will not necessarily prejudice the volunteer being accepted; however, the information is important for the purposes of engagement.

A criminal record will not necessarily bar an applicant from becoming a volunteer within the Health Board. This will depend on the nature, circumstances, and background to the offence, when the offence took place and the age of the applicant at the time the offence was committed.

2.7 Occupational Health Clearance

A placement must not put the volunteer's or patients' health at risk. Volunteers will be required to complete an Occupational Health Questionnaire and may be required to undertake health screening procedures as defined by the Occupational Health Department. The volunteer will not be able to commence their role until Occupational Health clearance is received.

2.8 Young volunteers

The minimum age for volunteering within the Health Board is 16 years of age. However, department managers may decide that certain voluntary roles are unsuitable for volunteers under the age of 17 or 18. There is no upper age limit.

For the sake of clarity, 'young volunteers' in this Framework refers to people 16 - 18.

There is an enhanced duty of care when involving young volunteers. An individual risk assessment will enable a proper judgement to be made on whether placing a young person in a voluntary role would put them or the people they work with at risk. The following basic principles should be adhered to:

- Young people under the age of 18 will need a parent/guardian's consent to do voluntary activity.
- Young people will be supported by staff in the relevant areas for their role.
- Induction, training, and supervision may have to be amended or increased for young volunteers.

2.9 Confidentiality

All volunteers will receive confidentiality training and must be given a confidentiality agreement to read and sign.

2.10 Expectations

All volunteers will be given a statement of expectations form to read and sign at the recruitment stage.

2.11 Volunteer Agreement

When all relevant checks have been completed and forms signed, the PCCT will complete and send a volunteer agreement to the applicant with information about commencing the volunteer role.

3.0 Driving

Volunteers using motor vehicles in connection with their placement must ensure that they have the appropriate insurance cover, current MOT certificate

and a valid driver's license for the vehicle that they will be using in order to claim travel expenses.

To ensure volunteers are covered for insurance, it is essential that their insurance company is aware that they intend to drive within their volunteer role and this is reflected on their certificate. The volunteer must ask for volunteering activity to be included in their 'leisure use' premium and there shouldn't be any extra costs associated (although administration charges may be incurred).

The PCCT must carry out annual checks of licence and insurance cover.

4.0 Induction and Training

Designated leads in the service area will be responsible for ensuring that a suitable induction takes place within the area before the volunteering activity begins. The responsibility for providing Core Training is with the PCCT. Additional training, including mandatory updates rests with the designated leads in the service areas and is based on the relevance to their volunteering activity.

5.0 Identification Badges

Volunteers will be issued with an identification badge after their identity has been confirmed (see 2.2). Volunteers will not commence their placement until an identification badge has been issued.

6.0 Introductory Period

Volunteer placements will be for an agreed introductory period initially (up to 3 months). The placement will then be reviewed with the volunteer and staff/client concerned to ensure that all parties are happy to continue with the arrangement. If either party is not happy, alternative options will be discussed.

7.0 Management and Supervision

Although overall governance of volunteer services sit with the PCCT, the day-to-day management of volunteers engaged by the Health Board is the responsibility of the ward, unit or department where the volunteer is placed. Volunteers will be informed of whom to approach for support and have regular access to that person.

7.1 Partnership Organisations

Where volunteer schemes operate in partnership with voluntary organisations, specific formal arrangements for the management and supervision of volunteers will be drawn up and agreed as part of the Partnership Agreement.

7.2 Regular Supervision and Support

Opportunities will be available for volunteers to discuss their role, contribution and/or any problems or issues that may arise. The frequency, duration and format of this support and supervision will be discussed with the volunteer. Feedback for volunteers is important together with acknowledgement of their contribution.

7.3 Ending a Volunteer Agreement

The Health Board reserves the right to ask volunteers to discontinue their engagement and will provide reasons in writing upon request.

The Health Board recognises that volunteers can suspend or cease their involvement at any time.

Volunteers who decide to leave should be encouraged to provide feedback to the service about their experience.

Volunteers are required to return their identification badge, uniform and any access codes or keys (where appropriate) at the end of their volunteer placement.

Where appropriate service leads will inform relevant departments that a volunteer has ceased their activity.

8.0 Recognition of Volunteers

The Health Board wants all volunteers to feel valued and respected both as individuals and in their roles. Service leads and department managers are responsible for making sure the work of volunteers is recognised and appreciated, both informally and formally. This may include making announcements on the intranet and on social media such as Twitter and/or nominating volunteers for awards and attendance at volunteer recognition events.

9.0 Volunteer Uniform

Wherever appropriate volunteer schemes should provide a designated uniform for their volunteers, which all volunteers are encouraged to wear. This ensures

that patients, staff, and visitors can easily identify volunteers and that appropriate infection control are adhered to.

10.0 Volunteer Absence

All sickness and holidays should be reported to the Service Lead. Volunteers taking long term sickness may need to be referred to the Occupational Health Department before returning to their role.

11.0 Raising of Concerns

If a volunteer has concerns about the treatment of a patient, member of staff or any other individual they must raise this immediately with the Service Lead or an appropriate member of staff. Concerns about the welfare of a child or adult, who may, for example be a visitor or relative, should be raised in the same way.

12.0 Disputes/Disagreements

Every effort will be made to settle any dispute fairly and amicably.

If a volunteer encounters a difficulty with any aspect of the volunteering activity, they are encouraged to talk to their Volunteer Lead as soon as possible for advice and support. There is no formal contract between the Health Board and the volunteer however, it is important that the Health Board is able to maintain agreed standards of service to its patients and service users. It is also important that volunteers enjoy making a contribution to the service.

If a volunteer is dissatisfied with any aspect of their placement they should:

1. Discuss their dissatisfaction with the appropriate person in charge of the area or to their Volunteer Lead.
2. If that does not resolve the concern, then a meeting can be arranged with the most appropriate person.
3. If that does not resolve the issue it will be escalated to the next level of appropriate management.
4. If after this, it is not possible to resolve the dispute/disagreement, then it may be inappropriate for the volunteer to continue in their role.
5. At all times the volunteer will be freely able to state their concern and have a friend, relative or volunteer colleague to accompany them to any meeting they may attend.

13.0 Conduct and Safety Issues

Aneurin Bevan University Health Board reserves the right to end a volunteer engagement if it is deemed to be unsuitable. Reasons could include continued ill health, unreliability, breach of confidentiality, conflict of interest, failure to comply with Framework and procedure or criminal activity.

The Health Board has a duty of care to ensure that volunteers do not continue beyond a point where volunteering may be detrimental to their own or other people's health or safety. If such a situation occurs it may decide that it is appropriate for a volunteer to reduce, amend or cease their volunteer contribution.

If the Health Board has concerns about a volunteer, it may be necessary for them to be asked to refrain from volunteering, without prejudice, while further enquiries are made. The following steps will be taken:

1. A meeting will be arranged, as soon as practicably possible, where the Volunteer Lead will explain the concerns to them.
2. If that does not resolve the concerns, then a meeting will be arranged with the most appropriate person.
3. If that does not resolve the issue it will be escalated to the next level of appropriate management.
4. If after this, it is not possible to resolve the concerns, then it may be inappropriate for the volunteer to continue in their role.
5. At all times, the volunteer will be freely able to state their case and have a friend, relative or volunteer colleague to accompany them to any meeting they may attend.

In cases of serious misconduct, the volunteer's engagement with the Health Board will be stopped immediately. Advice from other departments may be sought.

Complaints from the public about volunteers should be investigated in accordance with the Health Board's Putting Things Right Framework.

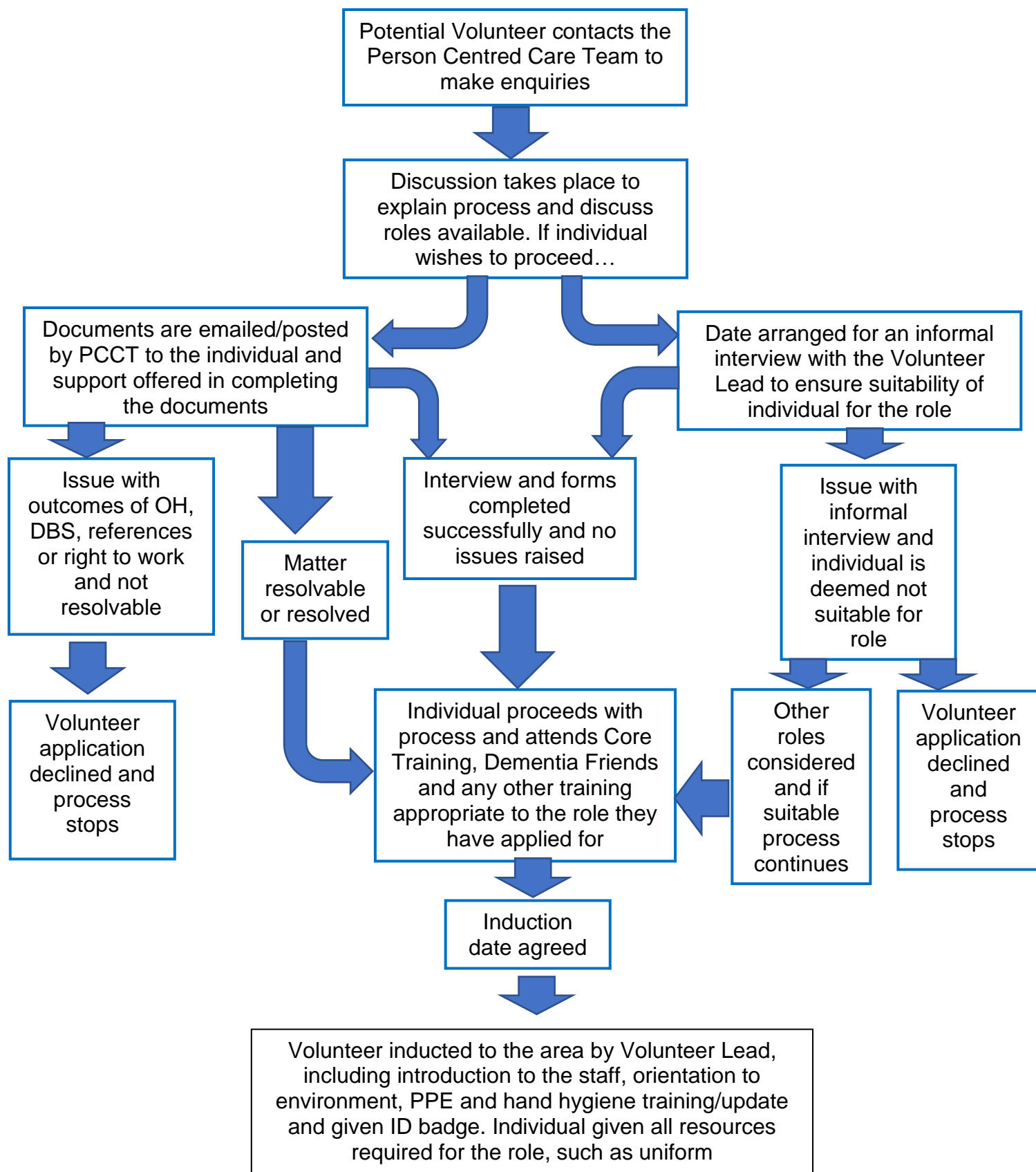
14.0 Expenses

Volunteer Leads are responsible for ensuring that individual volunteer schemes reimburse expenses where appropriate and for ensuring that their volunteers are aware of the procedure.

Expenditure for out of pocket expenses, such as travel expenses, incurred by volunteers will be borne by the relevant Division. Other costs may include protective clothing and uniforms. Appropriate budgets for all expenses relating to volunteering must be identified and confirmed before a volunteer scheme commences.

Reimbursement of expenses must be authorised by the Volunteer Lead or relevant senior manager and can only be reimbursed upon production of receipts (where identified) and confirmation of attendance on dates specified.

Appendix 2: Standard Operating Procedure Algorithm for Volunteer Process



Appendix 3: Addendum to Training, Supervision and Support

Aneurin Bevan University Health Board welcomes applications for volunteer roles from current members of staff.

Whilst the full volunteer recruitment process needs to be completed for all external applicants, fast track processes have been agreed for current ABUHB staff and NHS Wales staff, which includes Accreditation of Prior Learning to be applied for the elements of mandatory training completed.

It is the responsibility of the relevant Volunteer Manager to ensure that documentary evidence is received and stored on the Volunteer's individual folder before APL can be applied.

Any outstanding elements will need to be addressed through the Core Volunteer Training programme.

There is no change to the requirement for all volunteers to attend the Dementia Friends session on a one off basis.