

**Trust Welcome & Compulsory Training Pack for Volunteers**

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**Welcome to the Leeds & York Partnership NHS Foundation Trust**

We are an integrated mental health and learning disability services Trust in Leeds and York.

Service users are at the heart of our organisation. We constantly strive to provide the best possible care and support, working closely with related organisations and in partnership with our local communities.  Our core purpose is to improve the mental health and wellbeing of the people of Leeds, York and the wider community and to provide effective, accessible and modern mental health & learning disability services.

The services we provide are in Leeds, and York.

**Our Strategic Objectives for 2018 to 2023**

1. We deliver great care that is high quality and improves lives.
2. We provide a rewarding and supportive place to work.
3. We use our resources to deliver effective and sustainable services.

**Our Ambition (What are we aiming to achieve)**

We are working to provide excellent mental health and learning disability care that supports people to achieve their goals for improving health and improving lives.

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**Our Values and Behaviours (What is important to us)**

How we go about our work every day is influenced by our values – the beliefs that we hold dear and that guide how we behave with the people who use our services, their families and carers. Our Trust is part of the NHS family and the NHS values that are set out in the NHS Constitution describe our beliefs. We are using the NHS values as a guide to the behaviours we expect of ourselves and the organisations that we work with.

**We Have Integrity**

We treat everyone with respect and dignity, honor our commitments and do our best for our service users and colleagues

Behaviours that uphold our values

* We are committed to continuously improving what we do because we want the best for our service users. We consider the feelings, needs and rights of others.
* We give positive feedback as a norm and constructively challenge unacceptable behavior
* Were open about the actions we take and the decisions we make, working transparently and as one team with service users, colleagues and relevant partner organisations.

**We are Caring**

We always show empathy and support those in need

Behaviours that uphold our values

* We make sure people feel we have time for them when they need it
* We listen and act upon what people have to say
* We communicate with compassion and kindness

**We Keep it Simple**

We make it easy for the communities we serve and the people who work here to achieve their goals

Behaviours that uphold our values

* We make processes as simple as possible
* We avoid jargon and make sure we are understood
* We are clear what our goals are and help others to achieve their goals.

**The Voluntary Services Department consists of:**

* Christine Heath (Voluntary Services Manager)
* Caroline Agnew (Placement & Development Officer)

**And can be contacted at:**

* Address: Asket Croft, 2 Asket Place, Seacroft, Leeds, LS14 1PP
* Telephone: 0133 855 7092/7093/7094
* Email: lmh-tr.volunteers.lypft@nhs.net

**Purpose of this Handbook**

The Trust wants to ensure that you fulfil your volunteer role in a positive and supportive environment through a welcoming induction into the organisation, your department and your role.

A full local induction will be undertaken with your link worker or the Voluntary Services Department to ensure that you are familiar with the working arrangements, policies, practices and procedures in operation.

In addition to this local induction, you are required to complete the various sections in this handbook as a compulsory induction. The two main reasons for this are that it is a ‘statutory’ requirement, which means completing the training is a legal requirement. The law requires our Trust to ensure all workers complete training, e.g., health and safety, fire training to safeguard the wellbeing of every individual. Also, there may be a ‘compulsory’ requirement which means that the training is aimed at specific staff groups and reflects the requirements of external agencies (e.g. NHS Litigation Authority) or internal Trust policies, for example, safeguarding adults / children, information governance. It is also our responsibility to ensure that all volunteers are sufficiently and appropriately trained to operate safely in their role and to comply with legislative and regulatory standards.

Due to wide variety in the nature, frequency and duration of work carried out by volunteers, the line manager responsible for the volunteer’s supervision must also complete the risk assessment extracted from the LYPFT Compulsory Training Procedure (see Appendix 3) to determine if any additional or other compulsory training is required and for this to be undertaken via e-learning or group training.

**Guidance for volunteers completing this Handbook**

All volunteers are expected to complete this handbook within one month of starting their role with the Trust.

Once you have completed this handbook, yourself and a member of the Voluntary Services Department will be required to sign and date the relevant Record of Completion section at the back of this handbook to confirm you have read and understood the subject areas.

The ‘Information Governance’ and Safeguarding section requires you to read the content and complete the questions at the end of the section which will be verified by your link worker or the Voluntary Services Department.

All other sections are for you to read and complete any questions within these as part of your record of learning and will not be assessed.

If you are not sure about any of the information, you can discuss this with your link worker. He/she should be able to talk to you about the issues and information contained within the sections and help you to understand how these relate to your job and work area.

If you are experiencing difficulty in completing the handbook or struggling with any aspect of the subject matter, contact the Voluntary Services Department for further assistance who are more than happy to help.

**Our Approach to Equality, Diversity and Inclusion**

Our Trust serves the diverse communities of Leeds, York and North Yorkshire and we are committed to eliminating unlawful discrimination and promoting equality of opportunity.

We will strive to provide an environment in which people want to work and to be a model employer, leading in good employment practice.

The Trust will not tolerate unlawful discrimination, victimisation, bullying or harassment based on race, ethnic or national origin, age, disability, gender, gender reassignment, sexual orientation, religion or belief, HIV status, marital status or caring responsibilities. Any action found to be in breach of any of these should be reported to your Supervisor/Line Manager or Voluntary Services Manager.

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**Equality & Diversity**

It is sometimes difficult to understand the difference between equality and diversity. They are not the same but they need to be thought about together. Understanding that people are different makes it easier to provide good health care. It also means that everyone gets a fairer deal at work.

**Key Phrases:**

**Equality**:

Equality is about creating a fairer society where everyone can be involved and has the chance to fulfil their potential. It is backed up by the law and designed to address unfair discrimination based on membership of a particular group.

**Diversity:**

Diversity is about the recognition and valuing of difference. It is about creating a way of working that recognises, respects and values differences in people for the benefit of the organisation and the individuals.

**Discrimination:**

Discrimination is the practice of treating individuals less fairly than other people or groups.

**Identity:**

This refers to the individual personality and how a person views them self at any particular stage of life. It defines individual qualities and features by which a person is recognised or known. A person’s identity defines individuals to others and themselves. An individual’s identity can relate to their gender, sexuality, age, ethnicity or culture and it is important to be aware that not everyone identifies with one type of identity.

The Equality Act (2010) is the main Act of law which protects people from discrimination on the basis of their identity. This means it’s unlawful to discriminate against people who fall into one or more of following groups:

* Age
* Disability
* Gender reassignment
* Marriage and civil partnerships
* Pregnancy and maternity
* Race – this includes ethnic or national origins, colour and nationality
* Religion or belief
* Sex and sexual orientation

**Benefits of Equality & Diversity**

There are a large number of benefits for valuing Equality and Diversity, including:

1. Valuing equality and diversity can help to improve health – improving access to services increases uptake. People who fall into one or more of the above groups may experience more health problems.

2. It encourages respect for all members of society in the workplace.

3. It will mean that we recognise differences (diversity) and provide equal access to jobs and healthcare for all (equality).

4. It helps the NHS and other healthcare organisations to meet their legal and human rights responsibilities.

Discrimination can show itself in various ways as the following illustrate:

**Direct Discrimination** is treating one individual less favourably than another because they belong to a particular social group, for example, “I’m sorry you are not suitable for this job as a cleaner because you are a man”.

**Indirect Discrimination** can occur when you have a condition, rule, policy or practice that applies to everyone, but which particularly disadvantages people who share a characteristic from the above groups.

**Perceptive Discrimination** means that you cannot directly discriminate against someone because you or others think that they have a certain feature but in actual fact, they do not.

For example you cannot refuse to recruit somebody because you think they are Muslim (whether they are or not), or refuse to allocate a job to a person purely because you think they don’t look old enough.

**Associative Discrimination** means that you cannot directly discriminate against someone because they are associated with another person who possesses a feature (from the groups above). For example, you cannot refuse to employ someone because they have to care for an elderly relative or a child with a disability.

**Harassment** is unwanted conduct which has the purpose or effect of violating an individual’s dignity or creating an intimidating, humiliating or offensive environment for that individual.

**Third Party Harassment**. The Equality Act (2010) makes employers potentially responsible for the harassment by people who are not employees of the company such as customers, clients or patients (third parties). Organisations will only be liable when harassment has occurred on at least two previous occasions and the organisation was aware that it had taken place and had not taken reasonable steps to prevent it from happening again.

**Victimisation**. A person is victimised if they are punished or treated unfairly because they have made a complaint, are believed to have made a complaint, or have supported someone who has made a complaint.

Staff within the NHS and other health sector organisations, have the power to involve or exclude their colleagues, service users and patients. This power can take a number of forms, such as status, expertise, control of knowledge and resources. It is important that this power is used responsibly and staff are aware of the impact this can have on the people around them.

Some negative behaviour can manifest in the following ways:

**Bullying** can be viewed as persistent, offensive, intimidating, malicious or insulting behaviour, or the abuse of power which makes a person feel upset or threatened, and which undermines their self-confidence and may cause them to suffer stress.

**Harassment** is seen when someone’s dignity is dishonoured, or a hostile, intimidating, humiliating or offensive environment is created by unwanted behaviour or attitudes.

**Oppression** is having power of one person or group which is unwanted and humiliating. It can lead to treating that person with continued harshness or cruelty and showing no respect for his or her individual rights.

**Prejudice** is the opinion or judgement formed of others without considering relevant facts and shows a difficult or small-minded attitude. Prejudice is often based on labelling people and which fuels suspicion or hatred of particular individuals or social groups.

**Exclusion** occurs when people are prevented from participating in or benefitting from those things that most people take for granted. This might include services which are not easy to reach for some groups in society.

It is your responsibility to appropriately challenge these types of negative behaviours either directly or through speaking to your supervisor, Voluntary Services team or the Diversity & Inclusion Team on 0113

**Equality Act 2010 – Public Sector Equality Duty**

The public sector equality duty is the responsibility for all NHS organisations to ensure the need to:

* Stop discrimination, harassment, victimisation and any other conduct that is forbidden by or under the Act.
* Encourage equal opportunity between people from the Equality Groups (listed above) and those outside of these groups.
* Promote good relations between people from the Equality Groups and those outside of these groups by tackling prejudice and promoting understanding.

**Respect and Dignity in Practice:**

All volunteers will be expected to treat patients, service users, carers and staff with courtesy, care and compassion at all times, treating each person as an individual and adopting behaviours and attitudes which promote, support and respects privacy and dignity in accordance with Trust policies and pledges.

Respect and Dignity are mutually inclusive and for everybody, therefore Volunteers can expect to:

* Be a valued and appreciated member of the Trust
* Be treated with respect and dignity. This means that the Trust will not tolerate racism, homophobia, sexism, bullying & harassment or any other form of discrimination against volunteers, staff, service users or carers.
* Be listened to and taken seriously, in the same way as staff
* Receive the required levels of local induction and relevant training to undertake the role effectively and safely
* Receive regular supervision and feedback
* Have someone to go to for support and talk with about the voluntary activity and any problems that arise
* Volunteer in safe premises with safe conditions
* Access information and updates about changes within the Trust.

Equally, volunteers will be expected to

* Treat individuals with respect and dignity
* Adhere to the agreement, terms and conditions outlined with the Voluntary Services Department and placement support areas.
* Undergo local induction and supervision and be aware of health & safety requirements e.g. fire exits
* Carry out the tasks required and discuss with staff any ideas and changes before making a change
* Attend supervision or meetings organised by the Voluntary Services team
* Be reliable and punctual, providing advance notice of any absences as agreed with the supervisor and/or the Voluntary Services team
* Share any worries or concerns about the voluntary activity with the Voluntary Services Department
* Ask for help if needed
* Approach service users, staff and the public in a polite, friendly and cooperative manner.

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**Compulsory Training**

All staff, including volunteers, have a right to work in places where risks to their health and safety are properly controlled. Health and safety is about stopping you and others getting hurt at work or ill through work. The Trust is responsible for health and safety; however you also have an important part to play to support this.

**Fire Safety**

It is everybody’s responsibility to be vigilant with regard to fire safety and prevention. The Trust offers a one hour fire lecture which must be attended every three years and the Voluntary Services Team will arrange will this on your behalf.

Each area has its own fire safety file. Trust policies relating to fire and local evacuation procedures can be found in this document, as can the fire risk assessment for the area. Your Link Worker will be able to show you where this document is kept.

If you require more advice on fire safety please contact [firemanagement.lypft@nhs.net](mailto:firemanagement.lypft@nhs.net)

# Health & Safety

Each year, over a million people receive care from specialist Mental Health, Learning Disability and community services in the UK. These groups of people, especially when they are very ill, are a particularly vulnerable group of patients within the NHS.

Health and Safety within LYPFT not only affects you and you workplace, it also affects those around you –service users, fellow volunteers, staff, carers, visitors and contractors to name but a few.

That is why there is such an importance placed on ensuring that we take health and safety seriously. It has a big effect on everyone.

**The Health & Safety Executive**

The Health and Safety Executive (HSE) is the national independent watchdog for work-related health, safety and illness and their mission is as follows:-

*“To prevent people being killed, injured or made ill by work”*

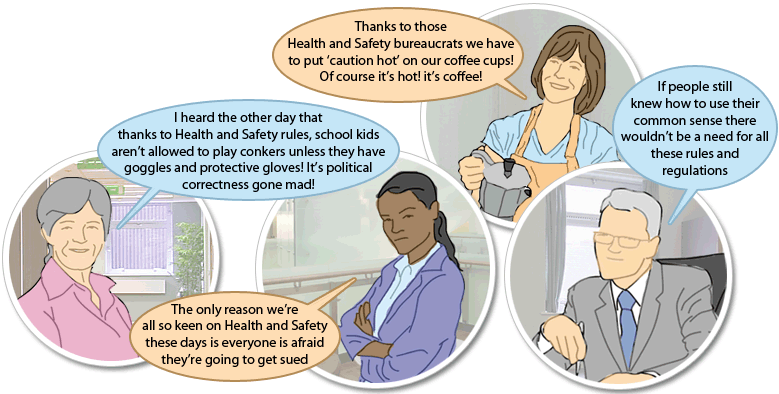
According to the HSE, 1.2 million people were suffering from a work related illness/injury and 171 people were killed at work in 2010/11.

This is an excellent summary of why health and safety is so important to us and those around us that we care for.

Health & Safety: It’s everybody’s responsibility.

### What do you think of when you hear the term

### ‘Health & Safety’?



**The Trust`s Role in your Health & Safety**

In law, the Trust has a duty of care to look after, as far as reasonably practicable, your health, safety and welfare while you are at work.  It also has a duty of care to ensure the health, safety and welfare of service users and patients while they are on the premises, or otherwise being cared for, plus anyone affected by day to day practices.

**Your Role:**

You are part of the Trust and so must play your part with health and safety by following the rules of law.

**You must:**

* Follow any training you have received when using work equipment provided by the Trust.
* Take reasonable care of your own and other people's health and safety.
* Always think about how your actions will affect the people around you, co-workers, service users, carers and everyone else you come into contact with.
* Co-operate with the Trust on health and safety, ensuring all legal and other requirements are complied with.
* Tell someone (your link worker or Voluntary Services Manager) if you think the work or inadequate precautions are putting anyone's health and safety at serious risk.
* Observe the provisions of the Trust’s Health and Safety Policy and other policies, procedures, codes of practice etc. relating to health and safety.
* Do not intentionally interfere with, or misuse, anything provided for health, safety or welfare.

**Summary:**

All staff, including volunteers, have a right to work in places where risks to their health and safety are properly controlled. Health and safety is about stopping you and others getting hurt at work or ill through work. The Trust is responsible for health and safety; however you also have an important part to play to support this.

|  |  |
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| Health, Safety & Food Safety Manager  Trust HQ  Tel: 0113 855 5965 | UNISON Health & Safety Officer  UNISON Office  Tel: 0113 305 5120 |

For further information contact one of the following:

**Moving, Handling and Postural Care**

The Trust has a dedicated team which provides various moving, handling and postural care training for staff that either provide care to service users and carers or who are office based.

The team also provide a direct service available to all employees of the Trust via

telephone calls, e mails or visits for more complex situations.

For further information, guidance or advice, contact the team:

Moving and Handling Training Lead – 0113 855 8455 / 07980 957 145

Email – movingandhandlinglypft@nhs.net

**Resuscitation**

There isn’t a mandatory requirement for volunteers to undertake resuscitation training, however in the event of an incident, you must summon help via your supervisor or attempt to locate a First Aider or member of nursing or medical staff in any location.

When phone dialling for assistance, remember to add 9 to the 999 emergency number (to

get an external line) and note the postcode of the site of the emergency is required by the

operator.

If you would like to attend emergency life support training (ELS), you are welcome to do so

as part of the national requirement to increase bystander rescue.

For further information, guidance or advice, contact the team:

Lead Resuscitation Officer – 0113 855 8450

General Resuscitation Enquiries Line – 0113 855 8451

Email – resuscitationservicelypft@nhs.net

# Food Safety

Part of your role may involve the handling of food for service users. If so please speak to your manager/supervisor about this. As a minimum always maintain the highest standards of personal hygiene by following these 10 Golden rules:

1 Always wash your hands before handling food and dry them on the disposable paper towels provided, not on your clothing or linen tea towels.

2 Do not use wash hand basins for any other purpose than washing hands.

3 Nails should be kept short and nail varnish should be avoided. Nails must not be bitten.

4 Smoking is illegal in all food preparation areas.

5 Do not sit on worktops or sink drainers in kitchens.

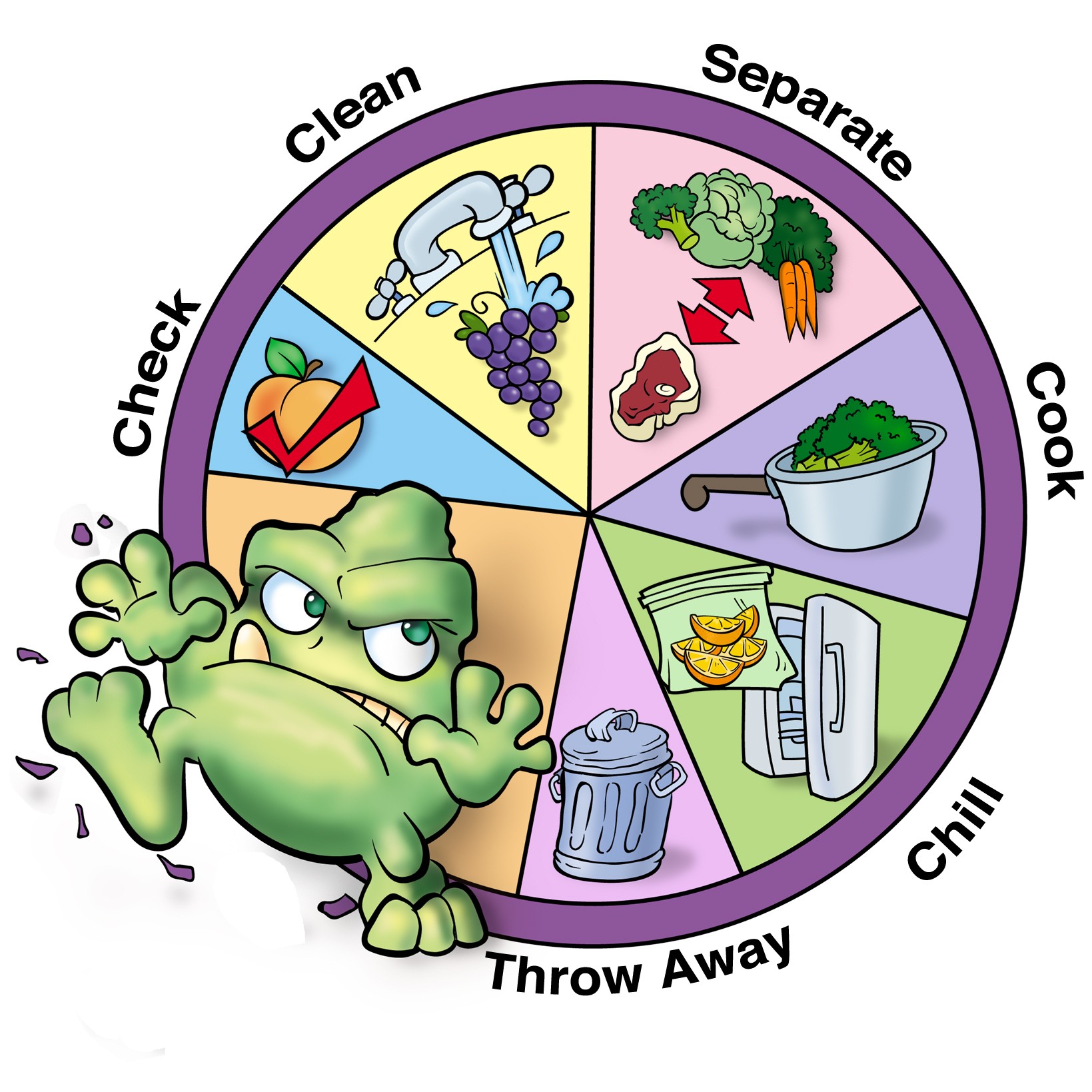
6 Any cuts, burns and sores must be covered with a blue waterproof dressing. Persons with boils or septic cuts must not handle food.

7 If you are suffering with skin, nose, throat or bowel infections you must not handle food.

8 Do not cough or sneeze near food. If handkerchiefs are used, disposable types are preferred. Then you must wash your hands.

9 Do not touch your nose, lips, ears or hair whilst serving or preparing food or drinks. If you do, then you must wash your hands.

10 Do not eat or drink whilst undertaking food-handling duties.

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For further information contact the following:

**Health, Safety & Food Safety Manager**

**Trust Headquarters**

**2150 Century Way**

**Thorpe Park**

**Leeds**

**LS15 8ZB**

**Tel: 0113 855 5965**

**Eight Main Areas of Health & Safety**

#### Manual Handling

The most common injuries that healthcare workers experience are back injuries, which affect more than a million people in the UK. Any injury will limit your movement and your ability to care for someone. It could take a long time for you to recover.

Lifting a service user incorrectly can also damage fragile skin, cause shoulder and neck injuries, increase existing breathing difficulties or cause bruising or cuts, therefore do not attempt to lift or move a service user or patient without speaking to a senior member of staff or your link worker.

#### Prevention & Management of Violence & Aggression

Before looking at ways to recognise potentially risky situations, you need to understand what constitutes workplace violence and what is considered to be an assault.

* **Physical Assault –** The intentional application of force to the person of another, without lawful justification, resulting in physical injury or personal discomfort. (Source: **Eisener v. Maxwell 1951, Kaye v. Robinson 1991)**
* **Non-Physical Assault –** The use of inappropriate words or behaviour causing distress and/or constituting harassment.

**Workplace violence can be physical or verbal and can be by:**

* Strangers
* Customers or service users
* Co-workers
* Personal relations

Any experience of violence or aggression should be promptly reported to your supervisor/manager who has a responsibility to record it. They may ask for your help with this.

Please remember; as a volunteer you are not expected to tackle violence. If you become worried for your safety, move to a place where you feel safer and report the incident to your link worker/manager.

## Managing Aggression

Make sure you check if there are any relevant local policies and procedures in the area you are volunteering.

Make sure you ask if there are any current issues around violence and aggression you need to be aware of. Make sure you do this each time you go to your volunteer placement.

1. **Lone Working - Keeping you Safe (**[**Link to Lone Working Policy**](http://staffnet/pnp/Policies%20and%20Procedures/Document%20Library/Facilities%20and%20Estates/FE-0019.docx)**)**

Please make sure you check if you need to carry an alarm and how to call for help in an emergency.

Know the layout of your work area.

To help reduce the risks to your safety if you find yourself alone, you should consider:

* Do you have access to help if you need it?
* How easy is it for help to find you?
* What will you do if you have no help or help may not come in time? As a last resort the law states you can act in self-defence or the defence of others. It is unlikely you will find yourself in this situation.

## Further Considerations

You and/or your supervisor may feel that you would benefit extra training in this area. (Such as: Personal Safety Theory or Breakaway Techniques.) Please discuss this with your link worker.

For further advice please contact: PMVA Department

Sycamore House  
St Mary's Hospital  
Greenhill Road  
Armley  
Leeds LS12 3QE

1. **Using a Computer Safely**

There's no escaping it, working on a computer is now part of daily life, whatever your profession. The use of computers in the workplace is covered by the Health and Safety (Display Screen Equipment) Regulations. The DSE Regulations are in place to protect your health by reducing the risks from working at a computer workstation.

Briefly, the DSE Regulations require the Trust to:

* Analyse workstations to assess and reduce risks.
* Ensure workstations meet specified minimum requirements.
* Plan work activities so that they include breaks or changes of activity.
* Provide eye and eyesight tests on request, and special spectacles if needed.
* Provide information, instruction and training.

A DSE Self-Assessment form must be completed by everyone who is identified as a user under the DSE Regulations, or if this is your usual mode of working. A copy of the form and guidance for completion is available via your link worker.

For further information contact one of the following:

|  |  |
| --- | --- |
| Health, Safety & Food Safety Manager  Trust HQ  Tel: 0113 855 5965 | UNISON Health & Safety Officer  UNISON Office  Tel: 0113 30 55120 |

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#### First Aid at Work

Accidents and illness can happen at any time and first aid can save lives and prevent minor injuries from becoming major ones.

We are required to provide adequate and appropriate facilities to enable first aid to be given to staff if they are injured or become ill at work.

If in doubt, speak to your link worker/Voluntary Services Department.

*Ask Yourself: Do you know who your qualified first aider is? Do you know where your first aid box is?*

#### Hazardous Substances/COSHH

**What is COSHH?**

COSHH stands for **C**ontrol **o**f **S**ubstances **H**azardous to **H**ealth.

**Why COSHH matters? – Trust’s Role**

The COSHH Regulations place a legal duty on the Trust to control exposure to hazardous substances and to prevent ill health.  Using chemicals or being exposed to other hazardous substances at work can put people’s health at risk. Effects from hazardous substances range from mild eye irritation to chronic lung disease or, on extreme occasions, death.

**Why COSHH matters? – Your Role**

What does this mean to you on a day to day basis?  Everyone has a duty to look after their own health, safety and welfare, as well as that of other people who may be affected by their work activities.

You also have a legal duty to use, store and dispose of chemicals, cleaning fluids or other substances correctly to protect yourself, as well as our service users and other staff.  Before using any substance read the label or any accompanying instructions.

If you have any existing health problems e.g. asthma, eczema, allergies etc which may be made worse by exposure to certain substances; speak to your supervisor so that protective measures can be implemented. In addition, you should also report any allergic reactions or increased sensitivity brought on by the use of any substances as these may need to be reported to the HSE under RIDDOR.

**How COSHH is managed in the Trust**

The Trust has a designated COSHH Lead who is supported by a number of individuals who act as COSHH Coordinators for every ward and department. Their role is to make sure that work activities involving the use of hazardous substances are identified; assessments are completed and that records are kept up to date with relevant information. The assessments, along with other COSHH information are stored electronically in the COSHH Manual on the corporate intranet.  If you have any questions in relation to COSHH, speak to your link worker or department COSHH Coordinator.

For further information contact the following:

|  |
| --- |
| Health, Safety & Food Safety Manager (COSHH Lead)  Trust HQ  Tel: 0113 855 5965 |

#### Slips, Trips & Falls

Slips and trips are one of the most common causes of major injuries at work and can happen almost anywhere. 95% of major slips result in broken bones and they can also be the initial cause for a range of other types of accident such as a fall from height.

 Most slips occur in wet or contaminated conditions and most trips are due to poor housekeeping. The solutions are often simple and cost effective and a suitable assessment of the risks should identify the necessary controls.

#### Infection Control

Healthcare associated infections (HCAIs) are infections transmitted to service users and healthcare workers. Recent years have seen an increase in the awareness of HCAIs, in particular those caused by antibiotic-resistant ‘superbugs'.

Infection control is not just for staff working in clinical areas it is everybody’s responsibility. Please contact the Infection Control team for further advice.

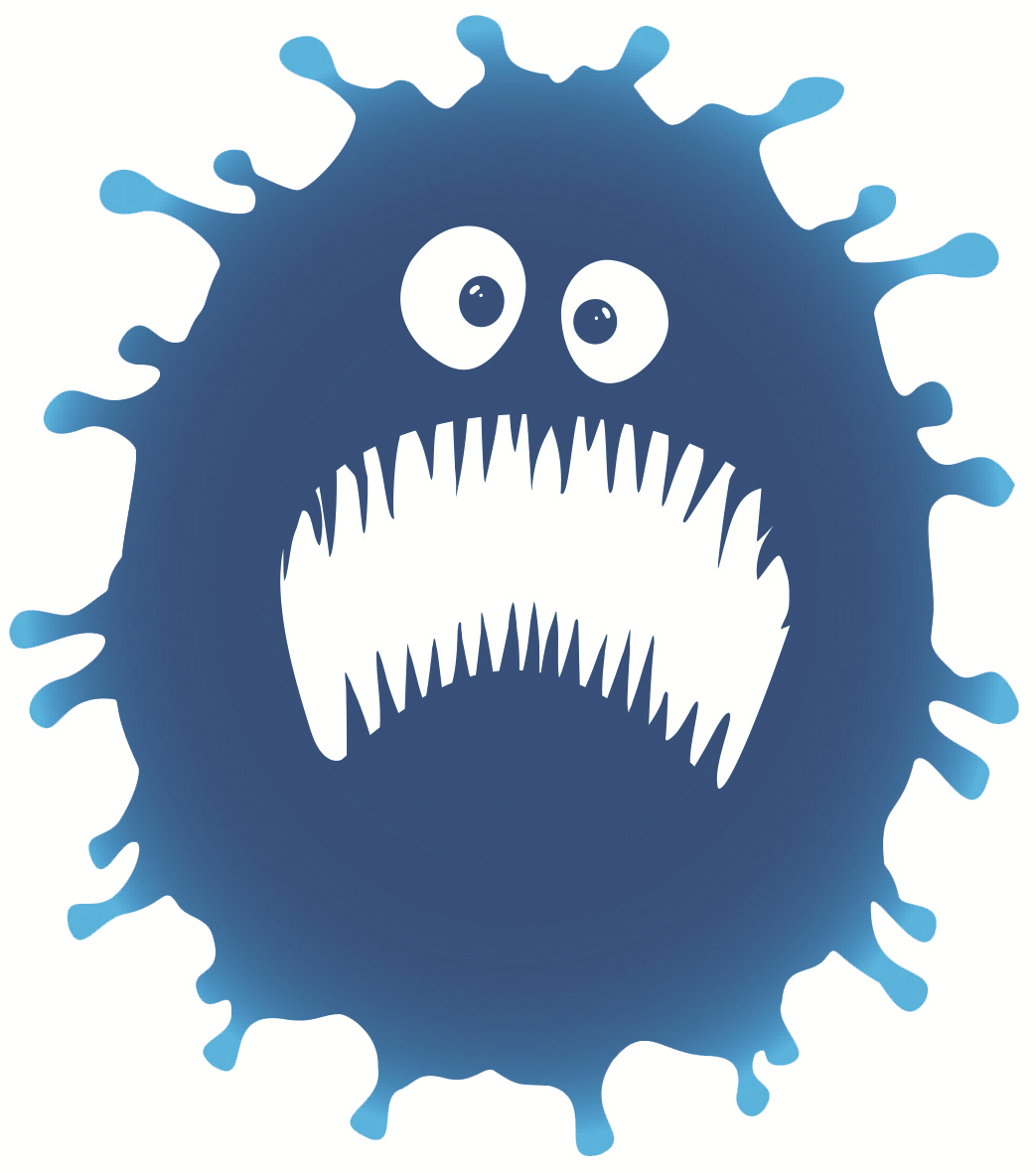
**What are the Infection Prevention and Control Team`s aims?**

The Team aim to provide a safe environment for everyone who access services provided by the Trust by ensuring that the risk of contamination and cross infection are kept to a minimum. Therefore, preventing and controlling infections is a high priority.

**How do we do this?**

The Infection Prevention and Control Team works to help prevent infection associated with healthcare through partnerships with colleagues within the Trust and across the Leeds healthcare economy. We also advise on the infection management of service users, hold teaching sessions, audit, develop policies, conduct walk rounds and monitor surveillance rates of infections.

**Who are we?**

****The team consists of a Consultant Microbiologist, Director of Infection Prevention and Control Team, Senior Infection Prevention Control Nurse, Infection Prevention and Control Nurse and an administrator.

**How to contact the team:**

Opening hours: 8am-4pm, Monday to Friday

Address: Infection Control Department

Asket Croft

2 Asket Place

Leeds LS14 1PP

Telephone) 0113 855 5957

**Safeguarding Adults and Children**

It is the responsibility of everyone to act if they believe that a child or adult is at risk of abuse or harm.

Everybody has a duty to share information where there are concerns that a child or adult are at risk or maybe at risk of harm or neglect. Early sharing of information is the key to providing effective early help where they are emerging problems. Also sharing information can be essential to put in place effective child protection or adult safeguarding services. Serious Case reviews have shown how poor information sharing has contributed to the deaths or serious injuries of children and adults.

No one should assume that someone else will pass on information which they think may be critical to keeping a child or adult safe. If you have concerns about the welfare of either a child or adult at risk then you should share the information with the safeguarding team or your Voluntary Services Manager contact details are given below

**The Safeguarding Team provide safeguarding advice and support for everyone in the organisation who may have a safeguarding concern regarding a child or adult. You can contact the safeguarding team on 0113 855 5971 or** [**safeguarding.lypft@nhs.net**](mailto:safeguarding.lypft@nhs.net)

**Voluntary Services Manager 0113 855 7092 or** [**lmh-tr.volunteers.lypft@nhs.net**](mailto:lmh-tr.volunteers.lypft@nhs.net)

**What is Safeguarding?**

Safeguarding is the recognition and the prevention of abusive behaviour in practice.

There is likely to be more vulnerability for those in need of community care services by reason of mental or other disability, age or illness, and who may be unable to take care of him or herself or unable to protect him or herself ,or unable to protect him or herself against significant harm or exploitation.

**Safeguarding is Everyone`s Business**

We all have a duty of care and have responsibility to report any concerns if we believe that an individual is being subjected to harm in line with local policies and procedures. Remember that abuse thrives upon secrecy. If you are concerned or if you witness abusive/neglectful behaviour, talk to your manager immediately.

**How do we do this?**

We have a responsibility to ensure people are treated with respect and dignity. The following approaches should be essential in day to day work

1. Have a zero tolerance of all forms of abuse

2. Support people with the same respect you would want for yourself or a member of your family

3. Treat each person as an individual by offering a personalised service

4. Enable people to maintain the maximum level of independence, choice and control

5. Listen and support people to express their needs and wants

6. Respect people’s rights to privacy

7. Ensure people feel able to complain without fear of retribution

8. Engage with family members and carers as care partners

9. Assist people to maintain confidence and positive self esteem

10. Act to alleviate people’s loneliness and isolation

**When people are not treated with dignity and respect**

People are not always aware that vulnerable adults as well as children can experience abuse. Abuse in any form needs to be handled correctly to make sure it does not happen again. Everyone has a duty to respond if they are worried about abuse of a vulnerable adult. Abuse is everyone’s business.

There can often be signs or indicators that abuse has taken place, even if you don’t witness an event happening

**Types of Abuse**

The following four categories apply to adults and children

* Physical
* Sexual
* Emotional (psychological )
* Neglect

**The Following are specific to adults at risk**

* Financial
* Discriminatory
* Organisational
* Self-Neglect
* Modern Slavery
* Domestic abuse

**Physical Abuse**

Includes hitting, slapping, throwing, poisoning, burning or scalding, drowning or suffocation, pushing, kicking, misuse of medication, illegal restraint, inappropriate sanctions or otherwise causing physical harm.

Physical Harm may also be caused by Female Genital Mutilation (FGM) which must be reported when a parent or carer fabricates symptoms or deliberately induces illness in a child, or vulnerable adults this is known as Fabricated or Induced illness (FII).Child trafficking is a form of child abuse which can have long term devastating effects on victims who often experience multiple forms of abuse including physical abuse.

**Warning Signs**

* Bruises in places where you would not normally expect to find them, ones that have patterns like hand prints, grasps or finger marks, or belt marks or around the mouth.
* Burns or Scalds
* Bite Marks
* Behaviour that indicates that the person is afraid of the perpetrator

**Sexual Abuse**

Involves forcing or enticing a child or adult to take part in sexual activities, not necessarily involving a high level of violence, whether or not the person is aware of what is happening. The activities may involve physical contact or non-contact activities or grooming a child in preparation for abuse (including via internet).Any sexual relationships or inappropriate behaviour between a member of staff and service user are always abusive and should lead to a safeguarding referral. Sexual abuse is not solely perpetrated by adult males; women can also commit acts of sexual abuse as can other children.

**Warning Signs**

* Soreness when sitting
* Sexual behaviour
* A child or young person who has secrets with adults
* Avoidance of being alone with a particular person or a reluctance to socialise with them

**Emotional (psychological) abuse**

Includes threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, isolation or withdrawal from services or supportive networks. It may involve serious bullying causing children and adults to feel frightened or in danger. Some level of emotional abuse is involved in all types of abuse of an adult or child although it may occur alone

**Warning Signs**

* Lack of confidence and anxiety
* Low self esteem
* Sleep Disturbance
* Decreased ability to communicate
* A person who is unhappy, nervous ,withdrawn, isolated

**Neglect**

Includes ignoring medical or physical care needs, failure to provide access to appropriate health social care or educational services the withholding of necessities of life such as medication, adequate nutrition and hearing

**Warning signs**

* Not getting access to medical care or appointments with other agencies
* Malnutrition
* Not having access to necessary physical aids
* Inadequate or inappropriate clothing
* Lack of personal care
* A child or young person who craves attention or does not respond to affection from any adult
* Poor standards of care

**Self – Neglect**

This is essentially when someone is self-neglecting despite attempts to support. It asks has everything been done to support the individual despite their lifestyle choices. This is a challenging area but we are encouraged to see the individual at the centre of the concern and continue to try and engage them. We also need to respect that individuals with mental capacity have the right to make unwise decisions should they choose to.

**Warning Signs**

* Neglecting to care for one’s personal hygiene, health or surroundings
* Failure to seek help or access services to meet health or surroundings
* Unkempt appearance
* Living in squalid or unsanitary conditions
* Hoarding
* Collecting a large number of animals inappropriate conditions

**Modern Slavery**

Slavery is not an issue confined to history or an issue that only exists in certain countries. It is something that still happens today, it is a global problem and the UK is no different.

It can include victims who have been brought from overseas and vulnerable people in the UK, being forced to illegally work in many different sectors including brothels, cannabis farms, nail bars and farms.

**Warning Signs**

* Human Trafficking
* Forced Labour
* Sexual exploitation such as escort work, prostitution, and pornography
* Signs of physical or emotional abuse
* Appearing frightened or hesitant to talk to strangers.
* Lack of personal effects or identification documents

**Domestic Violence or Abuse**

Domestic abuse/violence is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or who have been intimate partners or family members regardless of gender or sexuality.

**Warning Signs**

* Acts of assault
* Harming punishing, or frightening the person
* Exploitation of resources or money
* Regulating everyday behaviour
* Isolating the person from sources of support

# Safeguarding Children

Safeguarding of children is everyone’s business and doing nothing when you have a concern is not an option. Safeguarding children and young people is about much more than child protection. It means taking a comprehensive, proactive approach that protects young people from potential sources of harm.

***‘Safeguarding Children’***

Most people think of Safeguarding as being about child protection, limited to work done by social workers, the police and the courts. The term has a much broader scope covering a wide range of activities taken by a large number of people, not least by parents.

Safeguarding is the shared responsibility of everyone and it is incorrect to assume that because of the job you undertake or the department you work in that safeguarding children is not partly your responsibility.

As a volunteer there is a minimum requirement of child safeguarding information you need to be aware of because you may observe something on Trust premises or may have more direct involvement via a service user. For example, a child may be visiting a relative, or being brought along to someone else’s Outpatient appointment. Attention should be given outside of the workplace to consider safety for children in the community.

This includes:

* Recognising potential indicators of child maltreatment
* Recognising the potential impact of a parent or carers physical or mental ill health on the wellbeing of a child or young person
* Taking appropriate action if you have a concern including reporting and seeking advice.

**Sources of stress for children and families**

Many families under great stress succeed in bringing up their children in a warm, loving and supportive environment in which each child’s needs are met.

Below are some of the risk factors which may increase the likelihood of abuse in children’s lives

* Domestic abuse/violence
* Parents /carers problematic drug/alcohol abuse
* Child has previously suffered abuse
* Parents/Carers highly critical of child
* Parents/Carers who don’t show warmth to child
* Parents/Carers with problematic mental health problems
* Parents /Carers who perceive the child to be difficult
* Parents/Carers who have unrealistic expectations of their child
* Baby ill within first 6 months of life
* A child with disabilities
* Parents with learning disabilities
* Family Breakdown
* Isolated families
* Poverty or deprivation
* Parents/carers who are involved in criminality

**Risks to children and young people associated with the intranet**

**and online social networking**

Risks associated with user interactive services include cyber bullying, grooming and potential abuse by

online predators, identify theft and exposure to inappropriate content for example self-harm, racially

abusive material and adult pornography. Potential risk can include but are not limited to

* Bullying by peers and people they consider friends
* Sexual grooming ,luring exploitation and abuse contact with strangers
* Exposure to inappropriate content
* Glorifying activities such as drug taking or excessive drinking
* Leaving and running away from home as a result of contacts made online

**Your Role in Safeguarding Children and Young People**

All staff and volunteers who work in a healthcare setting, clinical and non-clinical, need to be aware of their responsibilities for keeping children and young people safe. By acting on your concerns you may help to prevent abuse, or further neglect of a child from continuing. Or it may be that your action results in early intervention and provides support to the child and his or her family/carers so that the child does not suffer long-lasting harm.

**You can do this by:**

* Asking relevant questions or encouraging the member of staff you are working with to do so. These may be about how an injury occurred or how a parent is coping. Ask the child if they are old enough, Listen to what the child says but do not ask questions
* Never putting yourself, the child or service user at risk, come away if needed and act afterwards.
* Being aware that although there are advice numbers within this document and people who can support you, the police can provide immediate emergency action to protect children via their 999 number if this is required.
* There is a Safeguarding Children Team within the Trust and either yourself or your supervisor can contact them to report a concern.
* Keeping a record of your concern where possible.
* Even if you are unsure about the safety or wellbeing of a child or young person, discuss your concern with a colleague or safeguarding lead (see below for Contact Numbers).

**Contact Numbers**

Contact the Safeguarding Children Team

* Head of Safeguarding 0113 855 5952

**Whistleblowing**

Individual workers /volunteers have a right and duty to raise matters of concern they may have about health service issues. Please familiarise yourself with your whistleblowing policy which provides guidance on how to raise concerns

**Deprivation of Liberty Safeguards**

The Deprivation of Liberty Safeguards (DoLS) is an amendment to the Mental Capacity act 2005(MCA).The MCA (section 6(4) permits restraint and restrictions to be used where it is necessary and proportionate and to prevent harm to the person who lacks capacity. However extra safeguards are needed if they deprive the person of their liberty.

The test for whether someone is deprived of their liberty is if they are under continuous supervision and control and they are unable to leave. The safeguards provide legal protection for people who lack the mental capacity to decide where they should be accommodated to receive care and treatment (other than where the Mental Health Act applies).It is illegal to deprive someone of their liberty unless:

* They are of unsound mind
* Lawful procedures are followed
* Speedy access to a court
* Released if deemed unlawful

In order for someone to be deprived of their liberty in a care home or hospital a series of independent assessments are required and authorisation by the local authority. In other placements an application must be made to the Court of Protection.

Further guidance about MCA and DoLS is available from the safeguarding team.

It also updates the scope of adult safeguarding:

Where there is reasonable cause to suspect that an adult in its area (whether or not ordinarily resident there) –(a) has needs for care and support (whether or not the authority is meeting any of those needs ) (b) is experiencing, or is at risk of ,abuse or neglect, and (c) as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it.

Key Messages The statutory guidance enshrines the six principles of safeguarding:

**Empowerment** – People being supported and encouraged to make their own decisions and informed consent. “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens”.

**Prevention -** It is better to take action before harm occurs “I receive clear and simple information about what abuse is how to recognise the signs and what I can do to seek help”

**Proportionality** – The least intrusive response appropriate to the risk presented. “I am sure that the professionals will work in my interest, as I see them and they will only get involved as much as needed.”

**Protection –** Support and representation for those in greatest need. ”I get help and support to report abuse and neglect. I get help so that I am able to take part in the safeguarding process to the extent to which I want.”

**Partnership –** Localsolutionsthrough services working with their communities have a part to play in preventing, detecting and reporting neglect and abuse. ”I know that staff treat any personal and sensitive, information in confidence ,only sharing what is helpful and necessary.” I am confident that professionals will work together and with me to get the best result for me.”

**Accountability –** Accountability and transparency in delivering safeguarding. ”I understand the role of everyone involved in my life and so do they.”

An adult at risk may be a person who:

* Is elderly and frail due to ill health
* Has a learning disability
* Has a physical disability and /or a sensory impairment
* Has mental health needs including dementia or personality disorder.
* Has a long term illness/or condition
* Misuses substances or alcohol
* Is unable to make their own decisions and is in need of care and support
* Is a young adult, over the age of 18, who has care and support needs and is “in transition from children’s to adult`s services.
* Is a carer (looking after another person with care and support needs )

This list is not exhaustive, other people might also be considered to be adults at risk

**Categories of abuse**

The categories of abuse have extended from 7 to 10.The 3 new categories being domestic violence, modern slavery, self-neglect. Below is not an exhaustive list but an illustrative guide as to the sort of behaviour which could give rise to a safeguarding concern. The new SET guidance when published will give further guidance.

**Physical Abuse** – including assault, hitting, slapping, pushing, and misuse of medication, restraint or inappropriate physical sanctions.

**Domestic Violence** – including psychological, physical, sexual, financial, emotional abuse, so called honour based violence.

**Sexual Abuse** – including rape, indecent exposure, sexual harassment ,inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or

witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.

**Psychological Abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact humiliation, blaming, controlling, intimidation, coercion ,harassment,

verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.

**Financial** **or Material Abuse** – including theft, fraud, internet scamming, coercion in relation to an adults financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits

**Modern Slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.

**Discriminatory Abuse** – including forms of harassment, slurs or similar treatment because of race, gender and gender identity, age, disability, sexual orientation or religion.

**Organisational Abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.

**Neglect and Acts of Omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.

**Self**- **Neglect –** this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surrounding and includes behaviour such as hoarding.

Safeguarding Self- Assessment

1.Question: Which of the below are types of abuse ? Select all that apply

* Physical
* Sexual
* Neglect
* Emotional (psychological)
* Financial
* Discriminatory
* Domestic Violence

2.Question:True or False –Someone who refuses medical treatment prescribed by a doctor is making an unwise decision and therefore lacking the mental capacity to make that decision

3.Question: You see someone in the office using their computer during their lunch break to visit a website which advocates white supremacy, they have also expressed to you that white people need to take back control. Which one of the actions below would you take select one only

* Nothing it is their right to access any information they wish
* Have a quiet word and suggest they use their phone instead to access the internet so they don’t get into trouble for using a works computer for matters unrelated to work.
* Speak to your manager or the safeguarding team about what you have witnessed

4 Question: An adult at risk is (select one option)

* Anyone over 18
* Anyone who is injured because of abuse
* Anyone over 18 who is at risk of abuse or neglect because of their needs for care and support and is unable to protect themselves because of those needs
* Just people who live in care homes

5 Question: True or False: The prevent strategy is:

* Part of the government’s anti-terrorism strategy with a focus on preventing vulnerable individuals from being recruited to extremist and terrorist organisations?
* Only concerned with extremist Muslims and does not include threats from the extreme right wing?

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**Information Governance**

What is Information Governance (IG)?

* ***IG is to do with how NHS/Social Care organisations and individuals handle information.***
* ***IG is a series of best practice guidelines and principles of the Law to be followed by NHS/Social Care organisations and individuals***
* ***IG is the main basis for providing high quality healthcare using good quality information***

**Information means:**

***Personal -*** E.g. Name, date of birth, home address

***Sensitive -*** E.g. Ethnicity, disease, medical condition, sexual life

***Corporate -*** E.g. Contracts for suppliers, minutes of meetings, finance details

**Handling information means:**

*Holding it securely and confidentially*

*Obtaining it fairly and efficiently*

*Recording it accurately and reliably*

*Using it effectively and ethically*

*Sharing it appropriately and lawfully*

**Core elements of IG:**

* Data Protection Act 1998
* Freedom of Information Act 2000
* Information Security Standards – ISO/IEC 17799: 2005 and IS Management NHS Code of Practice
* The NHS Confidentiality Code of Practice
* The Records Management NHS Code of Practice
* Information Quality Assurance

**IG is the responsibility of every employee!**

What do YOU need to do to make this work?



***Confidentiality - Do not share information without consent***

**Follow the Confidentiality Caldicott Guidelines:**

1. Justify the purpose of using confidential information
2. Only use it when absolutely necessary
3. Use the minimum required
4. Allow access on a strict need-to-know basis
5. Understand your responsibility
6. Understand and comply with the law

*What you need to know:*

Inappropriate access to Patient Health Records is a CRIMINAL OFFENCE

**Handling information means:**

* *Holding it securely and confidentially*
* *Sharing it appropriately and lawfully*

If you do not have a legitimate reason for accessing a patient’s health care record and knowingly access inappropriately, this will lead to disciplinary action and a possible criminal prosecution under the Computer Misuse Act.

Our staff and patients have a right to expect you to handle confidential information in an appropriate manner at ALL times.

***Scenario:***

*Mr X receives a call from the local hospital to tell him that his pregnant wife has been admitted. Mr X was shocked as they have been divorced for 10 years and his ex-wife remarried his best friend. Mr X informed the hospital that he is no longer her Next of Kin.*

***What went wrong?***

Obviously the clinical record has not been kept up-to-date (a legal requirement under Principle 4 of the Data Protection Act). This has resulted in a breach of patient confidentiality (E.g. the royal nurse who revealed Princess Kate’s pregnancy)

***Keep confidential information secure and only share with people when it is appropriate.***

***Scenario:***

*A health records assistant has been tasked with checking 100 random health records to see whether they are labelled with the correct NHS Number. She decides that there is not enough space in her department to do this task comfortably, so she finds a quiet meeting room in the Post Grad Centre to do this. She pops out for lunch for 1hr leaving the notes unattended and room unlocked.*

***What’s wrong?***

The security of the health records is paramount. By leaving the notes unattended and the room unlocked she has failed to protect them adequately (breaching Principle 7 of Data Protection Act – protected by appropriate security).

***Record Quality Information***

**Keep all types of information:**

* Accurate
* Up to date
* Complete – Including NHS Number
* Quick and easy to find
* Free from duplication
* Free from fragmentation

***Equals Better Healthcare***

**Keep Information Secure**

***It is your responsibility to keep all personal and sensitive information secure***

* Follow Organisation Policies
* Protect Information Physically
* Practice Password Management
* Transfer Information Securely
* Report Breaches of Security to Management

**What does the NHS mean by ‘Password’ for example, when using a computer or programme?**

A Password is a SECRET; it should comprise a combination of NUMBERS, LETTERS, and possibly SYMBOLS and should be known by an AUTHORISED individual only. It is a CODE which should give an individual the KEY of ENTRY to ACCESS patient, client, service user or staff information.

What types of passwords exist?

* Log In or Log On passwords - to access electronic documents through your computer or laptop you need a Log In password. This is usually set up by the IT department and it is down to you to personalise the password to something you will remember on a day to day basis without having to write it down. User password
* File Password - A file password is used to protect word documents, excel spreadsheets, access databases, Human Resources Personnel files or finance databases. This ensures access is limited to authorised password holders only, so that information is kept secure and confidential.
* ID password- Members of staff may need a personal identification password to gain access to certain systems, programmes or software or to gain access into certain premises and departments.

**Why do we need passwords?**

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We need individual passwords:

* To allow users to gain access to their own personal information or services electronically
* To allow users to gain access to another’s personal information if required to do their job
* To prevent unauthorised access to computer systems, online services, email accounts, electronic files or restricted premises.
* And overall to keep information secure and confidential

**Hot Tips for Passwords**

* Never tell anyone your password.
* Never write your password down in any form which could be recognised or easily located. For example: in the personal details section of your diary.
* Never let others see you enter your password and never speak out your password when entering it as others could overhear or be watching you.
* Change your passwords regularly, at least every 6 weeks. Most computer systems have an auto reminder that pops up on screen when your ‘Log In’ password is due to be changed. Alternatively make a note to yourself of the date you need to change your passwords.
* Keep your reminders in a secure place and don’t make it obvious that they are linked to your passwords. So for example if your password is based on your favourite nursery rhyme, don’t write down the reminder of the rhyme in the same place. And if you are using such a password, don’t tell people what your favourite rhyme is.
* Never allow others to use your access rights when logging onto or logged into a system. All passwords should belong to one individual and should never be shared. If another user goes into a system as you and carries out an unlawful or illegal activity then without eye witnesses there is no proof that it was not you. So beware.

**What you need to know about Freedom of Information**

* Gives the public the right to access/view all non-personal public authority information upon request.
* Requests must be in writing.
* All staff must know who their Freedom of Information Lead is and be able to access/refer to their contact details. In our Trust that will be the Information and Knowledge Manager.
* The organisation must respond within 20 working days.
* If you are unsure how to handle any request for information – seek advice from your line manager or supervisor immediately.

Information Governance is the responsibility of every employee, so keep up the good work and aim to be 100% compliant.

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**Information Governance - Assessment**

*Select and circle one option under each question unless indicated otherwise.*

**Question 1:**

**Who is responsible in your organisation for the security of confidential information?**

* All staff with access to computers
* Only clinical staff
* Only staff employed in security management
* Everyone
* Only line managers

**Question 2:**

**The staff nurse is on the phone in the ward manager’s office referring a patient to the social care team when a visitor comes to the door asking for assistance. The nurse gestures for him to sit down while she tell the social care team the patient’s name, diagnosis and assistance required etc. Has the nurse breached confidentiality?**

* No, this is to be expected in busy working environments
* Yes, care must always be taken and the most frequent confidentiality breaches are due to careless behaviours

**Question 3:**

**You are on a crowded bus with a colleague who names a patient and asks you about his condition. What should you do?**

* Tell your colleague the latest information
* Tell your colleague that you can’t discuss the patient whilst on the crowded bus
* See if anyone else is listening and then tell your colleague the latest information
* Ask your colleague not to use the name of the patient and then tell him/her the latest information

**Question 4**

**The Data Protection Act 1998 governs how organisations may use personal information about living people. Which of the following aspects does this include?**

*Select and circle five options*

* Sharing the information
* Destroying the information
* Obtaining the information
* Storing the information
* Transporting the information
* None of these – the Act only applies to deceased people

**Question 5**

**What does UK law require the NHS to do with confidential information?**

* Keep it in an electronic form
* Keep it for the life of the patient
* Make sure it is backed up in paper format
* Make sure it is accessible to anyone who is interested
* Keep it in one place
* Make sure it is properly protected

**Question 6**

**Which of these can be caused by poor quality health records and poor quality information?**

*Select and circle two or more options*

* Test results being recorded in the wrong patient record
* The wrong patient undergoing treatment
* Public distrust and loss of the NHS’ reputation
* Local healthcare needs not being fully understood
* Inaccurate national healthcare planning
* Money wasted on services that are not needed

**Question 7**

**Which of the following things should you remember when setting a password?**

*Select and circle three options*

* Change it regularly as a precaution against someone else finding it out over time
* Use a friend’s name or a birthday date that you will not forget
* Keep it as secret as you would your bank account PIN
* Never post it with an encrypted CD it gives access to
* Write it down in reverse order so no one can guess it

**Question 8**

**You find a bundle of papers on the floor in a public waiting room. They are appointment letters for a clinic yesterday. What should you do?**

* Put them in a waste bin to tidy the place up
* Pick them up and put them on a nearby desk
* Hand them to a manager and report the incident
* Staple them together and use them as notepads to save paper

**Question 9**

**You bump into a friend in the street, who tells you their partner is in hospital. They ask you if lunchtime is a good time to visit. If you know the answer, what should you do?**

* Tell your friend you can’t discuss it because it’s confidential
* Change the subject because it’s confidential information
* Tell your friend that they should check the times on the hospital website
* Tell your friend that they should ring the hospital to find out
* Write the information down but don’t say it
* Tell them the visiting times

**Question 10**

**A new member of staff is asked to update a computerised patient record but hasn’t completed the relevant training. What should she do?**

* Ask to borrow someone’s login details and have a go
* Wait until someone forgets to log-out and then have a go
* Explain that she hasn’t had the training
* Ask to borrow someone’s login details and ask him/her to watch that it is done properly

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Appendices

# Appendix 1 – Local Induction

# Your local induction will provide you with an insight into the service area or department in which you will be working. This includes the working arrangements, policies, practises and procedures in operation and aims to make you feel comfortable in your new team.

Your link worker will show you around the department and introduce you to your new colleagues and other key staff you will be working with. In partnership with your line manager you will need to complete all sections of the local induction checklist and log the learning activity/training undertaken at a local level.

Upon completion in full sign and date here \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(link worker)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(volunteer), retain a hard copy on file and notify the **Voluntary Services Department** of the completion date

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Your Service** | **Timescale** | **Explained by (initial)** | **Understood by New Employee (Initial)** | **Date** |
| Service/Departmental Structure |  | Link person |  |  |
| Introduction to Colleagues |  | Link person |  |  |
| Your Role |  | Voluntary Services Department and link person |  |  |
| Supervisory Arrangements |  | Voluntary Services Department and link person |  |  |
| Dress code /Protective Clothing |  | Voluntary Services Department and link person |  |  |
| Parking / Cycle Racks/Building Access |  | Link person |  |  |
| Housekeeping (tour of unit – Staff room, toilets, eating/prayer facilities) |  | Link person |  |  |
| Agreement received and signed |  | Voluntary Services Department and link person |  |  |
| Copies of car insurance policy/ driving licence if required |  | Voluntary Services Department |  |  |
| Working hours and signing in arrangements |  | Voluntary Services Department and link person |  |  |
| Absence sickness and holiday arrangements |  | Voluntary Services Department and link person |  |  |
| Accident and incident reporting |  | Voluntary Services Department and link person |  |  |
| Personal Safety Alarm (if applicable) |  | Link person |  |  |
| Trust ID Badge |  | Voluntary Services Department |  |  |
| Your Health and Wellbeing |  | Voluntary Services Department |  |  |

# Appendix 2 Volunteer Link Pack

**Guidance for Link Workers supporting volunteers to complete the Handbook**

This handbook has been developed to provide an accessible approach to completing compulsory training and ensuring that all relevant compulsory training requirements have been met by volunteers. As a supervisor, you are responsible for ensuring that volunteers within your team or service area are properly trained for the range of duties they will be performing and understand their responsibilities. It should not be assumed that a volunteer is adequately trained because they have worked in another area of the Trust.

When the handbook has been completed, please ensure that Volunteers have understood this and recognise their responsibility in implementing the knowledge. If you and volunteers are satisfied that the contents and responsibilities are fully understood then you both should sign the completion statement at the back of this handbook.

Voluntary Services will maintain a central record of completion once volunteers have read and understood the sections of the handbook.

Where additional areas of compulsory training have been identified in line with volunteer responsibilities, e.g. food safety, please note this in the Volunteer Handbook (Appendix 6) and contact the Voluntary Services team who will facilitate the process of booking volunteers on the required training via the central training and development team.

**Points for managers/ Link Workers of volunteers to consider when assessing additional training needs:**

* Does the volunteer already have sufficient training in one area? E.g. If they work for NHS already do they already satisfy some of the training needs: IG/safeguarding/moving & handling etc?
* Does the local induction satisfy some/all of their training needs?
* Does the training level seem inappropriate? Consider conducting further risk assessment, then perhaps contacting training department staff.
* If a risk assessment is conducted copies of the risk assessment form should be kept locally and sent to Voluntary Services.

****A record of volunteers attending the additional training courses will be maintained by the Voluntary Services Department.

**GENERIC VOLUNTEER ROLE DESCRIPTION**

**Job Title -** Volunteer

**Department –** Ward

**Location/Site –** The Mount

**Responsible to –**

**Accountable to -** Christine Heath, **Voluntary Services Manager**

**Commitment expected Minimum -** 4 to 6 months minimum

**Volunteer Role Summary :**

* To Report to key Staff on arrival
* Assist in the setting up of the area or room for activities prior to the arrival of group members
* Welcome members as they arrive and make them aware of activities
* To offer assistance support, motivation and encouragement to patients
* Prepare and provide refreshments for group members
* Assist in helping to clean area when activities have finished
* To treat patients with dignity and respect at all times
* To report any concerns or relevant information to staff
* To be aware of Health and Safety risks at all times
* To attend Supervision and Review Meetings if appropriate
* To undertake any training deemed appropriate to the Volunteer role
* Be aware of the site emergency safety and security procedures

**Skills, Knowledge and Experience required**

Volunteers should:

* Have Good communication skills, particularly the ability to listen
* Be Discreet and Trustworthy
* Be willing to undertake Training appropriate to the role
* Be able to maintain Confidentiality
* Be able to recognise and adhere to the boundaries and limitations of the role
* Be approachable, friendly, supportive and sensitive to the needs of the client group
* Be willing to adhere to all Leeds and York Partnership NHS Foundation Trust policies and procedures

**Staff Volunteer Pack**

This pack is designed to complement the volunteers experience whilst volunteering with the Leeds & York Partnership NHS Foundation Trust. It is also a tool to be used by the staff to ensure that they are aware of who the volunteers are and the role of the volunteer within their ward/area.

When a volunteer embarks on a role within the Trust they are initially interviewed by one of the voluntary services team, this ensures the following checks have been completed:

* **Disclosure and Barring**
* **Two references**
* **Occupational health check.**

When all the checks are returned and clear the volunteer is then placed on a ward, or community group that sits within the Trust.

Before placing the volunteer an initial meeting is arranged with the voluntary services placement officer, the volunteer and a named member of staff from the unit where the volunteer will be placed, This ideally should be the ‘Link’ for the volunteer.

The purpose of the meeting is to discuss the roles/expectations of both the volunteer and the ward /area they will be volunteering in.

**Documentation included in pack**

* **An overview of the unit where the volunteer is placed –Provided by the unit and will be covered in the local induction**
* **Volunteer role description – contact the voluntary services department for template/examples**
* **Attendance form – if the volunteer hasn’t been for 4 weeks and you are unaware why please contact voluntary services**
* **Reflection form** - **this allows the volunteer to document their sessions. It keeps the ‘link’ updated on the volunteers experience and impact on their visits.**

**The above pack should be kept in an accessible area. The volunteer will be informed at induction where the pack is and staff made aware at team meeting/handovers.**

**If you have any concerns or questions, please don’t hesitate to contact the Voluntary Services Department on:**

**0113 855 7094 – Caroline Agnew, Placement & Development Officer**

**0113 855 7092 – Christine Heath, Voluntary Services Manager**

* **The Link person is a named member of staff that the volunteer will report to. The volunteer will be introduced to the link person before embarking on volunteering**

**VOLUNTEER Reflection Form**

**Reflection helps** expand our capacity to serve more effectively. It also lets you monitor service experiences through discussion and interaction, helping that you feel challenged and supported.

***To be completed after every session attended by volunteer***

**Name of Volunteer……………………………………………………………………**

**Date…………………………………….**

|  |
| --- |
| ACTIVITY |
| SERVICE USERS PRESENT (Number) |
| WHAT WENT WELL |
| ANY SUGGESTIONS AS TO WHAT COULD BE IMPROVED ON, OR DONE DIFFERENTLY |
| ANY OTHER THOUGHTS AND FEEDBACK |

**Signed by Volunteer…………………………………………………………………………………………………**

**Signed by Volunteer Co-ordinator after discussion ……………………………………………………………**

**Date…………………………………………………………………………**

**RULES & ETHICS**

1. The confidentiality and privacy of patients must be respected at all times.

2. Volunteers do not generally have access to clinical information, nor should they interfere with any medical or administrative procedure.

3. Be willing to work under the guidance and instruction of authorised staff.

4. Alcohol is not allowed in any Trust establishment. Volunteers under the influence of alcohol will be subject to immediate dismissal.

5. All Trust establishments have a **NO SMOKING** policy relating to staff and volunteers.

6. Volunteers must never give drugs or advice on drugs to patients. Approaches to volunteers

by patients to buy or provide “hard” drugs must be reported **immediately** to the Voluntary Services Manager.

**INSURANCE COVER**

The Volunteers Agreement, when signed, entitles registered volunteers to insurance cover at their place of work, provided volunteers are carrying out duties as stated on the Agreement. All incidents or accidents no matter how trivial **must** be recorded in the Accident/Incident Report Book, which is kept with the Head of the Department you are working in or alternatively, with the Voluntary Services Manager. This is important if you wish to proceed with an insurance claim.

**EXPENSES**

All volunteers are entitled to claim travel expenses in connection with their voluntary work. Public transport fares are usually payable from petty cash at your base location. Car mileage expenses are usually paid direct to the volunteer’s bank or building society account from the Salaries & Wages Department within the Trust. Detailed information on this issue is given to all volunteers on appointment.

If you are to be registered as a voluntary car driver, it is necessary to first obtain the written approval of your Insurance Company to undertake voluntary work and that you are covered under the terms of your Policy which must be fully comprehensive to include business use. Further advice on this issue can be obtained from the Voluntary Services Manager. You will also be required to complete a Health Declaration, and provide a copy of your current driving licence.

**CONFIDENTIALITY**

Always respect patients’ confidentiality. Remember you are meeting people who are at their most vulnerable due to their age, frailty, or illness and they may be depressed, anxious, withdrawn or confused.

You may hear information about patients, their families, and their clinical condition. This must not be passed on to anyone except those authorised to receive it in the course of their duty. A breach of confidentiality could lead to disciplinary action. Please ask the Voluntary Services Manager if you are in doubt at any time. If you are concerned about any confidential information, which a patient may give to you, e.g. they intend to take an overdose, the following procedure should be followed: -

1. Tell the patient you are concerned and you feel it is necessary for the patient’s key worker to know. (This could be a nurse on the ward, a Community Psychiatric Nurse or a Social Worker).

2. Try to persuade the patient to tell their key worker what they have told you.

3. Offer to accompany a patient to talk to their key worker if the patient feels this will help.

4. Offer to speak to the key worker on their behalf.

5. Failing any positive response on the above, the volunteer should contact the key worker (if known), the head of department or the Voluntary Services Manager as soon as possible.

If you see a patient or former patient in public, e.g. at a Supermarket, do not acknowledge unless they acknowledge you first. This otherwise might cause some possible embarrassment to the patient.

**THE PRESS**

The Trust employs a Communication Department. Care must always be taken when talking to the Press and volunteers must not give information to the Press unless this has been cleared with the Voluntary Services Manager.

**GIFTS**

If patients or relatives wish to make a gift of money, please refer them to the Voluntary Services Manager. However, volunteers may accept tokens of appreciation such as flowers or chocolates.

**COMPLAINTS**

From time to time, a patient or visitor may make a complaint to you about the Service they have received or about a member of staff. If you receive a complaint you should: -

1. Find out from the complainant if he/she wishes to make a formal complaint.

2. If he/she does not want to make a formal complaint, take no further action and respect the complainant’s confidentiality.

3. If he/she does want to make a formal complaint, please ask them to make this personally to the person in charge of the ward/department or to the Voluntary Services Manager.

4. Only speak on behalf of a complainant if he/she has specifically asked you to do so.

**GENERAL**

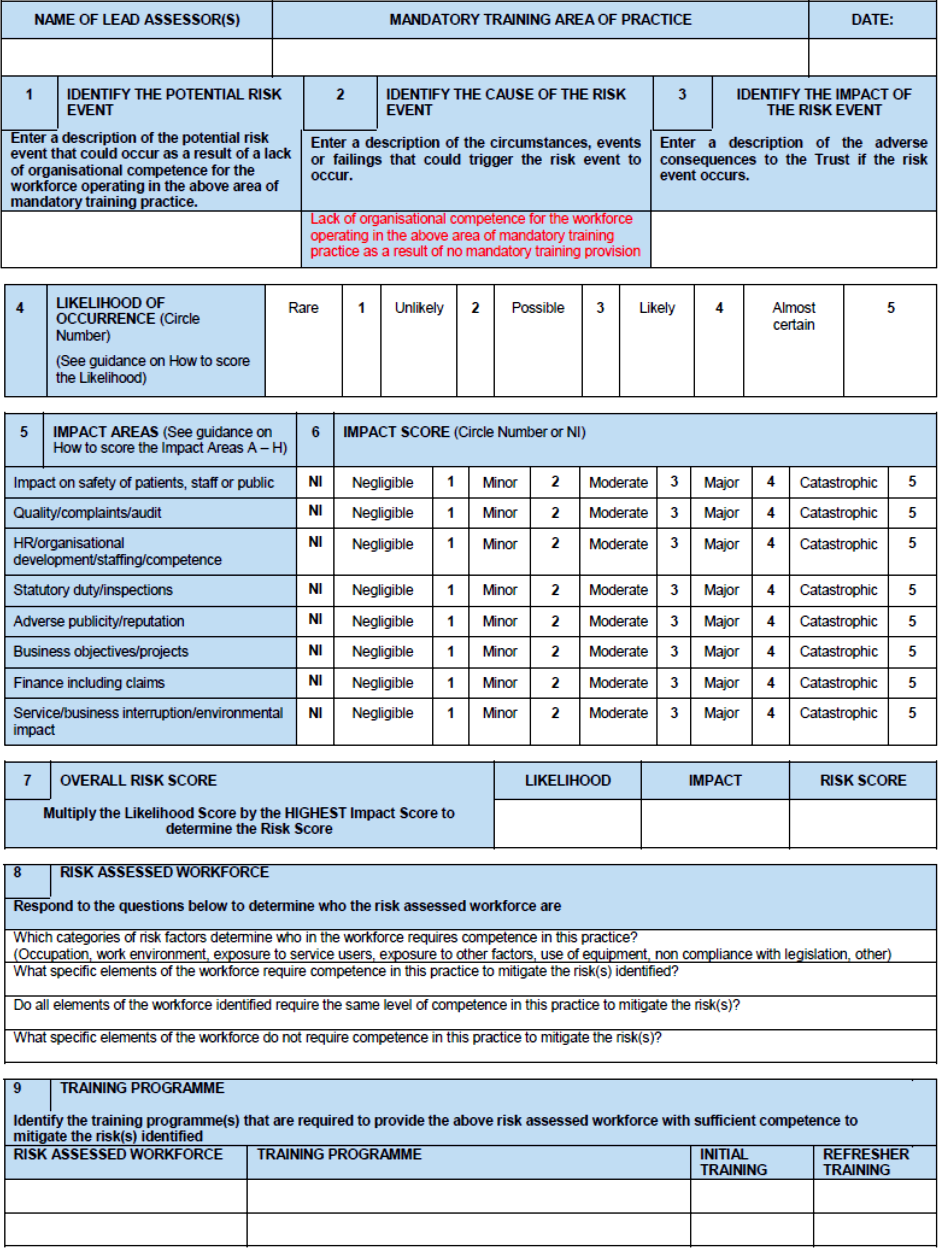
**Chaplaincy**

Chaplains of different denominations can visit the hospital to offer spiritual and pastoral care to patients, staff and volunteers.

**A FINAL NOTE**

We hope this Training and information booklet has provided some helpful guidance and that you now have a clearer understanding of your role as a volunteer. The Voluntary Services Manager is always ready to help with any problems or to offer further advice if needed. Please do not hesitate to contact her at Asket Croft.

**Appendix 3 - Compulsory and Priority Training Organisational Risk Assessment Template**

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**Appendix 4 - Further Identified Training**

There are other training courses/opportunities available through LYPFT. Should any be identified and agreed upon please note them on this page (The first line is filled in as an example):

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Course | Reason for Attending | Date | Time | Duration | Location | Attended? |
| Emergency 1st Aid at Work | I volunteer with physically ‘at risk’ service users and want to know what to do if they become ill. | 31/2/14 | 08:45-16:15 | 1 Day | Exchange | Yes |
|  |  |  |  |  |  |  |
|  | **`** |  |  |  |  |  |
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**Appendix 5 - Declaration of Completion**

**Volunteer:**

**I** *[...................print your name......................]*

* **Have read and understood the contents of this workbook.**
* **Have completed any required sections (E.g. Local Induction, Information Governance).**
* **Have discussed with my Link worker the level of training necessary for my role and agreed on any extra training needed.**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

**Placement and Development Officer or Link Worker**

**To the best of my knowledge the above named volunteer has completed this workbook in line with the guidance contained within. I have discussed the workbook with the volunteer and am satisfied that the volunteer’s training needs for their current role have been identified and will ensure they are completed as soon as practicable.**

**Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_**

Please contact the Voluntary Services Team by telephone;

**0113 8557094** or by post;

**Asket Croft,2 Asket Place**

**Seacroft, Leeds, LS14 1PP**

On a cd or tape.

By an

interpreter.

In other

languages.

