

The vision is for volunteers to support end of life clients in their own local communities through such activities as walking the dog, hanging out washing, taking the children to school, shopping, light gardening, or simply providing companionship.

Method A project group was set up to monitor and support the project's progress and a project manager was appointed. Current service provision was scoped to ensure that the Hospice Neighbours scheme is not only required but also complements any service provision already in place. The project manager worked closely with Adult Social Care, General Practitioners and local community groups.

Starting first in three pilot areas, we have so far recruited over 40 volunteers. A bespoke training programme was developed and delivered to our first group of Hospice Neighbours volunteers. The aim of the training has been to provide practical support and advice such as, food hygiene training, fire safety awareness (kindly supported by the Fire Service), lone working etc. The feedback received from our new volunteers has been extremely positive with all of them feeling confident in their new volunteering role.

Progress We are now supporting our first clients in their own homes. The project manager undertakes an initial risk assessment visit to meet the client, discuss their needs; and then matches a volunteer to the client. Nominations for client support are increasing and our intention is to roll out the service across the whole of our area over the coming year. We are now recruiting volunteers and clients for the next three areas.

P32 TALKING WHILST THERE'S TIME

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Introduction Help the Hospices encourages us to develop the roles of volunteers by 'building on existing practice, promoting excellence in the future and exploring new approaches to volunteering.' (**Volunteers: Vital to the future of Hospice Care. 2012 p. 3**) Increased levels and complexity of referrals, limited resources and a 3 month waiting list for counselling encouraged us to look at developing the counselling service to introduce volunteer counsellors and volunteer s counselling students.

Aims This project aims to support patients and families with complex needs, saving the Hospice money, resources and cutting the waiting list, whilst giving students and qualified counsellors the opportunity to work within Palliative Care, giving them the opportunity to enhance existing good practice and extend their skill base.

Methods We worked alongside organisations who had also considered this way of working, looked at what they had learned and what might have been done differently. We linked with universities regarding courses suited to the Hospice ethos, and how a hospice placement might enable best learning for students.

Paperwork was designed and trialled.

Universities approached and criteria for students and volunteers agreed.

Adverts were placed in appropriate professional journals, interviews carried out.

Induction and training plans developed, and education delivered.

Outcomes Building on existing practice enabled us to offer patients and families the opportunity to 'talk whilst there's time'.

Students and qualified counsellors have trained and experienced working within palliative care, thereby promoting excellence in the future.

264 volunteer counselling hours have been worked in the first 6 months, saving the Hospice £4000: the counselling waiting list has been cut from 3 months to 3 weeks.

In exploring this new way of working we have developed and expanded our service and have been pleased to share our findings through education, supervision and networking.

P33 DEVELOPMENT OF A VOLUNTEER FORUM TO ENGAGE WITH OUR KEY WORKFORCE

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During the Hospice's 25th Anniversary year a group of Trustees and senior staff, along with a Volunteer Consultant, undertook a 'listening exercise' to improve engagement with our local community. One of the recommendations of the project was to establish a formal method of consulting with our volunteers.

Building on the success of our volunteers winning The Queens Award for Voluntary Service, the proposal to establish a forum was made at the annual volunteers meeting and a group emerged of those who were interested in becoming forum members.

A Chair was elected by the group and Terms of Reference drawn up and agreed when the meetings commenced in October 2012. The forum now has 19 members, representing all areas of volunteer input including retail, and the Chair meets regularly with the Chief Executive and Volunteer Services Leader so that issues raised can be formally reported to the Management Team.

The forum provides real opportunities to formally engage with our volunteers, aligning with two of the key operating principles identified by the Commission into the Future of Hospice Care – 'developing the hospice workforce' and 'reaching out – promoting conversation, informing and supporting choice'. Forum members have reported they are better informed about all activities of the Hospice and feel that their voice is truly valued. Members are planning to visit other hospices to learn about examples of developing roles of volunteers and feedback to the forum.

Formal feedback from volunteers is obtained by means of an annual survey and this will include feedback about the forum so that we can ensure all volunteer voices are heard. As the Trustees consider future options to develop our services to meet growing needs, the forum will enable effective strategic contribution from volunteers, as recommended in the Commission's report 'Volunteers: vital to the future of hospice care.'

P34 EMOTIONAL COMPETENCE AS THE BASELINE FOR VOLUNTEERING IN HOSPICES

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In the summer of 2011 North London Hospice set out to refresh our approach to volunteering to include:

- Developing a different model of volunteering
- Incorporating Volunteers as part of our workforce (under HR)

Abstracts

- Moving the management of volunteers to our services/ departments
- Encompassing volunteers from Retail & Fundraising
- Increasing the variety of roles to match need
- Developing a more highly trained volunteer workforce
- Improving ongoing support and communication

Our approach was to regard 'Emotional competence' to be the highest context of training and preparing volunteers and we have designed a baseline programme which we have named 'Oyster' training. The amount of training corresponds to the emotional complexity of the work and then the service itself undertakes further supervision, mentoring and training to assist the volunteer in to the specific role. At the higher end this is work undertaken by volunteers who are working for our new Loss & Transition service, which provides pre and post bereavement support. We have learnt that for the transition of volunteers to services to work effectively it is important to structure the services to lead on particular volunteer roles; for example new Loss & Transition Co-ordinators developed from a Social Work re-structure and a Front of House Volunteer Lead from an Admin and Facilities re-structure. The hearts and minds part of the development both for staff and volunteers requires regular face to face contact; relationship being an important underpinning of the change. This is all still work in progress and the development of the capacity for volunteers to co-ordinate themselves and support each other is the next important step.

P35 VOLUNTEER LINE MANAGEMENT TRAINING AND SUPPORT

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Introduction "Volunteers are vital to the future of Hospice care", as are those who manage volunteers.

The management of volunteers and acceptance of responsibilities was inconsistent across our Hospice: limited allocated line managers; fear of managing situations and volunteers "wrong". It was essential to develop a line manager programme, training and support as volunteer numbers increased and to effectively support our community of 900 + volunteers. The aims:

- Delegate responsibility of volunteers to departments e.g. training
- Engage volunteers at departmental level
- Develop skills to manage volunteers effectively
- Adherence to policies and procedures

Methods Multi-step approach ensured the programme was manageable:

1. Redesign and create policies and procedures, e.g. resolving difficulties, through consulting with staff and volunteers
 - Outlining responsibilities of line managers, volunteers and Voluntary Services (VS)
 - Provide clear structure to address and manage problems
2. Establish role descriptions allocating volunteer line management departmentally
3. Line manager training
 - External trainer
 - VS led sessions
4. Accessible information
 - Departmental folders
 - VS intranet page

5. Bi-monthly line manager meetings: maintain volunteer data, discuss initiatives and problems
6. Annual line managers training/updates
7. New staff inductions

Conclusion Successes:

- Clear management within agreed procedures and responsibilities
- Departmental volunteer line managers allocated
- Volunteer training and development of roles has increased due to increased knowledge and confidence of line managers working with volunteers
- Volunteer engagement and commitment has been fostered through good people management and treating volunteers fairly, resulting in increased volunteer numbers and higher retention rates
- Volunteer line managers seek advice on how to address problems and manage volunteers as opposed to expecting VS to deal with all volunteer requirements
- Reduced dependence on VS enabling focus to be on data maintenance and strategy
- Created a peer support network amongst line managers

Due to the successes and learning from the experience we are undertaking the process for remote retail managers.

P36 IN PATIENT UNIT (IPU) VOLUNTEER LINE MANAGEMENT AND EXPANSION OF VOLUNTEER ROLES AND RESPONSIBILITIES

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Introduction It was recognised, at the Douglas Macmillan Hospice (DMH), that there was a need to diversify the role of IPU volunteers to support the clinical services. Previous attempts to increase the roles and responsibilities of volunteers on the IPU failed due to: lack of line management, staff perception of volunteer competencies and fear of the loss of staff roles. An IPU volunteer co-ordinator (VC) was appointed to develop the role and to work within best practise line management, as defined and implemented by Voluntary Services across the hospice.

Methods A Band 3 Health Care Support Worker (HCSW) was seconded from the IPU initially for 37.5hours/week for 3 months and 15hours/week subsequently into the role of VC. The HCSW retained clinical hours to maintain clinical skills. The VC worked in consultation with the IPU team to identify additional volunteer roles. The following were identified:

- Care: e.g. assistance with personal hygiene, nutritional needs
- Companion: companionship to patients
- Sitter: being with patients who require supervision e.g. patients who are anxious
- Escort: escorting hospital appointments

The IPU team were involved in the training and competency process so that they took ownership and responsibility for new volunteers. The VC is responsible for recruitment, training, rostering and appraisal of the volunteers. The staff on the IPU have access to the volunteer details so that they can access the volunteer, if needed, outside of the rostered hours.

Conclusion This role has been well received:
Successes