

NURSING & MIDWIFERY

Volunteering Policy

Policy Manager
Tracey Passway

Policy Group
Volunteering Working Group

Policy Established

**Policy Review
Period/Expiry**

September 2025

Last Updated

September 2023

**This policy does / does not apply to Medical/Dental Staff
(delete as appropriate)**

UNCONTROLLED WHEN PRINTED

Version Control

Version Number	Purpose/Change	Author	Date
1.0	Version Control was introduced in July 2011 and the previous versions of this policy, prior to this date, are available in the Electronic Document Store.	Janice Torbet	
2.0	General update	Tracey Passway	Sept 2013
2.1	Minor amendments and inclusion of Guidance: Reimbursement of Out of Pocket Expenses for Volunteers	Tracey Passway	May 2014
3.0	Update	Tracey Passway	September 2015
4.0	Review	Tracey Passway	September 2017
5.0	Review and Update Key changes include: Reflection of Volunteering for All Our National Framework (Scottish Government 2019) Strengthening the content around the Health and Social Care Partnerships role Reinforce the 'health benefits associated with volunteering	Tracey Passway	September 2019
6.0	Review and Update Key Changes include: Recognition and awareness of the National Whistle Blowing Policy for NHS Tayside Whistle Blowing Standards Minor amendments and inclusion of: Safe Volunteering Section and name changes of Third Sector Interfaces	Tracey Passway	September 2021
7.0	Review & Update Key change: To ensure staff are referring volunteers and service users onto third parties they are confident are a registered appropriate charity Clarity of insurance reimbursement for bespoke volunteering roles	Tracey Passway	September 2023

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NHS TAYSIDE POLICY CORPORATE TEMPLATE

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PURPOSE AND SCOPE

The NHS across Tayside recognises the value of volunteering in improving the health and well-being of the people who use its services and, in order to achieve this, is strongly committed to ensuring the necessary support structures are in place. This Policy reflects [Volunteering for All: national framework](#) (Scottish Government, 2019) which requests NHS Boards to put in place action plans and policies, which do the following:

- Provide clarity about what constitutes volunteering in Scotland's NHS.
- Ensure effective leadership in volunteering.
- Plan for continuous improvement in volunteering management.
- Create a positive and consistent environment for volunteering.
- Develop a modern, dynamic and robust infrastructure for volunteering.
- Encourage and support people from diverse communities to become involved in volunteering.
- Measure the impact of volunteering and shared learning.

NHS Tayside is committed to delivering on Volunteering for All – Our National Framework and this policy forms an important part of NHS Tayside's response.

NHS Boards and Health and Social Care Partnerships should:

- Work consistently and collectively to ensure robust systems are in place to support safe, effective and person centred volunteering, engaging with the [Clear Pathway Guidance](#) and Volunteering in NHS Scotland Programme as required.
- Highlight and encourage best practice in relation to the governance and associated management standards required for all volunteers and others who have a role to play within NHS settings, regardless of the source of recruitment.

In line with Scottish Government directives, NHS Tayside will:

- Formally acknowledge, support and value the role of volunteers.
- Set out the principles supporting the involvement of volunteers and provide procedures to ensure good working practice.
- Define the roles, rights and responsibilities of NHS Tayside and its volunteers, and ensure consistency of approach through the integration of health and social care.
- Encourage and enable the involvement of volunteers from diverse communities which reflects NHS Tayside's Equality Schemes and Policies on Diversity.

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The Volunteering Policy and accompanying procedures including Occupational Health (OH) checks, risk assessment, Protecting Vulnerable Groups (PVG) and Disclosure checks are intended primarily to provide assurance for NHS Tayside employees, patients, families and volunteers and apply to directly engaged volunteers.

A commitment to the principles contained within them would also be expected from voluntary organisations whose volunteers engage indirectly with NHS Tayside. However, NHS Tayside respects the independence of these voluntary organisations and recognises that they are responsible for the management of volunteers working on specific projects, e.g. through the use of 'memos of understanding'. It is recognised that other volunteers and voluntary organisations support the provision of health services across Tayside, however NHS Tayside cannot provide assurance about these volunteers and their services and is keen to engage and collaborate actively with the third sector.

STATEMENT OF POLICY

NHS Tayside recognises the importance of volunteers in the work of the NHS in Tayside and the valuable contribution volunteers make to the quality of life of patients, users of services, carers, the organisation and the community.

Volunteering can contribute to raising individual self-esteem and self-confidence as well as to the regeneration of local communities, and to society as a whole, wherever they are volunteering. NHS Tayside will ensure that volunteers are involved and supported in a safe, relevant and appropriate manner.

NHS and social care already benefits enormously from volunteer engagement, be this via those volunteers engaged directly by NHS Boards and Health and Social Care Partnerships or indirectly through those engaged with a third sector organisation. For many who are socially isolated the interaction with a volunteer can be hugely significant – someone who is not paid or under any compulsion to do what they do, rather, they do so because they want to.

Volunteering has ripple effects that not only impacts on recipients of volunteering endeavour, such as patients or service users; it plays a role in “health gain” for volunteers and communities alike. Ensuring frameworks and approaches support volunteering and promote participatory delivery will ensure we recognise the intrinsic value of all forms of contribution as a means of promoting individual and community well-being and social connection.

We know that volunteering matters. We know that volunteering can improve individual physical and mental health and well-being. We know that volunteering strengthens social networks and bonds within and between communities and can help to create experience and connections that lead to better lives.

DEFINITION

What do we mean by Volunteering?

“Volunteering is a choice. A choice to give time or energy, a choice undertaken of one’s own free will and a choice not motivated for financial gain or for a wage or salary”

[Volunteering for All: national framework](#) (Scottish Government 2019)

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RESPONSIBILITIES

NHS Tayside:

- Recognises that it has a strategic role in planning health and social care and that volunteering has a key role to play in meeting those objectives.
- Has worked in partnership with Volunteer Scotland to achieve the Investing in Volunteers award and continue to work to these standards. The award supports a quality experience for volunteers.
- Will work within the principles of the [Volunteering for All: national framework](#) (Scottish Government, 2019).
- Will ensure volunteers receive the same level of protection as staff, and be protected from any risks arising from the activities they undertake as per the Health and Safety at Work Act 1974.
- Receives an annual report and regular update reports on developments within volunteering across NHS Tayside.
- NHS Tayside will ensure “Safe Volunteering” in times of crisis; we will be directed by national guidance in such circumstances which NHS Tayside will consider and agree collectively how to proceed to ensure a consistent approach
- Will work within the principles of the National Whistleblowing Standards (i) and the National Whistleblowing Policy for NHS Scotland (ii) ensuring Volunteers have equitable access to the information and advice: including Boards confidential contact or other confidential contacts within Independent National Whistleblowing Officer (phone 0800 0086112) and support if they raise a concern.

Volunteers are asked to:

- Give a minimum of 6 months commitment to NHS Tayside.
- Be aware of and comply with NHS Tayside policies and procedures, particularly in relation to Confidentiality, Accident Reporting, Health and Safety and Disclosure Scotland checks (where applicable).
- Take care of their own health and safety, and that of others, in the same way as employees do.
- Participate in induction sessions and other core training dependent on the placement area.
- Inform the relevant member of staff if they are charged with or convicted of any offence whilst volunteering with NHS Tayside.
- Undertake their voluntary role without using it to generate business.
- Undertake their voluntary role at agreed times.
- Inform the relevant member of staff if they are unable to attend and if possible in advance.
- Where possible, give reasonable notice if unable to continue volunteering.

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- Raise any issues of concern relating to their voluntary role with their contact person or Volunteer Services Manager/Co-ordinator/National Whistle Blowing Confidential Contact.
- Follow NHS Tayside's "Respect Our Code of Positive Behaviour" (appendix 1)

ORGANISATIONAL ARRANGEMENTS

The Executive Director with responsibility for volunteering in NHS Tayside is the Executive Nurse Director. The Strategic Lead for Volunteering is the Head of Patient Safety, Clinical Governance and Risk Management. This policy will be monitored and approved by the NHS Tayside's Clinical Policy Governance Group and endorsed by NHS Tayside's Care Governance Committee.

The policy will be reviewed in line with NHS Tayside Document Control Policy.

KEY CONTACTS

NHS Tayside Volunteer Service Managers

RELATIONSHIP WITH NHS TAYSIDE STAFF

NHS Tayside is committed to ensuring that:

- Volunteers complement the work of staff and will not be used as a substitute for paid work.
- Staff and volunteers work together, sharing best practice, supporting our services and each other in a beneficial and collaborative way.
- Staff at all levels are clear about the role of volunteers and foster good working relationships with volunteers. "Give Respect - Get Respect" NHS Tayside.
- Training and support is provided for those working alongside and managing volunteers.

FUNDING

NHS Tayside recognises that whilst developing effective volunteering programmes is an investment with significant benefits, there are many associated costs including staff time. NHS Tayside is committed to identifying and covering the costs of involving volunteers, for example: reimbursing volunteers' out of pocket expenses; arranging volunteers' recruitment, selection, training and insurance*; and staff costs, including, where appropriate, designated posts to manage volunteers.

RECRUITMENT AND SELECTION

In line with its Equal Opportunities Policy, NHS Tayside is actively committed to encouraging volunteers from all communities and will not discriminate on the grounds of race or ethnic origin, social or economic class, gender, disability, religion/belief, sexual orientation or age. The presence of a criminal conviction does not automatically preclude an individual from volunteering but may limit/restrict the opportunities NHS Tayside is able to offer. All volunteers will undergo Disclosure

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Scotland checks in accordance with the role applied for. Volunteer recruitment will be carried out by NHS Tayside Volunteer Services.

NHS Tayside:

- Acknowledges the importance of social inclusion and recognises the value that all prospective volunteers have to offer. All reasonable effort will therefore be made to find placements for everyone who offers their time and energy. Where possible, roles will be created/adapted to be inclusive of special requirements such as disabilities. If there is no suitable placement available, the volunteer will be informed of the reasons and referred, where appropriate, to another agency such as the local Third Sector Interface (see page 9).
- Where staff are signposting a volunteer or service user to a third party organisation they should ensure that the third party is a legitimate registered charity.
- Will place volunteers in accordance with appropriate volunteer recruitment and selection procedures. Volunteer placements will be defined by the needs of NHS Tayside and the people that use its services.
- Volunteers will comply with all NHS Tayside policies and procedures including PVG and Disclosure Scotland checks. Where convictions are identified this does not immediately prevent progression to become a volunteer; all applications will be risk assessed on an individual basis.
- Will adhere to General Data Protection Regulation (GDPR) requirements regarding the Volunteer Information System (VIS) and will store and retain individual volunteer records according to NHS Tayside's Record Retention Schedule: all personal records will be retained in line with national guidance.

*refer to Expenses and Insurance section

- Will ensure that any workers who support volunteers will be subject to the same health and disclosure procedures as staff.
- Recognises that volunteering in a health setting is a valuable experience for young people often assisting with future career plans. In line with health and safety and protection of younger people there may be times when volunteers under the age of 18 may require increased support and supervision and this should be done on a case by case basis or risk assessment of the role required.

It is important to think about the type of role specifically being undertaken, and the emotional demands that the role will place upon them. In some areas or for some roles it may be that opportunities are limited by the individual service e.g. palliative care/busy demanding in patient areas. The recruiting manager will be aware of this for their own service areas and will be able to agree appropriate placements and support.

INFORMATION AND TRAINING

Volunteers will receive full information about their area of volunteering and their responsibilities to NHS Tayside. This will include information about procedures for volunteers and their rights and responsibilities and how to access this, including:

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- induction and training in the specific tasks to be undertaken
- ongoing opportunities for learning and development.
- access to whistle blowing and the National Whistle Blowing Policy for NHS Scotland.
- risk assessments for their area and how to manage and mitigate risks. Information is provided on health and safety as part of induction.
- opportunities to contribute to decision-making processes in the area they volunteer
- opportunities to provide feedback. Procedures will be put in place to enable the views of volunteers to be represented.

SUPPORT, SUPERVISION AND REVIEW

Volunteers will be assigned a named contact person for supervision, support and periodic review, and will be given clearly specified lines of accountability.

EXPENSES AND INSURANCE

NHS Tayside will ensure that:

- There is a clear, consistent and accessible system for claiming out-of-pocket expenses. See guidance: Reimbursement of out of pocket expenses for volunteers, Appendix 4.
- Directly engaged volunteers are covered by insurance whilst they carry out their agreed duties both on NHS Tayside's premises and in the community. For some bespoke roles that require personal insurance e.g. therapists/volunteer drivers, when this personal insurance is used for the bespoke volunteering role it will not be reimbursed.
- Volunteers are given information on other legislation and policies, e.g. Health and Safety, No Smoking Policy etc which may affect them and will be treated in the same way as staff for liability purposes.

REFERENCES

Volunteers will have the right to request a reference after a period of 6 months volunteering, from their named contact person.

OTHER SERVICES INVOLVING VOLUNTEERS

Organisations commissioned by NHS Tayside to carry out work, which involves volunteers, should have a volunteering policy, which adopts similar commitments to those outlined in this policy and procedures statement. These organisations should also have appropriate indemnity insurance.

DEVELOPING A RELATIONSHIP WITH THE THIRD SECTOR INTERFACES

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Third Sector Interfaces (TSIs) provide local support and advice to both individuals to volunteer and organisations looking to attract volunteers. The Health and Social Care Partnerships work closely with TSIs and volunteering organisations across Tayside. The TSIs in Tayside are described below.

Dundee

Dundee TSI is a partnership between: [Dundee Social Enterprise Network](#) and [Dundee Volunteer and Voluntary Action](#)

Perth and Kinross

[Third Sector Interface \(Perth and Kinross\)](#) is the TSI in Perth and Kinross. [Perth & Kinross Association of Voluntary Services \(PKAVS\)](#) actively support volunteers across Perth and Kinross as well.

Angus

[Voluntary Action Angus](#) is a single entity TSI which performs the key TSI functions across Angus.

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APPENDIX 1 – RESPECT OUR CODE OF POSITIVE BEHAVIOUR

RESPECT Our Code of Positive Behaviour



These standards are based on the values of NHS Tayside staff. They set out the expectations and responsibilities of all who work for NHS Tayside, describing how we will work together with positive behaviours that will strengthen our culture and working environment and enable us to deliver excellent person-centred care.

Respect.... Our Code of Positive Behaviour

Responsibility

As an employee of NHS Tayside you have a responsibility to.....

- Ensure that care and safety is at the heart of everything we do.
- Take ownership and accept accountability for your own actions.
- Undertake your role to meet the standards of the organisation and continuously develop your knowledge and skills to the defined standards.
- Treat others with dignity and respect at all times.
- Communicate and understand NHS Tayside's goals and how they apply to your Department/Team and each team member's role in achieving them.
- Promote and operate within all NHS Tayside policies, procedures and practices and speak about the organisation in a way which is consistent with our values.

Respect.... Our Code of Positive Behaviour

Equality & Diversity

Equality and diversity is at the heart of NHS Tayside policy and practice. We are all different and we all have something valuable to contribute.

Equality and diversity means.....

- Treating all colleagues with dignity and respect, irrespective of their age, disability, gender reassignment, pregnancy/maternity, race, religion/belief, sex and sexual orientation or personal attributes and characteristics.
- Treating everyone, fairly, equally and with consistency, taking into consideration everyone's personal differences and diversity within our workforce.
- Respecting other people's personal viewpoints, actively listening to and learning from your colleagues and being tolerant and understanding of those who are different from you.

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- Being confident that complaints or challenges you make about inappropriate behaviour and attitudes can be made without fear of victimisation.

reSpect.... Our Code of Positive Behaviour.

Support and Understanding

Being supportive and understanding means.....

- Using your talents and abilities to support and encourage colleagues through training and personal and professional development.
- Being confident to ask for help when you need it and giving support to others when asked.
- Using opportunities for sharing and learning, not for blame or punishment.
- Helping develop an environment which is caring and values everyone's contribution whilst being mindful of the safety and security of others.

resPect.... Our Code of Positive Behaviour.

Positive Feedback

Positive feedback means.....

- Recognising and praising good work of colleagues, including saying THANK YOU for work well done.
- Giving and delivering feedback to colleagues, in a professional manner which is not destructive or undermines their Dignity at Work.
- Being receptive to constructive feedback from colleagues in a positive manner and learning from it.
- Valuing those around you and making sure they know that you value them, irrespective of their role in the organisation.

respEct.... Our Code of Positive Behaviour.

Effective Teams

Being an effective team member and an effective team means...

- Working constructively within teams irrespective of professional boundaries and personalities.
- Recognising the equal value and contribution of every team member.
- Sharing information and learning within your team.
- Trusting, respecting and co-operating with your team as you expect them to trust, respect and co-operate with you.
- Communicating openly and honestly with colleagues and contributing to effective team working.

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- Actively supporting members to contribute their best to the team.
- Responding positively to colleagues in your team who require support to meet team goals.

RespeCt.... Our Code of Positive Behaviour

Communication

Communication is key to our success. Good communication means...

- Communication with others should be open, honest, clear and timely.
- Sharing information appropriately to help colleagues understand and deliver the best services to our patients and public.
- Listening as much as you talk.
- Being open minded and approachable to others.
- Being reasonable and clear in your explanations when you cannot meet expectations.
- Resolving disagreements by providing and seeking explanations in a positive, constructive and timeous way – don't bottle things up until the cork pops!

respect.... Our Code of Positive Behaviour.

Zero Tolerance

None of us should tolerate inappropriate behaviour and should challenge it safely whenever and wherever we come across it. Inappropriate behaviour includes...

- Acting in a manner that is not appropriate for safe and reliable person centred care and health and safety.
- Treating others without respect or dignity.
- Speaking inappropriately or rudely to and/or about others, this includes passing on malicious or hurtful rumours.
- Bullying.
- Violent, aggressive or threatening behaviour.
- Discrimination, victimisation, harassment or prejudice.
- Dishonesty, theft or misuse of property.
- Abuse of NHS Tayside Board policies, procedures, processes and practices.
- Abuse of NHS Tayside Guidelines on the use of social media e.g. Facebook, Twitter.

This document can be made available in Urdu, Chinese, Hindi, Arabic, large print, Braille or audio tape. Information on other languages and formats can be made available on request. Contact NHS Tayside Communications Department on 01382 424138

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APPENDIX 2 – NHS TAYSIDE POLICY APPROVAL CHECKLIST

NHS TAYSIDE – POLICY APPROVAL CHECKLIST

This form must be completed by the Policy Manager and this checklist must be completed and forwarded with the policy to the Executive Team, Clinical Quality Forum or Area Partnership Forum for approval and to the appropriate Committee for adoption.

POLICY AREA: NURSING AND MIDWIFERY
POLICY TITLE: VOLUNTEERING POLICY
POLICY MANAGER: TRACEY PASSWAY

Why has this policy been developed?		The current policy has been updated. Policy is required to ensure national guidance is met.	
Has the policy been developed in accordance with or related to legislation? – Please give details of applicable legislation.		Yes, Clear Pathway guidance and Volunteering for All National Framework (Scottish Govt 2019)	
Who has been involved/consulted in the development of the policy?		Voluntary Services Managers, staff who manage volunteers, volunteer, clinical, clerical staff from NHS Tayside	
Has the policy been Equality Impact Assessed in relation to:-		Has the policy been Equality Impact Assessed not to disadvantage the following groups:-	
Age Disability Gender Reassignment Pregnancy/Maternity Race/Ethnicity Religion/Belief Sex (men and women) Sexual Orientation	Please indicate Yes/No for the following: Yes Yes Yes Yes Yes Yes Yes Yes	People with Mental Health Problems Homeless People People involved in the Criminal Justice System Staff Socio Economic Deprivation Groups Carers Literacy Rural Language/Social Origins	Please indicate Yes/No for the following: Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes
Does the policy contain evidence of the Equality Impact Assessment Process?		Yes	
Has the policy been assessed against the Fairer Scotland Duty?		Yes	
Does the Fairer Scotland Duty apply?		Yes	
Has the policy been impact assessed in relation to the organisations commitment to Sustainability?			
Goods and Services – Introduction or expansion of use of single use products? Travel – increased emissions? Energy – increased emissions? Waste – increased waste? Pharmaceuticals – increased waste pharmaceuticals?		Please indicate Yes/No for the following: No No No No No No	
Please detail mitigations is answered yes to any of the above			
Is there an implementation plan?		No this is not a new policy	

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Which officers are responsible for implementation?	
When will the policy take effect?	Immediate
Who must comply with the policy/strategy?	All staff who manage volunteers
How will they be informed of their responsibilities?	Policy will be highlighted through communication routes
Is any training required?	No
If yes, attach a template	
Are there any cost implications?	No
If yes, please detail costs and note source of funding	
Who is responsible for auditing the implementation of the policy?	Volunteer Service Manager
What is the audit interval?	Quarterly
Who will receive the audit reports?	Volunteer Working Group
When will the policy be reviewed and provide details of policy review period (up to 5 years)	2 years

POLICY MANAGER: Tracey Passway

DATE: 25 August 2023

APPROVAL GROUP/COMMITTEE TO CONFIRM: NHS Tayside's Clinical Policy Governance Group

ASSURANCE REPORTING TO STANDING COMMITTEE: NHS Tayside's Care Governance Committee

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APPENDIX 3 – POLICY IMPACT ASSESSMENT

Part A – Equality Impact Assessment

Section 1 (This is mandatory and should be completed in all cases)

Part A – Overview

Name of Policy, Service Improvement, Redesign or Strategy:

Volunteering Policy

Lead Director or Manager:

Tracey Passway
Volunteer Working Group

What are the main aims of the Policy, Service Improvement, Redesign or Strategy?

In line with Scottish Government directives and Volunteering for All: Our National Framework, the main aims of the Policy is to:

- Formally acknowledge, support and value the role of volunteers.
- Set out the principles supporting the involvement of volunteers and provide procedures to ensure good working practice.
- Define the roles, rights and responsibilities of NHS Tayside and its volunteers, and ensure consistency of approach through the integration of health and social care.
- Encourage and enable the involvement of volunteers from diverse communities which reflects NHS Tayside's Equality Schemes and Policies on Diversity.

Description of the Policy, Service Improvement, Redesign or Strategy – What is it? What does it do? Who does it? And who is it for?

The Policy is intended to support volunteers and staff who work alongside volunteers. NHS Tayside recognises the importance of volunteers in the work of the NHS in Tayside and the valuable contribution volunteers make to the quality of life of patients, users of services, carers, the organisation and the community.

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What are the intended outcomes from the proposed Policy, Service Improvement, Redesign or strategy? – What will happen as a result of it? - Who benefits from it and how?

This Policy is intended to support and safeguard volunteers, staff and patients with regard to volunteering services. It provides a framework for volunteering that indicates NHS Tayside's support for volunteering, and details the positive impact volunteers can make and volunteering has on health.

Name of the group responsible for assessing or considering the equality impact assessment? This should be the Policy Working Group or the Project team for Service Improvement, Redesign or Strategy.

Volunteer Working Group

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Part B – Equality and Diversity Impacts

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
1.1	<p>Will it impact on the whole population? Yes or No.</p> <p>If yes will it have a differential impact on any of the groups or protected characteristics identified in 1.2. If no go to 1.2 to identify which groups or protected characteristics could be affected.</p>	<p>Yes, the Policy will impact on the whole population.</p> <p>Yes it could have a differential impact on some of these groups.</p>	.	

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Which equality group or Protected Characteristics do you think will be affected?

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
1.2	<p>Protected characteristics:</p> <ul style="list-style-type: none"> ○ Race - Minority ethnic population (including refugees, asylum seekers & gypsies / travellers) ○ Sex - Women and men ○ Religion/Belief - People in religious / faith groups ○ Disability - Disabled people ○ Age - Older people, children and young people ○ Sexual Orientation – Is the orientation of persons of the same sex, opposite sex or either sex ○ Gender Reassignment ○ Pregnancy/Maternity <p>Other:</p> <ul style="list-style-type: none"> ○ People with mental health problems ○ Homeless people ○ People involved in criminal justice system ○ Staff ○ Socio- economically deprived groups ○ People with mental health problems ○ Homeless people 	<p>Some of the minority ethnic community will be disadvantaged if for example they are refugees and are unable to provide and meet the requirements of disclosure or PVG.</p> <p>People in the criminal justice system may be disadvantaged because of disclosures on their PVG check.</p> <p>Volunteers who require additional support e.g. do not speak English,</p>	<p>Equalities Act 2010.</p> <p>Note there is a declaration section on application form.</p> <p>There are young people projects</p> <p>There are time implications/VSM resource.</p> <p>Support from OH and health screening form.</p>	

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	<ul style="list-style-type: none"> ○ Socioeconomic deprivation groups ○ Carers ○ Literacy ○ Rural ○ Language / social origins 	<p>have a learning disability or mental health problem.</p> <p>Disabled people may not be able to meet all volunteer duties e.g. wheelchair access within an acute ward environment.</p>		
1.3	<p>Will the development of the policy, strategy or service improvement/redesign lead to</p> <p>Direct or Indirect discrimination Unequal opportunities Poor relations between equality groups, people with a protected characteristic(s) and other groups Other</p>	<p>There is less opportunity for people unable to complete PVGs.</p> <p>There is no consistent advertisement for volunteers e.g. with hard to reach communities.</p>	Equal Opportunity Monitoring	Plan how to engage with people who would not normally volunteer.

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SECTION 2 – Human Rights and Health Impact.

Which Human Rights could be affected in relation to article 2, 3, 5, 6, 8, 9 and 11. (ECHR: European Convention on Human Rights)

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
2.1	On Life (Article 2, ECHR) <ul style="list-style-type: none">○ Basic necessities such as adequate nutrition, and safe drinking water○ Suicide○ Risk to life of / from others○ Duties to protect life from risks by self / others○ End of life questions	None		
2.2	On Freedom from ill-treatment (Article 3, ECHR) <ul style="list-style-type: none">○ Fear, humiliation○ Intense physical or mental suffering or anguish○ Prevention of ill-treatment,○ Investigation of reasonably substantiated allegations of serious ill-treatment○ Dignified living conditions	None		
2.3	On Liberty (Article 5, ECHR) <ul style="list-style-type: none">○ Detention under mental health law○ Review of continued justification of detention○ Informing reasons for detention	None		

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Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
2.4	On a Fair Hearing (Article 6, ECHR) <ul style="list-style-type: none"> Staff disciplinary proceedings Malpractice Right to be heard Procedural fairness Effective participation in proceedings that determine rights such as employment, damages / compensation 	None	National Whistle Blowing Policy for NHS Scotland	
2.5	On Private and family life (Article 8, ECHR) <ul style="list-style-type: none"> Private and Family life Physical and moral integrity (e.g. freedom from non-consensual treatment, harassment or abuse) Personal data, privacy and confidentiality Sexual identity Autonomy and self-determination Relations with family, community Participation in decisions that affect rights Legal capacity in decision making supported participation and decision making, accessible information and communication to support decision making Clean and healthy environment 	The Volunteer Information System (VIS) contains personal data. VIS password protected. Retention Policy for volunteer records. Data protection form part of recruitment pack.	Section added about VIS, data protection and retention Policy to this Policy.	

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Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
2.6	On Freedom of thought, conscience and religion (Article 9, ECHR) <ul style="list-style-type: none"> To express opinions and receive and impart information and ideas without interference 	None		
2.7	On Freedom of assembly and association (Article 11, ECHR) <ul style="list-style-type: none"> Choosing whether to belong to a trade union 	None		
2.8	On Marriage and founding a family <ul style="list-style-type: none"> Capacity Age 	None		
2.9	Protocol 1 (Article 1, 2, 3 ECHR) <ul style="list-style-type: none"> Peaceful enjoyment of possessions 	None		

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SECTION 3 – Health Inequalities Impact

Which health and lifestyle changes will be affected?

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
3.1	<p>What impact will the function, policy/strategy or service change have on lifestyles?</p> <p>For example will the changes affect:</p> <ul style="list-style-type: none"> ○ Diet & nutrition ○ Exercise & physical activity ○ Substance use: tobacco, alcohol or drugs ○ Risk taking behaviours ○ Education & learning or skills ○ Other 	No negative impacts	<p>There is evidence that volunteering improves health of those volunteering.</p> <p>Some volunteers smoke, Policy added to this Policy.</p> <p>The evaluation plan measures the benefit to volunteers of volunteering in terms of increased learning and skills.</p>	
3.2.	<p>Does your function, policy or service change consider the impact on the communities?</p> <p>Things that might be affected include:</p> <ul style="list-style-type: none"> ○ Social status ○ Employment (paid/unpaid) ○ Social/family support ○ Stress ○ Income 	<p>Volunteering is unpaid, out of pocket expenses are paid.</p> <p>The new Welfare Reform Act may impact on volunteering.</p> <p>Volunteering can positively effect employment prospects.</p>	<p>Welfare Reform Act.</p> <p>Volunteer toolkit has expenses policy.</p> <p>National Whistle Blowing Policy for NHS Scotland</p>	

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Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
3.3	<p>Will the function, policy or service change have an impact on the physical environment?</p> <p>For example will there be impacts on:</p> <ul style="list-style-type: none"> Living conditions Working conditions Pollution or climate change Accidental injuries / public safety Transmission of infectious diseases Other 	<p>Increased knowledge of volunteers regarding hand hygiene through volunteer experience.</p> <p>Recruitment of more volunteers does have impact on space and storage e.g. of volunteer belongings.</p>	<p>Volunteer development toolkit.</p> <p>Volunteers part of Concourse redevelopment group at Ninewells which will include identifying dedicated space for volunteers, to include space for holding private conversations.</p>	<p>Source a dedicated space for volunteers at Ninewells Hospital.</p>
3.4	<p>Will the function, policy or service change affect access to and experience of services?</p> <p>For example:</p> <ul style="list-style-type: none"> Healthcare Social services Education Transport Housing 	<p>Volunteer drivers invaluable in ensuring access to services by patients.</p>		
3.5	<p>In relation to the protected characteristics and other groups identified:</p> <ul style="list-style-type: none"> What are the potential 	<p>Positive benefits of volunteering on health of volunteers.</p> <p>Volunteers enhance reputation</p>	<p>Naylor et al. 2013. Volunteering in health and care. Securing a sustainable future. The Kings Fund.</p>	

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Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
	<p>impacts on health?</p> <ul style="list-style-type: none"> Will the function, policy or service change impact on access to health care? If yes - in what way? 	of organisation.		

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SECTION 4 – Financial Decisions Impact

How will it affect the financial decision or proposal?

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
4.1	<p>Is the purpose of the financial decision for service improvement/redesign clearly set out.</p> <p>Has the impact of your financial proposals on equality groups been thoroughly considered before any decisions are arrived at</p>	<p>There is a financial impact of supporting increased numbers of volunteers in terms of disclosure checks, travel expenses, sufficient support, sufficient physical space.</p>		<p>Consider strategic plan for future trajectory regarding recruiting volunteers and cost implications.</p>
4.2	<p>Is there sufficient information to show that “due regard” has been paid to the equality duties in the financial decision making</p> <p>Have you identified methods for mitigating or avoiding any adverse impacts on equality groups</p> <p>Have those likely to be affected by the financial proposal been consulted and involved</p>	<p>Refer to reimbursement of out of pocket expenses for volunteers document (appendix 4)</p>		

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SECTION 5 – Involvement, Engagement and Consultation (IEC)

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
5.	<p>Involvement, Engagement and Consultation (IEC)</p> <ul style="list-style-type: none"> ○ What existing IEC data do we have? ○ Existing IEC sources ○ Original IEC ○ Key learning ○ Have staff Networks been part of the consultation? (where required and not limited to, nor to exclude any other community involvement, engagement and consultation). ○ Do you have lived experiences? <p>What further IEC, if any, do you need to undertake?</p>	Volunteers were involved in initial policy development and general feedback on an ongoing basis.	<p>Volunteer Quarterly meetings</p> <p>Volunteer feedback in their area: Evaluation tool. Exit interviews.</p>	Consider extending ways that we can support volunteers to give feedback.

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Section 6 – Have Potential Negative Impacts been identified?

Item	Considerations of impact	Outcomes Explain the answer and if applicable detail the Impact	Document any Evidence / Research / Data to support the consideration of impact	Further Actions or improvements required
6.	<p>Have any potential negative impacts been identified?</p> <p>If so, what action has been proposed to counteract the negative impacts? (if yes state how) For example:</p> <ul style="list-style-type: none"> ○ Is there any unlawful discrimination? ○ Could any community get an adverse outcome? ○ Could any group be excluded from the benefits of the function / policy? (consider groups outlined in 1.2) ○ Does it reinforce negative stereotypes? (For example, are any of the groups identified in 1.2 being disadvantaged due to perception rather than factual information?) 	Reputational damage of poor experience.	<p>Risk assessments completed to reduce negative impacts e.g. of lone working.</p> <p>National Whistle Blowing Policy for Scotland.</p>	

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Section 7 – Data and Research

7.	<p>Data and Research</p> <p>Is there need to gather further evidence / data?</p> <p>Are there any apparent gaps in knowledge / skills?</p>	<p>Equal Opportunities forms are completed and posted in anonymously.</p> <p>No</p>
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Section 8 – Monitoring Outcomes

8.	<p>Monitoring of Outcome(s)</p> <p>How will the outcome(s) be monitored?</p> <p>Who will monitor?</p> <p>What criteria will you use to measure progress towards the outcome(s)?</p>	<p>Evaluation Plan</p> <p>Volunteer Working Group</p> <p>Report on how volunteers add value</p>
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Section 9 – Recommendation(s)

9.	Recommendation(s) State the conclusion of the Equality Impact Assessment and any recommendation(s)	There are aspects of the Policy to consider further like developing roles for those people that cannot get disclosure, also recruiting volunteers from hard to reach communities. However overall the Policy is inclusive. The recommendations that cannot be immediately actioned from the EQIA will be put into an improvement plan by the VWG.
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Section 10 – Progress to Completion

10.	Completed function/policy Who will sign this off? When?	NHS Tayside's Clinical Policy Governance Group Care Governance Committee. 05 October 2023
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SECTION 11 – Publication

11.	<p>Publication –</p> <p>Where will it be published and who has responsibility to publish it?</p> <p>Please also provide a copy of the approved EQIA following approval from the appropriate committee. Please email a copy to tay.corporateequalities@nhs.scot and a copy will be uploaded to the Equality and Diversity page on Staffnet and on the NHS Tayside Equality and Diversity public Internet page.</p>	On Staffnet
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SECTION 12 – Fairer Scotland Duty Assessment

Each EQIA must have a supporting Fairer Scotland Duty Assessment to declare if the Duty has been applied or not. Please complete either section 12A – ‘Fairer Scotland Duty Assessment not Required Evaluation Tool’ or Section 12B – ‘Fairer Scotland Duty Assessment Applied Evaluation Tool’.

SECTION 12A – Fairer Scotland Duty Assessment Not Required Evaluation Tool

Title of the programme/ proposal/decision	Volunteering Policy
Programme/ proposal/ decision implementation date	Ongoing
Directorate/ Division/ Service/ Team	Patient Safety, Clinical Governance and Risk
Responsible officer for taking decision	
Who else was involved in taking the decision	
Was the decision taken by a partnership?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Rationale for decision	[Delete after completing: Please record why an assessment under the Fairer Scotland Duty is not required and what your justification is for making that decision. This must include confirmation that the programme/proposal/decision concerned does not constitute a strategic decision and/or has no relevance re socio-economic inequalities - see, in particular the examples held in the Defining Inequalities of Outcome section of the guidance.]
Declaration: I confirm that the decision not to carry out a Fairer Scotland Duty assessment has been authorised by: Name and Job Title: Date Authorisation given:	

SECTION 12 B - Fairer Scotland Duty Assessment Applied Evaluation Tool

Section 1 - Planning	Fully Met	Partially Met with Some Areas for Improvement	Not Met	Not Applicable
1. Due regard was paid during the development of the programme/proposal/decision, with a plan developed early to support the Duty assessment.	Yes			
2. The aims and expected outcomes of the programme/proposal/ decision were clearly articulated and confirmed at the planning stage.	Yes			
3. Relevant stakeholders were involved in the planning stage.	Yes			
4. The appropriate officers across the organisation were made aware that the assessment was underway and that it could have affected the final decision being made.	Yes			
Based on your responses to the statements above, please provide evidence/ positive examples.	Discussed at the Volunteer Working Group, reviewed by volunteering staff and volunteers.			
Based on the statements above, where could future Duty assessments be strengthened?	n/a			

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Section 2 - Evidence	Fully Met	Partially Met with Some Areas for Improvement	Not Met	Not Applicable
1. Evidence was reviewed to identify the programme/ proposal/decision's actual or likely impacts on socio-economic disadvantage and key inequalities of outcome.	Yes			
2. Any existing evidence on the effects and effectiveness of the programme/proposal/decision being developed was collated.	Yes			
3. EQIA planning work for this issue was reviewed to identify if sex, race, disability or other protected characteristics intersected with socio-economic characteristics and had to be factored into decision making.	Yes			
4. Where possible, new evidence was collected for areas that were lacking in evidence to support decision making.	Yes			
5. Communities of interest (including those with direct experience of poverty and disadvantage) were engaged with in this process.	Yes			
Based on your responses to the statements above, please provide evidence/ positive examples.	Volunteers were involved in the review			
Based on the statements above, where could future Duty assessments be strengthened?	n/a			

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Section 3 – Assessment and Improvement	Fully Met	Partially Met with Some Areas for Improvement	Not Met	Not Applicable
1. The assessment took place early enough for any impacts identified to inform the strategic decision being made and appropriate action taken.	Yes			
2. The programme/proposal/ decision was assessed to identify how it could be improved so it reduced or further reduced inequalities of outcome, with a particular focus on socio-economic disadvantage.	Yes			
3. Senior decision makers were involved in the assessment.	Yes			
4. Any adjustments to the programme/proposal/ decision took account of how these could further benefit particular communities of interest or of place, who are more at risk of inequalities of outcome associated with socio-economic disadvantage.	Yes			
Based on your responses to the statements above, please provide evidence/ positive examples.	Review by Volunteering Manager has been carried out in consideration with Equality Impact Reports.			
Based on the statements above, where could future Duty assessments be strengthened?	n/a			

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Section 4 – Decision	Fully Met	Partially Met with Some Areas for Improvement	Not Met	Not Applicable
1. As a result of a Duty assessment, any changes required were made to the programme/proposal/ decision.				n/a
2. There is a collective understanding, including at a senior level, of why any changes, if required, were made and what the expected outcomes are.	yes			
3. If no changes were required to the proposal after a Duty assessment, this was clearly understood by all involved in the process.	yes			
Based on your responses to the statements above, please provide evidence/ positive examples.		Under continual review by the Volunteer Working Group		
Based on the statements above, where could future Duty assessments be strengthened?		n/a		

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Section 5 - Publication	Fully Met	Partially Met with Some Areas for Improvement	Not Met	Not Applicable
1. A record of the Duty assessment has been produced, that clearly and accessibly explains the impact of the assessment upon the process.	yes			
2. The Duty assessment has been written up as either an annex to a publication setting out the proposal, or as a Duty assessment document published separately or as a separate section within an EQIA.	yes			
3. The Duty assessment has been signed off by an appropriate officer and published where it can be easily accessed.		yes		
Based on your responses to the statements above, please provide evidence/ positive examples.	Volunteering Policy is available on Staffnet.			
Based on the statements above, where could future Duty assessments be strengthened?	Volunteering Policy to be shared on the Volunteering Website			

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Summary Sheet: Outcome of Equality Impact Assessment	
<p>Positive Impacts (Note the groups affected)</p> <p>Improved health from volunteering</p> <p>Improved employment prospects from volunteering</p>	<p>Negative Impacts (Note the groups affected)</p> <p>Refugees and others unable to meet disclosure requirements</p> <p>Applicants who do not speak English</p> <p>Applicants who are disabled (negative impact only for certain volunteer roles)</p>
<p>What if any additional information and evidence is required?</p>	
<p>From the outcome of the Equality Impact Assessment what are your recommendations? (refer to section 5 - 12)</p> <p>The VWG will produce an improvement plan with regard to the following recommendations from the EQIA:</p> <ol style="list-style-type: none"> 1. Plan how to engage with people who would not normally volunteer. 2. The negative impacts noted above are addressed by directing applicants to alternative support and opportunities 	

This summary sheet can be attached to the relevant committee report instead of the fully completed template, but if requested by the Committee or Board the fully completed Equality Impact Assessment should be made available.

MUST BE COMPLETED IN ALL CASES

Manager's Signature

Date 28 August 2023



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GUIDANCE

Reimbursement of out of pocket expenses for volunteers

Reimbursement of Out of Pocket Expenses for Volunteers Version Control

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Version Number	Purpose/Change	Author	Date
1	Provide clear and consistent advice on the reimbursement of out of pocket expenses for volunteers who are directly managed by NHS Tayside.	NHS Tayside Volunteer Reimbursement of Expenses Group.	January 2014
1.1	BACS updated.	NHS Tayside Volunteer Reimbursement of Expenses Group.	April 2014
1.2	<p>Annex 1 – Expenses claim form has been updated for BACS payments.</p> <p>Annex 4 – Bank details information has been removed following update of BACS payments.</p> <p>Annex 5 – Insurance Letter has been renamed Annex 4 following removal of original Annex 4.</p>	NHS Tayside Volunteer Working Group	October 2021

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Annex 1	Claim Forms
Annex 2	Travel and Subsistence Rates
Annex 3	Flowcharts to determine mileage rates payable
Annex 4	Insurance Letter

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1. Purpose and Scope

The purpose of this policy is to:

- Provide clear and consistent advice on the reimbursement of out of pocket expenses for volunteers who are directly managed by NHS Tayside.

1.1 A volunteer – definition

An NHS volunteer is defined as a “person who gives freely and willingly of their time to help improve the health and wellbeing of patients, carers and users of the NHS in Scotland”. This guidance is intended to provide a consistent basis for the payment of expenses for volunteers who work alongside or are under the supervision of NHS staff as part of a range of managed voluntary services/activities. The guidance also applies to volunteers who participate in patient focus or public involvement activities. This includes individuals who incur expenses as a result of participating in relevant activities to which they have been invited by the NHS Board e.g. workshops, focus groups, committees, working groups. The payment rates quoted in Annex A.2 attached supersede those given in CEL 08 (2009).

2. Statement of Policy

NHS Tayside is committed to investing in volunteers and in delivering a service which involves patients, carers and the public in the redesign and decision making process under its Patient Focus Public Involvement commitments.

The general principles in the payment of travel and other expenses for volunteers are that:

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

Annex A1 provide expenses claim forms for volunteers and patient/public participants.

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3. Responsibilities and arrangements

NHS Tayside managers with responsibilities for volunteers will ensure that volunteers are given guidance to establish a base from which to determine mileage and on reimbursement of expenses incurred as part of the volunteer induction programme.

4. Travel and Subsistence

4.1. Travel Tickets, Bus, Taxi, Car Parking, Toll Charges Etc: Receipts

Volunteers should be encouraged to use public transport to and from their place of volunteering where possible. Reimbursement of the costs of travel tickets, car parking charges, toll charges, bus, underground, ferry or taxi fares (where prior approval for use of a taxi has been given) should also be made. Appropriate receipts, used tickets or ticket stubs should be attached to the claim or an explanation given as to why they are not attached.

4.2 Travel by Private Motor Car, Motor Cycle, Bicycle

4.2.1 Mileage allowances

The mileage allowances for travel by private car, motor cycle and bicycle are shown in Annex A2. There are two levels of car mileage allowances and volunteers should be advised which rate will apply in reimbursement of their travel costs either as part of their induction, or in letters of invitation for particular activities for example patient focus public involvement events. (See Annex A3 for guidance in determining rate payable.)

4.2.1.1 Public Transport (or Commuting) Rate

The 'Public Transport rate which is intended to cover the cost of fuel only and not the motoring costs, is payable where volunteers use their private motor vehicle to commute between their home and the place of volunteering but are not required to use their car for their volunteering business and when suitable public transport is available and appropriate in the circumstances.

4.2.1.2 Standard mileage allowance

The 'standard mileage allowance' which takes motoring costs such as insurance and road tax into account, is payable when volunteers use their private motor vehicle for volunteering business e.g. volunteer drivers; or volunteers who use their own

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cars in direct connection with their volunteering and therefore incur business miles. With effect from 6 April 2011 the mileage rates which accord with the current guidelines from the HM Revenue and Customs, shown in Annex A.2 should be paid to volunteers who :

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

4.2.1.3 Passenger mileage allowance

Annex A.2 also includes a passenger mileage rate payable to volunteers in certain circumstances. Payment of the allowance will apply:

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

4.2.2 Motor Vehicle Insurance

Volunteers involved in managed volunteering activities using their private motor vehicle or a vehicle owned by a spouse or partner on volunteering business must satisfy certain insurance conditions in order to claim the motor mileage allowance. It is the responsibility of volunteers to ensure that their vehicle insurance policy covers the risks set out below. NHS Tayside Staff should verify that volunteers are covered by appropriate vehicle insurance at induction and on an annual basis thereafter.

Motor mileage allowance will be payable only if the insurance conditions are fulfilled. A standard letter for the volunteer to send to their insurance company is attached at Annex A.4.

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

- Bodily injury to or death of third parties;
- Bodily injury to or death of any passenger; and
- Damage to the property of third parties.

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

4.2.3 Volunteers' Liability

It is strictly prohibited for a volunteer to drive any vehicle as part of their volunteering duties within the NHS unless they have a valid driving licence. It is the responsibility of the volunteer to ensure their licence is valid.

4.3 **Subsistence allowances**

4.3.1 Volunteers entitlement to subsistence allowances

Subsistence allowances are designed to cover out of pocket expenses spent mainly on accommodation, meals and other minor personal incidental expenses. This will include reimbursement of expenses incurred by volunteers when they attend training events in connection with their volunteering work. Annex A.2 gives details of the current subsistence rates which NHS Boards are asked to pay where appropriate with effect from 1 April 2009.

4.3.2 Day Subsistence Allowance

Day subsistence allowance up to the amounts shown in Annex A.2 is payable when the volunteer meets the prescribed minimum periods detailed below and has actually incurred an additional out of pocket expense to purchase a meal or meals in the course of their volunteering activity:

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

This is not an automatic payment and relates only to the reimbursement of expenses incurred up to the rates shown in Annex A.2. Volunteers should be asked to provide receipts to verify their claims but it should be recognised that this may not always be possible and staff should consider claims where it is reasonable to expect the volunteer to have incurred expense. No subsistence is payable where the volunteer is provided with meals or meal vouchers by the host NHS Board.

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4.3.3 24 hour Subsistence Allowance

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

4.3.4 Staying With Friends Allowance

If an overnight stay is necessary in the course of the volunteering and the volunteer resides overnight with and in accommodation provided by friends or relatives, irrespective of the circumstances, they can claim the Staying with Friends Allowance. This allowance is a 24 hour rate designed to cover accommodation and all meals in the 24 hour period starting when the journey commenced. Receipts are not required to be produced to support a claim for this allowance. Volunteers are also allowed to claim the personal incidental expenses allowance in addition to this allowance if expenses are incurred.

4.4 **Timescale and Payment methods**

4.4.1 Timescales

Claims should normally be submitted within a month and no later than three months after the volunteering activity to which it relates.

4.4.2 Advances

NHS Tayside will make provision, where it is considered appropriate, for an advance of expenses to individual volunteers to cover anticipated travel and subsistence expenses. These casual advances can, if requested, be paid by Electronic Transfer into the volunteer's bank account. Volunteers should then complete and submit a travel claim form showing the actual expenses and the advance received as soon as possible following the travel.

4.4.3 Cash payments

NHS Tayside may also wish to make provision for payment of expenses in cash where small amounts are involved.

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5. Communication/consumable expenses

On production of receipts volunteers should, where agreed in advance and where the costs are specifically incurred as a requirement of their volunteering activity, be reimbursed the costs of ink cartridges, paper, labels, envelopes, telephone calls and stamps.

6. “Other” Expenses

Volunteers can also claim the “other” expenses detailed in the table below

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

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TRAVEL AND ASSOCIATED EXPENSES - VOLUNTARY DRIVERS/VOLUNTARY WORKERS CLAIM FORM
(Prior to completion of this form please refer to the Guidance Notes overleaf)

PAYMENT METHOD:

BACS

Please provide account no and sort code for payment by BACS transfer

Account No:
Sort Code:

AREA OF ACTIVITY:

CLAIM FOR TRAVEL & EXPENSES PERIOD: FROM

TO

BASE: (as determined by Service Manager):

TRAVEL CLAIM SUMMARY

NAME:

ADDRESS:

Column 1(a) miles @
.....

£

p

Financial Services Only

Column 1(b) miles @
.....

£

p

Amount paid

£

p

Column 2

£

p

Code(s):

Total Amount Claimed

£

p

Claim Checked:

DATE	Details of Journey Including Addresses, Hospitals, Ward etc	Mileage (1)		Expenses(2)	
		(a) Basic mileage	(b) Two passenger s or more	Details of other expenses	Amount Claimed £. p
					Ward/ Department Financial Code

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DATE	Details of Journey Including Addresses, Hospitals, Ward etc	Mileage (1)		Expenses(2)	
		(a) Basic Mileage	(b) Two passenger s or more	Details of other expenses	Amount Claimed £. p

Ward/
Department
Financial Code

Notes

Your full name and home address and area of activity i.e.(Ward Visitor, Perth Royal Infirmary, etc.) should be recorded

1. Details of Journey: If transporting patient show details as follows:

- Client confidentiality requires use of "patient/client" in place of name.
- Home – Patient's Address – Hospital taken to – Home and Return
- Show total return mileage in Col (1).
- If more than 2 passengers in car please enter mileage for this part of the journey Col

1(b)

- If travelling to a Hospital etc. for Voluntary activities show details as follows:
Home – Name of Hospital – Home
- Show total mileage in Col. (1).

Guidance: (a) Where possible the shortest route should be undertaken.

(b) Any expenditure on Bus fares, Parking Fees, Tolls etc. should be shown in Col

(2)

(Specify in Detail Column)

2. Where more than one sheet is required for month's journeys the summary of claim and the claimant's signature need only be completed on Sheet No. 2 or the Final Sheet as the case may be. The mileage total on Sheet 1 should be carried forward to Sheet 2 and so forth.

- All expense Claim Forms should be submitted on a regular basis (within 3 months).
- The Claim Forms should be sent to the Service Manager for authorisation.
- Any blank lines in the 'Details of Journey' should be short-ruled by the claimant before submission for authorisation and payment.

Declaration and Certification

I declare that:

- (a) Any motor vehicle of which I am the registered owner and /or which I am authorised to use is or are insured by me to cover at least Third Party risks, including injury or death of passengers and damage to property,
- I have notified my Insurance Company of my Voluntary Driving duties,
 - There is a current MOT certificate held if the vehicle is greater than 3 years old
 - That I hold a current full UK Driving Licence.

(b) The travelling expenses claimed were carried out in accordance with the information shown in the 'Details of Journey' column.

(c) That claims shown in Col. (2) were actually and necessarily incurred.

Signature.....

Date.....

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DATE	Details of Journey Including Addresses, Hospitals, Ward etc	Mileage (1)	Expenses(2)
------	---	-------------	-------------

I authorise payment of the claim which I have examined in accordance with the approved procedure. **Signature**.....

Date.....

The claim appears to be in order and is consistent with the claimants duties and conditions of service.

Name.....(BLOCK CAPITALS)

Designation.....

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Please read instructions overleaf before completing. (Receipts must be provided)

Personal Details

Name
Address

Details of activity/s

Date	Location	Purpose / name	No of car miles to/from	Type of public transport used
			Total*	

Amount Claimed

a) Travel	Car* miles @ p per mile (*enter grand total of miles from box above)	£
	Name of Passenger/s miles at 5p per mile	£
	Car parks** Total =	£
	Public transport** Total =	£
	**Attach tickets/receipts if possible	
Total		

b) Incidentals

(Please provide details in notes box overleaf)

Total

c) Support allowances

(Please provide details in notes box overleaf)

Total

FINAL TOTAL

I declare that the above expenses have been incurred by me. I further declare no other claim has been or will be made in respect of these expenditures.

Signature

Applicants signature

Date

For official use

Verified by NHS Contact Person

Date

Certified by Authorised Budget Signatory

Date

Financial codes

Travel

Subsistence

Incidental

MF claim checked by

MF claim input by

NHS TAYSIDE

EXPENSES CLAIM FORM - NOTES FOR COMPLETION

Please complete the sections asking for personal details, details of activity, and amounts claimed.

Please note claims should normally be submitted within a month and no later than three months months after activity

Details of activity	The sheet can be used for more than one activity if desired but please only use for one calendar month.
a) Travel costs -	
Car -	please show the number of miles (including return journey). enter the amount e.g. 10 miles @ p = £0.0
Passenger	Show name of passenger/s and number of miles with passenger
Public	Please show method used e.g. **bus and enter cost of ticket
Transport	(**Attach tickets/receipts if possible)
	If a taxi is required and has been authorised, please ask for a receipt and attach
Car parks	Attach tickets if possible

(Please contact if you wish to discuss means of transport)

b) Other expenses

Other expenses may include postage, telephone calls, printer cartridges, meals etc.

All other expenses incurred must be agreed with (insert contact details)

Please detail other expenses below:

--

c) Support Allowances

The reimbursement of support allowances include the following costs:

Costs of providing alternative carer arrangements, Childcare arrangements, Someone to support you to attend activities

Please ensure you have discussed support allowances prior to participating in the activity with (insert named contact)

Please provide details of child(ren) / adults being cared for, number of hours of care and

hourly rate in the box below:

--

Please return completed forms to:

Name

Address

Payment of expenses will normally be made into your bank account if you have completed a BACs form or a cheque will be made payable to you and sent to you at your home address.

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

Subsistence Rates

1. Day Subsistence Allowance	
Volunteering of more than 5 hours but not more than 10 hours where meals are purchased (not payable if meals provided)	£ 4.90
Volunteering of more than 10 hours where meals are purchased (not payable where meals are provided)	£ 10.70
2. 24 hour Subsistence ¹	
Receipted cost of bed and breakfast up to a limit of (Boards may need to apply discretion and reimburse actual cost – this will depend on costs of B&B available)	£ 55.00
plus meals allowance	£ 20.00
plus personal incidental expenses allowance (e.g. telephone calls etc)	£ 5.00
3. Staying With Friends Allowance per night ¹	£ 25.00
4. Personal Incidental Expenses Allowance ¹	£ 5.00
5. Overnight by Train or Boat (per night)	£ 24.10

Motor Mileage Rates

1. Public Transport (or commuting rate)	24p
Motor Vehicle Mileage	45p per mile for the first 10,000 miles and 25p thereafter ²
Passenger Allowance	5p per mile passenger allowance is payable: <ul style="list-style-type: none"> *from 1 April 2012 for the carriage of more than one passenger/patient e.g. volunteer car drivers (<i>this is not per passenger</i>); From 1 April 2011 for each passenger where this relates to the carriage of other volunteers for meetings/training etc
2. Motor Cycle Mileage	24p per mile
3. Bicycle	10p per mile

Public Transport costs - Actual

Other Expenses

¹ Only payable when overnight stay required.

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

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1.	Reimbursement of reasonable receipted childcare expenses (subject to ceiling equivalent to the current hourly childminding rate paid by the local authority) or other carer expenses	Eligibility: all volunteers who incur such expenses in the course of their volunteering work.
2.	Reimbursement of reasonable receipted additional expenses of people with disabilities.	Eligibility: all volunteers with a disability who incur such additional expenses in the course of their volunteering.

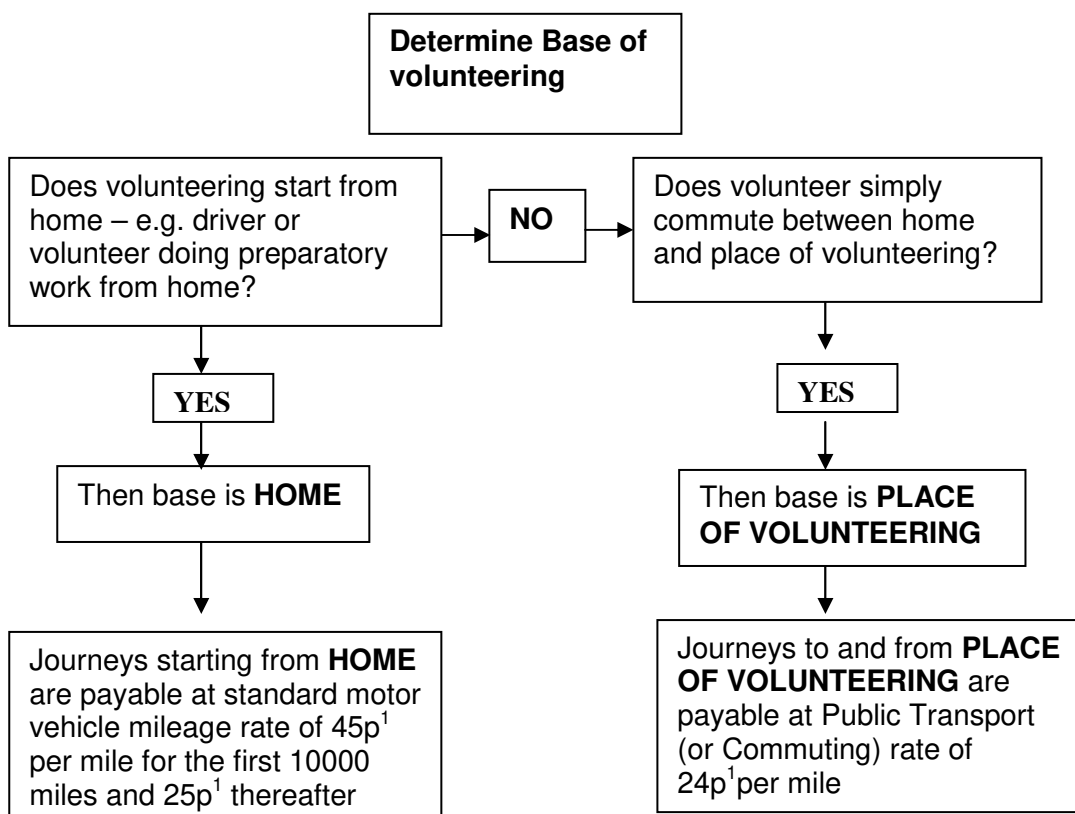
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REIMBURSEMENT OF OUT OF POCKET EXPENSES FOR VOLUNTEERS

MILEAGE AND PASSENGER ALLOWANCES DETERMINING THE BASE OF VOLUNTEERING AND APPLICABLE LEVEL OF ALLOWANCE (para 4.2)

Two levels of mileage allowance apply – Public Transport (or Commuting) rate and Standard Mileage Allowance. The 'base' from which the volunteering commences will determine which level applies. To decide the base and which level of mileage applies, follow the flowchart guidance below. Passenger allowance is payable in two ways – follow flowchart below to determine which applies.

1. VOLUNTEER DRIVER / GENERAL VOLUNTEER



PASSENGER MILEAGE

VOLUNTEER DRIVER

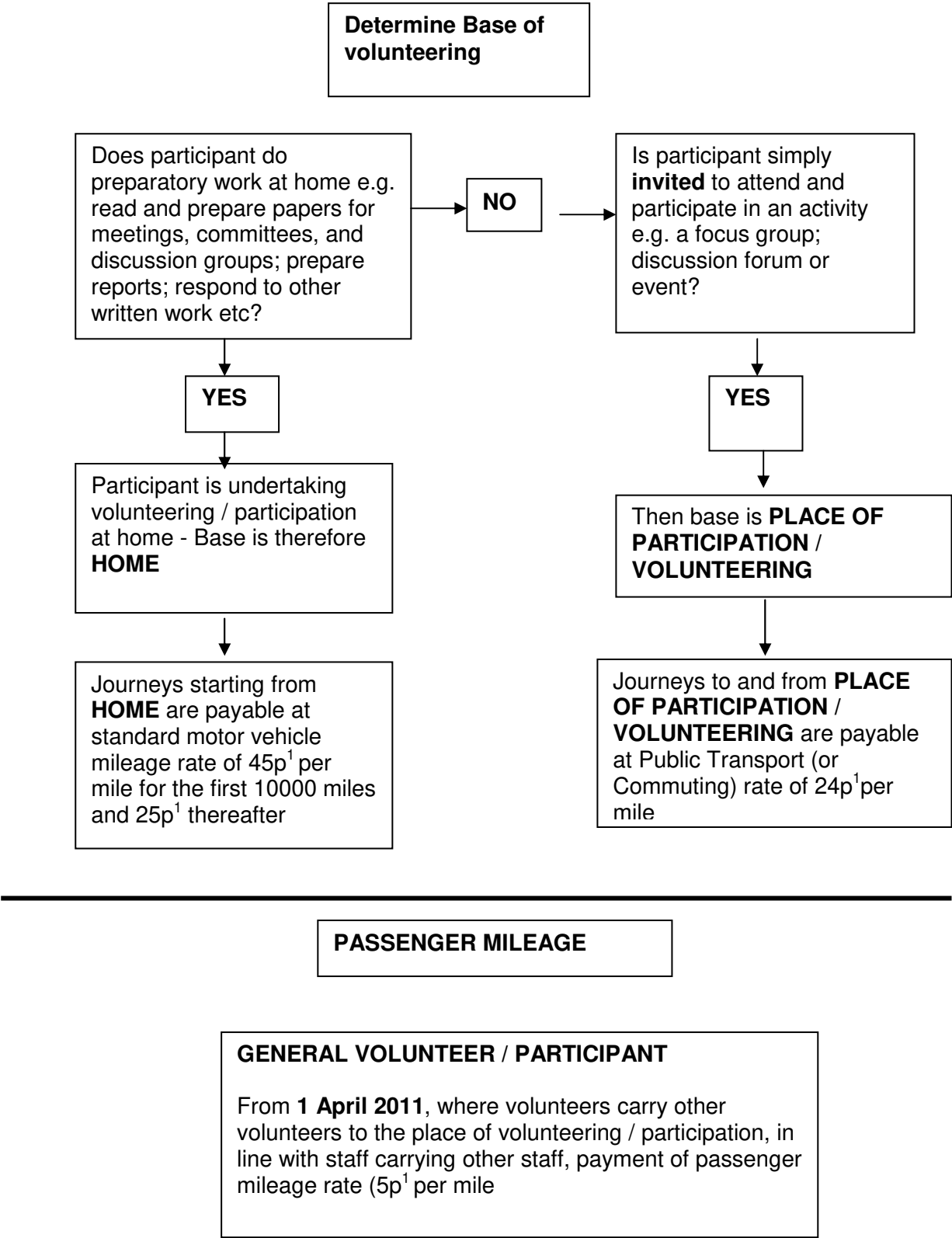
From **1 April 2012**, payment of passenger mileage rate (5p¹ per mile) when driver carries more than one passenger (this is not per passenger)

VOLUNTEER

From **1 April 2011**, where volunteers carry other volunteers to the place of volunteering, in line with staff carrying other staff, payment of passenger mileage rate (5p¹ per mile)

¹ Annex A.2 provides details of Travel and Subsistence rates

2. PARTICIPANT IN
PATIENT FOCUS PUBLIC INVOLVEMENT ACTIVITIES



¹ Annex A.2 provides details of Travel and Subsistence rates

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Name

Address

Date

To (Insurance Company)

Re (Policy Number)

Dear Sir/Madam

I intend to undertake voluntary work for NHS XXX and I will use my vehicle to carry out voluntary duties and may carry passengers as requested. I will receive a mileage allowance for these journeys to contribute to fuel and the running costs of my vehicle. Such expenses will be in accordance with the HM Revenue & Customs tax free rate per mile. I estimate the number of miles driven under this voluntary basis will be XXXX per year.

I should be grateful if you would confirm that my existing policy covers me for such volunteer driving. Please complete the reverse side of this letter and return to me. Please also confirm that my insurance policy contains a clause indemnifying NHS XXX with which I am a volunteer against third party claims arising out of the use of my vehicle for such voluntary work.

Yours faithfully

(Policy Holder)

From (Insurance Company)-----

Re (Policy Number)-----

Policy Holder/ Driver-----

This is to confirm that your policy covers voluntary driving (for which a mileage allowance may be received). This also confirms that the above policy contains a clause indemnifying NHS XXX with which you are a volunteer against third party claims arising from the use of the vehicle on such voluntary work.

Official Stamp

ISSUED BY----- DATE-----

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NHS TAYSIDE - POLICY/STRATEGY APPROVAL CHECKLIST

This checklist must be completed and forwarded with policy to the appropriate forum/committee for approval.

POLICY/STRATEGY AREA: (See Intranet Framework) WORKFORCE

POLICY/STRATEGY TITLE: REIMBURSEMENT OF OUT OF POCKET EXPENSES FOR VOLUNTEERS

LEAD OFFICER: as of the 2019 review of the Policy Tracey Passway (initially Allyson Angus, Public Involvement Manager)

Why has this policy/strategy been developed?		Following guidance of CEL 2009 (8) guidance on the reimbursement of out of pocket expenses for volunteers and in particular that Boards should develop a policy on this.	
Has the policy/strategy been developed in accordance with or related to legislation? – Please give details of applicable legislation.		No	
Has a risk control plan been developed? Who is the owner of the risk?		No	
Who has been involved/consulted in the development of the policy/strategy?		Voluntary service manager, Public Involvement Co-Ordinator and Patient Focus Public Involvement leads, HR Advisor, Finance Accountant; a Volunteer worker and Public Partnership Group member	
Has the policy/strategy been assessed for Equality and Diversity in relation to:-		Has the policy/strategy been assessed For Equality and Diversity not to disadvantage the following groups:-	
Race/Ethnicity Gender Age Religion/Faith Disability Sexual Orientation	Please indicate Yes/No for the following: YES YES YES YES YES YES	Minority Ethnic Communities (includes Gypsy/Travellers, Refugees & Asylum Seekers) Women and Men Religious & Faith Groups Disabled People Children and Young People Lesbian, Gay, Bisexual & Transgender Community	Please indicate Yes/No for the following: YES YES YES YES YES YES YES
Does the policy/strategy contain evidence of the Equality & Diversity Impact Assessment Process?		Yes	
Is there an implementation plan?		Guidance is effective from 1 April 2009	
Which officers are responsible for implementation?		Authorised signatories and Finance Accountant	
When will the policy/strategy take effect?		From 1 April 2009 and reviewed From 1 April 2012	
Who must comply with the policy/strategy?		Officers/Managers responsible for volunteers. Finance Division	
How will they be informed of their responsibilities?		Dissemination of policy guidance	
Is any training required?		No	
If yes, has any been arranged?			
Are there any cost implications?		YES.	
If yes, please detail costs and note source of funding		Policy relates to reimbursement of expenses for volunteers. Rates will increase for some volunteers and reduce for others. Funding will come from existing resources.	
Who is responsible for auditing the implementation of the policy/strategy?		Voluntary Services Managers, PFPI leads and Finance Accountant	
What is the audit interval?		Annually	
Who will receive the audit reports?		Budget holders	
When will the policy/strategy be reviewed and by whom? (please give designation)		Annually by the Volunteer Working Group	

Name: Allyson Angus Public Involvement Manager April 2009

Subsequent reviews and formally last reviewed November 2019 by Tracey Passway

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