



# Volunteer Handbook



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# SECTION 1

## INTRODUCTION/BACKGROUND

## Introduction

We are delighted to welcome you to Engaging Communities (ECS) and would like to thank you for choosing to become a volunteer to support our work. Our volunteers are central to everything we do and we could not do it without you.

This Volunteer Handbook is designed to provide you with information about our organisation, the work that we do and the volunteer roles we offer. It also sets out the roles and responsibilities of the organisation, the ECS Board, staff and volunteers and a summary of our policies and procedures which are there to support and protect you.

This Volunteer Handbook is designed to provide you with information that will help you to undertake the various volunteer roles so please take the time to read it. If you have any suggestions for additions to the Volunteer Handbook or need clarity on any of the information contained in it, then please do let us know.

## Background

ECS is a Community Interest Company (CIC) that brings public engagement, consultation and consumer advice services together to create evidence and insight that can be used to improve services, particularly around health and social care. It is community led and works with local organisations through a mix of staff and volunteers. It is a hub where information is brought together which enables us to see the bigger picture in a way that has not been possible before.

We want everyone to benefit from the best possible health and social care services which will lead to better health and wellbeing. As part of this we see voluntary action as a positive force for social change. Our combined effort will mean all individuals and communities should have a voice which can influence access to and experience of health, social care, wider public services and tackle inequality, discrimination and disadvantage through effective consultation, collaboration, insight and evidence gathering.

We want to encourage people to feel more confident to voice their opinions so that service commissioners and providers can use their resources in the most efficient and effective way possible and find new and innovative ways to secure better quality services.

## Our Mission, Vision and Values

- We want to be the voice of the public for public services across all of the areas we cover
- To support the voice of the community and offer an effective way for people to be involved in the services that provide for their health and social care needs

- To enable better decisions to be made by health and social care organisations based on the experiences and views of people and the collection and analysis of data
- To involve people in ways that are efficient and effective

## Our Charter

- **Confidentiality**  
We will use feedback on an anonymous basis only unless told differently
- **Respect**  
We will treat everyone who contacts us with respect and courtesy
- **Feedback**  
We will let you know what we have done with your feedback and any changes made as a consequence
- **Transparency**  
All reports will be published openly
- **Impact**  
Healthwatch powers will be used to influence how health and social care services are planned and delivered

ECS currently holds the contracts for the delivery of Healthwatch across Halton; Leicester/Leicestershire; Sandwell; Solihull; Staffordshire; Stoke-on-Trent; Warrington; Walsall; and Wolverhampton as well as advocacy services in Halton; Telford & Wrekin; Warrington and Wolverhampton.

## Healthwatch England

There are 152 Local Healthwatch organisations across England and this network is backed by Healthwatch England the national patient champion for health and social care. Backed by legislation, Healthwatch England has significant statutory powers to ensure the voice of the patient is strengthened and heard by those who commission, deliver and regulate health and social care services.

## Healthwatch England Vision, Mission and Values

### Vision

We are working towards a society in which people's health and social care needs are heard, understood and met.

Achieving this vision will mean that:

- People shape health and social care delivery
- People influence the services they receive personally
- People hold services to account

## **Mission**

We are the patient champion for health and social care. We achieve this by:

- Listening hard to people, especially the most vulnerable, to understand their experiences and what matters most to them
- Influencing those who have the power to change services so that they better meet people's needs now and into the future
- Empowering and informing people to get the most from their health and social care services and encouraging other organisations to do the same
- Working with the Healthwatch network to influence service improvement and to empower local people

## **Values**

All of our work is informed by our values:

- **Inclusive**
  - We start with people first
  - We work for children, young people and adults
  - We cover all health and social care services
  - We work for everyone, not just those who shout the loudest
- **Influential**
  - We set the agenda and make change happen
  - We are responsive. We take what we learn and translate it into action
  - We are innovative and creative. We know that we can't fix things by sticking to the status quo
  - We work with the network of local Healthwatch to make an impact both locally and nationally
- **Independent**
  - We are independent and act on behalf of all patients
  - We listen to patients and speak loudly on their behalf
  - We challenge those in power to design and deliver better health and social care services
  - We like to highlight what works well but are not afraid to point out when things have gone wrong
- **Credible**
  - We value knowledge
  - We seek out data and intelligence to challenge assumptions with facts
  - We celebrate and share good practice in health and social care
  - We hold ourselves to the highest standards

- **Collaborative**

- We keep the debate positive and we get things done
- We work in partnership with the public, health and social care sectors and the voluntary and community sector
- We learn from people's experiences and from specialists and experts. We build on what is already known and collaborate in developing and sharing new insights.



## Local Healthwatch

Healthwatch acts as an independent voice of local people, about the quality of health and social care services. It is our job to argue for the patient interest for all those who use health and social care services.

The main responsibilities of all local Healthwatch organisations is summarised below. We refer to these as the 7 Pillars of Healthwatch:

### 1. Gathering views and understanding the experiences of all who use services, their carers and the wider community

Local Healthwatch will:

- Ensure systematic and ongoing engagement with all sections of the local population so that a wide cross-section of views are represented in respect of local health and social care
- Seek the community's views about the current provision of health and social care (including use of high-quality research) and use this to identify the need for changes or additions to services
- Demonstrate an ability to analyse and channel high quality user feedback and public views on services to relevant commissioners so that they can inform the whole commissioning cycle
- Make reports and recommendations about how services could or should be improved

### 2. Making people's views known, including those from excluded and underrepresented communities

Local Healthwatch will:

- Communicate the local community's views to health and social care commissioners in a credible and accessible fashion
- Represent local people's views through membership of the Health and Wellbeing Board

### 3. Promote and enable the involvement of people in the commissioning and provision of local Health and Social Care services and how they are monitored

Local Healthwatch will:

- Give input to new or proposed services
- Use the broad range of stakeholder engagement techniques to maximise opportunities for local people to have their say
- Exercise their Enter and View powers judiciously by working collaboratively with other inspection regimes
- Act as a critical friend to commissioners and providers of services to help bring about improvements

4. Recommend investigation or special review of provider services, either via Healthwatch England, or directly to the Care Quality Commission (CQC)

Local Healthwatch will:

- Continuously evaluate existing health and social care services, making recommendations for special reviews or investigations to the Care Quality Commission through Healthwatch England based on robust local intelligence

5. Providing non-clinical advice, signposting and information to all service users about access to services and support in making informed choices

Local Healthwatch will:

- Influence or provide advice and information (signposting) services to ensure that all sections of the local population have access to good quality impartial advice and advocacy relating to health and social care services available to them
- Establish and maintain a database of existing local networks and support systems

6. Through its annual report, making the views and experiences of people known to Healthwatch England and providing a steer to help it carry out its role as national Volunteer on behalf of the Secretary of State and of Parliament

Local Healthwatch will:

- Ensure local intelligence gathering systems complement those established by Healthwatch England.

# SECTION 2

## WHO'S WHO

## Who's Who

Local Healthwatch contracts as detailed on page 6 are delivered by ECS, a not for profit Community Interest Company (CIC) which was set up to help provide a voice for the public in the delivery of public services and using our expertise and industry knowledge to maximize our impact on engagement with the shared ethos to:

- Always support the voice of the community and to offer an effective way for people to be involved in the services that provide for their health and social care needs.
- Enable better decisions to be made by health and social care organisations based on the experiences and views of the public and the collection and analysis of cross area data.
- Involve people in ways that are both efficient and effective.

## ECS Board

ECS is governed by the ECS Board which holds ultimate accountability for the delivery of its contracts and services. The Board has a wider range of responsibilities including:

- Set and refresh the vision and strategy for ECS
- Overall responsibility for the company, its finances, staff, volunteers, business plan and future development
- Public accountability for the delivery of ECS contracts
- Responsible for performance management of the company
- Championing the voice of the public in the delivery of public services
- Spokespeople for the company, responsible for communications strategies and stakeholder engagement
- Ensures ECS is an exemplar of best practice, promoting the ECS model at a regional and national level.

The ECS Board is led by our Chair, and supported by Non-Executive Directors, whose details can be located on the ECS website.

## Healthwatch Advisory Board

The ECS Board is supported by the Healthwatch Advisory Board (HAB) for each of the Healthwatch contracts it delivers. The remit of the HAB is to support the ECS Board to ensure good governance in delivery of each Healthwatch service and ensure a robust voice in the community.

The specific remit of the Healthwatch Advisory Board is set out below:

- Decide on Healthwatch priorities and Healthwatch activity such as Enter and View programme informed by public feedback and consultation
- Advise the Healthwatch representative to the Health and Wellbeing Board
- Receive reports on community engagement and communications activity, and decide future plans

- Consult on locally based income generation work to ensure there are no unmanageable conflict of interests
- Steer and sign off the production of the Healthwatch Annual Report and any Healthwatch response to consultations
- Represent local Healthwatch in public engagement and strategic level meetings
- Act as spokespeople for Healthwatch agreeing press releases as appropriate
- Follow up on Healthwatch reports to ensure impact.

Current members of the Healthwatch Advisory Board can be located on the Healthwatch website for each area.

The HAB is supported by the ECS Chair who oversees the management of each Healthwatch and the ECS Corporate Services Team provides the secretariat services to each HAB. The Healthwatch websites have dedicated areas for their Healthwatch Advisory Board and volunteers which will include agendas, minutes, action sheets, reports and recommendations as well as opportunities for people to get involved in work groups and projects to support our Healthwatch programme.

The quarterly Healthwatch e-bulletin will feature updates from the Healthwatch Advisory Board and seek input and involvement from our volunteers and wider communities.

To inform the development and decision-making process for each of the Healthwatch priorities, using a variety of mechanisms to gain feedback on health and social care services including paper and on-line surveys, feedback from engagement events, activities and drop-in sessions, telephone calls, themes from advocacy service, feedback centre and interactive voting at Healthwatch Annual Conference. This provides a sound evidence base for the development of our project work. The Healthwatch Advisory Board exercises a governance function and makes sure that Healthwatch adheres to the core principles of confidentiality, respect, feedback, transparency and influence.

## **The Staff Team**

The staff team for each local Healthwatch can be found on the relevant Healthwatch website and gives details of the specific roles, responsibilities and contact details. All our staff work across the full range of ECS services and includes dedicated support for our valued volunteers.

As a team we continue to improve and build our knowledge, skills and expertise and support our staff and volunteers with a range of training and development opportunities.

# SECTION 3

## OUR VOLUNTEERS

## Volunteer Support and Training

As an organisation we are committed to supporting our volunteers and aim to promote, support and develop quality volunteering opportunities. This will involve linking volunteers to high quality opportunities in the wider community. We also want to develop good practice in offering training, development and management opportunities where possible and appropriate. Volunteers bring skills, experience and expertise that complement the skills of our staff.

We want to establish and maintain arrangements that provide satisfying opportunities for volunteers and channels of communication which give volunteers an opportunity to input into decisions which will affect them.

The values which underpin the approach to volunteer support are intended to apply in both group and individual arrangements and are:

- Support is a two-way process designed to support and enable volunteers to meet the needs of their role and develop beyond it. As a two-way process the organisation expects this to be an ongoing two-way dialogue to secure ownership and ensure opportunities for improvement are identified and acted upon.
- That it is a positive process which recognises achievements. It also means that constructive criticism should be provided if necessary.
- A climate of shared learning and understanding should form the basis for meetings and discussions.
- That interactions should ensure that volunteers' health, safety and welfare are protected and managed.

There is an intention to have an annual 'debrief' with individual volunteers to include a review of training courses attended as well as any requirement for additional training to foster their development. The 'debrief' will enable volunteers to feedback their views on the experience of volunteering and for them to raise any issues or areas of concern.

New volunteers will have opportunities to shadow and buddy with more experienced colleagues and support from our dedicated Community Outreach Leads and Engagement and Information Leads.

We believe that providing high quality training is one way that we can show our volunteers how much we value their contributions. These training sessions not only provide new skills and outlooks, but also give them the opportunity to learn more about us as an organisation and to network with staff and other volunteers.

Our current training programme for all volunteers includes:

- Induction Training including Equality and Diversity

For Authorised Representatives

- Enter and View Training
- Safeguarding
- Data Protection

An annual audit of training and development needs will also be undertaken by the Engagement and Information Lead as part of the annual review process. A training and development schedule will then be produced to ensure their training needs are met and they are able to carry out their volunteer role(s) effectively.

The focus for all training and development is that it should be relevant and appropriate to the volunteer's role. Evaluation of all training and development sessions is undertaken on completion to ensure that the volunteer's needs have been met and to inform our continuous improvement and quality assurance mechanisms.

A record of all training and development sessions attended by volunteers is maintained by the Engagement and Information Lead and volunteers are provided with certificates for training and development sessions completed.

Healthwatch will provide references for volunteers if required for other volunteer roles or job applications and offers an exit interview for volunteers who no longer wish to continue their involvement with us.

## **Volunteer Roles**

There are various volunteer roles available across each Healthwatch and these are listed below. However, Healthwatch is committed to support individuals in gaining experience to fulfil their needs now and in the future by adapting the roles to suit individual needs if reasonably practicable.

- **Healthwatch Enter and View Representative**  
This role includes visiting health and social care premises to hear and see how the service user experiences the services. As part of a small team you will collect the views of patients/residents, staff, carers and relatives at the point of service delivery. A report is collated ensuring that all feedback is evidence based.
- **Research and Engagement**  
This role includes engaging with people in your local area and encouraging them to become participants of Healthwatch. To support the staff team at events and local drop-ins by manning display stands and promoting the work of Healthwatch. Be the eyes and ears of the local community and bring to the attention of the staff team issues of concern. Contribute to the quality and improvement initiatives of commissioners and providers including annual quality accounts. To make new contacts in local communities or communities of interest. To collect information about health and social care services using surveys and focus groups.
- **Events and Promotions**  
This role includes promoting the role of Healthwatch, its events and projects to local people and/or people with a common service need/interest. To tell people about Healthwatch and encourage them to be involved. To assist the Healthwatch staff team to distribute promotional materials and information about local services.



- **Administrative Volunteer**  
This role involves supporting the Healthwatch team with the busy office, carrying out tasks including answering the telephone and taking enquiries, filing, photocopying, data entry and research information. This is a wide-ranging administrative role and is very varied.
- **Volunteer Advocate** (Available where the local Healthwatch provides Advocacy Services)  
The role may include attending meetings with clients, taking notes and helping clients write complaint letters. Listening to the concern and issues of clients. Providing information about choices and options. Helping clients prepare for meetings and attend with them to provide support. Making telephone calls and deal with incoming telephone enquiries. Keeping an up to date record of each client's case. Developing effective working relationships with colleagues, professionals and local services.

Volunteers also make up the **Healthwatch Advisory Board (HAB)** as outlined previously.

The recruitment process for all volunteer roles is shown at Appendix 1. Our volunteers are required to provide details of 2 referees for the purpose of taking up references and to undergo a Disclosure and Barring Service (DBS) check for some roles, e.g. Authorised Representatives. The DBS policy can be found at Appendix 2. Some of our volunteer roles are also subject to additional training, details of which are explained to potential volunteers during the recruitment interview stage and have additional policies including the Enter and View Policy at Appendix 3 and Safeguarding Policy at Appendix 4.

Volunteer roles do not have a specified or fixed commitment of time or activity attached to them and volunteers can decline our requests to support activities if they do not wish to undertake them at that time or if they feel they have not received the appropriate training and support to undertake the activity effectively. Volunteers can contact the Engagement and Information Lead who will work with them to identify any additional training and/or support needs to ensure that volunteers feel confident to undertake the role and they will make the appropriate arrangements.

A Volunteer Agreement is produced for each volunteer role which is signed by the volunteer and the Engagement and Information Lead. The Volunteer Agreement is included in the Handbook as Appendix 5. Once the Volunteer Agreement has been completed and signed, the volunteer will be issued with their photo ID badge. All volunteers must be willing to have their photograph taken for the purposes of their ID badge.

## **Equality and Diversity**

ECS is committed to equality and diversity and to offering equality of opportunity to volunteers from different backgrounds. All volunteers are recruited through a fair and equal process and are expected to value and support the principles of equality and diversity in their role with ECS.

This Volunteer Handbook contains a copy of ECS Equality and Diversity Policy which applies to all staff and volunteers. Volunteers are expected to read, agree and apply the policy when undertaking their duties. If volunteers require any of the literature, leaflets, policies etc in another format, contact should be made with the Engagement and Information Lead who will make these available in appropriate formats, where possible. The policy is included at Appendix 6.

## Code of conduct

All volunteers are expected to adhere to the Code of conduct at all times as set out in this Handbook.

When volunteers do not meet the appropriate standards, it is essential to ensure that action is taken which is fair, proportionate and appropriate and the Code of Conduct is set out in Appendix 13.

The standards of behaviour expected from volunteers aims to:

- Ensure the safe and effective operation of local services
- Ensure that volunteers are supported in gaining awareness of their rights and obligations
- Ensure that any standard of conduct action is taken fairly and is consistently applied
- Promote and maintain standards of conduct and commitment to public service values

### 1. Principles

Local Healthwatch are required to reflect the broad range of views and backgrounds of the population and as such all Healthwatch volunteers need to abide by the principles of:

Valuing any contribution an individual can make to local Healthwatch

- Respecting other people's opinions and beliefs
- Treating other people with dignity

And the seven principles of Public Life (Nolan Principles)

- **Selflessness:** Healthwatch volunteers should take decisions solely in terms of the public interest. They should not do so to gain financial or other benefits for themselves, their family or their friends.
- **Integrity:** Healthwatch volunteers should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in performance of Healthwatch duties.
- **Objectivity:** In carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards and benefits, Healthwatch volunteers should make the choice on merit.
- **Accountability:** Healthwatch volunteers are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate.
- **Openness:** Healthwatch volunteers should be as open as possible about all the decisions and actions they take. They should give reasons for their decisions and restrict information only when wider public interest clearly demands it.
- **Honesty:** Healthwatch volunteers have a duty to declare any private interest relating to their participation and take steps to resolve any conflicts arising in a way that protects the public interest.
- **Leadership:** Healthwatch volunteers should promote and support these principles by leadership and example.

## 2. Standards

Local Healthwatch aims to promote a positive and effective environment which reflects the values of Healthwatch and fosters a spirit of teamwork and collaboration. Healthwatch volunteers' behaviour should always be above reproach or criticism.

**All Healthwatch volunteers are required to treat everyone with courtesy and respect at all times in order to establish and maintain effective professional relationships and are bound to:**

- Abide by the ECS Volunteer Handbook and all associated policies and procedures including any subsequent amendments or additions
- **Not** act in any way that explicitly or implicitly discriminates against anyone on the grounds of race, gender, sexual orientation, religion, age or disability
- **Not** act in any way that is bullying, harassing or intimidating
- **Not** act in any way that would bring Healthwatch into disrepute or damage its reputation
- Ensure that the Health and Safety Policy is adhered to and that their actions do not put other people at risk
- Never disclose confidential information
- Be punctual and reliable
- Never speak to, or disclose information to the press without the express authority of the Engaging Communities Board/Healthwatch Advisory Board
- Never claim to represent the views of Healthwatch without authorisation to do so
- Declare any relevant conflict of interest (in line with the Conflict of Interest Policy)
- Not accept gifts from commissioners or providers of health and social care services
- Act in the best interests of Healthwatch when making decisions
- Agree to an enhanced DBS check if acting as an Authorised Representative

## 3. Healthwatch Volunteer Organisations

Healthwatch volunteers who are representing an organisation are bound to:

- **Not** present their personal views as those of their organisation or group
- Collect opinions from within their organisation or group to be fed into appropriate local Healthwatch activities and discussions
- Declare any conflicts of interest as soon as possible

## 4. Conduct at Meetings

All Healthwatch volunteers should conduct themselves appropriately when attending Healthwatch meetings or as a representative of Healthwatch when attending external meetings. All Healthwatch volunteers are expected to:

- Listen attentively and respect others' views
- Not interrupt other speakers
- Use plain language
- Make contributions clear, concise, factual and to the point
- Strive for consensus
- Bring conflict into the open with a view to problem solving - solutions require discussions and teamwork

- Not converse with neighbours whilst others are speaking
- Start from the premise of understanding other people's points of view
- Not dominate discussions
- Provide feedback to Healthwatch when acting as a representative at meetings

Any Healthwatch volunteer failing to abide by the Code of Conduct at meetings may be asked to leave the meeting by the Chair of the group. If any complaint is received about a volunteer's behaviour during a meeting this would be dealt with under the Code of Conduct as set out in Appendix 13.

## **Confidentiality**

Confidential information will not be disclosed, divulged or made accessible where it belongs to or is obtained through ECS or Healthwatch activities. This includes relatives, friends, business associates or others unless there is legitimate need to share the information and where ECS has authorised disclosure. Confidential information shall be used solely for the purpose of performing authorised duties but does not prevent disclosure where required by law. Good judgement and care at all times is needed to avoid unauthorised or improper disclosure.

We will process, store and destroy notes about any individual (employees, volunteers or clients) in accordance with our Data Protection Policy. Conversations in public places should be limited to matters which are not sensitive or confidential and care should be taken to avoid inadvertent disclosure e.g. use of a phone in a large office or leaving confidential papers on view. Volunteers are responsible for maintaining the confidentiality of privileged information to which they are exposed while undertaking their volunteering role(s). This may include information about clients, partners, staff or fellow volunteers, ECS, or the general public. All such information should be treated in confidence and not disclosed outside the organisation. The only exception to this would be if a volunteer is privy to information which leads them to believe there is a real risk to themselves or someone else. In this instance they are advised to share the information with the management of the local Healthwatch or another senior staff member at ECS.

All volunteers are expected to sign a confidentiality agreement and to be aware of data protection requirements. The Data Protection Policy is attached at Appendix 7.

The Volunteer Agreement includes a requirement to confirm that volunteers have read, understood and will comply with the Data Protection Policy.

## **Conflict of Interest**

Any conflict of interest or potential conflict should be declared both in terms of completing the appropriate forms in Appendix 11 and making the appropriate declaration at meetings. This may result in needing to withdraw from the decision-making in order to prevent being seen as biased or perceived to be influenced by their 'interest'.

## **Anti-Bribery Policy**

Any gifts or hospitality received as a consequence of your involvement in Healthwatch should be declared by completing the register held by the ECS Corporate Services Manager, as per Appendix 14.

## Health, Safety and Wellbeing

The health and wellbeing of all ECS staff and volunteers is taken very seriously. Everyone is encouraged to raise any matters of concern so that appropriate action can be taken. The Health and Safety Policy is included in this Handbook at Appendix 12. This is intended to ensure everyone stays safe irrespective of where they are undertaking activities on behalf of ECS/Healthwatch, so volunteers are advised to bear these guidelines in mind at all times. A range of insurances are in place to cover activities that the company provides. A risk assessment has been completed for the existing volunteer roles and this is available at Appendix 8.

Anyone who identifies a need for any sort of risk assessment should advise the Engagement and Information Lead.

ECS takes its duty of care and responsibility very seriously. This means that all reasonable steps will be taken to avoid carelessly causing personal injury or damage to property. Volunteers are expected to have a reasonable understanding of the circumstances they might encounter whilst undertaking their volunteer role(s) and to avoid behaving in an inappropriate way and ensuring that reasonable care should be taken at all times. Eliminating every risk is practically impossible but adequate training is key both to protect individuals and the organisation and any known or potential risks should be brought to the attention of the Engagement and Information Lead so that mitigating action can be taken.

The Engagement and Information Lead will check that there is good understanding about what the task is, what can and cannot be undertaken and that the volunteer is competent if working with any equipment. This will be done at the time of volunteer briefings in respect of their particular roles and the activities being undertaken.

## Disclosure and Barring Service Checks (DBS)

It is a legal requirement for anyone applying to work with children or vulnerable adults to register with the Disclosure and Barring Service (DBS) and includes volunteers. ECS is bound to check that anyone working with these groups of people is registered with the DBS. If this is required it will be clearly stated, and checks will not be made where there is no need. Having a criminal record is not an automatic barrier to volunteering as only relevant convictions will be taken into account.

A DBS check provides information about criminal activity. It helps organisations determine whether someone is suitable to work as a member of staff or volunteer for that organisation. It is one part of a wider volunteer safeguarding process and careful consideration is given to whether a check is necessary or whether other safeguarding measures provide adequate protection. DBS checks are not used simply as a 'just in case' box ticking exercise. Standard checks reveal information relating to spent and unspent convictions, cautions, reprimands and final warnings from the National Police Computer. Enhanced checks reveal the same information as standard checks but also check against information held by local police forces. When specified an enhanced check can be used to ensure it does not conflict with the lists of people who are barred.

The procedure for assessment of DBS checks can be found at Appendix 9 and 9a.

## State Benefits and Allowances

Volunteers may continue to receive benefits and allowances such as job seekers allowance. Allowances will be made to ensure anyone receiving these allowances can attend meetings at their Job Centre Plus office as necessary. There is no specific limit to the number of volunteering hours, but Job Centre staff may wish to be satisfied that they have committed enough time to be actively seeking employment and as a consequence question availability.

Full time voluntary workers who receive subsistence allowances will not generally receive benefits. Further information is available via the weblink below:

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/264508/dwp1023.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/264508/dwp1023.pdf)

## Expenses

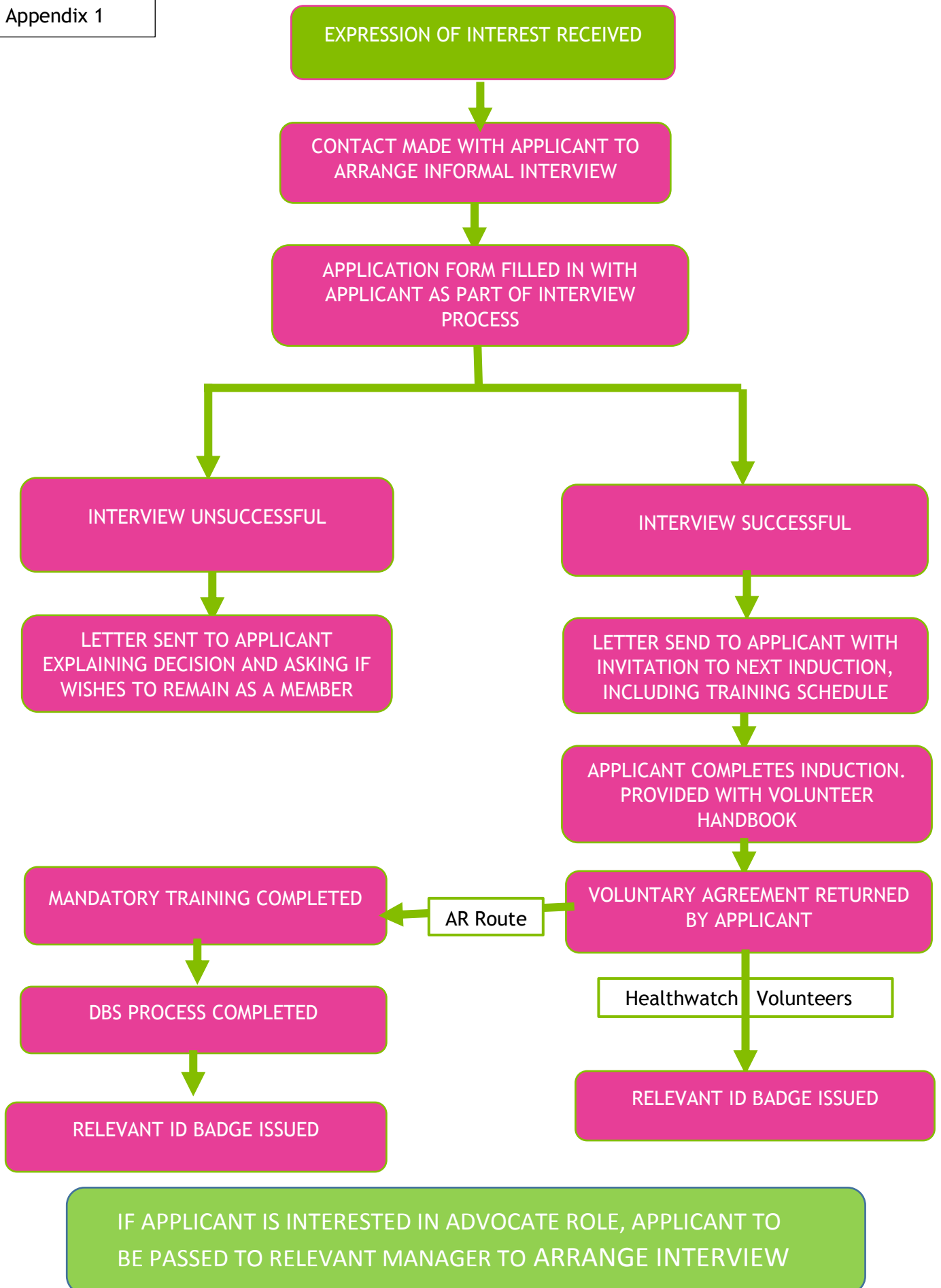
Volunteers are reimbursed for their reasonable out of pocket expenses incurred whilst carrying out authorised activities and duties of their volunteer role(s).

Expense claim forms are available from the Engagement and Information Lead and should be submitted on a monthly basis. However, if required a volunteer can submit a claim shortly after an out of pocket expense has been incurred, this can be forwarded to the Finance Department for processing on the next payrun. An expense claim form should be completed for each month detailing travel and other expenses together with original receipts. Volunteers should provide detailed records of journeys including mileage, time date and purpose of the journey.

If a car is needed to undertake duties volunteers should advise their insurers accordingly (business insurance must be part of the policy). Expenses will not be reimbursed if claims have already been made through another organisation. The cost of fines or penalties incurred whilst on ECS business will not be reimbursed.

The Expenses Policy and expense claim form are available at Appendix 10.

# SECTION 4 APPENDICES





## Disclosure and Barring Service (DBS) Policy

### Introduction

This document is a statement of the Disclosure and Barring Service (DBS), previously known as Criminal Records Bureau (CRB) policy of Engaging Communities (ECS). The policy covers all employees, volunteers and associates for whom a Disclosure and Barring Service (DBS) Check will be required, as appropriate for their role.

### Policy Statement

A DBS check is a document containing information held by the police and government departments, which gives details of a person's criminal record including convictions, cautions, reprimands, final warnings or other non-conviction information.

Disclosures are provided by the DBS, an executive agency of the Home Office. ECS makes use of the DBS service (umbrella organisation) as part of the recruitment process to assess a candidate's suitability for posts involving contact with children and/or vulnerable adults. This Disclosure service may also be used to check existing members of ECS, where this is considered to be relevant and appropriate by the organisation.

### The Rehabilitation of Offenders Act 1974

#### Spent and Unspent Conviction

The Rehabilitation of Offenders Act 1974 was introduced to prevent people being discriminated against in their employment because of an offence committed in their past. For employers, this means that people whose convictions are "spent" should be treated as rehabilitated and as if their conviction had never taken place.

However, there are certain sentences excluded from rehabilitation under Act which are never considered "spent". These are:

- A sentence of life imprisonment
- A sentence of preventive detention
- A sentence of imprisonment, youth custody or corrective training for a term exceeding 30 months

#### Excluded Jobs and Professions

There is also a list of excluded jobs and professions under the Rehabilitation of Offenders Act 1974 which means that for certain types of employment it is lawful to reject a person for employment on the grounds of a spent conviction. When making an application for one of the excluded job categories, job applicants are obliged to disclose all convictions, whether or not they are spent.

The relevant excluded job categories include:

- Medical practitioner, nurse, midwife
- Medical laboratory technician
- Radiographer, occupational therapist, physiotherapist
- Health services personnel
- Posts involving schooling or other dealings with young people/vulnerable adults

### **Declaring Previous Unspent (and Spent) Convictions at the Point of Application for a Post at ECS**

Applicants for all posts at ECS are required to disclose previous unspent and spent convictions. Where an individual has disclosed a conviction in his or her application for a post at ECS or a conviction is revealed through a disclosure, a discussion will take place with the applicant on how under the Rehabilitation of Offenders Act 1974 it is lawful for ECS to reject a person for employment on the grounds of a spent conviction when applying for one of the excluded job categories as shown above.

### **Validity/Expiry of Disclosure Information**

The Disclosure Certificate is valid for the date of issue only, as it represents information available to the DBS on that date only.

As an organisation using the Disclosure & Barring Service to help assess the suitability of applicants for positions of trust, ECS complies fully with the DBS Code of Practice regarding the correct handling, use, storage, retention and disposal of disclosures and disclosure information. It also complies fully with its obligations under the Data Protection Act and other relevant legislation pertaining to the safe handling, use, storage, retention and disposal of Disclosure information.

ECS undertakes to renew DBS checks at least every 3 years.

This document is a statement of the relevant law where appropriate together with the Company's policies on the subject. The Company reserves the right to amend any non-statutory parts of this policy.

This document was current as at 02/10/2019. New Employment legislation and case law means that this document will become out of date and will need reviewing and amending, preferably every 12 months.



# Enter and View Policy

Engaging Communities Staffordshire (ECS)  
Staffordshire University Business Village  
Dyson Way  
Staffordshire Technology Park  
Stafford ST18 0TW



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# 1 Introduction

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## Purpose of this document

- 1.1 This policy describes the arrangements for Healthwatch Authorised Representatives to enter and view premises providing health and adult social care services within Healthwatch provided by ECS for the purpose of observing services, the users' experience of care and service delivery. The Authorised Representatives will observe and assess the nature and quality of services and service delivery, obtain the views of people using those services, validate evidence already collected and gather information from staff, service users and carers and, in some cases, make recommendations about how those standards might be improved.
- 1.2 This document has been adapted from one produced by Healthwatch England, with guidance from the Care Quality Commission's (CQC) legal team.

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## 2 Enter and View Policy

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### 2.1 Role of local Healthwatch

- 2.1.1 There is a local Healthwatch in every area of England. We are the independent champion for people using local health and social care services. We listen to what people like about services and what could be improved and share their views with those with the power to make change happen. We also share them with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services available locally. Our sole purpose is to help make care better for people.

### 2.2 What is Enter and View?

- 2.2.1 An Enter and View visit is an opportunity for Healthwatch to look at how services could improve by listening to the views of the people that use them, within criteria set out in the legislation.
- 2.2.2 There are two pieces of legislation which place a duty on health and social care providers to allow a representative of Healthwatch to carry out Enter and View;
  - The Local Government and Public Involvement in Health Act 2007<sup>i</sup> (this talks about how each local authority must contract a Healthwatch service in its area

to enable people to monitor the standard of local health and social care services and how they could or ought to be improved)

- The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013<sup>ii</sup>.

2.2.3 In 2014 the Department of Health Review carried out a review of the organisations which have powers of entry (including Healthwatch). This review states that there remains a duty on providers of health and social care to allow a representative of local Healthwatch to enter certain premises and observe activities. There are criteria that Healthwatch must meet in order to exercise the power of entry, which include the consent of the provider.

2.2.4 Enter and View is an activity Healthwatch can carry out, but not a statutory function, which means Healthwatch can choose if, when, how and where it is used, depending on their local priorities.

2.2.5 Healthwatch may carry out Enter and View to contribute to activities in their statutory functions.

2.2.6 Enter and View allows Healthwatch to:

- To go into health and social care premises to hear and see how people experience the service.
- To collect the views of people using the service at the point of delivery.
- To collect the views of carers and relatives of people using the service.
- To observe the nature and quality of services.
- To collate evidence-based feedback, based on what people have told them on the day.
- To report to providers, regulators, Local Authority and NHS commissioners and quality assurers, the public, Healthwatch England and any other relevant partners.
- To develop insights and recommendations across multiple visits to inform strategic decision making at local and national levels.

## 2.3 Where can Enter and View be carried out?

2.3.1 The legislation allows Enter and View activity to be undertaken on premises where health and social care is publicly funded and delivered, which covers:

- NHS Trusts
- NHS Foundation Trusts
- Local Authorities
- Primary medical services, such as GPs
- Primary dental services, such as dentists
- Primary Ophthalmic services, such as opticians
- Pharmaceutical services such as community pharmacists

- Premises which have been contracted by Local Authorities or the NHS to provide health or care services, such as adult social care homes and day-care centres.

## **2.4 Health and Social care providers do not have a duty to allow entry if:**

- 2.4.1 The visit compromises either the effective provision of a service or the privacy or dignity of any person.
- 2.4.2 Where the part(s) of premises are used solely as accommodation for employees where health and social care services are not provided at the premises (such as offices) or where they are not being provided at the time of the visit (for example when facilities and premises are closed).
- 2.4.3 If, in the opinion of the provider of the service being visited, the Authorised Representative, in seeking to 'Enter and View' its premises, is not acting reasonably and proportionately.
- 2.4.4 If the Authorised Representative does not provide evidence that he or she is authorised.
- 2.4.5 If the premises where the care is being provided is a person's own home, e.g. privately funded assisted living facilities. This does not mean that an Authorised Representative cannot enter when invited by residents - it just means that there is no duty to allow local Healthwatch to enter.
- 2.4.6 Where the premises are non-communal parts of care homes, e.g. a resident's bedroom. If a resident asks an Authorised Representative to come into their bedroom by invitation perhaps to see some defect like worn out carpet or to speak confidentially, the local Healthwatch needs to agree to this providing they feel comfortable they are operating within their own safeguarding policies and procedures, and the situation has been risk assessed. Visits into non-communal areas e.g. a resident's bedroom in a care home, must not be undertaken unaccompanied and there must be a minimum of 2 people present at all times.
- 2.4.7 If there are no people receiving publicly funded services being provided on the premises.
- 2.4.8 The duty does not apply to the observing of any activities which relate to the provision of social care services to children.

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### 3 Who can carry out Enter and View? Authorised Representatives

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- 3.1 Healthwatch recruits volunteers for Enter and View activities. They must successfully pass a recruitment process and undertake a range of mandatory training modules to become Authorised Representatives. Officers of Healthwatch may also undertake the mandatory training modules to become approved Enter and View representatives.
- 3.2 Only Authorised Representatives and approved officers can conduct a visit and then only for the purpose of carrying out the activities of Healthwatch
- 3.3 All local Healthwatch are required under the legislation to comply with and publish a procedure for making decisions about who may be an Authorised Representative and keeping it up to date<sup>iii</sup>.
- 3.4 All local Healthwatch are required under legislation to provide each Authorised Representative with written evidence of that individual's authorisation, along with a photo ID badge solely for the purpose of Enter and View activities<sup>iv</sup> and listed on the Healthwatch webpage for verification.
- 3.5 All Healthwatch Authorised Representatives are required under the legislation to undergo a check by the disclosure and barring service (DBS) before they can lead or take part in an enter and view visit.



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## 4 Carrying out Enter and View

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### 4.1 Enter and View activity can be authorised in relation to three activity strands:

- To contribute to a wider local Healthwatch programme of work.
- In response to concerns and intelligence.
- At a request of CQC, Commissioner, Provider or Local Authority.

### 4.2 Selecting services/providers for Enter and View activity

- 4.2.1 All services or providers who are considered for Enter and View activity will be considered against the Healthwatch protocol for selecting Enter and View visits.
- 4.2.2 The protocol will be completed by the Lead Enter and View Officer or Lead Advisory Board member for Enter and View. The Healthwatch Manager/Chief Officer will assess the recommendation and give final approval if appropriate.

### 4.3 Criteria for deciding which type of visit to arrange

**Enter and View visits may be announced, semi-announced or unannounced.**

- 4.3.1 An announced visit may be selected where it contributes to a larger ongoing piece of work. It may be where the provider is generally rated as good (for example by the Care Quality Commission) and where Healthwatch would like to observe and record good practice, it can also be where the provider has not been inspected for some time or where on the last CQC inspection or Healthwatch Enter and View there were areas recommended for improvement. Other circumstances may be where the service is not twenty-four hourly in one location, in which case Healthwatch would need to arrange the visit in advance to be able to observe and report.
- 4.3.2 A semi-announced visit may be selected where there may be concerns raised regarding the service or the service has received less than good ratings and observation is required on an “as usual” basis, but where Healthwatch would prefer the service to have an understanding of the Enter and View process.
- 4.3.3 An unannounced visit may be selected where more serious concerns have been raised and Healthwatch does not want to alert the provider that they will be visiting. Unannounced visits will only be considered in response to a concern highlighted by the community, commissioner or CQC; when sufficient and robust

evidence exists, such as reports of dirty premises; following publication of statistics showing high infection rates etc.

## **4.4 Notice given to providers of Enter and View Visits**

### **4.4.1 Announced visits**

- The service provider will be contacted at least 10 working days before a visit is planned.
- It will be explained to the provider/service why it has been chosen for an Enter and View visit as per 4.3 of the Healthwatch policy concerning announced visits.
- The purpose of Enter and View will be explained.
- They will be advised on how the visit will be carried out.
- The provider will be asked to identify any information that would help inform the planning for the visit.
- A mutually convenient date will then be arranged for the visit.
- A confirmation email (or letter in the event of no email address) will be sent at least 5 working days in advance of the planned visit, giving details of the date, time, and length of visit, specific service/premises/areas to be entered and viewed, and the names of the Authorised Representatives attending. An information pack will be attached to the email, containing a copy of the policy, A4 flyers that may be displayed in the service giving an overview of Enter and View and an information sheet setting out what will happen during the visit
- It will identify any practical arrangements e.g. if a disabled parking space or other reasonable adjustments are required to facilitate the visit.

### **4.4.2 Semi-announced visits**

- Semi-announced visits are arranged in a similar way, but with a letter and information pack, containing a copy of the policy and an information sheet, sent electronically (unless no email available) setting out what will happen during the visit sent prior to the visit indicating that the service has been selected for an Enter & View visit giving an indication of the period of time that the visit may take place, but without giving a specific date.
- It can also be arranged, if appropriate, for the service to receive an Enter & View Authorised Representative (AR) visit, where the Enter and View AR may visit the service to advise the service about Enter and View as a follow up to the letter and information that has previously been sent to the provider. For semi-announced visits it is not a requirement to hand over an information pack containing a copy of the policy, A4 flyers that may be displayed in the service

giving an overview of Enter and View and an information sheet setting out what will happen during the visit as the information has previously been sent.

#### 4.4.3 Unannounced visits

**Unannounced visits will not take the place of any other approaches that could produce the information Healthwatch is seeking.**

- The power to Enter and View does allow Healthwatch to make unannounced visits, if they can demonstrate that they are proportionate and reasonable.
- Upon arrival at the service or premises the Lead Authorised Representative must:
  - Explain the purpose for the unannounced visit to the duty manager
  - Hand over a copy of the Healthwatch policy and an information sheet setting out what will happen during the visit
  - Hand over a number of A5 flyers that can be distributed to residents/people using the service giving an overview of Enter and View.

### 4.5 Arriving at the service/provider to commence the Enter and View visit

4.5.1 When the Authorised Representatives arrive at the service/provider they will:

- ask to see the duty manager/owner
- they will confirm they are visiting from Healthwatch
- they will show their Identification Badge and letter of authority
- they will give the duty manager/provider an information pack if the visit is an unannounced one as per 4.4 of the Healthwatch Policy
- they will sign in the visitors book setting out the nature of the visit
- they will ask duty manager/provider to either give them a tour of the communal areas or to assign a member of staff to undertake this

### 4.6 At the end of the Enter and View visit

- 4.6.1 The Authorised Representatives will ask if they may use a private room to have a short conversation about the visit and to finalise their notes.
- 4.6.2 The duty manager/owner will be offered a short resume of any observations and interim conclusions the Authorised Representatives may have though these will only be indicative until the report is sent to the service/provider for comment and response.
- 4.6.3 If the Authorised Representatives have any immediate concerns these will be shared with the duty manager/owner also.

## **4.7 Untoward circumstances arising during a visit**

- 4.7.1 If during the course of a visit an Authorised Representative witnesses (or is informed of) anything illegal or that constitutes a safeguarding concern of either vulnerable adults or children or which jeopardises any other aspect of patient safety or care, he or she must bring this to the notice of the senior manager on duty/owner and the Enter and View Lead/HW Manager/Chief Officer.
- 4.7.2 The Enter and View Lead/HW Manager/Chief Officer may also decide to make a safeguarding referral to the local Safeguarding Adults or Children's Board and report their concerns.
- 4.7.3 If the issue of concern appears to involve the senior manager or the management team or the owner, then he or she should advise the Enter and View lead/Manager/Chief Officer for Healthwatch who will contact the local Safeguarding Adults or Children's Board and report their concerns.
- 4.7.4 If the issue is presenting an immediate current serious risk to health of the person or they are being abused the Authorised Representatives may also call the emergency services: ambulance and or police. Then they will notify the Enter and View lead/HW Manager/Chief Officer who will contact the local Safeguarding Adults or Children's Board and report their concerns.

## **4.8 Escalation of an immediate concern**

- 4.8.1 In the event of an immediate concern as well as acting on any point in 4.7 Healthwatch may also escalate the issue to Healthwatch England or directly to the Care Quality Commission. The commissioners of the service will also be informed as well as the local CCG, Local Authority and acute trust where appropriate.

## **4.9 Documenting the visit**

- 4.9.1 Following every visit, the nominated Authorised Representative will prepare a report outlining their findings and if applicable offer recommendations for change and service improvement.
- 4.9.2 The first draft of the report must be sent to the Healthwatch Enter and View Lead within 15 working days of the visit, or as arranged with the Enter and View Lead, so that assistance can be given with editing and presentation, if necessary.
- 4.9.3 After consulting the Healthwatch Enter and View Lead, the draft report will be forwarded within 5 working days to the service provider with an invitation to highlight any factual inaccuracies and to respond to its comments and any recommendations within 10 working days.
- 4.9.4 In the event the provider provides comments they will be entered at the appropriate place in the report. If a factual inaccuracy is sent the Authorised Representatives who visited will decide whether to accept this and amend the report accordingly. If they don't accept them it must be highlighted to the

Healthwatch Manager/Chief Officer who will advise on how to proceed, most likely citing the provider comments re the factual inaccuracy in the comments section and noting why we do not agree.

- 4.9.5 The provider may also be invited to meet the Authorised Representatives and Enter and View Lead to discuss any recommendations and to explain the action it intends to make to implement them (or reasons why not).
- 4.9.6 If the provider fails to respond to the report after a reminder and no later than 15 working days it will be deemed that the provider has no comment to make.
- 4.9.7 Healthwatch will then produce a final report and this will be sent to:
- The service provider
  - The Local Authority
  - The Care Quality Commission
  - Healthwatch England
  - The final report will also be posted on to the local Healthwatch website

### **Provider refuses access**

- 4.9.8 If the Authorised Representatives are unreasonably denied access, the Enter and View Lead at Healthwatch will arrange to formally meet with the owner/relevant manager or senior responsible officer of the service.
- 4.9.9 If this meeting is not held within two weeks from the date of the visit the failure to co-operate will be escalated and discussed with the relevant commissioner. The local CCG, Acute Trust, Local Authority and Care Quality Commission will be informed as deemed appropriate.

## **4.10 Complaints about Authorised Representatives**

- 4.10.1 If a service provider considers the conduct of an Authorised Representative to be unacceptable it has the right to terminate the visit prematurely (see circumstances in which a visit can be refused or terminated, above).
- 4.10.2 The service provider must substantiate the complaint in writing to the Enter and View lead at Healthwatch within 10 working days so that an investigation can be arranged.
- 4.10.3 If the Enter and View Lead accepts that there has been a breach of the Code of Conduct he/she will ensure that a full investigation is undertaken.
- 4.10.4 The outcome of the investigation will be reported to the service provider who lodged the complaint and to the Healthwatch Manager/Chief Officer in line with the organisations complaints policy. It will be the responsibility of the

Healthwatch Manager/Chief Officer to ensure that appropriate actions are taken with the individual or team concerned.



## References

<sup>i</sup> Local Government and Public Involvement in Health Act 2007 Section 221. Available from:

<http://www.legislation.gov.uk/ukpga/2007/28/section/221>

<sup>ii</sup> The Local Authorities (Public Health Functions and Entry to Premises by Local Healthwatch Representatives) Regulations 2013 Available from: <http://www.legislation.gov.uk/uksi/2013/351/contents/made>

<sup>iii</sup> ECS Healthwatch Authorised Representative Recruitment Procedure. See Appendix 1

<sup>iv</sup> Example of an Engaging Communities Healthwatch Authorised Representative ID badge

