

HELPING IN HOSPITAL

TOOLKIT RESOURCES

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1 Template of a business case with examples from Kingston Hospital

Section	Guidance
Executive Summary	<p>E.g., The expansion of Kingston Hospital's Hospital 2 Home service has been used here for reference. NOTE: This is based on a real funding proposal but has been simplified and modified.</p> <p><i>The executive summary should be the first section of the business case, but it is the last section that is written. It is a short (one to three pages) summary of the entire business case. It should succinctly convey vital information about the project, and communicate the entire story to the reader.</i></p>
Introduction and Overview	<p><i>This section should describe the setting, background and context of the Business Case. It should serve to clarify and elaborate the subject matter of the Business Case. It should clearly state the purpose of the Business Case.</i></p> <p><i>It should explain the objectives, needs or problems addressed by the requirement. The objectives should be stated in clear and measurable terms with a specified time frame.</i></p> <p>E.g., Kingston Hospital wishes to obtain financial approval to expand the Hospital 2 Home service to reach 30 to 70 additional patients per month over 1 year (including impact measurement).</p> <p>By doing so, we will:</p> <ul style="list-style-type: none"> ● Reduce the fear and anxiety felt by patients who are over 70 and are returning home alone following discharge from hospital. Evidence shows that the intervention can reduce anxiety levels ranging from 20-49%. ● Increase uptake of local community and volunteering services in the 6 weeks following discharge by the patient. Evidence shows that 37-52% of the patient group are continuing to access services after 6 weeks of the referral. ● Reduce readmissions for 30 days post discharge. There is currently insufficient evidence for this measure.
Current Position	<p><i>This section provides a description of existing services, or the lack of them. It covers issues such as existing and potential service users, occupancy levels, expenditure, locations, accessibility and staffing levels etc.</i></p> <p>E.g., Kingston Hospital has a unique older patient demographic and 48% of patients over the age of 75 will have a diagnosis of dementia. This reflects more than double the national average of patients with a diagnosis of dementia, compared to the national average for a hospital of this size. This is a reflection of its local boroughs, Kingston and Richmond which respectively hold the highest healthy life expectancies in Greater London.</p>

	<p>Hospital 2 Home helps to reduce the fear and anxiety felt by patients who are over 70 and are returning home alone following discharge from hospital - particularly those who have dementia.</p> <p>Volunteers offer practical and emotional support in hospital by helping the patient pack their belongings, buying essential food items or providing clothing from the clothing bank, accompanying them to the discharge lounge and notifying family members regarding when the patient will be discharged. A support plan is developed with the patient using a coaching model. Goals are set with emphasis on re-enablement and take up of community, voluntary and local authority led services, including Healthy Lifestyles, and commissioned services such as Stay Well At Home.</p> <p>Following discharge the volunteers continue to keep in touch with the patient via telephone befriending which enables the service to help patients' access appropriate support from local community and voluntary organisations either by signposting or by direct referrals. Should a patient be re-admitted on an emergency or other basis to Kingston Hospital, or re-attend via Outpatients, volunteers will meet, support and refresh the patient's support plan to ensure they once again return home well from their appointment, procedure or other episode of care.</p> <p>To date, between its launch in February – 2015 and present date (January 2016), 104 patients have been supported by the service with between 2 – 9 active volunteers. The service currently helps patients across the five catchment boroughs for Kingston Hospital and parts of Surrey.</p> <p>The pilot has been managed by a Band 6.</p>
<p>Proposed Service Development</p>	<p><i>This section outlines the drivers for change and sets out your vision for the service proposal. It should include local and national strategies or directives that can be used to promote the proposed service development. Every business case must be in line with at least one of the trust's key strategic objectives. It should establish what the proposal will be capable of delivering.</i></p> <p>E.g., The Hospital 2 Home model is an exemplar of mobilising the hospital's local community to support CCG level strategic priorities for the prevention of emergency admissions and re-admissions amongst a frail and elderly client group.</p> <p>Our proposal to expand the model is in line with the trust's strategic objective to "To work creatively with our partners (NHS, commercial, community and voluntary) to consolidate and develop sustainable high quality care as part of a thriving health economy for the future". In particular, this will allow us to continue our work with partners to improve the care of the frail elderly across the local</p>

	<p>health economy.</p> <p>The expansion of the service will facilitate the increased referral and take up of the community and voluntary sector provision as evidenced by the pilot. It will also support patients to navigate their transition between acute, primary and community provision in service of preventing unnecessary hospital re-admissions and under/over use of other providers, including Public Health services and NHS 111.</p> <p>With additional funding to expand the service, we will support 30 to 70 patients per month for one year; this represents 27-48% of all inpatient (medical, elderly and orthopaedic) discharges over the age of 70 on a monthly basis.</p>
Market Analysis	<p><i>A summary should be given of the main outcome of a full market analysis which should include consideration of the current environment, threats, etc.</i></p> <p>E.g., Kingston CCG already commissions Stay Well At Home. Hospital 2 Home has an established referral pathway with Stay Well facilitated upon the day of discharge, or further into the 6 week support plan as the patient's needs dictate. Stay Well are one of the services' major referral destinations and referral pathways can be mutual and are complimentary.</p> <p>There is currently no other service provider in the Kingston area that fills this gap between hospital to home.</p>
Assessment of Benefits	<p><i>The benefits to be gained from the investment compared to the alternative of 'doing nothing' should be summarised. Benefits should be identified and quantified, as far as possible, in financial terms: as appropriate, this to include projected cost reduction against investments, reduction in risk, improvements in quality, and non-tangible and consequential benefit i.e. 'what are the real benefits from making the investment?'</i></p> <p>E.g., A summary of the clinical benefits of the Hospital 2 Home service include:</p> <ul style="list-style-type: none"> ● The patient group who are affected by the service are aged 70 and above and are being discharged from hospital to return home alone. ● The service is currently devised to respond to patients with Dementia going home alone, returning to sheltered housing or without substantial packages of care, including support for carers. ● Through developing the Hospital 2 Home service patient's anxiety levels about being discharged decrease as evidenced by an average of 30% (a 3 point reduction on a 10 point anxiety scale). ● Patients are able to access necessary community and

	<p>voluntary services through signposting or direct referrals from Hospital 2 Home. The project demonstrates an average of 42% patients using the service remain in contact with a prevention focused community or voluntary sector service, such as Healthy Lifestyles or Stay Well At Home after 6 weeks of using the service indicating sustained take-up.</p> <ul style="list-style-type: none"> ● Patients may be unable to carry out their usual social activities as a result of the cause of their hospital admission, which can result in social isolation; through the telephone befriending, coaching oriented to the patient's goals at discharge and signposting to community organisations this can be alleviated. ● Patients often have anxiety about the practicalities of going home regarding clothing, insufficient food and patient transport. Whilst hard to evidence, such anxiety and the consequences of insufficient food, transport and anticipation of immediate wellbeing in the early hours of admission home may delay discharge or transfers of care. This can be reduced by the support given by volunteers; encouraging patients to feel able to return home which reduces clinically unnecessary extensions to their hospital stay. ● The feedback from service users is positive, with letters of thanks from patients, recognition from the Chairperson on the impact of the service on regular complainants and reduction in workload for regular complainants, and expressions of thanks from relatives and carers unable to support patients at discharge and thus reliant on the service. This supports the premise that the service helps to reduce patient anxiety at discharge.
<p>Cost / Benefits Analysis</p>	<p><i>This will clearly identify the cost benefit against the investment that is being made. If possible, this should consist of a simplified presentation of the financial cost/benefit analysis.</i></p> <p><i>This should include an assessment of:</i></p> <ul style="list-style-type: none"> ○ Investment value – Revenue and Capital ○ Total cost (£) ○ Cash outlay (£) ○ And if possible, <ul style="list-style-type: none"> ■ Cost Saving first 12 months (£) ■ Cost Saving after first year (£) <p><i>Additionally, an assessment of unquantified Benefits and Costs, and Strategic Contribution should be considered:</i></p> <ul style="list-style-type: none"> ○ Try very hard to quantify all costs and benefits ○ All direct costs should be included, such as staff required for the specific volunteering service, volunteering uniforms, etc. ○ Indirect costs should be included, such as administrative staff, departmental stationery, etc.

- *If a non-financial benefit is significant, then define it*

Make the impact of the benefit tangible – describe all likely effects and implication

E.g., The total cost to expand the Hospital 2 Home service is approximately £40,000.

With the current evidence available from the pilot, we cannot estimate cost savings. However, we anticipate securing the services and partnership of Pro Bono Economics

<http://www.probonoeconomics.com/> as a way to establish a viable Theory of Change, Evaluation Plan and Social Value Impact of the project. Through their advice and support, this will deliver clear outcome monitoring and data collection from the outset to the project and the required evidence of cost savings and programme efficiency that will speak to the commissioning sector.

Benefits (unquantified from a financial perspective) include:

- Measurable reduction in anxiety about returning home from hospital
- Increased take up and sustained participation in community and voluntary sector services
- Increased patient activation; compliance with packages of care, medications adherence, simple preventative health behaviours including emphasis on hydration, nutrition and keeping warm, transition to self-management models including support groups and health literacy

Other wider benefits of the project include supporting the delivery of the trust's objectives.

The trust has a strong track record of demonstrating the impact of volunteering and aligning its volunteer-force to the clinical and patient experience objectives of the trust. This level integration of volunteering as a core trust activity ensures that volunteering is an integral part of trust's approach to delivering its vision of *'exceptional health care each and every time'* and in particular, its objective *"to work creatively with our partners (NHS, commercial, community and voluntary) to consolidate and develop sustainable high quality care as part of a thriving health economy for the future"*.


If you want to go a step further, you can also explore your 'return on investment' (ROI) calculation based on the analysis completed in the King's Fund report on "Volunteering in acute trusts in England: Understanding the scale and impact". This ROI may help your business case depending on the requirements at your trust. The Institute of Volunteering has also produced some guidance with their "Volunteer Investment and Audit Value tool". There is a

	<p><i>signpost</i> to both resources at the end of this section.</p>
Key Assumptions and Dependencies	<p><i>Key assumptions, which, if they turn out to be wrong, may affect the projection for and the eventual success of the investment, should be identified.</i></p> <p><i>Key dependencies, which if not in place may affect the outcome, should also be clearly identified.</i></p> <p>E.g., The work described with the expansion of the Hospital 2 Home service requires one 1.0 WTE at minimum standard Band 5 with full on costs. Currently, the delivery of the service is dependent on the recruitment of an appropriate lead to embed and deliver the service to build up its case load capacity.</p> <p>Recruitment strategy:</p> <ul style="list-style-type: none"> - A post will be advertised for 2 weeks via NHS Jobs and the Kingston Hospital website - Recruitment will be swiftly facilitated through Hospital HR - The existing post-holder will provide cover until the post is filled; they may also wish to extend their contract. <p>The post can also be offered as a secondment for a prevention /active communities role within the CCG, Local Authority or voluntary sector.</p>
Resource Requirements and Cost	<p><i>The resource requirements and costs associated with the recommended option should be summarised i.e. external costs for equipment, external service costs e.g. for consultancy and internal staff costs. The summary is to include investment and running costs.</i></p> <p>E.g., Costs required for Hospital 2 Home service development:</p> <p>Requires one 1.0 WTE at minimum standard Band 5 with full on costs. To grow to the projections outlined in the next section, the role is recommended at Band 6 to facilitate large scale management of volunteers and an operational case load at capacity.</p> <p>In addition, the post requires a work station with full IT, access to CRS. A tablet based computer would be an asset to this service enabling secure sensitive and personal information data capture behind a locked fire-wall that is portable at the point of service delivery. In addition to Band 5 costs, therefore a small project budget is requested as follows:</p> <ul style="list-style-type: none"> ● IT £4,000 ● Uniforms £500 ● Stationery/printing: £1000 ● Collateral: service literature, roller banner stands, £2,000 ● Patient Hardship fund: emergency purchases, including new door keys, emergency groceries, taxi fares, etc.

<p>Funding Source / Timing / Certainty</p>	<p><i>The source and timing of the funding for the investment, be it required, known or suggested, should be identified and an indication given of the certainty or otherwise of the funding being available when required.</i></p> <p>E.g., The pilot for this service was funded in part by Helping in Hospitals, a grant awarded to Kingston Hospital to increase the scale, quality and impact of its volunteering programme. This funding ended in December 2015.</p> <p>The extension of the service has been facilitated between 4th January – 31st March by the Kingston Hospital Charity with a grant of £7,500 to cover the salary costs of a fixed term project officer focused on operational delivery of the service and maintaining the current team of 4 active volunteers.</p>
<p>Timescales</p>	<p><i>The proposed start and end dates should be given together with a list of significant (particularly financially significant) milestones (events with dates). Where relevant, the milestones to include dates on which the investment should be reviewed.</i></p> <p><i>E.g.,</i></p> <p><u>0 – 2 months:</u> Project set up Staff recruitment Establish relationship with external evaluator, Pro Bono Economics or similar Building works and IT installation</p> <p><u>2 – 12 months:</u> Project Implementation Exit strategy fundraising Outcomes and performance data collection</p> <p><u>12 – 14 months:</u> Evaluation Impact reporting Sustainability planning</p>
<p>Conclusions</p>	<p><i>Bring the document to a close by concluding the findings.</i></p> <p>There is a gap in the current provision to support those aged 70 years and older who are being discharged from Kingston Hospital Foundation Trust.</p> <p>This support is crucial because we know that:</p> <ul style="list-style-type: none"> ● Elderly patients generally do not access resources online and therefore without signposting and referrals to community


	<p>services by Hospital to Home they might be left without the community support they require and are eligible for</p> <ul style="list-style-type: none">● Patients may be left with residual health problems following an acute episode of care which may result in their usual activities being suspended and cause social isolation and late presentation and thus delayed diagnosis, treatment and unfavourable/preventable prognosis of acute physical and psychological symptoms● Patients may feel anxious about leaving hospital due to fears of their social needs being unsupported which may result in prolonged hospital stays without clinical need <p>Through our pilot, we know that the Hospital 2 Home service has demonstrated that patients who use the service experience an average of 30% reduction in their level of anxiety about going home from hospital. In addition, 42% (on average) remain in touch with a community or voluntary sector provider after 6 weeks of returning home from hospital.</p> <p>The Kingston Hospital is seeking to increase the scale, provision and sustainability of an existing service for elderly patients being discharged from hospital that is in constant demand across the trust.</p>
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2 ✓ Ward poster with volunteer information - Sheffield Teaching Hospitals

Sheffield Teaching Hospitals 
NHS Foundation Trust

Volunteers

Our ward volunteers work closely with staff to ensure that patients receive quality care and feel supported during their stay on the ward. Volunteers have different roles, are fully trained and wear a distinctive maroon uniform. Volunteers give their valuable time on a regular basis because they want to help our staff to provide an excellent service.



Activity
volunteer

Nutritional
assistant

Nutritional assistant
(after training)

Activities volunteers:

- ✓ Run group activity sessions such as art or music workshops
- ✓ Run errands for patients
- ✓ Help patients to style their hair
- ✓ Carry out activities such as reading, conversation and games
- ✓ Help patients to complete 'All about me' or other forms

Nutritional assistant volunteers:

- ✓ Get tables ready for mealtimes, clear them of items, wipe clean, make correct height
- ✓ Assist patients with hand and face cleaning before eating
- ✓ Assist staff in serving up meals
- ✓ Fetch drinks for patients
- ✓ Assist patients with opening packets if needed
- ✓ Encourage patients to eat when appropriate
- ✓ Help clear away after meals
- ✓ Complete nutritional intake charts
- ✓ Help complete forms such as 'All about me' or others provided by the hospital
- ✓ Ward-based activities such as conversation, reading, games when mealtimes are complete if required
- ✓ **AFTER TRAINING ONLY:** Assist patients with eating their meals, including feeding patients where appropriate

Volunteers do not help with:

- ✗ Patient personal care
- ✗ Moving and handling
- ✗ Use of confidential data and records
- ✗ Changing bed linen
- ✗ Cleaning work
- ✗ Emptying bins

All enquiries email volunteer@sth.nhs.uk or telephone 0114 226 6045 / 0114 271 5735

- 3 ✓ Ward poster with '10 things you can do to help a volunteer' - Barts Health Trust



10 Things You Can Do To Support Volunteers To Help You:

1. Welcome them **warmly**
2. Introduce to ward staff and ensure they have a **point of contact** for any queries they may have.
3. Show them where to put their coat and bag and where they can grab a **hot drink** or some **water** if that is available
4. **Introduce** them to some of your patients, particularly those that are isolated and lonely
5. Show them where the **FFT cards and box** are kept
6. Remember their **names**
7. Have a **rota** for them so that you know when they might come in (the volunteers team can supply you with this on a weekly basis so you know who to expect)
8. Think of **meaningful tasks** that they could do to support the patients for example showing isolated patients who need conversation and more support
9. **Listen to their views** as they often see things you might not have noticed
10. **Thank** them when they are leaving

4 Lanyard card with 'volunteer do's and don'ts' - Cambridge University Hospitals

Volunteers – what can I do?

Social interaction – listen to and chat with patients.

Eating & drinking – spend time discussing and opening food, encouraging patients to eat, offer alternatives and drinks.
Remember some patients will not be able to eat or drink and some will require thickened fluids, always ask the ward staff for guidance.

Activities – we have snakes and ladders, dominoes, cards, chess and draughts, crosswords, puzzles, books and magazines plus pens to hand out. Help with the bedside TV / radio / phone service.

Helping hand – for example, tidy bedside tables.

Shopping – popping to the concourse on behalf of the patient. Record any money collected, return the change with a receipt. Inform the nurse-in-charge before 'shopping'. **£10 limit. DO NOT get cash from cash machines.**

Volunteers don't do

Volunteers do not:

- take patients to the toilet
- engage in any moving, handling, personal or clinical care
- physically feed patients (mealtime training runs every eight weeks)
- make beds – unless assisting a member of staff operating the bed
- take a patient off the ward in a wheelchair unless you have completed wheelchair training and informed the nurse in charge
- answer the ward telephone or engage in administrative duties

Remember – if in doubt – ASK!

Contact Voluntary Services:

ext 6616 • 01223 586616 • Bleep 157 667 • volunteer@addenbrookes.nhs.uk

MS133341_170614

5 Introduction to volunteers pack for staff - Barts Health Trust



Barts Health **NHS**
NHS Trust

Bart's Trust Volunteers

Introduction

Did you know that you have a free resource of trained volunteers ready to help support patients and visitors across the trust?

Barts Health is passionate about expanding and increasing the numbers and roles of volunteers throughout the hospitals and the volunteers' team are hoping to work closely with wards and other departments to put this hugely important agenda in to action.

We want to ensure that Bart's Health volunteer service operates a first rate volunteer programme that sets a benchmark for good practice and quality. A service that provides an effective and efficient volunteering resource that has an outcome for the organisation, volunteer and patient.

All our volunteers are vetted, trained and checked before then can commence their role.

Please note that it is important all volunteers that are currently involved across the Trust are made known to the volunteers' team so that we can ensure that they have the relevant training and checks. Please contact the team if you need more information or support with your volunteers.

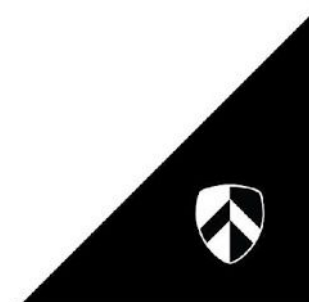
Bart's Health Current Volunteer Programme

Barts Health Volunteers have been around for many years and some of our current volunteers have been active for over 20 years. The Trust currently has 400 active volunteers supporting a range of tasks including:

- Meeters and Greeters
- Patient Champions
- Dementia Buddies
- Buggy and bleeper service
- Shop and charity volunteering to raise money for the Trust
- Administration
- Museum and Archives



Barts Health NHS Trust: The London Chest Hospital, Mile End Hospital, Newham University Hospital, The Royal London Hospital, St Bartholomew's Hospital and Whipps Cross University Hospital





Barts Health

NHS Trust

As well as looking to expand the number of volunteers to support patients/services in the future we will be looking to create volunteering opportunities linked to the local community and our partners that can support health and wellbeing once patients leave our care.

What can the volunteer team do for you?

We can bring you trained volunteers who can support patients with non-clinical elements of their care including:

- Help with feeding and mealtimes
- Help with ensuring FFT cards are complete
- Help with hydration
- Help with keeping patient entertained with conversation, or other activities
- Help patients who are anxious or isolated with distraction techniques (Dementia Buddies)
- Help new admission patients settle in by showing them where things are
- Support patient discharge

What can't they do?

Volunteers are there to **add-value** and **complement** the role of paid staff. They are there to do things that you would like to do and that improves the patient experience however does not really fall in to your remit or you simply don't have time to do.

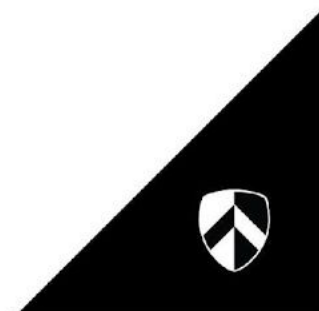
We must always be mindful that we are asking volunteers to do things that fit within their task description as described.

Volunteer should not:

- Make beds
- Shave or prep patients
- Administer medication
- Take patients to the toilet
- Push wheel chairs unless it is within the task description as they will have received the relevant training
- Leave them on their own with high risk patients
- Ensure that they are always with patients who are not behind a closed curtain



Barts Health NHS Trust: The London Chest Hospital, Mile End Hospital, Newham University Hospital, The Royal London Hospital, St Bartholomew's Hospital and Whipps Cross University Hospital





Barts Health **NHS** NHS Trust

Volunteer management

Volunteers give up their time freely and it is important to make them feel welcomed and to know when to expect them. The volunteers' team is not big enough to be there to oversee all the sites that the volunteers are active from.

There are 10 ways you can help a volunteer to become more effective and efficient and ensure they enjoy their volunteer experience with the Trust:

- Welcome them warmly
- Give them a person as a point of contact for any queries they may have
- Show them where they can grab a hot drink or some water if that is available
- Introduce them to some of your patients
- Show them where the FFT cards are
- Remember their names
- Have a rota for them so that you know when they might come in (the volunteers team can supply you with this on a weekly basis so you know who to expect)
- Think of meaningful things that they could do to support the patients that could help you e.g. support new admission patients. Let them know about patients who could use their support
- Listen to their views as they often see things you might not have noticed
- Thank them when they are leaving

Who are the volunteers?

The ethos of the volunteer programme is that we fundamentally believe everyone has skills to offer and that we work very hard to match volunteers to appropriate roles. The volunteers are usually from the local community and come from different, age groups, ethnicities, religious backgrounds and sexual orientation. This is particularly helpful as they often speak community languages and understand differing cultures and values. Patients can find this very comforting.

Volunteers are incentivised to volunteer for a number of reasons – mostly they just want to help.

What do you do if there is a problem?

The volunteers' team recognise that sometimes (however rarely) things might go wrong with volunteers just as they do with paid staff. Examples of this might include:

- Doing things outside of their remit
- Not complying with your instructions

The volunteers' team are there to support you in these circumstances and all you need to do is contact them and they will take care of these issues.

The aim is to ensure an effective and efficient resource for staff and patients get extra support and the volunteers are getting a meaningful opportunity with the Trust.

Contact the Volunteers' Team for more information and to make any suggestions on how volunteers might support your team:

- Head of volunteering - Nancy Whiskin (SBH) 020 3765 8896
- Lead Placement Volunteer Coordinator - Chandra Vansadia (WX) 020 8535 6772 (NUH) 020 7363 8107
- Evaluation and Volunteer Project Lead - Edward Millar (RLH) ext. 47792 (NUH) 020 7363 8107
- Lead Recruitment and Training Volunteer Coordinator - Richard Lee (SBH) 0203 765 8897
- Volunteer Support Assistant - Marufa Begum (RLH) 020 7377 7334

6 ✓ Barts Health Trust - Dementia Buddy role job description

Barts Health 
NHS Trust

Volunteer Opportunities Task Description Form

Contact name:	Nancy Whiskin, Chandra Vansadia
Contact details:	0207 377 7792 or 0208 535 6772
Address:	Barts Health NHS Trust
Service area:	Wards specifically across: Mile End Hospital Newham Hospital Whipps Cross Hospital
Volunteer role:	Dementia Buddy
Vision:	Volunteers to support activities of patients identified with Dementia.
Objective of role:	To have 80 volunteers specifically trained in Dementia awareness and care providing friendship and entertainment to keep patients morale engaged and positive. They will ensure that day rooms linked to Dementia care have interesting materials/displays and other resources.
Length of task:	3 months (although this does not need to be continuous)
Hours required:	3-4 hours per week. We aim to be flexible so please discuss your options with the Volunteer Coordinator.
Training:	<ul style="list-style-type: none"> - Welcome Induction and Introduction to the Vision and Values of the Trust - Fire Training - Health and Safety - Moving and Assisting - Dementia Awareness - Basic Food hygiene - Confidentiality and Disclosure - Safeguarding

Uniform:	Tabard or T-shirt, (or both). Identity badge to be worn at all times
Task description:	<ul style="list-style-type: none"> - Dementia Buddies are there to provide friendship, conversation and activities to dementia patients. - They will support and create interesting and entertaining environments including day rooms and other for the patients. - Additionally Dementia Buddies could provide conversation, and other valuable activities such as: reading, playing games, or just listening to somebody talking - There might be some meal time involvement including ensuring patients have a comfortable experience when eating and they are able to choose the food that they eat.
Person specification: <i>(please outline the main skills and type of person that you will require)</i>	<ul style="list-style-type: none"> - Friendly and positive - Good communication skills - Ability to work in a team - Compliant with requests from staff - Able to uphold the Vision and Values of Bart's Health Trust - Ability to actively listen - To be respectful and understanding of different patients cultures, ethnic and minority backgrounds - Flexibility - Creative and spontaneous to patients needs - Objective and non-judgemental - Comply with confidentiality and disclosure
Benefits: <i>(social events, certificates etc)</i>	<ul style="list-style-type: none"> - Social occasions - Really good CV experience of being part of the Largest Health Trust in Europe - Volunteers Newsletter – Quarterly updates - References in line with policy
Volunteer will receive: <i>(out of pocket expenses, training etc.)</i>	Travel expenses, uniform, extensive training, ongoing support



7 ✓ Cambridge University Hospitals - Patient focus (dementia) job description

Addenbrooke's Hospital **NHS**
Cambridge University Hospitals NHS Foundation Trust



ROLE DESCRIPTION	
Role title:	Patient Focus Volunteer (dementia)
Team title:	Patient Support Volunteer team (dementia) PILOT (APRIL 2015)
Time commitment:	3-4 hours per week, plus training and facilitated feedback sessions
Role purpose and rationale:	
<p>Research shows that patients with dementia who are admitted to hospital are likely to remain in hospital longer than those without the condition, and may suffer a decline in their cognitive and practical abilities whilst they are hospitalised.</p> <p>The volunteer team will visit patients referred to the service on a daily basis from admission to discharge. The volunteer team will focus on providing person-centred compassionate communication to contribute to a sense of security, caring and respect.</p>	
Specific activities:	
<p>Volunteers will:-</p> <ul style="list-style-type: none"> ● Introduce themselves to the nurse in charge on arrival in the clinical area ● take a selection of activities and chose which to use (if any), guided by patient preference <p><i>Activities include:</i></p> <p>Active listening</p> <p>Crosswords and puzzles</p> <p>Draughts, Ludo, Snakes and Ladders</p> <p>Books and magazines</p> <p>Reminiscence cards</p> <p>Selection of artwork (prints)to share and discuss</p> <p>iPad Apps designed for people with dementia</p> <ul style="list-style-type: none"> ● assist the patient to start or complete a <i>This Is Me</i> booklet ● provide the patient with a drink and snack (if desired) ● complete minimal paperwork to record their interaction and share information with patient/family/staff and Patient Support Volunteer team (dementia) members. 	

Time schedule:

Each visit to be (optimally) 30 - 45 minutes long. Volunteers will be allocated 3 patients to visit each session. Minimal record keeping will be required.

VOLUNTEER TRAINING AND SUPPORT*Entry requirement:*

30 hours of volunteering completed.

Initially, one full day training (led by Val Freestone, Specialist Clinical Dementia Nurse) must be attended.

Following training, all team members will need to demonstrate:

- An understanding of the Trust's approach to dementia care (VERA)
- An understanding of information governance (confidentiality)
- An understanding of the principles of infection prevention and control
- An understanding of how to escalate concerns

Further training opportunities:

Optional on-going training and monthly support meetings will be held as timetabled. It is appreciated that volunteers may not be able to attend all meetings and comprehensive notes will be provided for those who are unable to attend.

Training may be offered in alternative formats – for example, face to face sessions or independent study.

Certificates will be awarded for attendance and/or completion.

Responsibilities:

Please refer to the process outline document for details of responsibilities.

8 ✓ Kingston Hospital - Dining companions job description

Kingston Hospital Level 1 Dining Companions Role Profile

1. What is a Dining Companion?

As a Dining Companion, you will be assisting ward staff and patients during mealtimes.

2. What's the commitment?

We aim to have Dining Companions in every medical ward for lunch and dinner, seven days a week. To support this, we ask volunteers to commit to one mealtime *at least* every three weeks on a regular basis, for a minimum of twelve months. If you can give more time, we welcome this.

3. What's involved?

As a Level 1 Dining Companion, you will be helping in the following ways:

- Assisting the Nutrition Coordinator to deliver the right meal to each patient
- Positioning trays, cutlery, cups etc. on tables so that patients can easily access them
- Making sure patients have everything they need once their meal is served
- Offering companionship to patients who request this during their mealtime
- Encouraging and enabling patients to eat and drink
- Spotting ways to make the mealtime easier for patients, e.g. opening packets or cutting up food
- Requesting adapted cutlery for patients who could benefit
- Helping the ward hostess to collect-in finished trays
- Handing out menus for the following meal and helping patients to complete them
- Spotting simple ways to make patients more comfortable during mealtimes, e.g. getting an extra blanket if someone is cold
- Completing Nutrition and Hydration Record Sheets as necessary for each patient you help
- Liaising with professional staff to seek help for patients if they need it
- Feeding back to your supervisor about your experiences

4. How we will support you:

- 1.5hr induction workshop
- Experienced Dining Companions Buddy (if requested)
- A liaison person on each ward, usually the Nutrition Coordinator
- Quarterly Dining Companions Forum
- Kingston Hospital Volunteering Service is here to help

5. What we expect from you:

- Commitment of *at least* one mealtime every two weeks, more if you can offer it for a minimum period of six months.
- Participation in the training relevant to your role and confidential discussion of any reasonable adjustments required to meet your needs.
- Full compliance with your training and relevant hospital policies including: Infection Control, Health & Safety, Fire Safety, Security, Confidentiality and others as required.
- To live our values through your volunteering at Kingston Hospital: Caring, Safe, Responsible, Value Each Other.

Dining Companions Level 2 Training Workshop

After 15 hours of Dining Companion Volunteering at Level 1, Volunteers are able to progress to level 2. If this is of interest, please contact the Volunteering Service to find out dates for training and book your place.

Next dates added:

- Friday 9th September 2016, 10.30am – 1.30pm

Course overview:

A 3 hour workshop *including* 1hr supervised mealtime designed to enable Dining Companions to build their skill and confidence to assist patients that present with more complex nutritional needs.

Level 2 trained Dining Companions learn their skills on one of three wards that will typically require a higher level of knowledge and confidence in supported eating and nutrition to assist patients and make a difference to their care and wellbeing at mealtimes.

You will take your new knowledge and skills back to the ward where you are based and will act as Senior Dining Companion. This means that volunteers can:

- Take instructions from a Nurse or Therapist to deliver particular support and encouragement to a patient they think will benefit from this.
- Provide assisted feeding to patients with more complex needs and those on prescribed diets, e.g. pureed food diets
- Provide hand-under-hand assistance to enable the greatest possible independence for patients who are re-learning the skills and functional movement for successful self-feeding and drinking

- Provide a detailed hand-over to Nursing Assistants who are monitoring and recording red-tray food in-take and hydration for recording onto CRS
- Act as Buddies to new Dining Companions
- Act as a 'floating' group of volunteers who can be called to areas of the hospital where support is needed the post, e.g. a particular ward or patient requiring more skilled assistance with eating and drinking.
- Get involved in clinical evaluation and campaigns, e.g. National Nutrition & Hydration Week and nutritional audits to check quality and adherence to national best practice guidelines.

Learning Objectives: After attending this workshop, participants will be able to:

- ✓ Understand the complex role of eating, drinking and hydration and how different conditions can affect a patient's abilities to eat and drink independently in hospital.
- ✓ Take your assisted and supportive feeding skills to the next level using clinical tools and techniques
- ✓ Receive clinical feedback from experienced Speech & Language and Dietetics professionals and areas to strengthen or address
- ✓ Develop greater insight into the relationship between Dementia care and good nutrition and the resources and techniques that provide the best possible environment for good nutrition for these, and other vulnerable patients
- ✓ Challenge common *perceived* barriers to good nutrition and hydration in hospitals and become an advocate with staff, patients and family members to help them overcome these

Workshop Structure

10.30am	Dining Companions Level 2 Workshop Seminar Room 3, Education Centre, 5th Floor Kingston Surgical Centre
12.15pm	Transition to ward based supervised mealtimes Keats Ward Kennet Ward Derwent Ward Feedback will be given by therapists throughout this practical mealtime.
1.30pm	Depart

At the end of this course, volunteers will continue in their ongoing placements as Dining Companions with the expectation that they continue to offer at least 1hr per week for a minimum of six months. We welcome more where volunteers can offer this. After qualifying as a Level 2 Dining Companion, volunteers will also be invited to participate in the following activities at their choice:

- ✓ Memory Lane Lunch Club (Weekdays, Derwent Ward, Dementia Activities Room)
- ✓ Keats Communal Lunch Club (Weekdays, Stroke Unit)
- ✓ Buddies to new volunteers placed on their usual wards.

Booking:

There are two ways to book your place as a Level 2 Dining Companion.

- 1) Please ask the Senior Ward Sister or Nutrition Coordinator to email volunteering@kingstonhospital.nhs.uk to recommend you, remembering to state which ward you currently volunteer with.

- 2) Call 0208 934 3620 and make an appointment for a short telephone interview with a member of the Volunteering Team.

9 ✓ Western Sussex Hospitals - Dining companions job description (YP)

DINING COMPANION VOLUNTEER GUIDELINES	
Summary statement: How does the document support patient care?	For volunteers to assist patients at mealtimes as per guidance and advice received in training
Staff/stakeholders involved in development: <i>Job titles only</i>	Voluntary Services Managers, Lead Dietitian, Lead Speech and Language Therapist, Customer Care Programme Co-ordinator
Division:	Corporate
Department:	Voluntary Services and Trust wide Staff Volunteers
Responsible Person:	Voluntary Services Manager, Lead Dietitian, Lead Speech and Language Therapist, Ward/Department Manager
Author:	Claire Goldsmith/ Linda Taylor -Voluntary Services Managers David Clayton-Evans Customer Care Programme Coordinator
For use by:	Volunteers, Ward Managers/Nursing Staff
Purpose:	To set out Trust criteria for public and staff volunteers assisting patients at mealtimes.
This document supports: <i>Standards and legislation</i>	NHSLA and CNST risk management standards – governance Health and Social care Act 2008 (Regulated Activities) Regulation 2014 (Part 3), Care Quality Commission (Registration Regulations 2009 Part 4)
Key related documents:	Protected Mealtime Policy Nutrition Policy
Approved by: <i>Divisional Governance/Management Group</i>	Heads of Nursing
Approval date:	
Ratified by Board of Directors/ Committee of the Board of Directors	n/a
Ratification Date:	n/a
Expiry Date:	April 2018
Review date:	February 2018
If you require this document in another format such as Braille, large print, audio or another language please contact the Trusts Communications Team	

Reference Number:	CG12017
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Versio n	date	Author	Statu s	Comment
1.0	February 2012	Katherine Burch	Live	
2.0	January 2015	David Clayton Evans	For review	Review date February 2018
3.0				

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Introduction

Thank you for volunteering to become a dining companion. This role is very valuable in supporting patients to feel better. Alongside delivering meals you can sit with and talk to patients who benefit greatly from the engagement and social interaction this provides. In order to participate in this programme you will have already undertaken a DBS check. We will ensure that you have your first visit with one of our experienced dining companion buddies who will introduce you to the team, explain about the role and make sure all your questions are answered and that you have a great experience. If you would like an opportunity to help patients to eat and drink additional training will be provided to enable you to do this

1. Volunteer Role

- 1.1. To provide support to the wards in taking food and drink to patients
- 1.2. To engage in communication during meals to aid social interaction and stimulus to eat and drink
- 1.3. To aid or assist a patient to prepare food such as cutting into smaller amounts
- 1.4. To assist patients (following training and satisfactory DBS Check) with eating and drinking as per guidance and advice
- 1.5. To assist with the hot drinks service in conjunction with the guidance/advice
- 1.6. To check with the ward staff re: consistency of food/fluids advised.
- 1.7. To assist people with making a choice re: food/drink (where required) and encourage patients to eat and drink where appropriate
- 1.8. To encourage hand hygiene for patients before mealtimes
- 1.9. To encourage people to take prescribed nutritional supplements as appropriate
- 1.10. To keep accurate records (following training) of food/fluid intake where required. This is essential for management decisions and should always be filled in.
- 1.11. To report to the nursing staff any concerns about feeding e.g. patient not eating/drinking, struggling to swallow, signs of weight loss
- 1.12. Patients that are nil-by-mouth or may have food allergies or intolerance should be identified before the food service begins by speaking with the nurse in charge
- 1.13. The Trust supports the protected meal times initiative. Unnecessary and avoidable interruptions to patients during mealtimes should be reduced as much as possible.

2. Infection Control

- 2.1. Volunteers will comply with the Trusts bare below the elbows policy – please remove watches, bracelets and roll up long sleeves. A plain un-engraved wedding ring may be worn, female volunteers need to remove nail varnish so that nails can be seen to be clean. Long hair should be tied up.
- 2.2. Volunteers must wash their hands and wear a disposable plastic green apron prior to assisting with the lunchtime service. When finished the green apron is to be thrown away in a bin with a black bag.

3. Supporting Patient's Independence

- 3.1 Encourage or assist with independence where possible.
- 3.2 Encourage or assist with hand hygiene.
- 3.3 Patients may need assistance with lifting the cup or spoon to their mouth e.g. after a stroke,

patients with dementia. With assistance they may be able to achieve self-feeding.

- 3.4 Patients may not be able to load their own spoon but may be able to feed themselves once the spoon is loaded.
- 3.5 Encourage/assist patients to make a choice in regards to their meals and drinks.
- 3.6 Try to encourage patients to eat and drink – patients can have less motivation in hospital but it is important that they eat and drink well.
- 3.7 Ask patients about foods they like.
- 3.8 Feed with dignity.

4 Red Tray System

- 4.1 The use of red trays and mugs at meal times is to identify patients who require assistance, which may be hands on help or simply supervision. They may have swallowing problems or just require longer eating their meals.
- 4.2 Once the need is identified, the use of red trays should help those patients to better meet their food and fluid requirements by highlighting their individual needs.

5 Tips to remember:

- Gentle encouragement is always useful, but do not force.
- Give assistance as required, but encourage independence as much as possible.
- Always ask a trained member of staff to position or move a patient—you are not there for manual handling.
- Check with a nurse if you are ever unsure.
- If concerned about a patient raise your concerns with the person in charge.

Please contact the following teams if you have specific concerns or queries:

Speech Therapists	Worthing	Ext 85582
Dietitians	Worthing	Ext 85669
Speech Therapists	Chichester	Ext 5204
Dietitians	Chichester	Ext 5201

Competencies for Dining Companion Volunteers

) Policy and Good Practice

- .1 Knowledge of Infection Control policies relating to hand-washing and direct patient contact. (Appendix 1)
- .2 Awareness of the importance of gaining the patient's consent before giving assistance with eating and drinking.
- .3 Awareness of the scope of your role; e.g. to assist patients with eating and drinking as per recommendations/guidance.
- .4 Awareness of importance of maintaining appropriate records as requested; e.g. filling in food record charts.

) Care and Support of the individual

- .1 Knowledge of how to help the patient to be as independent as possible; e.g. encouraging self-feeding if appropriate, motivation, choice etc.
- .2 Awareness of importance of maintaining patient safety whilst eating and drinking; e.g. correct position, appropriate texture, and mouthful size, appropriate rate of feeding.
- .3 Knowledge of how to support communication; e.g. making sure hearing aids, glasses are working or that any other materials to help communication (e.g. pen/paper) are available
- .4 Awareness of who to report to with any concerns about a specific patient to a registered nurse

) Specific Health Related Knowledge and Skills

- .1 Familiar with and confident in the completion of WSHFT food record charts
- .2 Have an understanding of the Red Tray system and who would benefit from its implementation
- .3 Have undertaken and completed a satisfactory DBS (Disclosure and Barring Service) check prior to commencing assisted feeding on the ward.
- .4 Have received Dining Companions training or have previous clinical experience of assisted feeding.
- .5 Safety checks undertaken before assisting a patient to eat or drink







) Additional Training Needs

- 4.1 If you have additional training needs one to one support can be arranged with the Speech and Language and Dietetics team.

Appendix 1 - Dining Companions Guide to Infection Control

Thank you again for becoming one of our Volunteer Dining Companions.

We thought it would be helpful to give you some guidance on infection control on the ward.

<p>Bare below the elbows – When you arrive on the ward, please can you remove any watches and any rings with the exception of a plain wedding ring. Please roll up sleeves to above the elbow and tie back your hair above your collar. Please also remove your tie if you're wearing one.</p>	
<p>Washing your hands – Please ensure to regularly wash your hands during your time on the ward, this should include before you start serving food, after any contact with, or between, patients or patients belongings or equipment. (We have given you a reminder guide to hand washing which is attached)</p>	
<p>Wear an Apron – Please use aprons both to protect your own clothes from infection but also to protect the patient from anything that may be on our own clothes. For serving food these aprons are green. Please remember to change your apron if you need to.</p> <p>If you are assisting or sitting with a patient, please remember to change your apron before going to the next patient.</p>	
<p>Main wards not side rooms – For enhanced infection control reasons we would be grateful if you could support patients in the main bays only, this will also enable you to get help close by should you need it.</p>	
<p>Please don't sit on beds – We ask all staff and visitors not to sit on patients beds and instead to sit on chairs. The surface of chairs can be easily kept clean and prevents any increased risk of coming into contact with possible sources of infection.</p>	
<p>Use hand gel – There are lots of sanitising hand gels or foam around the ward, please use this regularly and make sure you rub it well into your hands until your hand is dry to get all the benefit from the built in moisturiser.</p>	

Don't forget to moisturise – With all your great hand washing and hand hygiene, don't forget to use the moisturisers that are around the ward to keep your hands soft and in great condition.

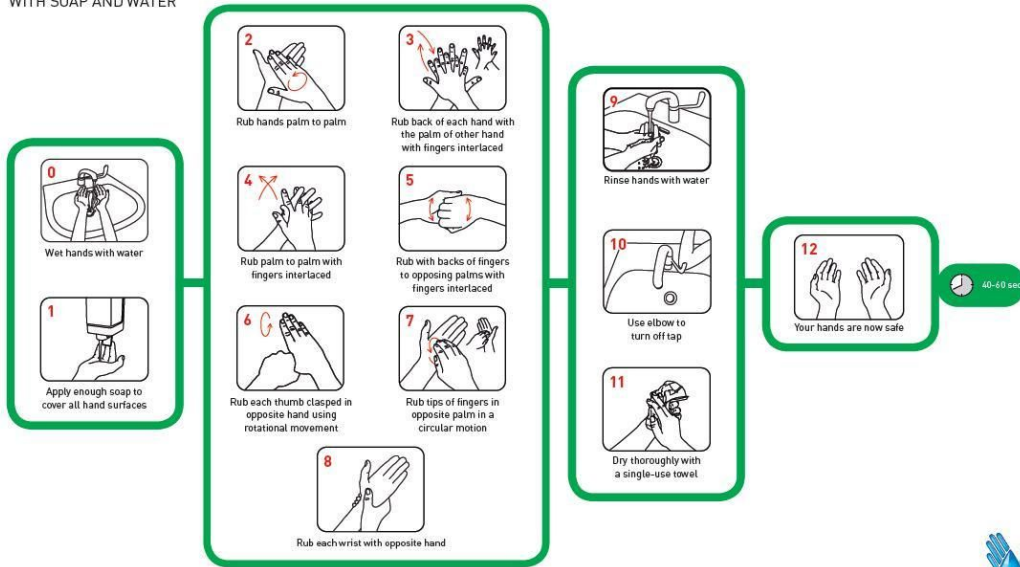


HAND CLEANING **TECHNIQUES**

How to handwash?

WITH SOAP AND WATER

NHS
National Patient
Safety Agency



www.npsa.nhs.uk/cleanyourhands

Adapted from World Health Organization Guidelines on Hand Hygiene in Health Care 1/09

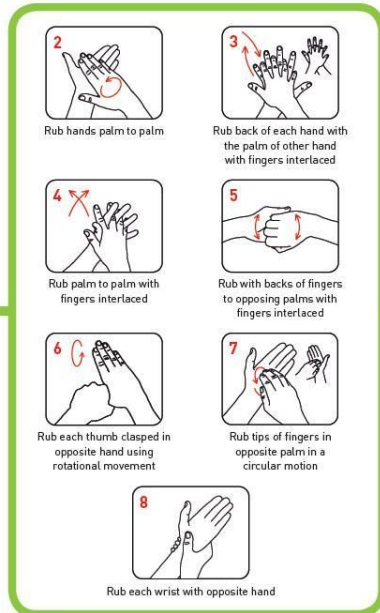
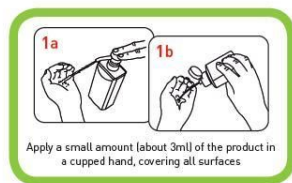


HAND CLEANING TECHNIQUES

How to handrub?

WITH ALCOHOL HANDRUB

NHS
National Patient
Safety Agency




www.npsa.nhs.uk/cleanyourhands

Adapted from World Health Organization *Guidelines on Hand Hygiene in Health Care*



10 ✓ Derbyshire Health Trust - Home from Hospital (visit service) job description

Derbyshire Community Health Services 
NHS Foundation Trust

VOLUNTEER ROLE DESCRIPTION

TITLE:	Home from Hospital Volunteer
DIRECTORATE:	Quality Directorate
DEPARTMENT/ LOCATION:	Derbyshire-wide
SALARY/BAND:	Volunteer/Unpaid
HOURS OF ROLE:	Negotiable; Monday through to Sunday; mornings, afternoons or evenings; weekends (please note we would require a commitment of a minimum of 6 months volunteering for DCHS following training)
ROLE RESPONSIBLE TO:	Head of Patient and Family Centred Care
ROLE RESPONSIBLE FOR:	Home from hospital practical support for patients being discharged from hospital back into their home environment (which may be their own house or a nursing home). The service will be offered for a maximum period of 6 weeks, although there will be some flexibility based on individual needs
ROLE ACCOUNTABLE TO:	Volunteer Programme Co-ordinator

Purpose / Summary of Role:

The aim of this role is to help create a smooth, positive and practical transition to home for vulnerable people leaving hospital. By providing low level support (such as shopping for basic food stuffs, ensuring electricity and gas is switched on, that light bulbs are working, etc) the volunteer will become part of the wider hospital discharge team. Home from Hospital volunteers will enable patients to care for themselves at home following their stay in hospital. They will not be directly involved in patient care.

Specific responsibilities/tasks of the role:

- Meet with patients prior to their discharge
- Help to identify the level and type of support required by patients (in collaboration with the Volunteer Programme Co-ordinator and ward staff)
- Assist with / support the transfer of the patients from hospital to their home (using your own or a DCHS pool car, if appropriate)
- In collaboration with other DCHS staff, preparing the home environment for a patients return (including contacting other agencies, as required, to support with issues such as fire safety, electrical and gas safety checks, etc)
- Supporting patients to readjust to life 'outside of the hospital' (including identifying activities for patients to re-engage and participate in; facilitating their transport to and from these as may be required)
- Undertake a 'safe and well' check to ensure patients are adjusting to their new environment positively (including checking that patients are taking their medication and are eating well)
- Check the wellbeing and support needs (if any) of the patients carer(s)
- Check that the required equipment is in place and that the patient knows how to use it
- Ensure that the multi-agency 'First Contact' checklist' has been completed and is being adhered to
- Signpost to additional support, advice and help as and when required; such as local agencies and community groups (eg Local CVS services, VSpa, Age UK etc)

As a volunteer, you will be expected to:

- Actively participate in all appropriate training and development for the role
- Engage, and develop productive and supportive relationships, with ward staff
- Work as part of a team with DCHS staff and other volunteers
- Adhere to all DCHS policies, procedures and standards
- Attend regular 1-1 sessions with the Volunteer Programme Co-ordinator

11  Western Sussex Hospitals - Discharge lounge job description (YP)

Role Description

Volunteer – Goodwood Lounge

TITLE	Volunteer
REPORTING TO	Lead Nurse in Goodwood Lounge
ACCOUNTABLE TO	Voluntary Services Manager
LOCATION	Goodwood Lounge, St. Richard's Hospital
HOURS	Usually one four to five hour shift per week with a commitment of at least six months.

Volunteers are individuals who undertake activities at the request of The Trust. They receive no financial remuneration but their tasks contribute to the improvement of the well-being and comfort of patients and visitors

The relationship between paid staff and volunteers should be complementary and mutually beneficial.

Duties may include the following

- Collecting patients from Wards or departments – assisting the patient to check that they have their belongings
- Companionship – to support the patient awaiting their relative/transport
- Accompanying patient to other departments
- Assisting with competing feedback surveys
- Running errands for staff ;collecting items from wards/departments
- Collecting and taking items to Pharmacy
- Offering drinks to patients in the Lounge
- Assisting with dispensing of lunchtime sandwiches and soups to patients in the Lounge
- Taking dirty crockery to the kitchen for cleaning

Qualities and Skills

- Personal qualities of patience, tolerance and compassion. A good sense of humour and an ability to easily adapt to different situations.
- A commitment to improving the well-being of the patient

Requirements

- Offer regular commitment
- Attend Workshops /Training courses as appropriate
- Follow Trust guidelines on Confidentiality, Infection Control and Health and Safety

Because of the nature of this post, enhanced Disclosure and Barring Service clearance is required.

12 ✓ Royal Free London - Sat Nav Guide job description (YP)



ROLE DESCRIPTION

Role:	'Sat/Nav' guide Volunteer
DIVISION:	Nursing
RESPONSIBLE TO:	Voluntary services department
ACCOUNTABLE TO:	Voluntary Services Manager
HOURS PER WEEK:	Minimum: 2-4 hours per week. To be agreed before start
LOCATION:	Outpatients areas: LG floor GF Front of House, 1st floor out patients Royal Free Hospital
ROLE DESCRIPTION AND RESPONSIBILITIES:	
<p>Feedback from current volunteers, patients and hospital staff show that a considerable amount of patients and visitors have difficulty finding their way around the Royal Free with its complex layout and signage. Arriving at a Hospital can be a difficult experience, and your role will be to play a key part in putting patients and visitors at ease with a friendly and reassuring welcome.</p> <p>You will be located initially in busy areas on the lower ground, ground floor and first floor to help lost, confused and anxious patients and visitors to find their destination. You will engage with them to offer guidance and/or to escort them to their destination to provide a gracious and calm welcome.</p> <p>The role will involve talking and listening to patients, being a companion, and essentially striving to provide a well-rounded service to all patients and visitors by demonstrating Royal Free London World Class Care values. In addition, you will be expected to:</p> <ul style="list-style-type: none"> - Deal sympathetically, with all patients' requests and queries to the best of your ability. - Use your initiative and work as a part of a team, alongside other volunteers and outpatients reception staff. - Play a key part in improving patient experience on behalf of the Hospital, helping to decrease journey times from arrival to appointment. Your role will help to lower anxiety levels of patients on arrival and increase patient and visitor satisfaction. - Act as an ambassador for the Royal Free Charity and Royal Free London NHS Foundation Trust, as the first point of contact the patient will have with our services. 	
TASKS:	
<ul style="list-style-type: none"> - Welcoming patients and visitors to the hospital and the areas in which they are waiting. - To interact and engage with patients who look lost, anxious, confused or upset. - To assist patients, visitors and staff with directions around the hospital site, and escort them to their destination if desired. 	

- Provide support and companionship where patients appear anxious or concerned; be a friendly and engaged host to patients and visitors as they make their way to appointments and destinations.
- To direct any complaints or concerns to the PALS department.
- To provide up to date and relevant information to patients, visitors and staff, relating to the Hospital and Trust.
- The volunteer should familiarise themselves with locations of departments, toilets, receptions, drinking fountains and wheelchair stores.

Please note: Good communication and mobility are essential. Good knowledge of the hospital and its clinics and departments are desirable, willingness to learn and train is essential.

Duties these volunteer must not undertake;

1. Physically feed a patient without RFL competency based training
2. Contact with patients' valuables or money, except small change for shopping.
3. Any manual handling, including pushing wheelchairs, assisting with walking, hoisting patients, helping with lifting or moving patients.
4. Leave the hospital building whilst accompanying a patient without clinical permission.
5. Have access to, edit or add to confidential medical records.
6. Cleaning or domestic duties.
7. Must not carry blood, urine or stool samples or chemical waste.
8. Must not collect medication from the pharmacy
9. Enter rooms/bays where patients are kept due to infection control measures.

Additional information

- 1 Volunteers are complementary to Trust staff, and are not permitted to undertake work that they do. Any job that should be done by a paid member of staff cannot be done by a volunteer.
- 2 Volunteers are reminded of the importance of confidentiality and that they are not to discuss patient affairs with other people inside or outside the hospital (except ward staff).

Royal Free World Class Values

The post holder will offer World Class Care to service users, staff, colleagues, clients and patients alike so that everyone at the Royal Free can feel:

- **Welcome** all of the time • Confident because we are clearly **communicating**
- **Respected** and cared for • **Reassured** that they are always in safe hands

Communication and Relationships

Internally

- Voluntary Services Manager, Young Volunteers Support Worker, Voluntary Services staff
- Patient experience team

13 ✓ Cambridge University Hospitals - Patient focused volunteer (Mobile service) job description

Addenbrooke's Hospital **NHS**

Cambridge University Hospitals NHS Foundation Trust



VOLUNTARY SERVICES

CAMBRIDGE UNIVERSITY HOSPITALS

Role title: Patient Focus Volunteer (Mobile Service)

Team title: Ward Team

Time commitment: 2-4 hours per week, plus regular training and facilitated evaluation sessions.

Entry requirement: Minimum 30 hours of volunteering to have been completed OR a commitment to 12 months volunteering agreed.

An induction training session to have been completed within the previous 12 months (or a refresher taken).

Individual or group training sessions (on site) must be attended prior to the volunteer undertaking this role.

Wheelchair training (a one hour course on site) is desirable.

Following training, all team members will be required to demonstrate

- an understanding of information governance (confidentiality)
- a minimum understanding of the Trust's approach to dementia care (VERA)
- an understanding of the principles of infection prevention and control
- an understanding of how to escalate concerns

This role involves a lot of walking and volunteers must be physically able to cope with this level of activity. As guidance, volunteers should feel comfortable walking several miles on the flat.

Role purpose and rationale:

- **Our aim is to take the Volunteer Service to the patient where ever they are in the hospital – wards, outpatient departments or anywhere on site.**
- **The volunteers will respond to suitable requests from patients, staff and family members via an agreed communication system.**
- **The availability of a 'volunteer on call' service may help to significantly reduce anxiety in some patients and provide peace of mind for family and carers. Older and more vulnerable patients will be prioritised.**
- **We are required to collect information to enable evaluation of the effectiveness of the role. No patient identifiable data will be collected.**

Role Description:

To be one of a team of Patient Focus volunteers (known as the Mobile Team) visiting patients on site. See specific activities section for further details.

Patient group:

Older and vulnerable patients will be prioritised, although any patient may request the service by telephone, text or email. Staff may request the service by telephone or eHospital, family/carers may also request by telephone, text or email.

Specific Activities:

- **Social visiting – a listening ear for a 20minute chat plus a cup of tea or coffee.**
- **Signpost patients or carers to Partnership Organisations' services, as appropriate.**
- **Liaise between staff and patient or carer – for example, providing information about waiting times or locating staff to directly address concerns.**
- **Assist individual patients at mealtimes or encourage with snacks/drinks.**
- **Enjoy a game of cards, dominoes or draughts (no gambling!)**
- **Shop for newspapers or low value items from the concourse.**
- **Supply books from the library and free magazines/local newspapers.**
- **Provide an accompanied visit to the concourse or the gardens (subject to suitability of patient and volunteer and with the permission of the nurse in charge)**
- **Supply free puzzles and pen – word searches, crosswords, etc.**
- **Help with television or radio.**
- **Make contact with a relative – phone calls made on patients' behalf (with permission of the nurse in charge).**
- **Help to pack or unpack possessions.**
- **Accompany a patient to the car park on discharge (subject to suitability of patient and volunteer and with the permission of the nurse in charge).**

- **Collect medication (TTOs) from the pharmacy if the patient is waiting for them in order to be discharged (subject to availability of service and permission of the nurse in charge. No controlled drugs to be collected).**

Handover between volunteers:

There will be a Volunteer Mentor or a Voluntary Services staff member available at all times. Volunteers will meet as a group at the beginning of their sessions to collect their 'rounds' and at the end of their sessions to debrief and handover any messages. Volunteers will be contacted during their session via a bleep or other agreed device. Full training will be given in the use of any equipment.

Volunteers will be required to complete and return a record of activities undertaken in an agreed format. This could be via a paper based or electronic record.

Training and support:

We recognise the importance of training and the availability of mentoring support for volunteers undertaking a demanding role.

Personal safety:

Risk assessment will be covered in full during the initial training.

Feedback mechanisms:

This team is part of a pilot project sponsored by our Nesta funding. Part of our agreement with Nesta is to evaluate the pilot with a view to disseminating what we have learned to other hospitals for the potential benefit of other patients. The evaluation will also determine how we sustain, grow and improve the initiative. We will therefore need to collect regular information and this should be understood to be an important part of the day to day activity, not an optional add-on. There will be regular opportunities for volunteers to contribute their ideas and suggestions for improvement.

Role context and other relevant information:

Volunteers will be allocated a mutually agreed 2-4 hour time slot once a week. Our aim is to grow the service to cover 8am to 8pm, 7 days a week.

Volunteers will be required to sign in and out at the Voluntary Services office on level 1.

A uniform (polo shirt) will be provided and should be worn.

14 ✓ Sheffield Teaching Hospitals - Patient Activity worker job description



Volunteer Role Details

Volunteer Role Title: Patient Activity Volunteer - Arts

Responsible to: Voluntary Services Team

Reports to: Sister or Nurse in Charge

Location: various wards at Northern General and Hallamshire

Minimum requirements:

- An interest arts and crafts
- Ability to relate to people who may have communication difficulties
- Excellent communication skills
- Motivated and enthusiastic about art/ crafts.
- Willingness/experience in encouraging group participation
- Patience
- Helpful and considerate

● **About your Area**

These placements will take place on wards at either the Northern General or the Royal Hallamshire Hospital. This may be working with patients in groups in ward day rooms or individually at a patient's bedside.

● **Personal Characteristics/ Person Specification**

We are looking for enthusiastic and creative people with an interest in arts and crafts to lead and support art groups and one-on-one art and craft sessions with patients. These activities will be ward based, at the Royal Hallamshire or the Northern General Hospital.

Experience and a passion for arts/ craft is advantageous. Most importantly you must be a strong communicator who enjoys working with people. You must be understanding to the fact that the patients participating in these sessions will have varying communication and physical abilities, so you will need to be helpful, sympathetic and patient at all times.

You may wish to take a leading role in planning activities for these sessions. However an ability to do so is not essential as in many cases this may have already been done by the arts coordinator. You will

be required to carry out patient satisfaction surveys with patients before and after and generally help facilitate or lead the session.

This opportunity requires a volunteer to be able to set up the materials in preparation and maintain the supply of art materials on the ward, informing the arts coordinator when stocks are running low.

We would need a minimum commitment of 2 hours per week.

- **What we can offer**

Induction and support through Arts Coordinator.

- **Activities for volunteers**

Helping to facilitate or to lead their own arts groups or one-on-one sessions.

Recording patient feedback

Setting up the art group

Cleaning up after art group has finished

Maintaining a well-stocked art supply (Informing the Voluntary Services Team)

- **What volunteers would not get involved in**

Feeding patients

Medical Care

Further information

- **Which days /times do you require volunteers?**

- Mondays-Thursdays morning or afternoon

- **Which staff member will undertake the Volunteers local Induction?**

- Voluntary Services Team

- **What training do you feel the volunteers would need to be involved in this area?**

Induction to ward

Training on what/ how to carry out the art activities

- **Where will the signing-in book be kept?**

Volunteer folder - Nurses Station

15 ✓ University Hospital Southampton - 'Time for You' job description (YP)

UNIVERSITY HOSPITAL SOUTHAMPTON TIME 4 YOU VOLUNTEERS TASK DESCRIPTION

AIM: To enhance the quality of the patients stay by providing one to one contact as required.

Volunteers are responsible to the Voluntary Services Manager

Volunteers are to report to the Ward Manager, Sister or Senior Nurse

PLACEMENT DETAILS see attached letter

VOLUNTEERS NAME:	WARD:
DUTY DAYS:	TIME:
COMMENCEMENT DATE:	VOLUNTEER TRAINING/SHADOWING WITH:

KEY ACTIVITIES

<ul style="list-style-type: none"> • To report to the senior nurse on arrival • Review referrals • Sit with restless patients • Talk and listen to patients 	<ul style="list-style-type: none"> • Befriend patients • Encourage patients to exercise (if trained and patient identified as suitable) • Sit and talk to relatives • Leave notification of visit • Fill in referral sheets
<p>GUIDELINES</p> <ul style="list-style-type: none"> • No cash errands • Be off site by 8pm <p><u>VOLUNTEERS MUST</u></p> <p>Observe Hand gel and infection prevention practices at all times Adhere to Trust Policies i.e. confidentiality</p>	<p><u>VOLUNTEERS MUST NOT HANDLE</u></p> <p>Patient identifiable data Clinical waste Body fluids Instruments Needles Syringes Contaminated waste – including delivery/collection of specimen to/from Pathology No Manual Handling i.e. lifting</p>

16 Theory of Change guidance (TSIP)

Nesta...



Guidance for Developing a Theory of Change for Your Programme

Introduction

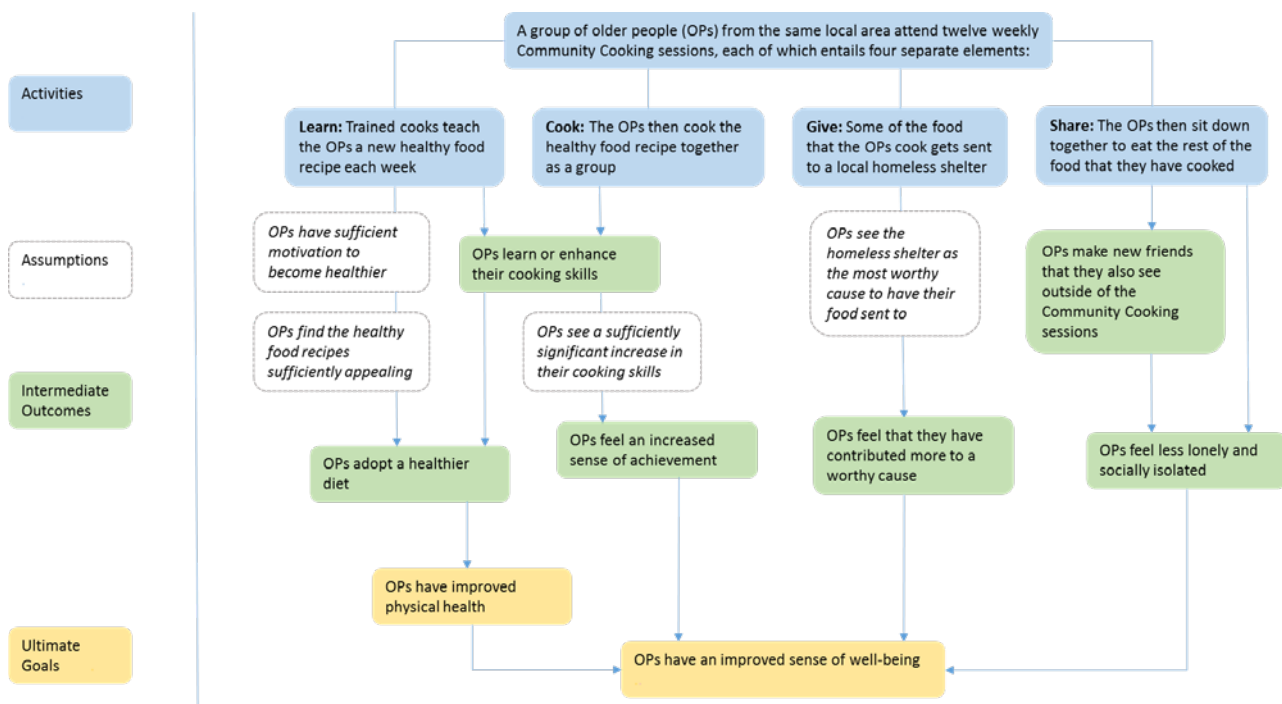
At the Centre for Social Action Innovation Fund (CSAIF) we believe that a clear, concise and convincing explanation of what you do, what impact you aim to have and how you believe you will have it is a vital foundation of any programme, and a prerequisite for effective evaluation. For this reason, producing a Theory of Change is an obligatory requirement for achieving Level 1 on Nesta's [Standards of Evidence](#).

What is a Theory of Change?

A Theory of Change is a diagram that explains how a programme has an impact on its beneficiaries. It outlines all the things that a programme does for of its beneficiaries, the ultimate impact that it aims to have on them, and all the separate outcomes that lead or contribute to that impact.

A Theory of Change should not refer to the scale, growth plan or operational details of the organisation itself – it should effectively describe and explain the impact of the programme from a beneficiary's point of view.

An example of what a Theory of Change might look like can be found below (please note that this Theory of Change can be seen in higher resolution at the end of this document):



Why are Theories of Change useful?

- **Internal programme development:** The process of developing a Theory of Change can help you to refine and enhance the effectiveness of your programme.
- **External communication:** The Theory of Change itself can be a useful tool for communicating what your programme does, and how it has an impact, in a clear and convincing way.
- **Evaluation:** It is also a first step in designing an effective evaluation, as it accurately identifies all of your outcomes that need to be measured.

How are Theories of Change created?

At the CSAIF we believe that a good Theory of Change requires the following five core elements or processes:



This document will describe each of these five elements in turn, framing them with examples from a fictional programme called ‘Community Cooking’. The full Theory of Change diagram for Community Cooking can be found at the end of this document, along with a final checklist of questions to ask yourself before finalising or submitting your own Theory of Change.

But first, here are some initial practical tips on getting started on your own Theory of Change:

Initial Tips

- You can use a variety of widely available software to draw your Theory of Change, e.g. MS PowerPoint, MS Excel or MS Word.
- However, we recommend that in the first instance you construct your Theory of Change using a big piece of paper and post-it notes, in order to facilitate the creative process.
- This should ideally be done as a group, in order to capture the input of different members of staff, stakeholders, and even beneficiaries.
- Your Theory of Change should be colour-coded and include a key that identifies its different elements (i.e. ultimate goal(s), intermediate outcomes, activities and assumptions).

Step 1: Identifying your ultimate goal(s)

Definition: The primary impact that your programme aims to have on its beneficiaries.

Tips

- You should normally have just one or two ultimate goals, and very rarely more than three.
- They should be measurable.



- They should represent the direct and immediate impact of the programme, rather than the more long-term impact that happens because of it.

Example

The UK's population is ageing, and people are living for longer. As public services become increasingly stretched, they will find it more difficult to meet the needs of older generations - needs that relate both to physical health and mental well-being. A new programme, Community Cooking, wishes to address this – their ultimate goals are therefore improved physical health and an improved sense of well-being amongst older people.

Step 2: Identifying your intermediate outcomes

Definition: All the separate changes in the beneficiaries that lead to the ultimate goal.

Tips

- Intermediate outcomes should be measurable.
- They should be comprehensive enough to reflect the complexity of the programme – their aim is to explain in detail all of the changes that happen to beneficiaries during the programme.

Example

Though a large number of different elements can contribute to physical health and a sense of well-being, the Community Cooking programme targets four specifically – a healthier diet, an increased sense of achievement, reduced social isolation and a feeling of contributing to a worthy cause. These therefore form four of the key intermediate outcomes in their Theory of Change. Other intermediate outcomes are then included to explain exactly how those key intermediate outcomes are achieved (please see the Theory of Change diagram at the end of this document for more details).

Step 3: Identifying your activities

Definition: All the things that a programme does directly for its beneficiaries, or that the beneficiaries do as part of the programme.

Tips

- Activities should only include the things that impact on the beneficiaries directly, not the more operational things that are done prior to those activities or that impact on the beneficiaries more indirectly (e.g. the referral process, the training of staff etc).
- They should be sufficiently detailed, so that someone unfamiliar with the programme can understand what each activity entails.
- They can be quantified to explain 'dosage' i.e. to explain exactly how much of the activities each beneficiary receives (as opposed to explaining how many beneficiaries the programme currently works with).

Example

Community Cooking involves twelve weekly sessions in which a group of older people from the same local community get together to i) be taught a healthy recipe by a trained chef, ii) cook the recipe in groups, iii) sit down to eat what they've cooked together, and iv) give away some of that food to a local homeless shelter.
--

Step 4: Showing the causal links

- **Definition:** Arrows that explain the causality of your programme in more detail. More specifically, causal links should show which activities lead to which intermediate outcomes, which intermediate outcomes lead to which other intermediate outcomes, and which intermediate outcomes lead to which ultimate goal (if there is more than one ultimate goal).

Tips

- Causal links should reflect the complexity of the programme – generally speaking it is likely that some activities will lead to more than one intermediate outcome, some intermediate outcomes will have more than one activity leading to them, and many intermediate outcomes will lead to other intermediate outcomes (rather than simply linking an activity directly to the ultimate goal).
- However, complexity should also be balanced with clarity – if the number and complexity of causal links are making the Theory of Change difficult to follow or digest, you should consider removing some of the less integral causal links from the diagram.

Example

Community Cooking's Theory of Change argues that sitting down together to eat the food that the older people have cooked leads to them feeling less socially isolated. However, the Theory of Change makes it clear that this happens in two different ways: i) directly, due to the time that the older people spend together during the sessions, and ii) indirectly, due to the older people making friends that they then spend time with outside of the sessions too.
--

It is probable that doing the cooking itself also reduces social isolation in the same way, but Community Cooking have chosen not to represent those causal links on their Theory of Change as i) this is only a secondary effect of that particular activity, and ii) those causal links would have to cross over other causal links, which would reduce the clarity of the Theory of Change diagram.

Step 5: Examining your assumptions

Definition: The assumptions that underpin each causal link.

Tips

- The purpose of assumptions is to proactively identify reasons why some of your causal links may not hold true in practice.
- Assumptions should focus on your most contestable causal links i.e. the sections of your Theory of Change that someone might challenge as being less plausible or convincing.



- They should be the very last step in creating your Theory of Change.
- They should always sit on top of a specific causal link, rather than 'floating' elsewhere on the diagram.

Example

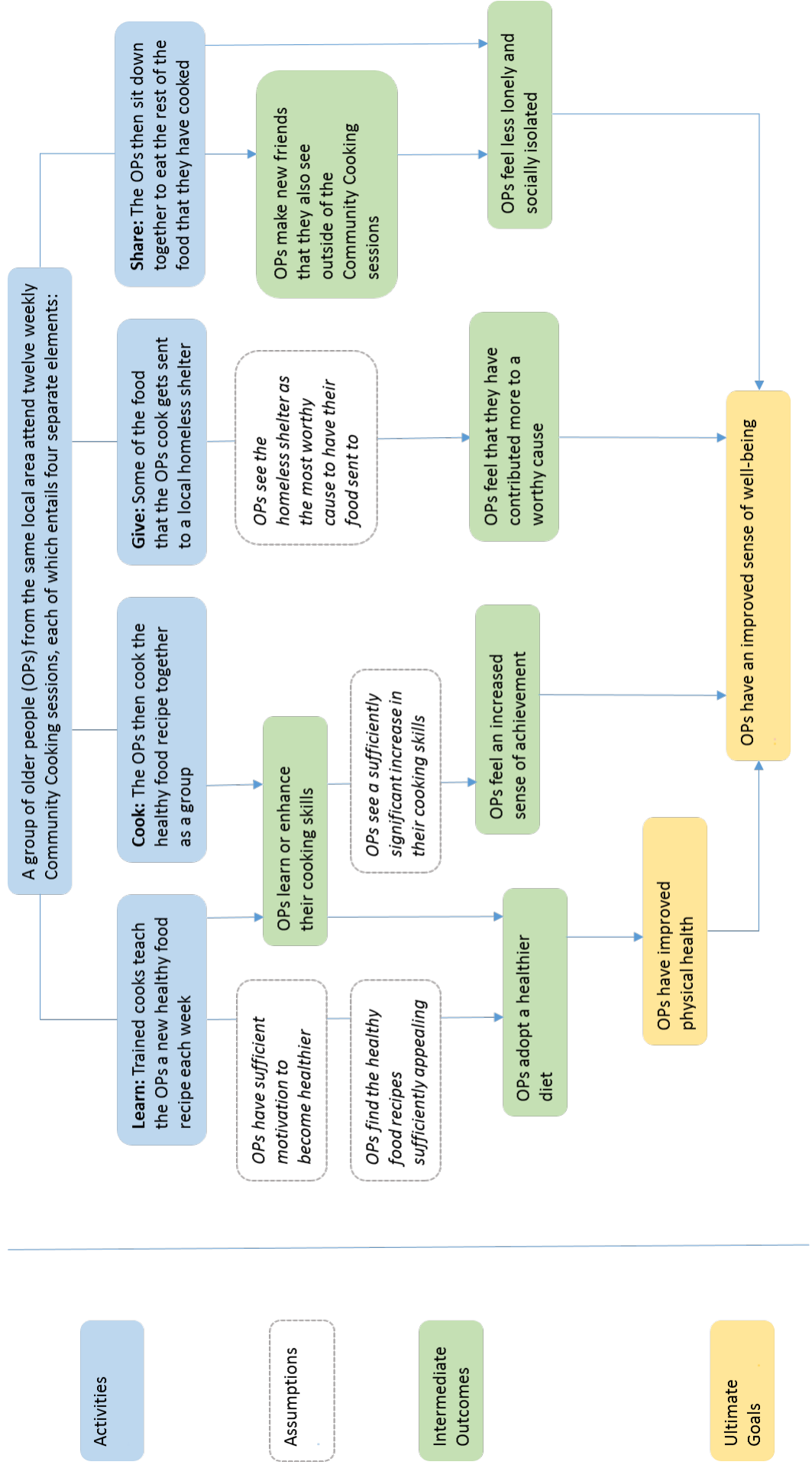
Community Cooking's Theory of Change argues that that learning new healthy food recipes will lead to the older people adopting a healthier diet. However, Community Cooking rightly acknowledge that there are some important assumptions that underpin this claim. They are assuming i) that the older people will have sufficient motivation to become healthier, and ii) that they will find the healthy food recipes sufficiently appealing. If either or both of those assumptions do not hold true in practice, it is likely that the older people will not adopt a healthier diet, even if they have learned a number of recipes that would allow them to. Identifying these assumptions may lead to Community Cooking altering their programme to add extra emphasis on the value of a healthier diet, or to change the menu of recipes to make them even more appealing.

Final checklist

- Does your Theory of Change include activities, intermediate outcomes, causal links, assumptions and one or more ultimate goals?
- Are each of those elements colour-coded and labelled?
- Does your Theory of Change avoid referring to the scale of your programme?
- Does your Theory of Change make it clear who the target population is?
- Does your Theory of Change describe the 'dosage' of the activities i.e. how much of the activities each beneficiary receives?
- Does your Theory of Change avoid referring to training, referral routes, marketing, programme setup or any other operational activities?
- Are all of your intermediate outcomes and ultimate goals measurable?
- Are some of your intermediate outcomes connected to each other by causal links?
- Are all of your causal links visually clear i.e. easy to follow on the page?
- Are all of your assumptions sitting on specific causal links?



Example Theory of Change – Community Cooking



Activities

Assumptions

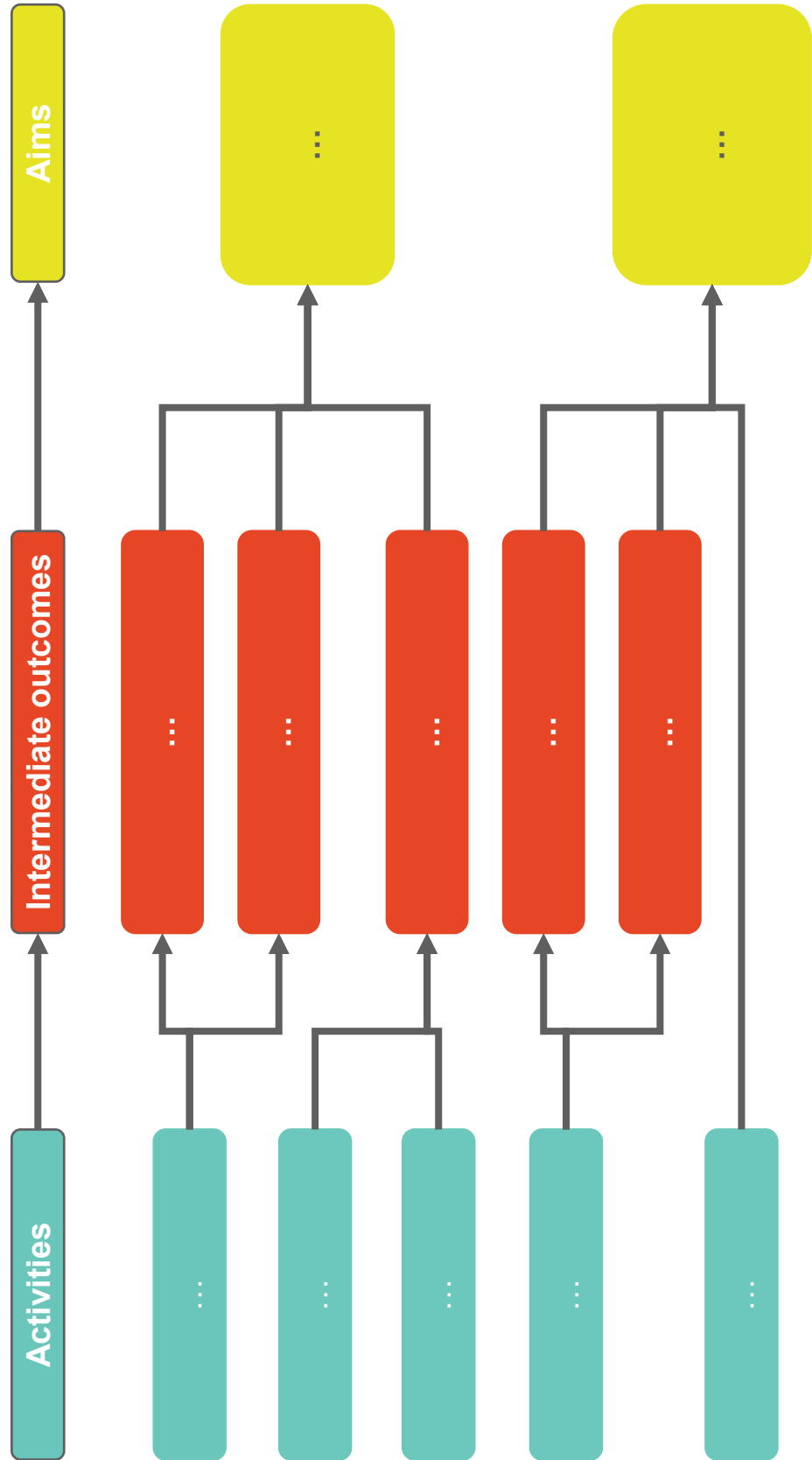
Intermediate Outcomes

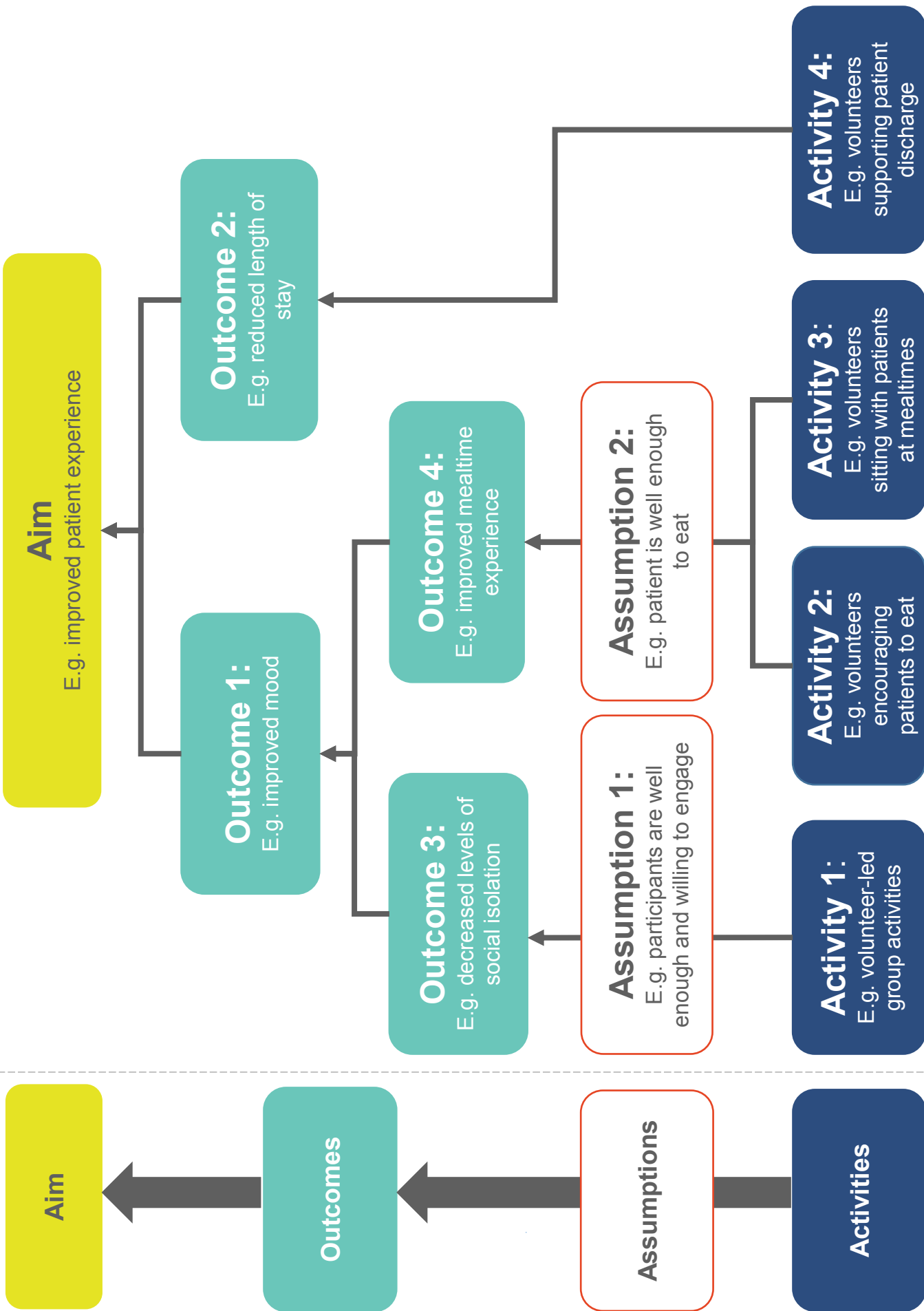
Ultimate Goals

17 Theory of Change template (TSIP)

1

[title]





18 Three case studies on evaluation design from the Helping in Hospitals programme

The three case studies below illustrate some of the different possibilities.

At Royal Free London, we measured patient experience using the FFT survey. We used a comparable ward as the counterfactual, but we also have baseline data for both the treatment and the comparison group. This means the evaluation design is very robust. We measured the FFT at the ward level, collecting data from all patients. For the present evaluation, we have collated data from June 2015 to March 2016. Since the FFT survey is a pre-existing tool, it was easy for use to collect FFT data from hundreds of patients, further improving our evaluation's robustness.

At Sheffield Teaching Hospital, we measured patient mood using a simple smiley face pictorial scale. We measured each patient's mood before and after an activity with a volunteer. Collecting data from a suitable comparison group was not feasible as this would have required considerable extra resource to survey additional patients. Therefore, the baseline serves as the counterfactual. We measured patients' mood at the individual patient level, but only selecting some (not all) patients on the wards. For the present evaluation, we have collated data from May to December 2015. Collecting this survey data was slightly more resource intensive than the FFT data, but it was simple enough to enable gathering data from hundreds of patients. While a pre-post design is not a particularly robust design, the sheer amount of data grants the findings considerable credibility.

At Great Western Hospitals, we measured patient falls using routinely collected falls data. Since our volunteering role was already in place prior to the evaluation, no baseline was available. However, we used a comparable ward as the counterfactual. That comparison groups means our evaluation design is quite robust. We measured falls at the ward level, including all patient data. For the present evaluation, we have collated data from November 2014 to December 2015. While data was used from only two wards, there was still sufficient amounts over the whole time period.

19 Evaluation plan template

OUTCOME	
INDICATOR	
MEASUREMENT TOOL	
INTERVENTION GROUP	
COMPARISON GROUP	
TIMING OF DATA COLLECTION	
DATA COLLECTORS	
DATA COLLECTION PROCESS	

20  Example focus group topic guide

Helping in Hospitals process evaluation

Focus groups topic guide:

Hospital information / attendance

Name of hospital: Date:

.....

Number of attendants: Focus group organiser:

.....

Description of attendants (no names):

.....

.....

.....

.....

1. Introduction

- i. **Thank attendants** for taking the time to contribute
- ii. **Introduce yourself** and your role as the focus group organiser
- iii. **State the purpose of the focus group:** Getting your insights on a) what has the experience been of the volunteering service since summer 2014 and b) what can be improved in the volunteering service to better support patients.
- iv. **Outline the structure of the session:** duration and how it will work (you can find some guidance notes at the end of this document)
- v. **Inform attendants how the findings from the focus groups will be used:** Notes will be shared with The Social Innovation Partnership (TSIP), who will draw on the key findings from this focus group to use in the wider evaluation of the volunteering service as part of the Helping in Hospitals initiative managed by Nesta. The volunteering service may of course also use the findings to further improve their services.

- vi. **Inform attendants about how confidential information will be handled:** Focus group participants and their comments will remain completely anonymous, but the comments may be attributed to the hospital in the Nesta / TSIP report.
- vii. **Give attendants the chance to ask any questions** before you get started

2. Warm-up

Ask attendants to introduce themselves, explaining how they have each interacted with the volunteering service in the last year

3. Service changes

- ‘What were the key changes in the volunteering service offer you are aware of since summer 2014 and how do you view these changes? What are the positives and negatives?’

4. Impact on patients (highest priority – spend most time on this section)

- ‘What potential does the volunteering service have in improving patient outcomes, e.g. health and well-being?’
- ‘To what extent has this potential been fulfilled to date?’
- ‘What could be done to better fulfil the volunteering service’s potential towards improving patient outcomes?’
 - ‘Could volunteer training be improved?’
 - ‘Do any of the volunteering roles need tweaking/adapting?’
 - ‘Are there any volunteering roles that should just be discontinued completely? Why / why not?’
 - ‘Are there any new volunteer roles that you think would benefit patients?’
 - ‘How effectively does the management and co-ordination of volunteers work?’
 - ‘Are any changes needed with regards to how volunteering service staff and wider hospital staff interact?’
 - ‘Could improvements be made to the referral / recruitment process?’

- ‘How could volunteer retention be improved in order for individuals to volunteer over longer periods of time?’

5. The evaluation (lower priority – interesting if time allows)

- ‘What was your experience with the evaluation of the volunteering service – did you get in contact with any surveys or other forms of data collection relevant to the volunteering service?’
- ‘How could the evaluation (surveys or using routine data) be made more practical and efficient going forward?’
- ‘Are there different types of data and collection that you think would more accurately and robustly show what works and what doesn’t in the volunteering service?’

6. Close

- ‘Is there anything else anyone would like to add about your experience of the volunteering service?’
- ‘Is there anything else anyone would like to add about any potential improvements to the volunteering service?’
- Thank attendants for their contribution
- Explain / remind attendants of the next steps for how the focus group data will be used
- Offer your contact details if attendants are interested in being kept in the loop about the findings (optional)

Guidance around running the focus group

Reporting your findings

We need to have your findings by 31st March. We do not require you to systematically analyse the data (coding etc. – unless you want to). All we require is an overview of the findings, paraphrased/summarised in bullet-format.

Recording participants’ views

It is up to you how you record participants’ views as long as you can confidently report on the findings as described above. You can either make a tape recording or you can take

notes. If you are taking notes, we strongly recommend you ask another person to do this to allow you to focus on asking the questions and facilitating the discussion.

Who to involve in the focus group

The key participants should be volunteers, patients and volunteering service staff. You can also include wider hospital staff (nurses, doctors, analysts, matrons, board members) and patients' carers depending on who you think would add value. Key is to be very clear what criteria you are using to decide who gets involved and who doesn't.

We recommend that a single focus group involves no more than 10 participants. Ensure to confirm availability with each participant, and remind them of the focus group 1-2 days beforehand to avoid no-shows. Incentives (even as small as refreshments) may help as encouragement. Ensure to run the focus group at a time and place that participants can easily access and feel comfortable in.

Facilitating the group

We strongly recommend that two people facilitate the group – one who asks the questions and guides the conversation, and one to assist. As conversation moderator, you should have adequate knowledge of the topic discussed, keep your personal views out of the facilitation, be a good listener and be able to manage potentially challenging group dynamics. Your assistant should run the tape recorder, take notes including participants' physical gestures (in case tape recorder fails), help to welcome participants, and let the main moderator do all of the talking during the focus group.

It helps giving each participant 'name' tags (using numbers instead of names for anonymity) because the note-taker can easily assign statements to participants.

Consent

We strongly recommend that you collect consent forms from each participant to ensure you comply with basic ethics guidelines. It is up to you how you do this and it is your responsibility.

Example consent form:

Consent to Participate in Focus Group

You have been asked to participate in a focus group sponsored by the Women's Health Section of the Department of Public Health and Environment. The purpose of the group is to try and understand why some women do not gain enough weight during pregnancy. The information learned in the focus groups will be used to design public health messages intended to encourage women to gain adequate weight during pregnancy.

You can choose whether or not to participate in the focus group and stop at any time. Although the focus group will be tape recorded, your responses will remain anonymous and no names will be mentioned in the report.

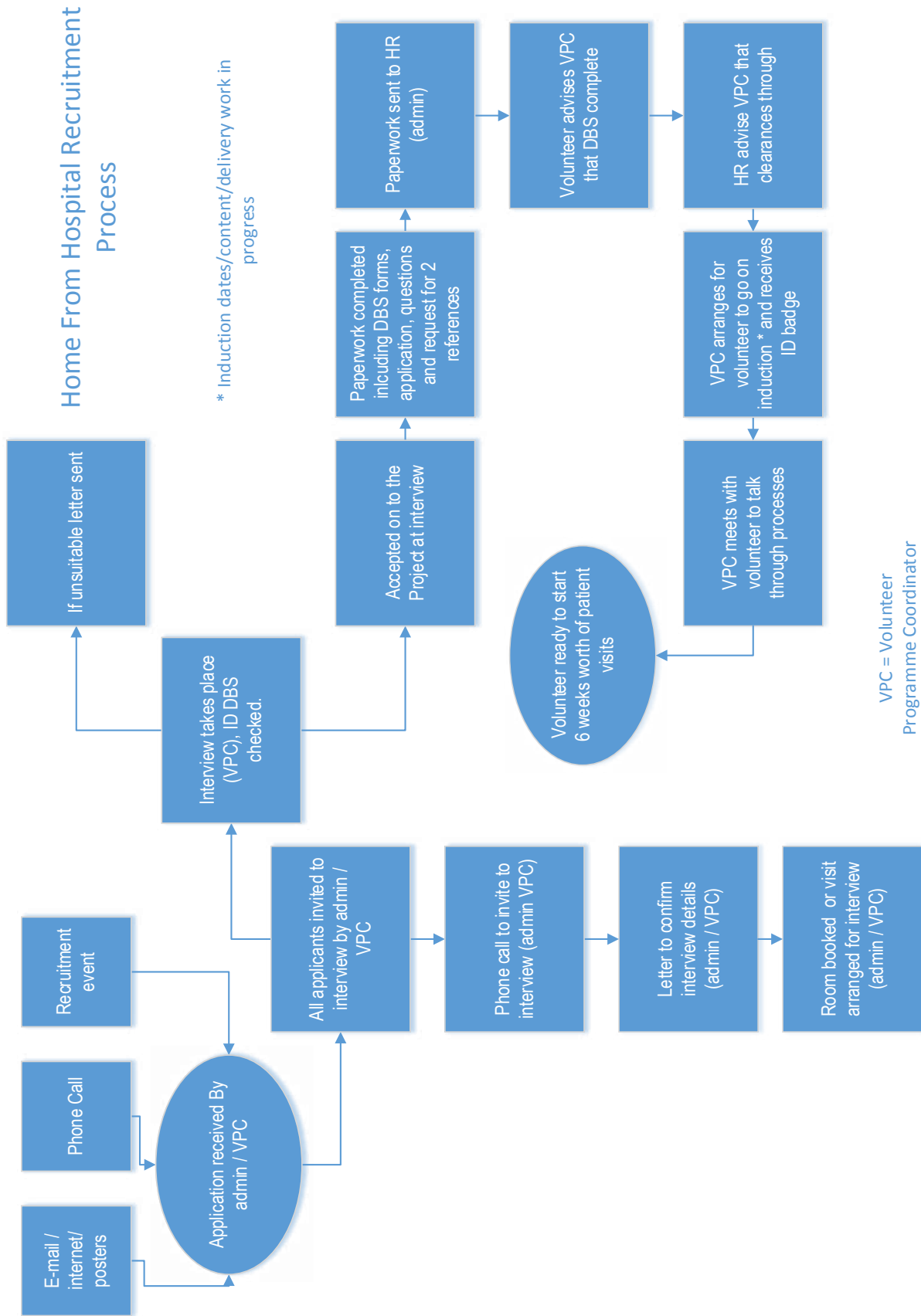


There are no right or wrong answers to the focus group questions. We want to hear many different viewpoints and would like to hear from everyone. We hope you can be honest even when your responses may not be in agreement with the rest of the group. In respect for each other, we ask that only one individual speak at a time in the group and that responses made by all participants be kept confidential.

I understand this information and agree to participate fully under the conditions stated above:

Signed: _____ Date: _____

21 ✓ Volunteer recruitment process - Derbyshire Health Trust



22 Young volunteer recruitment process - Royal Free London



APPENDIX 2

Royal Free London, Barnet and Chase Farm Hospitals Voluntary Service Departments

RECRUITMENT PROCESS TO VOLUNTEER – STEP BY STEP

Initial enquiry, either made in person, via phone or email.

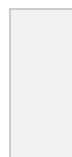


If eligible, visit the Voluntary Services office in the Royal Free, Barnet or Chase Farm and complete the initial enquiry form and look at our current vacancy list.

The prospective volunteer is then given an application form or sent an application form via email.



Only those who fit the criteria, eligibility and are deemed suitable are then taken to the next stage.



Those who are not eligible or deemed unsuitable are then referred back to their local volunteer centre or other organisations such as to do.it.org.uk.



Complete application form and equal opportunities form and return to the Voluntary Service Departments either by post/hand/or scanned in an email.



Successful prospective volunteers will be asked to:

Attend an informal interview; complete a DBS (police check) and Health check (2 statement approach); arrange date to attend a corporate induction. Two references will be taken up prior to starting volunteer placement.



Volunteers attend the Trust's main corporate induction – *a full day is required*. (DBS certificate must be brought into Voluntary Services Department).



When both references have been received and the DBS certificate has been brought in, and if applicable, a health appointment has been attended, volunteers then attend a local Induction with the volunteer coordinators or manager. Security ID badges and volunteer top will be issued and a start date arranged. Any further training will be identified.



New volunteer will shadow an experienced volunteer for the first 2-3 sessions or until confident enough to work independently.

Ongoing support and or training are provided throughout the length of the placement.

23 Volunteer training agenda - Kingston Hospital

Appendix 2:

Volunteering Induction Programme - Agenda

Time	Topic	Lead(s)
09.30	Welcome & Introduction A run through of our agenda and the housekeeping essentials.	Laura Shalev Greene, Head of Volunteering
09.35	A Trust Welcome Meet the Chairman for a welcome to all new volunteers. Discover the values that drive us and what to say about Kingston Hospital if you were ever stuck in a lift for 20 seconds....	Laura Shalev Greene Head of Volunteering
09.55	Health & Safety Essential information for volunteers. Find out the myths, facts and your role in making volunteering at Kingston Hospital safe for all.	Laura Shalev Greene, Head of Volunteering
10.15	Manual Handling (Inanimate) Practical session Come ready to move as you learn how to maintain a great posture, healthy back and body in any manual handling you do as a KHFT volunteer.	Laura Shalev Greene, Head of Volunteering
10.45	Infection Control Infection Control is everyone's business in Kingston Hospital – but how can volunteers take responsibility?	Infection Control Team
11.05	BREAK	
11.20	Patient Experience and Customer Care @ KHFT Volunteers are at the front-line with patients, carers and visitors. Learn about the services that promote a great patient experience and strategies for taking the HEAT out of challenging situations....	Laura Shalev Greene, Head of Volunteering

11.3 5	Policies for Volunteers – what you need to know about....	Laura Shalev Greene, Head of Volunteering
	<ul style="list-style-type: none"> - Safeguarding - Equality & Diversity - Data Protection & Confidentiality 	
12.0 5	Dementia Awareness for Volunteers Kingston Hospital volunteers are making the changes that together make Kingston Hospital a dementia friendly place. Learn how with Kingston Hospital Dementia Champions and earn your 'Dementia Friends' badge today.	Laura Shalev Greene Head of Volunteering
12.3 5	Volunteering Service – Information Download The lowdown about your friendly Kingston Hospital Volunteer Service – who we are, what we do and how we're here to help you.	Kathryn Marsh Volunteering Service Manager
12.4 5	Q&A, Evaluation.	
13.0 0	Close or Optional 'Welcomers' Tour – follow a Welcomer to learn about Kingston Hospital through the eyes of our front-line volunteers. Discover the short cuts and stories that don't make it onto the official Kingston Hospital map!	The Welcomers

24  Volunteer training agenda - Barts Health Trust

Programme
Volunteers Induction Training
Ward Based Volunteers
Date: Tuesday 22nd September 2015,
Venue: Room 1 Clinical Worksuite,
Education Centre,
Mile End Hospital
Times: 1:00 PM – 5.00pm

Time	Training	Trainer
1.00 – 1:15 15 mins	Introduction	Nancy Whiskin / Richard Lee
1:15-2:00 45 mins	Communication, Team Work Volunteer Health and Safety, Ward Etiquette	Nancy Whiskin / Richard Lee
2:00 -2:30 30 mins	Safeguarding Children Level 1	Stacey Tucker
2:30 – 3:00 30 mins	Human Rights, Equality and Diversity	Nancy Whiskin
3:00 - 3:15 15 mins	Break	-
3:15 - 4:00 45 mins	Meal Times Training	Nancy Whiskin
4:00 - 5:00 1 hour	Conclusion What Next Q&A	Nancy Whiskin / Richard Lee

25 ✓ Volunteer training schedule - Cambridge University Hospitals



Training & Meetings for Volunteers 2016

Title	Nutrition Training
What	Part of the ward volunteering role is helping at mealtimes. This course, led by a dietician, highlights the importance of nutrition/hydration
When	<ul style="list-style-type: none"> ➤ Tue 23 Feb – Clinical School Seminar Room 7 (10.30-11.15) ➤ Tue 12 Apr – Room N3 (10.30-11.15) ➤ Tue 31 May – ATC Meeting Room Level 4 (14.00-14.45) ➤ Tue 19 Jul – Room N3 (10.30-11.15) ➤ Tue 30 Aug – Deakin Centre Room 9 Floor 3 (10.30-11.15) ➤ Tue 18 Oct – Deakin Centre Room 8 Floor 3 (14.00-14.45)
Title	Dementia Training
What	You will meet patients with dementia as you volunteer. This introductory course will help you to improve your confidence and communication skills
When	<ul style="list-style-type: none"> ➤ Thu 25 February – F&G Seminar Room 6 (10.00-12.00) ➤ Thu 14 Apr – F&G Seminar Room 5 (14.00-16.00) ➤ Thu 02 Jun – Deakin Centre Room 9 Floor 3 (10.00-12.00) ➤ Thu 21 Jul – Committee Room 1 (13.45-15.45) ➤ Thu 01 Sep – Deakin Centre Room 9 Floor 3 (10.00-12.00) ➤ Thu 20 Oct – Rosie Room 4 (10.00-12.00)
Title	Volunteers Council Meeting
What	The Volunteer Council meets to discuss projects, plans and the impact of volunteering. The council members are a mix of staff and volunteers
When	<ul style="list-style-type: none"> ➤ Thu 03 Mar – Committee Room 1 (10.00-12.00) ➤ Thu 21 Apr – Rosie Room 5 (10.00-12.00) ➤ Thu 16 Jun – Committee Room 1 (10.00-12.00) ➤ Thu 28 Jul – Committee Room 1 (10.00-12.00) ➤ Thu 08 Sep – Rosie Room 5 (10.00-12.00) ➤ Thu 27 Oct – Deakin Centre Room 9 Floor 3 (10.00-12.00) ➤ Thu 01 Dec – Deakin Centre Room 7 Floor 3 (10.00-12.00)
Title	Volunteers Forum
What	At the informal Forum meetings we exchange the latest news and share new activities & ideas. Refreshments provided – please join us if you can!
When	<p>Guiding & Way Finding Team:</p> <ul style="list-style-type: none"> ➤ Mon 15 Feb – Deakin Centre Room 9 Floor 3 (10.00-12.00) ➤ Wed 4 May – Deakin Centre Room 9 Floor 3 (10.00-12.00) ➤ Wed 17 Aug – Deakin Centre Room 9 Floor 3 (10.00-12.00) <p>Clinics & Units/Survey Team/Trolley Services:</p> <ul style="list-style-type: none"> ➤ Mon 21 Mar – Deakin Centre Room 9 Floor 3 (10.00-12.00) ➤ Thu 23 Jun – Deakin Centre Room 9 Floor 3 (10.00-12.00) ➤ Wed 26 Oct – Deakin Centre Room 9 Floor 3 (10.00-12.00)

26 ✓ Volunteer Mentor role job description - Great Western Hospitals

GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST

CORPORATE DIRECTORATE

JOB DESCRIPTION

Post: Volunteer Mentor	Grade: Band 3
Dept/Location: Voluntary Services Office, 2 nd Floor, GWH	Report to: (job title of post holders' manager) Voluntary Services Manager

Job Summary

This is a key role in the Voluntary Services team where the post-holder will support new volunteers to successfully settle into their placement areas. The post-holder will support volunteers individually and in small groups to ensure that volunteers are given the necessary skills and confidence to effectively support patients.

The post-holder will mentor and support volunteers to feel confident with a range of tasks they could undertake to improve patient experience. For example, this could include answering call bells, befriending patients and having meaningful conversations or providing a steady arm for patients who are unsteady on their feet but need to walk to the bathroom.

Key responsibilities

1. To introduce new volunteers to their placement areas and familiarise them with the clinical team.
2. To mentor volunteers to ensure they are equipped with the necessary skills to carry out their volunteering activities in a range of patient facing areas for example, wards, discharge lounges and outpatient areas.
3. To support volunteers to feel confident in the range of tasks they could perform in their placement area to improved patient experience, for example befriending patients and holding meaningful conversations, playing games, reading the newspaper or taking part in a tea round.
4. To communicate with staff at all levels within the organisation with regards to the development of volunteers.
5. To support volunteer training programmes including the Trust Induction and Volunteer Refresher Training Sessions.

7. To report and advise the Voluntary Services Manager of any areas of concern as identified by volunteers, supervisors and managers.
8. To provide responsive and customer focused assistance to managers and staff in relation to the provision of training volunteers.

a) **Patient Client Care**

Patient contact is incidental in this role

b) **Financial Responsibilities**

All staff will support their managers to make efficient and effective use of resources. All staff are responsible for identifying any actual or potential deviation from budgets and are to work with the budget holder or manager to find effective ways of handling it.

All staff must ensure they use resources in a manner consistent with organisational objectives and policies, ensuring that resources are realistic, justified and of clear benefit to the organisation.

c) **Budget Responsibilities**

Not applicable – this is not a budget-holder post.

d) **Responsibilities for People or Training**

To support the Training and Development Coordinator to ensure all training is prepared and delivered as per Academy training plan

This is not a post with responsibilities for staff

e) **Other Factors**

Regular usage of a VDU is a requirement of this role

In addition to the duties and responsibilities listed above, the post-holder may be required to perform other duties assigned by the supervisor/manager from time to time.

2) Health and Safety Risk & Infection Prevention & Control

All staff are to:

- Report accidents involving staff and patients according to established procedures and in compliance with the Health & Safety at Work Act;
- Report immediately any incidents, accidents, complaints or other occurrences involving patients, visitors or staff, resolve wherever possible, complete accurate statements and report to the appropriate manager as soon as possible;
- Report defects in equipment and the general fabric of the unit to the appropriate officer of the Trust;
- Take action to assess the management of risk to reduce where possible the impact on patients, visitors, staff and NHS Property;
- Consistently observe Trust Infection Prevention & Control policies, procedures and best practice guidance in order to maintain high standards of Infection Prevention & Control.

3) Rehabilitation of Offenders

Because of the nature of the work involved, the post is exempt for the provisions of Section 4(2) of the Rehabilitation of Offenders Act 1974, by virtue of the Rehabilitation of Offenders Act 1974 (Exemptions Order) 1975. Applicants are therefore not entitled to withhold information about cautions and convictions and, in the event of employment, any failure to disclose such cautions or convictions could result in disciplinary action or dismissal by the Trust. Any information given will be completely confidential and will be considered only in relation to an application for positions to which the order is applied.

4) Data Quality

Good quality data is a fundamental requirement for the speedy and effective treatment of patients. In addition management information produced from patient data is essential for the efficient running of the organisation and to maximise utilisation of resources for the benefit of patients and staff.

Responsibility for good data quality lies with all who record patient information, whether clinical, technical or clerical.

All staff who record patient information, whether by electronic means or on paper, have a responsibility to ensure that the data is accurate, timely, and as complete as possible.

5) Confidentiality

Any information gained by virtue of employment, including any confidential/personal information concerning patients or staff, must not be divulged to other staff not directly involved. A breach of confidentiality would result in disciplinary action. Each employee is personally responsible for ensuring that no breaches of information security result from their actions. Staff should be aware that all personal information about patients and staff, regardless of its format (e.g. computerised, written or spoken), is subject to the Data Protection Act 1998.

6) Policies

The post-holder will be bound by all Trust policies and procedures. These can be found on the Trust intranet site.

7) Associate Medical Directors / General Managers / Clinical Leads / Executives

Not applicable – this is not a Senior Manager/Director/Executive-level post.

8) General Information**a) Safeguarding**

The Trust is a safeguarding employer committed to the safeguarding and promotion of welfare of children, young people and vulnerable adults and expects staff and volunteers to share this commitment.

b) What the patients can expect from Staff

Patients can expect to be treated with courtesy and respect when they meet Trust staff. They can expect confidential information about them not to be disclosed to those who have no need to know. Patients can also expect staff to respond constructively to concerns, comments and criticism.

c) What the Trust expects of individuals

The Trust expects individuals to act with honesty, integrity and openness towards others. Individuals will show respect for patients, staff and others. Individuals are expected to learn and adapt the use of information technology where relevant, in order to transform the way we respond to patients. Staff should be helpful to patients and their visitors at all times, should respond constructively to criticism and praise, and should work to foster teamwork both within the immediate team and across the Trust.

d) What individuals can expect from the Trust

Individuals can expect to be trained for the job they are employed to do. Individuals can expect to be given feedback on their performance and to be encouraged and supported in their personal and professional development. Individuals can also expect to be treated with respect by others including those who manage them. Individuals can expect that issues of cultural diversity are treated tactfully and with respect by all who work within the organisation.

e) Policy Statement

It is the policy of the Trust that neither a member of the public, nor any member of staff, will be discriminated against by reason of their sex, sexual orientation, marital status, race, disability, ethnic origin, religion, creed or colour. Individuals can expect to have

Great Western Hospitals NHS Foundation Trust

their views listened to, particularly when they are raising legitimate concerns about the quality of the service provided. The Trust is committed to the spirit of as well as the letter of the law, and also to promotion of equality and opportunity in all fields.

f) No Smoking Policy

Great Western Hospitals NHS Foundation Trust is a smoke-free organisation.

9) Trust Values – STAR

Service – puts our customers first
 Teamwork – works together with the team
 Ambition – aspires to provide the best service
 Respect – acts with integrity

This job description is a guide to the duties and responsibilities of the post-holder and is not exhaustive. Subject to the needs of the service, the content of the job description for this post is subject to continuous review.

Date: September 2014

Review Date: April 2016

GREAT WESTERN HOSPITALS NHS FOUNDATION TRUST

PERSON SPECIFICATION

Bands 1-4 Support officer

	Essential	Desirable
Qualifications & Training	<ul style="list-style-type: none"> GCSE in Maths and English or equivalent 	<ul style="list-style-type: none"> NVQ 3 in Customer Service and Administration ECDL
Experience	<ul style="list-style-type: none"> Experience of working in a health environment or in a clinical area Experience of working in a team setting 	Some experience of teaching / training either on a one to one or group session
Skills	<ul style="list-style-type: none"> Ability to build relationships with a wide variety of people Tact and diplomacy Ability to self motivate Ability to communicate effectively at all levels Flexible approach to work Trustworthy 	

Skills	<p>Excellent communication skills with a wide range of people</p> <p>Ability to relate to and form effective relationships with a target group</p> <p>Able to share experiences</p> <p>Ability to enthuse and motivate people</p> <p>Commitment to personal development</p> <p>Able to form effective relationships with agencies and other professionals</p> <p>Understanding of confidentiality and when this should be breached Understanding</p> <p>Excellent interpersonal skills.</p> <p>Excellent persuasive skills when dealing with managers and staff.</p> <p>Exceptional organisational skills.</p> <p>Ability to plan own work outside of a normal routine.</p> <p>Ability to work alongside the Voluntary Services team to ensure constant improvements in service.</p> <p>Proactively respond to feedback from service users.</p> <p>Ability to prioritise</p> <p>Essential I.T skills, including Microsoft word, power point and Excel.</p>	
Other factors	<p>Sense of humour</p> <p>Positive outlook</p> <p>Enthusiastic</p> <p>Flexible</p> <p>Persistence to follow up issues</p>	

Great Western Hospitals NHS Foundation Trust

	Patience Non-judgemental Reliable Commitment to equal opportunities Willingness to travel to all Trust Locations Full UK Driving Licence	
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The Trust is a safeguarding employer committed to the safeguarding and promotion of welfare of children, young people and vulnerable adults and expects staff and volunteers to share this commitment.

27  Volunteer newsletter - University Hospital Southampton**Your voluntary services team are:****Kim Sutton**

Voluntary services manager
kim.sutton@uhs.nhs.uk
023 8120 6062

Dan Kitson

Voluntary services co-ordinator
daniel.kitson@uhs.nhs.uk
023 8120 4688

Maryam Hayat

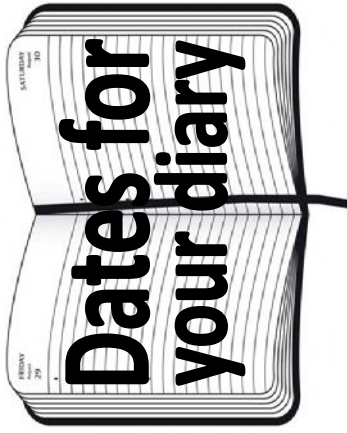
Voluntary services administrator
maryam.hayat@uhs.nhs.uk
023 8120 4688

Malcolm Kitson

Student volunteer lead
malcolm.kitson@uhs.nhs.uk
023 8120 4688

We are on social media—join us:
facebook.com/UHSVolunteers
twitter.com/UHSVols

Thank you!



- 9 February** - Recruitment talk at Totton College
- 11 February** - Itchen College careers event
- 16 February** - Princes Trust volunteering
- 17 February** - Morning induction
- 20 February** - League of Friends lunch
- 7 March** - Fire and safeguarding training
- 14 March** - Hospital Heroes award event
- 15 March** - HBA AGM
- 21 March** - New front entrance due to open
- 13 April** - NAVSM regional meeting
- 28 April** - Fire and safeguarding training
- 4 May** - Chairmen's meeting
- 10 May** - Fire and safeguarding training
- 2 June** - Volunteers' week starts - evening induction
- 7 June** - Afternoon cream tea celebration
- 10 June** - Fire and safeguarding training



CONGRATULATIONS

Malcolm Kitson MBE celebrated a substantial birthday in January. Many happy returns, Malcolm.

Well done to the 14 new interpreters who successfully completed their fourteen week course in January. Our interpreters dealt with 1558 calls last year, over 48% of which were for Polish. Well done everyone and thank you!

Congratulations to all those who received awards at the Long Service Award event on 4th December. The afternoon was a humbling experience for us as a team when we recognise the dedication and commitment of such loyal volunteers. Thank you especially to my team of willing 'victims' able to join in making the afternoon fun with a serious message.

Well done and thank you to all the students who have been part of our Nesta project to engage young people. We hope you enjoyed the celebration evening in January and will continue to enjoy volunteering here.

*Our sincere condolences
to all who knew*

Peter Jackson



Reminder!

The voluntary services (VS) office is open Monday - Friday, 08:30 - 16:30. We are, however, closed from 11:30 - 12:30 and would appreciate it if you did not disturb us during this period.



Expenses can only be claimed from the VS office between 09:30 - 10:30 and 13:30 - 14:30. We will not process a claim at any other times.

We would like to remind all volunteers that expenses can only be claimed if you have volunteered for at least three hours during the day for which you are claiming.

We can only reimburse your claims up to three months old. Lunches can only be reimbursed on production of a receipt from Spice of Life restaurant, or the Oasis, oncology or eye unit tea bars, and if you have been here for 5 or more hours.

It is mandatory for all volunteers to sign in and out when coming in to volunteer, either in the main book or on the notice board outside our office. Patient survey volunteers must remember to sign here as well as the tablet sign-out sheet.



Ralph Catling
Sue Cole
Surinder Kaur
Gary Guthrie
Maire Allen

Dot Ellis
Joan Gardiner
Sue Wells
Carol Brown

**get
Well
Soon**

**GOOD
LUCK!**

Good luck to the 19 volunteers who have signed up to the next interpreter course starting this month.

MAIN ENTRANCE REDEVELOPMENT

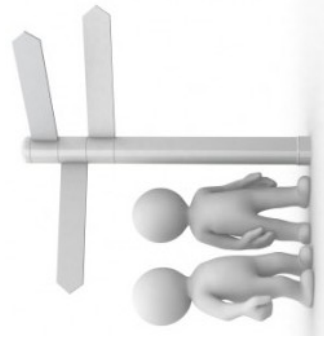
The Voluntary Services office will not be moving. We will, however, be losing the windows and having better ventilation and lighting installed. The main entrance is due re-open on 21st March and be fully operational shortly after this date. Thank you for your co-operation so far.

Due to the closure of main reception, volunteers will need to sign in on the sheet outside the voluntary services office until further notice.

For more information about the redevelopment work, including where the other entrances are, please visit:

www.uhs.nhs.uk/OurHospitals/SGH/TransformingYourHospital.aspx

We are looking for volunteers to help guide patients and visitors around the hospital. Please contact us if you're interested.



Pair new volunteers with someone for their first session.

A buddy system is in place for new volunteers.

Organise group chat sessions to encourage patients to talk when we leave.

This is being piloted/ trialled on G7 and will be rolled out if successful.

Have our names printed on our polo-shirts.

Unfortunately our budget would not allow for this, but we would advise ensuring your badge is clearly visible.

Collect feedback from patients about volunteers.

There are gold 'calling cards' which should be left with each patient for this purpose.

Have a tea/coffee machine on the ward for patients.

This would not be viable, however wheelchair pushers are available to take patients to get a drink, or you can ask ward staff.

Visit older patients on paediatric wards.

Volunteers must be over 18 to be allowed into child health.

You said...

...we did!

More guidance through application process.

We have a flowchart available, detailing each stage.

Have an online chat room/forum for students.

We are about to re-launch our student e-newsletter and are looking at other options.

More training to prepare us for situations we may find ourselves in.

Further to our recent celebration event, we are planning regular similar events

Know who actually wants a visit.

There is currently a paper-based referral system, but we are also working on a tablet based electronic system.

lll Cream Tea

Please join us for an afternoon

cream tea

Tuesday . June 7 . 2:45 p.m.

Please contact voluntary services to finalise booking

02381204688



How Can We Help You?

At Kiteleys we appreciate the importance of the individual. To that end we make every effort to offer a personal service in which our clients can have confidence.

We Specialise In:

- › Injury Claims including Spinal Cord and Head Injuries
- › Wills, Probate and Powers of Attorney
- › Buying, Selling and Leasing of Property
- › Family Matters



Call us now on

02380 909091

or visit our website

www.kiteleys.co.uk

Pop in & visit us at our new offices located on Level B, Southampton General Hospital, Tremona Road, Southampton SO16 6YD
(Near Space of Life entrance)

Please note that we do not accept cases against Southampton NHS Trust or its staff.



The only annual statutory and mandatory training that you must complete in this Trust is the fire lecture.

We are running a special session on Wednesday 24th February from 12:30—13:30. This will take a maximum of one hour. That is one hour per year! Please try to attend, however if this is not convenient then please sign up to another session; the dates of which are at the start of this newsletter or available in the VS office. All of the 1000 volunteers in the Trust should attend this training.

Thank you.

Below are the results of our annual work experience survey, sent out to all those who attended in 2015.

Question: 'On reflection, do you feel that your work experience has helped you?'

YES: 97%

I now realise how many careers are in the NHS and the career pathways for some of them.

It has helped me decide that biomedical science is definitely not for me.

I am able to better work in my current studies.

It helped me to understand how a hospital/clinical setting works.

It helped me to gain more confidence/develop my timekeeping.

I can now apply to university for MSc courses.

HOW?

88% of respondents went on to say it had helped them to decide on their future career.

'University' was the most common response to where the work experience had lead respondents with a rate of 72%, followed by 'employment' at 15% and 'college' at 9%, while 4% said 'other' or provided no response. These figures reflect analysis of the ages of work experience participants – the ages are proportionate to where they have/are going on to (i.e. most participants are of an age where university would be an appropriate progression).

75%

of respondents are planning to go into further/higher education, while 18% said 'other' or were unsure of what they plan to do next.

WHAT'S YOUR FIRST CHOICE UNIVERSITY?

1. Southampton (30%) 2. Oxford/Cambridge (12%)

Other responses included: Cardiff, UCL, Bournemouth, UWE and Portsmouth



Kiteleys Solicitors

It was Benjamin Franklin who first stated that the only two certainties in life are death and taxes. We all know we're going to die, but few of us like to ponder our mortality to any great degree.

This is probably why it's estimated that a worrying 70% of people in the United Kingdom, do not have a current Will.

A positive step

At Kiteleys we see making a Will as a very positive step. It presents an opportunity, not only to decide who will benefit from your assets, but also to select who will actually deal with your affairs. In addition it is an opportunity to examine your current position and to address any concerns you may have in respect of the payment of care home fees or Inheritance Tax.

At Kiteleys we can walk you through the process of making a Will step by step. We will give you the best advice as how to ensure that your wishes are carried out precisely as you want them to be and the peace of mind that comes with knowing your affairs are in order.

If you have any questions or would like to find out more about making a Will, please do not hesitate to speak with us on 02380 909091 or call in to our office in the hospital where a member of our team will be pleased to help.

Please note that we offer a discounted fee to all volunteers and NHS staff



Hospital Heroes 2015 is coming up in March.

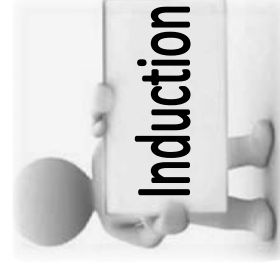
Voting is now open and can be done online or by text; details available at bit.ly/20wna2K

Two of our voluntary groups are in the running for the Team of the Year award this year:- the Time 4 You team and the interpreters so please do vote for one of them!

.....

Sadly, the League of Friends store room was broken in to recently - cash and chocolate bars were stolen. The thieves made a mess and our thanks go to all those involved in helping to clear up and assisting the police and press with details. The Echo ran the story to promote the good work that the League do. It was a horrible thing to happen, but we would like to congratulate the League for pulling together and maintaining their usual excellent service throughout.

Thank you.



Our next induction is;

Date: Wednesday 17th February

Time: 10:00

Location: Heartbeat Lecture Theatre

All volunteers must attend a full induction within their first year.

FROM KIM—PLEASE READ

Statutory and mandatory training for all volunteers

All volunteers must attend annual fire training in order to comply with Trust policies. We are aware that this has not previously been enforced, however we are now 'clamping down'. In order to make it as easy as possible for volunteers to attend, we have scheduled a number of training dates throughout the year, dates below. Within this training session we will also be covering Safeguarding, a topic which has become increasingly important in light of the Lampard report (as a result of the Jimmy Savile scandal).

Monday 7th March, 14:00—15:00

Thursday 28th April, 10:00—11:00 Please contact the

Tuesday 10th May, 11:30—12:30 voluntary services office

Friday 10th June, 13:30—14:30 to book onto a course.

Tuesday 5th July, 09:30—10:30

28 ✓ Volunteer newsletter - Barts Health Trust

Barts Health 

NHS Trust

Barts Health Volunteers Newsletter4th Edition - February 2016www.bartshealth.nhs.uk**In this edition:**

- IWantGreatCare – new FFT provider
- Volunteers who helped during Christmas
- You Said, We did – your suggestions!
- New opportunities for volunteers

Welcome to the February edition of the Volunteers newsletter

Dear Volunteers,

A very happy and prosperous new year to you all! I hope that one of your New Year resolutions will be to volunteer as much as you can for Barts Health!

In all seriousness we hope that this year will be an incentivising and interesting year for all our volunteers. We have some great plans to increase the scope of our current opportunities so that you can continue to add more value. Additionally we want to hear more about what you would like to do to help our patients and support the patient experience and the Safe and Compassionate Care plan which is at the heart of Barts Health agenda. (Please try and attend the catch-up session to find out more).

I would like to report an increase in FFT returns. Thank you to all the volunteers who collect the cards and support patients to fill them in. You have really helped to make an incredible difference to the figures and that help the Trust to get that all important feedback and insight.

There are some more great stories inside about volunteers and the work that they do and I hope you will find it interesting.

Please remember that the team and I are always at the end of the phone which you can call if you need any assistance. The contact numbers are documented at the back of the newsletter.

I look forward to seeing you soon and please keep up the good work as you are helping to make a difference.

Nancy Whiskin
Head of Volunteering

I Want Great Care

IWantGreatCare (IWGC) will replace Picker as our Friends and Family Test provider on 1 March 2016.

There will be a number of changes taking place that might affect how you currently support this important agenda. There will still be cards given to patients at discharge and we would still like you to be actively involved in supporting patients or their family and Friends to complete the cards, some wards might be using iPads/tablets to collect this data. Each ward will vary so it is important to ask your ward how you can help to be involved.

The new system will be rolled out in March and just wanted to raise your awareness to the changes.

As we learn more about how it will look and feel we will be offering training to volunteers as well as more opportunities to get involved.

We are looking for volunteers to support the opening launch of I Want Great Care.

It would be great if you have time to pop along and help collect information with the tablets and find out more about the IWGC agenda.

Members of executive staff will be in attendance so the launches will be interesting and informative sessions.

The dates are as below:

1 March 2016 14:00 – 15:00	Community Health Services at Mile End Hospital
1 March 2016 14:00 – 15:00	St Bartholomew's Hospital
2 March 2016 12:00 – 13:00	Newham University Hospital
3 March 2016 10:00 – 11:00	The Royal London Hospital
3 March 2016 14:00 – 15:00	Whipps Cross Hospital
3 March 2016 16:00 – 17:00	Barts Health Dental Hospital

If you are interested please could you contact:

Marufa.Begum@bartshealth.nhs.uk

6 Weeks Monthly Catch Up Sessions

Thank you to those who came along to the catch ups held in the last few weeks.

We are currently in the process of booking rooms and will be in touch once we have confirmation.

Please check your emails for updates on the next sessions.

working in partnership with

Nesta..**Barts Health Volunteers**

Merry Geri Christmas

Early on Christmas morning 2015, a group of volunteers (many of whom had not met each other before), came together in Mile End Hospital, to bring Christmas cheer to the elderly patients on 4 wards.

The day rooms were set up with snacks and drinks, Christmassy music played in the background, as well as live performances of flute, clarinet and piano with carol singing (with patients, including those on the dementia wards, joining in)! The children dressed as fairies and elves brought more than a few smiles to the patients! Santa (there were two!) and his merry band visited each patient, had a fond chat, gave a lovingly handmade Christmas card (made by the children of Beehive School), and delivered the Christmas presents. The jolly atmosphere went down very well with the patients, helped lift the mood, and also helped facilitate some patients on the rehabilitation wards to venture into the day room and chat to each other, providing a fun topic of conversation as an icebreaker.



Thanks is due to many people over the 2-3 months who helped make the event a reality with all their planning, communication, cooperation and preparation, and without whom this simply would not have come together: Bart's Health Charity (particularly to Deborah Meredith) for their financial and organizational support, the senior nursing and medical staff for the permissions and coordinating, the staff of the 4 wards who accommodated and supported the volunteers on the day, the many people involved in a background organizational level (cashiers who got the funds available, staff who bought and wrapped presents), those who donated presents, the children of Beehive prep school for their wonderful and sparkly handmade cards, and the volunteers who gave the precious gift of time, good cheer and presence on such an important day for many. **Thank you, one and all.**

Dr Zahra Husain



Above: Volunteers at Whipps Cross

Thank you to the 25 volunteers who volunteered on Christmas Day on most of the wards at Whipps Cross between 12-2pm, bringing a bit of love and joy to patients!

Making a difference!

A massive thank you to all our volunteers who always have a smile on their face, and dutifully go out to the wards to give out the Evening Standard to patients. You are helping to make a difference!



Peter Collister receiving thanks from a patient for his help at St Barts hospital. Aylin Olkun our Friday afternoon, Meeter and Greeter at Royal London Hospital.

Volunteer's Story

Evelyn Stevens – Volunteering for 25 years!

Evelyn was a volunteer at the old reception area at the entrance of the hospital. She would help with giving out teas and coffees, buttering scones and chatting to patients and visitors.

In 1996 the outpatients department was built, the volunteers would take groups of patients to different areas of the hospital, helping to direct patients to their appointments.

Evelyn currently works as a volunteer in the link bridge over at Whipps Cross, always a friendly, happy face, directing patients and visitors.

th **Nesta..**





You Said, We Did!



"Volunteers should be made aware of the uniform that staff members on the wards wear." Who is who? What do all the uniforms mean?

Grey with Red piping – Chief Nurse / Deputy Chief Nurse

Grey with White – Director of Nursing

Dark Blue - Senior Sister, Ward Manager, Matron (sometimes lilac)

Light Blue – Junior Nurses

Pink – Healthcare Assistant

Grey – Domestics, Housekeeping

"Can we be sent feedback sheets from time to time, so we can update you on how we are getting on?"

That's a great idea, we value your feedback and always welcome volunteer's feedback. We hold **catch-up sessions** every 6 weeks; you can always drop your suggestion, comments, and feedback in the red suggestion box.

"When you are working on the wards it is very important that we are briefed on which patient would need our help, e.g. "Patient on Bed 12 has had no visitors in 3 days"...this will help fulfil our role better." "A little more guidance from nursing staff would be helpful, regarding which patients would benefit most from spending time with us."

We are now doing inductions with all our new patient champions, this gives volunteers a chance to meet the ward staff and the person in charge. It also means we are able to give more information on the "do's" and "don'ts", as well as give volunteers an opportunity to ask questions, raise concerns. We are presenting at the Director of Nursing meeting, to ask them to encourage nursing staff to provide volunteers with more information and guide them to patients who would most benefit from their help.

"It would be good to make volunteers aware of the best non-clinical services e.g. homeless centre or out of hour's pharmacy - to provide extra information to discharged patients."

We are looking to introduce a new role "Health Connectors" – who are trained to offer support to those who might not need medical attention. This is still in the initial stages; look out for updates via email or the next newsletters.

"The A&E feedback forms are very unpopular with patients; this is usually because the patient has not yet finished their treatment. It would be a good idea to be informed of the patients on the discharge list, we can approach them and maybe go through the feedback form to those waiting to leave after their treatment."

The way we collect feedback from patients in the hospital will be changing very soon to IWantGreatCare – this is a new evaluating system, some wards will have tablets/iPads to fill in the forms.

We are working with ward staff to ensure we are doing all we can to make the volunteers roles easier.

"There is no compulsory tea / coffee or food in A&E for the patients. Family often go outside hospital to buy food/drink."

We do have Tea Trolleys located in the CDU which can be used by patients. There is a COSTA located in the main entrance of the hospital.

working in partnership with

Nesta



Barts Health Volunteers





We Need You!

Would you like to work in the In - Pharmacy at Royal London Hospital?

Pharmacy Assistant Support volunteers: this role will be exciting and varied and will provide relevant employment experience.

To provide low level support to the busy pharmacy team. **Hours:** Anytime between 8.00am to 8.00pm.

Would you like to help with distributing the Evening Standard newspapers?

We need urgently need **Meeters and Greeters** to distribute the Evening Standard to the wards. The patients and staff love receiving the papers, and are always so grateful for the gesture. The papers are delivered between **3pm – 5pm**. If you are free and would like to help out, please contact us.

The Emergency Department - Meeter and Greeters

The Front Door of ED is the first entrance most visitors to the hospital see and a high proportion are often looking for other areas of the hospital and need to be redirected.

You will greet patients and their families on arrival at the A&E front door. The benefits of this will ease the congestion in the A&E reception area, avoid unnecessary waits in the wrong queue for visitors and outpatients, reducing the waiting time for patients needing urgent care and ultimately improving patient experience.

Hours: Shift period of 2 hours between: Monday to Friday 10am – 6pm, Saturday and Sunday 12pm – 4pm.

Your feedback is important to us

Please keep in touch with us, your feedback is important to us. Give us an email or drop an email to let us know how you are doing.



Remember to sign in...

There are sign in sheets in the Main Reception of all the hospitals, as well as on the wards, please remember to sign in and out.



How to get in touch:



We now have a **Twitter** account, follow us on **@BartsVolunteers** for all the latest news, opportunities and updates.

Email us on bartsvolunteers@bartshealth.nhs.uk

Visit our website:

<http://bartshealth.nhs.uk/get-involved/volunteer-for-us/>

Call us on 0207 377 7792

Head of Volunteering - Nancy Whiskin:

0203 765 8896 / Nancy.Whiskin@bartshealth.nhs.uk

Volunteer Coordinator - Richard Lee:

0203 765 8897 / Richard.Lee@bartshealth.nhs.uk

Placement queries - Chandra Vansadia:

0208 535 6772 / 0207 363 8107

Chandra.Vansadia@bartshealth.nhs.uk

NESTA queries - Ed Millar:

0207 363 8107 / Edward.Millar@bartshealth.nhs.uk

Recruitment queries - Marufa Begum / Jackline Bisikwa

0207 377 7334 / Marufa.Begum@bartshealth.nhs.uk

Jackline.Bisikwa@bartshealth.nhs.uk



Barts Health Volunteers

working in partnership with

Nesta...



29 ✓ Volunteer survey - Sheffield Teaching Hospitals

Volunteer Review

Name		
Date (Click to select) 04/03/2016	Face to Face Meeting <input type="checkbox"/> (Click to select)	Telephone call <input type="checkbox"/> (Click to select)
4 week/First Review <input type="checkbox"/>	6 month <input type="checkbox"/>	Long term volunteer <input type="checkbox"/>

1. Volunteering at (Ward/Department) on (Day) between (times.)
2. How are you getting on?
3. What are your main activities? Are these different to your Role Description?
4. Are you happy with what you are doing at present?
5. Any suggestions or ideas, to help you in your role?
6. Do you feel valued by the Ward/Department staff? Do others support you (including the Voluntary Services Team)?
7. Do you receive feedback and/or thanks from staff?
8. Are there signing in sheets (or a formal method of reporting for duty) when you arrive?
9. How long do you hope to volunteer with Sheffield Teaching Hospitals?
10. Have any of your contact details changed?

30 Learning Matrix for young volunteers - Royal Free London



Appendix 3

Young Volunteers Programme

Royal Free Charity

Learning Matrix: **Competency Development** and **Comprehension and Attitudes**

The purpose of this document is to measure volunteer development, and has been designed to suit the developmental journey of volunteers in the age range of 16 – 25, those we consider 'young volunteers'. The Learning Matrix has been designed to take into account objectives and trajectories of key stakeholders, drawing particular attention to a current theme of social action as enacted by young people, with a focus on enabling young people as actors of positive social change in their communities. This has been designed to suit the context of the Royal Free Hospital specifically, with regards to local demographics, history and cultures, alongside our location in the borough of Camden and city of London. All given competencies are those identified as attainable through a volunteer placement within this setting and respective roles within the hospital and Trust.

Volunteers may select a few particular competencies in their induction session to focus on and demonstrate in their evaluation tasks. The competencies relate to the nature of the existing defined volunteer roles in the hospital, reflecting where potential for personal development exists.

This is utilised alongside other documents to measure volunteer development, with a qualitative and experiential focus.



Personal competencies	Task-related competencies
<p>Emotional capabilities</p> <ol style="list-style-type: none"> 1. XXX <p>Attitudes</p> <ol style="list-style-type: none"> 2. XXX 	<ol style="list-style-type: none"> 1. Teamwork: motivating and unifying others 2. Resourcefulness and creativity 3. Motivating others 4. Problem solving 5. Befriending and companionship 6. Holistic approach to working with others (colleagues as well as patients) 7. A view to encouraging an equal and diverse work environment <p>Hard skills</p> <ol style="list-style-type: none"> 8. Fundraising 9. Customer service 10. Handling sensitive information 11. Communicating sensitive subject matter 12. Presentation skills 13. Awareness raising and advocacy* 14. Safeguarding Adults and Children, Mental Capacity Act Level 1* 15. Dementia Companionship* <p>*Training will be given and a certificate received, delivered either by the Royal Free London NHS Foundation Trust or by the Young Volunteers Support Worker with the Royal Free Charity</p>
<p>World Class Care Values of the Royal Free London NHS Foundation Trust</p> <p>Royal Free Charity Objectives</p>	<p>Developing Citizenship: Social action, public health and the community</p>
<ol style="list-style-type: none"> 1. Positively welcoming 	



<p>2. Actively respectful</p> <p>3. Clearly communicating</p> <p>4. Visibly reassuring</p> <ul style="list-style-type: none"> • We want to influence the future of healthcare • We are brave , because we are prepared to do things differently • We have a vision; we see what needs to be changed • We will champion the needs of patients • We inspire better ways of doing things 	<p>1. First session: What is 'volunteering'? Why do we do it? Why should others volunteer? <i>Prompting realisation</i> of one's own 'volunteer journey'</p> <p>2. Self as citizen: my rights and your rights. Looking at access to education, to services, equality of opportunity and overcoming adversity and obstacles.</p> <p>3. A history of the NHS and the welfare state. What is 'civil society'? How did we get here? <i>One off historical session</i>. Looking at: Beveridge, Bevin and welfare reform (what existed before?) Evolution of the NHS and where are we going? What responsibility do we have?</p> <p>4. Understanding the role of charities and third sector organisations in the context of the NHS. Looking at funding and fundraising from the third sector. Funding Debate activity. Guest speaker from a third sector organisation on the 'gaps' in the NHS/ how these organisations contribute. With a view to careers in the sector.</p> <p>5. Understanding the role of young people in making change.</p> <p>6. Introduction to Public Health and Health Inequalities.</p> <p>7. Public Health 2</p> <p>8. (Ongoing and frequent) Careers Sessions: applications support for UCAS – medicine, nursing, health and social care, general. Guest speakers – young doctors and students within the Trust to speak and run practise interviews.</p> <p>9. Challenging public voices: engaging in public discussion on themes as covered.</p>
<p>Inspired to do (more):</p>	
<ol style="list-style-type: none"> 1. Motivation 2. Empowerment 3. Citizenship 	

4. Community

 Increased participation in society, developed skills to speak out and act on issues that matter to the young person
Empowered and active citizenship: Champion for social action / NHS and public health
Acting as an ambassador for the hospital and the Charity

Notes

#Iwill campaign 6 principles for 'great youth social action' have been worked into the learning matrix as thus:

1. Reflective – identified as a personal competency
2. Challenging – identified as a personal competency under 'open-mindedness and willingness to try something new'
3. Youth-led – identified with implementation of supplementary volunteer actions – attending meetings, contributions to blogs, awareness raising, fundraising, being involved in decision-making processes, actors of change
4. Socially impactful – identified as with youth-led, utilising same markers
5. Progressive – identified as personal competency commitment alongside involvement in supplementary activities
6. Embedded – identified as personal competency commitment, planning for the future, and 'inspired to...'

The document responds to the Investing in Volunteers Quality Standard as follows:

- 1.4 – through sessions with volunteers that incorporate methods of monitoring and evaluation
- 3.1 – through the document and organisation's commitment to volunteer development
- 4.3 – supplementary activity as required by this document for comprehensive opportunity for development
- 4.4 – opportunity for Personal Development Plan, to focus in on particular characteristics for development
- 6.2 – use of Personal Development Plan utilising this document
- 6.4 – attention to developmental needs
- 8.2 – group support sessions, as well as one on ones
- 8.4 – volunteers are involved in feedback, one on ones and group sessions
- 9.2 – volunteers involved in procedures through feedback in group sessions
- 9.5 – Personal Development Plan

Jubilee Centre for Character and Virtues key character qualities and virtues, some not relevant to healthcare setting, but include those which are – allow them to feature on the matrix. Be able to demonstrate these to Iwill. (Match up to the above and work in...)



Entrepreneurship	Compassion	Creativity	Leadership	Justice	Teamwork	Self-discipline
Courage	Confidence	Vision	Gratitude	Empathy	Community Awareness	Friendship
Citizenship	Respect	Determination	Resourcefulness	Resilience	Generosity	Hope
Future-mindedness	Purpose	Beneficial purpose	Caring	Patience	Kindness	Pride
Dedication	Open-mindedness	Cooperation				

Sources

NCVO blogs

NPC JET pack – aimed towards employment, frameworks designed to guide employability skills
Morgan Inquiry

Building Character Through Youth Social Action: A 2015 report from the Jubilee Centre for Character & Virtues – Arthur, Harrison, Taylor

Spielhofer, T., Marson-Smith, H. and Evans, K. (2009). Non-formal learning: good practice in re-engaging young people who are NEET. Slough: NFER.
http://www.demos.co.uk/files/Scouting_for_skills_-_web.pdf?1400681381

http://www.demos.co.uk/files/Generation_Citizen_-_web.pdf?1392764120

Volunteering Matters Toolkit #iwill

STEMNET Employability Frameworks

Royal Free Charity

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July 2016

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