



COMPANION VOLUNTEERS IN END OF LIFE CARE: ANEURIN BEVAN UHB STORY

‘The first call out for volunteers got a huge response. It was disappointing that this coincided with the pandemic. We got the first training done before lockdown – face to face and socially distanced which went well. We saw the importance of face to face training for end of life volunteers: volunteers who opt to support end of life care may have personal experiences which are touched by the training and we can observe body language and emotions more easily face to face. The session is very interactive and generates a lot of discussion. The core mandatory training was, and still is, delivered remotely and works well. All other recruitment processes and initial conversations were carried out remotely until earlier this year when some could resume face to face.

Despite huge barriers, there were ways forward. Progression slowed, but didn't stop!

We used the “All Wales Covid 19 workforce risk assessment tool” for volunteers (as well as for staff). Initial risk assessment ruled out older volunteers and this created disappointment and a sense of unfairness. After approaching our Occupational Health team in April about the possible return of older volunteers, we were able to use the Glasgow University “Covid 19 return to work in the roadmap out of lockdown” risk assessment, which takes account of the prevalence of Covid 19 in the

community, vaccination status, the environment and the volunteer role undertaken. This enabled us to get volunteers back – all though some have had to stop once again as local Covid 19 prevalence has risen.

It takes time for staff to get familiar with risk assessment processes and for introducing volunteers to wards. Each time we introduced a new or returning volunteer, we carried out a ward specific induction and PPE training, to ensure that volunteers were up to date and familiar with current processes on the wards.

There are 15 active and 46 ready to start, but getting referrals to the service has been slow. Many of the volunteers were already befrienders on the wards, which meant that they could be purposefully involved in chatting with patients until such time as referral is made for an end of life care visit.

Our next step therefore is to build on this approach, with End of Life Companion volunteers potentially first becoming general befrienders on the wards (if this is what they agree to), where they may opportunistically visit patients at the end of their life. These patients may then be referred in for further support from the team of volunteers. However not all End of Life Companions want to be befrienders and we respect that. Capturing the data from opportunistic referrals is an additional challenge.)

We would like to open the opportunity to all befrienders to have the additional end of life care training. We would also like to offer the training that our clinical skills trainer gives to volunteers to professionals, students and others, to create more compassionate care across the health service as a whole.

End of life care volunteering is now embedded within our volunteering profiles – it has become ‘business as usual’. Thank you to Helpforce for all support given to us.’

Claire Jordan, Senior Nurse, Person Centred Care

October 2021