help*force*

Volunteering Service Guide: Activity & Mobility Support

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

An Activity Support and Mobility Volunteer service focused on reducing patient deconditioning in acute medical and community wards.

The volunteer service provides:

- Support to patients on wards, in order to maintain their normal level of mobility whilst in hospital.
- Encouragement to help patients get out of bed, get dressed in their day clothes, walk, move or exercise.
- Planned activity routes around the wards to facilitate movement and games to support physical activity and mental stimulation.
- Companionship/ mental stimulation and mealtime support/ activities.

When asked what activities they undertake whilst volunteering,

80%
of responses

from volunteers involved 'Helping to mobilise patients'.

n=10

Adopting and adapting an activity support & mobility service

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

This 'Volunteer Service Guide' uses learning from the activity support & mobility service being delivered in Sandwell & West Birmingham Hospitals NHS Trust (SWBH). The purpose of the guide is to provide a potential service adopter (1) with the information needed to be able to:
   a) Decide if the service would be of benefit to their organisation
   b) Understand what considerations are needed to adapt the service to their environment

Contents:

How to:

"*It was great for all involved to see this gentleman's confidence grow through the exercise classes.*"

Activity Coordinator - Sandwell and West Birmingham Hospitals NHS Trust

Sandwell & West Birmingham Data (2):

73%
of staff
agreed/strongly agreed that Volunteer support is helpful in allowing them to have enough time to deliver good care to patients.

93%
of patients
agreed or strongly agreed that the volunteer had cheered them up or improved their mood.

86%
of patients
agreed or strongly agreed that the volunteer had helped them to feel less anxious.

6.6%
increase
in patients wearing day clothes due to volunteer encouragement. **(3)**

Volunteers helped
23%
of patients
to walk or exercise
n=579 interactions

1.Adopter, person looking to take on (adopt and then adapt) an existing and tested volunteer service model, 2) Data collected as part of the Helpforce Volunteers Innovators Programme (VIP), Patients at SWB completed the VIP Patient survey (n=24), Staff at SWB completed the VIP Staff Survey (n=47) and volunteers at SWBH completed the VIP Volunteer Survey (n=10). Additional data was collected from volunteers using a volunteer Management System' tool (n=428 volunteer shifts). A total of 2543 patient interactions were recorded across the period of the project (April 2019 to March 2020). 3) 44.8% of patients already dressed in their day clothes before volunteer encouragement and 51.4% after volunteer encouragement..

The results

The project started with 40 volunteers providing support across two wards and scaled in a period of 10 months to 58 volunteers providing support across three wards. Between 1st April 2019 and 21st March 2020, 438 volunteers shifts were recorded using a 'Volunteer Management System', volunteers have given 1,375 hours of their time and had 2,543 interactions with patients.

Insight and impact project questions:

Does the volunteer mobility service help to reduce referrals to the physio team?

Analysis of the re-referrals and volunteer activity data on one ward (D43) suggested that when more mobility volunteers provided support to patients, this lead to fewer requests to the therapy team. This suggests that patients are able to maintain their usual level of mobility in some part because of the support provided by mobility volunteers on the ward (see Figure 1).

Do patients have improved mood as a result of volunteer support?

93% of patients agreed or strongly agreed that the volunteer had cheered them up or improved their mood. As well, 86% of patients agreed or strongly agreed that the volunteer had helped them to feel less anxious (n=14).

Are volunteers satisfied in their role as a mobility volunteer?

90% of volunteers were likely/extremely likely to recommend volunteering at this hospital to friends and family. 90% of volunteers felt that volunteering has given them a sense of purpose and increased their confidence (90%) (n=10).

❝❞
"It gives me a sense of pride, and I feel positive that i'm doing something positive within the community."
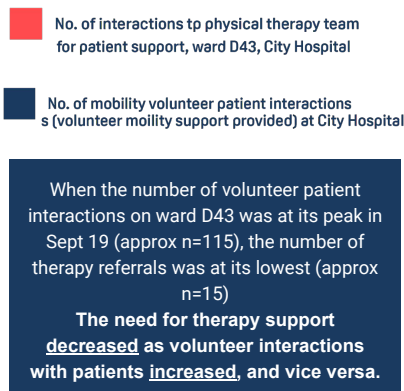
VOLUNTEER, SANDWELL

❝❞
"The volunteer role in this project is absolutely vital.They're the ones that are with the patient. They're the ones that are going to provide the motivation and encouragement."

STAFF MEMBER, SANDWELL

Figure 1.

■ No. of interactions tp physical therapy team for patient support, ward D43, City Hospital

■ No. of mobility volunteer patient interactions s (volunteer moility support provided) at City Hospital

When the number of volunteer patient interactions on ward D43 was at its peak in Sept 19 (approx n=115), the number of therapy referrals was at its lowest (approx n=15)
The need for therapy support decreased as volunteer interactions with patients increased, and vice versa.

Number of patient interactions with volunteers and the number of requests to the physical therapy team between April 2019 - December 2019
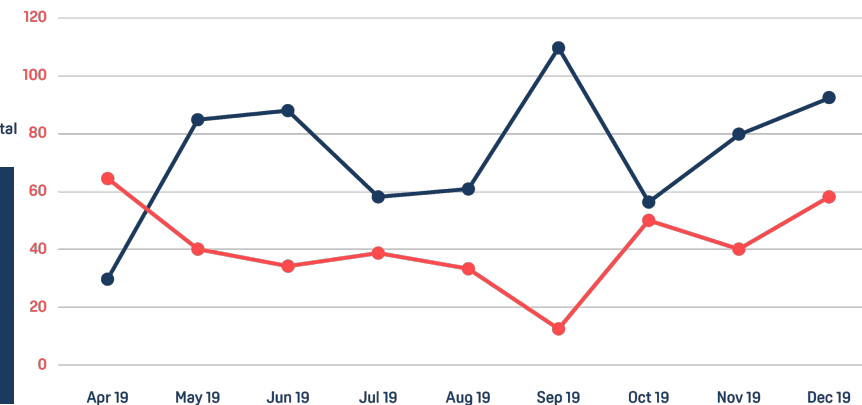

Figure 1, Data collected between the 1st April 2019 and the 21st March 2020 from volunteers using a volunteer management system & data from the therapy team

Service Overview

The results (continued)

This project at Sandwell and West Birmingham Hospitals NHS Trust (SWBH) was built upon pre-existing activities that were already well established in the Trust, as a result of Helpforce's Wave 1 programme. By participating in the programme, SWBH was able to test the deployment of activity support and mobility volunteers in different settings and continue to build their evidence base. This gave the programme access to more comprehensive volunteering data than was available for some other sites and provided the opportunity to look at how the volunteer service might be impacting upon specific patient outcomes over a relatively long timeframe.

Insight and impact project questions continued:

Do mobility volunteers help patients maintain their usual level of mobility?

One potential impact area that was reviewed was the proportion of patients 'discharged to usual place of residence'. There appears to be a partial relationship between the pattern of volunteer activity in the Older Persons Assessments Unit (OPAU) and the proportion of people being discharged to usual place of residence from the unit. Between December 2018 and April 2019, as volunteer activity increased, the proportion of patients discharged to their usual place of residence also increased (85% in December 2018 compared to 95% in April 2019).

Volunteers helped 23% of patients to walk or exercise. There was also a 6.6% increase in patients wearing day clothes due to volunteer encouragement who would normally stay in their PJs all day. This suggests that mobility volunteers are helping patients to maintain their usual level of mobility, and by being in day clothes, it can help with mental wellbeing too. It was not always possible for volunteers to provide mobility support to patients or to help patients into their day clothes as sometimes they were too ill, too tired/ sleeping, confused, unwilling or the patient would need staff support. (see Figures 1 & 2).
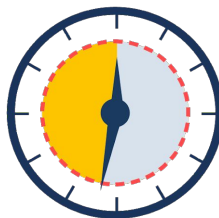
Volunteers are estimated to have spent on average around

32
minutes
with each patient.

– Helping out during mealtimes.

– Providing companionship or mental stimulation to patients.

– Helping to mobilise patients, e.g. to get dressed and walk

– Supporting staff or patients with taks, e.g. prescriptions.

– Supporting patients to leave hospital annd settle at home.

– Leading activities for patients with long-term conditions.

Staff perception of volunteer contribution

■ Kings Fund   ■ Sandwell

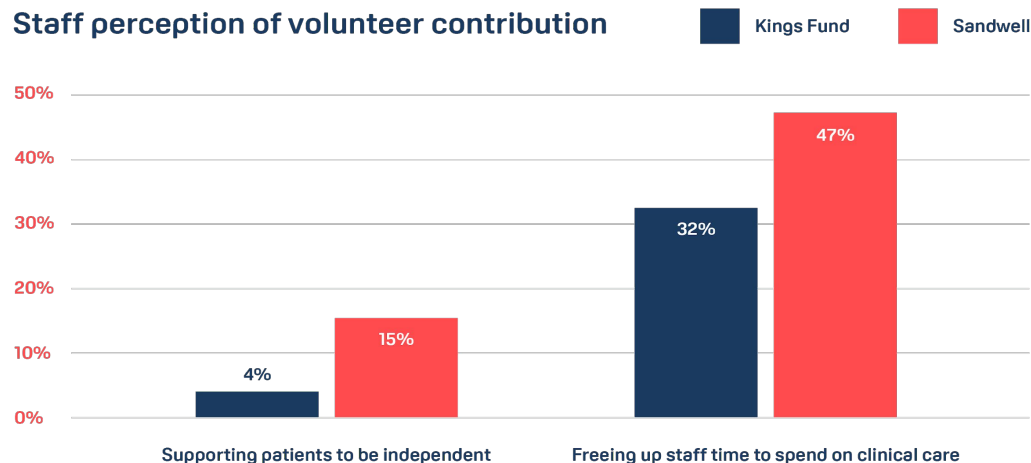|	Supporting patients to be independent	Freeing up staff time to spend on clinical care
Kings Fund	4%	32%
Sandwell	15%	47%

Figure 2.

Figure 2. Kings Fund Survey 2018 commissioned by Helpforce and the Royal Voluntary Service (RVS). The survey ascertains the perceptions of frontline NHS Staff working in acute care around operational pressures and their understanding of volunteer roles and value. n=47.

Service Principles

Sandwell and West Birmingham Hospitals NHS Trust's Activity Support & Mobility Service principles depict the essence of this service and provide guidance to ensure that the service remains true to its original intent across both development and management activities and decisions.

Providing support for patients
By supporting patients to maintain mobility, throughout their length of stay, volunteers contribute to improved mental well being and in turn reduce deconditioning and delayed discharge.

Evidence driven service
Through consistent collection of data, related to the intervention, the service can demonstrate impact for individuals and at a ward level.

Supporting the volunteer journey
Supporting the volunteer to develop skills and experience the service improves the volunteer's ability to seek employment. Specific training around mobility and enablement increases the skill base of volunteers.

Flexible volunteering
Through a flexible approach to scheduling, the service can support volunteers with differing needs in terms of time commitment or available locations.

Co-designed service
Through engagement with ward staff, the volunteer role has been designed to deliver the most value to wards in order to encourage staff engagement with the service.

A scalable service
The service has been designed with an intention that it can be scaled to other settings as need is identified.

A Trust based approach
The service is integrated with other areas of service provision within the Trust. For example the Activity Support and Mobility Service also feeds into the Enablement Programme to support quicker discharge.

Case Study

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

Almost all volunteers (90%) felt that volunteering has contributed to giving them a sense of purpose and increased their confidence (90%)

"This gentleman was a wheelchair user due to a degenerative health condition. When this gentleman first took part in the class he seemed quite low in mood and lacking in confidence. He took part in several classes. As the classes went on his confidence seemed to grow, and he became more involved in the exercises that were being delivered. The Activity Coordinator even mentioned to him how much more confident he seemed."

Volunteer Team, Sandwell and West Birmingham Hospitals NHS Trust

Patient pathway

The intention of the service is to establish healthy patterns of activity at the start of the patient's journey (admission) in the hospital. Identifying patients that would benefit most from the service happens on admission by a clinical member of staff. The patients will then receive support from a volunteer that focuses on maintaining a patient's normal abilities whilst under the hospitals care.

Patient Pathway

Patient pathway (below, figure 3) is at the heart of the service and has been designed to provide high quality support that adds value to not only the patients and the family and friends, but to the clinical staff and volunteers delivering it.

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

Core components

1 Identifying patients for the service at the point of admission to promote healthy patterns of activity from the start. Volunteers are trained to provide four main types of support for patients:

2 **Bedside** -To provide mental stimulation and encouragement to begin get involved in mobility activities.

3 **Mobility** - Encourage and support patients to mobilise around the ward. Activity routes around the wards have been developed to facilitate movement.

4 **Encouragement to get dressed** - PJ Paralysis is a global movement (and now a familiar term) to help patients with getting up, dressed and moving. It aims to get patients out of bed, dressed in their own clothes and when possible, moving rather than lying in bed.

5 **Chair based board games -** Games are available to support physical activity and mental stimulation.

Figure 3.
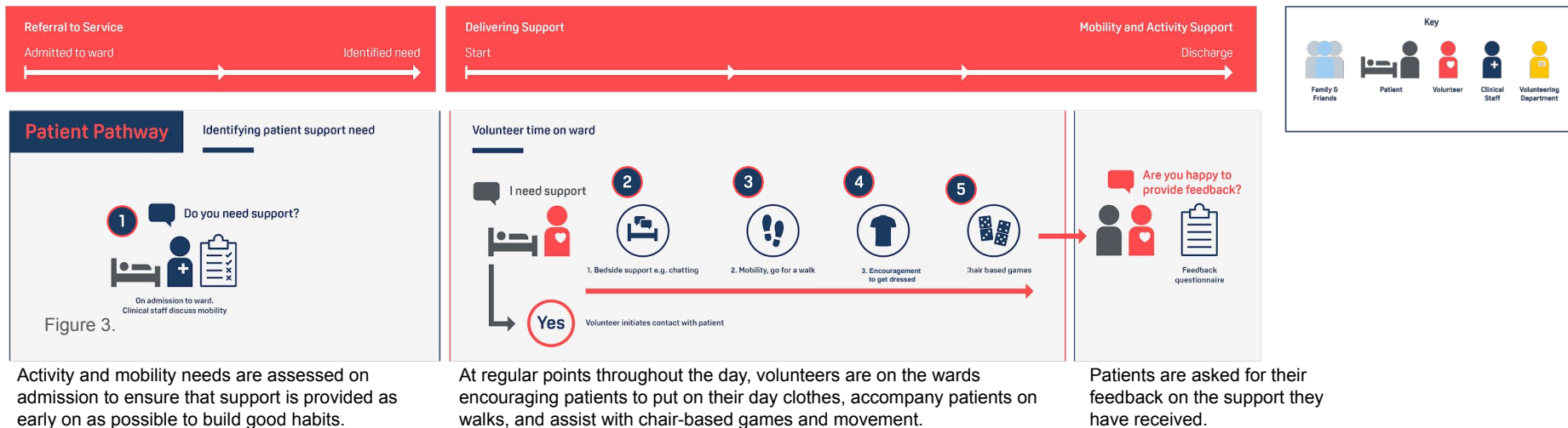
Activity and mobility needs are assessed on admission to ensure that support is provided as early on as possible to build good habits.

At regular points throughout the day, volunteers are on the wards encouraging patients to put on their day clothes, accompany patients on walks, and assist with chair-based games and movement.

Patients are asked for their feedback on the support they have received.

Clinical staff and volunteers journey

'Mobility and Activity Support' volunteers were trained and assigned to either the Acute Medical Unit, Older Person's Assessment Unit or one of the Medically Fit For Discharge community wards and tasked with promoting activity with suitable patients wherever appropriate.

Clinical staff and volunteer interaction
Figure 4 below demonstrates the importance of the relationship between the clinical staff and the volunteers.

Core components

6 Clinical staff make the initial assessment to identify support needs of the patient. At the end of a support session, the volunteer will report back to the clinical team any future needs that the patient has asked for or potential issues that the volunteer has noticed.

7 Establishing a closer working relationship with physiotherapists has been key. There is a mutual commitment to movement and maintaining a patient's independence. The growing partnership with the physiotherapists has seen the volunteers supporting getting patients to engage in the enablement programme.

8 Communication with the staff has been the key driver of success, enabling the volunteers to feel part of the ward multidisciplinary team.
The close working relationship between the clinical staff and volunteers creates an environment of continuous improvement.
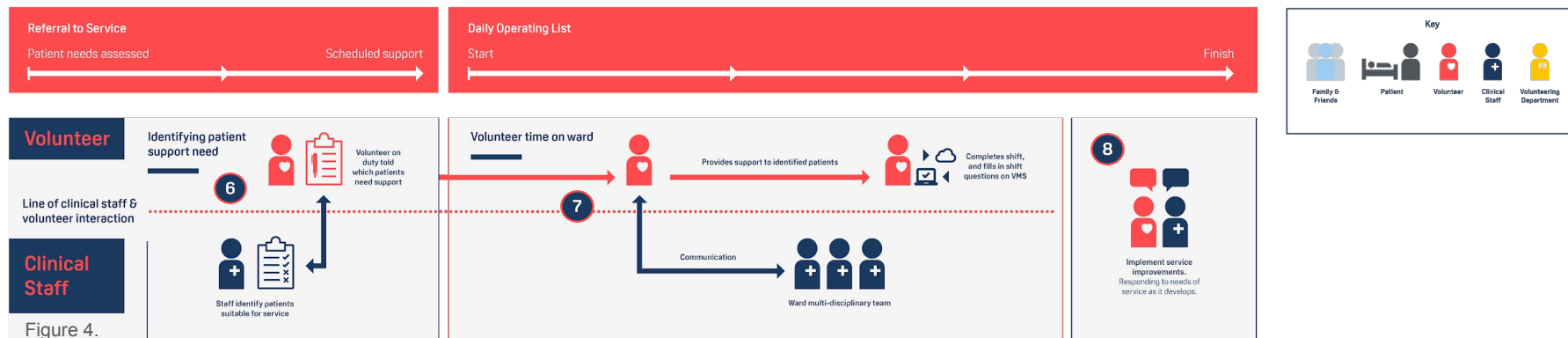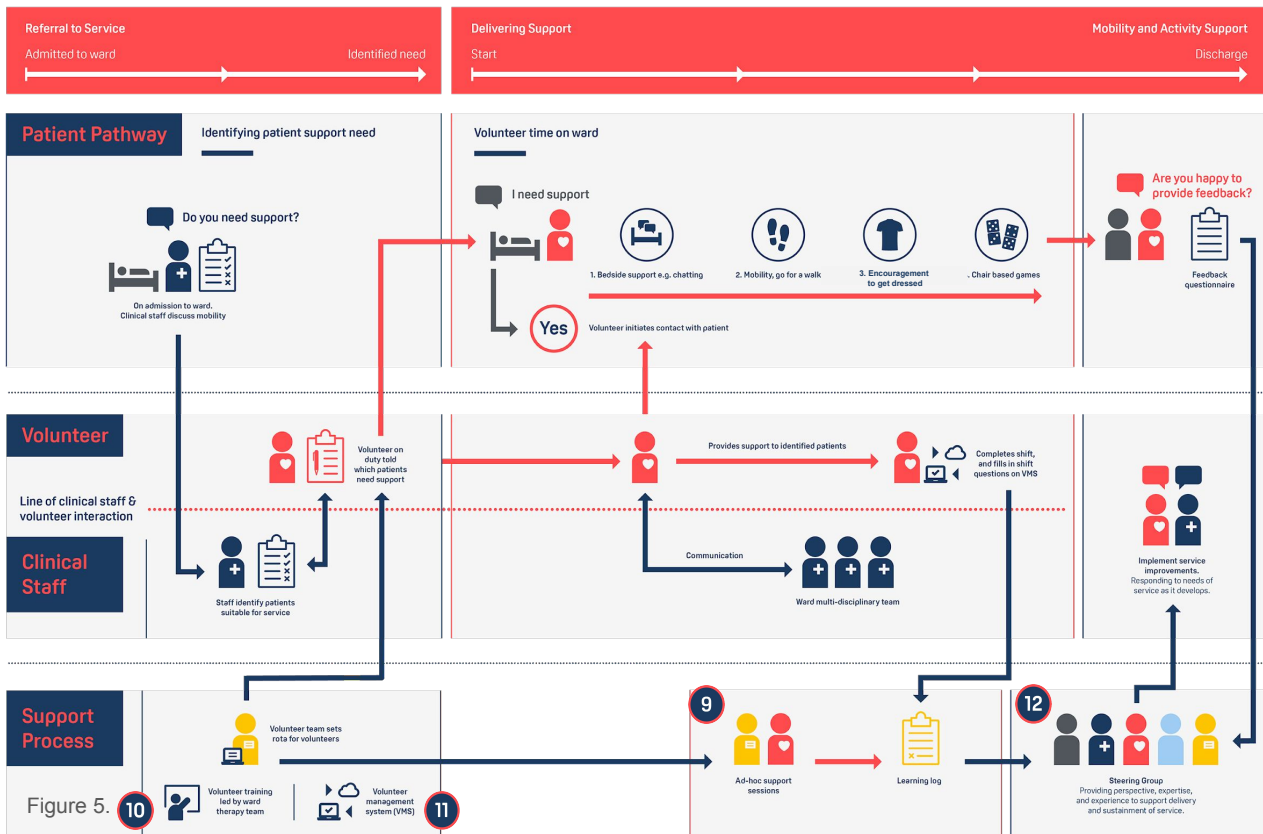

Figure 4.

The patient discusses their mobility and activity needs with the clinical team when they are admitted onto the ward.

On arriving on the ward, volunteers report to both, the nurse-incharge/or the lead therapist for direction on which patients to support, to ensure patient safety. The volunteers then move through the list of people they need to support and finish their shift by completing an online form within the VMS detailing what activities they have done with patients that day.

Partnership working between the clinical team and the volunteers means continued improvement of the support provided.

Service blueprint

This service blueprint brings together the patient pathway (figure 3.), the clinical staff and volunteer journey (figure 4.) and the support processed (below figure 5) that enable the service to operate.

Figure 5.

Support process

Patient pathway (below, figure 3.) is at the heart of the service and has been designed to provide high quality support that not only adds value to the patients, but to the clinical staff and volunteers delivering it.

Core components

9 **Volunteer Team:** ensures service consistency and balances the needs of the service e.g. ensuring referral process is running well, deploying the volunteers and supporting volunteers.

10 **Training:** volunteers who choose the mobility role do a short training session with the project manager, which covers an introduction to the topic of mobility and why it is important as well as an awareness session about dementia. This qualifies them to start mobility volunteering. Once they have some experience to reference, they will need to participate in the Enablement Training led by a physiotherapist.

11 **Volunteer Management System (VMS):** is able to hold most information about the volunteers in one place. The volunteer team set up the rotas and then volunteers are able to use an app to log in and out of their shifts, pick and change shifts. The system also collects data, export reports and send templates.

12 **The Taskforce (Steering Group)** at the moment this group is chaired by the Chief Nurse and the core membership includes key stakeholders like Physiotherapy, Ward Managers, Volunteer Service Manager and there will be guest invites depending on the needs of the service e.g. communications. The group meet regularly and oversee the development of the project and has been able to quickly overcome barriers, make decisions and be effective in governance and quality control.

Develop & implement

Developing and implementing an Activity Support and Mobility volunteer service involves looking across all the considerations and bringing together the right people to help create and deliver a feasible plan, e.g. cross organisational steering group or in taskforce as it's called within Sandwell and West Birmingham Hospitals NHS Trust. One of the wards that the service was scaled to was a 'Medically fit for discharge'/ community ward where patients who have finished their treatment within the hospital and are waiting for their care package or a place in a residential or care home to allow them to leave. Sometimes these patients are there long enough for their mobility to deteriorate so this volunteers service is an important new intervention.

Core components

1. **Senior buy-in:** The project is encouraged by the Chief Executive and is overseen by a Task Force. The Task Force usually meets monthly and is chaired by the Chief Nurse. It includes senior nursing and therapy staff. The project manager reports to the Director of Communications.

2. **Dedicated resource:** The project has its own project manager, who was recruited specifically for this service. The project manager is able to devote the necessary time to developing it. The project manager is part of the wider volunteering team and is supported by them. Once the service is established, it is possible that managing it can happen within the overall volunteer team.

3. **Staff engagement:** Engagement ensures that ideas and support from senior clinical staff is considered within service development. Ideas from ward staff are also gathered through Listening into Action consultation events, listening to them on the ward and throughout the planning stages.

4. **Marketing and communications**: A volunteer forum has been developed to support and learn from volunteers. This will help with retention, wellbeing and effectiveness of the volunteers. They produce regular news sheets for staff and volunteers to keep them updated with how the service is developing in order to increase uptake.

Consideration checklist:

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

Key Learning

★ After trialling Mobility and Activity Volunteers on wards, such as elderly care, it wasn't very successful as the patients' needs most often required a qualified member of staff rather than a volunteer at this point in the pathway. Most success has happened in the admissions units and community wards.

Stakeholders you could consider:
Volunteer manager, volunteers, lead physiotherapist, senior leadership team representative, e.g. chief nurse, head of patient experience, director of workforce, data expert/member of business information team, quality improvement representative, clinical staff member, e.g. nurse, physiotherapist

Resources

- What are Service Principles
- What are Core Components
- Example project plan

Systems & infrastructure

Sandwell and West Birmingham Hospitals NHS Trust use a Volunteer Management System (VMS) as the main infrastructure for this service. It holds almost all information about our volunteers in one place. Volunteers can log in and out of their shifts, pick and change shifts. It's used to set up rotas, collect data, export reports and send templates all directly from the system. It improves their efficiencies as a team and means when scaling to other wards and taking on additional volunteers, there is only minimal addition work. Consequently, they can benefit from economies of scale.

Core components

1. **Flexible scheduling:** The service is supported by a flexible approach to scheduling volunteers. This supports volunteers that might not be able to provide set hours or need flexibility in terms of volunteering location.

2. **Volunteer Management System** (VMS): this is a tool that collects volunteer hours and activity delivered. The use of a dedicated system reduces staff management time and increases the quality of reporting that can be provided to the task force.
Volunteers are asked to log in and out via the VMS app on their phone. This captures how long they have volunteered for but also asks them to record patient interaction figures and the other data output measures.

3. **Surveying:** A systematic approach to surveying patients and staff creates a consistent supply of qualitative data that can be compared with national data sets.

4. **Uniforms**: Through providing volunteers with uniforms, the volunteers are clearly embedded into the ward process. This provides reassurance for both the volunteers and patients. In addition, uniforms provide a clear identity to the service which supports engagement with clinical staff.

5. **Training**: As well as with the core Trust training, volunteers are given mobility and enablement training that improves the quality of the service provided but also better integrates it with other discharge support provided by physiotherapists.

Consideration checklist:

❏ Decide where your service will be based and how the space will be equipped.

❏ Identify a volunteer management system to support your service.

❏ Design your referral process and communicate this with staff teams.

❏ Specify the hardware you will need - computer, laptop, bleep, mobile technology, printing etc.

❏ Agree on the data capture tools you will use.

❏ Arrange training for staff and volunteers who will be using the systems and equipment.

Resources

- Example volunteer activity card, this is now completed by the volunteer via an app on their phone

Operations

Understanding the budget, people, systems and associated processes required to manage the service once it is live is essential. In terms of the budget for this service, the primary costs are salaries for the project coordinator/manager (2) with a proportion attributed to the supervisory support of the Volunteer Services Manager, who leads the service and the involvement of the physiotherapy department as needed for quality/governance, guidance and training. Other costs are attributed to volunteer recruitment, training, catering and equipment.

Core components

1. **Staff engagement** - Staff are engaged through regular updates from the Task Force. The Task Force actively seeks potential service improvements from patients, volunteers and staff.
2. **Starting small**, embedding your volunteer service in one department or ward to begin with will enable you to test your processes and address any teething problems before expanding to other areas. Staff involved in the early stages of the service could become your clinical champions and promote the benefits of volunteer support to their colleagues in other departments.
3. **Future scaling,** developing the service with a consideration of wider Trust developments provide an opportunity to scale the service to other wards.
4. **Internal and external communications** and marketing resources keeps the service prominent in staff minds and makes the service visible to family and friends and patients.

Consideration checklist

❏ Define the reporting structure for your service.
❏ Produce a comms and marketing plan to raise awareness of your service.
❏ Produce a service delivery plan and update it regularly.
❏ Identify simple referral pathways.
❏ Manage an active Task force (Steering Group).
❏ Develop your approach to managing the service. You will need to consider:
  ❏ Stakeholder engagement plan
  ❏ Volunteer recruitment plan
  ❏ Volunteer induction and training package delivery
  ❏ Governance structure
  ❏ Comms and marketing plan
  ❏ Reporting structure and frequency
  ❏ Scheduling of volunteer shifts
  ❏ Documentation for department/ward staff

Key Learning

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

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

★ The Taskforce has been an invaluable steering group, with the ability to challenge the direction of travel and make strategic decisions. The inclusion of all key stakeholders enabled discussions that would have been hard to initiate otherwise, which has proved critical. It is something that they recommend to other Trusts, who are looking to develop a volunteering innovation.

Resources

- Volunteer Project Manager Role

(2). Dedicated resource of a volunteer coordinator/ project manager was funded in this example service as part of the Helpforce VIP programme, the scale/ scope of a service will dictate whether a dedicated resource is required or a commitment of time from existing resource..

Volunteer management

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

Core components

1. **Flexible recruitment**: Recruitment of volunteers is managed through the dedicated volunteer management systems. Volunteers can be interviewed face-to-face or virtually in order to meet their needs.

2. **Volunteer support:** support (often referred to as supervision) is essential to offer to all volunteers . Sessions provide needed reflection for the volunteers, resulting in discussion and learning, an opportunity to offload and discuss the emotional impact of the volunteers experience which improves resilience and in turn retains volunteers.

3. **Effective training**: Volunteers receive a mix of mandatory training and trust volunteer training, as well as specific training on mobility and enablement.

4. **Flexible scheduling**: This supports the service to meet the needs of different volunteers. Supporting them to volunteer in a place that most suits them and at times that are convenient. This flexibility increases both recruitment and retention of volunteers.

Consideration checklist:

- ❏ Agree on a set of volunteer tasks, responsibilities and boundaries.
- ❏ Produce volunteer role descriptions.
- ❏ Develop your volunteer recruitment plan.
- ❏ Design your volunteer training package.
- ❏ Develop your volunteer supervision, communication and engagement plan.
- ❏ Involve clinical staff in training delivery.
- ❏ Meet regularly with clinical staff to grow their support and working relationships with the volunteers.

Key Learning

★ Support volunteers in their volunteering and with other aspirations such as improving their ability to seek employment or to support their studies.

★ On reading the volunteer role description, volunteers can list their preferences and discuss which role would be most suitable for them (Activity support/mobility role)

★ Communication with ward staff was key to ensuring they understand the specific volunteer role and could give the volunteers appropriate direction. Volunteers needed to be welcomed by the whole multidisciplinary team to make them feel part of the ward team.

Resources

- Mobility Volunteer role description
- Mobility Competency Document

Measuring impact

Approaching the collation of data and feedback sensitively is important. To understand what data needs to captured, you also need to understand the key strategic and operational priorities. It's important to identify what measures will best demonstrate the impact and benefits of the service on these priorities. The approach to collecting the data is important to ensure its validity. Systems and processes need to be tested for robustness and effective training provided to those involved in collating the data.

Core components

1. **Developing a Theory of Change:** This is an essential tool to outline the volunteers' intended impact and to support decision making around what intermediate outcomes and ultimate goals may be measured.

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

2. **Capturing volunteer activity:** Using 'Volunteer Management System' will help determine how many patients the volunteers engaged with, what activities they engaged in and record feedback from patients.

3. **Activity capture**:
   a. Number of volunteers
   b. Number of volunteer hours
   c. Number of patients supported
   d. Frequency of volunteer visits per month

4. **Key evaluation questions for the project:**
   a. Do mobility volunteers help patients maintain their usual level of mobility?
   b. Do patients have improved mood as a result of volunteer support?
   c. Are volunteers satisfied in their role as a mobility volunteer?
   d. Does the volunteer mobility service help to reduce referrals to the physio team?

Consideration checklist:

❏ Agree the service impact measures.

❏ Establish a control group or baseline data to demonstrate the impact of your service.

❏ Produce a Theory of Change/logic model - this will help you to plan effectively.

❏ Define the measures that will support continued investment and growth of the service.

Key Learning

★ It has been challenging to get volunteers to record their volunteering activity consistently, they forget or perhaps don't realise the importance. The team use forums and newsletters to help with communication with volunteers so they have more support, are more engaged, and more likely to record their activity.

Resources

- Helpforce Impact & Insight Guidance inc. Theory of Change

- Sandwell and West Birmingham VIP Staff Survey

- Sandwell and West Birmingham VIP Volunteer Survey

- Sanwell VIP Patient Survey

- Sandwell and West Birmingham VIP Theory of Change

- HF Insight and Impact Report - Sandwell West Birmingham 30092020