Setting up an end of life care companion volunteer service

Service Overview

As part of the Helpforce End of Life Care (EoLC) project, Powys Teaching Health Board set up a pilot Volunteer Companion Service for people receiving end of life care (people who are thought to be within the last year of their life) within our Community Hospitals. The service was also available to the end of life person and their relatives / friends within the community hospitals. The pilot service was open to referrals from December 2020 for six months.

The support offered by the volunteer was based on a model of companionship, with the volunteer providing someone to talk to who would offer a friendly voice. All the volunteers within the service received an induction which included a bespoke training package providing the necessary skillset to be able to supporting people through end of life care.

Following referral to the Companion Volunteer Service, each person was matched to a suitably trained volunteer, who would then make contact and provide support, the support was available on an ongoing bases if needed, and was able to provide support to relatives / friends post bereavement. In view of the Covid-19 restrictions in place during the pilot the support was in the form of either a telephone call or video call.

Service Principles

Key principles of the service include:

1. **Providing support for patients / relatives / friends receiving end of life care, which involves:**
    - Respite break from the bedside vigil, plus signposting to Spiritual Care, Bereavement support etc.

- Empathy and being compassionate
- Recognising and understanding that Companion Volunteers can be a significant resource in end of life care and that their support and commitment to the role is greatly valued by all

2. **Promoting Person Centred Care, which involves:**
   - The patient seen as an individual and has access to care which maximises comfort and wellbeing
   - Care is coordinated and linked to community support
   - Developing a culture of continuous improvement
   - Actively involving volunteers, staff and user feedback in service development ensures that it evolves through the learning and experience of those closest to it
   - Recognition that effective involvement of the Companion Volunteers, enhances their experience and increases the feeling of being valued, which maintains motivation and commitment to their role

3. **Embedding practices for capturing impact, which involves:**
   - Ensuring a sound understanding of the impact of the service, and using feedback to develop the service
   - Measuring levels of satisfaction for staff, volunteers, patients, friends and family which provides valuable feedback to inform quality improvement
   - Performance data such as the number of volunteer hours and patients supported provides a context for the feedback
   - Capturing this information will support a business case for resources for continuing and expanding service

Key Findings

- Covid – 19 had a profound impact on the perceived intentions of the project. Due to national guidance, face to face volunteers were withdrawn at the start of the pandemic from all wards and staff were under huge pressure adapting to new ways of working under unprecedented restrictions
- As a result of the pilot, the Health Board recognised the value volunteers play in face to face duties on wards, to not only support patients but family and our workforce. As a result, the

reintroduction of face to face volunteers was approved by the Health Board in October 2021

- The original ten Companion Volunteers recruited and trained in this pilot reduced in number during the project to three. This was mainly due to the lack of referrals coming through which was a direct consequence of challenges surrounding service pressures, including staffing capacity and resources, and winter pressures impacting on ability of key members of the steering group to fully engage with the project
- Changing the service to a virtual one on paper was viable, however in reality this did not transpire. In essence, the service required good engagement from the Volunteer Coordinator to be able to introduce the service directly onto the wards and integrate / inform the wider workforce into the pilot. This was highlighted in March and April 2021 whereby one of our Community Hospital wards invited the Volunteer Coordinator to regularly visit the ward to accept referrals N.B. all policies regarding Covid-19 were adhered to during ward visits
- Ward managers and steering group members have all stressed the importance of personal face to face contact as part of the service

Comment from Companion Volunteer – Mary

'I was very pleased to be able to volunteer for the project and excited to see it starting up. I thought the recruitment process and training were all very well done and we were made to feel like a team and part of a really useful and valuable resource.

It obviously was then quite frustrating when the referrals didn't come through and we were not looking at face to face encounters in any way. The situation was obviously not anything you had any control over and there was nothing you could have done differently. Opting for phone contact was the only way forward, and it was very disappointing that even this was not really taken up by those that may well have benefitted.

'My only comment, which I did then make at one of the steering meetings, was that an occasional email update may have helped to keep us all a bit more connected but you very kindly did then take that on board and follow up with an update to everyone.

'Whilst I do understand the need to follow proper LHB guidelines on confidentiality etc I did feel frustrated that there was not a way of allowing

you to sit in on the weekly MDT meetings which is a really good way of raising the profile of the project and being there as a constant reminder - or at least making sure the project was mentioned at each meeting to see if anyone could be referred.

'Having been involved in palliative care with work I still feel I would like to be able to contribute something towards end of life care and this motivates me to volunteer.'

The future of volunteering

Some of the current work programme activated below is based on our experience and evaluation of the pilot:

- Reintroduction of clinical volunteers was approved by the Executive Board in October 2021, based on some of the findings of this pilot. This volunteer service was able to support winter pressures
- Widening the face to face volunteers into care homes
- Role descriptor co-created for volunteer ward support across the Health Board, with a focus on activity-based interventions. This provides clear boundaries for the task undertaken by the volunteer and supports the wider team to understand the role of the volunteer
- Recruitment campaign to engage volunteers, which has commenced, via our MOU with PAVO which includes a full training programme, topics include role specific training e.g. RITA, the role of a volunteer on a ward and activity-based encouragement and communication
- National risk assessment process being applied, to ensure the model presents minimised risk to patients, volunteers or wider team members
- Targeting FE Health & Social Care students, community volunteers and others interested in the opportunity
- Supports the widening access into sector initiative, through volunteering and work experience
- Supports system pressures, particularly through winter months when we see large staffing gaps and increased demand

January 2022