

DEM AI 04

Ymchwiliad i strategaeth genedlaethol ddrafft Llywodraeth Cymru ar
ddementia

Inquiry into the Welsh Government's draft national dementia strategy

Gwybodaeth Ychwanegol gan: Age Cymru

Additional Information from: Age Cymru



ROBINS

VOLUNTEER SERVICE

Monitoring and Evaluation Report April 2016

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1 INTRODUCTION

“THANK YOU FOR TAKING THE TIME TO LISTEN TO ME INSTEAD OF JUST WALKING AWAY”

The Robins Volunteer Service, developed by Age Cymru Gwent in 2008 (and originally financed entirely from charitable funds), is a ward delivery scheme that provides volunteers to work on wards in the Royal Gwent (RGH) and St Woolos hospitals in order to support patients and ABUHB staff. The welcome addition of Health Board funding (since 2011) to sustain the service has led to a formal partnership between Age Cymru Gwent and ABUHB and the development and signing of a partnership agreement (summer 2015). This set out the level of service, funding arrangement and monitoring and evaluation processes as well as the responsibilities of the partners.

This report has been written to evaluate the Robins Volunteer Service in accordance with the Partnership Agreement. It is based on an in depth study of the service during the months of January and February 2016 and is designed as a reflection on the effectiveness and impact of the service, the working of the partnership and the experience of those stakeholders involved in the practical implementation of the service. It makes a number of recommendations and sets out the future reporting schedule for the next fiscal year.

The first of its kind in Gwent, this award winning ward volunteer scheme has continuously provided innovative services to enhance the patient experience and provided good practice examples in volunteering. It should also be regarded as a model of good practice in partnership working, given the longevity, expansion and strategic working of the relationship between Age Cymru Gwent and ABUHB. Indeed, its activities have been replicated, in part, by the GAVO Sunflower Project which extends a similar (though not as comprehensive) volunteering scheme to other hospitals in Gwent. Providing real value for money, the service provides, on average, over 9000 hours of unpaid assistance to support ward teams every year. Age Cymru Gwent and ABUHB can be rightly proud of their achievement on the delivery of a service that addresses practical and strategic needs and thus adds value to hospital services and makes a real difference to patient well-being.

This report is not an assessment of financial arrangements but it does have some comment to make on value for money, good practice and strategic enhancements coming out of service delivery and suggests opportunities for future development. As such, it makes an argument for an increase in grant from ABUHB to allow for expansion and to meet staff development needs.

2 RECOMMENDATIONS

“THANK YOU SO MUCH FOOR SHOPPING FOR ME.

I AM WAITING FOR MY SON TO ARRIVE BUT I DON'T KNOW WHERE HE IS.

YOU HAVE MADE ME FEEL BETTER AND IT IS LOVELY TO CHAT TO SOMEBODY.

IT HAS TAKEN MY MIND OFF MY PROBLEMS”

1. The partnership continues to grow and be responsive to the needs of patients and ABUHB staff
2. The partnership actively promotes the strategic development of the service by engaging with Winter Pressure Ward Planning.
3. The monitoring of the patient experience is more robustly constructed
4. There is a reworking of the outcomes, the development of SMART indicators and a further guidance on monitoring and evaluation.
5. The funding is extended to support a full-time volunteer co-ordinator and staff development
6. All staff receive training in research methods, data analysis and the role of the researcher
7. Wider stakeholder consultation is undertaken by annual questionnaire and semi structured interview
8. Future reporting follows the schedule suggested

3 BACKGROUND TO THE SERVICE

“THANK YOU FOR KEEPING ME IN TOUCH WITH THE OUTSIDE WORLD”

During the early part of the century, the NHS (and in Wales) had been responding to debates about the consistency, quality and delivery of care which resulted (amongst other initiatives) in the development, during 2003, of ‘The Fundamentals of Care’- a document which focused on the need to ensure that respect, independence, communication and choice were at the forefront of the delivery of all health and social care services. The principles enshrined in the document (along with its practice indicators) were adopted by ABUHB and thus further emphasis was placed on the need to promote the well-being of patients whilst receiving NHS services.

At the same time, research was beginning to emerge which suggested that older people were actually deteriorating whilst in hospital and in large measure due to the absence of proper attention to nutritional and fluid intake, personal hygiene and pressure sores. Age UKs ‘Hungry to be Heard’ campaign highlighted research that indicated that 6 out of 10 older patients were at risk of becoming malnourished during their hospital stay. Age Cymru Gwent’s response to this campaign was to develop a charitably funded pilot ward delivery service (in partnership with ABUHB) to add volunteers to one ward. These volunteers were to provide support to patients and enhance their experience whilst in hospital by, in the first instance, assisting with menu choices, encouraging and feeding patients. Thus the Robins Volunteer Service began in 2008.

During the last 9 years, the service has responded to changes in patient’s needs, pressures on the wards and the requests from ABUHB staff for increased support. The value of the volunteers has been recognised (at national, regional and local level) and their day to day role has expanded (see Appendix c). The Robins Volunteer Service now operates in 9 wards in the two hospitals and volunteers enhance the patient experience through over 1000 engagements per week.

4 THE PARTNERSHIP

“I’M GRATEFUL FOR ALL THE ADVICE, KINDNESS AND SUPPORT

ALONG WITH A CHEERY SMILE!

ROBINS SHOULD ALWAYS BE PART OF THE TEAM ON WARDS”

Principally founded on the need to improve the quality of the patient experience whilst in hospital, the partnership between ABUHB and Age Cymru Gwent has developed, over 9 years, into a mature and stable relationship that operates to meet the needs of patients on the wards served by the Robins Volunteer Service. Each partner brings a unique set of skills and networks which further add value to the delivery model.

Age Cymru Gwent bring a structured and long standing service to the partnership and one that is supported by a trusted brand. The Robins Volunteer Service developed from the expertise within the charity and from the identification of clear need, is currently led by a part-time volunteer co-ordinator (supported by a part-time administrator) and staffed by a well-trained and managed volunteer workforce. The charity brings organisational and management expertise and back office support to allow the service to function smoothly and to remain focused on the quality of the patient experience. The range of experience in service delivery and connections to a range of services for older people across Gwent adds a further dimension to the Robins Volunteer Service that cannot be surpassed locally.

The Health Board have supported the integration of the service into the wards and provide funded support, networking opportunities and management time. The partnership has been one of co-operation and collegiality- with good relationships formed with both staff on the wards and senior teams (such as the Food Interest Group and more recently Winter Pressure Planning groups). This is in no small part due to the positive and pro-active relationships with Mary Hopkins (Senior Nurse Community Services), Rhian Lewis (Volunteering Development Manager) and the Ward Sisters (amongst others) who promote access for the service and provide expertise and advice - which actively helps support the maintenance and development of the partnership.

The monitoring of the relationship has been via formal and informal means. Communication meetings have brought the partners together on a regular basis to discuss service delivery and there have been quarterly reports highlighting the value and impact of the service, new developments on the wards and innovations in and updates on the development of the volunteer workforce. More recently, the team have circulated a weekly email – which gives a snapshot of service and highlights the number of volunteer hours donated to the hospitals per week. The volunteer co-ordinator keeps close contact with the ward staff and with the management teams at ABUHB and there is regular contact between senior managers on an informal basis- largely via email. This close working relationship has meant that the Health Board have felt able to integrate the Robins within other important initiatives- such as the Arts Hub- and to provide a communication channel for the Robins Service to feedback on the patient experience – for example through the Food Interest Group. This type of cross

collaboration has contributed to the development of wider relationships within the hospitals and for further opportunities for the Robins to enhance the Health Board's offer to patients.

In addition to the smooth running of the partnership and the impact of this on improvements to service delivery for the benefit of patients, the partnership is now also beginning to work more strategically to influence wider planning. The ward management teams have repeatedly requested Robins to attend on newly constituted winter pressure wards. This has not been possible given the absence of funding. For 2016/17 a new process will be trialled within the partnership whereby senior management from Age Cymru Gwent link into the winter pressure ward planning processes within ABUHB. Facilitated by ABUHB's Volunteering Development Manager, this new level of strategic planning suggests a maturity in the relationship between Age Cymru Gwent and the Health Board and one of mutual respect and trust. This type of activity is a consequence of the long standing relationships built up between staff over years of working together and is reflective of the strength of the team working at management level.

Whilst the project has always been a partnership with ABUHB and one built up over several years, the development of a financial relationship and formal partnership agreement have further cemented the strong ties between the two organisations. The partnership operates well at both the local (ward) and senior (strategic/planning) level with the volunteer co-ordinator being critical to the continuation of good relationships. The volunteer co-ordinator operates at both the service delivery level and within the wider sphere of hospital service improvement (see section 5 for details of strategic enhancement), working with ABUHB staff to promote the best experience for patients. The partnership has been crucial to the maintenance of good working relationships at the ward and senior level and ensures that the Robins Volunteer Scheme remains relevant, of high quality and can influence policy and procedure by the sharing of the good practice emanating from the service itself.

5 THE SERVICE

“I’M SO GRATEFUL FOR YOUR CHATS AND HELP FEEDING ME AS I TAKE AN EXTREMELY LONG TIME TO EAT MY MEALS. YOU’RE ALL A REAL ASSET ESPECIALLY IF FAMILY AND FRIENDS CAN’T VISIT”

Summary of Delivery

The Robins Volunteer Service is a ward delivery scheme that brings volunteers onto the wards in two hospitals in Newport. The service is managed by a volunteer co-ordinator who organises the work and liaises with ABUHB staff to ensure the effective running of the service as well as its development and integration within ward teams.

The service operates six days per week and is reliant on the availability of volunteers. The volunteers generally work a four hour shift but often contribute more hours so as to be available for breakfast on the ward or stay to ensure lunch is delivered to all. For more details of the work pattern of the volunteers, please see section 7.

The service has been extended during its 9 years of operation to cover 206 beds in both St Woolos and RGH.

The Robins work on the following wards (and a total of 135 beds) in RGH:

At St

RGH	Type of Ward	Bed Count (plus Trolleys)
A&E	Emergency	7 (30)
MAU	Medical Assessment	3 (14)
D1 West	Extension of MAU	12
D2 West	Elderly Frail	21
B3 East and West	Elderly General	48

Woolos, volunteers are engaged on the following wards (total of 71 beds):

St Woolos	Type of Ward	Bed Count
Penhow	Rehab	24
Ruperra	Stroke Rehab	21
Gwanwyn	Rehab	26

Based on the rota hours (and not including extra hours given to ensure the work is satisfactorily completed), the volunteers contribute an average of 8,112 hours of their time per year at St Woolos and RGH. This amounts to an average additional workforce of 676 hours per month for the Health Service. These 676 hours are delivered by 166 volunteer engagements.

Table 1 (below) shows the distribution of volunteer hours at both hospitals for the months of January and February. Obviously, there is some fluctuation week on week, but in January volunteers gave 679 hours of recorded activity free of charge to the health service. In February, volunteers gave 673 hours of activity to the wards. In January the volunteers worked for 320 hours in RGH and 359 hours in St Woolos. In February, RGH received volunteer time amounting to 352 hours and St Woolos received 321 volunteer hours.

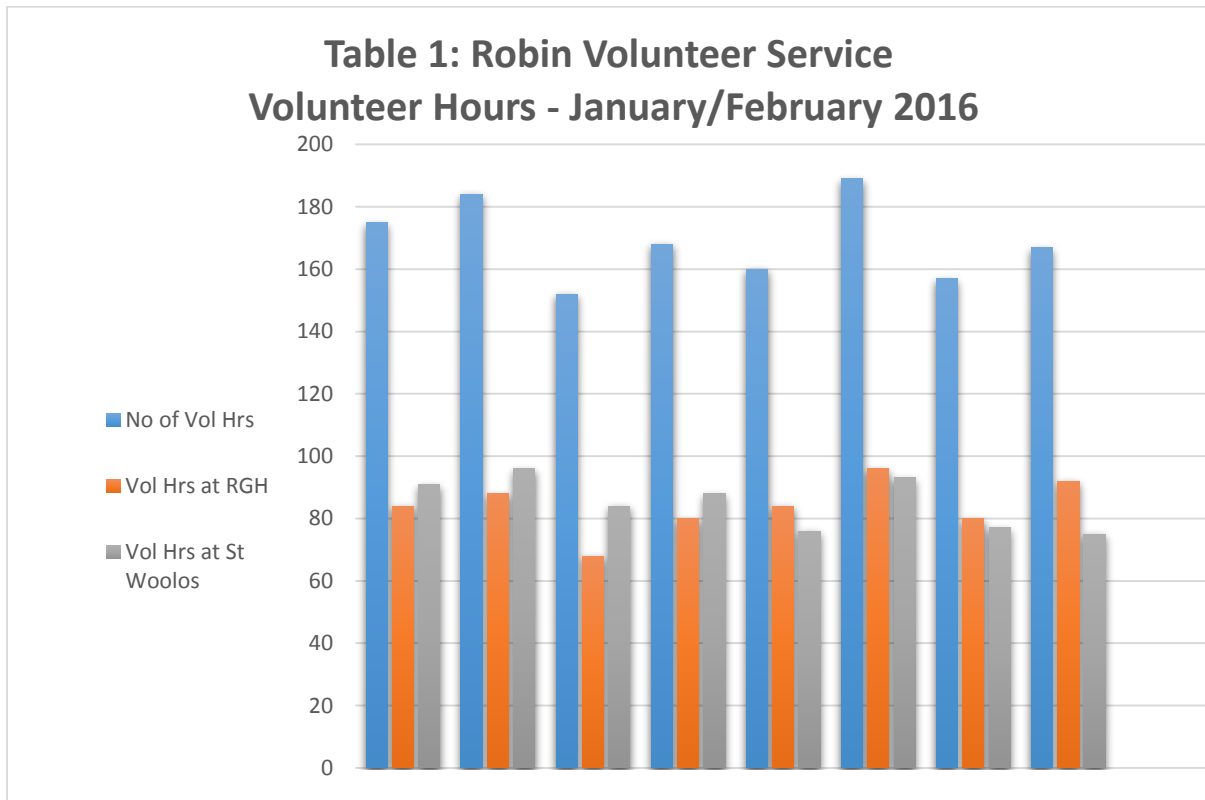
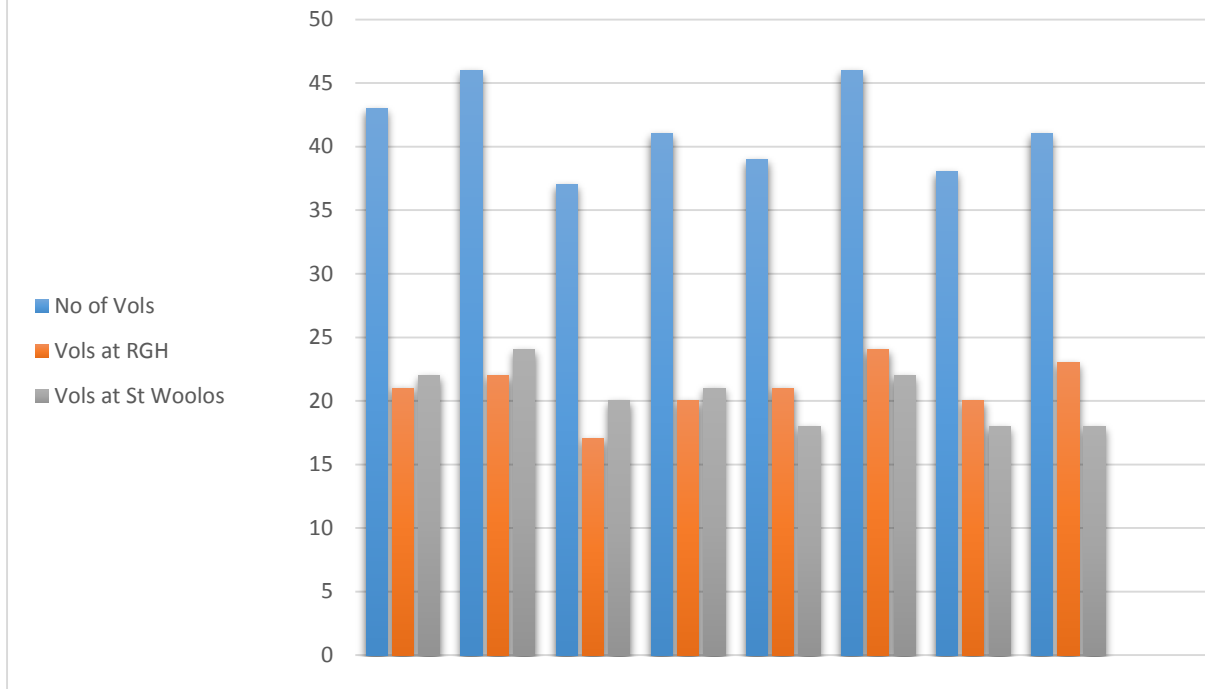


Table 2 shows the number of volunteers engaging with the service throughout the months of January and February. In January, RGH received 80 volunteers and St Woolos 87. Whilst in February, there were 88 volunteer engagements in RGH and 76 in St Woolos.

**Table 2: Robin Volunteer Service
Number of volunteers - January/February 2016**



Whilst it is interesting to note the pattern of engagement throughout each month and the flow of hours donated, it is not possible to see if there are any distinct or significant patterns to volunteering until next year- when 15 months of data will be available.

The service is managed and administered by a two person team with back office assistance from the central administration of the charity. Volunteers deliver the service and are managed, trained, supervised and monitored by Age Cymru Gwent - following the terms of the charity's Volunteering Policy and in line with the spirit and principles of the ABUHB Volunteering Strategy and Policy. Essentially, the volunteers are Age Cymru Gwent staff and thus subject to the charity's HR policies and procedures. ABUHB finances the employment of a part-time volunteer co-ordinator (employed by Age Cymru Gwent) and the service team is further supported by a part-time administrative post (financed by Age Cymru Gwent). Senior management support is provided by Anne Jones (Executive Director, Contract Services, Age Cymru Gwent) and the Robins Volunteer Service reports directly into the charity's service structure for oversight and into the Board of Trustees for further scrutiny.

Outcomes

Under the terms of the partnership agreement, the service is to be evaluated to see how far it is enhancing patients' experience of hospital by improving person centred care, by distributing meals and feeding patients and by activities to promote dignity and respect.

More specifically, there are two outcomes each with a set of indicators against which the service is to be measured:

- Outcome 1: Improving the mealtime experience and enhancing patients' nutritional intake.
- Outcome 2: Enhancing patients' experiences through engaging them in activities thereby promoting increased confidence, mental stimulation, physical stimulation and socialisation.

Within Outcome 1 there are the following indicators:

- Indicator 1 Robin Volunteers assist with the distribution of meals, enhancing the speed of the service and the delivery of hot food which is more appetising for patients.
- Indicator 2 On designated wards, specially trained Robin Volunteers feed identified patents (one patient per volunteer per mealtime) as a delegated responsibility of the registered nurse, to provide an individualised and patient centred mealtime experience, enhancing appetite, enjoyment of food and nutritional intake.
- Indicator 3 In partnership with ward staff, with leadership from the Senior Nurse, the Robin service will pilot a regular luncheon club...Following evaluation, the pilot will be extended to other wards.

Within Outcome 2 there are the following indicators:

- Indicator 1 Robin volunteers will engage patients in one to one befriending.
- Indicator 2 Robin volunteers will provide a book lending/reading service.
- Indicator 3 Robin volunteers will carry out shopping requests for patients.
- Indicator 4 The Robin Service will work in partnership with local colleges to provide a manicure and hairdressing service.
- Indicator 5 The Robin Service will develop group activities in the day rooms.
- Indicator 6 Under the guidance of ABUHB staff and in consultation with patients, relatives and carers the Robin service will develop emerging person centred services that meet the continuing needs of patients.
- Indicator 7 The Robin Service will engage the local community in seasonal and special events.

A summary of the service's ability to achieve against these indicators (with a brief explanation of why some were not achieved) is outlined below:

Outcome One	Achieved	Evidence and Explanation
Indicator 1	Yes	Ward Observations/ Staff and Patient Feedback
Indicator 2	Yes	Ward Observations/ Record Keeping
Indicator 3	No	Not a priority for the ward
Outcome Two	Achieved	Evidence and Explanation
Indicator 1	Yes	Ward Observations/ Patient Feedback
Indicator 2	No	Book lending is not part of the service but Robins do read to patients
Indicator 3	Yes	Ward Observations/ Patient Feedback
Indicator 4	Yes	Patient Feedback/ Weekly Emails
Indicator 5	No	Not currently part of the service.
Indicator 6	Yes	Service development recorded in monitoring reports, communication meeting minutes and staff meeting records
Indicator 7	Yes	Volunteer Co-ordinator feedback and reports

Following further investigation, there are a number of mitigating circumstances for the inability of the service to achieve all the indicators. The idea of a lunch club (not part of the original Robins service) was not a priority for the ward in question and has not been instituted by them. The Robins are reliant on the good will of staff to support and develop new services. The Robins (naturally and correctly) have no authority to pursue changes to ward practice.

Similarly, book lending was an initiative that was to be developed by the ward supplying books in the day rooms. This type of formal service is not necessary in many respects as the Robins will go and seek out reading material for patients should this be required. Robins also read to patients – although patients normally supply their own reading material.

Reading to patients, discussing the news and current affairs and purchasing newspapers is certainly something that the Robins attend to.

Finally, the idea of group activities in day rooms also requires the support of staff as well as a standard of mobility from patients. This matter needs more careful attention and planning but cannot be considered part of the current service. If this is to continue as an indicator, the partnership will need to discuss a plan for implementation and sufficient funding to allow for an activities co-coordinator and resources to recruit suitable and adequately trained activities' leaders. Work will also need to be done with ward staff as moving patients would fall to auxiliaries.

As a consequence of this evaluation, there is probably some need to review the partnership agreement to reflect the actual nature of the service and to agree useful and SMART indicators that will assess the patient experience and the robustness of the service. This requires careful thought on methodological approaches, training for monitoring and evaluation amongst staff and volunteers and discussion of the precise purpose and usefulness of gathering data (see also section 6).

The close relationship with patients (and with ward staff) that has developed as the service has expanded means that it is, in any case, extremely responsive to need. The feedback loop appears to work well and is reliant on the effective relationship management of the volunteer co-ordinator. The Robins feedback to the volunteer co-ordinator on a regular basis noting their experiences, the requests made of them and the issues that have been brought to their attention by engagement with patients. The gathering of this type of data is then analysed by the volunteer co-ordinator who makes a judgement on what should then be raised within the partnership. Feedback is then given to ward teams in order to improve the patient experience. Other feedback may be escalated to senior staff in order to develop new services. Whilst any issues of concern are raised within the partnership with senior staff and any specific matters (regarding delivery of service) are taken onto special interest groups or back to the communication meetings within the hospitals. The feedback loop is closed by the reporting back of outcomes into the volunteer staff meetings and the development of training and service that follows from this. This type of responsiveness takes a particular type of management style and approach and one that is concerned with the development and nurturing of relationships: with staff, with nurse managers and with volunteers. It is also a time consuming approach and places many demands on the volunteer co-ordinator who is only in a part time post.

Overall, the service can be assessed as having not only achieved against most indicators but as having been responsive to patient needs. It has an effective communication feedback loop that helps patients' experiences be communicated and the service to be improved via a dialogue with staff and within the partnership. This is in no small part due to the effectiveness of the management style utilised by the volunteer co-ordinator. From working with patients, new services (such as toe nail cutting) are emerging as possible extensions to the Robins portfolio and other services (such as the hairdressing service) have been enhanced. In addition, feedback from volunteers and patients on food issues have begun to influence hospital policy and other projects (developed within ABUHB) are also seeing the value of utilising the Robins to ensure their projects are a success. Moreover, the

partnership has meant engagement at a senior level with planning processes within ABUHB and, in the next section, these strategic enhancements are discussed in more detail.

Strategic Enhancement

It is clear, from this evaluation process that the Robins service does more than simply work to enhance the patient experience on the wards - as outlined in the specific outcomes (suggested in the partnership agreement). The maturity of the relationship between Age Cymru Gwent and ABUHB has resulted in the development of mutual respect and the Robins and the volunteer co-ordinator are regarded, by staff at the hospitals, as informed, professional and competent patient advocates. The result has been a number of developments in delivery within the hospitals- some of which may be regarded as strategic.

One of the best examples of the influence the service has is directly related to its main reason for existing: improving the mealtime experience and enhancing patients' nutritional intake. The volunteer co-ordinator sits on the Food Interest Group for St Woolos and is able to network effectively with a range of hospital staff and gain important information on nutrition. Moreover, she is able to influence the agenda and reflect back experiences from the Robins and use this group to garner support for adaptations to meet patients' mealtime needs. In the last twelve months there have been important changes to the presentation of food (cutting of chicken breast and of sandwiches to make these items easier for people to eat) and to the issue of plates slipping on trays- plate guards are to be introduced.

In other areas of hospital policy and practice, the work of the service has brought about strategic changes. These can operate for the benefit of patients at the local/ward level (developing the hairdressing service to meet the needs of male patient has been particularly important, for example) or regional/planning level – the Robins service is now more closely connected to the planning for winter pressure wards and has met with staff responsible for planning for winter 2016/17.

Another matter that has been part of developments has been the issue of toe nail cutting for patients. As yet still a matter to be fully resolved and approved by ABUHB mechanisms, toenail cutting is an important part of ensuring health and well-being and as such forms part of the Fundamentals of Care, as well as being identified locally as a matter needing attention. Within Age Cymru Gwent's Choices service there is an existing foot health service and this service has been approached to offer training to volunteers (who wish to take part). The concern about this matter of patient care has been highlighted with senior staff by the volunteer co-ordinator and the result has been some discussion about the feasibility of volunteers doing this work. There are important medical and professional issues to consider and at the time of writing only certain allocated patients will have their feet attended to by volunteers.

Whilst working with a large bureaucratic organisation can sometimes mean that change is slow to develop, the strength of the partnership and respect for the service means that Robins do act as advocates for patients. The way that this service can enhance the patient

experience at the bedside, at the ward level and at the senior and strategic level is something that should be celebrated and is testament to the longevity and maturity of the partnership between Age Cymru Gwent and ABUHB

Service Improvements

This is not to say that the service cannot be improved. Clearly, there are mitigating circumstances around the failure to achieve each indicator (as highlighted above). However, in dialogue with ABUHB staff, with Age Cymru staff and volunteers there are areas that could be given greater attention. Staff from the wards are increasingly requesting Robins to be present on their wards and the service is getting requests for greater integration with areas of the hospitals- such as unscheduled care. Clearly, the Robins are needed in the hospital but the current financial model does not allow for expansion. This is a matter that needs urgent review.

In consultation, the volunteers have also highlighted some areas where they think the service can be improved. The volunteer responses have to be seen in the context of the work they do and their support for the service. The volunteers tend to be inclined to activity- they are 'doers'- and their responses illustrate this. Firstly, the volunteers believe there is some internal work on communication with staff to inform staff, at all grades, about the work of the service and partnership and the role of the Robins. This has emerged from the differences in ward cultures- where some staff require education about the importance of improving the patient experience through the use of the Robins service. Secondly, the volunteers would like to see the service expand (in terms of personnel) to allow greater attention to be given to the social needs of patients. Time to talk was the biggest request from volunteers. Finally, volunteers are always keen to help and can see additional areas of activity that may fit into their role. They commented that they would like to do more to support staff. This issue is one that is under constant review but requires careful scrutiny and partnership with staff given the non-medical nature of the volunteers' role.

6 THE PATIENT EXPERIENCE

**“IT’S NICE THAT THE ROBINS HAVE A LOVEY CHAT WITH US.
IT MAKES YOUR DAY”**

This section reflects upon the data gathered over the last year from patients themselves. The impact of the Robins service upon patients is clear to see. The social interaction, the help and support and the attention to nutrition and to supporting patients to attend services (such as the hairdressing service) all come through in the evidence directly from patients themselves (as the quotes at each chapter heading in this report indicate). The data in this report has been gathered by the Robins in two ways: through the use of formal questionnaires and through informal conversations between Robins and patients (which are then relayed back to the volunteer co-ordinator).

The most formal method of data collection within the Robins service is the patient questionnaire (Appendix e) and only 46 such questionnaires were available for this study. Furthermore, the structure of the questionnaire was not explicitly linked to the outcomes in the partnership agreement and may be argued to be leading in its questioning about the positive benefit of the Robins. Nonetheless, the questionnaire has yielded a range of patient feedback that illustrates the positive benefit of the service. The following is a sample of responses:

“Keeping me in touch with the outside world”

“They are very friendly and always ready to chat”

“Grateful that they can get things like shopping that the nurses can’t as they are busy.”

“The Robins do a very good job and are always prepared to listen and have time to chat with everyone.”

“It is so helpful just to talk to someone” and

“Sometimes patients just need a chat.”

Additionally, patients would refer specifically to the services provided such as help with menu choices (“Chatted and helped me decide what to eat or try”) and shopping (“Going to the shop. Doing menus. Lifting my spirits”). Clearly, these regular interactions on daily matters were greatly appreciated in the busy ward setting.

Whilst the feedback gathered through the questionnaires was generally positive, they are not widely and uniformly used. This could be for a number of reasons: the suitability of the questionnaire to the social engagement between Robins and patients, the training of volunteers in the importance of data gathering and delivering questionnaires, the systems and processes in the office to support the gathering of feedback and the analysis of the results and the purpose and use of the information. Other reasons may be that patients do

not feel able or wish to fill in a questionnaire. Others still may not be able to engage with the process nor would the Robins feel comfortable in instigating such a formal assessment tool into a dialogue which is supposed to be about the patients' comfort.

More appropriate to the engagement between patients and Robins might be the less intrusive conversational approach to data gathering: the semi structured interview. And to some extent this happens already in the dialogue between the Robins and the volunteer co-ordinator and the patients. Stories and snippets of information find their way back to the office and some are recorded. For example, after the hairdressing service has visited the patients often comment how much they have enjoyed it:

"I am over the moon. I can't wait to for the children to see me"

"I'm happy that I have had this haircut and eyebrow trim. I want to go dancing now!"

"I haven't seen a hairdresser for 4 weeks. Now I've had a trim I feel refreshed."

In this kind of dialogue with patients (which is a part of the everyday working of volunteers on the Robins service) some of the most interesting and important data emerges:

Working with a patient of Chinese descent, the Robin noticed that the lady was struggling to understand the menu options and, although there was an attempt at guidance, there was clearly a difficulty in language that was the barrier to communication. Using her mobile phone and a translation app, the Robin was able to help the lady make her choices in a language she understood.

There is, however, some discussion still to be had on the gathering of patient feedback, the reporting back and recording of this data and the appropriateness of certain methodologies (and particularly for those who are identified as having dementia or mental health issues) as well as the problematic role of volunteers (as service providers) as researchers and the corresponding requirement for training and development in this area for all staff involved in research and analysis.

Gathering patient experience data requires a methodology that avoids leading the patients to certain conclusions based on the requirements of the service or the service providers' own beliefs. Indeed, it might be argued that questionnaires- of the kind used within the Robins service- are not the most effective or rigorous way to collect experience data. Furthermore, the application of research methodology in clinical settings requires researchers (volunteers) to be trained in methodology and aware of their roles and influence on the settings and thus on outcomes. Finally, when engaging with EMI or dementia patients, further careful attention is needed to appropriate and sensitive methodology and training in order to gather experience data. In summary, the partnership should work to develop a sensitive, unobtrusive and appropriate methodological approach for gathering the patient experience based on rigorous method and supported by appropriate training and support for volunteers as well as development for the volunteer co-ordinator and administrator. This would require some substantial investment in time and money.

7 THE VOLUNTEERS

“REALLY HELPFUL SERVICE. HELPED ME WITH SHOPPING

AND WERE SYMPATHETIC.

IF ONLY THE ROBINS DID HOME VISITS!”

The Robins Volunteer Service has built up a bank of over 50 volunteers registered and trained to work in the hospitals and is always looking to recruit suitable people to the service. The volunteers are usually recruited from advertising promotions in the press, published articles or by word of mouth. Each has their own reason for wishing to volunteer but all share in common a caring attitude and wish to do something to help patients.

For this study, a series of interactions with volunteers, with the volunteer co-ordinator and with Age Cymru Gwent’s HR department were undertaken in order to explore the volunteer experience. Gathering evidence using a range of approaches (ward observations, individual meetings, workshops and interviews) has given a deep insight into the pressures of running a volunteer service and the motivations of volunteers and standards of volunteering. It is evident from this study that volunteering schemes require careful and diligent management and that there is a cost to the organisation in terms of support from HR and management. Whilst this report is less concerned with the costs of the scheme to Age Cymru Gwent, it does need to be acknowledged that managing volunteers takes a particular skill set from a manager (and a style that is less command orientated and more about relationship building) and thus an approach which is extremely time consuming.

Potential volunteers all follow the same recruitment process. Initial interviews (to assess suitability) are held by the volunteer co-ordinator and then the process of recruitment and training begins (in line with Age Cymru Gwent’s volunteering policy). Once engaged, recruits are regarded as staff and have access to the full range of the charity’s training and support. They are regularly supervised by the volunteer co-ordinator both formally and informally and receive additional training both on the nature and purpose of the service, the technical aspects of the work (feeding, first aid and food hygiene) and the nature of their role within the Robins. The volunteers wear a distinctive red t-shirt when on duty and receive an Age Cymru Gwent identity badge. They are trained to work within the ward teams and within a defined role - see Appendix a and b - which guides their day to day activity.

The shifts are usually of 4 or 5 hours long and are co-ordinated centrally so that Age Cymru Gwent always knows who is working and where. The Robins report to the nursing staff and sign in to the wards and begin their work- adding anything specifically requested from the ward teams. The shifts tend to be organised so that the Robins work in pairs and can support each other on what can be very busy and stressful wards.

There are two distinct roles of the Robins in working on the wards: support for staff and support for patients. By doing tasks such as menu choices, feeding and supporting patients in the eating of meals (the Robins have training to enable them to do this and a system of

recording, authorising and monitoring the feeding of patients is in place on each ward), the volunteers release staff to do other activities. Their other main role is to support patients and to ensure they are receiving proper nutrition and hydration as well as attending to their personal and social needs: such as shopping, communication, taking patients to activities (such as the hairdresser), brushing hair and ensuring that they are given general emotional support. There is also an administrative role for the volunteers in collecting and recording feedback from patients, staff and other stakeholders (family and friends).

The range of work that is attended to by the Robins is not easily quantified and so for this study a series of ward observations were carried out (Appendix d shows the checklist used). The result of this non-participant observation is the Story of the Shift below.

Robins Volunteers: Story of the Shift

The Robins volunteers work in pairs on the wards and are welcomed by the staff as they arrive. They sign in and begin their shift immediately by organising the work. Their role revolves around the patients' needs and, additionally in A&E, in preparing the bays for staff by filling the equipment and laundry cupboards. Dressed in their distinctive red Robins T-shirt and with a confident, friendly and cheerful manner, the volunteers work without close supervision. They understand the professional hierarchies on the ward and know who is in charge and who the qualified nurses are. This means, if there is a need to do so, they can defer to a fully trained professional.

A large part of the work of the Robins is in organising the meals for the patients on the ward. Working from a list of patients, the Robins check and recheck their information- taking special notice of dietary requirements and options for feeding. Mismatches do occur and the Robins always check these with the ward staff. As they move through the ward transferring patients' choices onto the menu forms, the volunteers collect information and attend to patient requests (for assistance with tasks, toileting or medical concerns referring these to staff) and, importantly, have a chat with patients.

Each patient is encouraged to make choices from the menu and supported to do this themselves by filling in the form if they are able and wish to. This demands a degree of repetition of information and explanation of foods and the volunteers do this in a patient and friendly manner. The forms are then checked and double checked against the patient ward list (to ensure no-one has been missed out) and special diets are discussed with staff. The Robins do not disturb patients sleeping or receiving attention from staff, so they then return to these patients to discuss menu choices before placing the menu forms in the appropriate area for collection by kitchen staff- in line with the protocol for each ward. This task alone saves an inordinate amount of time for ward staff: 25 patients can take over two and a half hours.

Whilst collecting menu information may be regarded as a simple administrative task, it is much more than this and involves a complex set of social interactions with a variety of meanings and functions: it is an opportunity to help patients feel valued and to maintain independence through promoting choice, it is a way of engaging in conversation and thus improving wellbeing, as well as responding to unmet or unvoiced needs. It is also a way of checking on levels of comfort and whether patients require any additional services or attention. In short, it is a level of human interaction with a non-medical member of staff who can respond quickly to needs but who also has the time to stop and chat.

The Robins engagement with patients- conversing, listening to them and responding- is all done in a courteous and kind manner. Most interactions are centred on general reassuring discourse or revolve around patients' specific needs. At other times, the Robins find themselves engaged in serious concerns and situations. It has been known for the volunteers to sit and hold the hand of a dying patient for hours on end- especially when no family is present: one volunteer describing this as both a privilege and heart-breaking to do. At other times, admission to hospital disturbs the regular pace of family life and this becomes another area of worry for

patients. An elderly lady (being cared for by her husband at home) was admitted to hospital but expressed concerns about her husband driving in for visiting times- especially at night. The patient talked to the Robin about her concerns and the volunteer was able to suggest an alternative solution and reassure the patient.

Patients may wish to purchase items from the shop and the Robins wait whilst the patient organises the money. Lists are made and money is checked and logged. The transaction is fully discussed and confirmed with the patient. This is also a time for chat, for company and, in some cases, an opportunity to prompt the intake of fluid and, where needed, to give help to patients to lift the cups and secure them back to the bedside table. The Robins take care of the patients' needs and their wishes and are interested in their well-being and feelings. They pay close attention to their own hygiene- regularly sanitising hands- and are aware of the patients' environment and comfort. For example, on a sunny day, a volunteer will notice a patient who has direct sunlight in his face and ask if he wishes the curtain to be partially drawn.

Working with the patients at their level and engaged with their mood, reflecting back their concerns and offering possible solutions, the Robins show a level of calm and compassion that encourages engagement. Patients sometimes don't want to appear 'a bother' and whilst they may initially say they don't want anything from the shop, once they see how the service works they often engage. One patient was able to ask for biscuits once she had seen the way the Robins did the shopping. Following on from this successful engagement, the patient then felt able to ask for help to organise other items at the bedside and to ask the volunteer to get tissues - the patient could not reach these herself.

The delivery of the lunchtime meal forms part of the shift and involves cutting up some patients' food and having a brief chat, ensuring condiments are given and ensuring that those who need feeding are attended to. The volunteer shift is often extended by the volume of work to be done and the volunteers do this cheerfully and willingly, ensuring all patients have had their meals. Sometimes, patients are agitated and the Robins offer friendly reassurance. When approaching the bedside, one patient told the Robin that he wanted to go home and, whilst engaging with him over menu choices, the volunteer was able to reassure him and was sympathetic to his distress. She was patient and helped him to focus on decision making regarding the food choices. Furthermore, when the lunchtime meal was delivered, the volunteer returned to this gentleman and secured his napkin, checked he could feed himself, cut up his food and listened to him. This patient was clearly a little distressed and wanted to go home but the Robin was able to ensure that he felt listened to, reassured and that he was fed.

In the busy A&E, the Robins have an important role in saving staff time by ensuring each bay is prepared with appropriate medical boxes (filled with equipment) and that cupboards are filled with linens, towels and gowns. In addition to talking with patients, reassuring them, attending to their needs and ensuring everyone who requires a meal has one, the volunteers also refill water jugs, supply cups and bed pans and ensure that the glove stations for staff are restocked regularly. They are also entrusted with access to the stores in order to replace items in the medical boxes for the bays. Patients tend to be quite poorly on A&E and sometimes can be aggressive and agitated. But the volunteers take this in their stride and see it as part of the fabric of life, priding themselves in remaining calm and neutral.

In summary, in their work with staff, patients, family and friends, the Robins are professional and friendly, enthusiastic and jolly, offering a person centred service that engages patients in social interaction, provides comfort and support and saves staff time. Their volunteering adds value to patients' hospital stay through a series of social interactions that help maintain a sense of independence and individuality by delivering to personal and social needs. The value to staff is clear and the Robins are part of the team: a consequence of relationships formed over many years of partnership with ABUHB. Staff

trust the Robins and the Robins understand their role and work with staff to provide the best possible experience for patients.

But what motivates someone to want to volunteer and to volunteer in hospital with patients? In the sample for this study (of approximately 33 per cent of the volunteer body), the volunteers highlighted a number of reasons for becoming involved in volunteering and for wishing to work with older people in particular. These can be divided into personal and political reasons. Decisions to volunteer are clearly influenced by life experiences and by some understanding of the politics of health and older age. In some cases the two overlap: for example, where a person, once highly valued in a career, retires and feels their self-worth and value to society is diminishing due to their age and the perception of their abilities as an older person.

In working with volunteers and hearing their stories it is clear that altruism (they want to help and see a need) is often linked to political reasons for volunteering: either volunteers see the NHS as being in crisis or they believe that older people are regarded negatively by society and require an advocate. Volunteers talked about the negative images of older people in society and the move from being regarded as insignificant to actually being a burden on resources. Volunteers felt older people were often portrayed as a drain on the health service either due to dementia and care needs or in the context of bed blocking. Most felt there was a need to challenge these negative stereotypes and to mediate for improved understanding of the medical and social needs of older people and especially older people experiencing ill health.

Others cited a range of personal motivations for wishing to volunteer- some of which were around improving their own wellbeing whilst others were about reacting to personal events within their own families. Clearly, some had had relatives who had had negative experiences in hospital and the volunteer wished to prevent such things from happening to other people. Others wished to maintain or develop a sense of self-worth after retiring from paid work or simply wanted to get out of the house. Whilst others were using volunteering to help create a career pathway, support an application for a new career or provide vocational experience for a formal educational qualification.

Below is an extract from the experience of one volunteer who joined because she wanted to pursue a career in medicine:

“Every week I would experience something new...I learned skills that I could not have obtained without being a Robins volunteer. Age Cymru Gwent gave me the opportunity to learn a bedside manner and good communication skills which are such an important part of caring for patients in hospital. With this first-hand experience I also learned to focus on being empathetic and learned that kindness and being helpful with the simplest of tasks such as getting a newspaper from the shop or helping them decide what they wanted for lunch on the food menu, went a long way. It was so fulfilling, so rewarding and most of all, I made a difference. It ultimately confirmed that I wanted to pursue a career in medicine.”

At the same time, volunteers were acutely aware that volunteering gave them a sense of wellbeing. That they weren't only volunteering to help others but to engage in a dialogue with people. Many had a sense that talking or just being with people could have an enormous impact on their wellbeing and that this was a mutually beneficial relationship that

made the volunteers feel good. Obviously, not every encounter was a positive one but the understanding amongst the volunteers that many of the people they were working with were in a crisis situation helped them to understand that patients may not always react positively, pleasantly or be grateful for the presence of the volunteers.

Volunteering, for the Robins, is a complex activity and one which develops a relationship between the service and the volunteer as much as a relationship between the volunteer and the patients. It demands a level of commitment and compassion to regularly work with patients but, at the same time, must offer benefit to the volunteer as well as the patients. Volunteers require careful support and supervision as well as training and development. In this study, the volunteers reported a feeling of improved sense of self-worth from volunteering whilst at the same time gaining practical skills (useful for those wishing to develop their careers), gaining confidence, a sense of providing a much needed resource to an already stretched health service and mediating for a marginalised group of people in society.

8 STAKEHOLDER ENGAGEMENT

“HELPED ME WITH MENUS AND SHOPPING, CHATTED AND PUT ME AT EASE”

In order for the Service to work effectively, Robins staff have to be aware and take care of wider stakeholder engagement as the involvement of all ABUHB staff (ward, managers, nursing and auxiliary staff) as well as patients' relatives and friends are important to the smooth running of the service and the improvement of the patient experience. This is an area that requires further development and is mostly addressed through the informal arrangements and relationships built up over the 8 years of the service's existence. It is difficult, on a busy ward setting, to ask volunteers and staff to sit down and review the service formally. At the same time, patients' friends and family are normally visiting and are also not necessarily in a position to be asked to evaluate a service that they have not directly witnessed.

Relationships with ward staff are generally harmonious and cordial, indeed staff often offer positive feedback on the service without prompting. Senior staff also request the presence of the Robins on additional wards. Under the current funding model, expansion is not possible.

Despite the intention of the service to evaluate data from staff on the impact of the service, this has not been achieved to any significant standard. Instead anecdotal evidence is usually relayed to the volunteer co-ordinator from the volunteers. In addition, ward staff and managers make representations to the service for the support of the Robins (an indication in itself that the service is both well regarded and required). However, this type of feedback is not always formally recorded and logged. All of the data that has been collected over the past year has been positive and the following is typical of the feedback from staff (but, of course, needs to be seen within the context of the general staff shortages that the NHS is currently facing):

Have you found the Robins to be helpful?

Yes very helpful. Mealtimes, giving food out and doing menus. Talking to the patient which staff cannot always do. We need more Robins than we have at this time.

Of course, some volunteers have reported some differences in the cultures between wards. However, only on one ward has this been reported as problematic. Robins can, to some extent, chose where they work and thus any difficulties can be addressed by simple changes to the rota. There may, however, be some work still to do in some areas of the hospital to help some staff understand the role of the Robins and their importance in improving the patient experience. More attention is needed to be given to this matter during the next year and reported on in the next annual report.

The same problem of formal recording of feedback from patients' relatives and friends is also apparent from this evaluation process. Most feedback is anecdotal and comes from the

volunteers. It is often not appropriate to work through formal feedback processes with patients' family and friends at times of crisis, distress or anxiety and thus this area of the service does tend to be less well attended to. This is a problem of methodology rather than a lack of engagement between volunteers and individuals visiting the ward. However, the feedback that does get recorded suggests the Robins are valued and that their attention to detail is appreciated. This story, relayed by the Volunteer co-ordinator, is typical:

“The wife of a 70+ Italian gentleman was overwhelmed by the kindness and support of the Robins during her husband’s stay. As her husband had a limited grasp of English, the language barrier had caused him some distress during his stay. The Robins took time to sit with the gentleman and slowly explained about the menu, shopping and our services. The lady was so overwhelmed with the patience and attention shown by the Robins, she said she couldn’t thank us enough and kissed our Robin on both cheeks to show her appreciation.”

On the whole, relationships with those supporting patients are generally maintained by the inter-personal relationships built up by the Robins and the volunteer co-ordinator. The need to formally record and report on the nature and impact of these relationships and the value they bring to the patient experience may be something that the Service will wish to explore in the future. It is important for this engagement to be meaningful that attention is paid to appropriate and unobtrusive methodology. This is a matter that should be discussed at the partnership level and support given to the service to improve evaluation of this kind.

9 FUTURE REPORTING

“THEY ARE VERY KIND AND TALKED TO ME AS I WAS VERY LONELY.

WISH I COULD TAKE A ROBINS HOME”

This year has seen some changes to the reporting schedule that have been appreciated by the partnership as they have resulted in the impact of the Robins Volunteer Service being more regularly communicated. The major change has been the introduction of the weekly email which gives a snapshot of the service and is used to communicate information about the service widely within ABUHB. An example is given below:

<u>ROBINS SERVICE: Weekly Update - W/E 6th March 2016</u>			
<p>The Robins Ward Visiting Volunteer Service (which has been delivering within ABUHB hospitals since 2008) provides support to patients and staff to enhance the patient experience. It works to support ABUHB to adhere to the principles of the Fundamentals of Care by delivering a high quality service that promotes the dignity and respect of older people in hospital.</p>			
<p>Age Cymru Gwent Volunteers have worked in two settings: RGH and St Woolos.</p> <p>This week we have sent 36 volunteers to complement the nursing workforce. Normal patterns of working are 9:00am to 1:00pm Monday- Friday. However on wards MAU, A&E, D1 & D2 there is Saturday working 9:00 am – 1:00 pm with occasional Sunday working. In total our volunteers have given 145 hours of their time during the week.</p> <p>In St Woolos Hospital we work in three wards and have had fifteen volunteers working with patients between Monday and Friday. This amounts to a total volunteer commitment of 61 hours. This week one of our Robins attended at 8.00am to help with breakfast. The number of patients directly benefiting from our service has been seventy six per day. This figure is based on the number of beds on each ward, as we support every patient admitted.</p> <p>In RGH 21 volunteers have worked in A&E, MAU, D1 & D2.and B3. The work of Robins in this area of the hospital is greatly appreciated by staff given the pace and unscheduled nature of the work. It is a pressured environment that requires a highly professional approach.</p> <p>In total, Age Cymru Gwent has provided 84 hours of service from volunteers on various units and wards at the Royal Gwent Hospital. Please see the table below:</p>			
Ward	No. of Volunteers working	Length of Shift	No. of volunteer hours
B3	10	4 hours	40
A&E/MAU/D1 & D2 West	11	4 hours	44
<p>We have such positive feed-back from the surveys distributed on the wards at St Woolos and the RGH, a sample of a few quotes are detailed below;</p> <p>Patients;</p> <p>“Grateful to the Robins as they helped post a letter for me...” elderly male patient.</p> <p>“Lovely kind people in red shirts, young girl painted my nails. Always friendly and happy” female patient</p>			

The weekly emails give specific detail of the service, where it is delivered and counts the volunteer hours and number of volunteers working in the hospitals as well as giving some samples of patient feedback and (where appropriate) feedback from staff. They also note any specific events and activities that have occurred during the week and they build up a detailed picture of the impact of the service. The template has been developed in conjunction with ABUHB and the circulation will remain under review. The partnership will be reviewing the format of the weekly emails as the year progresses to ensure that they remain interesting and relevant to the readership- the plan is to have a different format each week and for this to be rotated on a monthly basis.

As a result of the success of these emails, the partnership will now be moving to a new schedule for formal reporting from 1/4/16 as follows:

Quarter One Report (April to June 2016)

Quarter Two Report (July to September 2016)

Quarter Three Report (October to December 2016)

Quarter Four Report (January to March 2017)

Annual Report

This schedule will supersede that outlined in the partnership agreement and will be supported by a new set of templates (which are subject to approval by the partnership).

Whilst the quarterly report will be written from the service perspective by the volunteer co-ordinator and will be a short review of service delivery, the patient experience and any innovations, the Annual Report will be a more collaborative document that is supported by senior management within the partnership. It will highlight the strategic plans for the service and review the partnership, staffing and management issues as well as explore the nature of the service's stakeholder engagement and research methods. The Annual Report will make recommendations for major changes for the approval of the partnership.

10 CONCLUSIONS

“GRATEFUL FOR THE SHOPPING YOU HELPED ME WITH. COMPLETING THE MENUS AND LIFTING MY SPIRITS”

The Robins Volunteer Service is a success story. Age Cymru Gwent (in partnership with ABUHB) organises a service that provides over 1000 patient engagements per week and over 9,000 hours of volunteer time per year. It has proved itself invaluable to staff and patients alike and is clearly improving the patient experience of those in both RGH and St Woolos Hospital.

The way the Robins volunteers work with patients at the bedside and in providing specific services improves well-being on a daily basis. The patient feedback indicates the impact it can have on people who are in crisis, vulnerable and/or lonely, uncomfortable or simply unwell. The success of these interventions can be attributed to the personal commitment of the volunteers, their level of training and the high level of management from the volunteer co-ordinator.

The service is also a success in terms of partnership working. The close working relationship between the partners has encouraged a free flow of information and feedback and has thus resulted in improvements to the patient experience through the extension of the Robins service, the development of the volunteers’ role and the strategic influencing that has resulted in policy change. Successful working together does not just happen. It takes skill and commitment.

But it is now time for a step change. The service needs to expand (based on demand) and to more formally collect data and report on outcomes. To achieve this, more support is required for the volunteers and staff- in term of training- and the volunteer co-ordinator should become a full-time post. Without the additional hours, the changes needed to be made (see recommendations) are unlikely to be achieved due to the pressures of managing a complicated service and a large volunteer force.

Changes in the patient experience have come from this successful partnership and by working together to provide a high quality and much appreciated service. It is clear from the investigation that the work of the service is both effective and highly valued by staff, patients and volunteers alike. Providing a direct and trusted link to patients, the Robins Volunteer Service has the potential to be a very important conduit for further improving the well-being of all patients (and not simply older patients) in an environment where notions of co-production of services and well-being are being enshrined in legislation.