

Patient Experience Team
UHCW NHS Trust
Clifford Bridge Road
Walsgrave
Coventry
CV2 2DX

Dear Sir or Madam

I understand you are interested in becoming a Patient Involvement Volunteer at University Hospitals Coventry and Warwickshire (UHCW) NHS Trust.

UHCW NHS Trust values the involvement of local people as volunteers in activities that enhance the quality of the services we provide for our patients, visitors, carers and staff.

Should you decide to pursue an application (an application form is attached to this letter), your offer of voluntary help will be very much appreciated and you can be assured of a warm welcome into the Patient Involvement Team.

Please find below further information about volunteering for us.

What the Trust looks for in a volunteer

Volunteering at UHCW NHS Trust can offer a great opportunity to give something back to your local community. Volunteering at the hospital should not be viewed as a work or educational placement.

Volunteering is defined as “an activity that involves spending time, unpaid, doing something that aims to benefit the environment or individuals or groups other than, in addition to, close relatives”. (Volunteering England’s “The Compact Code of Good Practice on Volunteering”).

To be a volunteer you need to be able to commit to the role fully and ensure you are the right type of person to volunteer in a hospital environment.

Volunteers need to be:

- Friendly and approachable;
- Caring and good listeners;
- Comfortable approaching people to offer help;
- Able to work independently and use initiative after the initial training period;
- Emotionally mature and able to stay calm in difficult situations;
- Be adaptable;
- Be able to offer a regular weekly or monthly commitment for at least **6** months.
- Attend the Volunteers Induction Programme (the date of which will be given to you at your informal meeting). Please note that the training programme is 9.30am – 2.30pm;



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- Be polite, courteous and respectful to others;
- Know the hospital layout and be a source of information;
- Direct or escort patients or visitors to their appropriate destination;
- Wear the Trust volunteer ID badge appropriately;
- Adhere to the volunteer code of conduct;
- Promote a positive image of the hospital, staff and voluntary services;
- Uphold the values of the Trust.

The Patient Involvement Volunteer: Role Description

Patient Involvement Volunteers may undertake all or some of the following key tasks.

Key Tasks:

- Conducting patient surveys and participation in focus groups;
- Membership of Trust wide forums and Specialty Group forums to provide lay perspective;
- Introducing yourself to the ward or department manager, explaining the purpose of your visit and having a clear sense of the tasks to be undertaken;
- Undertaking observational audits, including environmental, infection control, communication, information and others;
- Attend training where relevant and consistently demonstrate Trust values and behaviours;
- Raise awareness and engage staff with various patient experience-focused campaigns, e.g. #hellomynameis;
- Participation in the 15 Step Challenge;
- Chat with patients on various ward and areas to discuss their experience in hospital, listen to suggestions on food and drink, cleanliness, noise levels and waiting times;
- Report findings from discussions with patients to the appropriate ward or department managers, nurse in charge for that area;
- Occasional report writing (no more than 1 side of A4) on audit and chat findings;
- Take part in mystery food tasting;
- Participation in staff appointment interviews;
- Updating of Patient Information Boards on wards and in departments;
- Collecting and replenishing of patient information (in leaflet carousels) and questionnaires throughout the Trust, and raising awareness of the 'Here to Help' booklets;
- Participate in action planning to address shortfalls identified through Impressions data, complaints, PALS feedback at the Trust and Specialty Group/Specialty Level, or via Patient Experience Triangulation Reports.

Desired Skills, Experience and Commitment

- Previous experience of volunteering with the public is desirable but not essential;
- Communication skills; face to face communication, listening skills, able to communicate effectively at all levels;
- Sensitive, emotionally mature, tactful, friendly, approachable, enthusiastic;
- Respect patient confidentiality and information governance issues;
- Sensitivity to cultural diversity and ethnic backgrounds;

- Treat all patients and visitors equally and with respect;
- Able to maintain privacy, dignity and respect of patients and visitors, as well awareness of patient confidentiality and information governance guidance;
- Able to deal with challenging situations, either planned or unplanned, and report any incidents (including safety incidents) to the appropriate supervisor or teams;
- Reliable and trustworthy;
- The preferred commitment is for Volunteers to be able to commit to a minimum of 2 hours a week for at least 6 months during core hours of 9.00am – 5.00pm, Monday to Friday. However, if these times and days don't suit, this can be amended if required after discussion with the Patient Involvement Team.

Benefits to being a Patient Involvement Volunteer

- Gain skills and experience of working with patients, visitors, clinical staff and the general public;
- Greater understanding and experience of the hospital environment, management structure and specialty groups within a clinical environment;
- Satisfaction of helping to improve patient experience for patients, their family and other visitors;
- Recognition for your contribution and opportunity to attend social events.

Patient Involvement Volunteers will not be required to:

- Provide advice on treatment, care or clinical arrangements;
- Counsel patients or visitors;
- Move or handle patients;
- Perform any other activity which does not fall within the remit of this role.

What UHCW will provide:

- An induction programme to introduce you to the hospital and your department and peers;
- Ongoing support from a named member of the Patient Involvement Team;
- Any additional training which may support your role and enhance your skills;
- Reimbursement of travel expenses for bus tickets or free car parking (when receipts are provided), but we do not reimburse taxis or mileage;
- A written reference upon completion of over 6 months service or more.

If you feel you have what it takes to become a volunteer at UHCW NHS Trust, please complete the enclosed application form, supporting information and equality data collection form and return it to the freepost envelope provided.

What happens next?

On receipt of your application, you will be invited to attend an informal interview lasting about 15/20 minutes.

Your two references (one professional and one character) will be contacted following this informal interview regarding your suitability to become a Patient Involvement Volunteer. Your references should not be from anyone related to you and should be UK based.

Upon receipt of satisfactory references you will be contacted by a member of the Patient Involvement Team to arrange a convenient start date which is likely to be 6-8 weeks from your interview.

In accordance with the NHS Employment Check standards that apply to all applicants for NHS positions and staff in ongoing NHS employment, which includes volunteers, we are required to carry out the following which we may go through with you at interview or, if not, may ask you to return to the Trust to complete at a later date:

- Identity checks;
- Eligibility to work in the UK check;
- Occupational Health Clearance;
- Disclosure and Barring Service (DBS) check – formally known as the Criminal Records Bureau.

The Disclosure and Barring service was formed from the merger of the Criminal Records Bureau (CRM) and the Independent Safeguarding Authority (ISA). If you are a member of the DBS Update Service please inform a member of the Patient Involvement Team as we may be able to carry out a status check on you.

I look forward to meeting you soon. Should you have any queries in the meantime, please do not hesitate to contact the office on 024 76396 5186 / 024 7696 5196 or email patientexperience@uhcw.nhs.uk

Yours sincerely

Julia Flay

Julia Flay
Patient Involvement Manager

Patient Involvement Volunteer Application Form

Please complete this form and return it to:

The Patient Experience Team
Freepost RTLX-HCRL-XHTC
University Hospital
Clifford Bridge Road
Coventry
CV2 2DX

Office Contact No: 024 7696 5186 / 024 7696 5196
Email: patientexperience@uhcw.nhs.uk

Personal Details:

Title:	Address:
Surname:	
First Name (s):	
Date of Birth:	Postcode:
Telephone:	Email:

Emergency Contact Details:

Name:
Relationship to you:
Contact telephone number:

How did you hear about us?

NHS Website Voluntary Action College/University
Volunteer Other Please write:

Are you studying at School, College or University? Yes No

If you answered 'Yes', please list the course you are studying:

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Do you have any previous experience of voluntary work? Yes No

If you answered 'Yes', please give details:

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- | | |
|--|--|
| <input type="checkbox"/> To give something back to the community | <input type="checkbox"/> To help my local hospital |
| <input type="checkbox"/> As a means of meeting new people | <input type="checkbox"/> For a new experience |
| <input type="checkbox"/> I need such experience for educational purposes | <input type="checkbox"/> Other reason |

Referees:

Please give the names and contact details of two referees. These should be people who have known you for at **2 year**. They must not be related to you, e.g. your Brother, Aunt, Sister-in-Law, but should be someone who can tell us about you as a person e.g. your tutor, your neighbours, your current or previous employer:

Referee 1		Referee 2	
Name:		Name:	
Address:		Address:	
Telephone:		Telephone:	
Email:		Email:	
Relationship to Referee:		Relationship to Referee:	

The Trust undertakes to discuss any information revealed in a Disclosure with the person seeking voluntary work before withdrawing a conditional offer from volunteering.

Having a criminal record will not necessarily bar an ex-offender from volunteering with the Trust. This will depend on the nature of the position and the circumstances and background of the offence.

Rehabilitation of Offenders Act 1974

In order to protect the public, the post for which you are applying is exempt from Section 4(2) of the Rehabilitation of Offenders Act, 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exceptions) order 1975. It is not, therefore **IN ANY WAY CONTRARY TO THE ACT** to reveal any information you may have concerning convictions which would otherwise be considered as "spent" in relation to this application. Any such information will be kept in strict confidence, and used only in consideration of your suitability for this post.

Do you have any convictions, cautions, reprimands or final warnings that are not "protected" as defined by the Rehabilitation of Offenders Act 1974 (Exceptions) Order 1975 (as amended in 2013) by SI 2013 1198?

Do you have any convictions, cautions, reprimands or final warnings which would not be filtered in line with current guidance? Yes No

If yes, please give details:

Does your name appear on the Protection of Children Act List?

Yes No

Does your name appear on the Protection of Vulnerable Adults List?

Yes No

Are you a member of the Disclosure & Barring Service (DBS) update service?

Yes No

Commitment: We hope that you can volunteer for a long period of time and we will supply references after you have been with us for 6 continuous months. Volunteers automatically become a member of University Hospitals Voluntary Services and are entitled to vote at the Voluntary Services Annual General Meeting after your 18th birthday.

Confidentiality: Under no circumstances will I divulge or pass on to any unauthorised person(s); any matters of a confidential nature including information relating to diagnosis and treatment of patients, staff and volunteers. I understand that if I breach confidentiality or do not conduct myself in an appropriate manner my voluntary work may be terminated.

Leaving the Trust: Volunteers are asked to inform the Patient Involvement Team if they decide to stop volunteering.

I declare that the information given on this form is accurate to the best of my knowledge and that the voluntary placement offered will be subject to the information on this form being correct.

Signed: _____ Date: _____

Equality Data Collection Form

UHCW NHS Trust is committed to delivering services that are fair and accessible for all of our communities. To ensure that we do not knowingly discriminate against any section of society, it is important for us to gather the following information.

All information is confidential and will be used for statistical purposes only. You do not have to answer any of these questions, but we would be very grateful if you would.

Date of birth: __ / __ / __ <input type="checkbox"/> I prefer not to say
Postcode: _____ <input type="checkbox"/> I prefer not so say
Race (taken from the proposed 2011 census categories)
White <input type="checkbox"/> English/ Welsh/ Scottish/ Northern Irish/ British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background, write in: _____
Mixed/Multiple Ethnic Background <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed/multiple ethnic background, write in: _____
Asian/Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background, write in: _____
Black/African/Caribbean/Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black/African/Caribbean/Black British, write in: _____
Other ethnic group <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group, write in: _____ <input type="checkbox"/> I prefer not to say
Language what is your main language? <input type="checkbox"/> English <input type="checkbox"/> Other (including sign language), write in: _____
How well can you speak English? Very Well <input type="checkbox"/> Well <input type="checkbox"/> Not Well <input type="checkbox"/> Not at all <input type="checkbox"/>
Religion/Belief <input type="checkbox"/> No religion <input type="checkbox"/> Christian (including Church of England, Catholic, Protestant and all other Christian denominations) <input type="checkbox"/> Buddhist <input type="checkbox"/> Sikh <input type="checkbox"/> Jewish <input type="checkbox"/> I prefer not to say <input type="checkbox"/> Agnostic <input type="checkbox"/> Muslim <input type="checkbox"/> Hindu <input type="checkbox"/> Any other religion/belief, write in: _____

Disability – do you consider yourself to have any of the following? (please tick all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Mental Health Condition | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Speech Impairment | <input type="checkbox"/> Long Standing Illness |
| <input type="checkbox"/> Physical Impairment | <input type="checkbox"/> Learning Difficulty |
| <input type="checkbox"/> Sensory Impairment | <input type="checkbox"/> I do not have a learning disability |
| <input type="checkbox"/> Cognitive Impairment | <input type="checkbox"/> I prefer not to say |
| <input type="checkbox"/> Other, please state: _____ | |

Sexual Orientation

This question is for adults and unaccompanied young people over 13 only

- Heterosexual Gay Lesbian Bisexual I prefer not to say

Sex/Gender

- Female Male I prefer not to say

Please tick if you live and work permanently in a gender other than that assigned at birth

Caring Responsibilities

Do you currently look after a relative neighbour or friend who is ill, disabled, frail or in need of emotional support? Yes No

If yes, are you registered with your GP as a carer? Yes No

Thank you for your cooperation.

Please contact the Equality and Diversity Department at equalityanddiversity@uhcw.nhs.uk if you have any questions about this questionnaire