helpforce

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A volunteering Service designed and tested by:

NHS
Barts Health
NHS Trust

Volunteering Service Guide: Active Response Volunteers (ARV)

Understand how this service works, the impact it will make and considerations for adopting and adapting it locally

The Active Response Service is a team of volunteers trained to complete a selection of pre-identified activities across a hospital site e.g. pharmacy runs and discharge support. The volunteers have the skills to complete multiple types of activities and the service infrastructure has the flexibility to meet the fluctuating demands of a busy hospital.

The volunteer service provides:

- Simple request/referral process(es) for staff to use.
- Predefined tasks that volunteers can support on a day to day, hour to hour basis depending on the needs of the hospitals, patients and staff.
- A framework of agreed tasks, based on insight from patient experience committee, clinicians, service teams and quality improvement.

N.B. Barts Health have named their service 'Active Response Volunteers (ARV)' which is referenced throughout this guide, this type of service may also be known as Response Volunteers or Bleep Volunteers.

Adopting and adapting an active response service

Adopting an existing model provides great value in terms of knowing that it is tried and tested, however understanding how to make it fit into a new environment can be a challenge. Adapting an existing volunteer service is an essential step in making sure a service will work in a new location.

This 'Volunteer Service Guide' uses learning from the Active Response Volunteer Service being delivered across Barts Health NHS Trust. The purpose of the guide is to provide a potential service adopter (1) with the information needed to be able to:

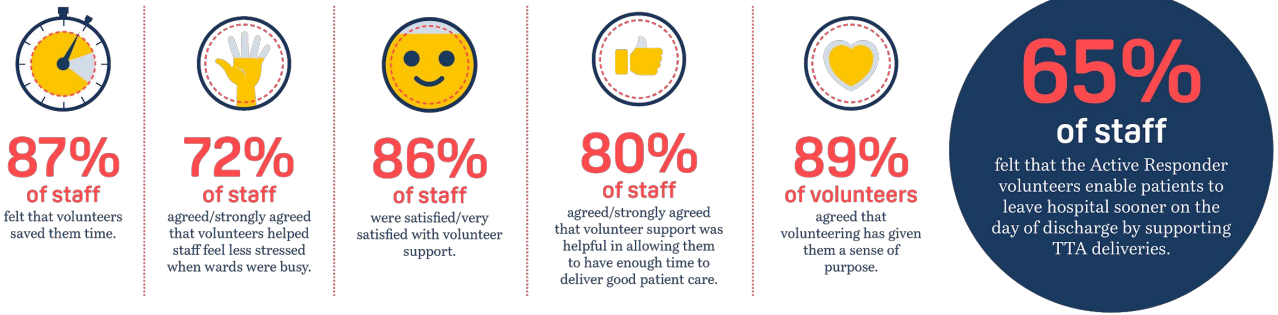
a) Decide if the service would be of benefit to their organisation
b) Understand what considerations are needed to adapt the service to their environment

Contents:

"It's about getting the right volunteer in the right place at the right time."

Nancy Whiskin, Head of Volunteering, Barts Health NHS Trust

Barts Health NHS Trust Data (2):



1.Adopter, person looking to take on (adopt and then adapt) an existing and tested volunteer service model, 2. Data collected as part of the Helpforce Volunteers Innovators Programme (VIP), Patients at Barts completed the VIP Patient survey (n=5), Staff at Barts completed the VIP Staff Survey (n=45) and the VIP Staff TTA Survey (n=54) and Volunteers at Barts completed the VIP Volunteer Survey (n=183). Additional data was collected from Volunteers at Barts using 'Better Impact' (n=330).

The results

Barts Active Response Volunteer Service has successfully scaled over a nine-month period from an initial 42 volunteers working across two hospitals to a large team of 155 volunteers working across all four hospitals within the Trust. Across an average one-month period it is estimated that the active response volunteers deliver an average of 716 hours of support to 443 patients. Whilst following the COVID-19 guidelines regarding PPE etc., the resilience of the service was best demonstrated through its continued delivery during the COVID-19 pandemic.

Insight and impact project questions:

Do Active Responder volunteer roles lead to improved patient experience and care?
100% of patients agreed/strongly agreed that the volunteer cheered them up or improved their mood. As well, 80% of patients reported that the volunteers helped them to feel less anxious (n=5). In relation to patient care, 80% of staff agreed/ strongly agreed that volunteer support is helpful in allowing them to have enough time to deliver good patient care (n=45).

Do Active Responder roles lead to better staff satisfaction?
86% of staff were satisfied/very satisfied with the support provided by volunteers. As well, over half of staff surveyed (62%) felt that their experience with volunteers had been more positive than what they had expected. When asked if volunteers helped staff feel less stressed when wards were busy, 72% of staff agreed/strongly agreed (n=45).

Are there a greater number of requests for volunteers from clinical staff and wards?
Between August 2019 and February 2020 staff requests for volunteers grew from 47 requests to 425 requests. 66% of requests for volunteer support came from Pharmacy staff, 23% from Nursing staff. The remaining 11% of requests came from a range of other clinical roles (e.g. Sisters, Ward Staff) (n=54).

Does the Active Responder role for TTAs (1) lead to reduced delays on discharge for medicines?
65% of staff felt that volunteers enable patients to leave hospital sooner on the day of discharge (n=54) by an average of 44 minutes per patient (n=33). Standard deviation = 30 minutes.

1.TTA stands for 'To Take Away' and is referring to the medication that needs to be collected as part of the discharge process. This can also be called a TTO, To Take Out.,

> *"Certainly the Active Responder volunteers are very helpful and reduce patient discharge delays as well as delays in getting patients their doses when they're in-patients. This is because we have porters that have delivery rounds at certain times. In between these times, this volunteer service is helping a lot."*
>
> PHARMACY TECHNICIAN

> *"Response volunteers are a big help for nurses. We always need a hand. Volunteers do a great job to hasten the tasks."*
>
> NURSE

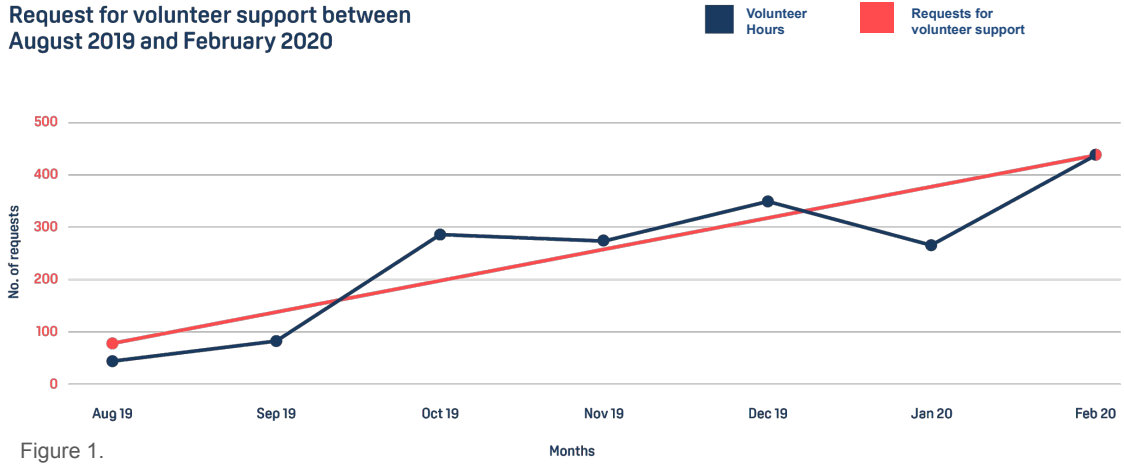


Figure 1.

Between August 2019 and February 2020 requests for volunteer support grew from 47 requests to 425 requests

The results continued: Reducing discharge delays with TTAs

Within their service Barts offer a suit of predefined activities/ tasks designed to support the needs of their hospitals. During the project, the most requested activity/task has been collecting **TTAs (a discharge activity) which made up 36%** (figure 2. below) of all requests which directly supports the finding from the staff survey. Feedback from volunteers also indicated that they are giving the largest portion of their volunteer hours to collecting TTAs with volunteers **saving staff an average of 29 minutes per TTA collection.** Median time based on 2,179 recorded volunteer TTO trips between 14 Aug 2019 and 30 Apr 2020.

Barts explored potential reasons behind delays at patient discharge by asking staff to complete the VIP Staff TTA Survey. 54 members of staff completed the survey and reflected on what they thought caused the delays and also how volunteers could support a speedier discharge with:

- ★ **89%** of the staff think that active response volunteers who support the delivery of TTAs from pharmacy to the wards may be able to avoid patient discharge delays (n=53)
- ★ **65%** of staff believe that the active response volunteer role is enabling patients to leave hospital sooner on the day of discharge (n=54) and estimated that volunteers could speed up discharge by an average of 44 minutes per patient (n=33)

Top reasons why staff think active response volunteers are able to avoid patient discharge delays:

-The nurses are often too busy to collect the medications themselves or as fast as the volunteers (e.g. they have other priorities or are short staffed).

- The porters only come by the pharmacy at certain times while the volunteers can pick up medications any time or faster.

Distribution of activities undertaken by volunteers

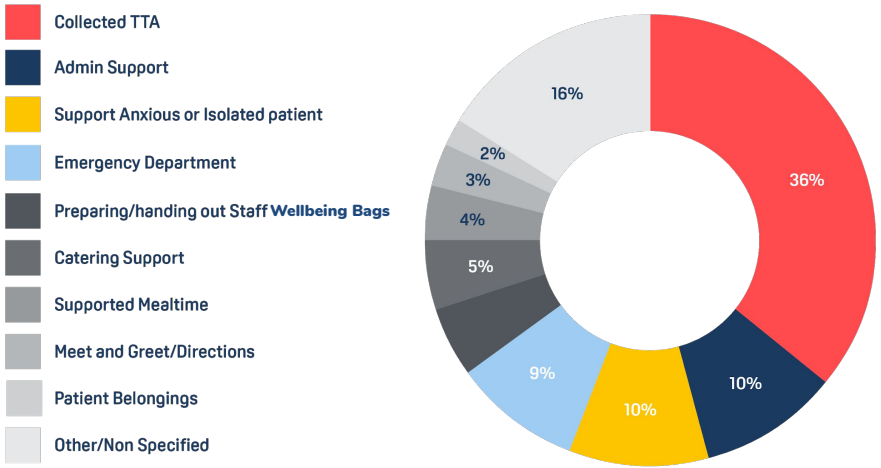


Figure 2.

Figure 2 was derived from additional data collected from Volunteers at Barts using 'Better Impact' (n=330)

Case Studies

Case Study

"Her name is X, a 37-year-old female with a mental health background (depression and PTSD) based on Broken Ward X. She lives alone in a ground floor flat and is essentially house bound. She has stated that her birthday is on Wednesday and that she did not expect to be in the hospital and would have like to have done something nice. Since we cannot bring flowers and a cake cannot be provided (as she is vegan, I've checked with dining services and they don't do vegan cakes), I thought either a birthday card or visit from someone would be nice to make her feel special. She is highly anxious and becomes easily tearful.
Your support is greatly appreciated. "

Senior Occupational Therapist

A request came through from a ward for a volunteer to attend a long stay inpatient who was very isolated and had a number of both physical and mental health issues. The patient was demanding and challenging for the staff.
The ward had requested an Active Response volunteer (ARV) because it was the patient's birthday and they thought that it would be nice for the patient to have company. The volunteer went to the ward and took the patient for a walk which helped the patient to relax. In addition the volunteer made the patient a birthday card and presented her with a cake.

This case study identifies how the volunteer service can access volunteers swiftly to attend patients that would most benefit from volunteers support. In addition, this shows that the ARVs can also help staff to think of innovative ways to enhance patient experience through the volunteers and how the volunteer service can be contacted flexibly to support all wards.

Case Study

"I saw a poster for the Volunteers holding a bleep in the site office and we bleeped the volunteer who rang us straight back and went to the pharmacy and brought the TTAs to the ward. This was so helpful and appreciated and helped to support the site in a period of extreme pressure."

General Manager (Specialist Medicine)

The Royal London Hospital was at bed capacity and a General Manager was working to create available beds. He had a patient ready for discharge but as the hospital was busy and there were no available staff to pick up a TTA which could then release the patient to the discharge lounge. The General Manager noticed the Fact Sheet in the site office and bleeped for a volunteer. **The volunteer responded quickly, picked up the medication and took to the ward, meaning that the patient could then be released immediately, giving more available bed space.**

Service Principles

Barts Health NHS Trust's Active Response Service principles depict the essence of this service and provided guidance to ensure that the service remained true to its original intent across both development and management activities and decisions.

Efficient and effective use of volunteers. From volunteer feedback, Barts recognised volunteers often felt that they were under utilised. They liaised with ward staff to ensure that volunteers continue to support areas and patients as required in line with our Volunteer Strategy aim of "the right volunteer in the right place at the right time". They ensured to capture any additional activities that volunteers can support. (By co-producing, the services will be used more by both staff and patients, which means the impact of the service will be quicker realised.)

Be bold - change the culture around how volunteer services are viewed and ensure that the service is firmly embedded within Quality and Service Improvement structures.
Staff request volunteers which means they are using volunteers more constructively to help services and to ensure improved patient experience through volunteer support, positively influencing and challenging the organisational culture for improved patient care.

Devise simple systems, processes and engagement messages. Ensuring that the service has a steady influx of volunteers to meet the demands with seamless training and onboarding system.

Continuous improvement to maximise impact through measuring impact to evidence both service value and improvement areas as an embedded part of the service from day one; so that they have the immediate capability to understand how the service is adding value to service areas, patients/visitors and the broader impact on hospital delivery e.g. TTA reducing discharge delays. Having enough data to build a strong business case for continued investment to sustain, develop and increase voluntary services.
Maximising impact of volunteers so that they respond to both strategic and operational priorities for example, supporting isolated and anxious patients, collecting TTO to reduce discharge time.

Value and invest in your volunteers Positively impact every volunteer's experience as they are exposed to more services and able to participate in more meaningful activities. Maximising the quality of the service through high volunteer retention rates.
Showing that the service values volunteers by giving them the chance to progress to roles such as volunteer team leaders and increase their learning and development. In addition,those volunteers who are dependable, attend regularly and are committed, there is an employment pathway for them to join the NHS.

Covid -19 Learning

There is strong recognition of the adaptability and flexibility that the Active Response Volunteer model demonstrated.

During the COVID-19 pandemic the Active Response model has been pivotal in its ability to quickly adapt to changing requirements

Identified tasks:

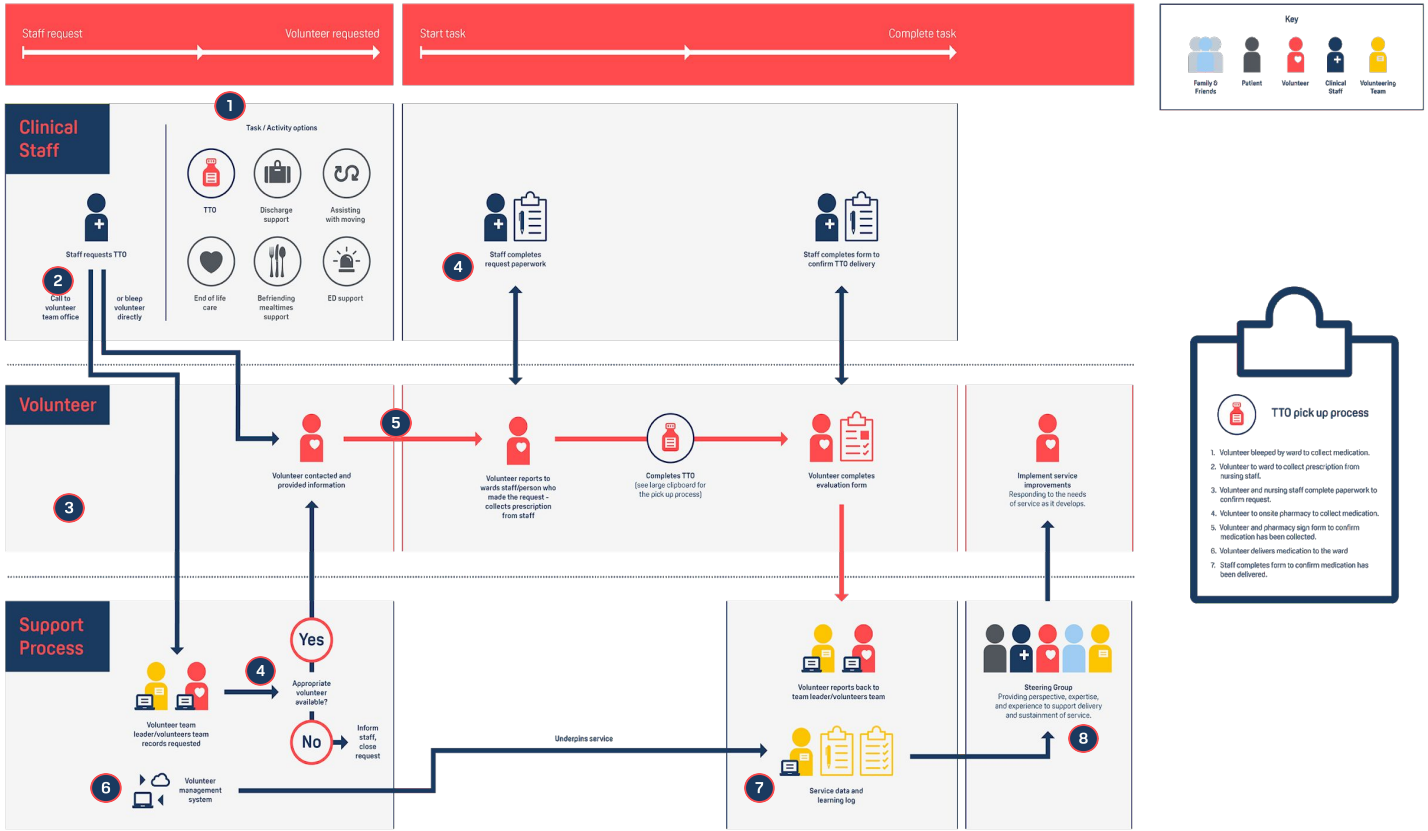
- ❏ Distributing donation of food to staff
- ❏ Supporting staff wellbeing hubs
- ❏ Managing the front hubs for visitor requests, including taking items dropped by visitors up to patients
- ❏ Laminating and taking up messages from a loved one to patients who have not been allowed to see visitors
- ❏ Supporting hospital ward moves
- ❏ Helping to collect deceased patient belongings from wards and organising collection with the next of kin
- ❏ Volunteers supporting front door assessment of visitors e.g. temperature check and mask wearing
- ❏ Helping with fit testing
- ❏ Provide support with donning and doffing of PPE
- ❏ Administration tasks

Some of the key achievements included:

★ 45,000 meals given to staff who were not able to leave Covid wards
★ Staff Wellbeing hubs entirely run by the volunteers who responded efficiently to staff requirements
★ Over 1,750 items taken up to patients from visitors
★ 350 items belonging to deceased patients returned to next of kin
★ 5,000 scrubs organised in preparation for the NHS Nightingale London Hospital
★ 8 ward moves supported by volunteers including two brand new COVID-19 wards at Royal London Hospital
★ TTA deliveries

Service blueprint

This service blueprint shows how a flexible infrastructure can be used to deliver pre-identified tasks/ activities across the hospital. In the example below (figure 3), the nurse has requested a TTO (1), whatever task/activity requested, the core process remains the same with alternative tasks/activities are designed to be modular and simply slott into this process.



Core components

1. **Pre-identified tasks/activities**: the proposed volunteer response tasks were based on intelligence that the service had garnered from day-to-day activities, from discussion and involvement with the Quality Improvement teams, the Patient Experience committee, clinicians and a variety of service areas.
2. **Simple request/referral processes**: consideration as to the most simple Ward/clinical staff processes for making a request with Responsive Volunteers trained to receive and act on cross hospital requests using either a bleeper or a mobile phone.
3. **Core infrastructure**: finding the best systems, tools and processes that can support the growth of the service without needing additional resource e.g. Volunteer Management System (components 6. below) to enable economies of scale and the ability to flex to demands.
4. **Governance at critical points**: remove any concerns from staff by integrating essential governance into the the task processes. E.g. staff completing form when prescription collected, request being risk assessed when received by the volunteer team/Team Leader.
5. **Flexible resources**: this is a multifaceted role with staff requesting trained volunteers for various activities within a framework of agreed tasks. Flexible scheduling with approximately four volunteers per three- hour shifts between the hours of 10:00-18:00, seven days a week.
6. **Volunteer Management System (VMS)** provides a simple method for capturing data, scheduling, communicating with volunteers, and helping with all elements of the programme, including: recruitment, training bookings, managing volunteer checks, evaluation tool.
7. **Measurement and evaluation**: it can be challenging to find the right evaluation tools and model to provide robust evidence of impact. The service adopted and changed the tools until they were able to get the model correct which provided them with consistent data demonstrating clear outcomes (see p.12)
8. **Steering group and QI meetings**: focussed on removing barriers to the service success and supporting its sustainment and opportunities to scale the model to create further value during the project and continued service growth.

Figure 3.

Staff requests a TTO, the Volunteer Team or the Volunteer Team Leader checks on the VMS if an appropriate volunteer is available. If there is availability the volunteer is bleeped with the information needed.

The volunteer checks in with the member of staff who made the request and gains the relevant information to enable them to complete the task. In this example the nurse hands the volunteer the prescription to take to pharmacy and completes the relevant form. The volunteer then completes the task as noted in the **clipboard.**

Using the VMS and other tools the volunteer team pulls together the information needed for the steering group for discussion and support.

Develop & implement

Developing and implementing an active response volunteer service involves bringing together the right people from across the organisation to develop an understanding of what tasks can best support the strategic and operational priorities. In order to manage and implement the service, Barts outlined their 'drivers for change' and created a simple PDSA (Plan Do Study Act) and Sprint log which helped them to keep to schedule and manage the planning efficiently.

Core components

1. **Senior buy-in from across the Trust:** creating a group of stakeholders across disciplines that are focused on the removal of barriers has been key to the service success and has enabled its sustainment and created the opportunities to scale the model to create further value. Through these stakeholders, the known and potential efficiencies and patient experience improvements to this service are championed
2. **Governance:** Most of the governance for the ARV role aligns with voluntary services' Standard Operating Procedures already in place provide a good foundation to reshape service. The TTO role; however, was the exception and not supported with the existing governance. A short governance document outlining the process for TTO collection was introduced and agreed by relevant senior managers to ensure it was safe.
3. **Project plan:** Keeping to a well-planned tight schedule and being very clear about the tasks and the relevant members of staff required to be involved enabled the team to plan and develop the project within agreed timelines in a structured way. This way of working is essential for the continued scaling of the service, bringing on new identified tasks/ processes and making sure they fit into the existing infrastructure.
4. **Continuous improvement:** Engaging with Quality Improvement teams to see how the service can impact improvements and efficiencies across the Trust, for example: delayed discharges as a result of TTO. Implementing regular review through PDSA cycles, agreed subjects then recycled when scaling and spreading.

Consideration checklist:

- ❑ Know your organisation's key strategic and operational priorities
- ❑ Identify senior leaders from across the Trust and respective disciplines, as the role is all encompassing.
- ❑ Work closely with pharmacy teams to account for health and safety concerns, along with process development.
- ❑ Agree how the service will meet strategic priorities
- ❑ Agree on the scale & scope of your new service
- ❑ Confirm the budget and resources needed
- ❑ Identify key stakeholders/support team for implementation and wider on-going service development and support e.g. co-design.
- ❑ Run workshops to co-design and develop ideas for your new service.
- ❑ Produce an implementation/project plan and risk log covering:
    - ❑ Systems and infrastructure
    - ❑ Operations (inc. engagement plan)
    - ❑ Volunteer management
    - ❑ Measuring impact
- ❑ Identify and develop new policies you may need
- ❑ PDSA cycles; Staff recruitment, Evaluation tools, Steering Group and QI meetings, Infrastructure, Volunteer recruitment and Training, First deployment on pilot site, Implementation, Evaluation and Training.

Key Learning

★ Manage expectations of staff across Trust in early stages, whilst understanding flow of supply and demand, to ensure consistent delivery and secure reputation of programme

★ Start slow, test, review, revise, and approach a plan for growth over time. Utilise a PDSA cycle methodology to match the highly operational and fast paced nature of delivery.

Stakeholders you could consider:
Volunteer manager, volunteers, senior leadership team representative, eg chief nurse, head of patient experience, director of workforce, data expert/member of business information team, quality improvement representative, clinical staff members, e.g. lead pharmacists, end-of-life care nurses, ward managers, administration teams, physiotherapist, occupational therapist, voluntary sector representative.

Resources

- What are Service Principles
- What are Core Components
- PDSA (Plan Do Study Act)
- Example Sprint log
- Barts Pharmacy Run Policy .

Systems & infrastructure

At Barts Health NHS Trust, there is an existing strong volunteer infrastructure in place which includes the following: Standard Operating Procedures, Volunteer policy, Recruitment and onboarding procedures and processes, Experienced and qualified staff, Volunteer Management Software, embedded Training and Development programme and over 1,000 active volunteers. This existing infrastructure needed to be built on in order to run the ARV service. An organisation with no, emerging or new volunteering infrastructure can still develop the service by starting small and incrementally growing it.

Core components

1. **Volunteer Management System:** is used to support the management of the volunteers and particularly helped Barts to create and speed up the volunteer recruitment process. The software ensures that all components of volunteers training and governance is completed and stored centrally, allows the service to record training modules and volunteers to self-book on to sessions. It can monitor volunteer hours and mandatory training refreshing. It has the ability to filter volunteers for communication messages, capture project data and it also serves as an external recruitment portal for applications.
2. **Bleepers/mobile phones/laptops:** there is a requirement to efficiently respond to referral requests from the wards. Mobile phones are a fast and effective way of the volunteer manager and volunteer team leader keeping in contact with and deploying volunteers to where they are needed most. They support key elements of the service such as making a referral and ability to respond to a referral.
3. **Task/activity specific policies:** aligning active response programme to existing procedures and policies put in place by voluntary services and developing any missing ones e.g. Pharmacy Policy.
4. **Location - Hub:** A designated area for volunteers to use during their shift. Bleepers, log sheets and resources to be kept here. A base for the volunteer team leader to work from. Encouraging visibility and accessibility of volunteer programme. One laptop for each hub.
5. **Communication tools**: well branded and easy-to-read communication tools have helped build awareness and remind people of the service and how it can support them e.g. Fact Sheet for staff

Consideration checklist:

- ❑ Decide where your service will be based and how the space will be equipped
- ❑ Identify a volunteer management system to support your service
- ❑ Design your referral process and communicate this with staff teams
- ❑ Specify the hardware you will need - computer, laptop, bleep, mobile technology etc.
- ❑ Data capture tools needed
- ❑ Training for staff and volunteers who will be using the systems and equipment
- ❑ Development of systems and tools e.g. TTO request form

Key Learning

★ Reduce the barriers to people using systems and processes by simplifying your approach. A simple phone call to make a referral will often be the most effective process, making it easy for the clinical staff to quickly make a call rather than have to fill in a form. The result will be more referrals.

★ Ensure communications and referrals processes align to Trust processes - ensure tools are up to date.

★ The volunteer service is included in the Trust Mandatory staff induction and information about the ARV programme, including bleep numbers, is made available to new staff.

Resources

- Barts Pharmacy Run Policy
- TTO Request form
- Template TTO Data Entry Form
- Template Volunteer Support Request Form

Operations

Understanding the budget, people, systems and associated processes required to manage the service once it is live is essential. The primary costs are salary for the project manager and relevant attributed cost for internal support functions e.g. recruitment, training and equipment.

The operational focus of this service is the balancing of supply and demand, making sure there are enough volunteers to fulfil requests and that there are enough requests to keep the volunteers busy. Reducing the risk of letting down a referral by building up the service slowly, understanding the potential demand for how quickly the task can be completed. Monitoring the flow of referrals and recruiting slightly more than the known demand to ensure the service growth.

Core components

1. **Dedicated Project Manager and Service Support:** This role creates visibility of the service, engagement of the clinical staff, support to the volunteers and a place for continuous improvement to be worked through. This meant that all four sites could be better supported with a visible presence of staff so that the service could capture data for evaluation.
2. **Starting small and focused**: trialling the service at two hospital sites with an initial offer of a few core volunteer tasks available. Scaling to four hospital sites and increasing capacity and skill to respond to broader tasks.
3. **Attendance at daily 'huddle' meetings:** embedding the service in day-to-day hospital operations. Volunteer team leaders attend 'safety huddle' daily morning meetings alongside staff. This is an operational hospital management meeting with clinical staff, estates and facilities, ward manager staff present, the volunteer team leaders share daily availability of active responders with huddle.
4. **Ongoing promotion of service:** fact sheets with bleep extension numbers and other communication briefings put on the website and advertised across the relevant hospitals, hard copies delivered to wards and site offices.
5. **Engaging and encouraging staff:** to identify how volunteers can support them and patients with low level, non-clinical, added-value tasks that are important but can easily be achieved by a volunteer.

Consideration checklist:

- ❑ Define the reporting structure for your service
- ❑ Gentle marketing approach as important to ensure there are enough trained and available volunteers to support requests
- ❑ Promote service to staff via Trust mandatory staff induction
- ❑ Produce a service delivery plan and update it regularly
- ❑ Identify simple referral pathways
- ❑ Engage clinical champions to promote your volunteer service
- ❑ Develop your approach to managing the service. You will need to consider:
  - ❑ Stakeholder engagement plan
  - ❑ Volunteer recruitment plan
  - ❑ Volunteer induction and training package delivery
  - ❑ Governance structure
  - ❑ Plan for promoting service to staff and to patients, families and carers
  - ❑ Scheduling of volunteer shifts
  - ❑ Documentation for department/ward staff

Key Learning

★ When starting the programme volunteers would attend the wards with the Fact Sheets containing their bleeper number to raise awareness of the scheme, their availability and how they can support.

★ In a large Trust with four hospital sites, buy in varied massively. Engage and utilise senior support to spread messages around the service.

★ Volunteers required support in the initial stages from more experienced volunteers or staff. Top tip: Shadowing and working in pairs really helps to embed new volunteers.

★ Allow for a settle in period where you monitor the demand of an activity/ task to understand volumes of volunteers needed and how long it takes to train a sufficient number of active responders to manage a growing demand. This is some trial and, but plan for it

★ Regularly reminding the wards of the volunteers on shift and how to contact them as we only had a handful of volunteers bleeped. Signs posted in wards so staff have easy access to contact numbers.

Resources

- Service Manager/ Support Job Role
- Staff Flyer - Can we help you?
- ARV Process/ Journey
- Pathway map
- Example Risk Log
- Volunteer Request Log

Volunteer management

Identified components around volunteer management are designed to promote high retention of volunteers which in turn will benefit the service through a more experienced, skilled and confident volunteering team. Managing and supporting volunteers effectively is key to the success of this service. Consider each stage of a volunteer's journey, from their decision to volunteer through to the training, induction, ongoing, support, and day-to-day engagement.

Core components

1. **Volunteer management model:** on each of Barts' four sites there is a dedicated Coordinator who supports and responds to questions and queries from the response volunteers and requesting staff. In addition, volunteers who are very active and confident in their role as a responder, can be trained to become a **team leader** to provide ongoing support to new and less confident volunteers. The aim is to create a cohesive community/family of volunteers who not only enjoy their role but feel there is a social function and they can meet new people.
2. **Comprehensive training package:** the training package was built around a modular model with only one module being mandatory. The volunteers could choose which tasks they would like to do, for example for some volunteers, end-of-life care might not be an area they feel comfortable with. There was a minimum expectation that volunteers would be able to befriend patients and collect TTAs.
   Core modules:
   Module 1 – Active Response Training, TTO, Befriending Patients and Meal time assistance
   Module 2 – Emergency Department
   Module 3 – End of Life Care
   Module 4 – Moving and assisting
3. **Flexible scheduling,** approximately four volunteer per three-hour shift between the hours of 10:00-18:00, seven days a week.

Consideration checklist:

- ❑ Agree on a set of volunteer tasks, responsibilities and boundaries
- ❑ Co-produce a volunteer role description, working with staff and volunteers
- ❑ Look to available technology and software to improve processes and data capture. Consider functionality of software available as part of overall service design.
- ❑ Develop your volunteer recruitment plan
- ❑ Design your volunteer training package
- ❑ Develop your volunteer supervision and communication and engagement plan
- ❑ Involve clinical staff in training delivery
- ❑ Meet regularly with clinical staff to grow their support and working relationships with the volunteers
- ❑ Offer regular one-to-one support sessions for your volunteers
- ❑ Encourage reflective practice and sharing of ideas
- ❑ Creative approaches to volunteer rewards and recognition

Key Learning

★ The service adapted the training and role of volunteers as modular rather than all encompassing. Volunteers will have the choice to pick elements of the role they wish to do rather than having to complete all aspects.

★ Volunteers required support in the initial stages from more experienced volunteers or staff. Top tip: Shadowing and working in pairs really helps to embed new volunteers

★ Individualised training plans improve accessibility, inclusivity and retention (where possible to facilitate)

★ Additional training available as rewards/incentive

★ Pathway to employment is available and can incentivise volunteers

Resources

- Volunteer role description
- ARV Training Manual
- ARV Training Modules
- Volunteer newsletter

Measuring impact

To understand what data needs to be captured, you also need to understand the key strategic and operational priorities. It's important to identify what measures will best demonstrate the impact and benefits of the service on these priorities.

The approach to collecting the data is important to ensure its validity. Systems and processes need to be tested for robustness and effective training provided to those involved in collating the data.

Core components

1. **Measuring TTO delivery-related outcomes:** the measurement approach consists of the following steps:
    a. For a limited time, measuring the average time it takes staff to deliver a TTO
    b. Start recording the TTO deliveries done by volunteers
    c. Share, analyse and upload the data into Volunteer Service Management System

2. **Capturing volunteer activities:** volunteers were asked to feedback via their VMS after each shift, responding to a few questions about their activities and experience which provided a robust source of anecdotal evidence.

3. **Activity capture**:
    - Number of volunteers
    - Number of volunteer hours
    - Number of patients supported
    - Number of patient interactions
    - Frequency of volunteer visits per month

4. **Insight and Impact project questions**:
    1. Do Active Responder volunteer roles lead to improved patient experience and care?
    2. Do Active Responder roles lead to better staff satisfaction?
    3. Are there a greater number of requests for volunteers from clinical staff and wards?
    4. Does the Active Responder role for TTAs lead to reduced delays on discharge for medicines?

Consideration checklist:

- ❑ Agree the service impact measures
- ❑ Establish a control group or baseline data to demonstrate the impact of your service
- ❑ Produce a Theory of Change/logic model - this will help you to plan effectively
- ❑ Define the measures that will support continued investment and growth of the service

Key Learning

★ Try to keep the evaluation simple by reflecting on what you can initially draw down as clear evidence.

★ It was challenging to find the right evaluation tools and model to provide robust evidence of impact. We adopted and changed the tools until we were able to get the model correct which provided us with consistent data demonstrating clear outcomes.

★ The service created a staff log sheet to capture the below information. This gave insight into the tasks requested, time saved and how the volunteers supported the patient:

- Type of support, requester job title, Ward/Dept, Request via (phone/bleep/in person), Task completed, Patient name & bed number, Average time saved, Staff member name and signature

Resources

- Helpforce Impact & Insight Guidance inc. Theory of Change
- Barts Staff Survey
- Barts Patient Survey
- Barts Volunteer Survey
- HF Insight and Impact Report - Barts Health Trust_220920
- Guidance on how to measure TTO Staff Time Saved