helpforce

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A volunteering Service designed and tested by:

NHS
Liverpool University Hospitals
NHS Foundation Trust

Volunteering Service Guide: End of Life Care

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

An End of Life Care (EoLC) Volunteer service, based in an Academic Specialist Palliative Care Unit and working across the hospital providing support to patients with a palliative diagnosis or those approaching the end of life.

The volunteer service provides:

- A presence and companionship to patients that may otherwise be alone and isolated in the latter stages of dying.
- Support for families, carers and loved ones who are unable to visit, or those who are emotionally exhausted and in need of a break from the bedside.
- Feedback to clinical teams e.g. if they have observed the patient seems to be in pain.

The service is designed to complement the clinical roles, providing additional emotional support from volunteers who are able to dedicate time to actively listen and be present.

Adopting and adapting an end of life care 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 End of Life Care Service being delivered in the Liverpool University Hospitals. 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:

How to:

"I have no doubt that you provided him with what he needed on his final journey, a caring and lovely friend. Thank you"

Bereaved relative

Liverpool University Hospital Data (2):

94% of staff are very satisfied/satisfied with the support they received from the volunteer service

81% of staff agree/strongly agree that volunteer support is helpful in allowing them to have enough time to deliver good care to patients.

85% of volunteers agreed that volunteering has given them a sense of purpose.

71% of staff agree/strongly agree that when the wards are busy or short-handed, the volunteers' support helps them feel less stressed.

84% of volunteers felt that volunteering has increased their confidence.

91% of staff agreed/strongly agreed that volunteers are seen as a key part of the ward team.

1) Adopter, person looking to take on (adopt and adapt) an existing and tested volunteer service model.
2) Data collected as part of the Helpforce Volunteers Innovators Programme (VIP). Staff at Liverpool completed the VIP Staff Survey (n=32) and volunteers at Liverpool completed the VIP Volunteer Survey (n=20).

The results

The project started with 7 volunteers in the 12 bed palliative care ward and scaled over a period of 10 months to 21 volunteers who were then able to offer support to the Emergency Department and two other wards. Across atypical 1 month period the active volunteers delivered an average of 32 hours of support to 18 patients.
Please note: The Helpforce research focuses on staff and volunteer outcomes as Liverpool University Hospital had already conducted research on their service from the perspectives of patients and carers.

Insight and impact project questions:

Does the End of Life volunteer service support staff in delivering good care to patients?
The majority of staff (81%) agree /strongly agree that volunteer support is helpful in allowing them to have enough time to deliver good care to patients (n=32).

Does volunteer support contribute to staff wellbeing?
65% of staff at Liverpool agree/strongly agree that volunteers help staff feel less stressed when the wards are busy (n=32).

Do staff feel satisfied with the support provided by End of Life Volunteers?
When staff were asked what volunteers contribute to,72% of responses were in favour of volunteers 'increasing patient and visitor satisfaction and experience within the hospital' (n=23), and 66% for volunteers enhancing the level of care provided (n=21).

Do End of Life volunteers feel that volunteering has had an impact on their wellbeing?
Volunteers feel that volunteering has had a positive impact on their wellbeing with 85% of volunteers reporting that volunteering has given them a sense of purpose (n=20). As well, 84% of volunteers felt that volunteering has increased their confidence (n=25).

> *"The Palliative Care Volunteer Service at the Trust offers a connection from the busy acute setting of the Hospital to the Community outside, It provides a human warmth and connection for patients and their families and a light at the end of the darkest of times. The service complements the role of the clinical teams with a focus on 'being' rather than 'doing' and offers a presence and an additional, valuable dimension to the care provided."*
>
> ALISON GERMAIN-MARTIN, VOLUNTEER SERVICES MANAGER, ROYAL LIVERPOOL AND BROADGREEN UNIVERSITY HOSPITALS NHS TRUST

> *"I have no doubt that you provided him with what he needed and wanted on his final journey, a caring and lovley friend. Thank you*
>
> BEREAVED RELATIVE

> *"Their involvememt is immense. I always support the idea of volunteers, I have been in the trust for over 35 years and we have used them before so I was aware of the difference they can make, this time round they seem much more enabled, more patient focussed rather than tasks."*
>
> MEMBER OF STAFF

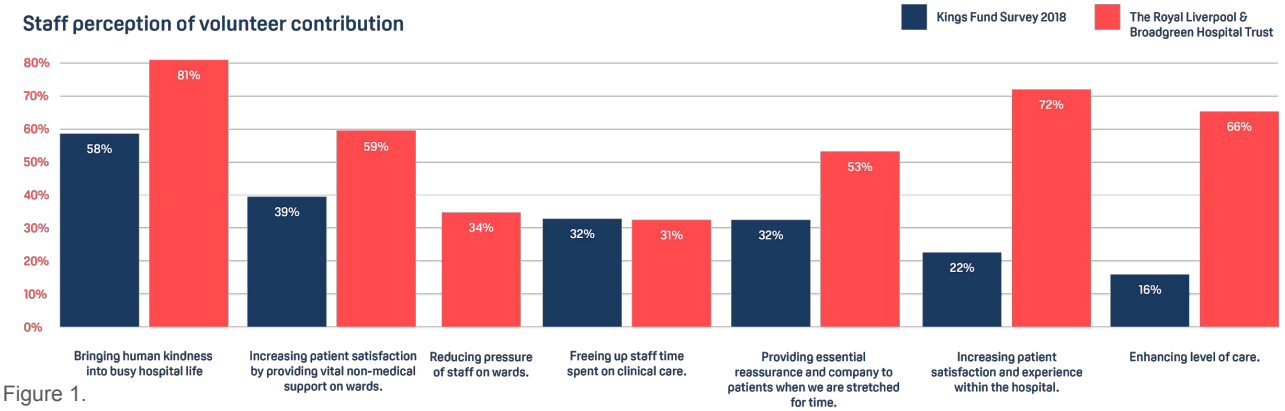


Figure 1.

Figure 1. Kings Fund Survey 2018 commissioned by Helpforce and the Royal Voluntary Service (RVS). The survey ascertains the perceptions of frontline NHS Staff working in acute care around operational pressures and their understanding of volunteer roles and value. n=32.

Service Principles

Liverpool's End of Life Care service principles depict the essence of this service and provide guidance to ensure that the service remains true to its original intent across both development and management activities and decisions.

Providing support for patients/families

Research indicates that providing a presence to patients nearing the end of life is a significant facilitator in providing a "good death"(EoLC Strategy 2008)

Being compassionate

Evidence based research and reviews undertaken on EoLC cite compassionate care as paramount to creating the probability for a good death.

Ensuring an equitable approach to all patients

End of Life Strategy should align with the national strategy of promoting good compassionate care to all patients, regardless of the environment.

Efficient deployment of support

Time is always a factor at end of life care, working within a flexible infrastructure such as 'Rapid Response' to ensure that volunteers can be deployed to where they are needed most.

Delivering reflective practice

Ensuring that reflection is part of the volunteer ongoing self learning helps volunteers to recognise and manage the personal rewards and difficulties, to learn through shared experiences and build personal resilience.

Developing a culture of continuous improvement

Actively involving volunteers, staff and user feedback in the development of the service is important to ensure it evolves through the learning and experience of those closest to it. Involvement of the volunteers can enhance their experience, increase their feeling of being valued and increasing retention levels.

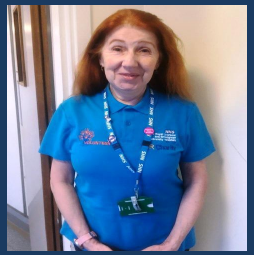
Embedding practices for capturing impact

It is essential for service development to measure the impact the service is having. Measuring levels of satisfaction/confidence for staff, volunteers, patients, friends and family provides valuable feedback to inform service development and facilitate quality improvement. Performance data such as the number of volunteer hours and patients supported provides a context for the feedback.

Case Study

Volunteers feel that volunteering has had a positive impact on their wellbeing:

85% of volunteers in Liverpool University Hospital report that volunteering has given them a sense of purpose.



"My experience was so ordinary but at the same time so heart-warming to me. Meeting a stranger is always very rewarding for me so how can I explain just what was different this time? My lovely lady was spontaneous and humble in the way she made contact with me and I felt the same. The eye contact, the human touch when stroking her hand and forehead. She kissed my hand and I returned her tenderness and we both laughed. This gentle soul had a wonderful family and yet she appreciated my few hours spent with her. She told me she loved me and kept thanking me. I was so humbled, I just tried to impart as much peace as I could, I did nothing special, I was just there!"

Patient pathway

The End of Life volunteer service provides a presence and companionship to patients that may otherwise be alone and isolated in the latter stages of dying. The volunteers also support families, carers and loved ones who are unable to visit, or those who are emotionally exhausted and are in need of a break, but are reluctant to leave their loved ones.

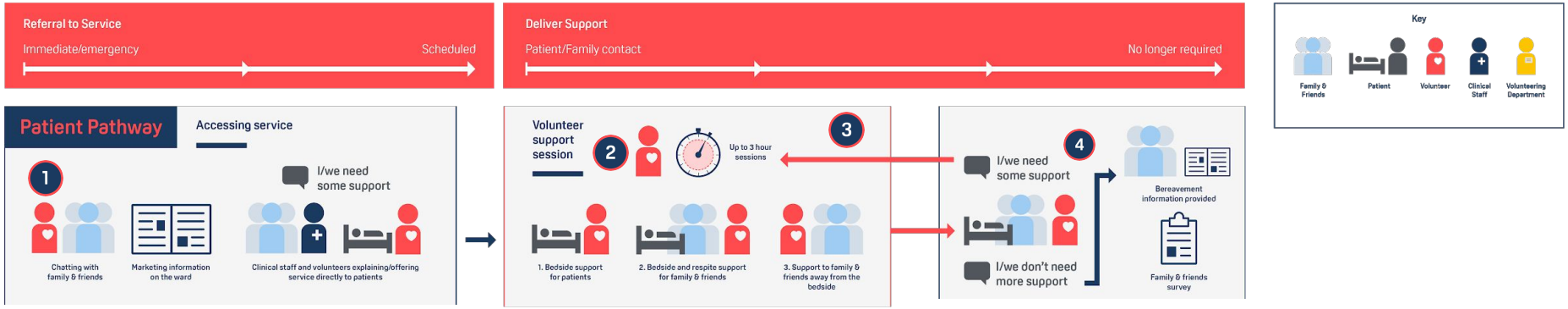
Patient Pathway

Patient pathway (below, figure 2.) is at the heart of the service and has been designed to provide high quality support that adds value to not only the patients and the family and friends, but to the clinical staff and volunteers delivering it.

- **Clinical staff and volunteers journey** (Page 8) shows how the roles interact to ensure that sensitive and timely support is provided across the patient pathway.
- **Support process** (Page 8) highlights the infrastructure that supports the staff and volunteers to consistently deliver and develop the service.

Core components

1. **Multiple and simple ways** for the patient and/or family and friends to access the service
2. **Volunteers have specialist 'end of life care' training** in order to provide 3 main types of support, meaning the volunteers can flex to the demand of the service
3. **Volunteers wear a uniform,** lanyard and badge that differentiates them from the clinical staff and lets people know what they are there to do. It also indicates to staff the specific additional skills the volunteer may have.
4. **Volunteers having a general presence** on the ward means that there is opportunity to support family and friends away from the bedside at the point when the patient has died.



The patient and/or their family and friends identify their need for volunteer support in multiple ways such as through a staff member, a volunteer explaining/offering the service, or through marketing information within the ward/hospital.

Figure 2.

A volunteer is scheduled for a 3 hour session and is trained to provide 3 main types of support:

1. Patient bedside support, when the patient may be conscious or unconscious.
2. Joining family and friends around the bedside and providing respite for when they are tired or needing emotional support.
3. A general presence on the ward, providing further ad-hoc support for friends and family by having a coffee and a chat away from the bedside.

When a session is completed another volunteer will take over if further support is needed.
If the patient or their family or friends decide that support is no longer needed and/or the patient dies, bereavement information is provided and the opportunity for support is available for the friends and family whilst they are on the ward.

Clinical staff and volunteers journey

When arriving onto a shift, volunteers report directly to the Service Lead within the Palliative Care team whilst the Volunteer Services Manager retains overall umbrella management. This structure drives a culture of partnership working that flows through the whole service. Volunteers sign in with the Volunteer Services Team and collect the 'rapid response' mobile phone. The bleeper is held by the Volunteer Service Coordinator who will use it to contact the volunteer to let them know what and where support is needed.

Clinical staff and volunteer interaction

Figure 3, below demonstrates the importance of the relationship between the clinical staff and the volunteers.

Core components

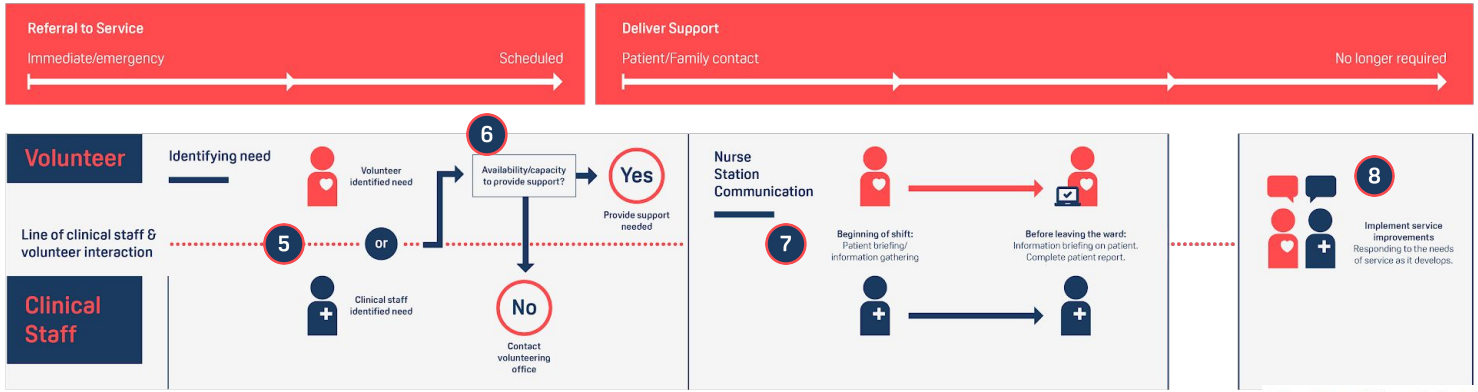
5 **Volunteers and clinical staff are able to identify** and offer support during their activities on the ward(s) making support received much more flexible and timely.

6 **Through use of their mobile phones**, volunteers can call through to the coordinator to confirm priority of needs.

Working through a simple series of researched/tested questions the coordinator is able to effectively prioritise the referrals, check capacity to support and efficiently deploy volunteers.

7 **Service processes** are designed to ensure that clinical staff are communicating with the patients receiving support. This ensures better continuity of service for the patient and their family and friends whilst building the relationships between staff and volunteers on the ward.

8 **The close working relationship** between the clinical staff and volunteers creates an environment of continuous improvement.



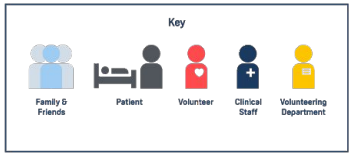


Figure 3.

Support needs are identified by both clinical staff and volunteers, and the volunteer can make a decision around their capacity to support at that point. If not, a call is made to the EOLC Project Coordinator who sources & schedules another volunteer to attend.

Arriving onto the ward and before approaching the patient the volunteer will always liaise with the clinical staff at the nurses station to get an up-to-date briefing about the patient they are going to see. And, before leaving will always make sure they update the clinical staff on the patient of FF they've been with.

The close working relationship between the clinical staff and volunteers creates an environment of continuous improvement.

Service blueprint

This service blueprint brings together the patient pathway (figure 2.), the clinical staff and volunteer journey (figure 3.) and the support processes (below figure 4) that enable the service to operate.

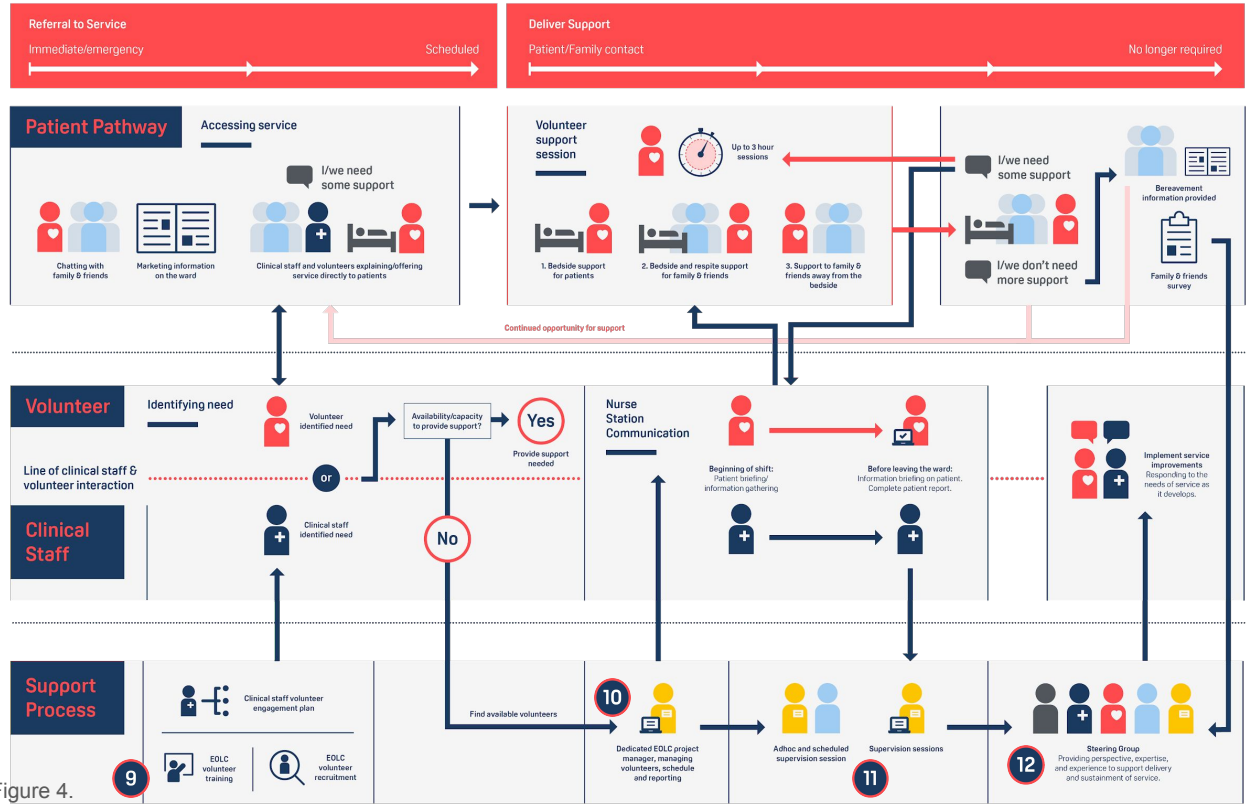


Figure 4.

Support process

Patient pathway (figure 2.) is at the heart of the service and has been designed to provide high quality support that adds value to the patients and to the clinical staff and volunteers delivering it. The support process ensures the service is governed, and that it runs efficiently, effectively and consistently

Core components

9 **Effective training** and awareness sessions for the volunteers/staff keeps the service and its quality at the forefront of people's minds.

10 **Dedicated Project Manager** ensures service consistency and balances the needs of the service e.g. ensuring referral process is running well, deploying the volunteers etc.

11 **Supervision** is a critical part of looking after the wellbeing of the volunteers and reducing turnover. This is an emotionally hard role and volunteers benefit from the opportunity to offload as well as share best practice and learn.

12 **A steering group** and/or other effective engagement methods including a Palliative Care lead, clinical staff, third sector representation, the volunteer team and volunteers themselves. The group becomes a platform for ensuring continuous improvement and governance.

Develop & implement

Developing and implementing an end of life care volunteer service involves looking across all the considerations and bringing together the right people to help create and deliver a feasible plan e.g. cross-organisational steering group.

Within this Liverpool service model, the logistics around developing the rapid response element requires upfront planning such as being able to understand the potential demand for the service and the most appropriate referral methods, alongside the need for a flexible resource and a scheduling plan for the volunteers.

Core components

1. **Senior buy-in** - partnership working with the palliative care team includes buy in from the Head of Palliative Care unit to ensure that the volunteer service works to complement the clinical team and provides a supportive and welcoming environment for the volunteer.
2. **Service principles & core components** - understanding the existing context, why this service is being set up and how it supports your organisation's strategic and operational priorities are all needed to set out a realistic timeline and project plan.
3. **Project planning** - a flexible approach is required to allow for learning gathered in the early stages of the project that may mean reflecting on the scale or scope and then making a change.
4. **Steering group** - including internal and external representation. Active cross-department engagement such as a steering group which includes volunteer managers, volunteers, clinical staff and executive level roles ensures a balanced view for future development and improvements to the service.

Consideration checklist

- ❑ Know your organisation's key strategic and operational priorities
- ❑ 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. IT providing the bleepers/mobile phones etc.
- ❑ 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

Key Learning

★ To set up and run a new volunteer service effectively you will need to plan for the people, systems and processes that will be required to run the service once it is live.

★ Start slow, test, review, revise, and approach a plan for growth over time.

★ Start early engagement with key stakeholders to gain their support and buy in.

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 member, eg nurse, physiotherapist, occupational therapist, voluntary sector representative

Resources

- What are Service Principles
- What are Core Components
- Example Liverpool Project Plan
- Example Liverpool Steering Group Terms of Reference

Systems & infrastructure

The rapid response element of this service drives the need for the volunteers to have a central base from where they are deployed. This promotes a team environment and a sense of belonging whilst gaining peer support from other volunteers. Receiving support and knowledge from healthcare professionals, especially in the palliative care team, is a key part of integrating the service.

Core components

1. **Bleeper system** - referrals are made by staff using the bleeper system. The central bleeper is held by the Palliative Care Volunteer Coordinator who will then source and contact a volunteer on their mobile phone to inform them of when and where to go.

2. **Referral process** - on receiving a message via the bleeper, the volunteer coordinator will make contact with the staff and chat through a refined set of **'Bleep Service Questions'** which enable a non-clinical member of staff to efficiently prioritise the referrals.
   Having a set of questions like this also transforms an emotional decision-making process into a more practical process, reducing stress on those involved.

3. **Mobile phone response -** there is a requirement to respond efficiently to referral requests from the wards. Mobile phones are a fast and effective way for the coordinator to keep in contact with volunteers and deploy them to where they are needed most.
   .

4. **Palliative care badge scheme** - a simple tool used to communicate specific additional volunteer skills to members of staff e.g. dementia care and nutrition. This can also prompt patients and/or families to ask what is the meaning of the badge and often starts a conversation.

Consideration checklist

- ❑ Decide where your service will be based and how the space will be equipped
- ❑ Identify what systems and technology are already in use/ available and if they meet the needs of this service e.g.
  - ❑ volunteer management system
  - ❑ bleeper systems
  - ❑ Mobile phones
  - ❑ data capture tools
  - ❑ laptops
- ❑ Consider your budget and then specify the hardware you will need
- ❑ Consider the lead time on equipement arriving and being set up
- ❑ Design your referral process including the systems and communicate this with staff teams
- ❑ Arrange training for staff and volunteers who will be using the systems and equipment

Key Learning

★ If you are planning to use a volunteer management system it is wise to research the various platforms available to find a product that will meet the needs of your service and will comply with your organisation's IT policy. Once you have a system in place you will need to allow time for staff training and data inputting.

★ 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.

Resources

- Bleep service questions
- Bleep volunteer referral log
- Blog: Importance of having a Hub, Leeds & Hertfordshire Hospitals NHS Trust

Operations

Understanding the budget, people, systems and associated processes required to manage the service once it is live is essential. In terms of the budget for this service, the primary costs are salaries for the project coordinator and clerical support staff with a proportion attributed to any resource that supports volunteer supervision and to the Volunteer Services manager, who leads the service. Other costs are attributed to volunteer recruitment, training, catering and equipment..

Core components

1. **Staff engagement** and buy-in from wards committing time to developing methods for engaging with staff to discuss the service such as sharing impact. Prompting for referrals and training new staff in how to refer, listening to ideas/feedback ensures a more supportive environment for the volunteers and the staff see the benefits of the service, more patients receive the service.
2. **Dedicated Project Role** - this role (Liverpool engaged a Project Manager) creates visibility of the service through their engagement with clinical staff, support to the volunteers and a central place for continuous improvement to be applied. The rapid response element meant that this role became critical in effectively and efficiently prioritising referrals coming into the service from multiple wards.
3. **Starting small** - embedding your volunteer service in one department or ward to begin with will enable you to test your processes and address any teething problems before expanding to other areas. Staff involved in the early stages of the service can become clinical champions and promote the benefits of volunteer support to their colleagues in other departments.
4. **Internal and external communications** and marketing resources keeps the service prominent in staff minds and makes the service visible to family and friends and patients.

Consideration checklist

- ❑ Define the reporting structure for your service
- ❑ Produce a comms & marketing plan to raise awareness of your service
- ❑ Produce a service delivery plan and update it regularly
- ❑ Identify simple referral pathways
- ❑ Manage an active Steering Group
- ❑ 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
  - ❑ Comms and marketing plan
  - ❑ Reporting structure and frequency
  - ❑ Scheduling of volunteer shifts
  - ❑ Documentation for department/ward staff

Key Learning

★ Volunteer uniforms and badges enable volunteers to be easily recognisable. This helps staff, families, and patients feel secure in the knowledge they are in good hands.

★ Plan to engage regularly with clinical staff to gather their support and encourage early and consistent referrals

★ It can help to focus on some key operational questions:

- How will you balance demand for the service with recruitment, training and scheduling of new volunteers?
- How will you build demand for your service to ensure that it is sustainable?
- Who are your main sponsors in the organisation and how can they help you?

★ The steering group is there to guide and advise on any strategic or operational issues. Together the group can generate ideas, remove blockers and help to build a business case for continued investment.

Resources

- Liverpool Project Manager Job Role
- Bleep service questions
- Bleep volunteer referral log
- Example Bi-monthly Volunteer Newsletter
- Example Service Poster

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. It is important to think about every stage of a volunteer's journey, from their decision to volunteer through to the training,induction, ongoing support and day to day engagement. **Supervision is key to volunteer management for this service, this is covered on page 12.**

Core components

1. **Creating a supportive environment** for the volunteers wellbeing is essential to ensuring the quality of this service. Volunteers are invited to share their challenges and successes and actively feed in to how the service operates and improves.

2. **Effective training** - volunteers receive a mix of mandatory trust volunteer training, communication skills training and additional specialist training such as mealtime assistance and dementia and learning disability awareness training.

   N.B. ***Not all volunteers are suited to this type of role and using the training to test a volunteer's suitability is important. A volunteer may at that point realise that the role isn't for them and it is wise to build in an assumed drop out rate for the training***.

3. **Flexible scheduling** - this is a requirement for the delivery of the rapid response element, it also will help with recruitment of new volunteers or support existing volunteers who need to fit volunteering around work and home life.

4. **Three hours** - this has been found to be the optimum duration for a shift. The role is emotionally taxing and setting a maximum of three hours can help to maintain a volunteer's resilience and in turn reduce the burn out rate.

Consideration checklist

- ❑ Agree on a set of volunteer tasks, responsibilities and boundaries
- ❑ Produce a volunteer role description
- ❑ 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

Key Learning

★ Recruiting from your current base of volunteers is a good place to start as they are already familiar with and committed to your Trust.

★ Volunteers record their own level of satisfaction on the activity sheets at the end of a shift. This can identify issues to be addressed individually or can provide a basis for further education or group learning.

Resources

- Volunteer role description
- Example palliative care volunteer person spec
- Example Volunteer Feedback Card

Recruitment:

- Example Volunteer Job Advert
- Liverpool palliative care volunteer person spec
- Liverpool palliative volunteer interview questions
- Liverpool - Volunteer Training Programme

Training:

- The Palliative Care Volunteer Training Programme
- Workbook Palliative Care Volunteer
- Core Curriculum for a Palliative Care Volunteer Service

Specialist Volunteer Supervision

Specialist volunteer supervision is important for end of life care volunteers who are handling emotionally challenging situations. Some aspects of the role may be hard to process or may bring up personal experiences.

Core components

1. **Supervision sessions** were initially led by a clinical psychologist and evolved in response to emerging best practice:
   - **1:1 sessions** with a therapy training member of staff, in the case of Liverpool that was the VSM
   - **Peer group sessions** led by a trained member of staff - at Liverpool the peer group sessions are facilitated by the Project Manager

   N.B. ***Not all volunteers are suitable for this type of role, or may at some point need some time away from the role. Supervision can help to identify volunteer resilience, stress levels and suitability.***

2. **Reflective practice -** the opportunity for offloading and reflection is a daily requirement for this service, alongside scheduled sessions where discussion and learning can support volunteers resilience and in turn improve retention.

   Volunteers are encouraged to keep a **reflective journal** to capture their experiences for personal reflection and/or in preparation for supervision sessions.

Consideration checklist

- ❑ Develop your volunteer supervision plan , for example 1:1, peer group
- ❑ How will the you encourage reflective practice and sharing of ideas?
- ❑ Where will you be able to offer a safe space for individual reflection?
- ❑ How to provide the opportunity for group learning and development?
- ❑ What will be the expected supervision session attendance for the volunteers?
- ❑ How will the learning from the supervision sessions be recorded and shared for wider learning by the team and departments?

Key Learning

★ Check in and check out is a vital part of the service as it helps everyone to feel supported, particularly a volunteer who may have had a difficult day

★ Volunteer reflection has been instrumental in the ongoing revision and development of the volunteer training programme.

★ Reflective practice can for some volunteers bring up previous experiences of death. Where they had a:
- ○ **positive experience**, there is an aspiration to match the care that their loved ones had received.
- ○ **negative experience** they were motivated to improve the experience of death and dying for others

This can be valuable for the continuous development and improvement of the service.

Resources

- Reflective Journal
- Example supervision structure
- Published article: Reflective practice, Liverpool University Hospital

Measuring impact

Approaching the collation of data and feedback sensitively is important. Often asking patients or their family and friends can be inappropriate. This means a greater reliance on both staff and volunteers to feed back their experience and beliefs around the impact of the service.

To understand the data that needs to be captured you also need to understand the key strategic and operational priorities. It is important to identify the measures that 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. **Developing a Theory of Change** - this is an essential tool to outline the volunteers' intended impact and to support decision making around what intermediate outcomes and ultimate goals may be measured.

   This is an upfront activity to complete alongside identifying the service principles and the strategic and operational objectives the service is looking to address.

2. **Capturing volunteer activity** - simple activity sheets help to determine how many patients received support and what activities they engaged in. Feedback from staff, patients and the volunteers themselves is also captured, and is used to gauge volunteer satisfaction after each session.

3. **Activity capture**:
   - Number of volunteers
   - Number of volunteer hours
   - Number of patients supported
   - Number of family/carers supported
   - Frequency of volunteer visits per month

4. **Key evaluation questions** for the project:

   1. Does the End of Life volunteer service support staff in delivering good care to patients?

   2. Does volunteer support contribute to staff wellbeing?

   3. Do staff feel satisfied with the support provided by End of Life Volunteers?

   4. Do End of Life volunteers feel that volunteering has had an impact on their wellbeing?

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

Please note: The Helpforce research focuses on staff and volunteer outcomes as Liverpool University Hospital had already conducted research on their service from the perspectives of family and carers.

Key Learning

★ Collecting consistent and appropriate feedback on a service of this kind is hard as most patients are fatigued, tired or unconscious. Relatives and friend interactions are often emotional in content.

Volunteers and staff find it difficult to ask for feedback as it feels intrusive or just not possible.

Often more qualitative is needed and effective feedback was achieved through:

★ Cards which are left in the room by volunteers after seeing a patient, completed cards (by patient or family/ friends) can then be left for later collection.

★ An activity sheet completed by the volunteer after a shift, is a great way to capture and record verbal feedback from patients/family and friends, other observations, this is added to the database.

Resources

- Helpforce Impact & Insight Guidance inc. Theory of Change
- Liverpool Staff Survey
- Liverpool Volunteer Survey
- The Royal Liverpool Theory of Change
- HF Insight and Impact Report - Liverpool University Hospitals