

The safe management of participants and volunteers procedure

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The safe management of participants and volunteers procedure

1 Introduction

This is a procedure that will help staff look after participants and volunteers in an effective and safe way.

2 Purpose

As an organisation with a strong focus on patient involvement, the Trust is aware of the vulnerable nature of some patients and members of the community involved in our activities. Therefore, patient involvement work is framed as a non-clinical activity so as not to blur the boundary with therapeutic interventions.

3 Scope

This procedure applies to all staff working with participants and volunteers on patient involvement activity, and to all volunteers and participants in patient involvement activity. Examples of involvement activity include reference groups, feedback events or specific talks/activities aimed at a public audience.

4 Definitions

Patient/ service user: a patient is someone who has been referred to our service for a clinical assessment or intervention that has been accepted. The Trust holds a clinical responsibility for patients.

Former patient or service user: This is someone who has previously been a patient at the Trust whose clinical work has come to an end has been discharged.

Community member: this is someone from the community that is interested in participating in patient experience activity but has had no current or previous clinical engagement with Trust services.

Participant: a member of the community taking part in patient experience activity with the Trust.

Volunteer: someone who offers time and services on a pro bono basis to facilitate service user involvement at the Trust.

5 Duties and responsibilities

The Chief Executive: the Chief executive has delegated this responsibility to the Director of Quality and Patient Experience

Director of Quality and Patient Experience: their role is to ensure that this procedure is carried out by receiving reports from managers and from regular meetings with the Patient Involvement Coordinator

The Patient Involvement Coordinator: will:-

- ensure that this procedure is enacted by other PPI staff.
- maintain an induction checklist of training and DBS checks for each user on an interview panel and volunteers with patient contact
- ensure that volunteers have an honorary contract
- ensure that patients serving on interview panels have had training

Chairs of Interview Panels: During interviews the chair of the interview panel will be responsible for supporting a service user during what could be a tiring and challenging experience.

Activity Lead: the designated member of staff or volunteer facilitating an activity or group (other than as chair of an interview panel).

All staff: During involvement activities it is the duty of all staff to maintain a safe and caring environment.

6 Procedures

1 Identifying prospective participants and volunteers

Throughout the Trust there are posters and leaflets which encourage service users and community members visiting the Trust to participate. Information about events and activities may also be found on the Trust website. There may also be relationships between the Trust and other organisations whereby their members are also invited to participate in our events.

The Trust also asks patients to complete an Experience of Service Questionnaire (ESQ). At the end of the ESQ there is a section which asks patients whether they would like to be involved and contacted about events.

Clinicians who recommend patients to PPI activities will remain clinically responsible for them. The PPI team cannot be clinically responsible. If there are concerns that a patient may be vulnerable it is the clinician's duty to communicate this with the PPI team so that they can do their best by the patient and continue to provide a safe and caring environment that tries to meet the patient's needs.

The safeguards and controls applied to participants and volunteers will depend on their level of involvement and to the setting in question.

2 Recruiting participants and volunteers

Once patients or community members have put themselves forward they are contacted either by staff from the clinical or training and education team or from PPI Team members. They may be offered the opportunity to participate in an event or activity.

The Patient Involvement Coordinator will arrange for a DBS check on volunteers who are involved in activity with direct patient contact. For some service users (eg forensic services) a DBS check may reveal risks, and those risks need to be assessed by the Activity Lead and the clinician. Provided mitigation manages any risk to an acceptable level, such risk will not automatically exclude a prospective volunteer from undertaking an activity.

The Patient Involvement Coordinator will explore the balance of risks of involvement work to the patient and to the Trust with a patient's clinician. This will include asking whether particular involvement activities are suitable for the patient, or whether the activity could interfere with their therapeutic work. Depending on the outcome of such discussions, clinicians may make an entry in the patient's clinical record.

Whilst the Trust is a safe and caring environment, and patient involvement activity may support therapeutic objectives, the Activity Lead will stress to prospective participants that the activity or group is not a therapy group.

3 Supporting participants and volunteers undertaking activity by assessing risks related to levels of involvement

As well as assessing risks presented by volunteers and participants, the Activity Lead shall also consider how best to maintain a safe and caring environment in support of those involved.

a) Risks specific to interview panels

In the instance of interview panels, patients are issued with an agreement to sign where they agree to abide by the Trust policies and procedures and to undertake training prior to serving upon a panel.

The Patient Involvement Coordinator shall advise panel chairs of any risks that need to be taken into consideration.

If necessary depending on need additional support can be requested from the PPI team members by panel chairs.

b) Risks associated with an activity

A specific risk assessment will be undertaken on all risks associated with an activity.

For activities that explore difficult material that is considered to be potentially stressful, the Activity Lead must have ready any mitigation identified in the risk assessment on hand during, or after the event (should a participant experience a delayed reaction).

c) Managing the risk environment

A safe and caring environment is one where staff are mindful of the potentially sensitive nature of the involvement and feedback process for patients and community members in relation to talking about or discussing issues around mental health. Staff are expected to respond to a patient's distress if it is communicated either verbally or with body language (if someone says or does something which raises concern or puts the person at risk). It is the duty of staff members to support service users or members of the public if it is indicated.

Non-clinical staff are not be expected to provide clinical support though should seek appropriate help if required.

Existing controls include:-

Level of Involvement	Safe and caring environment	Staff Lead	IG Training	Equalities training	Training as necessary dependant on task	DBS Checks
<i>User Involvement Participants</i>	✓	✓				
<i>User Interview Panel members</i>	✓	✓	✓	✓	Interview Training	
<i>Volunteers with patient contact</i>	✓	✓	✓	✓	Dependant on specific task as necessary	✓

In additional, all volunteers will have honorary contracts.

d) Safety and Security of Premises

- New visitors will check in at the reception of the space that is being used or be guided to the space where the activity event will be held
- Younger children will need to be accompanied in the building and to events by a parent/carer or named adult unless specifically arranged to provide child care.
- Volunteers with patient contact should sign in at reception if at the Tavistock Centre or a community venue with a reception facility and be given a visitor's badge.

4 Ending relationships with participants and volunteers

Activity Leads will be responsible for thanking participants for their efforts, and advising the Patient Experience Coordinator that an activity has concluded.

7 Training Requirements

For all those seeing, hearing, or handling personal confidential data IG Training must be completed before the activity starts.

Those serving on interview panels will be required to undertake training set out in section 6 (3c) before the panel sits.

Other training will be arranged by the PPI Coordinator commensurate with the task.

8 Process for monitoring compliance with this Procedure

The Director of Quality and Patient Experience will spot check that an induction checklist has been completed for every users on interview panels and volunteers.

The Director of Quality and Patient Experience will review every quarter:

- Any incidents and develop learning from them.
- Every quarter how many users have been trained for interview panels and report this via the Clinical Quality and Patient Experience workstream for inclusion in the CQSG report.
- That risk assessments are being carried out by the Activity Leads

9 References

Themes and lessons learnt from NHS investigations into matters relating to Jimmy Savile Independent report for the Secretary of State for Health February 2015 Authors: Kate Lampard Ed Marsden

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/407209/KL_lessons_learned_report_FINAL.pdf

10 Associated documents¹

Data Protection Procedure
Honorary Contracts Procedure
Admitting very important persons and celebrities to Trust premises procedure
Assessment and management of self-harm procedure
Conducting a Risk Assessment Procedure
Recruitment and Selection Policy and Procedure

¹ For the current version of Trust procedures, please refer to the intranet.

Safeguarding Children and the Management of Suspected Child Abuse
Policy and Procedure
Safeguarding of Adults at Risk Policy and Procedure
Staff Safety and Security Procedure

Appendix A : Equality Impact Assessment

Completed by	Louise Lyon
Position	Director of Quality and Patient Experience
Date	12/09/16

The following questions determine whether analysis is needed	Yes	No
Is it likely to affect people with particular protected characteristics differently?	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
Is it a major policy, significantly affecting how Trust services are delivered?	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
Will the policy have a significant effect on how partner organisations operate in terms of equality?	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
Does the policy relate to functions that have been identified through engagement as being important to people with particular protected characteristics?	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
Does the policy relate to an area with known inequalities?	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
Does the policy relate to any equality objectives that have been set by the Trust?	<input type="checkbox"/>	<input checked="" type="checkbox"/> No
Other?	<input type="checkbox"/>	<input checked="" type="checkbox"/> No

If the answer to *all* of these questions was no, then the assessment is complete.

If the answer to *any* of the questions was yes, then undertake the following analysis:

	Yes	No	Comment
Do policy outcomes and service take-up differ between people with different protected characteristics?	<input type="checkbox"/>	<input type="checkbox"/>	
What are the key findings of any engagement you have undertaken?	<input type="checkbox"/>	<input type="checkbox"/>	

If there is a greater effect on one group, is that consistent with the policy aims?			
If the policy has negative effects on people sharing particular characteristics, what steps can be taken to mitigate these effects?			
Will the policy deliver practical benefits for certain groups?			
Does the policy miss opportunities to advance equality of opportunity and foster good relations?			
Do other policies need to change to enable this policy to be effective?			
Additional comments			

If one or more answers are yes, then the policy may be unlawful under the Equality Act 2010 – seek advice from Human Resources (for staff related policies) or the Trust’s Equalities Lead (for all other policies).