

# Charter

to strengthen relations  
between the Helpforce  
programme and staff  
in the National Health  
Service (England)

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The purpose of this document is to provide reassurance about the role/s of volunteers in relation to the staff of the NHS in England. Helpforce will, where asked, assist volunteer service managers and those staff working alongside volunteers to understand the distinction between the roles of voluntary and paid staff in the NHS and ensure that tasks are allocated to volunteers appropriately and without substituting for paid work. It will also provide a framework against which concerns about volunteer roles can be taken forward within individual organisations and will form the basis of advice issued by Helpforce to volunteers, and their trainers and coordinators. The charter has been agreed in the context of the NHS long-term plan which aims to scale up the level of volunteering in the NHS.

The positions set out in this document do not relate to those roles covered by existing formal advocacy roles including those statutory roles defined in legislation.

The contents of this document should be read alongside guidance from professional bodies about appropriate deployment of volunteers within specific healthcare disciplines.

## Core principles

1. The Helpforce volunteer programme will not undermine current or future paid roles in the health workforce, and tasks to meet the essential health and care needs of patients and service users will always be undertaken by paid staff.
2. Volunteers will never be included in any counts of staffing levels and will wear uniforms/badges that clearly distinguish them from staff.
3. NHS trade unions should be engaged at local level in setting out and monitoring the way that volunteers are deployed within the organisation, with the need to maintain patient safety and confidentiality as the key consideration.
4. Advice, materials and training provided to volunteers by Helpforce will be consistent with the contents of this Charter.

## Recognition of staff concerns

A spirit of reciprocity, collectivism and community activism is common to and recognised in both the trade union and volunteer movements

As volunteering programmes become more formalised, paid staff will welcome reassurance that their relationship with patients/service users is respected and that volunteers will not undermine the role, function and development of employees in the NHS.

Common concerns from staff around the use of volunteers include:

- Volunteers substituting for paid staff such that the need for additional staff or appropriate staffing levels is masked
- Volunteers undertaking tasks with an impact on the registration or ethical conduct of a member of staff
- Availability of volunteers to undertake tasks restricting the development of new job roles within the NHS

- Volunteer-run activities replacing activity and occupation as a therapeutic healthcare intervention
- Blurring of boundaries between paid staff and volunteers affecting patient safety and confidentiality

## Defining volunteering in a healthcare context

In order to delineate paid and voluntary roles in the NHS<sup>1</sup>, volunteering is defined by this Charter as *organised interventions which improve experience and environments for patients, service users and visitors yet without which the statutory and contractual functions of the service can still be fulfilled to the expected standard*<sup>2</sup>.

Common roles for volunteers in NHS settings include:

- Fundraising and other charitable activities
- Meeting and greeting and giving directions within the NHS site
- Supporting patients and service users
- Enhancing the physical environment

It is in relation to the support given to patients and service users where confusion can crop up around role delineation and which is the most frequent cause of staff concerns around job substitution.

What can volunteers do to support patients and service users?

Essential tasks required to meet the health and care needs of the patient or service user will always be undertaken by the staff of an NHS organisation. However, volunteers frequently provide additional support to patients and service users, often substituting for the role

played by family and friends. Current examples include:

- i. Befriending and companionship
- ii. Sharing experiences and 'expert patient' advice
- iii. Appropriate mealtime support
- iv. Preparing for consultations including identifying questions to ask
- v. Accompanying to appointments
- vi. Organising activities e.g. book-share schemes
- vii. Waiting with patients/service users for relatives/transport/other services
- viii. Collecting items from e.g. hospital shop
- ix. Alerting staff when the patient/service user needs help or care

This list is not exclusive and will develop but always in line with the agreed core principles

## Joint working between Helpforce and NHS trade unions and resolution of difficulties

Helpforce will set out an expectation for co-ordinators/managers of local voluntary services to engage local NHS trade unions in discussion and agreement about how volunteers are deployed within NHS Trusts. Contact should be facilitated via the formal partnership machinery (eg joint negotiating committee) and should at a minimum ensure that trade unions and local volunteer service managers have a clear understanding of how concerns about volunteer roles will be addressed within the Trust. It is hoped that the principles set out in this Charter are a useful guide to these conversations.

It is hoped that through working together to adopt this charter, relationships between trade unions, volunteer support managers and Helpforce volunteers in the NHS will be strengthened for the benefits of patients, service users and staff.

<sup>1</sup> Except for advocacy roles set out in legislation

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