

ITEM: 14

MEETING: Trust Board 19 September 2007

TITLE: Voluntary Services Annual Report 2006/7

SUMMARY: Attached is the first annual report from the Voluntary Services Manager, detailing the progress made following the revision of the service in autumn 2006. The report also contains details of the actions taken in response to the 2006 report from the internal auditors, which made a number of recommendations.

The volunteers now have a much higher profile within the hospital, and are managed on a more formal basis. Work is now beginning to expand the roles that they undertaken across the hospital. Most recently, a team of volunteers were recruited to support the relaunch of the hospital as a smoke free site in July 2007, and have proved very effective.

ACTION: For information

REPORT FROM: Antoinette Webber, Voluntary Services Manager

SPONSORED BY: Deborah Wheeler, Director of Nursing & Clinical Development

Financial Validation

N/a

Lead: Director of Finance

Compliance with statute, directions, policy, guidance

Lead: All directors

Compliance with Healthcare Commission Core/Developmental Standards

Lead: Director of Nursing & Clinical Development

Reference:

Compliance with Auditors' Local Evaluation standards (ALE)

Lead: Director of Finance

Reference:

Compliance with requirements of FT application and monitoring regime

Lead: Director of Strategy & Performance

Reference:

The Voluntary Service Department Report May 2007

This report has been created by the Voluntary Services Manager (VSM) to give feedback on the position of the Voluntary Services Department (VSD) currently, and suggested ideas for the improvement of the VSD. The VSD is located on level 0 of the new building and is managed by the Voluntary Services Manager and administrator, who is also a volunteer.

Currently we have 47 volunteers, some are here daily and some weekly depending upon their availability and our needs. We recently had two smoking cessations advisors who visited wards giving advice to patients and staff on quitting smoking; we have a breast-feeding advisor; other volunteers help out on wards, in offices doing clerical work and there are guides to assist anyone who needs help in finding their way to clinics, etc. Most of our ward volunteers are placed on Meyrick, Thorogood, Victoria, Chemo and Betty Mansell, and one on Ifor. Our clerical volunteers are primarily placed in gastroenterology, diabetes, women's health, oncology and ENT but we often get requests from various other departments for admin work.

In recent months thirteen volunteers have left to return to studies, ten have left for other reasons of which six were from A4E (Action for Employment), which is an organisation that helps people volunteer to enable them to return to paid work. Occasionally some of these people stay on after their voluntary experience is over; but on the plus side many have gone on to join the temporary staffing bank and are working within the Trust. From the Trust and an HR perspective this makes good sense, as these volunteers are often experienced in the procedures and familiar with PAS etc.

During the past few months and in response to the Parkhill Audit we have put into place several guidelines and policies to assist in the smooth running of the VSD, these include:

- The Voluntary Service Policy
- The Voluntary Service Department handbook (in draft form)
- Role descriptions for Ward, Guide and Clerical volunteers
- The induction policy
- Ethnic Monitoring Forms
- Letter templates
- Application form
- CRB Disclosure forms
- Proper Occupational Health (OH) & New Entry Screening (NES) measures
- Reference request form
- Enquiry request templates
- Procedural notes for
 - Expense reimbursement
 - Lunch vouchers
 - Managing personnel file
 - Managing the Voluntary Service Personnel Record database.
 - The seven stage checklist for volunteers
 - Master Copies

The filing system in the office has been re-organised. We have also obtained Lanyards for all volunteers and Tabards to be worn by our guides. A training and induction programme is currently being set up.

We now also monitor the ethnicity of our volunteers in line with Trust requirements. Criminal Records Bureau (CRB) disclosure clearance is required and all volunteers placed have completed OH/NES and are in the process of being CRB checked. This has proved of great benefit as we have already highlighted potential volunteers who should not be exposed to vulnerable adults and children.

We have noted a change in volunteer motivation; this matches a national trend and that of the Royal Free and University College Hospital. We are receiving far more enquiries from students who are considering medicine as their chosen career, they opt to volunteer as a way to gain experience and also to help them get into university as many require voluntary work experience prior to placements being offered.

These volunteers more often than not are placed on wards and assist the patients and ward teams, this has highlighted a need for more specific roles on wards. Currently the ward volunteers act as patient befrienders, and many are retired persons with a medical background, but students are more interested in being a general volunteer on the wards, which helps with their studies.

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The other issue this has highlighted is the high turnover of volunteers, we are looking at ways to combat this. Initially we have addressed this issue by asking that volunteers commit to a minimum of six months, this is in line with the Royal Free as opposed to UCL who request one year.

Enquiries from retired persons or people who would like to assist for the sole benefit of the Trust or patients are far less than those from students or those seeking experience to help them back into work. We have forged a relationship with an external organisation called Retired & Senior Volunteer Programme (RSVP) a part of Community Voluntary Service (CVS) to look at ways of reaching the wider community.

General enquires for voluntary placements vary throughout the year, with the weekly average received being about ten enquires during a quiet period and as much as twenty plus during a busier time. Again this probably coincides with the times that the students are on leave and could have an effect on the direct rise of enquiries at certain times.

The current role of Ward volunteer encompasses patient befriending and assisting ward staff, but it would probably be more sensible to make them two distinct roles. Those that are specifically designed to befriend patients who act as companions and provide assistance with meal times and ward volunteers who assist the team, which would better suit a student wanting experience.

We have eight Guides, who are located on level one and give directions to people looking for clinics. This role needs developing and recruitment as potentially it can make a real difference to a visitor's experience. The idea of the Guide is not to be immobile, but to walk throughout the hospital, mainly the new building assisting patients and visitors, with some being available on level one and level four. It is our intention to improve this service by having guides on hand morning and afternoon and on several levels.

We would also like the Guides to be available to meet patients at transport and take them to their clinics, as they have done previously, but as we have too few Guides this is not something we can do at the moment.

The following procedures are followed concerning volunteer placements:

1. Application form
2. Ethnic monitoring form
3. Two references
4. Occupational health clearance
5. New entrant screening clearance
6. CRB form (*clearance not required prior to starting, although dept is made aware of this and measure should be taken to ensure that the volunteers are not left alone with patients*)
7. Induction

All volunteers are entitled to have their fares reimbursed to a maximum of £3.50 per day, although most volunteers use Oyster cards, which reduce the fares to £2.00 per day. Those volunteers from A4E are not entitled to fares as they receive their fares from the job centre.

Fares are to be claimed routinely and are not to exceed £30 per request, a spreadsheet of all expenses is completed to show expenditure for the month and also monitors volunteer availability for that month. Between the periods of December 2006 to March 2007, with between 50 and 78 volunteers, £4,908.79 was the estimated cost for all fares and lunches. This was assuming that everyone spent the £4.00 they were allowed for lunch. As we knew many volunteers did not spend the full amount we have asked the canteen staff to fill in the actual amount and our management accountant will pay the canteen the actual cost.

We previously discovered that lunch voucher books were given to volunteers, this book had a value of £100.00 (25 vouchers per book x £4.00 per voucher). We also discovered that some people were claiming fares and using vouchers who were not actually volunteering. We introduced stronger measures to ensure that all vouchers used are for valid voluntary sessions. To- date we can say that we are no longer in receipt of any used vouchers for unauthorised volunteering or claims by unauthorised people. Used vouchers are brought directly to the VSD at the end of each day.

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Lunch vouchers are now issued weekly or in some cases fortnightly, dependant upon length and type of service. All parts on the voucher are filled out before they are handed to a volunteer and all departments (canteen & chaplaincy) have been notified that the "Approving officer" must show Antoinette Webber. All volunteers were written to in Dec 2006 informing them that any old vouchers they may have were to be returned to the office as they would not be accepted in the canteen, Cecil Douglas Assistant Director of Facilities and Chaplaincy were copied into these letters.

All used vouchers now show the actual amount spent as opposed to just the amount of £4.00 being offered. This will allow us to keep a clearer record of costs and used vouchers. The monthly totals and used vouchers are then to be sent to Deba Misra, Management Accountant.

Managing personnel files/ Database.

We have created hard copies of all volunteer details, which are filed in the lockable filing cabinet. The personnel records include the application form, requested and received references and a copy of all relevant correspondence, i.e. induction, training etc. Cleared OH and NES are also placed in their personnel files. In the personnel file is a checklist of the seven stage guideline requirements and any outstanding notes can be added, this information is mirrored in the database.

The database carries personnel information and the necessary prerequisites for volunteering.

A shared folder has been created where the database and expense records spreadsheet is stored for access in input, although administration rights are to be protected to ensure that the information is not lost.

The future

In conjunction with suggested publications (flyers, posters and handbook) and a full recruitment process, we endeavour to receive more general enquires from the community and retired persons, or people who are able to assist the patients and essentially be more Trust, patient and ward focused. We also need to improve the information about the services provided to patients on wards and within the hospital in general, as currently we rely on the volunteers themselves or the VS team to promote the VSD. With the tight time constraints many clinical staff face they are unable to meet with their volunteers regularly and this can also create a problem for us trying to make ourselves known. We would like to see a number of volunteers who are more flexible to assist with any enquiries we may have on a daily basis and really encourage the development of new roles.

Patient befriender/companion

Ward Volunteer

Guide

Smoking Patrol

Library Service

Reflexology

Clerical

It is our intention to have the VSD become a thriving much needed and appreciated service both by patients and staff. We anticipate that recruitment and acknowledgment of the service will take several months and will require input from many people to really push and promote the department. Initially we need literature in the form of flyers, posters, external flyers and handbooks etc that can be taken to all departments and meetings to increase the awareness of the VSD. It will require a lot of work and involvement from management at all levels to ensure that volunteers are being supported and looked after whilst on the wards or within the hospital. The promoting of volunteers and showing our appreciation is something we also need to address, possibly through an annual party attended by the Chief Executive and Chairman.

An exit database linked to our personnel database has been set up to record the outcome of exit interviews of all volunteers to clarify why they are leaving and their experiences. This will provide excellent feedback on the service and potential voluntary roles.

A website was suggested in our Sept 2006 report and it is something we should have in place this year. It will be a central place for all new information and enquiries, with the option of on-line application/enquiry forms.

Overall, we have made some tremendous changes and implemented the suggestions advised by the Parkhill report, whilst maintaining the day-to-day running of the service.

The Voluntary Service Department Report
May 2007

Parkhill audit recommendations

Recommendations	Outcome
<i>We recommend that the Voluntary Services Co-ordinator should ensure that a suitable individual is appointed as soon as is possible to take over the role and responsibilities for managing the Volunteers office. This should be done after the redeployment of the current manager and should be conducted at the earliest possible date (Priority Medium).</i>	Voluntary Services Manager started on 21 May 2007.
<i>We recommend that the Current Volunteers List be updated to include details of the days and hours worked by the volunteers in each month (Priority Medium).</i>	The expenses spreadsheet and volunteer database monitors days/times and placement location. Most volunteers work within sessions i.e. morning 10.00-1.00 or afternoon 2.00-5.00 etc. We can retrieve the hours volunteered with these tools.
<i>There are clear suitably approved guidelines made available to volunteers, which clearly outline the benefits to be received, such as free lunches.</i>	Volunteers are made aware of the benefits of volunteering both when they enquire to the Voluntary Services Department and when they start during their induction. We are currently finalising the Volunteer Handbook, which includes this information.
<i>We recommend that the guidelines for volunteers should be updated to:</i> <ul style="list-style-type: none"> ▪ <i>Reflect current key contacts, work practices and procedures;</i> ▪ <i>Include details of benefits and other entitlements available to volunteers.</i> <i>The revised guidelines should be approved by the relevant committee and made available to staff and volunteers across the organisation (Priority High).</i>	This information is addressed in the handbook.
<i>There are systems available to provide information to assess compliance against the procedures.</i>	We have written office procedures, surrounding such issues as voucher usage, OH clearance and refs etc.
<i>We recommend that a standard set of procedures containing guidelines for staff working at the Volunteers Office is drawn up, approved by the relevant committee and made available to staff (Priority Medium).</i>	We currently have role descriptions for: <ul style="list-style-type: none"> ▪ Ward/Befriender ▪ Clerical ▪ Guide
<i>We recommend that upon the appointment of a Manager for the Volunteers Office, suitable management reports are produced and forwarded to senior management to assess compliance with agreed guidelines and procedures for volunteers (Priority Medium).</i>	A report was previously issued in Sept 2006.