



Moorfields
Eye Hospital
NHS Foundation Trust



Friends of
Moorfields
Eye Hospital



Volunteering Service Guide: Theatre Support

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

A service providing support to anxious patients undergoing procedures under local anaesthetics for eye surgery in a hospital operating theatre. The service focus is on patients signalling their needs to a volunteer and/or gaining comfort and reassurance during a procedure through hand-holding.

The volunteer service provides:

- Trained volunteers to provide care focused on alleviating anxiety and providing emotional support in a clinical operating environment.
- Patient support from the point of waiting for their procedure through to discharge.
- Interaction and collaboration with clinical teams to address support needs identified by clinical staff.

95%
of patients

agreed or strongly
agreed that the
volunteer helped
them to feel less
anxious.

n=18



Adopting and adapting a theatre support volunteer 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 **Handholding in Theatres service being delivered in the Moorfields Eye Hospital**. The purpose of the guide is to provide a potential service adopter (1) with the information needed to be able to:

- decide if the service would be of benefit to their organisation
- understand what considerations are needed to adapt the service to their environment

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"Theatre support volunteers have been an invaluable addition to the operating theatre team bringing much valued reassurance and a friendly face for patients. The patients were noticeably more relaxed and the whole theatre team was able to really focus on their work safe in the knowledge that someone was there to help calm the patient and allay their fears without being distracted by needing to focus on the medical processes, surgery itself etc."

*Professor Gus Gazzard MBBChir MA MD FRCOphth
Director, Glaucoma Service, Moorfields Eye Hospital*

Moorfields Eye Hospital Data (2):



93%
of volunteers
felt that volunteering
had given them a sense
of purpose.



96%
of volunteers
were 'extremely
likely/likely' to
recommend volunteering
at this hospital to friends
or family.



95%
of patients
agreed/strongly agreed
that the volunteers
cheered them
up/improved their mood.
n=19



86%
of patients
supported by a volunteer were
likely/extremely likely to
recommend this service to
friends and family if they needed
similar care or treatment.



91%
of patients
supported by a volunteer
responded 'Excellent/very
good' to how good the
hospital was at making
them feel at ease.
n=21

95%
of patients
agreed/strongly agreed
that the volunteer helped
them to feel less anxious.
n=19

1. Adopter, person looking to take on (adopt and adapt) an existing and tested volunteer service model. 2. Data collected as part of the Helpforce Volunteers Innovators Programme (VIP). Patients at Moorfields completed the VIP Patient Survey (n=54), Staff at Moorfields completed the VIP Staff Survey (n=3) and volunteers at Moorfields completed the VIP Volunteer Survey (n=86).

The results

The project started with supporting cataract operations and this proved to be a great test bed. Following the initial positive impact the service grew quickly over a period of 8 months to a team of 12 volunteers. The team covered a scaled service of glaucoma procedures and from April 2020 vitreo-retinal emergencies. Across a typical 1-month period, the active volunteers delivered an average of 89 hours of support to 26 patients.

Key evaluation questions for the project:

Do theatre support volunteers help staff to deliver better care?

Two of the 3 staff surveyed responded that volunteers are helpful in allowing them to have enough time to deliver good care to patients and felt that volunteers enhanced the level of care (n=3).

Do theatre support volunteers reduce the anxiety levels of patients who are undergoing cataract surgeries?

95% of patients agreed/strongly agreed that the volunteer helped them to feel less anxious and 95% of patients agreed/strongly agreed that the volunteer cheered them up/improved their mood (n=19).

Does the volunteer service at Moorfields improve the patient experience?

When patients were asked how likely they were to recommend this service to friends and family needing similar care or treatment, 67% of patients supported by a volunteer answered 'extremely likely' (n=21) whereas only 31% of patients not supported by a volunteer answered 'extremely likely' (n=29).

“““

“I held her hand whilst she was experiencing local anaesthetic in her right eye. The lady underwent glaucoma surgery and although she kept falling asleep I would squeeze her hand to make sure she knew I was there for her.”

VOLUNTEER AT MOORFIELDS

“““

“With hand holding I was distracted and less anxious, I was less aware of the procedure, my attention focused on my hand where she responded with pressure at relevant points in the process.”

MOORFIELDS PATIENT

“““

“I certainly felt that their presence reduced the need for additional sedation in many otherwise anxious patients and in so doing speeded their recovery and also the theatre efficiency by reducing turnaround time, but without adding to patients’ anxiety.”

MEMBER OF STAFF, CONSULTANT OPHTHALMIC SURGEON

Comparison patient statements around their hospital stay experience

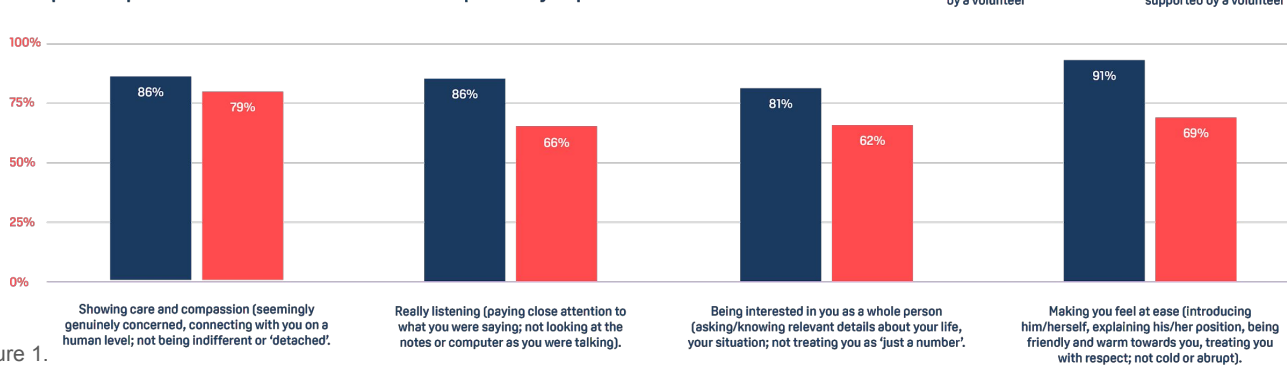


Figure 1.

Figure 1. The VIP Patient Survey recorded the perceptions (rated excellent or very good) of patients supported by a volunteer (n=21) and those not supported by a volunteer during their hospital stay (n=29).

Service Principles

Moorfields' Volunteer Hand-holding service principles depict the essence of this service and provide guidance to ensure that the service remained true to its original intent across both development and management activities and decisions.

Alignment with the Trust's and Charity's values and strategy

The hand-holding programme is a vehicle in addressing existing gaps and providing enhanced level of patient care. The Trust's overarching principle is that "People's Sight Matters" and the strategic review in 2017 led to the trust moving towards a more holistic approach to patient care. Friends' charitable objective is to support the staff and patients at Moorfields, and Friends' vision is that "Everyone who comes to Moorfields for whatever reason has the best possible experience". Hand-holding volunteers contribute to delivering the strategic objectives of both organisations. Friends of Moorfields Trust provide and support volunteer services in the hospital.

A multidisciplinary approach

The hand-holding programme is a multidisciplinary effort and its benefits have been informed by various teams across the trust: working with patient experience, clinicians, consultants, nursing teams and volunteers to fully understand the patients' journey, needs and experience.

Embracing volunteers in new areas

The service has shown that embracing volunteering in new areas can help to address existing gaps in patient care and that trusting volunteers to play an important role in very specific clinical environment can have great benefits for patient care.

Shift the existing paradigm of volunteering to the heart of the clinical care

Hand-holding is a groundbreaking initiative and this new approach utilises volunteers to support patients in operating theatres, shifting the existing paradigm of volunteering to the heart of the clinical care.

Adopt and Adapt

Adopting other models of hand-holding (for example at Moorfields Community Eye Clinic, Bedford and Brighton), creating a service that works well across Moorfields Eye Hospitals.

Be innovative with funding opportunities

The charity, Friends of Moorfields, has been able to secure funding to take on high profile and innovative volunteering focused project work on behalf of the Trust.

97% of volunteers were likely/extremely likely to recommend volunteering at this hospital to friends and family who may want to volunteer



"I just finished my volunteering at 6:30! The last patient that I was with really needed me and I didn't want to leave him midway through the surgery since it was quite complex. In total I saw 3 male patients, I introduced myself and the hand holding program but the first gentleman opted out. The other two loved the idea and held my hand all throughout, even though one of them couldn't speak English that well. I told his translator and he felt comforted with me being there for him. Overall the whole team was complimenting how calm the patients were because of my "magic" hands which we joked about in the theatre room, even the patients were thankful for that extra level of support therefore I really feel like today was a success"

Patient pathway

The majority of procedures at Moorfields Eye Hospital take place under local anaesthetic. Patients undergoing procedures are therefore aware of their environment and can experience a high level of anxiety. It is well-known among the clinical staff that holding a patient's hand during the procedure can provide comfort and reassurance.

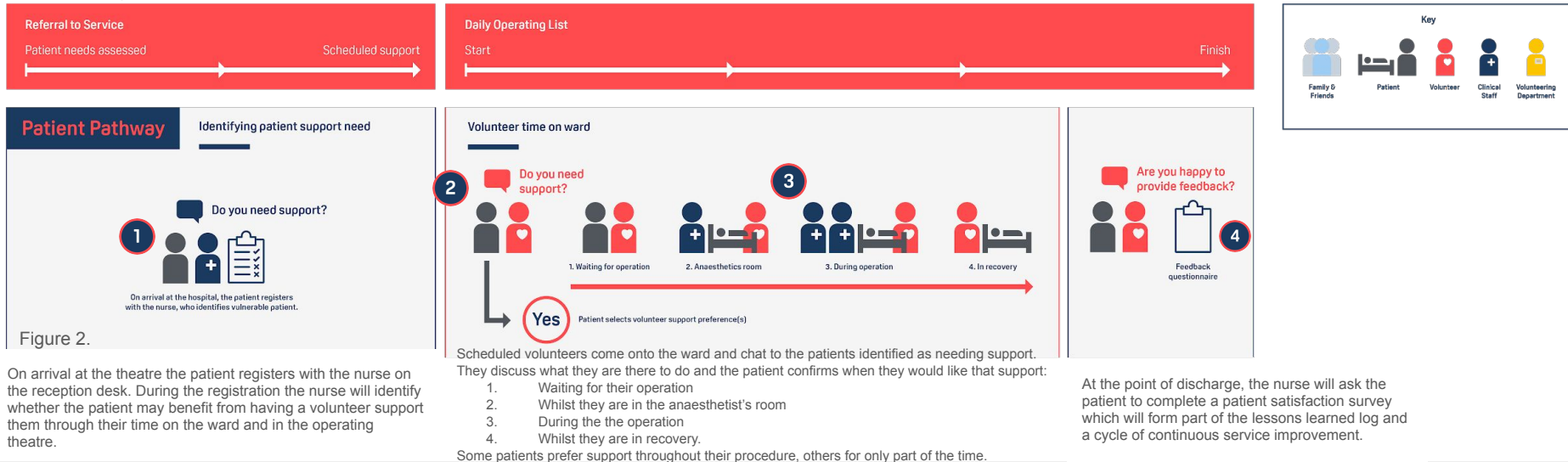
Patient Pathway

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

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

Core components

- 1 **Identifying patients who would benefit from the service** at the point of registration gives the opportunity to prioritise those needing volunteer support. Where there are no pre identified support needs, the volunteer will approach patients as they are waiting.
- 2 **Volunteer asking/confirming support needs** - the volunteer can take the time needed to explain the benefits of the support they can provide across their time in the operating ward.
- 3 **Hand-holding**, the volunteer invites a patient to use their hand as a signalling mechanism in case they want to pause or need to communicate something during the procedure, the volunteer works as a channel of communication between the patient and the clinical team.
- 4 **Feedback**, requesting feedback on the hand holding service (where appropriate) before a patient leaves to capture immediate and more accurate responses.



Clinical staff and volunteers journey

The hand-holding service comprises a team of volunteers who have been trained and placed to support anxious patients undergoing procedures under local anaesthetic in an operating theatre. The service has been established as a multi-disciplinary effort with volunteers working in collaboration with clinical teams. This helps to address an existing need for alleviating anxiety and providing emotional support, thus enhancing patient experience.

Clinical staff and volunteer interaction

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

Core components

5 Simple and consistent processes are at the heart of ensuring effective communication between volunteers

and clinical staff e.g. a nurse identifies patients that may need support, then compiles a list which is shared with the volunteer.

6 Opt out vs opt in, the volunteers introduce themselves to anxious patients in the waiting areas. This is the point that the volunteer offers hand-holding saying "I am here to hold our hand unless you would not like...."

• Learning from the programme shows that patients are far less likely to opt out than they are to opt in.

7 Establishing rapport, often there is a long wait before a procedure when it is beneficial to have a volunteer hand-holder in the waiting areas. The volunteer can establish rapport with the person they will be supporting, helping to ease anxiety even before the procedure begins.

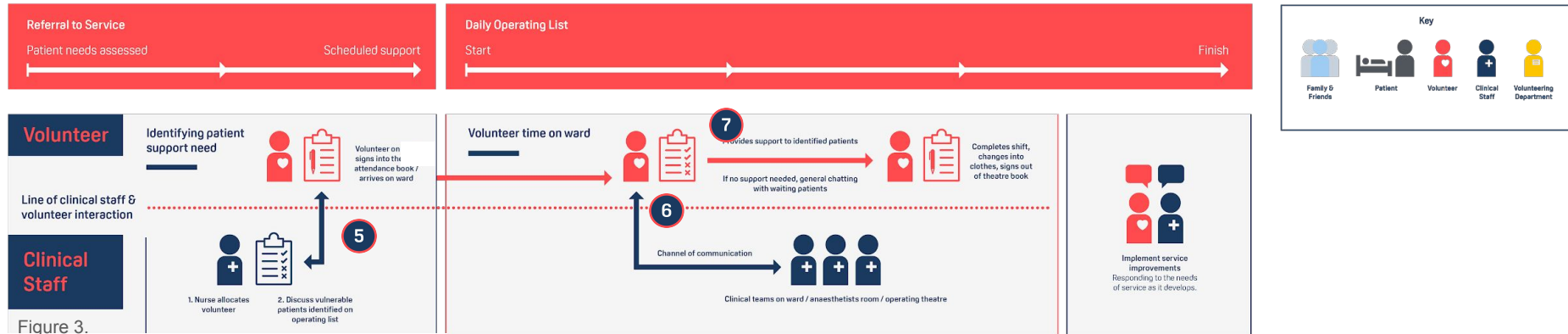


Figure 3.

The nurse registering patients arriving for their operation identifies those who could most benefit from the support of a hand-holding volunteer. The volunteer arrives at the changing rooms and changes into scrubs, then signs in to the theatre book. After this, the volunteer goes to the nursing station where they are briefed on the theatre list for the day and the patients identified as a priority for the hand-holding service.

Using the theatre list, the volunteer approaches the identified patients in order of priority. The volunteer introduces themselves, explaining their role and how they can help. Throughout the period of support with each patient the volunteer liaises and communicates with clinical staff at the different stages of operating process.

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

Service blueprint

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

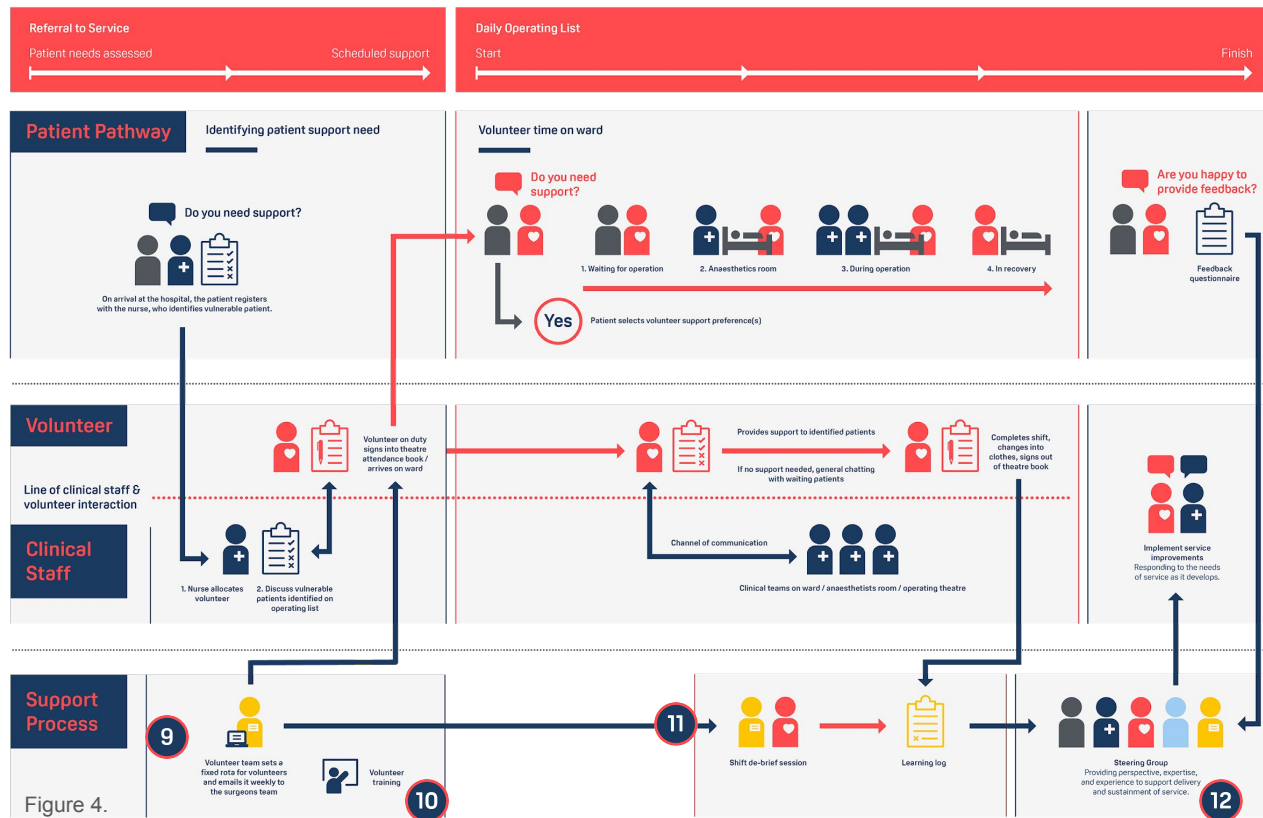


Figure 4.

Support process

Patient pathway (figure 2.) is at the heart of the service and has been designed to provide high quality support that not only adds value to the patients, but to the clinical staff and volunteers delivering it. The support process ensures that the service is governed, and that it runs efficiently, effectively and consistently

Core components

- 9 **Fixed scheduling**, the timetable is set and emailed over every week to the surgeon managing the list, if any changes are made there is an updated email is sent too. The rota comprises the lists approved for the hand holding service and it is fixed for consistency.
- 10 **Volunteer training**, this includes specific tailored RNIB-led training around main reasons of sight loss and conditions, boundaries of communication and how to deal with emotional impact of sight loss. Volunteers attend theatre observations and workshops and are supported by the ECLO (Eye Clinic Liaison Officer). Bespoke induction material covers: hand-holding guidelines, theatre induction booklet, theatre etiquette and code of conduct.
- 11 **Debrief session**, the volunteer then finishes the shift by signing out from the theatre book and changing into their own clothes. They will then attend a debrief with the project leader or submit a short statement by email if the project leader is not available.
- 12 **A multidisciplinary steering group** provides guidance and includes theatre staff, medical and nursing staff and volunteers.

Develop & implement

Developing and implementing a hand-holding volunteer service involves looking at all of the considerations and bringing together the right people to help create and deliver a feasible plan, for example a cross-organisational steering group.

Within this Moorfields service model an identified clinician who supports the service articulates the need and benefits of the volunteer service to their peers. Alongside this group an engaged communications team has been instrumental in getting the service known, understood and supported.

Core components

- 1. Senior and clinical buy-in** - early consultation with senior staff such as the director of nursing and allied health professionals, CEO and medical director in addition to key stakeholders such as operating theatre matrons, managers and clinicians created a sense of ownership from theatre staff. Those consulted became part of the steering group, enabling key concerns to be addressed early on.
- 2. A multidisciplinary steering group** that includes stakeholders from across the Trust with crucial clinical representation. The operating theatres manager is a key member of the group, being able to connect the entire clinical team and share an in-depth knowledge of timings for procedures and other technical insights.
- 3. Evidence base** - Moorfields built on previous trials of hand-holding at their other hospital sites; Brighton Hospital who have a hand-holding offer and Bedford Hospital, where a consultant ophthalmologist reported benefits of volunteer support in theatre. The learning from these projects improved the quality and pace of implementation.
- 4. Incremental development and scaling** - by being flexible in the development of the model, Moorfields were able to respond to feedback from PALS and the growing demand for the service. The trust adapted the model to support patients undergoing procedures that had not initially been considered, working with additional theatre teams and encouraging continued buy-in from clinical staff.

Consideration checklist

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

Key Learning

- ★ In the initial stages of the programme hosting short and more frequent steering group meetings helped keep people better informed and engaged.

Stakeholders you could consider:

Volunteer manager, volunteers, senior leadership team representative, eg. chief nurse, director of nursing, head of patient experience, director of workforce, data expert/member of business information team, quality improvement representatives, ward managers, surgeons, consultant ophthalmologists, anaesthetists, operating theatre manager, pre-assessment matron, PALS officer, communications officer

Resources

- [Moorfields Promotional Video](#)
- [What are Service Principles](#)
- [What are Core Components](#)

Systems & infrastructure

The theatre environment is the focus of this service and the policies supporting the volunteer service need to ensure safe conduct of volunteers within the rules and constraints of a clinical setting. This was addressed by ensuring the clinical team developed the induction book for volunteers, to be read/trained on prior to going to the theatre.

Core components

- 1. Informed policies and procedures**, Moorfields built on existing documents designed for the theatre environment (see resources). Key developments for the service:
 - a. Scrubs (but no gloves) to be worn by volunteers, following the same procedures as clinical staff and endorsed by the Infection Control team
 - b. Vaccine review - occupational health confirm that all hand-holding volunteers will require a review of their vaccination status. This is completed through occupational health and prompted within the volunteer application process.
- 2. Fixed scheduling**, It was agreed that the timetable for hand-holding will be stable, it will be set and emailed over every week and if any changes had to be made, there would be an updated email to the surgeon on the list. The rota consisted of the lists approved for trial and was fixed for consistency.
- 3. Communication with patients** conversation between patient and hand-holding volunteer “Hi I am XXX and I am here to support you during the procedure”, and invites a patient to use her hand as a signalling mechanism in case they want to pause, this volunteer is working as a channel of communication.
- 4. ‘Opting out’ vs ‘opting in’**, The volunteer arrives on the ward and approaches the patient in an open and positive way, offering hand-holding as a fixed feature in the patient’s journey. Patients have been more likely to accept help when the volunteer’s offer has mentioned opting out rather than in.

Consideration checklist

- Consider the presence of volunteers in a new and specialist environment, and elements needed to distinguish volunteers from clinical staff.
- Design your referral process and communicate this with staff teams
- Consider the patient journey and key points at which they may be experiencing anxiety or worry. Cross reference this with staff perspective on volunteer presence and appropriateness at each stage.
- Agree on the data capture tools you will use, who is best placed to utilise these and at which points you wish to capture information and feedback.
- That staff are well informed about the role and presence of volunteers in theatre and on wards, and feel reassured.

Key Learning

- ★ Special embroidered volunteer hats have helped to distinguishing volunteers from the rest of the clinical team to avoid confusing patients.
- ★ Adapted student documentation provides useful practical tips for theatre observations such as having breakfast before going to the theatres so this would help them not to pass out!

Resources

- [Hand holding guidelines](#)
- [Induction Handbook](#)
- [Theatre etiquette AFPP \(Association of Perioperative Practice\)](#)
- [Student welcome notes for theatres \(AFPP\)](#)
- [Hand washing and swab counts \(AFPP\)](#)

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 for 15 hours a week dedicated resource and in the Moorfields model the VSM completes the role. Other costs are attributed to volunteer recruitment, training, uniforms, catering and equipment..

Core components

- 1. Clear patient pathway and volunteer journey** - it is of great benefit to have a volunteer hand-holder in the waiting areas to establish rapport with the patient they will be supporting. This helps to ease a patient's anxiety even before the actual procedure begins. A hand-holding volunteer will then proceed with the patient to the anaesthetics room to offer support as required by the patient.
- 2. Lessons learnt log** - captures insight primarily from each of the volunteer debriefs (page 11). This log ensures that learning is acted upon quickly and the results of the action recorded.
- 3. Supply and demand** - one or two volunteers are allocated per theatre list, covering one morning and one afternoon session.
- 4. Theatre lists** - used by the clinical team to prioritise identified support needs and shared with the volunteer(s)
- 5. "Fast Lists" initiative** - these operating lists are compiled from younger patients with fewer comorbidities who are undergoing less complex cataract procedures. This enables a higher number of procedures to be performed in one day, therefore delivering care to a higher volume of patients. Volunteer support enables clinical teams to focus on the fast list whilst they support the patient.

Consideration checklist

- Define the reporting structure for your service
- Produce a plan for engaging with staff and to raise awareness of your service
- Produce a service delivery plan and update it regularly
- Identify simple referral pathways
- Manage an active Steering Group
- Engage clinical champions to promote your volunteer service
- Identify a process or structure for identifying suitable groups of patients for volunteer support. Work within existing operational mechanisms ie theatre lists, appropriate medical procedures for support
- 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

- ★ Allow staff and patients to guide the service as it expands. The Moorfields service has grown from providing support to one identified procedure to three additional lists (and growing!)
- ★ It has helped to focus on some key operational questions:
 - *How will you balance demand for the service with recruitment, training and scheduling of new volunteers?*
 - *How will you build demand for your service to ensure that it is sustainable?*
 - *Who are your main sponsors in the organisation and how can they help you?*
- ★ The steering group is there to guide you and advise on any strategic or operational issues. Together the group can generate ideas, remove blockers and help you to build a business case for continued investment.

Resources

- [VSM Job Description](#)
- [Lessons Learnt Log example/ template](#)

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. For this service any experience of a theatre environment is beneficial. 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. Dedicated volunteer management resource** - a committed volunteer manager dedicates approx 15 hours per week to manage scheduling, volunteer support and relationship management with theatre staff.
- 2. Volunteer Debrief** - provide space for a debrief with the volunteer following their shift, or request written feedback. This allows for continuous improvement of the service provided and the volunteer experience. This also enables the volunteer manager to respond quickly to issues arising and better manage relationships with theatre staff, based on volunteer insight.
- 3. Specialist training, including observation in theatre** Specific tailored RNIB-led training around main reasons of sight loss and conditions, boundaries of communication and how to deal with emotional impact of sight loss, leading and guiding people with visual impairment. Volunteers attend group observation sessions in theatre, with workshops supported by the ECLO (Eye Clinic Liaison Officer). Observation of experienced hand-holders is now evolving as the service matures and best practice emerges.

Consideration checklist

- Agree on a set of volunteer tasks, responsibilities and boundaries
- Produce a volunteer role description with your steering group and allow this to evolve
- Develop your volunteer recruitment plan
- Design your volunteer training package
- Develop your volunteer supervision and communication and engagement plan
- Approach and work with external expert organisations in training delivery
- Meet regularly with clinical staff to grow their support and working relationships with the volunteers
- Offer regular one to one support and debrief sessions for your volunteers
- Dedicated volunteer management
- Encourage reflective practice and sharing of ideas

Key Learning

- ★ Allow volunteers to develop their own style of interaction based on character, empathy and intuition.
- ★ Recruit from internal pool of volunteers when setting up the service. These volunteers bring refined skill sets, familiarity of challenging settings and sensitivities specific to patient needs.
- ★ Volunteers are key to the development of any volunteer service. They act as conduit between voluntary services and the clinical team, often welcomed into clinical team meetings.

Resources

- [Moorfields Hand Holder Role/ Pg 6](#)
- Training Documents:**
- [Hand holding guidelines](#)
 - [Induction Handbook](#)
 - [Theatre etiquette AFPP \(Association of Perioperative Practice\)](#)
 - [Student welcome notes for theatres \(AFPP\)](#)
 - [Hand washing and swab counts \(AFPP\)](#)

Measuring impact

At some point during communication with the patient the volunteer will ask if the patient would be prepared to give feedback on hand-holding. A member of the clinical staff will then ask the patient to fill in the feedback questionnaire (or offer to help them to do so) at the point of discharge.

Patients who have received the hand-holding service answer all of the questions and patients who did not receive hand-holding support become the control group and omit the hand-holding questions.

Upon completion the questionnaires go to a dedicated tray where they are collected by the volunteer or picked up next morning by the project leader. This 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 the intermediate outcomes and ultimate goals to be measured.

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

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

- 3. Activity capture:**

- Number of volunteers
- Number of volunteer hours
- Number of patients supported
- Frequency of volunteer visits per month

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

- 1) Do theatre support volunteers help staff deliver better care?
- 2) Do theatre support volunteers reduce the anxiety levels of patients who are undergoing cataract surgeries?
- 3) Does the volunteer service at Moorfields improve the patient experience?

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 - this will help you to plan effectively
- Define the measures that will support continued investment and growth of the service

Key Learning

- ★ Volunteers and staff may find it difficult to find the most appropriate time to ask for feedback from patients.
- ★ An activity sheet completed by the volunteer after a shift is a great way to capture and record verbal feedback from patients and other observations to add to the database.

Resources

- [Helpforce Impact & Insight Guidance inc. Theory of Change](#)
- [Moorfields Theory of Change](#)
- [Moorfields Staff Survey](#)
- [Moorfields Volunteer Survey](#)
- [Moorfields Patient Survey](#)
- [HF Insight and Impact Report - Moorfields_131020](#)