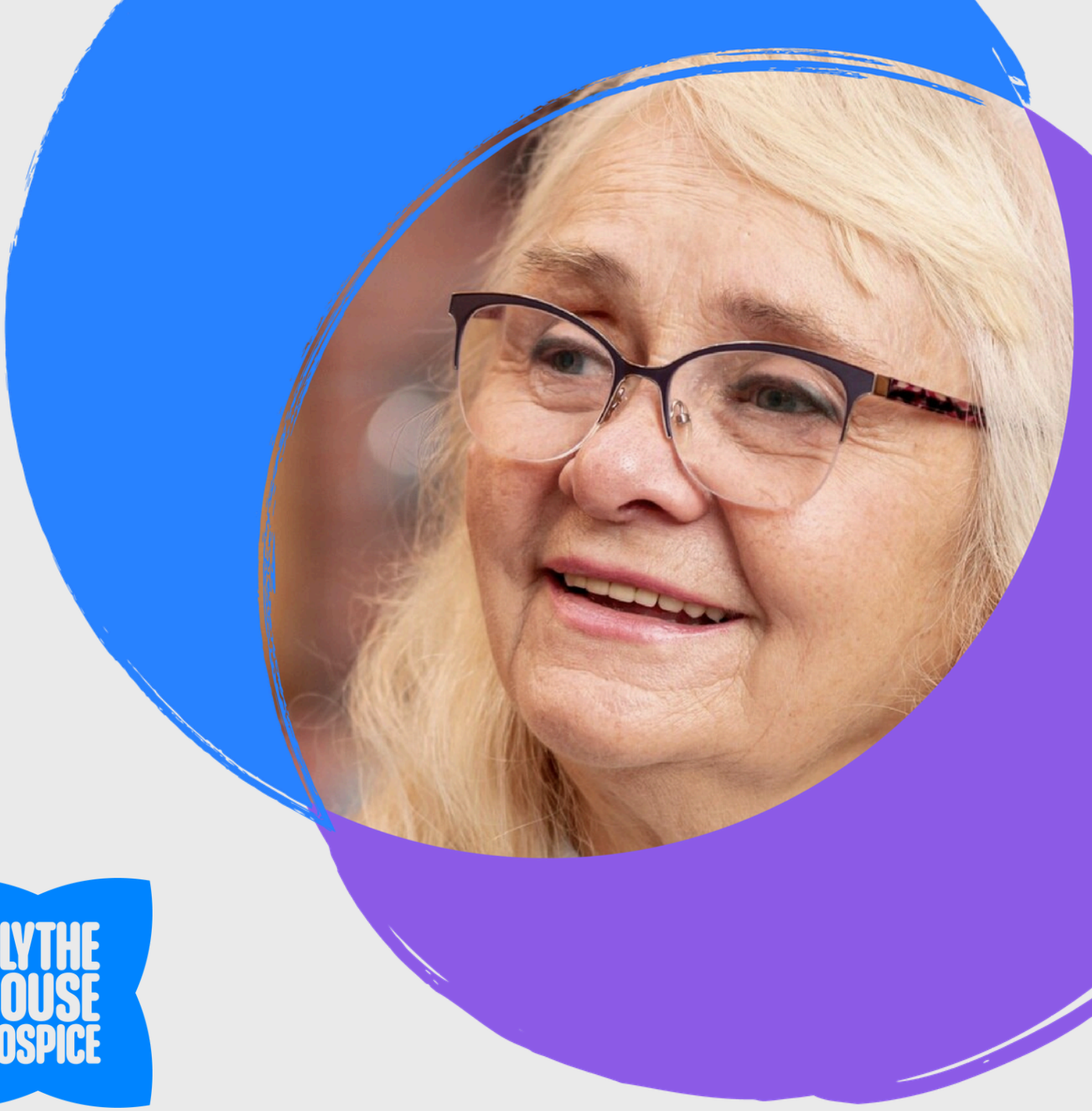


BLYTHE HOUSE HOSPICE

VOLUNTEER

Handbook for Blythe House Hospice Volunteers

Providing tailored care for those affected by life-limiting illnesses across North Derbyshire

HELLO and welcome

This training handbook covers topics that are relevant to all volunteers, to ensure that you have the essential knowledge and understanding to safeguard the health, safety and well-being of yourself, patients, staff and visitors.

You may be invited to additional training and/or information sessions on topics related to your volunteering role.

All volunteers are required to read this handbook before they start volunteering, and sign to state that they have read it.

When you have read the handbook, inform your line manager and return the declaration form.

If you wish to discuss anything further please ask either your line manager or contact the Volunteer Department on 01298 816 990.

Thank you for volunteering your time to support local hospice services - Blythe House Hospice would not be here without you.

CONTENTS

WELCOME TO BLYTHE HOUSE HOSPICE

Thank you for choosing to give your time, skills and talents to Blythe House Hospice.

Volunteers are at the heart of everything we do, and your contribution truly makes a difference to the patients, families and community that we support.

This handbook will give you a snapshot of who we are, our history, values, and the vital role volunteers play. We hope it helps you feel connected to our mission and the impact you help us make every day.

We want your volunteering experience to be fun, rewarding, safe and friendly. Whether you're supporting patients, helping in our shops, fundraising, or assisting behind the scenes, your time is valued, appreciated and celebrated. We couldn't do it without you!

OUR HISTORY

Blythe House Hospice has provided essential care in North Derbyshire for over 35 years. Our story began in 1989 when a small gift in a Will from Stan Blythe led to Rev Betty Packham founding Blythe House, providing compassionate care for people with life-limiting illnesses. Helen's Trust, established in 2001 by Dr Louise Jordan, in memory of Helen Louise Lyon, shared a similar vision: supporting patients to be cared for and to die in their own home.

In recent years, the two organisations merged under the name Blythe House Hospice. The heritage of both charities is important, and something we cherish as it continues to shape our future.

Our VALUES

Our brand PURPOSE

To support, look after and care for every person that needs us.

Our brand VISION

To provide tailored care and support to people with life-limiting illness so that they and their family can fulfil what matters most to them.

Our brand MISSION

We will show compassion and listen to people's needs. We will keep our enthusiasm and be our best in any situation.

BE KIND

We always look out for one another. We care for our community and everyone within it.

INSPIRE PEOPLE

We believe in what we do and what we are able to achieve. We share our enthusiasm and compassion with everyone we meet.

THINK AHEAD

We're resourceful, creative and forward-thinking. We learn from our experiences and always make plans for the future.

BE THE BEST

We're all a key part of our jigsaw. We need each other to improve and grow. We always go the extra mile.

VOLUNTEERS:

Essential to our mission

Volunteers are at the heart of what we do. Your time, skills and commitment help us to reach more people, deliver care and support in ways we couldn't without you. Whether through companionship, practical help, fundraising, or advocacy, your contributions make a real difference every day.

OUR VISION FOR VOLUNTEERING

We aim to make volunteering with Blythe House Hospice an enjoyable, rewarding, safe and friendly experience for anyone who wishes to give their time. Our vision over the next three years is reflected in four key goals:

Offer the best volunteer experience by supporting, inspiring, and developing our team of volunteers.	BE KIND
Grow and develop our volunteer team.	THINK AHEAD
Improve accessibility, inclusivity, equality, and diversity for our volunteers.	INSPIRE PEOPLE
Embed practice (for staff and volunteers) to support the hospice's overall goals.	BE THE BEST

THANK YOU for choosing to give your time to Blythe House Hospice — your generosity, compassion, and dedication are invaluable to our patients, their families, and our community.

Care Quality Commission (CQC)

The CQC is the independent regulator of health and social care services in England. It inspects organisations to make sure that services are providing people with safe, effective, compassionate, high-quality care.

The CQC inspects all hospices and rates them against five key lines of enquiry (KLOEs): whether the hospice care and treatment is safe, effective, responsive, caring and well-led. Depending on the findings on inspection, a rating of Outstanding, Good, Requires Improvement or Inadequate is awarded. Inspection visits will usually be unannounced, and will last 1-2 days. We were last inspected in August 2021 and we're proud to have received a 'Good' overall rating.

The CQC primarily inspects our Community Hub and Hospice at Home services, and identifies how well we work to our hospice values - to Be Kind, Inspire People, Think Ahead and Be the Best. Our values are considered in terms of how we care and support one another (staff and volunteers) as well as for our patients and clients. More details can be found at: www.cqc.org.uk

HEALTH & SAFETY

at Blythe House Hospice

Health and safety

The Health & Safety at Work Act 1974 places general duties on the organisation as an employer and its employees/volunteers to ensure the workplace and its activities are safe, and staff and volunteers have the knowledge and tools to work safely.

Health and safety hazards: a hazard is something that has the potential to cause harm. Below are lists of some of the potential hazards or harm that someone may face in their role.

HAZARD

- Manual handling hazard
- COSHH hazard
- Work station hazard
- Slips, trips and falls
- Lone working

HARM

- Back and limb injuries
- Skin and eye irritation
- Upper limb/back injuries
- Bruising, sprains and fractures
- Aggression, road traffic accident, stress

In order to effectively reduce health and safety risk we need to identify the hazards we face in the course of our work. This can be done in one of two ways:

REACTIVELY- recognising there is a hazard after someone has had an injury or developed ill health

PROACTIVELY- recognising risks from inspections and risk assessments.

Think about it! What hazards do you face in the course of your work?

Who may be harmed and how?

It is important to consider who the hazards may harm and how, for example: a volunteer working alone in one of our shops may trip over a discarded item and injure themselves.

Assessing risks

When a hazard has been identified it is important that we identify suitable and sufficient control measures and implement them. Risk assessments will be completed by a member of staff involved in the activity. If you identify a hazard associated with your task which has insufficient or no control measures, you should raise this with your manager. Once a risk assessment has been written, it is the responsibility of the manager to prioritise implementation.

Think about it! Pick one of the hazards you face in your role – identify existing control measures and identify potential additional measures that could be taken to reduce the hazards further.

Reducing risks

It is important that risks are reduced as far as is reasonably practicable this involves considering:

- Can the risk be eliminated?
  Asking for assistance with any heavy items

- Can we work differently to reduce the risk?
  e.g. have frequent breaks from the computer/ from sitting behind a till

- Can equipment be used to reduce the risk?
  e.g. a walker for a patient to use when mobilising

- Is instruction and training needed to reduce the risk?
  e.g. moving/handling training

- Can the environment be adapted to reduce risks?
  e.g. using chairs to sort clothes, rather than repetitive bending

- Is maintenance required to reduce risks?
  e.g. gritting walkways in snow and ice?

- Is personal protective equipment required to reduce risks?
  e.g. gloves for handling spills/food etc

Reducing risks from slips, trips and falls

Slips and trips are often seen as trivial however, they account for around half of all reported major injuries. Many factors can cause slips, trips and falls including: methods of cleaning, flooring type, footwear, levels of lighting, contrast between floors, walls and doors, and obstructions or other trip hazards.

Please check your environment for potential risks before carrying out any activities.

Preventing trips

By adopting good housekeeping practices, you can help to prevent trips and slips. Ways in which you can prevent slips, trips and falls include:

- Cleaning up spills immediately. If a spill can't be cleaned up right away, place 'wet floor' warning signs to alert others.
- Keeping walkways and hallways free of debris, clutter and obstacles.
- Keeping doors and desk drawers etc, shut when not in use.
- Covering cables or cords in walkways and on floors.
- Reporting worn or damaged flooring and mats.
- Wearing comfortable, properly fitted shoes that are appropriate for the task.
- Not using unsuitable platforms for reaching heights, such as a chair, table, or upturned bucket!
- Reporting broken or damaged equipment that may be used for working at height, such as ladders and step stools.
- Only use height-reaching equipment if you are competent and trained to do so.
- Storing boxes/equipment in a safe place "out of the way."
- Adequate lighting.

Reducing risks from display equipment (DSE)

The Health and Safety (Display Screen Equipment) Regulations 1992 apply to you if you use DSE daily, for an hour or more at a time. Most hospice staff and volunteers have the opportunity to walk away from their desks or take a break from computer work. However, if you do need to work for prolonged periods at your computer or laptop, it is important to take steps to maintain your comfort and prevent health problems from arising.

Incorrect use of DSE or poorly designed workstations or work environments can lead to pain in necks, shoulders, backs, arms, wrists and hands as well as fatigue and eye strain. The exact causes may not always be obvious.

DSE Assessment

To protect you from risk caused by your workstation, we will:

- Check workstations to assess and reduce risks.
- Make sure controls are in place.
- Provide information and training.
- Review the assessment when the user or DSE changes.

If you develop discomfort due to your work station layout and equipment, report it to your manager.

The following illustration can be used to complete your own quick assessment and ensure everything is set up correctly.

Manual handling

Correct manual handling procedures are vital to ensure your continued health and safety. The following points to remember when handling are:

- Avoid lifting manually wherever possible. Check to see if mechanical aids are available.
- Plan your lift to ensure there is sufficient space to handle the load and the route is clear.
- Check the weight, do not attempt to lift or handle objects that are beyond your capacity.

1

Stand close to the load with feet apart so you are balanced and stable.

2

Keeping back as straight as possible, bend your knees to get close to the load

3

Avoid twisting and lifting at the same time.

Remember: It is often not the weight of the load that is the greatest risk, but the way it is lifted.

Moving & handling

Damage to the back can creep up on a person so it is vital that you practice good moving and handling techniques. What does moving and handling mean?

- **Lifting:** bearing of part or full weight of an object or person using bodily force.
- **Moving and handling:** Transportation of support of any load using bodily force including the use of mechanical aids. It incorporates: lifting, putting down, pushing/pulling, carrying or moving by hand or bodily force.
- **Posture:** Pressure put on the musculoskeletal system 24/7, particularly the spine.

Injuries can be –

- **Chronic -** usually caused by repeated application of effort; this could be over weeks, months or years
- **Acute -** usually an immediate failure of a bone, ligament, muscle or some other part of the body

Employers and employees/volunteers are required to comply with guidance that reduces the risk of injury.

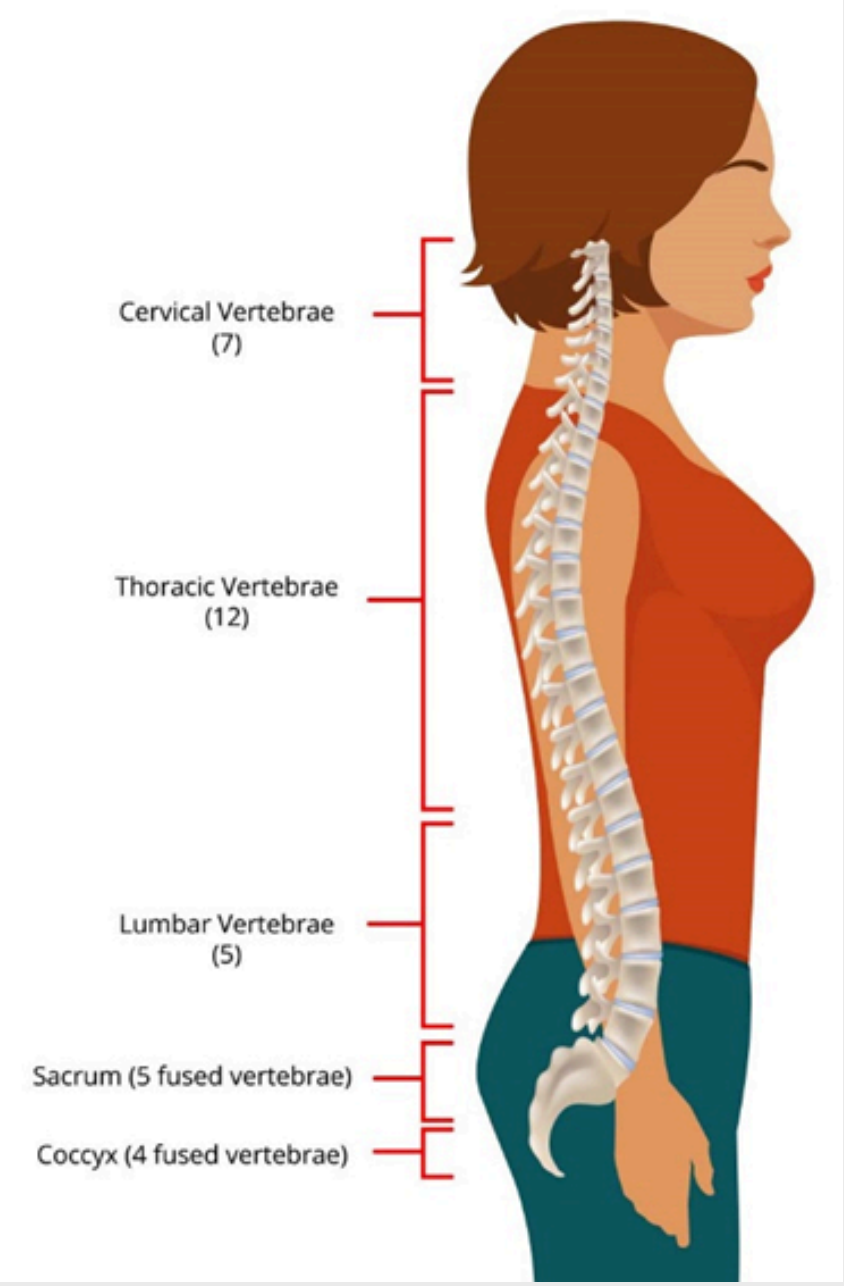
Employer's responsibilities

- Avoid hazardous manual handling tasks where possible.
- If unavoidable, hazardous tasks must be risk assessed.
- Once assessed, action must be taken to remove or reduce the level of risk to an acceptable level.
- Review assessments as necessary or at least yearly.
- Provide a safe manual handling policy.
- Provide appropriate training.
- Provide appropriate equipment.

Employee's and volunteer's responsibilities

- Look after their own health and safety.
- Look after others who may be affected by their actions and/or omissions.
- Complete training.
- Make full and proper use of equipment provided.
- Follow local policies and procedures.
- Report any manual handling incidents including actual and near misses.

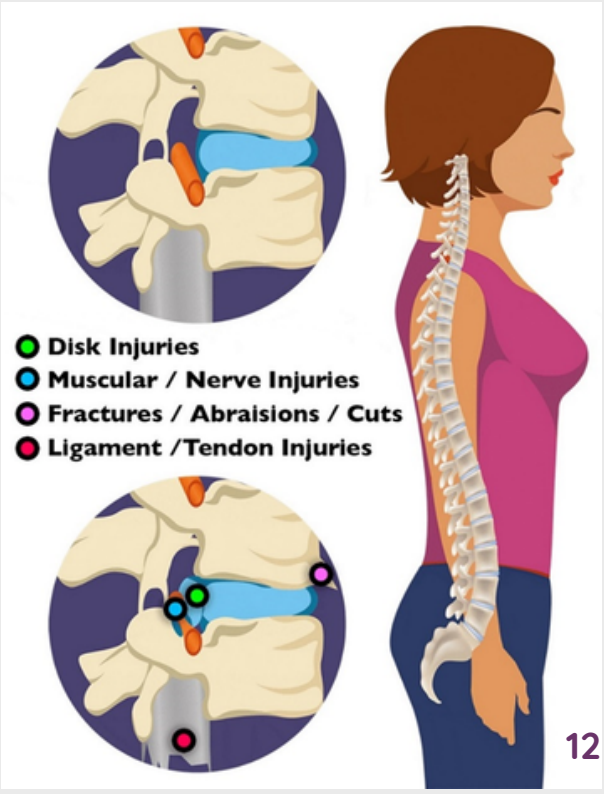
Moving & handling



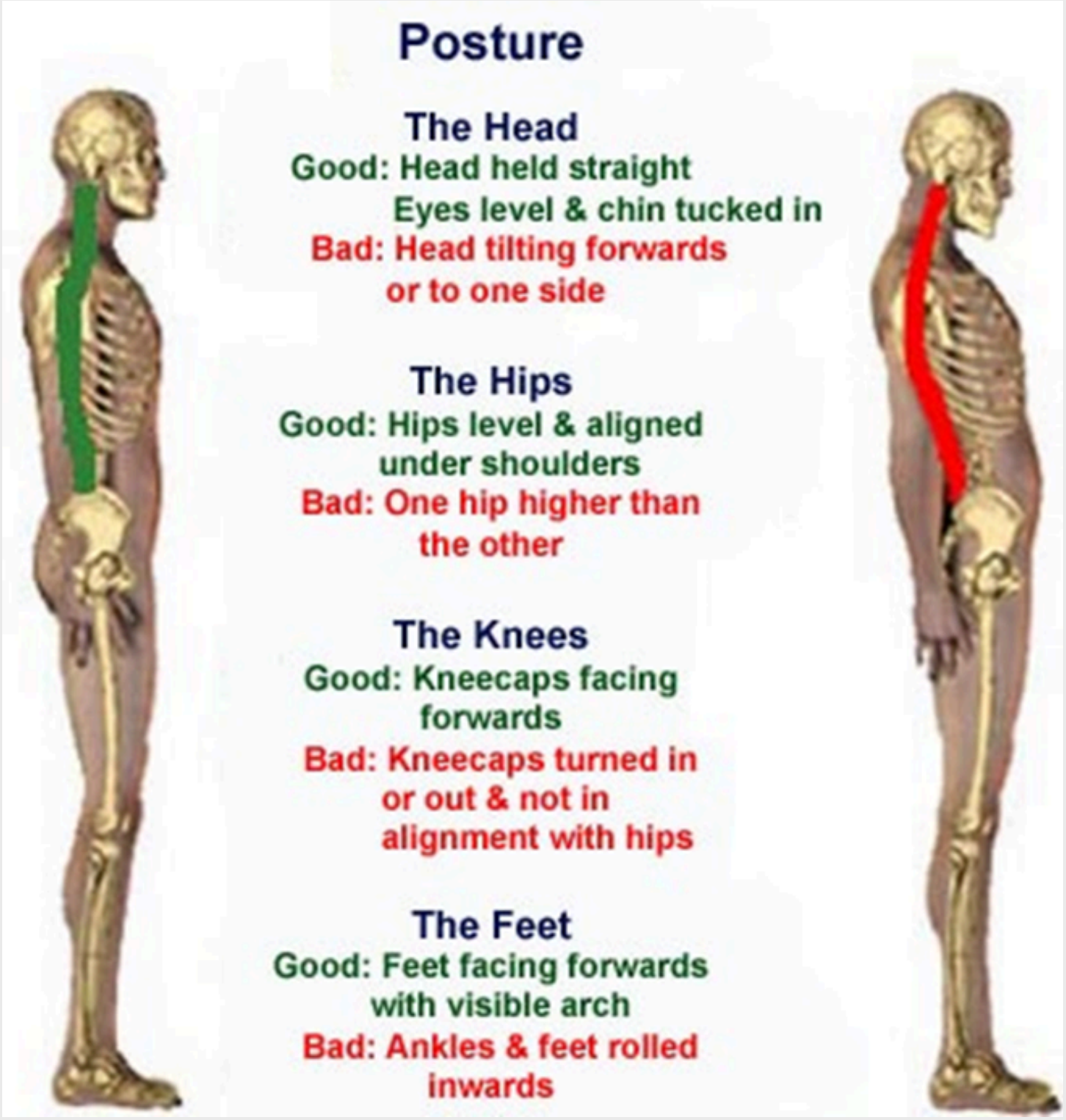
The human spine is a flexible column of 33 bones called vertebrae, stacked on top of each other to form one long column with a larger bone at the bottom, which is called the sacrum.

Two thirds of our weight rests on the five bones of the Lumbar Vertebrae and is the area most commonly injured.

Common types of injury resulting from poor moving and handling techniques include: disks, muscular, nerve, fractures, abrasions, cuts, ligament, tendon.



Moving & handling



Good sitting posture - the pelvis should tilt forward allowing the spine to hold it's neutral 'S' shape - this means weight is evenly distributed across the intervertebral discs giving a better balance in the supporting musculature.

Workstation ergonomics study of work – make the job fit the person and their capabilities therefore minimising risk. Height and position of equipment should suit the user and be correct for their stature and with sufficient space to work comfortably. Adjust chair frequently to maintain support at all times.

Moving & handling

Some examples of bad sitting posture

- The pelvis crest is forced to lean back.
- The spinal column is strained with compression of the lumbar discs.
- Breathing is restricted as only the upper part of chest is used.
- The lower abdomen is compressed which leads to poor digestion.
- Circulation is restricted.
- Movement is limited.
- The muscles become elongated in the back and slack in the abdomen, this imbalance can weaken the lower back.

Risk factors assessed include the task, individual capabilities, load, environment and equipment.

Good body mechanics

- **Centre of gravity** - keep your centre of gravity low, back straight, knees and hips bent.
- **Base of support** - keep your feet apart, one slightly ahead of the other.
- **Flex knees and turn with your feet.**
- **Line of gravity** - keep your back straight and the object being lifted close to your body.
- **Body alignment** - tuck in your buttocks, pull your abdomen in and up. Keep your back flat, head up, chin in and your weight forward and supported on the outside of your feet.
- **Team handling** – 2 or more people to share the load. Establish team lead and understand their commands.
- **One arm lifts** – Divide load if possible. Use free arm for balance.
- **Awkward objects** – if weight is unbalanced, keep the heaviest side close to your body.
- **Lifting, lowering from high places –** stand on something sturdy. If possible do not lift above shoulders. When lowering test the weight first and make sure there isn't anything on top of it.

Lone working

As part of your role, it may be that you attend an event, community activity, or a patient visit on your own. In this event, we will ask you to adhere to our lone working guidance and process for your own safety and wellbeing.

Lone work guidance

Please only attend a volunteer appointment at the request of a Blythe House Hospice staff member. This ensures that we know your whereabouts when you are volunteering on our behalf, and that we can add you to the lone working log. If you are on your own (at a visit, event, or locking up) please keep your phone charged and close by, stay aware of your surroundings, and trust your instincts. Don't share personal contact details, and please avoid carrying valuables. If you ever feel unsafe, leave straight away and call for help.

Report anything worrying to your manager as soon as you can.

General

- Please ensure the staff member who requested your support is aware that you are working alone.
- Keep your phone charged and handy (with key numbers saved).
- Wear practical clothes/shoes, avoid carrying valuables.
- Stay aware and trust your instincts — if it feels wrong, leave.
- Don't share your personal number with anyone outside of the hospice staff / volunteer team (you should use #141 to withhold your number).
- Report concerns or incidents to the Blythe House Hospice staff member in charge, or the Lone Working Phone straight away.

At visits

- Only go in if the named contact is there.
- Ask if anyone else is present (including pets) — it's fine to ask for pets to be moved to another room/space like a crate.
- Know your exit route.

Travelling by car

- Make sure your car is in good working order.
- Where appropriate - park in a well-lit area, reverse in for an easy exit.
- Keep keys close and doors locked.

Check-in

You will be asked to "check in and out" when working alone — your manager will explain how.

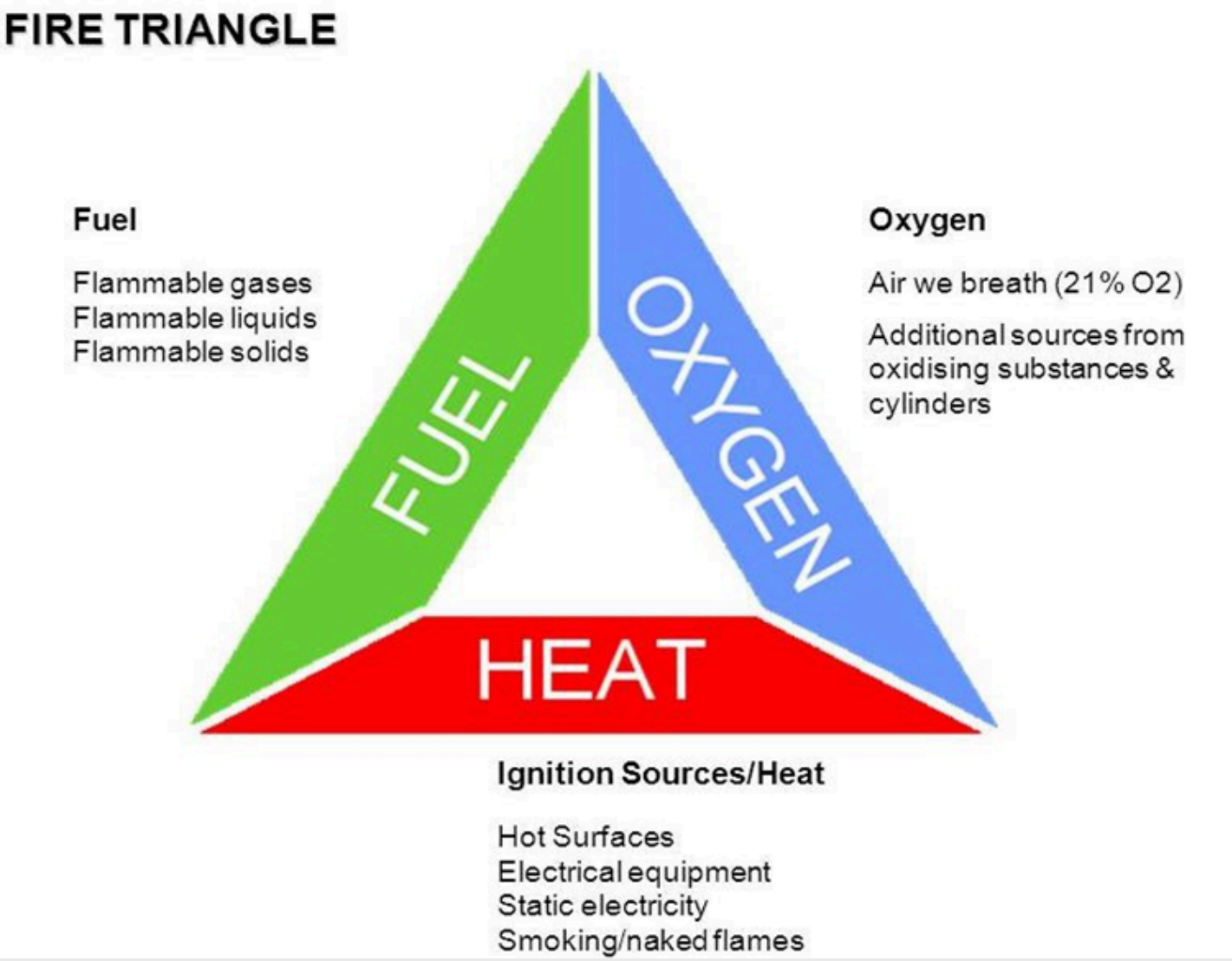
FIRE SAFETY

at Blythe House Hospice

Fire safety

What is fire?

Fire is a chemical reaction involving burning of a fuel. Three things need to be present together to produce a fire – remove any one of them and no fire can start and a fire can burn out.



Reducing the risks associated with fires

In order to minimise fire risk there are a number of things we can do:

- Keep combustible materials away from heat sources.
- Don't overload electrical sockets.
- Store combustibles or fuels safely.
- Keep fire doors closed.
- Check fire extinguishers regularly.
- Avoid clutter - particularly around walk ways and exit areas.

Fire doors

All Fire doors are designed to give at least thirty minutes protection against smoke and flames.

- Fire doors are an essential and effective means of hindering the spread of a fire and should therefore be treated with respect.
- Fire doors are marked with a blue sign and have a self-closing arm and seal strip.

FIRE DOORS SHOULD NOT BE LEFT WEDGED OPEN!

If it is necessary to wedge open a fire door, for example, when moving furniture or transporting patients through the doors, somebody must take responsibility for ensuring it is closed again afterwards. An open fire door will not prevent the spread of smoke and fire.

The image below highlights the importance of fire doors. The fire was contained on one side and on the other side, anyone in the building would have had a safer exit route.

Photo Credit: Door Security and Safety Foundation (www.doorsecuritysafety.org)

It is important to ensure doors are not damaged. A damaged door will allow smoke and fire to penetrate the gap between the door and the frame and eventually the door itself.

Think about it!

Do all fire doors in your area of work close properly with the door fitting securely back into its catch and frame without gaps around the door? If not, this must be reported to your line manager or the hospice's Facilities Co-ordinator

Designated fire escape routes

Designated fire escape routes are protected by fire doors and have directional signs located throughout the length of the escape route to direct people to the final exit door. It is important not to store anything on these escape routes, as they present a trip or fire hazard, particularly if the mains powered lighting fails.

Fire alarm call points will be located along these routes so the alarm can be raised without leaving a protected area. Emergency lighting is also installed along these routes.

Each shop and warehouse is different; when visiting any of these sites you must familiarise yourself with the fire exits, escape routes and meeting point displayed on the wall at each site. Please also familiarise yourself with the exit routes when entering a patients home, or any other setting on behalf of the hospice, and keep your phone close by. Then follow the fire management and evacuation guidance - getting to safety and then phoning the fire brigade.

Think about it!

Look around your area and locate the fire alarm points, fire extinguishers and nearest escape routes.

Fire Action

On discovering a fire:

1. Operate the nearest alarm
2. Leave the building

On hearing a fire alarm:

Staff will carry out fire procedures relevant to their areas

Anyone not in these areas will:

1. Make their way to the nearest fire exit, without stopping to collect personal belongings, ensuring on the way that all windows and fire doors are closed and all wedges removed; no one will use the lifts.
2. Assemble at the designated meeting point for further advice; no one will re-enter the building until permission is given by a senior manager, or the fire brigade.

All shops, the warehouse and hospice have either an electronic fire alarm system or smoke detectors. On hearing either of these:

- Evacuate the building including all customers, volunteers, staff and patients.
- Report to the meeting area.
- Call the fire brigade and do not return to the building until given permission by the fire brigade.

Fire extinguishers

There are several different types of fire extinguishers available and they are grouped into classes depending on the type of the fire they are to be used upon.

Do not use a fire extinguisher if:

- The fire is bigger than a waste paper basket
- You don't know how to use the extinguisher

Only use one extinguisher - if the fire does not go out leave it to the professionals

Refer to the Fire Management Plan for further information.

INFECTION PREVENTION AND CONTROL

at Blythe House Hospice

Infection prevention and control

Stop the spread of infection!

If we all work together on good infection prevention and control practices, we can do a lot to minimise the risk of spreading infection amongst staff and volunteers, and to patients and visitors.

Infections can spread via your hands, through coughing or sneezing, via food, or contaminated equipment or surfaces.

Some tips:

- Hand washing is very important to reduce the spread of infection.
- Cover any cuts you have on your hands with an impermeable plaster whilst at work.
- Always use a tissue and cover your mouth and nose when coughing or sneezing.
- Using a good quality hand cream as frequently as is necessary to maintain the skin in good condition, this helps to reduce infection risk.
- Use protective equipment such as gloves, apron and mask to protect yourself and reduce the spread of infection.

Good hand washing

Good, effective hand hygiene is the most important way of controlling and preventing the spread of infection.

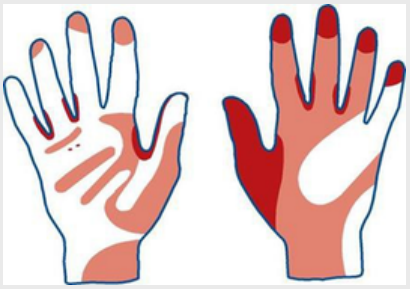
1. **WET** the hands with tepid running water

2. **APPLY** one dose of liquid soap from the pump dispenser into a cupped hand

3. **RUB** firmly and thoroughly all surfaces of the hands and fingers paying particular attention to the tips of fingers, the thumbs and the areas between fingers for a minimum of 10-15 seconds before rinsing the hands thoroughly under tepid running water, holding hands down

4. **DRY** the hands thoroughly by blotting/gentle rubbing with a disposable paper towel, paying particular attention to the skin between the fingers. Damp hands can encourage bacteria to adhere to hands and be transmitted more readily

The diagram below demonstrates which areas are missed most when hand washing:



FRONT BACK

- The white areas are those least frequently missed
- The darker areas are those less frequently missed
- The darkest area is those most frequently missed

Wash your hands:

- After using the toilet.
- After cleaning up any spillage, handling waste or touching bins.
- Before handling food and after eating and drinking.
- When hands look or feel dirty.
- After sneezing or blowing nose. Wash your hands.

Alcohol hand gel

Alcohol hand gels are a practical alternative to hand washing when the hands are socially clean. Pocket sized alcohol hand gels are suitable for staff and volunteers working in services outside of the hospice.

- The gel must come into contact with all of the surfaces of the hand.
- The hands need to be rubbed together vigorously, paying attention to the tips of the fingers, the thumbs and the areas between the fingers.
- This action should be performed until the gel has evaporated and the hands are dry.

Alcohol hand gel does not replace hand washing when the use of soap and water is essential such as, when hands are visibly soiled or potentially contaminated with bodily fluids.

Alcohol hand gel is not effective in dealing with the viruses and bacteria that cause diarrhoea outbreaks e.g. Norovirus or Clostridium Difficile.

Sickness and diarrhoea

Sickness and diarrhoea tends to last two to four days if due to an infection. Do not volunteer for 48 hours after your symptoms have subsided.

Managing spillages

All spillage of blood and body fluids must be dealt with immediately and the area cleaned and disinfected. Appropriate protective equipment such as apron and gloves should be worn. The area must be dried thoroughly with paper towels following cleaning. Aprons and gloves, the spillage and paper towels must be disposed of in Clinical Waste.

Infection prevention and control

Outside of the hospice and in the patients' homes, spillages of blood must be decontaminated with an appropriate disinfectant. Popular disinfectants are chlorine-releasing chemicals and must be used according to the manufacturer's instructions.

Chlorine-based solutions may bleach and cause damage to carpets and soft furnishings. If body fluids are spilled on carpets or soft furnishings they should be mopped up with paper towels or disposable cloths, the surfaces then thoroughly cleaned using a general purpose detergent and water solution. Again, using universal protection such as – disposable gloves and aprons.

Spillages of a non-hazardous nature must be cleaned with warm water and detergent.

Manage equipment and the environment safely

It is important to maintain a clean environment and ensure equipment is cleaned according to manufacturers' recommendations. Blythe House employs a cleaning team however all staff and volunteers must take responsibility for their own personal housekeeping and should ensure their immediate working area is clean and tidy.

Segregating waste

All waste should be segregated and disposed of correctly. When handling waste appropriate protective equipment such as aprons and gloves should be worn. Bags should be secured with a tight knot at the neck and never be more than 2/3 full.

General waste (black bag)

General waste will include waste from the kitchens and will include waste food stuffs, tins, plastic containers and aerosols, flowers and unbroken glass.

Clinical waste (yellow bag)

Any soiled dressings, swabs, PPE and contaminated waste from a service user with a known or suspected infection. Human tissue and blood spoiled items.

Offensive waste (yellow bags with black stripe – tiger bags)

Offensive hygiene waste from a service user with no known or suspected infection to include incontinence pads, urine containers, urine drainage bags, and stoma bags, mouth sponges, soiled wipes, PPE.

Sharps

All sharps must be disposed of by placing them into a correctly assembled sharps container.

Sharps injury

If sharps are disposed of incorrectly there is a high risk of a sharp injury and potential infection. In the event of a sharp injury:

- Encourage the wound to bleed if appropriate (Do not suck the wound or put the area into the mouth).
- Wash the wound in soap and warm running water (do not scrub).
- Cover the wound with a waterproof dressing.
- Report the incident to the immediate line manager.

If the injury is from a sharp which has been in contact with a patient and therefore potentially contaminated:

- As a matter of urgency, communication will need to be with Accident and Emergency, who will assess the risk - blood samples may need to be taken with appropriate intervention offered according to risk.
- In the event of any sharps injury, an accident - an accident/ incident form must be completed, please report to your manager.

CUSTOMER CARE AND COMMUNICATION

at Blythe House Hospice

Customer care

Good customer care is:

- Going the extra mile.
- A warm welcome and a good first impression.
- Being friendly.
- Being approachable e.g. wearing your badge.
- Making the individual feel they are important, and that they matter to us.

The benefits of good customer care are:

- Improved reputation for the organisation and personally.
- Fewer errors and complaints.
- Better use of resources.
- Increased customer satisfaction.
- Improved staff/volunteer morale.

The principals of customer care:

- The customer comes first.
- We provide our customers with an outstanding service.
- We are always looking to improve this service.
- We are all responsible for customer satisfaction.
- We follow work procedures and measure our performance.
- We give our best, all the time.
- We try to resolve problems as they arise.
- We work together, with our colleagues and with our customers.
- We improve the way we work through education and training.
- We take personal ownership of day-to-day issues and problems that arise.

Customer dissatisfaction may occur where:

- Expectations not met.
- Limited choices.
- Mistakes.
- Poor communication.
- Delays in promises or responding to enquiries.
- Unprofessional behaviour and poor staff attitude.

It is important to listen to any concerns and to report this back to your manager or member of staff. If appropriate - ask for their assistance before responding.

Customer care

Customer satisfaction

A satisfied customer should feel their expectations, and choices, have been met with no delays or mistakes in responding to enquiries. Good communication and professional behaviour is essential at all times.

When dealing with a customer in person, communication should always be professional, displaying a positive attitude/behaviour – 55% of communication is non-verbal. Pay attention when listening, and always maintain confidentiality. Treat the customer as an individual, respecting personal space and showing sensitivity to people with disabilities, essential skill needs and spiritual, religious, racial and cultural needs. It is always good practice to thank the customer for their time.

When dealing with a customer on the telephone, in addition to the above, it helps to be prepared - use a message pad if necessary. Keep the conversation clear and concise, agree expectations and summarise the conversation. Again it is good practice to thank the customer for their time/call.

Complaints Procedure

At Blythe House Hospice we strive to provide high quality care to everyone, whether that is a patient, family member, donor, customer in our shop, volunteers, or the general public.
If we have not met your expectations, or the expectations of someone that you come into contact with, then please let us know so we can conduct a full investigation. We will use the information you provide to endeavor to put things right and help us to become more effective.
There are a variety of ways that you can give us your feedback:

- In person to a member of hospice staff
- By completing the form on our website
- By email: feedback@blythehouse.co.uk
- In writing: CEO at Blythe House Hospice, Eccles Fold, Chapel-en-le-Frith, High Peak, SK23 9TJ

Complaints procedure: How we will investigate and respond.

Complainants who have made a complaint in writing will be sent a written acknowledgement of their complaint from the relevant senior manager within five working days of receipt of their complaint, and a full response following investigation will be provided within 30 working days of the complaint being received. If the complainant is not satisfied with the outcome of the investigation, they may complain to the Care Quality Commission for complaints relating to clinical services, or the Fundraising Regulator, for income generation matters.

Communication essentials

Effective communication

This effective communication helps establish trusting relationships, ensures information is shared and understood, and promotes people's well-being.

Top tips on communication skills

Listening -

Being a good listener means paying close attention to what the other person is saying and not interrupting when they want to get their point across. Active listening is fully concentrating on what they are saying, asking questions about what they are talking about, and not simply just hearing what someone has said. This allows you to show the person that you are attending to them and that you have understood them.

Non-verbal communication -

The way you sit or position yourself, your gestures and facial expressions and level of eye contact can all impact on communication. A relaxed posture with good eye contact (not staring) will encourage more open communication.
Careful wording of emails and texts can avoid misinterpretation and potential conflict.

Verbal communication skills –

When speaking to someone in person or on the phone aim to get your message across clearly and try not to ramble. To avoid talking excessively, which can be confusing, it is good to think about what you want to say before you begin the conversation. The words you use, your tone, intonation and volume of speech are also important factors. On the telephone always say who you are, avoid distractions and stay focused on the conversation. Remain polite and courteous and avoid the use of jargon.

Challenging behaviour

Individual behaviour can become challenging if a person is placed in a situation they are uncomfortable with or if changes are implemented that are unfamiliar to them and they feel have not been discussed with them prior to commencing.

By recognising why an individuals' behaviour is challenging, and by listening and communicating appropriately, then the situation may be resolved and conflict might be avoided.

What is conflict?

Opposing ideas between one or more people can lead to conflict. This can happen in the workplace with colleagues, or with patients/customers etc.

Relationship conflict is one of the most damaging forms of conflict, whereby there is a clash of personalities with constant negative interaction.
Problems arise when there are differences of opinions with no respect for the value of each individual team or their point of view.

Process conflict involves dispute over how a task should be completed and who is allocated the responsibility for this.

Signs of growing conflict

Conflict can escalate, so it is helpful to recognise when a situation is building up to a conflict. Look for signs of this and be aware that conflict can escalate quite quickly:

- Anger
- Anxiety
- Repetitive disagreements
- Inappropriate communication – verbal and/or written
- Loss of trust within a working relationship

Handling conflict

- Recognising the early signs of conflict can prevent it escalating. Aim to appear non-threatening.
- Keep calm, control the tone of your voice and your body language
- Be objective
- Be open and honest
- Acknowledge each other's views and opinions.
- Don't make it personal
- Search for an agreement – move away from fault finding to problem solving
- Apologise for your part in the conflict – there is usually two sides to a conflict

If the conflict gets worse and in particular with relationship conflict it may be necessary to involve a third party who can act as a mediator and look at solutions to resolve the conflict.

Managing complaints

It is important that people using our services are aware of how to make a complaint and that they are assured that it will be addressed effectively and without prejudice.

At Blythe House Hospice, we welcome all comments regarding the services we provide. We hope your experience has been positive and we would love to hear from you. However, if we have not met your expectations about any aspect of our services then please let us know so we can address any concerns you have.

Effective management of complaints gives the hospice an opportunity to resolve the concerns of our service users and learn from them in order to improve the quality of our services. All complaints must be dealt with courteously and promptly.

Responding to complaints

- The complaint should be referred to your line manager or their deputy on the same working day, or if not possible the next day.
- The line manager or deputy must acknowledge receipt of the complaint and assure the person making the complaint that their complaint will be taken seriously and investigated accordingly.
- Response to the complaint will be sent by letter or email by the appropriate senior manager.
- In the event that a complaint cannot be resolved it will go forward to the Chief Executive (CEO).
- The Board of Trustees are informed of all complaints.

EQUALITY AND DIVERSITY

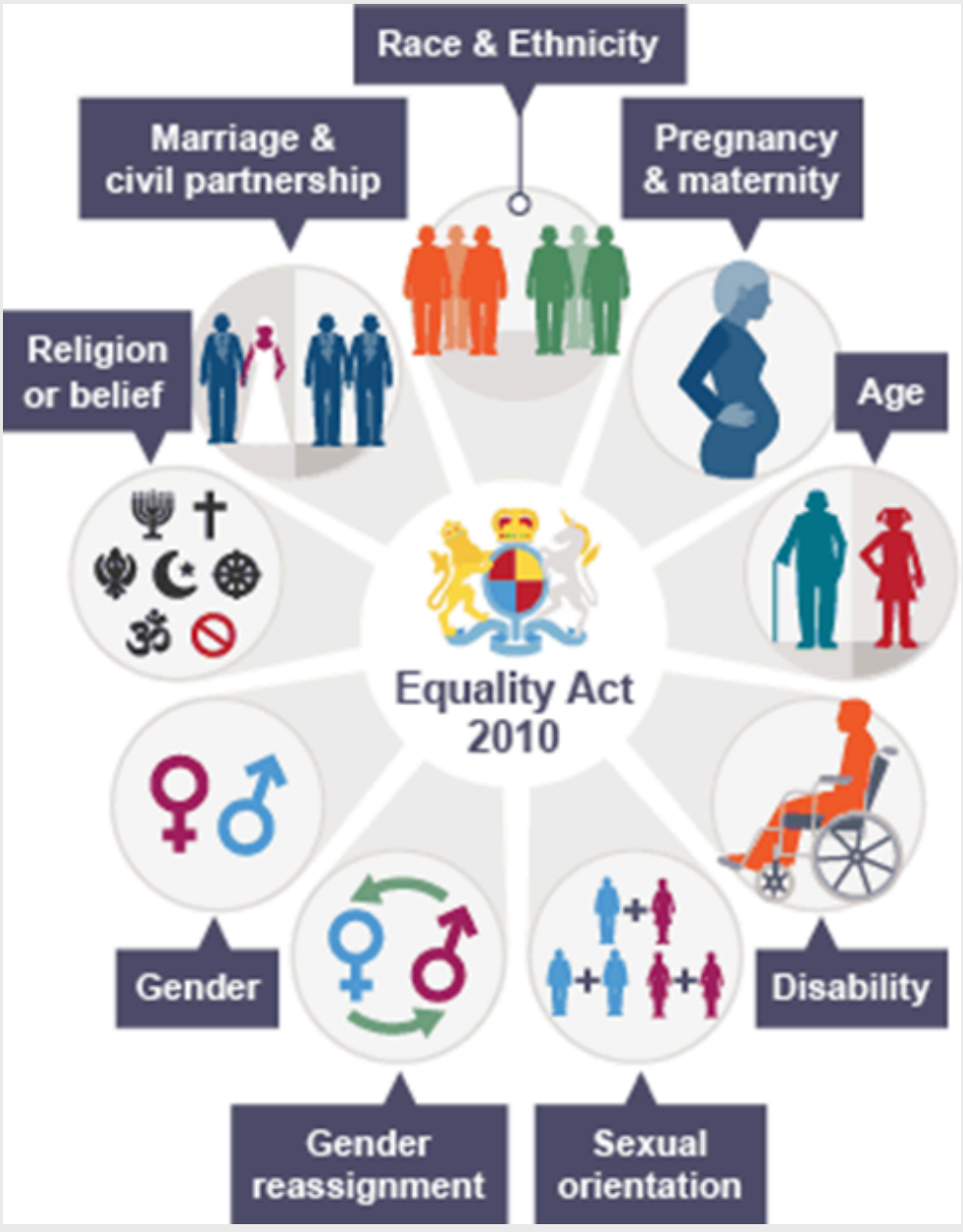
at Blythe House Hospice

Equality and diversity

Blythe House Hospice is committed to ensuring that everyone who engages with the hospice is treated with dignity, fairness and respect. We define Equality, Diversity and Inclusion as follows:

Equality enables us to create a fairer society where everyone can participate and has the opportunity to fulfil their potential. Equality is backed by legislation (Equality Act 2010) which is designed to address unfair discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a protected characteristic and those who do not. In other words, it is everyone's business.

The characteristics that are protected by the Equality Act 2010 are:



Diversity is when we recognise and value difference in its broadest sense. It is about creating a culture and practices that recognise, respect, value and embrace difference for everyone's benefit.

Inclusion refers to an individual's experience within the workplace and in wider society, and the extent to which they feel valued and included.

Equality, diversity and inclusion are different things and they need to be progressed together. Equality of opportunity will only exist when we recognise and value difference and work together for inclusion.

What behaviour is unlawful?

Under the Act, it is unlawful to discriminate, harass or victimise someone because they have or are perceived to have a “protected characteristic” or are associated with someone who has a protected characteristic.

Under the Equality Act, there are four main types of discrimination:

- Direct discrimination
- Indirect discrimination
- Harassment
- Victimisation

Direct discrimination
This means treating someone less favourably than someone else because of a protected characteristic. Direct discrimination in all its forms could involve a decision not to employ someone, to dismiss, withhold promotion or training, offer poorer terms and conditions or deny contractual benefits because of a protected characteristic.

A new Equality Act came into force on 1 October 2010. The Equality Act brings together over 116 separate pieces of legislation into one single Act. Combined, they make up a new Act that provides a legal framework to protect the rights of individuals and advance equality of opportunity for all.

The Act simplifies, strengthens and harmonises the current legislation to provide Britain with a new discrimination law which protects individuals from unfair treatment and promotes a fair and more equal society.

The Equality Act 2010

Indirect discrimination

This type of discrimination is usually less obvious than direct discrimination and can often be unintended. In law, it is where a provision, criterion or practice is applied equally to a group of employees/ job applicants, but has (or will have) the effect of putting those who share a certain characteristic at a particular disadvantage when compared to others without the characteristic in the group, and the employer is unable to justify it.

Harassment

Harassment is defined as 'unwanted conduct' and must be related to a relevant protected characteristic or be 'of a sexual nature'. It must also have the purpose of effect of violating a person's dignity or creating an intimidating, hostile, degrading, humiliating or offensive environment for the individual.

Victimisation

Victimisation is when an employee or volunteer suffers what the law terms a 'detriment'- something that causes disadvantage, damage, harm or loss –
because of:

- Making an allegation of discrimination, and/ or
- Supporting a complaint of discrimination, and/or
- Giving evidence relating to a complaint about discrimination, and/or
- Raising a grievance concerning equality or discrimination , and/or
- Doing anything else for the purposes of (or in connection with) the Equality Act 2010.

Victimisation may also occur because an employee or volunteer is suspected of doing one or more of these things.

CONFIDENTIALITY, DATA PROTECTION AND INFORMATION GOVERNANCE

at Blythe House Hospice

Confidentiality, data protection and information governance

(In the following pages personal data means information which can identify an individual such as name, address, email address etc. it also includes health records, financial records or other. This relates to records held in paper, on computer and images).

The duty of confidentiality in healthcare

One of the core principles of health care is the duty of confidentiality to patients which charges all employees and volunteers of the hospice to protect and maintain the privacy of personal information relating to individual patients except in specific circumstances. Access must only ever be allowed on a 'need to know' basis.

Those circumstances where the disclosure of confidential information is acceptable without the permission of the individual concerned are:

- Where a child is believed to be at risk of harm (Children Act 1989).
- Where there is evidence of risk of harm either to the individual or somebody else
- For the prevention, detection and prosecution of serious crime.
- When instructed by a court.
- In certain circumstances under the Mental Health Act 1983.

This duty is in all contracts and any breach of confidentiality of information gained, whether directly or indirectly, in the course of work is a staff disciplinary offence that could result in dismissal and or prosecution - and in a volunteers role, volunteers could be asked to leave.

Your responsibilities

You are responsible for keeping data confidential in line with data protection and information governance principles and policies. If any of the questions on page 38 have the answer NO for your work area please raise the issue with your line manager.

Getting the right balance

Each situation must be judged on its own merits in order to get the correct balance between the duty of confidentiality and the duty to disclose. Where there is a need to make such a decision advice and support should always be sought from your manager, or a staff member.

General Data Protection Regulation (GDPR) May 2018

Under the GDPR all citizens have a right to understand and be in control of how and when their personal data is used. In the hospice this means all personal data relating to: patients, staff, volunteers, donors, shoppers or other supporters.

To comply with this law we must:

- Gather information fairly and transparently
- Hold data securely
- Only hold what we need
- Hold what is correct
- Share on a need to know basis
- Only hold data for a specified amount of time
- Only use data for agreed purposes
- Be clear in advance who we routinely share data with during our work

The privacy policy on our website explains how we use your personal information

Each individual also has the right to ask to see what information we hold on them, have it corrected if wrong or have it removed if they so wish. In some situations, this may mean they cannot use our services in certain ways but any request to discuss removal of data should be referred to the appropriate team leader or the Chief Executive for action.

Security and confidentiality of information workplace checklist

	Yes	No
Is your desk or work area clear of any person identifiable data when unattended?		
Can you hold confidential conversations, by phone or face to face, somewhere private?		
Is personal information locked away in cabinets, drawers or a locked room out of hours?		
Do you log out when your PC is left unattended?		
Are computer screens located so that they cannot be viewed by people who do not have access to confidential information?		
Are passwords kept secure and never shared?		
Do you ensure that person identifiable information is never taken off the premises or stored on portable IT devices such as pen drives or laptops?		
Do you identify callers requesting person identifiable information?		
Do you ensure that you never send person identifiable information by email unless password protected for example, using Blythe House Hospice email accounts only?		

FUNDRAISING VOLUNTEERS

at Blythe House Hospice

Fundraising volunteers

As a volunteer at Blythe House Hospice you agree to support the charity in abiding by the Fundraising Regulator: Code of Fundraising Practice. The full code can be found here - www.fundraisingregulator.org.uk/code/code-2025.

Behaviour when volunteering in a fundraising role

When representing Blythe House Hospice through volunteering, you must act in a legal, open, honest and respectful manner.

You must take all reasonable steps to help donors make an informed decision about donating. Members of the public should be free, within reason, to ask for more information about the cause of the charity.

You must be open about your relationship to the charity and are therefore welcome to explain that you are a volunteer and pass on contact information for a member of hospice staff if you are not comfortable to answer an individual's questions to the extent requested.

- You must not mislead the public about the cause you are volunteering for or the way a donation will be used. You must not take advantage of a donor's mistake.
- You must not make a donor feel unduly pressured to give to our charity or cause.
- You must respect a member of the public's wish to not make an action of support.
- You must not encourage a donor to cancel or change a donation to another charity or organisation in favour of a donation to Blythe House Hospice.
- You must not exploit the trust or lack of knowledge or awareness of any donor in vulnerable circumstances.
- All fundraising must meet the requirements of the law. Blythe House Hospice must have the appropriate permits or licences to collect donations, whether on the street, on a private site or collecting from house to house. Please do not carry out these activities unless requested to do so by a member of the fundraising team.
- Volunteers should always be identifiable as representing Blythe House Hospice, either by wearing the charity's branding (t-shirts and fleeces can be provided if you haven't got one) or standing on a branded stall. Volunteer lanyards should be worn at all times when carrying out your role.

Handling and processing donations

Collection pots

All collection pots are to be sealed with a sticker label over the opening, and must be labelled with the business name and date of issue. Once collected the collection pot will be returned to the hospice to be put through the coin counting machine under dual control.
On receiving a collection pot from a business, you must provide them with a receipt. The receipt will not detail the amount inside the pot as it will not have been counted, but it will show the date the pot was collected, the name of the collector and the host business name. Receipt books will be provided to you if working with collection pots forms a part of your volunteer role. If you run out, please make this known to your contact within the fundraising team.

Cash donations

When receiving a cash donation (not inside a sealed collection box) at Blythe House Hospice, at an event or in one of the charity shops where you are volunteering - you must provide the donor with a receipt to show the amount donated and follow the procedure for safekeeping of the money before it can be returned to the hospice building. The correct procedure for the environment that you are in will be briefed to you by your manager.

Floats and tills

In the cases where you are volunteering at a shop or stall at an event where a till or float would be in use, you must make sure that all money is put into the till immediately and any change is given from the till/float, not from personal money.

Where you can access support and guidance

You can access support and guidance at any time by contacting the fundraising team, either directly to the team member you typically report to, or by contacting the fundraising manager:

- Fundraising team: fundraisingteam@blythehouse.co.uk
- Fundraising manager: Rebecca Gregory rebecca.gregory@blythehouse.co.uk or 01298 875 089
- Alternatively, you can contact the volunteer team on volunteering@blythehouse.co.uk

SECURITY OF PREMISES

at Blythe House Hospice

Security of premises

Let's all work together to keep ourselves and our patients and visitors safe whilst at work. The reception at the hospice is staffed from 9 am to 5 pm, Monday to Friday by staff and volunteers.

Be aware of anyone unfamiliar trying to gain access to a secure area. Follow at a discrete distance and observe them if they try to gain entry. Challenge them (if it is safe to do so) or seek another colleague to assist you to approach them to ask if they need assistance. Report to a senior manager if you are concerned.

Cabinets and cupboards containing personal information must remain locked at all times when unattended. When leaving their area of work, staff and volunteers must ensure that all windows and doors are locked.

Security

Always wear your identification badge at work and challenge anyone you do not know (if safe to do so) who has no visible means of identification, or alert a member of staff. Protect your personal property at all times by ensuring it is in a locked area when unattended or if accessible a locker. Try not to bring any valuables into work.

Car parking

Think safety when parking your car. You may be returning to it after dark, so is the parking space easily accessible. If you have not parked in a prominent area ensure you are accompanied by a colleague after dark. Alternatively move your car to a more prominent position when spaces become available. Always have your keys ready so you can get into the car park and your car quickly. Consider reversing into a parking space so you can drive away easily.

Do not leave valuable items in the car. If you have to do so, store them out of sight, preferably in the boot. Ensure all windows are closed and you have securely locked your car. Never leave your car running with the key in the ignition when you are out of your car.

Security of equipment

Securely store away equipment when not in use. Unattended computers must be locked. To lock your computer click on Windows icon bottom left of the screen, then click on the user/person icon in the top right, drop down menu then lock.

All security-related concerns or suspicious incidents must be reported to your line manager and facilities co-ordinator.

CONFIDENTIALITY AGREEMENT

at Blythe House Hospice

By signing this form you are confirming that you have fully read and understand the content of the Volunteer Handbook and will adhere to the:

1. Relevant policies and procedures for your role
2. AWS Health & Safety & Risk Folder (for those working in a retail role),
3. Risk assessment
4. Volunteer Handbook / Blue Stream training modules
5. Confidentiality agreement
6. Volunteer Best Practice Agreement
7. Fundraising Code of Practice

Confidentiality agreement

- All patients, clients, their families and carers have the right to expect that Blythe House Hospice staff and volunteers will respect their confidentiality.
- All volunteers are required to treat all they know or learn about a client as strictly confidential. Confidentiality can be a difficult area and volunteers are encouraged to discuss any problems about confidentiality with the volunteer team or an appropriate senior staff member.
- By signing below, you are confirming that you understand that during the course of your volunteering you will treat as confidential all information concerning current or former patients, clients, their families and carers and you undertake not to divulge any such information and if any doubt you will refer the matter to the appropriate senior staff member.

Best practice agreement

Blythe House Hospice will:

- Take all reasonable measures to ensure your safety when you are in the shop, or in your role.
- Provide training on the core role, or retail activities, with specific and on-going training opportunities as required.
- Provide a staff/volunteer - only area for refreshment breaks (including cloakroom facilities where possible).
- Aim to make your role a rewarding and enjoyable experience.

As a volunteer, I will

- Have a good awareness and knowledge of all relevant policies and procedures, and adhere to them at all times.
- Understand the importance of mandatory training in Fire Awareness and Moving & Handling and undertake this training when requested.
- Participate in, and contribute to, other information and training opportunities.
- Be welcoming and polite, helpful and respectful to patients, visitors, customers and donors.
- Be attentive to the needs of patients, visitors, customers and donors, fellow volunteers and staff.
- Be reliable and punctual and undertake my role as agreed. If at any time I am unavailable or unable to fulfil my role, I will advise the manager as soon as possible.
- Be a good team member and show respect and consideration for my colleagues, their opinions and ideas.
- Present a smart appearance in my volunteer role.
- Have an awareness of the services provided by Blythe House Hospice.
- Act as an ambassador in the local community for Blythe House Hospice by promoting the work of the hospice, where appropriate.

Print Name: _____

Role you are undertaking:_____

Volunteer

Signed.....

Print name.....

Date.....

Manager

Signed.....

Print name.....

Date.....