

### Volunteering Strategy Progress Report

<b>Trust Board</b>	<b>Item: 13</b>
<b>Date: 28<sup>th</sup> September 2016</b>	<b>Enclosure: I</b>
<b>Purpose of the Report:</b> The attached report highlights the main outcomes and achievements of the Volunteering Strategy 2014 – 2016 with one quarter until its completion. It also sets out a future direction for a Trust Volunteering Strategy 2017 – 2020.	
<b>For: Information</b> <input checked="" type="checkbox"/> <b>Assurance</b> <input checked="" type="checkbox"/> <b>Discussion and input</b> <input type="checkbox"/> <b>Decision/approval</b> <input type="checkbox"/>	
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<b>Risk Implications – Link to Assurance Framework or Corporate Risk Register:</b>	Nil
<b>Legal / Regulatory / Reputation Implications:</b>	Reputational & Legal as related to compliance with Trust Volunteering Policy
<b>Link to Relevant CQC Domain:</b> Safe <input checked="" type="checkbox"/> Effective <input checked="" type="checkbox"/> Caring <input checked="" type="checkbox"/> Responsive <input checked="" type="checkbox"/> Well Led <input checked="" type="checkbox"/>	
<b>Link to Relevant Corporate Objective:</b>	Strategic Objectives 1 & 3
<b>Document Previously Considered By:</b>	Patient Experience Committee 6 <sup>th</sup> September 2016
<b>Recommendations:</b> The Trust Board is asked to <b>note</b> the progress with implementation of the Trusts volunteering strategy and plans for development of the next strategy	

## **Volunteering Strategy 2014 – 2016 Progress Report to Trust Board**

### **1. Aim**

This document highlights the main outcomes and achievements of the Volunteering Strategy 2014 – 2016 with one quarter until its completion. It sets out a future direction for a Trust Volunteering Strategy 2017 – 2020.

### **2. Overview of strategic aims and scope of the roles as of September 2016**

#### **2.1. Strategic Aims**

In January 2014, the Volunteering Strategy stated its strategic aim as *“to identify and deliver sustainable and innovative plans for the management and mobilisation of volunteers.”* It aligned volunteering with corporate objectives 2014/15 reflecting the Trust’s commitment to community engagement and added value within the communities we serve.

#### **2.2 Principles and objectives**

The objectives were designed to deliver a thriving volunteer function underpinned by a robust operating model:

- A portfolio of innovative and rewarding volunteering services, roles and placements.
- A personalised volunteer journey from start to finish
- Increase volunteer diversity through programmes specifically targeted audiences, e.g. young people
- Demonstrate and celebrate the impact for patient experience and day-to-day hospital life
- Establish a local and national reputation as a sector leader for ‘high impact’ volunteering in NHS hospitals

#### **2.3 The management and scope of roles as of September 2016**

##### **2.3.1 Scale**

The Trust reached the milestone of 1,000 volunteers with an undefined level of commitment in October 2015. In September there are 722 *active*<sup>1</sup> volunteers and 167 applications in progress.

The decrease in volume reflects a clear definition of volunteering activity and focus on the management, re-entry and exit of inactive volunteers. It also reflects a streamlined recruitment pathway that has tripled retention rate in this time period discussed further in 4.1.

At the current status of recruitment/retention the volume could again reach 1,000 in April 2017; however is affected by natural fluctuations in recruitment and retention, e.g. the academic year as well as the Trust’s own placement and vacancy management process.

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<sup>1</sup> Fully compliant with all recruitment checks, assessment, training and placements. Has committed to a *minimum* of 6 months at approx 3hrs per week as norm. Dining Companions are the exception at 1.5 hrs. This figure is accurate as of 25<sup>th</sup> August 2016

### 2.3.2 Vacancy and Placement Management

The control of vacancies and placement of volunteers is managed via Health Rosta; as well as bespoke placement and monitoring for small capacity or short-term vacancies e.g. a specific clinical audit volunteer role. This has created an accurate corporate record of volunteering activity enabling the Trust to:

- Monitor and forward plan vacancies
- Monitor volunteer commitment and attendance
- Create clinical and managerial leads for each service and department hosting volunteers
- Enable teams to anticipate, plan for and welcome volunteers in attendance.
- Made volunteers responsible for booking and managing their time
- Enabled accurate provision of references as requested by universities, employers and colleges.

Roles operating under a cohort model with groups chaperoned together from recruitment to placement include: Dining Companions, Emergency Department Volunteers, Maternity Volunteers, Dementia Volunteers and Paediatric Play Volunteers.

Others roles recruit to a specific skills-set or other specification and have unique pathways for these volunteers: Chaplaincy Volunteers, Quality Improvement Volunteers, Administrative placements.

### 3. Has the strategy achieved the vision for volunteering 2014 – 2016?

#### 3.1 IMPACT patient experience:

- Volunteering increases overall patient satisfaction across hospital services by 3.7%<sup>2</sup>
- Dementia Therapeutic Activities Volunteers increase patients' mood and wellbeing by an average 18%<sup>3</sup>
- Dining Companions increase patients' satisfaction with the help and support received at mealtimes by 4%<sup>4</sup>
- Hospital 2 Home Services reduce patient anxiety by an average of 28% at the six week milestone<sup>5</sup>

#### 3.2 IMPACT local communities:

The volunteer services now offers intensive student placements allocated to local schools, colleges and national charities such as The Challenge.

Local students can accrue over 60 hours of department specific volunteering, e.g. Maternity. This change is a significant enabler for young and mature students securing places on competitive health care qualifications including medicine, midwifery and Nursing Assistant recruitment.

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<sup>2</sup> As attributed by analysis of Friends & Family Test December 2014 – December 2015

<sup>3</sup> Sample size of 620 patients assessed via Mood & Wellbeing Visual Analogue Tool, date range as above

<sup>4</sup> Assessed by bespoke question on inpatient FFT, date range as above

<sup>5</sup> Assessed via 10 point scale questionnaire, date range February 2015 – February 2016

A quarter of the Trust's existing active volunteers reflect the 65+ age group. Their motivations for volunteering are different to the student bracket, offering opportunities to 'give something back' to their community, maintain good health and a sense of purpose after long-careers and family commitments. Volunteer satisfaction is measured annually, with the most recent results set out below:

- 84% felt they make a positive difference to patient experience.
- 83% felt that volunteering is a good way for the hospital to give something back to the local community
- 95% felt they are proud to volunteer at Kingston Hospital.<sup>6</sup>

We would expect and hope the first two figures to be higher with the bar set at 100%. The five who responded neutral or negative to these questions broadly felt that:

- They could not link their role to patient experience, e.g. an administrative volunteer
- Their motivations for volunteering were inward rather than community focused. Comments focused around gaining academic credit as a requisite of an existing or aspirational course of study in medicine/health care.

However, there is room for improvement and the Volunteering Team implement a bespoke action plan in response to all comments and suggestions for improvement<sup>7</sup>.

### **3.3 IMPACT established volunteers:**

Volunteers' own reflections demonstrate the rewards of volunteering and its role in their day-to-day lives:

Social factors: *"less isolated' I like being an important part of a community"*

Sense of purpose: *"It is my geriatric day care centre and weekly discipline, also keeps me up to date with my profession"*

Active citizenship: *"I believe in volunteering in a situation where people have difficulties through no fault of their own. Also I think the NHS is a wonderful institution and needs our support."*

Most volunteers are content that their volunteering is rewarding experience. However, as referenced above, the annual survey generates an action plan and log to improve volunteer experience.

*"The opportunity to meet other volunteers more often - a good idea if you do not work with other volunteers!"*

The Summer Tea & Awards, 'Expert' Volunteer Supervisors and cohort groups are examples of the Trust's response to such feedback.

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<sup>6</sup> As reported by an elective sample size of 33 Trust Volunteers (age not asked), Trust Volunteer Satisfaction Survey 2016.

<sup>7</sup> The Survey Analysis & Action Plan 2015/16 is available via [laura.shalevgreene@kingstonhospital.nhs.uk](mailto:laura.shalevgreene@kingstonhospital.nhs.uk)

## 4. Other outcomes of the Volunteering Strategy 2014 - 2016

### 4.1 Optimised volunteering for the patient demographic at Kingston Hospital

- Between December 2014 – December 2015<sup>8</sup> volunteers' time directed towards elderly care increased by 7% (from 20% to 27% between 2014 and 2015).

### 4.2 Improved volunteer retention

- The active volunteering community has doubled from 300 in January 2014 to 723 in September 2016. There are 190 volunteers in process of recruitment, placed at a rate of approximately 30 per month.
- Volunteer retention<sup>9</sup> has more than tripled **from 20%** in 2014 to a **77% retention** rate in 2016.

### 4.3 Raised the profile and reputation of volunteering within the Trust.

The Strategy set out an action plan to deliver a cultural change. Activities included increased visibility at senior staff networks, e.g. Matron's Forum, Governance committees e.g. Patient Experience Committee and front-line staff e.g. Housekeepers' meetings.

In January 2016 the Care Quality Commission observed volunteering as an area of outstanding practice "*an invaluable contribution to the Trust.*" The formalising of relationships between the Volunteering Service and lead staff supervisors has significantly increased volunteer satisfaction and the interface between staff and volunteers. Emergency Department won the 'Value Each Other' Volunteering Award in June 2016 in recognition of best practice. However nurturing a volunteering culture remains ongoing process and there is still more to do to share this best practice and staff engagement across all departments and placements.

### 4.4 Created a national profile for 'high impact' volunteering

Since the Nesta 'Helping in Hospitals' award in September 2014, the Trust has been considered a vanguard in the scale, quality and impact of hospital based volunteering. The Trust is referenced throughout the definitive "Guide to High Impact Volunteering in Hospitals"<sup>10</sup> published by Nesta in August 2016.

The evidence on impact and reputation for volunteer management have led to significant roles and case studies with BAPEN<sup>11</sup>, The London Food Board, NHS England Active & Supportive Communities Strategy Steering Group, Cabinet Office 'Scoping Social Action in Public Services' research report and pending application to exhibit volunteering as a sector innovation at NHS Providers Expo 2016.

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<sup>8</sup> The data collection period for Nesta and therefore when the majority of Trust data was also formally collected

<sup>9</sup> Retention is defined as the number of active volunteers exiting the Trust compared to the number of active volunteers over a 1 year time-frame. It can be broken down further to reflect retention by month, week or day.

<sup>10</sup> <http://www.nesta.org.uk/publications/helping-hospitals-guide-high-impact-volunteering-hospitals>  
<https://vimeo.com/album/3975142>

<sup>11</sup> British Association of Parenteral and Enteral Nutrition

#### **4.5 Innovative solutions to support Trust services**

A strategic approach has raised the profile of volunteering as part of initiatives to improve quality improvement and patient experience. **Appendix 1** notes how departments have collaborated with the Volunteering Department in response to established needs.

#### **4.6 New approaches to volunteer management**

The Volunteering team has implemented a 'paperless' recruitment pathway utilising both efficiency savings and from September 2016, TRAC<sup>12</sup> for volunteer recruitment.

By December 2016, the Trust process for Enhanced Disclosure & Barring Service Certification will become paperless as an online service. Along with further efficiencies in processes for volunteer recruitment, assessment, training and placement<sup>13</sup>, the Volunteering Service will deliver an achievable volunteer recruitment service standard of 4 – 6 weeks start to finish.

### **5. Future directions**

The development of the next strategy will begin shortly. The final proposal will be shaped through consultation with key internal and external stakeholders. However, this paper sets out three themes as a basis for further discussion.

#### **5.1 New audience focused volunteering programmes:**

- A one-year model of civic service for young people aged 16 – 24.
- Supporting young people and career-change professionals into health care careers with accessible options e.g. intensive 2 week academic holiday placements and less restrictive micro-volunteering<sup>14</sup> opportunities.
- Structured *and* 'lite' volunteering options for older active citizens and harder to reach demographics e.g. adults in full or part time work.

#### **5.2 Maintaining what we already do well:**

- New ways to track and evidence the outcomes of volunteering for the Trust and community
- Ongoing development of the Volunteering Department and systems for efficiency and quality.
- Optimising the volunteering brand via a physical venue for volunteers to interact and as a visible point for volunteer promotion and recruitment
- Develop and deliver innovative volunteering solutions where the need is greatest.

#### **5.3 Partnerships that extend and diversify volunteering services**

- Working with local and national charities to scope and test community in-reach (charities and third parties) and partnership-led outreach volunteering services that transition with patients between hospital, home and community support systems.

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<sup>12</sup> The recruitment system used by HR for staff recruitment

<sup>13</sup> For a strategy time-line of process efficiencies achieved, see Appendix 2

<sup>14</sup> Micro-volunteering means time, skills or contributions made on an ad-hoc basis requiring little or no formality such as assessment/extensive training.

- Responsive to cross-sector issues for patients and patient experience that focus on protected characteristics, e.g. age, mental health, county of origin e.g. Korean community through volunteering services and multi-agency working.
- Developing the networks and evidence to secure funding for the above ; to devolve leadership into community organisations, e.g. Kingston Carers' Network operating model via Big Lottery Funds and an in-reach service.

## **6. Conclusion**

The first Volunteering Strategy has achieved its main aim to establish a high impact volunteering programme and embed a volunteering culture, services and evidence of benefit across the Trust.

Its main challenges have been to monitor the time and commitments of volunteers' in-situ, to increase retention, to engage staff and provide stronger local supervision and improve the volunteer experience from start to finish. These challenges have been recognised and resolved and the Volunteering Department is now optimised to maintain these service standards.

The function of the next Volunteering Strategy will be to maintain as well as build on the quality improvements and outcomes that the 2014-2016 strategy has achieved.

It will respond to new national and local drivers of social action and volunteering in health and continue to enhance the Trust's outcomes and priorities. It will always maintain its proactive and reactive responsiveness to issues affecting patient experience, quality improvement, feedback and the added value of volunteering and Trust services within our local community.

**Laura Shalev Greene**  
**Head of Volunteering**  
**September 2016**

## Appendix 1: Examples of Innovative Solutions to support Trust Services 2013 - 2016

Issue or problem	Collaborator	Volunteering Role	Results of note
Low rate of referrals between hospital and Healthy Lifestyles public health programme, Kingston	Public Health Facilitator	Healthy Lifestyles	Service generated 3 engagements per hour  15% contacts came from Trust staff  87% contacts intended to take action via formal route to improve their health
Patients either at end of life, or dying alone Lack of wheelchairs at entrance points to the Trust	End of Life Care Team Chaplaincy	Specialist Chaplaincy Role	
	Project Search; Kingston Learning Disability Parliament, ISS	Wheelchair Buddy	A role with career development potential. Volunteer PH gained a professional job with the Trust's Patient Transport provider.
Breast Feeding Support staff felt unable to dedicate as much time as new parents' wanted.	Maternity Practice Development Team and Head of Service.	Antenatal Maternity volunteer	Not yet evaluated.
		Postnatal Maternity Volunteer Mum-to-Mum Postnatal Maternity Volunteer	A volunteer was however named in FFT on Worcester Ward.
Lack of volunteer representatives to participate in improvement planning and co-design	Deputy Director of Nursing & Patient Experience	Quality Improvement Volunteer	Grass-roots improvement initiatives: - #KHFT Hydrate, NHS Change Day 2015 - Noted in design guidance F1, F2 Quality Improvement Projects
Environments not meeting aspirations of staff or patient groups	Matron for Theatres	Interior Design Volunteer	Theatres make-over, including anaesthetic rooms, Dementia Friendly colour and design at entrance corridors and a staff room designed to promote relaxation.

**Appendix 2 - A time-line of other key efficiency milestones:**

<b>A unique brand identity enabling visual recognition of volunteers, sense of cohesion and strong PR for external recruitment and relationship building.</b>	January 2014
<b>A comprehensive and mandatory induction programme with additional specialist training for all patient contact roles.</b>	February 2014
<b>Trust investment in a Head of Volunteering substantive post</b>	July 2014
<b>Outcome based evaluation model established with support of external evaluator funded by Nesta</b>	November 2014
<b>A comprehensive Trust Volunteering Policy</b>	November 2015
<b>A cohort based assessment and training process</b>	January 2016
<b>Roll-out of Health Rosta to all volunteers and volunteer staff supervisors</b>	April 2016
<b>A re-structured Volunteering Service Team with clearly distinguished roles and career progression</b>	August 2016
<b>Transition to TRAC for online volunteer recruitment and a paperless volunteering</b>	September 2016