

Theme	Examples	Lessons/Resolutions/Considerations
Referral issues	Staff reluctance to refer. This means that volunteers are underused.	<ul style="list-style-type: none"> • A count of the number of potential referrals before did not translate into actual referrals. • Provide constant reminders for staff that the service was running (visits, discuss, email).
	Low engagement from some departments with the majority of referrals coming from specific departments.	<ul style="list-style-type: none"> • Consider having a “Champion” contact within each department/team to liaise with about the program
	Referrals were not eligible. This could be due to location of the patient or other specified criteria.	<ul style="list-style-type: none"> • Clear and simple criteria to be shared and follow up where any miscommunication is happening
	Referrers are unable to find referral forms.	<ul style="list-style-type: none"> • Decision made about the location of the referral forms. • Make them visible and accessible and make sure they cannot be removed from their location.
	Volunteer giving short notice of their desire to leave the role.	<ul style="list-style-type: none"> • Consider not maximising the capacity of all volunteers so that some are free to take over or share the support for a short time until replacement can be found.
	Patient is not suitable for the programme due to other medical issues. This may be noted when reviewing medical notes of the patient.	<ul style="list-style-type: none"> • The referral should not continue without further clarification from the referrer. Email to explain this, sent to the referrer
	Referrals made without checking available capacity of the service.	<ul style="list-style-type: none"> • Patients would be contacted to inform them that the service does not have capacity and alternative referral services could be offered.
Equipment	Retrieving equipment from a volunteer when they no longer want to do the role	<ul style="list-style-type: none"> • Off-boarding process for Volunteers explicit about the return of equipment.
Patient concerns	A patient may feel that a condition they are being tested for or have been diagnosed with contra-indicates the exercise and no longer wants to participate	<ul style="list-style-type: none"> • Escalate the issue to senior staff involved in the care of the patient and ask them to explain to the patient and the volunteer any appropriate adaptations that might be needed.
	The Patient feels that the exercise is too easy or too hard	<ul style="list-style-type: none"> • Discuss with volunteers that the programme needs to be tailored to the individual needs of the patient • Physiotherapist consulted when patients wish to advance their exercise • Possible removal from programme and referral to a local exercise group more appropriate to their needs.

Missed sessions	8-week programme may overrun due to national holidays, patient/volunteer holidays or unexpected events (such as Covid-19)	<ul style="list-style-type: none"> Set an expectation that there will inevitably be missed sessions that need to be factored into capacity.
Missed volunteer team meetings	Volunteers cannot attend all of the team meetings which provides support and shared learning	<ul style="list-style-type: none"> Ensure that the volunteers feel supported in their role and comfortable to approach the team Ensure routine contact with the volunteers to see how they are getting on
Digital systems	Requests for updates to the database used can be time consuming once already in use	<ul style="list-style-type: none"> Consider the information that is required extensively before starting. Ensure that the correct information is being captured automatically and not a manual process.
Patient readmission	Complex medical needs mean that the patient has been readmitted for a short stay or lengthy admission	<p>Agree a process moving forward:</p> <ul style="list-style-type: none"> Readmitted for less than 1 week reassessed by ward physio and recommendations given. If reassessment cannot be made in hospital, patient or hospital team contact patients GP to confirm fitness to recommence programme. Readmitted for more than one week the patient will be discharged from the service using the exit strategy.
Volunteer knowledge	Volunteers felt that they lacked knowledge of local services or were not confident making onward referrals	<ul style="list-style-type: none"> Volunteers to contact the team with any queries that they had relating to local services or making referrals. Onward referral database should be user friendly Design an onward referral pathway sheet with key services.
Volunteers / Patient Relationship	The final visit was highlighted as feeling like an abrupt end to the relationship with built between volunteers and patients	<ul style="list-style-type: none"> Additional visit made after the final session to complete an exit survey and check on how patient is getting on and ask about any additional activities or services taken up after the programme (e.g. befriending service, day centre activities etc)
Volunteer travel time excessive	Travel to some areas of a borough might be difficult for volunteers	<ul style="list-style-type: none"> Make clear to all volunteers the geographic locations that they will be expected to travel to.