

helpforce

A guide to:

**West Hertfordshire Hospitals
NHS Trust's
End of life care volunteer service**



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How this guide will help you

In this guide we describe the end of life care volunteer support service designed and tested by West Hertfordshire Hospitals NHS Trust at Watford General Hospital, 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.



About the service

Specially trained end of life volunteers (known as Rose Volunteers) provide companionship and support for patients at the end of life and their families across all wards throughout Watford General Hospital. The service aims to improve the hospital experience for patients and their loved ones during the last days of life, while allowing staff to focus on providing excellent clinical care.

The volunteer service provides:

- 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
- Support for clinical staff to focus on medical priorities for patients
- Volunteering opportunities that make a difference and have a positive impact on patients, their families, friends and carers, and staff



The service's achievements



75%
of staff

fully agree the service has been a success and that it should continue (no one disagreed).



75%
of staff

say the service has delivered a 'significant positive impact' on the quality of care provided to patients.



81%
of staff

say the service has delivered a 'significant positive impact' on the quality of care provided to families and carers.



81%
of staff

feel the volunteers have had a positive impact on patients' knowledge of the other support services available to them.



77%
of volunteers

are 'extremely likely' to recommend volunteering at the Trust to a friend.

Info for here needed on sources.

The service's achievements

““”

“When I am asked about the goals for this service, the true and most honest goal shared by all involved is to ensure no one dies alone. The NHS was created on the basis that all would be treated, cared for and supported from cradle to grave, and this service allows for the much needed dignified and human care for those in their last moments of life. Our volunteers feel privileged to share those precious moments with our patients, and we feel privileged to host such an extraordinary service that has immediate and direct impact in patient care.”

LEAD NURSE FOR PATIENT EXPERIENCE AND PUBLIC PARTICIPATION, WEST HERTFORDSHIRE

““”

“I have been volunteering for almost a year now in different roles. I chose end of life care because I heard so many stories of people being alone and family members worrying about them. It made me want to do more so when this role came up, I decided to join the team. I see this as a valuable service and if anything, I feel quite humbled and grateful to be part of a fabulous team. This role and others I have done over the last year has truly changed me for the better. Mentally it has got me through a very tough year. So, thank you!”

HELEN – VOLUNTEER

““”

“The direct correlation between the service provided by the volunteers and service user satisfaction is undeniably strong. I also believe there is a direct correlation between the work volunteers do and patient recovery.”

MEMBER OF STAFF, WEST HERTFORDSHIRE

““”

“The shared idea that no one should die alone epitomises the essence of the NHS – to care for all from cradle to grave. This service is invaluable and its impact on service users, relatives and staff is extraordinary.”

VOLUNTEER

Service principles

West Hertfordshire Hospitals NHS Trust'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.

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.

Patient pathway



Ward staff identify patients approaching their final days of life who they feel would benefit from the service. Staff advise the patient and/or their family and friends of the availability of specialist volunteers and the support they can provide.

If the patient is conscious and has capacity, they are asked if they would like to see a volunteer; if they're unable to respond, staff seek consent from the family. If there is no family/friend to give consent, staff can request volunteer support if they believe it's in the patient's best interests.

At the start of their shift, volunteers check into the volunteer hub where they are provided with the names of patients to visit on their designated ward(s). When they arrive on the ward, the lead nurse gives them an up-to-date briefing on the patient(s) they are going to see. During their shift, volunteers:

1. Provide bedside support to the patient who is at the end of life, patients are very often unconscious or semi-conscious and so the support consists of making the patient comfortable, reading a card/letter from a loved one, and holding a hand
2. Offer support to family and friends around the bedside, signposting to facilities and amenities, offering a listening ear, and offering to sit with their loved one while they take a respite break
3. Advocate for patients, flagging any needs/concerns to appropriate staff.

The volunteer leaves a visiting card beside the patient's bed so family and friends can see when a volunteer has been with their loved one.

After supporting a patient, the volunteer checks out with the Nurse in Charge before leaving the ward. The volunteer completes a patient feedback form when back at the hub, this provides a handover to the volunteer coordinator.

Supporting the patient pathway

Volunteers working with clinical staff

1. The service is simple to access for the patient and/or family and friends.
2. Volunteers' presence on the ward means there is an opportunity to support family and friends as well as the patient.
3. Volunteers and clinical staff are able to identify and offer support during their activities on the ward, making support much more flexible and timely.
4. 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/family/friends while building the relationships between staff and volunteers on the ward.
5. The close working relationship between the clinical staff and volunteers creates an environment of continuous improvement.

Systems and processes

1. Specialist training and ongoing support for volunteers allows them to perform the role as effectively as possible.
2. A dedicated project coordinator ensures service consistency, including an efficient referral process, volunteer recruitment and deployment, and ongoing support.
3. Supervision is a critical part of looking after the wellbeing of the volunteers and keeping them motivated. This is an emotionally challenging role and volunteers benefit from the opportunity to offload as well as share best practice and learning via peer support, supervision and one-to-one support.
4. A steering group provides a platform for engagement, good governance and continuous improvement. The group include a palliative care lead, clinical staff, third sector representation, the volunteer team and volunteers themselves.



Implementing and operating a similar service:

top tips
checklists
resources



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?
- 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 West Hertfordshire 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?](#)

[Steering group/key stakeholders terms of reference](#)

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.

SETTING UP SYSTEMS AND INFRASTRUCTURE

Key steps: 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, for example:
 - Volunteer management system
 - Bleeper 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

[Project coordinator/manager role description](#)

Managing volunteers

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.

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.

End of life care volunteers handle emotionally challenging situations, and aspects of the role may be hard to process or may bring up personal experiences. Supporting the volunteers' wellbeing and promoting reflective practice approaches is essential.

West Hertfordshire provides a volunteer hub as a space for reflection. Space to 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 challenging experience.

2

Provide effective training. Consider what training volunteers need to provide a great service, and how you can provide it. At West Hertfordshire, core training, delivered by the end of life care nurse educator and the pastoral care team, is a full day and includes:

- Understanding end of life care and medicalised terms
- What to expect when visiting someone who is dying
- Defining terminology around death and dying
- Communications skills and boundaries
- Volunteers' own health and wellbeing and support available to them

Managing volunteers

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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.

- 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.
- 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.** At West Hertfordshire, the service also targeted local voluntary and community organisations to recruit volunteers.
- 7** **Decide recruitment processes.** Volunteer recruitment at West Hertfordshire includes a one-to-one interview with the project coordinator to discuss role and manage expectations, including training and commitment to participating in volunteer group supervision sessions.

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

Not all volunteers are suitable for this type of role, or may at some point need some time away from the role.

Resources

[Volunteer recruitment promotion leaflet](#)

[Training slides/presentations](#)

[Volunteer role description](#)

[Supervision and support agreement/statement](#)

[Volunteer feedback form](#)

Supervising volunteers

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.

1

Consider what format supervision should take. At West Hertfordshire, the end of life care nurse educator supports volunteers for their first few sessions. Volunteers are encouraged to share their experiences, challenges and achievements with each other in peer support/group supervision sessions facilitated by trained counsellors from the pastoral care team. They also receive one-to-one support from the service manager.

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

- 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?

Resources

[EoLC volunteer feedback form](#)

[EoLC supervision and support agreement](#)

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

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.

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

- Establish your baseline data and a control group if appropriate
- Develop and embed your impact measures
- Develop processes and documentation for data capture
- Provide training for volunteers and staff who will be collecting the data
- Monitor quality by carrying out regular checks and gathering feedback from volunteers and staff

Resources

[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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Helpforce Community is a Community Interest Company, No: 10919485