

## THE STATE HOSPITALS BOARD FOR SCOTLAND

### VOLUNTEERING POLICY

Policy Reference Number	PCIS04	Issue: 3
Lead Author	Person Centred Improvement Lead	
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Advisory Group	Person Centred Improvement Steering Group	
Approval Group	Policy Approval Group (PAG)	
Implementation Date	15 March 2023	
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Responsible Officer (PAG)	Director of Nursing and Operations	

The date for review detailed on the front of all State Hospital policies/ procedures/ guidance does not mean that the document becomes invalid from this date. The review date is advisory and the organisation reserves the right to review a policy/ procedure/ guidance at any time due to organisational/legal changes.

Staff are advised to always check that they are using the correct version of any policy/ procedure/ guidance rather than referring to locally held copies.

The most up to date version of all State Hospital policies/ procedures/ guidance can be found on the intranet: <http://intranet.tsh.scot.nhs.uk/Policies/Policy%20Docs/Forms/Category%20View.aspx>

## REVIEW SUMMARY SHEET

**No changes required to policy** (evidence base checked)

**Changes required to policy** (evidence base checked)

**Summary of changes within policy:**

**December 2022 Review**

New addition - Section 5: Out of Pocket Expenses in response to updated Scottish Government Guidance on reimbursement of 'Out of Pocket' Expenses for Volunteers within NHS Scotland).

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## 1. Introduction and Background

Volunteers make a key contribution to the delivery of person-centred care and treatment.

A volunteer is defined as “a person who gives freely and willingly of their time to help improve the health and wellbeing of patients and their families/carers.” (Scottish Government, 2008).

“Volunteering brings enormous benefits and enjoyment, not only to beneficiaries, but to communities, and to volunteers themselves. We know that – among other things – volunteering increases social and civil participation, empowers communities, and reduces loneliness and isolation. It can also improve mental and physical health, support the development of job and life skills, and foster a greater sense of belonging.” (Scottish Government Cabinet Secretary for Local Government and Communities, 2019)

Volunteering covers a wide range of areas including but not exclusive to:

- Service giving.
- Mutual support.
- Influencing and advocating on behalf of others.
- Participation in decision-making.

NHS Boards have been tasked with developing a greater consistency of methodologies, opportunities and standards supporting volunteer input in all settings.

This policy provides a framework which supports the role of volunteers in recognition of the value of this input in terms of promoting social inclusion, enhancing the recovery process and contributing to quality person-centred care and treatment (Babudu et al, 2016).

As part of The State Hospital (TSH) person-centred work streams, volunteering forms part of the Person Centred Improvement Service (PCIS) remit, led at an Executive level by the Director of Nursing and Operations. The Person Centred Improvement Lead (PCIL) manages the Volunteer Service, one of the teams contributing to the delivery of person-centred care and treatment.

Volunteers come to us via Third Sector and Higher Education partners, however, significantly, the majority apply as a result of a recommendation from our volunteer group. We also engage in targeted recruitment when seeking specific skill sets. TSH Board is committed to ensuring a mutually beneficial partnership exists with opportunities for volunteers to develop skills and experience a sense of belonging.

TSH volunteers provide input for an average of 2 years, however, a third of the Volunteer Service have been supporting the work of the Hospital for over 15 years, and several have been with us in excess of 25 years.

The contents reflect a commitment to the ongoing development of volunteering within TSH, underpinned by a quality improvement approach which supports the organisation to demonstrate the impact of this contribution to care and treatment (Nesta, 2016).

The policy has been designed in accordance with:

- Improving health and wellbeing through volunteering in the NHSScotland: Guidance to NHSScotland Boards (Scottish Government, 2010).
- Safer pre and post-employment checks in NHSScotland PIN policy (Scottish Government, 2014).
- The Healthcare Quality Strategy for NHSScotland (Scottish Government, 2010).
- Mental Health Strategy for Scotland (2016-2026).
- Volunteering for All: our national framework (Scottish Government, 2019).

The policy content also reflects recommendations arising from the Lampard Report (2015), a detailed independent report commissioned following issues emerging from volunteer input within a number of NHSEngland Hospitals, including Broadmoor.

## **2. Purpose**

This policy provides a structure to support TSH to continue to develop and maintain a robust infrastructure for volunteering by:

- Formally acknowledging and supporting the role of volunteers in TSH.
- Ensuring that volunteers receive appropriate levels of support, based on the area in which input is provided and the role undertaken.
- Making explicit that the role of volunteers within TSH is complementary to the role of remunerated staff and not a substitution for any such roles.
- Setting out the principles governing the input of volunteers and defining procedures to ensure safe, effective, person-centred practice.
- Defining the roles and responsibilities of the organisation and its volunteers.
- Formally recognising the valuable contribution made by volunteers to enrich the quality of life and support the patient recovery journey.
- Allocating responsibility for developing and managing the Volunteer Service to a manager whose job description clearly specifies this remit.
- Ensuring the ethos of a mutually beneficial relationship is embedded within all volunteer work streams.
- Allocating responsibility to the Person Centred Improvement Steering Group to implement and monitor the strategic action plan.
- Supporting the PCIS to manage the spread of volunteers across the organisation.
- Supporting staff to develop volunteering opportunities, working in collaboration with volunteers.
- Providing a framework for continuous volunteer learning and development.
- Measuring the impact of volunteering for patients, volunteers and the organisation.
- Working with Third Sector partners to promote volunteering.

## **3. Scope**

The policy relates to any volunteer providing unpaid input within the Hospital and incorporates a risk management approach, which facilitates volunteer involvement within the restrictions applied to the delivery of health care within a high secure setting.

In acknowledging that volunteers do not substitute staff roles the policy supports a framework to ensure that:

- Tasks carried out by volunteers do not replace the work of remunerated employees.
- Volunteers are not permitted to take on tasks which facilitate a decrease in remunerated employment.
- Volunteers do not assume roles which have been identified as necessary for the delivery of clinical care, but are not currently part of the funded establishment.

Currently, volunteers support patient activities facilitated within the Skye Centre, (with one volunteer providing input within the hubs), during which time, volunteers are accompanied by staff at all times. Apart from one volunteer whose role extends to the hubs, volunteers are transported to and from the Skye Centre and therefore have no requirement to hold keys.

A volunteer providing input within a hub requires access to keys in order to facilitate movement between the Skye Centre and the hub. Any volunteer approved for access to this wider environment will undergo a security key induction and additional induction training specific to the area in which input is provided.

Applications from staff who previously worked at TSH who wish to provide input on a voluntary basis will be considered specifically in relation to the reason the person is no longer working at TSH, nature of the original role undertaken and the volunteer role applied for. A period of 2 years requires to have elapsed since employment with TSH in order to alleviate potential confusion relating to the nature of the input provided as a volunteer.

#### **4. Roles and Responsibilities**

##### Organisational

TSH is committed to delivering to the national framework, ensuring that practice reflects the principles and outcomes, including:

- An expressed commitment to the involvement of volunteers, and recognition throughout the organisation that volunteering is a mutually beneficial process, which benefits volunteers and the organisation.
- A proactive approach to ensuring that volunteers are afforded the same opportunity as staff to benefit from initiatives relating to health and wellbeing.
- A commitment to appropriately resource the volunteer service.
- The development of appropriate roles for volunteers which contribute to person-centred care and treatment.
- Communicating the impact of volunteering.
- A commitment to ensuring that as far as possible, volunteers are protected from physical, financial and emotional harm arising from volunteering.
- A commitment to using fair, efficient and consistent recruitment procedures for all potential volunteers.
- Adopting an individual approach to supporting the needs of volunteers.
- Promotion and development of a volunteer service which reflects diversity within the wider community.
- Ensuring that staff, patients and carers are clear about the role of volunteers so as to foster good working relationships between all stakeholders.
- Ensuring that all staff comply with and uphold the principles of this policy.
- Providing training and support to those working alongside volunteers.
- Ensuring all reasonable effort is made to find placements for applicants who meet the recruitment criteria. If unable to identify an appropriate placement or the applicant does not meet TSH disclosure requirements, the volunteer will be signposted, where appropriate, to seek a role with relevant Third Sector partners.
- Providing all volunteers with information on the organisational policies which may affect them and where to access these policies. This will include information about conflict resolution procedures for volunteers and about how to raise a formal complaint, should informal processes be unsuccessful.
- Ensuring that all volunteers receive a level of induction training that is appropriate to the role being undertaken, which includes, as a minimum, relevant security awareness, health and safety, infection control, safeguarding, fire safety and data protection.
- Ensuring opportunities are in place for volunteers to contribute to TSH decision making processes. This will include the opportunity to comment on policies, procedures, consultations and the volunteering experience. Volunteers will be invited to become members of relevant project groups and will be included within the core membership of the Person Centred Improvement Steering Group.
- Ensuring that volunteers have the opportunity to provide feedback directly at Board level and as part of TSH Annual Review process.
- Ensuring that all reasonable steps have been taken to support volunteers, including processes which aim to resolve conflict to the satisfaction of both parties.
- Ensuring that, in the case of serious breach of conduct/inability to undertake agreed tasks, where the organisation executes the right to terminate its agreement with a volunteer, process mirrors that of the Employee Conduct Policy.

- Ensuring that all volunteers are appropriately supervised and accompanied at all times.

### Volunteer Lead

- Ensuring the recruitment process mirrors that of remunerated staff.
- Screening initial applications, short listing and arranging interview panels.
- Ensuring all volunteers undertake Protecting Vulnerable Group disclosure checks, Occupational Health screening and Breakaway Training prior to commencing input.
- Ensuring all volunteers sign the Volunteer Agreement (Appendix 1) prior to commencing placement.
- Ensuring all volunteers are provided with a copy of the Volunteer Welcome Pack prior to commencing input.
- Ensuring mandatory training is completed in line with organisational policy.
- Delivering induction training, specific to role, in conjunction with supervising staff.
- Identifying opportunities to develop roles, in conjunction with appropriate staff, which make best use of volunteer skills and experience.
- Ensuring that all volunteer roles have a written role description with specific and meaningful tasks which have been fully risk assessed prior to volunteers being recruited to the role.
- Facilitating access for volunteers to engage in learning and development.
- Liaising with external third sector organisations to source specific skill sets required.
- Undertaking regular reflective practice sessions with volunteers.
- Facilitating quarterly Volunteer Service Group Meetings, adopting a hybrid format of in-person and virtual meetings in response to volunteer preference.
- Responding to any concerns raised by supervising staff, which may result in the need to discontinue a volunteer's input.
- Providing an appropriate reference, when requested, for volunteers who have provided input for a minimum of six months.
- Providing quarterly Volunteer Service update reports for the Person Centred Improvement Steering Group.
- Including an overview of volunteering activity within the twelve-month service update report.
- Attending quarterly meetings of the NHSScotland Volunteering Advisory Board.
- Supporting relevant staff to attend national networking events.
- Ensuring the Volunteering Information System (Health Improvement Scotland) is maintained and includes data to contribute to national data sets.
- Ensuring volunteer expenses are reimbursed on a monthly basis, in accordance with nationally agreed rates.
- Regularly reviewing volunteer roles to ensure the necessary support, encouragement, guidance and training is in place.
- Ensuring the Volunteer Visitor Referral Form (Appendix 2) informs effective matching of volunteer to patient, based on feedback from the Clinical Team.
- Responding promptly to any adverse feedback, raised by volunteers.

### Supervising Staff

- Providing induction specific to department and sharing completed checklist with the PCIL.
- Fully integrating the volunteer within the department.
- Identifying a specific member of the team who will provide regular mentoring support.
- Immediately highlighting any issues relating to conduct or any other concerns to the PCIL.
- Advising the PCIL of any volunteer absences.
- Sharing concerns in relation to the conduct of a volunteer directly with the PCIL at the point they arise.
- Promoting a respectful partnership, which results in a mutually beneficial experience.
- Contributing to the development of volunteer roles.
- Engaging in robust risk assessments as part of volunteer role development.

## Volunteer

- Complying with all TSH policies and procedures as highlighted during induction training and subsequent update sessions.
- Declining gifts tendered by patients.
- Sharing information with the PCIL which may impact at any point on their ability to undertake the agreed role. This includes changes in health status and anything which may impact on Disclosure status.
- Providing input as agreed and informing supervisor if unable to attend, allowing for sufficient opportunity for activity to be rescheduled if required. This includes periods of illness and / or holidays.
- Raising any concerns in relation to any aspect of the role, including personal safety and security and that of others, with the supervisor in the first instance and with the PCIL thereafter should any matters remain unresolved. Engaging with the Director of Nursing and Operations in relation to any complaints relating to the PCIL.
- Volunteer Visitors – raising any concerns which arise during visits, with supervising staff prior to leaving the Hospital and with the PCIL at the earliest opportunity thereafter.
- Hub/ward activity volunteers – making contact with the nurse in charge of the area prior to engaging with patients and prior to leaving the area to ensure effective sharing of pertinent information.
- Adhering to the boundaries discussed during induction and ongoing training, in particular ensuring no personal information is divulged and information shared by the patient relating to his index offence are referred to supervising staff.
- Raising concerns which relate to Child and Adult Protection (as highlighted within the online training module) immediately with supervising staff.
- Ensuring personal details are not disclosed to patients.
- Ensuring personal appearance is appropriate (e.g. cleanliness, dressing appropriately, not wearing scarves, jewellery, high heels, tying long hair back).
- Ensuring claims for reimbursement of out of pocket expenses are submitted within 3 months of the expense being incurred.

Volunteers should be treated as individuals with the only measure of suitability being their capability to undertake their role in a safe and appropriate manner, in line with TSH policies and procedures. Should a volunteer become unable to undertake their role, consideration will be given to changing the role / input location. Should there be any concerns about the health and wellbeing of a volunteer, a referral will be made for OH input.

In the event of a formal view that it would be unsafe for a volunteer to continue to provide input within TSH, the volunteer will be supported to transfer to a voluntary role with another organisation, where appropriate.

### **5. Out of Pocket Expenses**

Volunteers will be encouraged to claim out of pocket expenses (within 3 months of the expense being incurred) including mileage costs (DL 2022 34: Guidance on reimbursement of 'Out of Pocket' Expenses for Volunteers within NHS Scotland).

TSH will ensure that reimbursement of volunteer expenses is dealt with promptly and that all staff are aware that volunteers must not be out of pocket in respect of any support required to undertake their volunteering role.

If the volunteer's input exceeds 5 hours in a single day e.g. the volunteer undertakes an activity role am, followed by visiting a patient pm, the volunteer will be entitled to reimbursement towards the cost of subsistence provided via the Hospital Staff Restaurant.



TSH Staff and Volunteer Wellbeing Strategy (2022-24) encourages volunteers to access the Wellbeing Centre when it is possible for them to do so. Volunteers having lunch in the Hospital will access the Wellbeing Centre to make use of the facilities during this time (TSH HMT Paper, approved 2021).

Personal information provided by volunteers will be used only for the purposes set out in the Volunteer Privacy Notice and held for no longer than is required. The NHSScotland retention policy sets out the minimum retention timescales for this information. The data will be stored within local systems at TSH and the national NHS Volunteering Information System.

Volunteers will be provided with a privacy notice that describes the processing of their information, their rights and the legal basis for using their information.

## 6. Equality and Diversity

The State Hospitals Board (the Board) is committed to valuing and supporting equality and diversity, ensuring patients, carers, volunteers and staff are treated with dignity and respect. Policy development incorporates consideration of the needs of all Protected Characteristic groups in relation to inclusivity, accessibility, equity of impact and attention to practice which may unintentionally cause prejudice and / or discrimination.

The Board recognises the need to ensure all stakeholders are supported to understand information about how services are delivered. Based on what is proportionate and reasonable, we can provide information/documents in alternative formats and are happy to discuss individual needs in this respect. If information is required in an alternative format, please contact the Person-Centred Improvement Lead on 01555 842072.

Line Managers are responsible for ensuring that staff can undertake their role, adhering to policies and procedures. Specialist advice is available to managers to ensure that reasonable adjustments are in place to enable staff to understand and comply with policies and procedures. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

The volunteer recruitment and induction process supports volunteers to highlight any barriers to communication, physical disability or anything else which would prevent them from contributing meaningfully to patient care and / or engage in other aspects of the work of the Hospital relevant to their role. The EQIA considers the Protected Characteristic groups and highlights any potential inequalities in relation to the content of this policy.

## 7. Stakeholder Engagement

Key Stakeholders	Consulted (Y/N)
Patients	N
Staff	Y
TSH Board	Y
Carers	N
Volunteers	Y

## 8. Communication, Implementation, Monitoring and Review of Policy

This policy will be communicated to all stakeholders within The State Hospital via the intranet and through the staff bulletin.

The Person Centred Improvement Steering Group will be responsible for the implementation and monitoring of this policy.

This policy will be reviewed three years from the date of implementation or earlier if considered appropriate.

## **9. References**

- Babudu P, Trevithick E, Spath R, (2016), Measuring the Impact of Helping in Hospitals, The Social Innovation Partnership, London
- Lampard K, Marsden E, (2015), Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile, Independent Report for the Secretary of State for Health
- Nesta, (2016), Helping in Hospitals: a guide to high impact volunteering in hospitals, The Social Innovation Partnership, London
- Volunteering for All: our national framework (Scottish Government, 2019)
- Guidance on reimbursement of 'Out of Pocket Expenses for Volunteers Within NHS Scotland (Scottish Government), 2022



## The State Hospital

The State Hospital  
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ML11 8RP  
Telephone 01555 840293  
Fax 01555 840024

### Strictly private and confidential

xxxxxxx  
xxxxxxx  
xxxxxxx  
xxxxxxx

Date:

Enquiries to: Sandie Dickson  
Direct Line: 01555 842072  
E-mail : sandie.dickson@nhs.scot

## HONORARY VOLUNTEERING AGREEMENT

Dear xxxxxxx

I write to confirm your input as xxxxxxx within The State Hospital.

Please read the following conditions relating to your role and sign the acceptance form on page 4 of this document to indicate your agreement with these terms:

### Personal Property

The Hospital accepts no responsibility for damage to, or loss of personal property. You are, therefore, advised to ensure you are appropriately insured.

### Confidentiality and Disclosure of Information

You may become aware of material of a confidential or sensitive nature relating to Hospital business, which should not be divulged to any third party during the period of your honorary contract or any time thereafter without the proper authority having first been given.

'Confidential Information' shall include all information that has been specifically designated as confidential by the Hospital and any information that relates to the commercial and financial activities of the Hospital, the unauthorised disclosure of which would embarrass, harm or prejudice the Hospital and/or any of its stakeholders.

You are not authorised to make any copies of records, documents and/or any other papers or extracts thereof. Any information provided to you necessary to your role in the course of your honorary appointment shall be the property of the Hospital and must be returned to the Hospital on termination of your input.

### Obligations Arising from Data Protection Legislation / IT Security

Particular regard should be given to your responsibility to abide by the principles of the General Data Protection Regulations, a copy of which is available for reference from the Information Governance and Data Security Officer.

You must comply with all policies relating to confidentiality and data protection. Failure to comply with same and cooperate with any associated investigations may lead to immediate cancellation of this contract and your input. Copies of relevant policies are available from the Person Centred Improvement Lead.

### Patients

In the course of your role you may become aware of confidential material about patients. On no account must information relating to patients be divulged to anyone other than authorised persons, for example, professional staff as appropriate, who are concerned directly with the care, diagnosis and/or treatment of the patient.

### Staff

Similarly, no information of a personal or confidential nature concerning individual members of staff should be divulged to anyone without the authority of the Person Centred Improvement Lead.

If you are in any doubt whatsoever as to the authority of a person or body asking for information on patients or staff, or your own authority to divulge information, you must seek advice from the Person Centred Improvement Lead.

### **Social Media**

Due to the nature of the environment, you must not make reference to the Hospital and/or any of its patients, carers, staff or other volunteers within social media postings.

Failure to comply with this condition will result in termination of this agreement.

### **Criminal Convictions**

Because of the nature of your role, you are required to divulge information about criminal convictions, either previous or subsequent to taking up your role, including convictions that for other purposes are considered spent. Any information shared will be in complete confidence.

These provisions are without prejudice to the stated commitments in the NHS Code of Conduct. Further information is available from the Person Centred Improvement Lead.

The terms of your appointment includes background scrutiny checks including Protecting Vulnerable Groups full disclosure. Should you subsequently be the subject of a criminal conviction, you must draw this to the attention of the Person Centred Improvement Lead prior to next entering the Hospital environment. Failure to disclose any change in this respect may result in immediate termination of your contract.

### **Disclosure of Concerns**

If you have any concerns about quality of service, health and safety, use of NHS money, or believe the conduct, performance or health of any member of staff / volunteer may be a threat to patient care or to members of staff, you have a responsibility to raise these concerns without prejudice directly with the Person Centred Improvement Lead. If you are unable to, or wish not to raise these concerns directly with the Person Centred Improvement Lead, you are encouraged to seek the advice of the HR Department.

You are protected against any harassment or victimisation resulting from such a disclosure, therefore in the event that you are subjected to any form of harassment or victimisation, the Hospital will take formal action against the perpetrators.

### **Gifts and Hospitality**

You are required to be impartial and strictly independent in your dealings with commercial bodies and individuals. You must not accept gifts or hospitality from any external organisation, patient or carer without the prior permission of the Person Centred Improvement Lead whom you should contact if you are in any doubt. Unauthorised acceptance of gifts and/or hospitality may result in termination of this agreement.

### **Conflict of Interests**

You should not put yourself in a position where your volunteer role and private interests conflict, nor should you make use of your volunteer role to further your private interests. You were asked to disclose any potential conflicts of interest at the start of the recruitment process. Any change to this

status must be communicated to the Person Centred Improvement Lead immediately. Exploratory discussions may lead to the need to terminate this agreement at that point.

### **Health and Safety**

The Hospital has a duty to ensure, as far as is reasonably practicable, the health, safety and welfare at work of all those providing input. You have a duty to observe safe systems of work at all times, to take reasonable care of yourself and others who may be affected by your activities at work and to co-operate with the Hospital and others in meeting statutory requirements. Additionally, you are required to report all accidents and “near misses” to the Person Centred Improvement Lead and to use any safety equipment provided for your protection. A copy of the Health and Safety Policy is available from the Person Centred Improvement Lead.

Failure to comply with the provisions detailed above, without reasonable cause, may result in termination of this agreement.

### **Security**

You must comply at all times with local policies and procedures, in place to safeguard the safety and security of everyone within the Hospital. Any breach of security is taken very seriously, regardless of role and will be thoroughly investigated. If it is determined that you have been negligent, the Hospital reserves the right to terminate your agreement with immediate effect.

### **Notice Period**

You will be entitled to receive and are expected to give one month’s notice in writing prior to termination of this agreement.

### **Mandatory Training**

Within 3 months of commencing your role, you will require to have completed the mandatory training modules identified as appropriate for your role. This training is refreshed annually and it is a condition of this agreement that completion remains compliant at all times.

### **Duties and Responsibilities**

A role description is attached describing specific duties relating to your role.

### **Pre Placement Requirements**

You will be required to complete the Protecting Vulnerable Groups screening which requires you to complete a Disclosure Form. This offer is subject to a satisfactory outcome.

You will be required to undertake a pre placement Occupational Health assessment.

You may be asked by the Occupational Health Department to produce satisfactory evidence of your Hepatitis B immunisation status. You are required to maintain Hepatitis B immunity status for the duration of your input and agree to comply with all requests to monitor and maintain your immune status. This offer is subject to compliance with Occupational Health screening and monitoring processes.

You will also be required to complete Breakaway Training prior to providing input within patient areas.

### **Expenses**

This is an honorary volunteer agreement and you will therefore not be remunerated for your input. All reasonable expenses directly relating to your role will be reimbursed in discussion with the Person Centred Improvement Lead, including travel and subsistence. Claims must be submitted within 3 months of the expense being incurred.

If you agree to accept this role according to the above terms, please sign the statement of acceptance, return one copy to the Person Centred Improvement Lead and retain one for your reference.

Yours sincerely

Sandie Dickson  
Person Centred Improvement Lead (incorporating role of Volunteer Lead)  
on behalf of The State Hospital's Board

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**(PLEASE DO NOT DETACH)**

**Form of Acceptance**

I hereby accept the role on the conditions set out in the foregoing agreement.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**The State Hospital Volunteer Visitor Referral Form**



**Please complete and return to the Person Centred Improvement Lead**

**Patient Name:**

**Ward:**

**Key Worker:**

**Consultant:**

**Date Agreed by Clinical Team:**

**Signature:**

**Designation:**

**Risk Status:**

**Relevant Care & Treatment Plan Objectives:**

**Relevant Background Information:**

**Patient likes, dislikes, hobbies/interests:**

**Specific Visit Guidance Notes:**

<b>Visiting Conditions – Comments:</b>		
	<b>YES</b>	<b>NO</b>
<b>Supervised</b>		
<b>Unsupervised</b>		
<b>Approved for visits in:</b>		
	<b>YES</b>	<b>NO</b>
<b>Ward</b>		
<b>Hub</b>		
<b>Skye Centre Botanic Gardens</b>		
<b>Skye Centre Atrium</b>		
<b>Skye Centre Events</b>		
<b>Patient Signature:</b>		
<b>Key Worker Signature:</b>		
<b>RMO Signature:</b>		

<b>Person Centred Improvement Service Use Only</b>	
<b>Discussion with Patient</b>	<b>Discussion with Volunteer Visitor</b>
<b>Date:</b>	<b>Date:</b>
<b>Comments:</b>	<b>Comments:</b>
<b>Date of Initial Visit Chaperoned by Person Centred Improvement Lead:</b>	<b>Feedback sent to clinical team on:</b>