

helpforce

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A guide to:

**Aneurin Bevan University  
Health Board's  
End of life care volunteer service**

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# How this guide will help you

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*In this guide we describe Aneurin Bevan University Health Board's end of life care volunteer companionship service and give advice on how you can adapt it to work in your location.*

It will help you decide if a similar service would benefit your organisation, and to consider how to adapt the service to your environment.

Adapting and adopting an existing volunteer service model provides great value in terms of knowing that it is tried and tested. You can learn from other organisations' experiences and best practice is already established. Having evidence of a similar service's impact can also help you get buy-in from key stakeholders in your organisation.

However, understanding how to make an existing service fit into a new environment can be a challenge. Adapting the service is an essential step in making sure it will work in a new location.

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# About the service

The service provides emotional and social support to patients approaching the end of their lives and their families. This includes patients who lack family support or visits and are at risk of dying alone.

Volunteers, known as End of Life Companions, provide:

- ▣ A presence and companionship to patients who are at the end of life
- ▣ Respite breaks and assurance to family and friends/carers that their loved one is not left alone
- ▣ Signposting to chaplaincy and bereavement services
- ▣ Support for clinical staff so they can focus on medical priorities for patients

Volunteers have played a particularly important role during the Covid-19 pandemic when visits have been restricted, including by helping with phone and video calls between patients and their families.

Volunteers feel a real sense of purpose in this role, knowing that they are making a positive difference for patients, their families, friends and carers, and staff.



# The service's achievements

*As a new initiative, there is limited data on this End of Life Companions service's impact. However, more than 50 fully trained volunteers are now providing priceless companionship and support to patients at the end of their lives, and to their families, friends and carers.*



When asked to rate aspects of the Trust's end of life care since the launch of the service,

**75%**  
of volunteers

identified quality of care as good or very good.



**72%**

felt the patient experience was good/very good.



The volunteering experience itself is a positive one. In a survey, all volunteers responded that they were extremely likely to recommend volunteering at the Trust to friends and family. On a scale of 1-10, volunteers at Aneurin Bevan agree that volunteering gives them a sense of purpose (7.7 average), increases their confidence (7) and increases their desire to participate in activities that benefit their local community (7.6).

# The service's achievements

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*“Compassionate Cymru is so pleased to see the progress being made by the End of Life Companions at Aneurin Bevan University Health Board. With almost 62% of deaths occurring in hospital, some people die without anyone holding their hand.*

*Although the pandemic has had an impact on recruitment and deployment of volunteers, there are already 54 fully trained volunteers and we have heard of the very rewarding and moving interactions which have taken place between the companions and people in hospital at end of life. We would like to thank all of those volunteers for their dedication and compassion and all those involved in the project for their continued commitment during such a difficult time.”*

MACMILLAN STRATEGIC PROGRAMME MANAGER, COMPASSIONATE CYMRU ,  
NHS WALES HEALTH COLLABORATIVE

“”

*“It is clear that the volunteers have made a valuable contribution to the care that we offer to our patients but also to our wards in general. Volunteers have fed back that ward staff are very grateful for support the volunteers offer. This has certainly added value to care provision.”*

GINO PARISI, PERSON CENTRED  
CARE MANAGER, ANEURIN BEVAN  
UNIVERSITY HEALTH BOARD

“”

*“Acting compassionately does not need an expert – the most valuable thing is that the person does not feel alone and that someone cares.”*

VICKY WILLIAMS, CLINICAL SKILLS TRAINER FOR  
END OF LIFE COMPANIONS

“”

*“I was delighted to talk with someone. I can't get reception on my mobile phone so it is hard to talk to my family.”*

PATIENT

“”

*“I believe we bring a lot of comfort to patients and help staff on the wards. It is also good for volunteers to feel we are contributing to society.”*

VOLUNTEER

“”

*“I miss not being able to have visitors, thank you for sitting and chatting with me.”*

PATIENT



# Service principles

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*Aneurin Bevan University Health Board's end of life care volunteering service principles spell out the essence of the service and help guide how it's developed and managed, so it remains true to its original intent.*

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## Providing support for patients/families

The service centres on offering respite breaks from the bedside vigil, offering assurance to families that their loved one is not left alone; information about facilities and amenities; and listening and advocacy to raise any concerns or worries to the appropriate staff.

## Being compassionate

Volunteers can play a significant role in creating good end of life care – families, friends, carers and staff value their support.

## Delivering reflective practice

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

## 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 quality improvement.

## Developing a culture of continuous improvement

Actively involving volunteers and staff in service development ensures that 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 maintain motivation.

# Patient pathway



The service supports patients nearing end of life, particularly those who are at risk of dying alone. Both clinical staff and volunteers identify patients who could benefit from the service, and patients and their families can also request a companion, directly or through the chaplaincy service. If the volunteer on the ward doesn't have the capacity to support a patient at that time, they will call the service coordinator, who arranges for another volunteer to attend.

When they arrive on the ward, volunteers first liaise with clinical staff at the nurses' station to get an up-to-date briefing on the patient they're going to see. During their shift, volunteers:

1. Provide bedside support to both conscious and unconscious patients
2. Join family and friends around the bedside and give them a respite
3. Act as 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

After the volunteer completes their session, they update clinical staff on the patient. If more support is needed, another volunteer will take over.

When a patient dies, volunteers continue to offer support to friends and family for as long as they are on the ward and give them bereavement information.

On average, each volunteer spends around nine hours a month supporting patients and their families.



# Supporting the patient pathway

## Volunteers working with clinical staff

1. There are several simple ways for the patient and/or family and friends to access the service.
2. Volunteers receive specialist training on end of life care and bereavement.
3. Volunteers wear a uniform, lanyard and badge that differentiates them from the clinical staff.
4. By having a general presence on the ward, volunteers can also support family and friends away from the bedside and after a patient has died.
5. 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/friends, while building the relationships between staff and volunteers on the ward.
6. The close working relationship between the clinical staff and volunteers creates an environment of continuous improvement.

## Systems and processes

1. Effective training and awareness sessions for the volunteers and staff keep the service and its quality at the forefront of people's minds.
2. A dedicated project manager ensures service consistency and balances the needs of the service, for example, ensuring the referral process is running well and deploying the volunteers.
3. Supervision is a critical part of looking after the wellbeing of the volunteers and reducing turnover. This is an emotionally challenging role and volunteers benefit from the opportunity to offload as well as share best practice and learn.
4. A steering group provides a platform for engagement, good governance and continuous improvements. The group include the palliative care lead, clinical staff, third sector representation, the volunteer team and volunteers themselves.



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# Implementing and operating a similar service:

## top tips checklists resources

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# Developing the service

*If you're considering a new project, your first step should be planning work to lay the foundations of an effective service. Think through the people and systems you'll need to run the service you have in mind.*

**1**

**Get buy-in.** Start by getting the right people involved. Who needs to back the project in your organisation? Support from senior stakeholders is usually important. Who needs to be involved in developing, running, promoting and evaluating the service, how and when? At Aneurin Bevan University Health Board, partnership working with heads of nursing, the person-centred care team and the palliative care team ensures the volunteer service complements clinical teams and promotes a supportive and learning environment for the volunteers.

**2**

**Be flexible with project planning.** Put together a project plan, but take a flexible approach. Allow time and space to reflect on learning gathered in the early stages, and to make changes based on this – test, review and revise. Make sure your plan includes the scale and scope of the new service, and budget and resources needed.

**3**

**Understand the context.** It's important to understand why this service is being set up and how it supports your organisation's strategic and operational priorities. This will help you set out a realistic project plan and timeline.

**4**

**Establish a steering group.** Try to set up an active group made up of key stakeholders to oversee the development of your project, generate ideas, overcome barriers and make decisions. Members could include volunteer managers, volunteers, clinical staff and executive level roles, to make sure you get a full and balanced view about how your service should develop and improve. Other stakeholders to consult include representatives of the patient experience and palliative care teams, pastoral care/chaplaincy service, quality improvement and data experts.

**5**

**Appoint a project manager.** If resources allow, employ a dedicated service coordinator to develop and deliver the service, as the Aneurin Bevan service has. They should be part of the volunteer services team, but form close links with heads of nursing, palliative care, chaplaincy and other clinical staff.

## DEVELOPING THE SERVICE

# Key steps: checklist

- Know your organisation's key strategic and operational priorities
- Decide on the wards where you will start to implement your service
- Agree how the service will meet strategic priorities
- Agree on the scale and scope of your new service
- Confirm the budget and resources needed
- Identify key stakeholders/support team for implementation and wider ongoing service development and support
- Run workshops to co-design and develop ideas for your new service
- Produce an implementation/project plan and risk register covering:
  - Systems and infrastructure
  - Operations (including an engagement plan)
  - Volunteer management
  - Measuring impact
- Identify and develop new policies you may need

# Resources

What are service principles?

What are core components?

Service specification

# Setting up systems and infrastructure

*The next step in setting up your new volunteering service is to consider the resources you need, and the processes you need to put in place to make it work efficiently.*

- 1 Think about equipment and resources.** Will your service need a space to operate from? Will you need IT equipment like laptops? Will staff and volunteers need training on how to use equipment?
- 2 Consider your referral process carefully.** How will people be referred to your service? However it works, simplifying your approach will help you overcome barriers to people using systems and processes. For example, a simple, quick phone call to make a referral will often be the most effective process, instead of asking clinical staff to fill in a form. The result will be more referrals.
- 3 Research volunteer management systems.** A volunteer management system might be useful. This will hold all the information about your volunteers in one place, including rotas, contact information and data about how the service is performing. Research the platforms available to find a product that meets your service's needs and will comply with your organisation's IT policy. Once you have a system in place, you'll need to allow time for staff training and data inputting.
- 4 Promote consistency.** Ideally, the same volunteers should operate on particular wards – as they do at the Aneurin Bevan service – so they become embedded within the ward teams.
- 5 Clarify your reporting process.** The Aneurin Bevan service reports to the End of Life Care Board and the Patient Quality, Safety and Outcomes Committee. It also provides briefings to the executive team and updates to the Charitable Funds Committee.

## SETTING UP SYSTEMS AND INFRASTRUCTURE

# Key steps: checklist

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- 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, for example:**
  - Volunteer management system**
  - Beeper systems**
  - Mobile phones**
  - Data capture tools**
  - Laptops**
- Consider your budget and then specify the hardware you need**
- Consider the lead time on equipment arriving and being set up**
- Design your referral process, including the systems, and communicate this to staff teams**
- Arrange training for staff and volunteers who will be using the systems and equipment**

# Operating the service

*Understanding the budget, people, systems and processes you need to manage your service once it's live is essential.*

1

**Consider your budget.** Your primary costs will be salaries for the key people involved in the project. Other costs could include volunteer recruitment, training, catering and equipment.

2

**Prioritise staff engagement.** It's important to commit time to engaging with staff to discuss your service, share its impact and encourage staff to refer to it.

3

**Have a dedicated project role to lead.** Services tend to work best with a dedicated project manager, who can promote the service, support volunteers, act as a central point for continuous improvement, and manage referrals.

4

**Start small.** Embedding your volunteer service in one department, ward or area to begin with will let you 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.

5

**Market the service.** Internal and external communications and marketing resources will keep the service prominent in staff's minds and make it visible to family, friends and patients.

6

**Get volunteer uniforms.** Uniforms and badges make volunteers easy to recognise. They also give staff, families and patients confidence in volunteers, and help them feel secure.

7

**Ask yourself key 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's sustainable? Who are your main sponsors in your organisation and how can they help you?



## OPERATING THE SERVICE

# Key steps: checklist

- Define the reporting structure for your service
- Produce a communications and marketing plan to raise awareness of your service
- Produce a service delivery plan and update it regularly
- Manage an active task force/steering group
- Develop your approach to managing the service. You'll need to consider:
  - Stakeholder engagement plan
  - Volunteer recruitment plan
  - Volunteer induction and training package delivery
  - Governance structure
  - Communications and marketing plan
  - Reporting structure and frequency
  - Scheduling of volunteer shifts
  - Documentation for department/ward staff

# Resources

[Promotional leaflet for recruiting volunteers](#)

# Managing volunteers

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*Managing and supporting volunteers effectively is key to the success of your service. Handling volunteers well will mean they continue to give their time, and the service will have a more experienced, skilled and confident volunteering team.*

*It's important to think about every stage of a volunteer's journey, from their decision to volunteer through to training, induction, ongoing support and day to day engagement.*

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1

**Create a supportive environment and promote volunteers' wellbeing.** This is essential to ensure the quality of your service. Volunteers should be invited to share their challenges and successes and actively feed into how the service operates and improves.

2

**Provide effective training.** Consider what training volunteers need to provide a great service, and how you can provide it. The Aneurin Bevan volunteers have specialist end of life training and ongoing support from a clinical skills trainer and the person-centred care team, enabling them to develop personal skills to grow in confidence and develop a sense of belonging and of purpose.

3

**Be flexible.** Allowing volunteers flexibility with the hours they commit will help with recruitment and support existing volunteers who need to fit volunteering around their work and home life.

4

**Ask volunteers to record their levels of satisfaction.** At the end of a shift, ask volunteers to fill out an activity sheet detailing what they've done and how it made them feel. You can use this to identify issues you need to address.

# Managing volunteers

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**5**

**Recruit from your current base of volunteers.** This is a good place to start as they're already familiar with and committed to your Trust.

**6**

**Look at other recruitment routes.** The Aneurin Bevan service created a promotional recruitment leaflet with the strapline 'Could you hold the hand of a stranger?', seeking "compassionate companion volunteers to provide emotional support, a listening ear and to simply be there for people at this difficult time."

**7**

**Decide recruitment processes.** At Aneurin Bevan, volunteer recruitment includes a one-to-one interview with the project coordinator to discuss role and manage expectations. Volunteers first become 'ward befrienders' to become familiar with wards, staff and processes before starting their role as End of Life Companions.

**8**

**Offer technology training and support.** At Aneurin Bevan, volunteers receive additional technology training and support from the IT team to use digital communication tools. With the pandemic limited visiting possibilities, volunteers have been trained to become Digital Companions, helping patients and families communicate with tools such as Zoom and tablets.

## MANAGING VOLUNTEERS

# Key steps: 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

# Resources

[Training slides](#)

# Supervising volunteers

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*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 bring up personal experiences.*

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- 1 Consider what format supervision should take.** At Aneurin Bevan, an internal counsellor or clinical skills trainer facilitates group/peer support sessions as a space for reflection and for volunteers to share their experiences. Volunteers also receive one-to-one support sessions with the project coordinator.
- 2 Build in time for reflective practice.** End of life care volunteers handle emotionally challenging situations, and aspects of the role may be hard to process or bring up personal experiences. Volunteers can be encouraged to keep a reflective journal to capture their experiences for personal reflection and/or to prepare for supervision sessions.
- 3 Use volunteers' experiences.** For some volunteers, reflective practice can bring up previous experiences of death. Where they had a positive experience, they can aspire to match the care their loved one received. If they had a negative experience, they can be motivated to improve the experience of death and dying for others. This can be valuable for the continuous development and improvement of your service.

## SUPERVISING VOLUNTEERS

# Key steps: checklist

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

# Measuring impact

*It's important to collate data and feedback, to refine and improve your service as well as prove its impact. This can help ensure ongoing organisational support and/or funding for your service.*

**1**

**Consider your service's intended impact to help decide what outcomes and ultimate goals to measure.** You should do this important thinking and planning in the early stages of designing a new service or adopting an existing service.

**2**

**Consider what evidence you need and how to gather it.** It should show that your volunteers and the service are making a difference to patients, staff, volunteers themselves and your organisation.

**3**

**Create your own outcome model and design how you will improve and evaluate your volunteering initiative.** You can get started using Helpforce's Insight & Impact (I&I) service which provides:

- ▣ Access to pre-built outcome templates
- ▣ Guidance on designing your evaluation and how to collect data, demonstrate impact against outcome measures and obtain insights to support continuous service improvement
- ▣ Expertise and support to set up your target outcomes, collect the right data, and translate that data into robust evidence findings

**4**

**Understand your key strategic and operational priorities.** It's important to identify the measures that will best demonstrate the impact and benefits of the service on these priorities.

**5**

**Capture volunteer activity and feedback.** Ask volunteers to fill in simple activity sheets so you can determine how many patients they supported and what activities they engaged in. The sheets will also help you collate feedback from staff, patients, families, friends and the volunteers themselves, and to gauge volunteer satisfaction after each session.



# Measuring impact

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## 6

**Capture key figures.** Record your:

- ☐ Number of volunteers
- ☐ Number of volunteer hours
- ☐ Number of patients supported
- ☐ Number of family/carers supported
- ☐ Frequency of volunteer visits

## 7

**Ask key evaluation questions for the project.** These could include:

- ☐ Does the service support staff in delivering good care to patients?
- ☐ Does volunteer support contribute to staff wellbeing?
- ☐ Do staff feel satisfied with the support provided by volunteers?
- ☐ Do volunteers feel that volunteering has had an impact on their wellbeing?

## 8

**Make sure your data is robust.** It's vital that the data you collect is robust and valid. You should test systems and processes for robustness, and provide effective training for those involved in collating data.

## MEASURING IMPACT

# Key steps: checklist

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- Create an outcome model – this will help you to plan effectively
- Agree the service impact measures
- Establish a control group or baseline data to demonstrate the impact of your service
- Define the measures that will support continued investment and growth of the service

# Resources

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[Helpforce impact and insight guidance including theory of change](#)

# Thank you

For more service guides visit [here](#)

All photos shown for illustration purposes only and were taken before the Covid-19 pandemic.  
Please note: None of the photos were taken at organisations that were part of this programme.

*helpforce*

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