Back to Health Pathway

Final Report

George Eliot Hospital NHS Trust

February 2024

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Back to Health Pathway delivering:

40,107
Patients supported

Volunteering at scale
The BtHP demonstrates how integration of volunteer roles/services into a single pathway delivers high impact at scale to tens of thousands of patients.

DNAs reduced by up to
5.8%

Reduced DNAs
A contact centre infrastructure, with volunteers making patient calls, can reduce DNAs by reminding people of their appointment, tackling accessibility needs and ensuring cancelled appointments can be used for other patients.

111 weeks
of productivity gains
working weeks

Productivity gains
Volunteers completing pre-identified essential tasks co-ordinated through a central infrastructure and provides solutions through the Bronze Command Structure. Tasks such as blood and TTO (to take out medication) runs enable staff to focus on clinical activities and improve their wellbeing.

3540
Successful discharge calls

Support to patients post discharge
Making calls to patients up to 72 hours post-discharge, volunteers identify patient support needs both from within the hospital (such as advice on pain medication) and out in the community (from services such as Age UK). Call data analysis provides insights that can feed back into discharge service improvements.

*The **Back to Health Pathway** integrates historically disparate volunteer roles/services into a single pathway that tackles multiple system challenges such as patient flow, overstretched staff, high DNAs and widening health inequalities.*

It's a transformational project that's taken volunteering into the heart of the system, bridging the gap between a hospital and the local community.

Context

Background

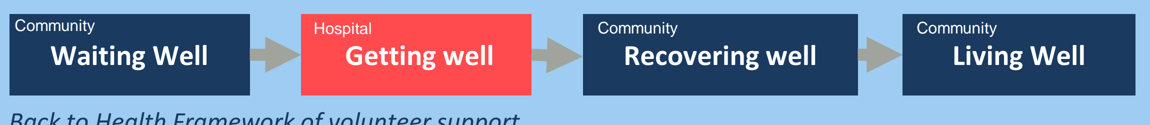
COVID-19 had a devastating impact on the physical and mental health of the nation. As of September 2023, the NHS England waiting list stands at 7.8m[1] whilst 8 million outpatient appointments were Did Not Attends (DNAs) in 2022/23[2]. Reports have highlighted that without urgent action, the NHS will face a huge workforce crisis as staff leave suffering from burnout[3].

George Eliot Hospital NHS Trust (GEH) embarked on **the implementation of the Back to Health Pathway (BtHP) which is made up of impactful volunteering roles/ services**. This is a **cross-place initiative**, aimed at tackling system challenges such as patient flow, overstretched staff and high DNAs.

helpforce

The **Helpforce Back to Health Framework**, provided the foundations for the BtHP and partnership working with **GEH and Warwickshire North Place.**

The Helpforce team have worked alongside GEH to ensure the pathway has met its ambitious goals, supporting with stakeholder engagement, community development, securing funding, project management, programme governance, the development of an outcome framework and data model, analysis and evaluation. ,



Back to Health Framework of volunteer support

1 NHS England » Operational performance update
2 Hospital Outpatient Activity 2022-23 - NHS Digital
3 NHS workforce: our position | The King's Fund (kingsfund.org.uk)

George Eliot Hospital NHS Trust

NHS George Eliot Hospital NHS Trust

Led by the Patient Experience Team, **GEH acted as the anchor organisation** for the BtHP by developing multiple volunteering roles that refer into existing community assets. It has been supported by a well-established project **steering group with membership from across place** that includes statutory services, primary care networks and the charity and voluntary sector .

"The Back to Health Pathway is helping George Eliot support patients whilst they are on our waiting list and after they have been discharged from the hospital. This enables us to become better anchored in our local communities, to have a better understanding of hyper local needs and to build stronger, more resilient communities that ultimately, will place less pressure on the health and care systems."

Jenni Northcote, Chief Strategy Office, George Eliot Hospital

Through this project, the team developed an approach to **delivering volunteering services at scale**. This involved capitalising on the increased recognition of and interest in volunteering because of the COVID-19 pandemic, working closely with clinical and operational teams and **integrating volunteering into business-as-usual processes** such as the Bronze Command Structure.

The BtHP has several elements which have been key to its success, and much learning has been gained throughout delivery to date. This report brings together a full view of the BtHP, including these key elements, the volunteer roles delivered, and the difference the pathway made to patients, staff and volunteers themselves.

Evaluation highlights

The Back to Health Pathway, integrates historically disparate volunteer roles/ services into a single pathway that tackles multiple system challenges such as patient flow, overstretched staff, high DNAs and widening health inequalities. It is a transformational project that has taken volunteering into heart of the system, bridging the gap between hospitals and communities.

This report brings together the BtHP model, the approach and learning gleaned and the outcomes and benefits realised across a two-year period.

- ✓ **Organisational impact:** The GEH team have proven their ability to deliver volunteering services at scale, having supported **over 40,000 patients** in two years.
- ✓ **Staff experience:** Most surveyed staff agreed that volunteers improve the working lives of staff, enabling them to spend more time helping patients and **helping them to feel less stressed** when they are busy, indicating that volunteers help to improve staff wellbeing and productivity.
- ✓ **Volunteer experience:** Numerous benefits for volunteers have been seen including being able to give back, giving them a **sense of purpose** and using their existing skills to support the hospital. They also have confidence that their time spent volunteering is of benefit to others and have a positive volunteering experience.

Waiting Well

2,181 waiting well calls made

DNAs reduced by up to **5.8%**

More than 2,000 patients who were waiting for hospital treatment received phone calls from contact centre volunteers to make sure they had all the information needed to attend their appointments.

There is emerging evidence that volunteer reminder calls are helping to reduce DNA rates in three different specialties

Getting well

111 working weeks of productivity gains, with emerging impact of **staff time saved**

1,225 tasks completed

315 volunteer driver deliveries

Thousands of hours of productivity gains have been achieved by Response Volunteers completing more than 1,200 tasks to support hospital efficiency, e.g. collection and deliveries of samples, medications and equipment, as well as supporting staff with housekeeping with the aim of improving patient flow.

Most surveyed staff said responder volunteers had freed some of their time up, allowing them to spend more time on other tasks.

Recovering well

3,540 successful discharge calls

9% of calls resulted in referral/ signposting

Over 3,500 discharge calls were successfully completed with patients within 72hrs. These calls aimed to provide patients with any additional information or support needed following discharge, referring or signposting 9% of individuals into community and other hospital support.

The contact centre infrastructure has developed its capability to make 800 calls per month, with further growth possible.

Living Well

126 community relationships established

Funding for and recruitment of **two** Community Engagement Officers

GEH has identified and forged links with appropriate community support that they can refer patients into, with over 120 community relationships established through the pathway and the work of the Community Engagement Officers.

Programme highlights

Delivering at scale

Key to delivering at scale, the GEH Volunteering team worked at pace to integrate volunteering roles into the Trust's core operations. New roles, such as the Back to Health Nurse and the Contact Centre Voluntary Services Coordinator, were established to facilitate not only the development of volunteering services that met Trust need, but to ensure successful implementation of the BtHP.

Six elements have been identified as key to the success of the pathway:

Volunteers & volunteering

The GEH team established inclusive recruitment strategies, offered training, worked collaboratively with volunteers, and built a supportive volunteering culture to ensure volunteers had an enjoyable and purposeful volunteering experience.

Project management & governance

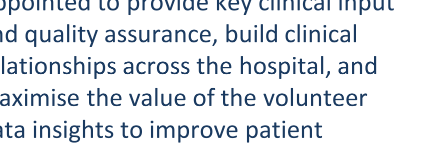
A dedicated Project Manager supported project delivery and development. They also set-up a steering group, representative of stakeholders across place, to ensure successful implementation, integration and governance of the BtHP.

Data driven

From the inception of the BtHP, different types and sources of data were used highlight areas of the patient journey that could be improved, consequently informing decision making and service design.

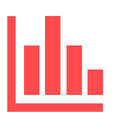
Community engagement

Forging links with community assets has ensured support is accessible to those in need while waiting for treatment or after discharge. Community Engagement Officers have worked directly with the community, in line with CORE20PLUS5 strategy.



Back to Health Nurse

Appointed to provide key clinical input and quality assurance, build clinical relationships across the hospital, and maximise the value of the volunteer data insights to improve patient experience.



Insight & Impact

Capturing insight & impact data plays an important role in understanding the impact of the BtHP, meeting governance reporting requirements and providing evidence for future investment and sustainment.

What's next for the BtHP?

The volunteering team has developed links with clinical and operational staff to ensure that their service best meets the needs of the organisation. They are receptive to challenges and insights, developing their existing roles and trialling innovative roles to deliver measurable benefits.

Asset building - Continue to support and build on existing community services that can provide support to patients in the community that will optimise their health outcomes. For example, AmbaCare who provide a 12-week **'Shape up for Surgery'** programme, supporting patients to meet pre-surgery goals. In collaboration with GEH they are recruiting wellbeing volunteers to support the delivery of these services.

Scaling contact centre activity and optimising the benefits of calling patients on waiting lists to reduce DNAs with the support of **Deep Medical**, a company that uses Artificial Intelligence to predict appointment non-attendance and therefore prioritise patient call lists to those most likely to not attend.

Patient flow - The volunteering team are now participating in the Helpforce Adopt & Adapt service to implement a mealtime support volunteering role, providing companionship and support to patients during meals. This role has been evidenced to increase efficiencies, reduce staff stress and improve patient nutrition.

Service overview

The Back to Health Pathway

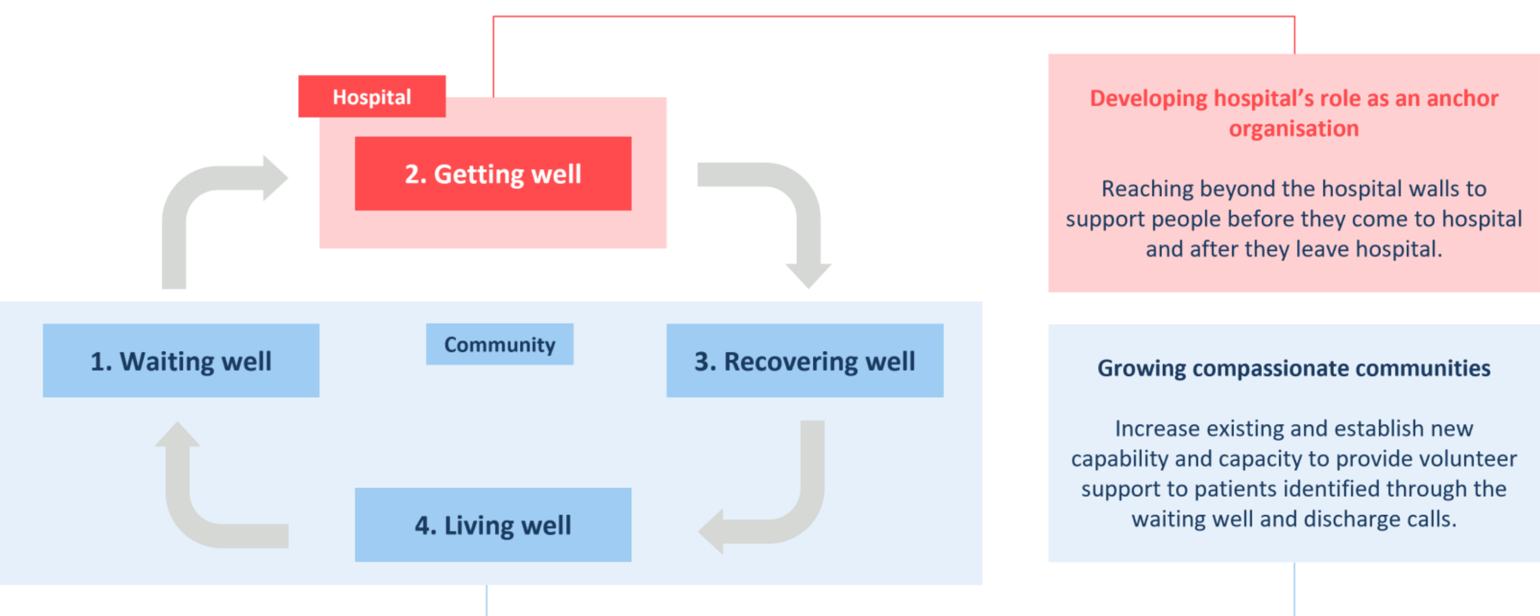
The Back to Health Pathway (BtHP) aims to offer a combination of proactive and reactive **volunteer-led services**, supporting people through a cycle of waiting well within the community, getting well within the hospital and recovering and going on to living well back out in the community.

- **Waiting well:** Contacting patients awaiting an appointment via a volunteer-led telephone contact centre model.
- **Getting well:** Response volunteers in hospital.
- **Recovering well:** Contacting patients who have been recently discharged via the contact centre.
- **Living well:** Identifying pressures within the system and working with local communities to find volunteering solutions to help address them.

The integrated pathway is a 'Place-based' project, working in partnership with Primary care, the Local Authority and the Voluntary Sector.

The project is governed by a steering group made up of stakeholders from across Place, and funding has come from multiple available sources, e.g. Health Inequalities Integrated Care Board funding, George Eliot Hospital Charity, NHSE Winter Pressures, etc.

The diagram below demonstrates the reach of the pathway.



Key elements of the Back to Health Pathway

1. Clinical involvement
2. Demand data driven
3. Project management and governance
4. Volunteers and volunteering
5. Community engagement
6. Insight and impact

Back to Health Nurse

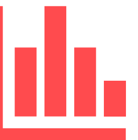
Data driven

Project management & governance

Volunteers & volunteering

Community engagement

Insight & Impact

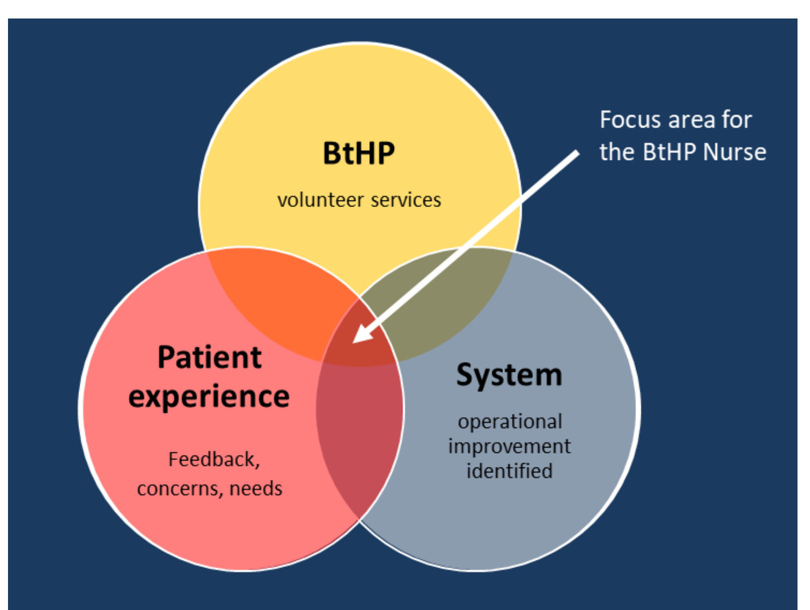


Back to Health Nurse

A Back to Health Nurse BtHN (Integrated Care Board (ICB) funded) was appointed to support the project. The aim of the role was to provide key clinical input and quality assurance, build clinical relationships across the hospital to better integrate volunteer services and reduce barriers, and maximise the value of the volunteer data insights to provide continuous improvement to patient experience.

Example BtHN activity and outcomes:

- Working with the data and insights produced because of volunteers supporting patients at scale, the BtHN identifies pinch points within the system and develops volunteer-based solutions in collaboration with clinicians and through feedback about identified clinical issues for improvement.
- Providing clinical advice to patients identified through a volunteer intervention. For example, discharge calls may result in queries related to medication or next steps after discharge – the BtHN provides support with these queries.
- Reviewing clinical operational needs/issues across the Trust and exploring how a volunteer solution could make an impact. For example, as a result of this work, the BtHN at George Eliot Hospital proposed and is now implementing a volunteer mealtime role to reduce pressure on staff and increase patient nutritional intake at these busy and critical times each day.
- The BtHN also established links with surgeons and consultants which was key to responding to need and ensuring patients are appropriately referred into volunteering support services. As a result, the BtHN has been successful in identifying and providing leadership for new services, such as Shape up for Surgery and Mealtime Companions (discussed further on slide 48).



Key learning

- The BtHP Nurse became a key role that enables the data insights gathered for the delivery of the volunteer roles to be translated into clinical service improvement, for example:
  - Where volunteer discharge calls identify reoccurring patient concerns/issues, action can be taken as a result.
  - Identification that there were often gaps in patient records and addressing this with key clinical leads, resulting in significant improvement across the trust.
- Clinical leadership that champions volunteering breaks down barriers and builds confidence between clinical and volunteering teams.

Top tips

- Clinical roles expedite the time it takes to integrate a volunteer service into business-as-usual options for operational issues e.g. clinical teams are now approaching the volunteering team to pro-actively request support as opposed to the other way around.

Data driven

From the inception of the Back to Health Pathway BtHP, different types and sources of data have been used to support decision making, service design and to provide insights into patient needs. Using data in this way has driven a different relationship with the informatics team who provide daily access to data that's needed to deliver volunteer services such as patient call lists.

Local context

Data was used to identify pilot locations for components of the BtHP. Hospital data such as waiting list, Did Not Attend (DNA) and re-admission data was analysed alongside specific needs of local communities, Indices of Multiple Deprivation and JSNA data. Analysis highlighted hot spots such as high volumes on waiting lists that were associated with particular GP practices which were also in the most deprived areas. The insight supported decision making around where to pilot the BtHP and provided baseline data and understanding in order to measure progress and impact.

Demand data

Key to the BtHP is understanding supply & demand and data to identify the needs of the Trust and patient community. Each element of the pathway has a data component, be it waiting list data to drive waiting well calls, or Emergency Department data to drive responder support. Utilising the BtHP Nurse's knowledge of data, combined with additional hospital and wider community data analysis, the BtHP is shaped by the insights data has provided.

Analysis of demand data has highlighted areas of patient journeys that could be improved, for example, DNA and readmissions data helped to identify elements the volunteers could support with to help improve the discharge experience. Additionally, analysis of wider community data helped to gain a better understanding of the needs of the local community, resulting in closer links being established with local community and voluntary sector organisations (further explored on the community engagement slide).

ID	Type of Call	Call UID	Location (exact)	Place discharged to	Lenght of stay in Da	Identified wellbeing issue	CD- Are you receiving a package of care	CD- Now that you are back home do you need help wi	CD- While you are recovering at home do you need help with
25931	Discharge Call	7767	Acute Medical Unit	Home (Usual Residence)	1	Patient declares they are of low mood	I'm not receiving a package of care	Not applicable	Managing my health condition, Managing pain
25932	Discharge Call	7745	Clinical Observation ED	Home (Usual Residence)	1	Not applicable	I'm not receiving a package of care	Not applicable	Managing pain
25933	Discharge Call	7746	Clinical Observation ED	Home (Usual Residence)	1	Not applicable	I'm not receiving a package of care	Food or other urgent supplies	Not applicable
25935	Discharge Call	7747	Romola Ward	Non-NHS run (or Local Authority)	10	Not applicable	Not applicable	Not applicable	Giving up smoking
25936	Discharge Call	7768	Victoria Ward (Medical)	Home (Usual Residence)	30	Patient declares they are of low mood	In place and sufficient	Settling in now you are back at home	Not applicable
25937	Discharge Call	7748	Romola Ward	Home (Usual Residence)	12	Not applicable	Not applicable	Not applicable	Not applicable
25938	Discharge Call	7749	Victoria Ward (Medical)	Home (Usual Residence)	28	Not applicable	Not applicable	Not applicable	Not applicable
25939	Discharge Call	7750	Nason Ward		13	Not applicable	Not applicable	Not applicable	Not applicable
25941	Discharge Call	7769	Melly Ward	Home (Usual Residence)	19	Not applicable	In place and sufficient	Not applicable	Not applicable
25942	Discharge Call	7751	Acute Medical Unit	Home (Usual Residence)	8	Not applicable	In place and sufficient	Not applicable	Not applicable

Sample data: GEH volunteer discharge calls

Key learning

- Consider Information Governance IG from the outset, to ensure early completion of a DPIA form (Data Protection Impact Assessment) as the sign off process is approximately 6 weeks.
- Developing a relationship with the hospital informatics and system teams has been pivotal in supporting the BtHP.
- The informatics team have been key to providing organisational data, but also in producing an easily accessible list of people to call for the contact centre roles
- Volunteers will need to capture their activity data. Discussing this upfront will help ensure they are bought into why this is so important.

Top tips

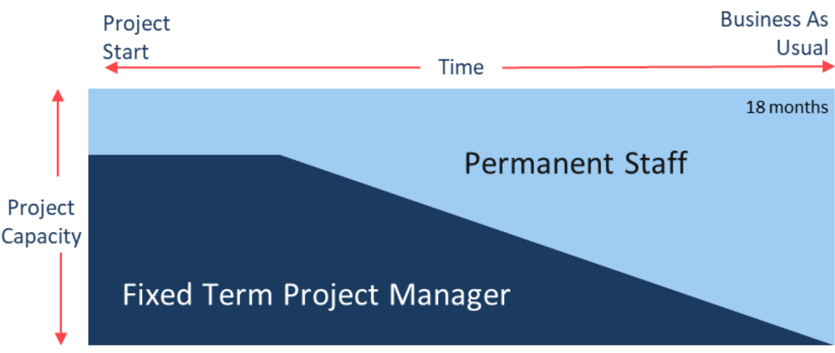
- When developing the community element of a service, use external data sources to both understand local geographies and validate decisions. Useful links:
  - Neighbourhood Plan
  - Indices of Multiple Deprivations - IMD data
  - Joint Strategic Needs Assessment - JSNA data
- The informatics team may not be used to receiving requests for data for these purposes and need to be included as a stakeholder to ensure they are able to understand the project, the relevance and the context of the data they are being asked for e.g. explain why adding the PCN and GP practice to waiting list data is relevant.

Project management and governance

Project management (PM):

Upfront funding was secured to implement multiple components of the Back to Health Pathway (including PM resource) at the same time.

The PM approach was designed to provide an injection of capacity over a fixed term, providing support to the overall project and the integration of the volunteer services into business-as-usual practice.



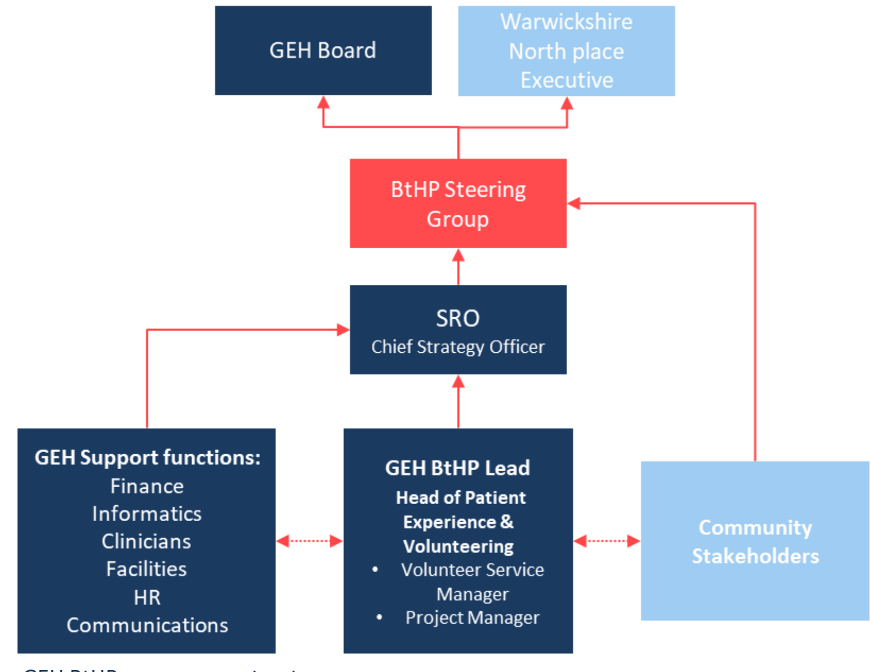
PM vs Staff project capacity over time

The PM was responsible for:

- Project delivery to time and budget.
- Project governance including reporting into the Wellbeing Board and GEH Board.
- Supporting service leads with the development of new services and related standard operating procedures, including the development of systems and tools.
- Setting up of Steering Group and Task & Finish groups.
- Stakeholder management.

Governance

The BtHP sits across Warwickshire North Place and provides clinically assured volunteer support to people both in hospital and in the community, as well as being accountable to its funders. The developed governance structure is representative of that multifaceted context.



GEH BtHP governance structure

Key learning

- Dedicated project manager needed when implementing at scale.
- PM having relevant skills/ experience/ knowledge is important particularly in:
  - Volunteering sector
  - Health system including hospitals, local government, and the voluntary, community and social enterprise (VCSE) sector
  - Data interpretation
  - Stakeholder management
  - Service design
- It is important to set up your governance structure and steering group early and for it to be reflective of the various stakeholders involved. This will make the project accountable, knowing who you need to report to and when, whilst also aiding buy-in and overcoming barriers.

Top tips

- Within the above groups, there are key influencers and decision makers. Identifying and building relationships outside of the main meetings can help you better understand the motivation of the larger group. You can then pitch, share and present more targeted content, which can expedite decisions, reduce barriers and gather stronger support for the project.

Volunteers and volunteering

At the heart of the BtHP is its volunteers. At the time of this report, George Eliot Hospital had 290 active volunteers across their services, with BtHP volunteers accounting for 30% of volunteers on site.

The volunteering team take steps to ensure volunteers have an enjoyable and purposeful volunteering experience, right from the point of recruitment:

- **Establishing inclusive volunteer recruitment strategies to ensure volunteers are reflective of the community** – GEH used their standard recruitment process for BtHP volunteers, as this approach focuses on matching volunteers to a volunteer role based upon their passions and motivations. Where needed, some additional, more targeted recruitment was used to attract people to new roles, such as the contact centre volunteers
- **Training and development –** GEH provide training and development opportunities that enable volunteers to achieve their aspirations. For example, they offer individuals a specific volunteering role that will give them the most exposure to relevant experience, career development conversations if they are interested in a healthcare career, or access to trust-wide training initiatives.
- **Working collaboratively with volunteers** – including engaging volunteers in the design and development of roles, gathering and acting upon feedback. As a result, volunteers were directly involved in the shaping of the discharge calls service.
- **Building a supportive volunteering culture –** developing a 'family feel' environment by offering hands on support from the volunteering team. Volunteers are offered shadowing support from experienced volunteers and staff to ensure they feel comfortable and confident in taking on their volunteering role.
- **Supervision** is provided to all volunteers to ensure they can address any concerns or worries, for example, for contact centre volunteers who may have had a difficult patient call.

Key learning

- Importance in gaining early buy-in to new approaches, engages the volunteers and encourages regular and 'real' feedback. GEH have a Patient Forum which consists of highly experienced volunteers who volunteer regularly and consistently. This team of volunteers have been crucial in supporting the development of and testing the contact centre.
- Offering volunteers variety within their roles, be it to undertake different responder tasks or different types of calls, helps the volunteer to remain engaged with their role.
- There is a need for volunteers to capture some of their activity data. Writing this into the role description and discussing with them why it is needed to help the project, improves the volume and quality of data received.

Top tips

- Share and celebrate the impact of volunteers to gain buy-in. The volunteering team share any insights from patient feedback or evaluation back with the volunteers to demonstrate the difference their support is making.
- George Eliot also hosts events throughout the year to celebrate and thank their volunteers. These events create a social networking opportunity for volunteers to build connections, whilst also recognising their contributions to the hospital.

Community engagement

A key part of the BtHP has been looking beyond the walls of the hospital, to create connections with vital community assets and ensure patients have the support to live well in their local communities.

Making connections

The volunteer contact centre calls have been designed to identify patient support needs when they are either waiting for a hospital appointment/ treatment or have been discharged. Being able to refer/ signpost patients to local support helps reduce pressure across the system.

- 126 community relationships have been forged across the programme including statutory services and local charity and voluntary sector (VCSE) organisations.
- A cross-Place steering group has provided expertise and insight of working in the local community, and has included members from the council, Health Exchange, WCAVA (the VCSE infrastructure organisation in Warwickshire), GPs, Age UK and members of the ICS.

GEH Community Engagement Officer events. Cancer screening & sepsis awareness with the Nepalese community (left) and Bramcote Barracks Health Fayre (right)

Community Engagement Officers

Direct work in the community is completed by GEH's Community Engagement Officers. The role aims to reach into and build stronger, more resilient communities that place less pressure on the health and care system. Data is used to inform areas of focus and particular communities that may require more targeted support.

The Community Engagement Officers' work is aligned with the CORE20PLUS5 framework and aims to reduce health inequalities by improving access to services. Of 48 events held in one quarter, nearly half took place in the 20% most deprived areas of Warwickshire. Health awareness sessions have been held with a variety of minority ethnic communities, rural and traveller communities, and members of the Armed Forces and veterans.

Their role supports the work of the BtHP by:

- encouraging and increasing access to health services in the community;
- raising awareness of the work of volunteers;
- supporting recruitment of new volunteers from different communities; and
- identifying community groups and charities that can help patients to recover and live well.

With the Community Engagement Officers now having a greater understanding of the needs of the local community and barriers they face, further development is now expected to integrate volunteers into work connecting with harder to reach communities.

Key learning

- Challenges around there not being a central directory of community support were overcome by building a working relationship with Health Exchange, a central organisation that can connect patients to support across Place to meet various needs.
- The project creates a common interest to frame conversations, and collaborating with community groups will mean your service design will better meet the needs of your local community.

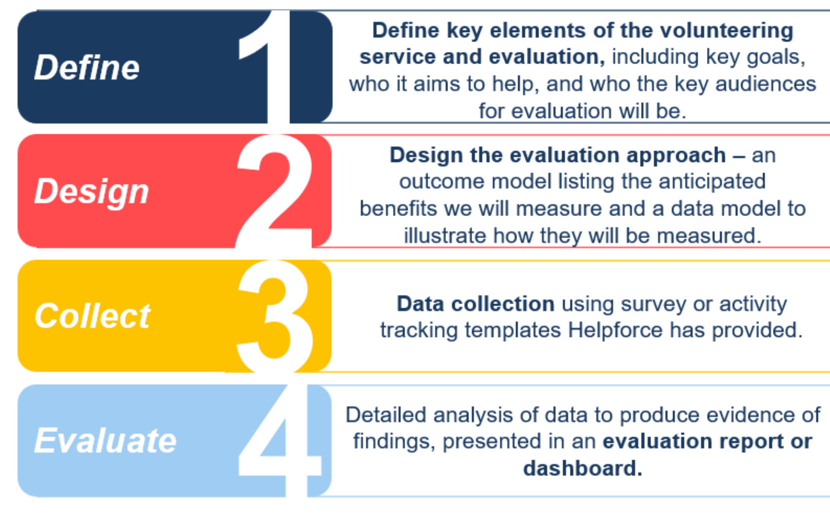
Top tips

- Building relationships takes time and can't be rushed.
- Inviting multiple community organisations to group workshops/ meetings is a great way to start identifying relevant and engaged stakeholders.
- Be the host of community meetings, bring people together so that they can work together, build partnership for a common goal.
- Listen to your community stakeholders: they know what support is needed and where the problems are.

Insight and impact

To both understand the impact the BtHP has had, but also to meet the reporting requirements of the governance structures, capturing insight and impact data plays an important role. Further, evaluation and evidence are the route to ongoing sustainment of the project, therefore it is critical to be well organised in collecting and sharing data. GEH have worked in partnership with the Helpforce Insight & Impact Service to develop and test the BtHP outcome and data model(s) used to fully evaluate each of the volunteer services that make up the pathway.

- **Define stage** – working with key stakeholders to agree the project objectives, goals and beneficiaries early in the project is key. All other data activity then flows from this, so taking the time needed to get the right stakeholders involved ensures consideration from multiple perspectives and a more robust evaluation.
- **Design stage** – defining outcomes per beneficiary (patient, staff, volunteer and organisation) is a methodical approach to ensuring each project objective has been considered.
    - Determine what needs to be captured in terms of activity, outcome and insight data.
    - Testing these outcomes with the key stakeholder group will challenge initial thinking and reduce the likelihood of adjustments/ changes further down the line.
- **Collect stage** – staff and volunteers are key in the collection and provision of project data. It is therefore important to discuss what will need to be recorded and why it is important to gain their support and buy-in.
    - Support the development of data capture tools to ensure all of the above data is captured consistently throughout the project, either building new processes or building upon existing processes and reviewing data capture software/infrastructures.
- **Evaluation –** After an initial period of data capture and analysis, consider your stakeholders and how best to present your findings in a relevant and impactful way.
    - Support the writing of business cases, discussing with evaluators what might be possible and realistic in terms of key performance measures that can be regularly reported on to project governance boards.



Helpforce Impact & Insight Process

Key learning

- It is important to discuss data requirements with key stakeholders early in the project as it can be quite an involved process:
    - Agreement on what needs to be captured and why.
    - Gaining consensus across stakeholder groups.
    - Agreeing what, who, when and how data will be captured – involving people, systems and process design.
    - Developing methods for capturing necessary data where there isn't an existing solution in place.

Top tips

- Be flexible – data analysis will provide insights that inform continuous improvement of volunteer services such as adjustments to the volunteer role, process and systems. The impact framework will need to flex to meet those changes to ensure continued insightful data is available.
- Be realistic about what can be measured at the start of the programme, introducing higher level measures. These can then be further developed and expanded when pathway needs and possibilities are confirmed.
- Regularly check that the data captured will still provide evidence of the outcomes required to meet business case/ business plan or funding agreements.

Establishing a Back to Health Pathway

During the initial stages of designing the BtHP, there are four key areas to consider.

Pre-funding

- **Ensuring there is clarity** about what the programme is aiming to achieve and how this aligns with trust challenges is critical.
- **Understand the existing volunteering infrastructure** and demonstrate how the BtHP links in. Consider the volunteer support systems, i.e., recruitment, training, supervision, and coordination.
- **Determine service priorities** to guide which elements of the pathway will be implemented first. The key is to gain a balance between not implementing too many things at once – taking account of the available resources and infrastructure – whilst also developing at a rate that gains traction and increases buy-in.
- **Focus on innovation**, whilst also being clear about what you don't know and where you will need to test assumptions to confirm a need.
- **Gather evidence** to demonstrate how volunteering solutions can help to address needs and **build partnerships** – for George Eliot, Helpforce support and investment was felt to be important in giving the project influence.

Fundraising

- **Ensure understanding of the business case / bidding process** for each funder. Undertake training for preparing and presenting business cases where available. GEH found having close links with the GEH Charity to be been important. The Charity can often help fund resources for volunteers or identify potential local sources of funding that can be applied for.
- **Determine who you will be approaching for funding**. George Eliot took a strategic decision to obtain funding from different places (including the Trust, Trust Charity, Place, ICS and NHS England) so no single funder was fully responsible and to encourage others to fund via a match funding strategy.
- **Consider how to manage the phasing of funding**, based on availability of resources and the impact on staff recruitment to develop and deliver the pathway.
- **Create a plan for sustainability,** linking into organisational and system priorities. At GEH, they reflected that funding in upcoming years will likely be reliant upon demonstrating impact in addressing health inequalities. The team suggested that they would look to bring together a bid for a 3-year timescale, looking to address priorities based on local need, infrastructure/ capability and available funding.

Marketing

- **Develop a comprehensive marketing plan**, considering:
  - Internal influencers.
  - Community – consider hyper local groups and steering groups to support marketing of the service through their networks, rather than trying to reach specific communities through blanket comms.
  - Referral networks, including GPs.
- **Consider how roles should be pitched** in the right way to the right audiences. Focus on the individuals in terms of what the BtHP means to different beneficiaries and individuals. For example, at George Eliot, pitching of the 'contact centre volunteer' role did not gain much traction, so the role title was changed to 'wellbeing advisor'.
- **Marketing must be ongoing** to ensure continued support, utilisation and integration of the BtHP.

Stakeholder engagement

- Internal senior, strategic and clinical staff buy-in will be key to the success of the BtHP. **Undertake stakeholder mapping** to determine who is responsible, and who will need to be consulted and informed.
- Further, GEH established that having **senior leaders within the organisation identifying the key issues** that the volunteering services could tackle was incredibly important.
- Links with **clinical support services** is pivotal to ensure there is good integration of volunteering across the organisation, as well as integration into organisational procedure (such as emergency planning and command structures). These relationships enabled the volunteering team to be responsive to organisational needs.
- Also consider **wider organisational teams**, including finance, systems, and data teams. Building relationships with these teams as early as possible will be critical in delivering the pathway.
- **Consider building the pathway into existing workstreams** within the Trust, for example programmes of work looking at waiting lists. This will help to build the work into an existing infrastructure that already has buy-in and support.

Evaluation approach

Evaluation approach: Outcomes

Helpforce's approach to evaluating...

Using its established *Insight & Impact* evaluation service, Helpforce follows a consistent methodology to determine the impact of volunteering roles on health outcomes. Target outcomes are identified across a range of beneficiaries representing the people and organisations involved, and then we collect the necessary data to prove and evidence the outcomes.

The BtHP anticipated outcomes included:

Patients

Improved understanding of how to access support in the community

Improved emotional wellbeing

Improved patient experience

Volunteer

Develop new skills that support their personal and professional development

Improved confidence and sense of purpose

Satisfied with and happy in their role

Confidence that time spent volunteering is of benefit to staff, patients and the organisation

Increased social connections

Staff

Increased efficiencies as a result of reduced DNAs (outpatient calls only)

Time saved resulting in increased capacity to focus on other responsibilities (MyPreOp & response volunteers only)

Improved staff wellbeing

Staff believe that volunteers are having a positive impact on their working lives

Organisation

Reduced DNAs (OP calls only)

Good integration of staff and volunteers

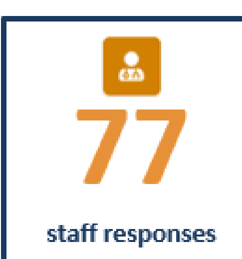
Volunteers are deployed in roles that deliver measurable benefits

Evaluation approach: Methodology

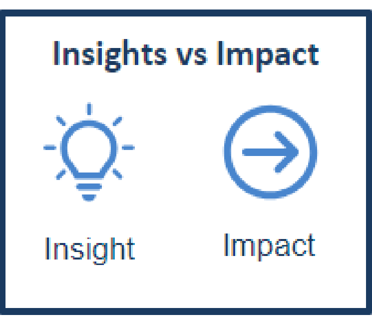
Given that multiple volunteer roles form part of the Back to Health Pathway, each with their own aims and outcomes, multiple data collection methods were implemented:

- Surveys with key beneficiaries: patients, staff and volunteers. *Note: surveys were open for beneficiaries of any George Eliot volunteers to respond to, not just those linked to the Back to Health Pathway.*
- Call monitoring completed via internal system DATIX and Microsoft Forms.
- Internally designed Microsoft Form used to track volunteer hours and responder tasks.
- Organisational data to monitor impact on KPIs.
- Weekly calls with the key project team to gather learnings and developments.

Survey responses



Throughout the report, data findings are linked back to the data collection method using icons at the top right-hand side of the screen. Evidence strength is also rated used icons. These icons are as follows…



Evidence strength …

Compelling evidence

Promising evidence

Limited evidence

Contact Centre

Contact centre

George Eliot's contact centre spans both the waiting well and recovering well elements of the BtHP. Calls are made to patients who are either awaiting or have recently received care and treatment.

Across the contact centre, at the time of writing this report, George Eliot have around 8 volunteers covering 5 days a week. Shifts are between 9-12 and 1-3pm and are planned via Weekly Shift Attendance Plan which asks for a 6-week commitment from volunteers to aid planning. Volunteers usually work in pairs, but GEH can have up to 3 volunteers working at once.

How the service works

1. The informatics team send pre agreed patient call lists to the Contact Centre Service Co-Ordinator.

2. Call lists are prioritised by sending patients a text asking them to 'opt out' if they don't want a call.

3. Volunteers make the calls using a call script designed to identify needs. The call script was developed with clinical staff for quality assurance.

4. Call data is logged onto the Datix system and, with the patient's consent, the volunteer actions any escalations and/ or signposting such as to Age UK, Health Exchange or internal teams, such as PALS.

Being targeted and specific

In order to determine the requirement for and possible focus of the calls, trailing calls with a particular patient cohort can be beneficial. At GEH, the Patient Forum spearheaded the contact centre model, calling patients and recording learning to help define and shape the focus of the calls. This support from the Patient Forum built the foundation for the contact centre model.

Further, having a clear call purpose such as to prevent missing appointments, to give advice or to reduce do not attends, determine the call scripts and desired outcomes. It is essential to work with the relevant specialities for both quality assurance around the call scripts, but also for the development of appropriate escalation processes.

Linking out to the community

Patient calls provide insight into the support needs of patients in their homes and community. Being able to signpost and/ or refer people to needed services involves building community partnerships, improving links with local faith groups and statutory services. All this activity adds value to the overall system: preventing deterioration, reducing primary care appointments, improving hospital appointment attendance, identifying and reducing health inequalities.

Key learning

- A dedicated contact centre co-ordinator role was needed and recruited to provide a high quality and consistent service, and to support/ manage volunteers, escalations and signposting.
- Volunteers will require a specific skill set – the confidence to make the calls and good keyboard skills.
- There are different approaches to the delivery of a contact centre. GEH found volunteers coming into the hospital to make calls improved call handling efficiency. They therefore acquired office space on site with access to phones and laptops.
- It can take at least 6 weeks to get a DPIA in place which is needed as part of the delivery of the contact centre as patient referrals are made to 3rd party organisations.
- Getting patient feedback about volunteer calls can be challenging. You may need to rely more on activity data for evaluation, e.g. calls made, successful calls, onward referrals.

Top tips

- Texting patients has a cost implication, but it was found that implementing this approach created efficiencies in reaching individuals who wanted a call.
- Plan for "no answer" calls – volunteers will need a sufficient list of people to contact as there will be a number of people who can't be reached.
- After undertaking a few months of calls, monitor the average of calls undertaken within a shift to support you to plan the appropriate levels of volunteer capacity to undertake the required number of patient calls.
- Supportive software is required so that volunteers can record details of the contact centre calls and outcomes.
- Data sharing regulations will also need to be considered to ensure only appropriate data is shared with volunteers and any third-parties (such as text messaging providers).

DNA calls

Through George Eliot's contact centre, calls are made to patients who are awaiting care.

Both generic waiting well calls (identifying patient support needs whilst on a waiting list) and My PreOp calls (supporting patients to complete pre-operative assessments) were trialled but were unsuccessful, as clinical knowledge was needed to carry out the calls, e.g. patients wanted to discuss their medical condition. Subsequently, calls focused on reducing 'Did Not Attends' (DNAs) were established.

Did Not Attend (DNA) calls

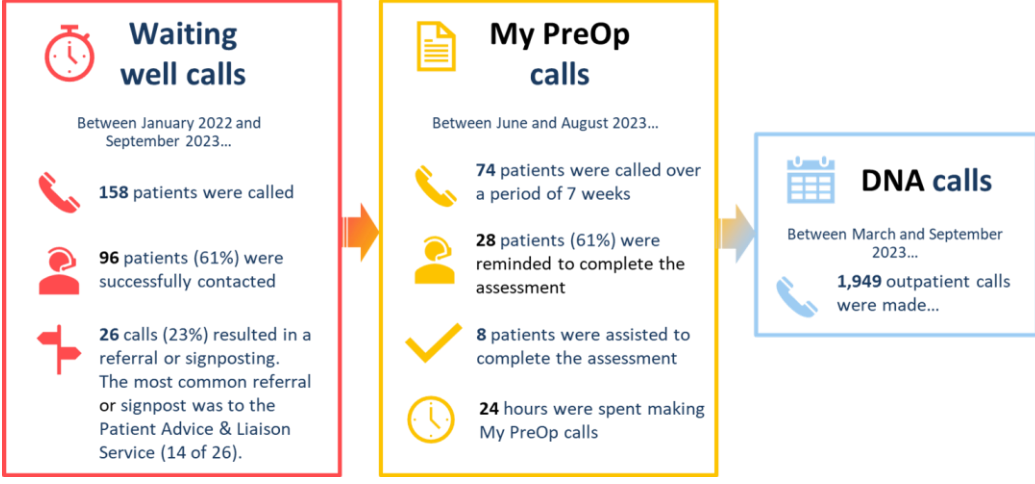
Volunteers undertake calls to provide reminders to patients who have an outpatient appointment the following week. The call focuses on encouraging their attendance. Whilst on the call, the volunteer will check if the patient has any barriers to attendance such as accessibility requirements.

If there are accessibility requirements, this is either escalated to the relevant specialism or organised by the volunteer or the volunteer co-ordinator.

If it is identified that the patient is unable to attend the appointment, this is flagged to the bookings teams to ensure the appointment is cancelled and rearranged, and the newly available slot then offered out to someone else waiting.

Health inequalities

This service supports the reduction of health inequalities. Often the patients most in need will be the patients least likely to attend appointments due reasons such as cost or lack of transport, information not being provided in their first language, cultural needs such as requiring a female doctor, etc.



The evolution of waiting well calls, a total of 2,181 calls were made to patients

Key learning

- Generic waiting well calls are difficult – fundamentally patients need to speak to someone with medical knowledge:
  - Patients will want to know about their position on the waiting list which volunteers cannot provide.
  - Volunteers asking medical questions inevitably requires escalation once the patient has responded.

Top tips

- Use experienced volunteers to trial the calls out in the initial stages to see how these calls might work and explore the patient needs.
- Collaborate with the specialisms that the volunteers are calling on behalf of as:
  - It improves the quality of the call script
  - It enables the development of effective escalation processes
  - The teams will be more receptive to insights gleaned from the data collected from the calls made
- Volunteers making calls provides efficiency gains for both the clinical and booking staff who are often having to make the calls to patients alongside their main job.

Source for waiting well calls: GEH DATIX export for waiting well calls only, January 2022 to September 2023. Number of onward referrals is not equal to number of patients referred as multiple referrals can be made for a single patient. Source for My PreOp calls: GEH Outpatient and My PreOp calls Microsoft Form. 23rd June to 14th August 2023.

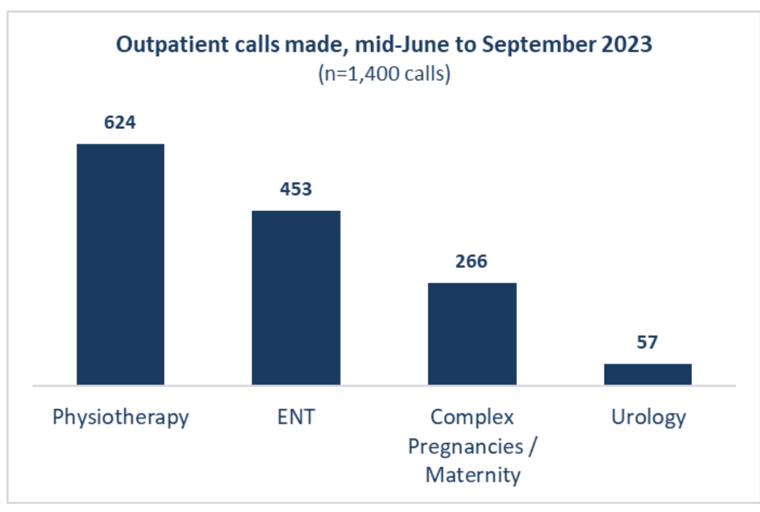
Insight: DNA calls

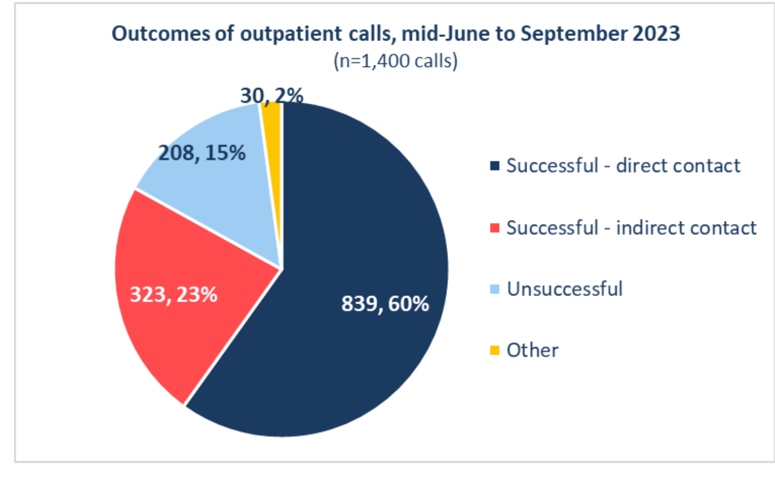
Outpatient reminder calls were piloted in March 2023 and then started to be completed on a more frequent basis from the end of April 2023. The purpose of these calls is to provide reminders to patients who have an outpatient appointment the following week, to encourage their attendance.

1,949

outpatient reminder calls made, March to September 2023

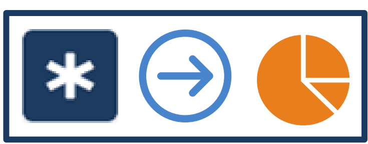
- Since March, 1,949 patients were attempted to be contacted. Between March and mid-June, only total volume of attempted calls were recorded. However, from 19th June 2023, details of outpatient calls started to be recorded in a consistent way, allowing us to look at outcomes of calls and which specialties they have been made on behalf of.
- Between mid-June and the end of September 2023, a total of 1,400 calls were made. They were mostly split between Physiotherapy (45%), ENT (32%) and Complex Pregnancy / Maternity (19%). A small number of calls were also made to Urology patients.
- Three fifths of the calls resulted in a successful contact where the volunteer spoke directly to the patient.
    - The vast majority of the time, the volunteer simply reminded the patient of their appointment.
    - 68 calls flagged that the patient wished to reschedule or cancel their appointment or had a query for the speciality (in which case they were referred to someone in the relevant team).
    - A further 23% of calls resulted in a reminder voicemail message being left, as the volunteer could not speak to the patient directly.
- Most calls that were unsuccessful were due to patients not answering, however 31 attempted calls had an unobtainable or incorrect number.



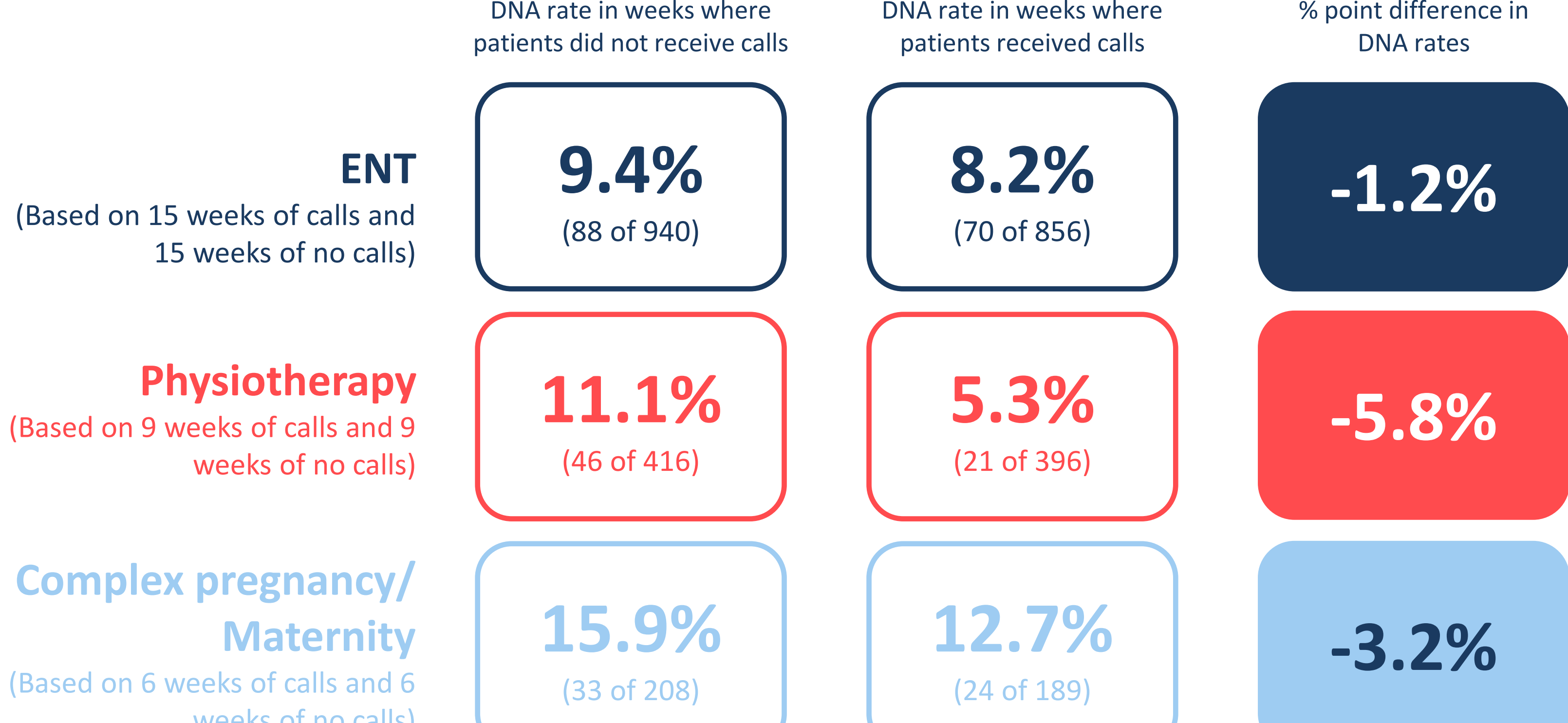


Source: GEH weekly report (13th March to 18th June 2023) and GEH Outpatient and MyPreOp calls Microsoft Form (19th June to 30th September 2023).

Impact: DNA calls



DNA rates have been analysed for ENT, Maternity/Complex pregnancies and Physiotherapy, comparing appointments in weeks where patients may have received a reminder call to weeks where they would not have received a call. Urology DNA rates have not been analysed due to the small volume of calls made for this speciality.



	DNA rate in weeks where patients did not receive calls	DNA rate in weeks where patients received calls	% point difference in DNA rates
ENT (Based on 15 weeks of calls and 15 weeks of no calls)	9.4% (88 of 940)	8.2% (70 of 856)	-1.2%
Physiotherapy (Based on 9 weeks of calls and 9 weeks of no calls)	11.1% (46 of 416)	5.3% (21 of 396)	-5.8%
Complex pregnancy/ Maternity (Based on 6 weeks of calls and 6 weeks of no calls)	15.9% (33 of 208)	12.7% (24 of 189)	-3.2%

- For each of these specialties, DNA rates were lower in weeks where patients had received calls, compared to when they had not. This difference was most notable for Physiotherapy, with a difference of 5.8 percentage points, which is statistically significant.
- The decreases for Maternity/Complex Pregnancies and ENT are smaller and, while they do indicate a reduction in DNA rates, the differences are not significant.
- It is recommended to continue making outpatient reminder calls on a consistent basis and over a longer period of time. This will provide a robust data set to compare to before the calls started which will take into account seasonal fluctuations. This will help to understand whether the decreases seen here are sustained and can be attributed to the calls being made.

Source: Calls – GEH weekly report (13th March to 18th June 2023) and GEH Outpatient and MyPreOp calls Microsoft Form (19th June to 30th September 2023). DNA rates – anonymised appointments and DNA data provided by GEH informatics team. A week where patients received calls is defined as a week where volunteers attempted to call at least 50% of patients with an appointment. A week where patients did not receive calls is defined as a week where no calls were made. Weeks where volunteers attempted to call less than 50% of patients have been excluded from the analysis. DNA rate is based on total volume of appointments and DNAs during the weeks in question; it is not an average weekly DNA rate.

Discharge calls

The role

- Through GEH's contact centre, attempts are made to call patients within 72 hours of being discharged, although this can extend to longer depending on the capacity of the contact centre and the availability of the patient.
- From the calls made, support needs are identified, and a relevant referral/ signpost completed. A contact centre approach to delivering calls at scale has been developed and continues to evolve. Supervision is provided for the volunteers, should they be troubled by or need to talk through a call.
- Since the contact centre began, volunteers have attempted to contact almost 6,500 patients. With a 55% success rate, just over 3,500 of the calls were completely successfully. A contact is considered successful if the call is answered and a volunteer is able to speak to the patient or a relative. Successful calls will not necessarily proceed to a full conversation, as some patients decline to go ahead with the full call.

6,450
patients contacted for a discharge call, Nov 21 to Sep 23

3,540
patients successfully contacted

154
average monthly successful patient contacts

Source: GEH DATIX export for discharge calls only, November 2021 to September 2023. Please note, it is possible that a patient may have been called more than once if they had multiple admissions to GEH during the time period.

Key learning

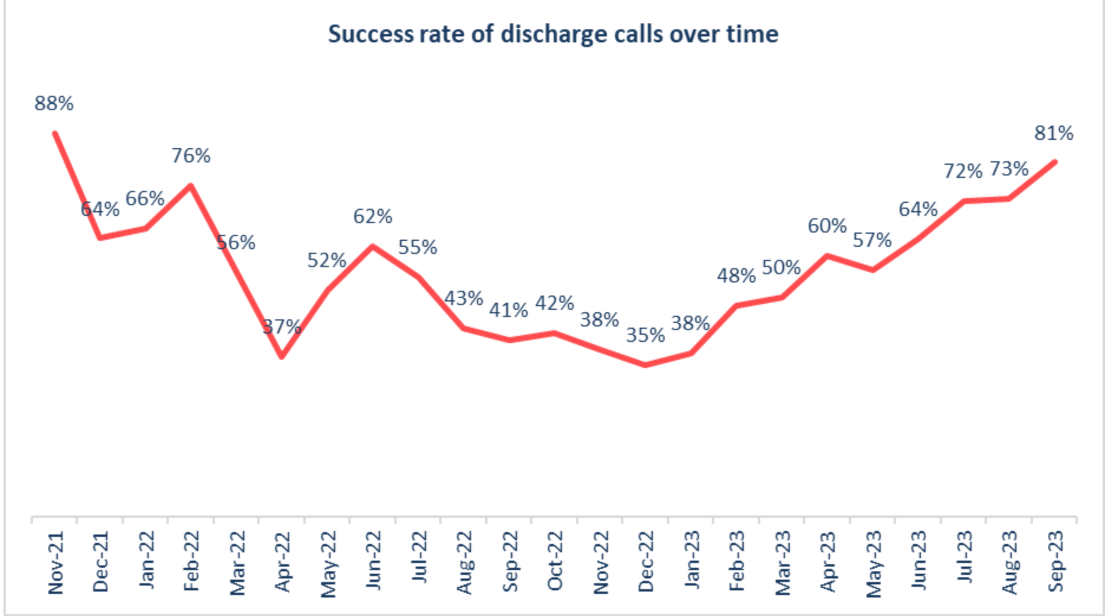
- The focus of the calls developed as the service developed and the team learned more about both patient and organisational need. For example, initially the service was hoped to prevent readmissions, however the focus has now shifted to supporting individuals to get the appropriate support from the community.
- Further, the process of delivering a call has also been adapted as delivery of the service has progressed. Originally the calls were a guided conversation, however as experience of conducting the calls has grown, a script and accompanying questionnaire has been developed. However, the script can be accompanied by supportive conversation by the volunteer and volunteers are provided with specific contact centre training to help them to undertake a blended approach.

Top tips

- Strong links are required between the discharge call volunteers, the contact centre coordinator and the BtHP nurse. Should callers have a concern or need beyond the volunteers' remit (i.e. medical queries), calls will need to be escalated.

Insight: Discharge calls

- The higher the success rate of calls, the more effectively a volunteers' time is likely to have been spent, speaking to patients rather than making unanswered phone calls. The success rate of calls has varied over time, and while definitive reasons cannot be given for this, the variation may relate to changes in approach.
  - When discharge calls first started, they were tested with a specific target audience (aged 75+, non-cancer diagnosis, elective admission, discharged to own home). Whilst somewhat variable month-to-month, the success rate started quite high.
  - As the audience for the calls widened to patients of any age, the success rate appears to decrease.
  - During 2023, the success rate has been on an upward trend. The team has begun sending a text to discharged patients to make them aware of the phone calls and give them the option to opt in or out. This has once again created a more targeted list of patients to call: those without mobile phone numbers on file who could not receive a text and those who have opted in to receive a call. The response rate for the text messages between May and September 2023 has been 8.8% who opt in and 1.7% who opt out.



Source: Success rate of calls – GEH DATIX export for discharge calls only, November 2021 to September 2023, n=6,450 patients contacted, n=3,540 patients successfully contacted (not necessarily unique patients). Response rate of texts – GEH weekly report, May to September 2023.

Insight: Discharge calls

From May 2023 onwards, data around success and outcomes of discharge calls has been recorded consistently. This allows us to deep dive into 5 months' worth of calls data, from May to September 2023.

Reasons for failed contact
(n=263 unsuccessful calls)

Reason	Count
No answer	128
Discharged to care home	68
Patient readmitted GEH	45
No contact numbers / inaccurate number	15
End of Life care / patient RIP	6
Patient admitted to another NHS organisation	1

90% of successful calls were successful on the first call attempt

92% were completed within 7 days of discharge

65% acted as a check in call, requiring no further action. A further 2% were provided with information by the volunteer

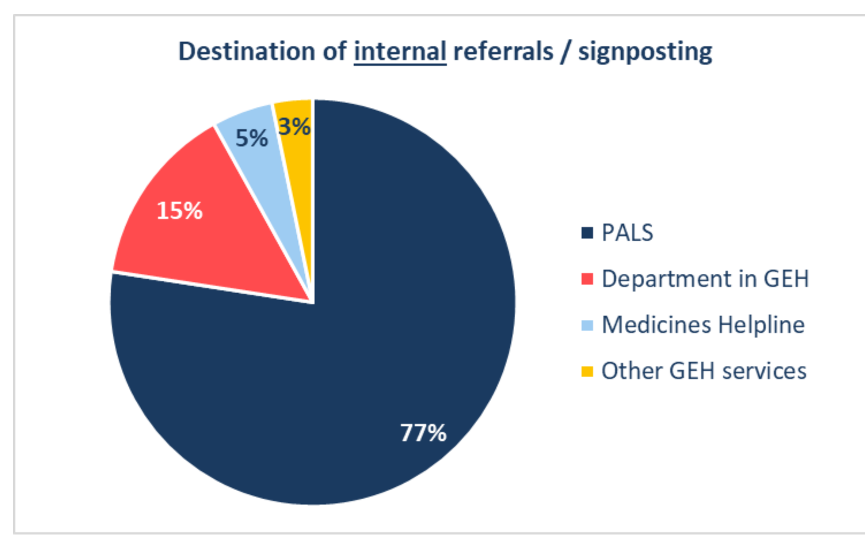
33% required an onward referral to the contact centre co-ordinator, either to check the volunteer's notes or follow up with the patient

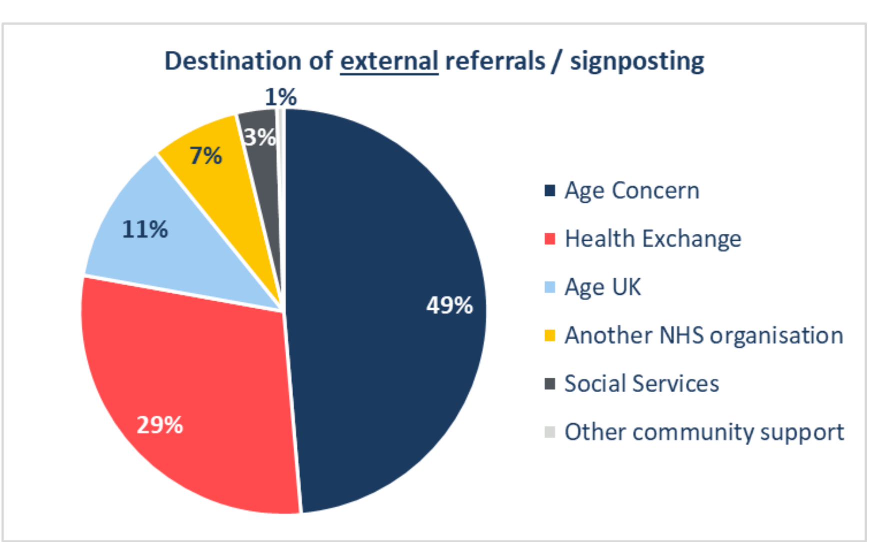
9% resulted in an onward referral or signposting

Source: GEH DATIX export for discharge calls only, May to September 2023, n=845 patients contacted, n=582 patients successfully contacted (not necessarily unique patients).

Impact: Discharge calls

- Calls where any identified issues cannot be solved through providing information alone result in onward referrals or signposting.
- Since discharge calls began, a total of 247 onward referrals or signposting have been recorded, split out into 62 (25%) made to internal GEH services and 185 (75%) to external support services. Onward referrals weren't consistently recorded until May 2023, so although these referrals cover calls since November 2021, this is likely an undercounting of referrals.
- The majority of internal referrals or signposting goes to PALS, while just under half of external referrals have been to Age Concern.
- An important community partner in this project has been **Health Exchange,** with 29% of external referrals made to them. Patients identified as needing support in the community can be referred to Health Exchange, where their community social prescribers use their knowledge of local support services to signpost/ refer patients for additional support. The partnership with Health Exchange is further explored later in this report.





Source: GEH DATIX export for discharge calls only, November 2021 to September 2023. Number of onward referrals is not equal to number of patients referred as multiple referrals can be made for a single patient.

Response Volunteers

Response volunteer service

Response Volunteers are a team of volunteers trained to complete a selection of pre-identified activities across a hospital site e.g. pharmacy runs and discharge support. The volunteers have the skills to complete multiple types of activities and the service infrastructure has the flexibility to meet the fluctuating demands of a busy hospital.

Patient flow

At GEH, the Response Volunteer role supports patient flow, with a particular focus on discharge related tasks. For example, volunteers support Same Day Emergency Care (SDEC) by running urgent pathology samples when needed, **increasing patient flow** by collecting the discharge medication from pharmacy and bringing it straight to the patients on the wards to free up bed space. Response Volunteer Drivers also deliver to patients at home ensuring they have the appropriate medication.

- Responders give a large amount of volunteering time: they volunteered for the equivalent of 111 working weeks or 2.5 full time equivalents across one year.
- Between April and September 2023, the breakdown of response volunteer hours was:
  - **58%** spent in the meet and greet role.
  - **34%** undertaking response tasks.
  - **8%** providing kiosk support to help patients sign in for their appointments in the outpatient department.

4,178
volunteer hours in responder roles, Oct 2022 to Sep 2023

equivalent to

111.4
working weeks of productivity gains

2.5
full time equivalent

Source: Apr to Sep 2023 - GEH 'Better Together' Microsoft Form, hours recorded under 'Responder Volunteer', 'Kiosk Support' and 'Meet and Greeter / Way finder' roles. Oct 2022 to Mar 2023 – GEH weekly spreadsheet. Working week = 37.5 hours. Full time equivalent = 37.5 hours per week, 45 weeks per year.

Key learning

- The Response Volunteers generate mass amounts of activity data. Ensuring you have simple but robust systems and processes to capture the data will enable you to capture the full impact of the activity. QR codes for volunteers to use to capture their activity has proven to be effective.
- Ongoing promotion of service, such as advertising across the hospital, is important to raise the profile of the service, build staff understanding of how the volunteers can support them, and ensure a good number of requests for volunteer support are received.
- Through service promotion, alongside other techniques, the service has been recognised as a key support to operational efficiencies and is now included within the Bronze Command Structure.

Top tips

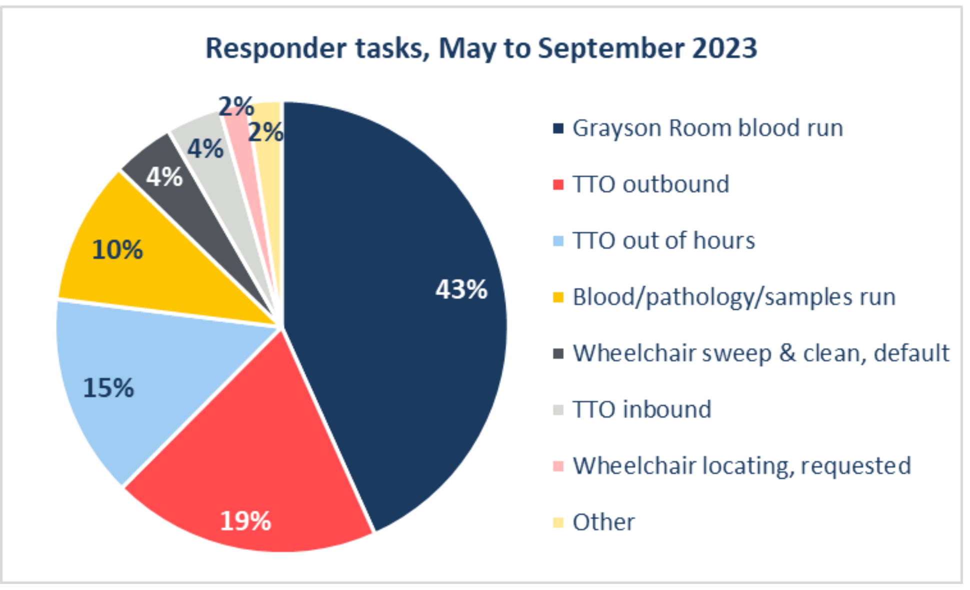
- Responder volunteers should be able to flex in response to the needs of the organisation. Regularly engage with clinical and facilities teams to ensure volunteer tasks align with current needs.
- Predefining tasks that add value across the hospital will help to optimise the impact of the task being completed at scale.

Insight: Response volunteers

- Over 1,200 tasks were completed by responders in a five-month period.
- Over half of these were made up of blood and sample runs: 43% specifically Grayson Room blood runs (a specific department within GEH) and 10% more generic blood and pathology runs.
- 38% were tasks related to TTOs (To Take Out prescriptions). These tasks are important to support patient flow around the hospital, by delivering medications from the pharmacy to patients to enable them to be discharged home. The various TTO types completed are:
  - TTO inbound – delivery to patient whilst an inpatient.
  - TTO outbound – delivery to patient at home, within normal working hours.
  - TTO out of hours – delivery to patient at home, outside of normal working hours.
- An average of 36 out of hours TTO deliveries were made each month during this period. These deliveries may have led to patients being discharged earlier thereby freeing up valuable bed space earlier, as volunteer drivers were able to deliver their medication to them at home later in the day.

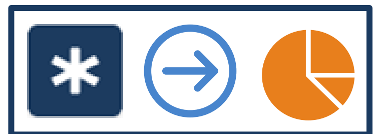
1,225

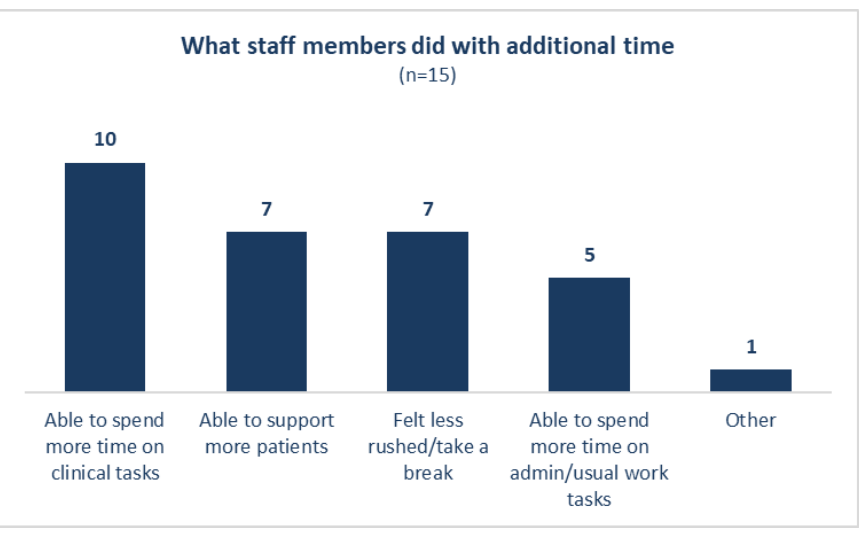
Responder tasks completed, May to September 2023



Source: GEH 'Better Together' Microsoft Form for all tasks other than TTO outbound and TTO out of hours, which are taken from GEH's weekly report. May to September 2023.

Impact: Staff feedback on Response Volunteers





- In the staff survey, 16 members of staff reported that they had worked with response volunteers in the last 6 months.
- Almost all of those felt that during a typical interaction, the response volunteer had freed up some of their time, with the remaining one staff member stating that they did not know.
- Those who felt that some of their time was freed up mostly said that they were able to spend more time on clinical tasks, but other benefits such as being able to support more patients and feeling less rushed/being able to take a break were also identified.
- While these survey responses are small, they show positive emerging findings of the impact that response volunteers can have.
- Although it has not been possible to quantify staff time saved through response volunteer support, these volunteers provided the equivalent of 111 working weeks of productivity gains across one year.

Source: Helpforce survey of GEH staff who had worked with responder volunteers in the last 6 months. February to July 2023.

Community support

Community support

GEH's work to support people to live well has focussed on establishing community relationships across Warwickshire North Place and the wider ICS, shifting resources from remedial to preventative, and building more resilient communities that place less pressure on the health and care system. Community Engagement Officers identify pressure points on GEH services which they can address through working with volunteers and the voluntary sector.

Networking is a key aspect of the Community Engagement Officers' role, to understand initiatives that are already in place and identify gaps and barriers that exist in the community. The Community Engagement Officers help to increase access to health services in some of the most deprived communities and identify people in communities that can act as advocates. Over one year, GEH estimated the Community Engagement Officers have meaningfully connected with **1,000 patients**.

The role is key in supporting the BtHP by:

- encouraging and increasing access to health services in the community;
- raising awareness of the work of volunteers;
- supporting recruitment of new volunteers from different communities; and
- identifying community groups and charities that can help patients recover and live well.

Safer Warwickshire Partnership Board 'Tackling Discrimination' event.

GEH Community Engagement Officer events. ICB Market Place.

Their work is aligned with the CORE20PLUS5 framework, aiming to reduce health inequalities by improving access to services.

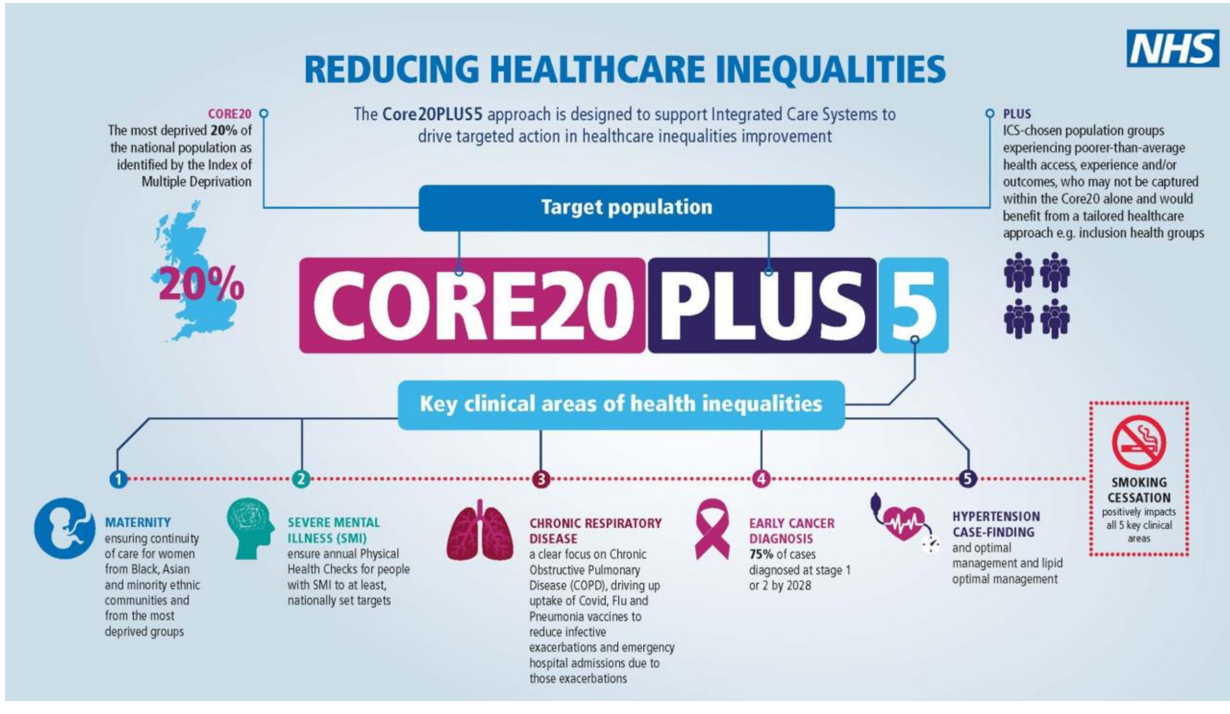
More detail on their work on each aspect of CORE20PLUS5 can be found on the next slide.

By leading on the community work to date, the Community Engagement Officers now have invaluable knowledge on the needs of different communities, the challenges they face and effective engagement strategies. Using this foundation, further development is now expected to integrate volunteers into work connecting with harder to reach communities.

The Community Engagement Officers' work around CORE20PLUS5

CORE20

- Connected with 1,000 people over one year, with a correlation between those supported and those living in the most deprived areas.
- Of 48 events organised in one quarter, almost half took place in the 20% most deprived areas of Warwickshire.
- With people from most ethnic minorities being more likely to live in the most deprived areas[1], work has also targeted ethnic minorities at most need.



PLUS

- Supported people from itinerant communities through bi-monthly health checks in a mobile unit at traveller sites.
- Upheld the Armed Forces Covenant by connecting with barracks and the veteran contact centre for early identification of personnel and their families.
- Connected with the Resettlement Scheme team to work with Ukrainian and other migrant communities.

Maternity

- Specific work with local ethnic minority groups to encourage appropriate and timely uptake of maternity services rather than visiting ED.
- Facilitated health information sessions, including good pregnancy health, breast feeding and vaccinations.

Hypertension

- Focus so far has been supporting people with diabetes or at risk of diabetes, promoting diabetes prevention and education. It is hoped this will have a knock-on effect on hypertension.
- Also worked alongside GEH's CVD project to encourage people to get healthy heart checks.

Severe mental illness

- Connections have been made with the Enablement Team and Mental Health NHS Ambassadors to plan physical health and mental health awareness sessions, focussing on ethnic minorities and harder to reach communities.

Chronic respiratory disease

- Raised awareness of the importance of flu and COVID vaccinations, including posters and leaflets being distributed in different languages.
- Targeted lung health checks planned from April 2024 onwards.

Early cancer diagnosis

- Sessions delivered to local communities on cervical, bowel and breast cancer screening, aiming to raise awareness of the importance of screening programmes, how tests are carried out, signs and symptoms to be aware of and how to perform breast self-checks.

[1] People living in deprived neighbourhoods - GOV.UK Ethnicity facts and figures (ethnicity-facts-figures.service.gov.uk). CORE20PLUS5 image taken from NHS England » Core20PLUS5 (adults) – an approach to reducing healthcare inequalities

Partnership with Health Exchange

- An integral community asset for the Back to Health Pathway has been the partnership developed with Health Exchange. The Health Exchange Community Social Prescribing service is a community-based social prescribing team that is funded by the Coventry and Warwickshire Integrated Care Board to support community members and patients through a variety of services.
- As well as providing personalised care to large numbers of community members, they are also able to directly address the determinants of health issues by forming place-based forums and hubs. In addition, they build novel referral pathways to ensure that they can support patients in a more robust way through partnership working. The partnership with the Back to Health Pathway is an example of this.
- The findings below were produced by Health Exchange as part of their regular reporting on the progress of the BtHP work. In the 2023/24 financial year up to November…

85

patients were referred from the BtHP to Health Exchange, with

694

contacts made to these patients, typically lasting 50 minutes each.

The **top reasons** support was required were:

1. Adult social care
2. Equipment needs
3. Mental health

Patients were referred to **14 unique organisations**, with most referrals going to **Adult Social Care** and **MIND**.

Follow ups were completed with 17 patients to understand any changes after having support, which found:

13 had improved anxiety;
13 had improved happiness;
13 had improved life satisfaction;
14 improved their sense of the things they do being worthwhile.

Some benefits reported by patients included being **listened to** and feeling **more independent**…

"I feel more happier after leaving the hospital and can actually manage better at home than I thought."

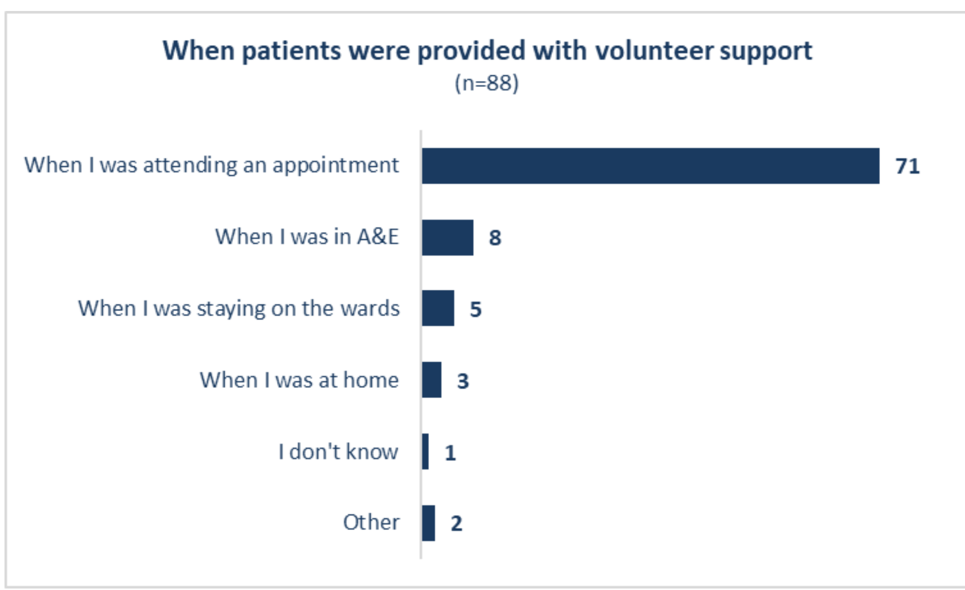
"[The social prescriber] was good. Made me feel recognised. Struggle to get seen in other settings.."

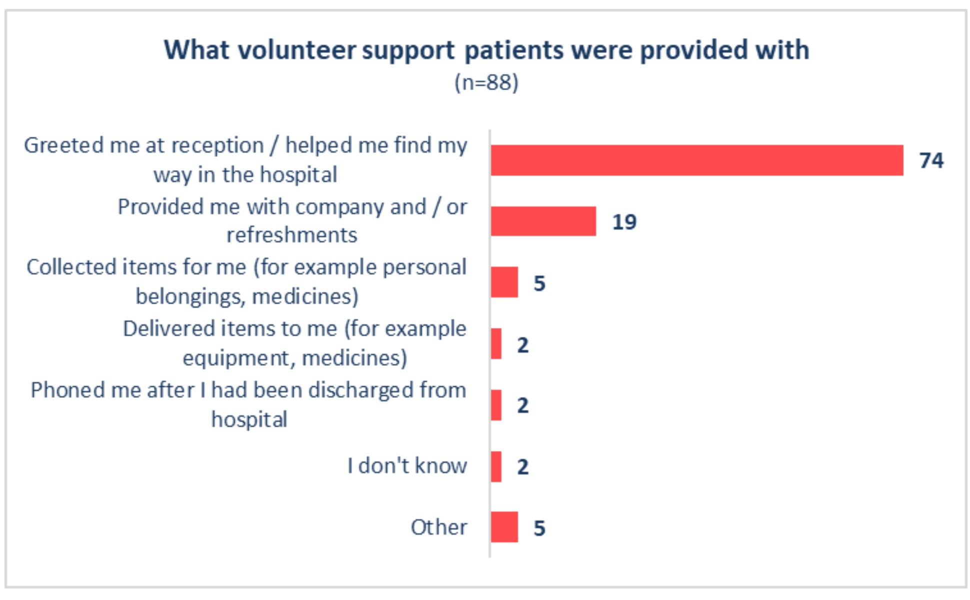
NB: Referral volumes shown here differ from those on slide 28. GEH referral volumes are likely an undercounting due to data recording. The findings on this page have not been verified by Helpforce.

Feedback

Context: Patient feedback

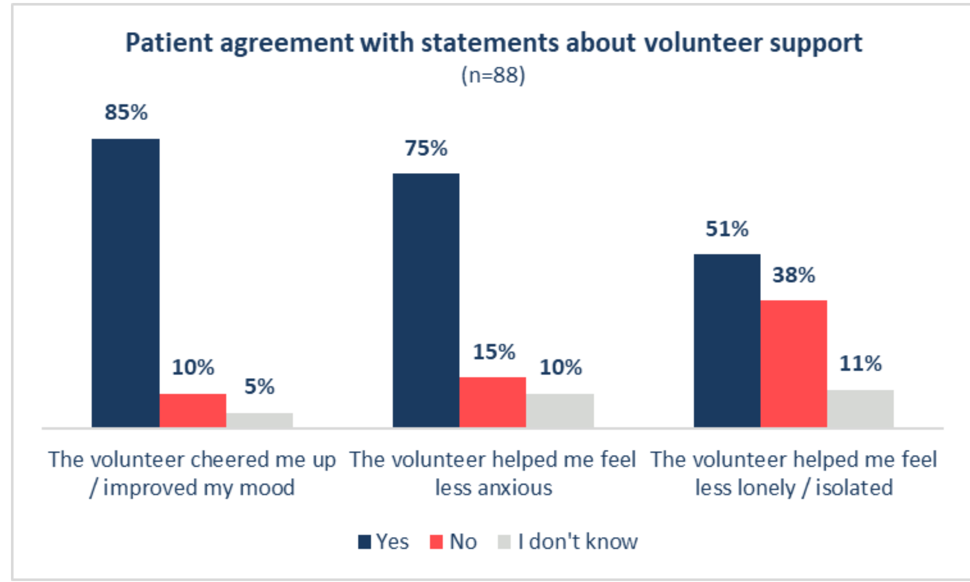
- Surveys were made available for patients to feed back on their experience with George Eliot volunteers. 88 responses were received between March and August 2023.
- The majority of patients who responded to the survey had come into contact with a volunteer while attending an appointment (71), while a handful had also interacted with them in other contexts such as A&E (8) and during an inpatient stay (5).
- In line with this, most patients reported they had volunteer support when greeted at reception or helped to find their way (74), whilst 19 had been provided with company or refreshments by a volunteer. Other types of support were only mentioned by small numbers of patients. The survey included an option of 'phoned me whilst I was waiting for an appointment' but no patients selected this.





Source: Helpforce survey of GEH patients who had support from a volunteer. March to August 2023.

Impact: Patient feedback



- 85% of patients agreed that volunteer support had cheered them up / improved their mood, while three quarters reported that it had helped them to feel less anxious.
- Half of patients agreed that the volunteer helped them to feel less lonely / isolated, however 38% did not agree with this. Previous experience has shown that more in depth volunteer support is required to improve loneliness, which is unlikely to be achieved when most patients surveyed had support when attending an appointment. Similarly, they may not have been expecting volunteer support for this purpose.
- Comments from patients were very positive, with mentions of appreciating seeing a friendly volunteer's face and reducing anxiety about finding their way around the hospital.

"The volunteer made me smile when I was sad and provided good company."
GEH patient

"The volunteers have helped me sort the machine out when I have been here before - been very helpful actually and they are always approachable and smile!"
GEH patient

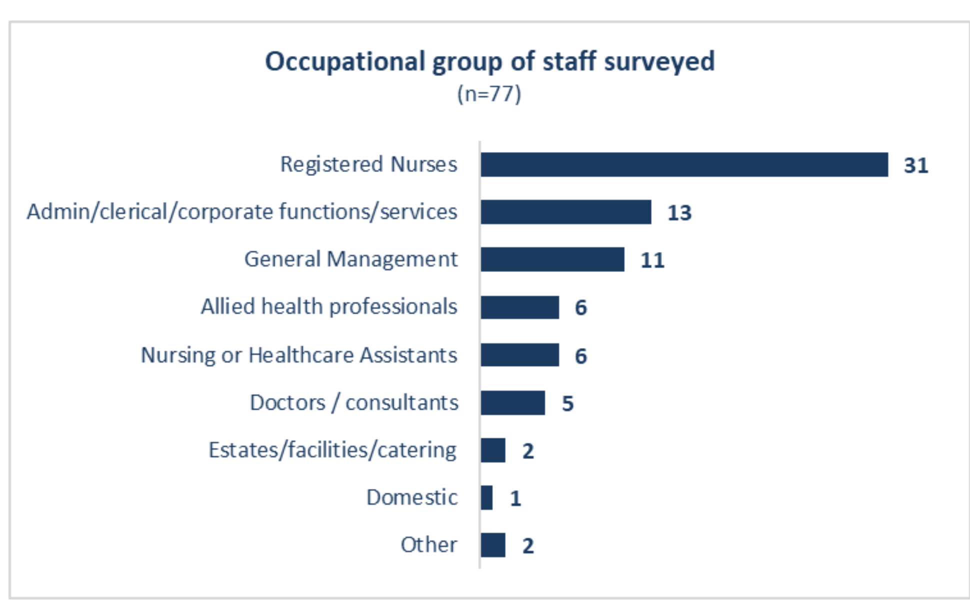
"Having volunteers in the reception area meant I was able to find where I needed to go much more easily - this certainly meant I felt less anxious."
GEH patient

"Volunteers are so lovely, they greet everyone with the same respect and caring. Thank goodness there are lovely people like this that are willing to help others. It is very much appreciated."
GEH patient

Source: Helpforce survey of GEH patients who had support from a volunteer. March to August 2023.

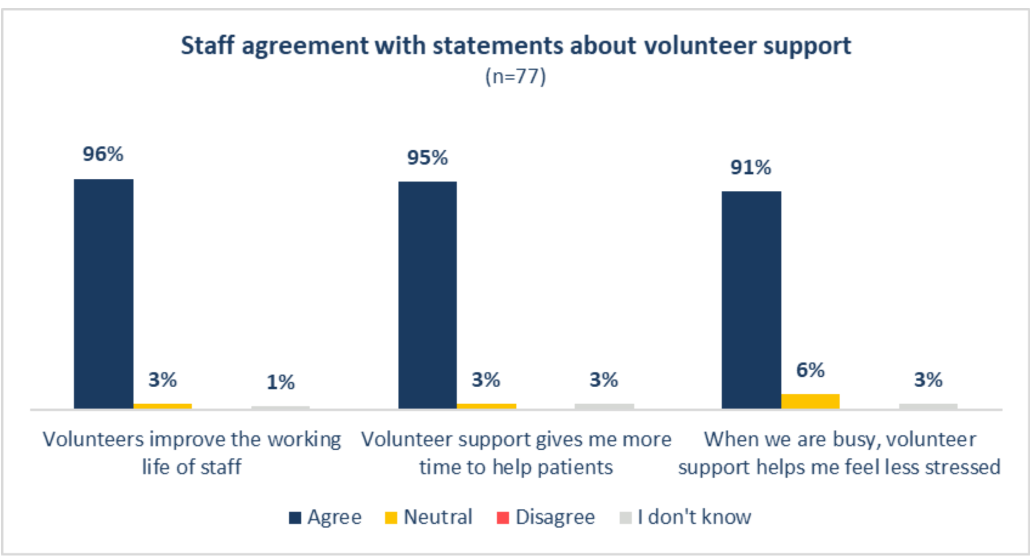
Context: Staff feedback

- Surveys were also made available for staff members to feed back on their experience with George Eliot volunteers. 77 responses were received between February and July 2023.
- The occupational group feedback was most commonly received from was registered nurses (31 responses), followed by administrative staff (13) and general management (11). Other occupational groups were represented in small numbers.
- Staff members were able to complete the survey if they had worked with a volunteer in the last six months. The staff surveyed most commonly said they had worked alongside ward volunteers, however drivers, active response volunteers and League of Friends were also regularly mentioned.



Source: Helpforce survey of GEH staff who had worked with volunteers in the last 6 months. February to July 2023.

Impact: Staff feedback



- The staff surveyed were very positive about the volunteer support they had received.
- The vast majority (99%) reported that they were satisfied with the support. The one remaining staff member said that they were neutral about the support, and none said they were unsatisfied.
- Similarly, high levels of agreement were seen across all of the statements about volunteer support. The majority of staff surveyed agreed that volunteer support gives them more time to help patients, helps them to feel less stressed when busy, and improves the working lives of staff.

"The volunteer who I have had contact with this week has been a pleasure to work with… She conducted the phone calls in a lovely, engaging manner and handled a difficult situation with tact and maturity. Her work has enabled us to greatly improve our scores against one of the key performance indicators we are measured against."

Clerical staff member

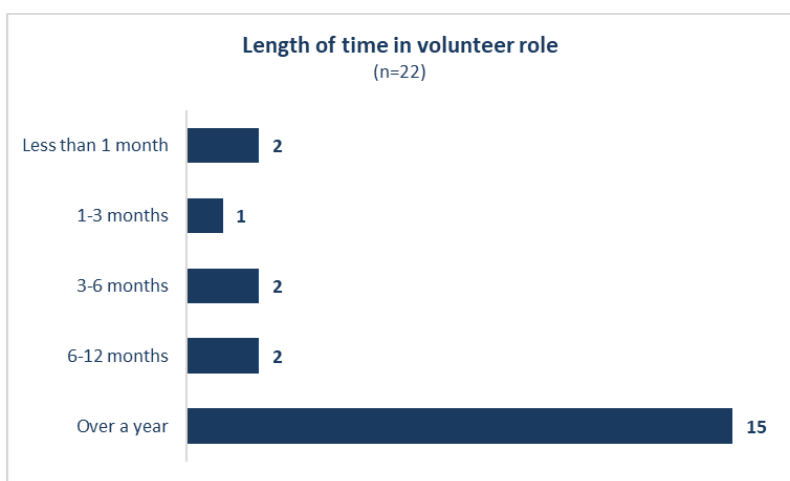
"Volunteer in ED is part of our team he looks after our staff and patient with kindness and compassion."

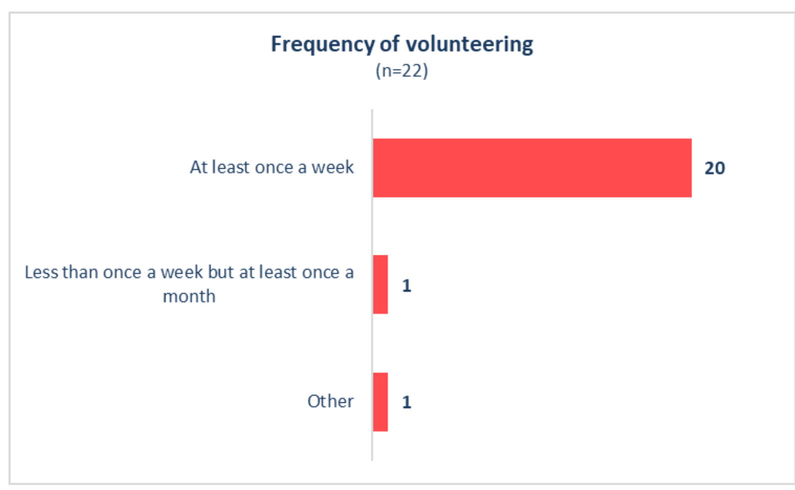
Registered Nurse

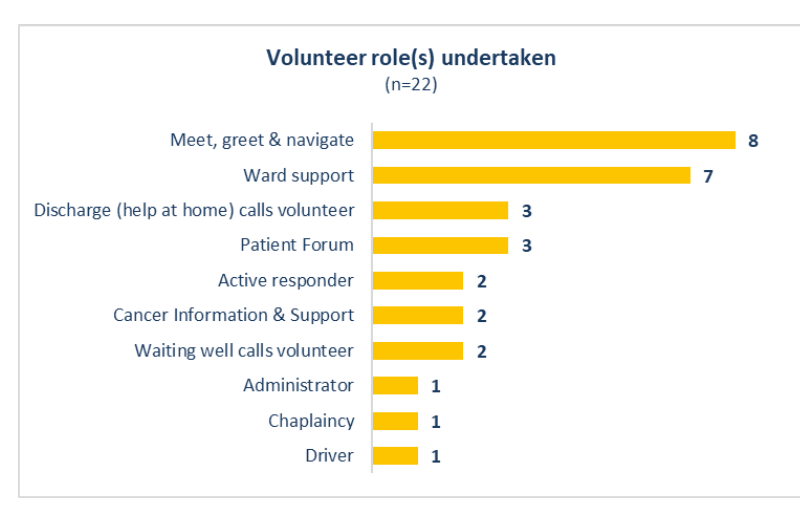
Source: Helpforce survey of GEH staff who had worked with volunteers in the last 6 months. February to July 2023.

Context: Volunteer feedback

- Surveys were also made available for volunteers to feed back on their experience. 22 responses were received between January and July 2023.
- Most of those who responded were long-standing volunteers who had been in their role for over a year.
- The survey respondents also appeared very engaged, with 20 out of 22 volunteering at least once a week.
- There were responses from volunteers completing a range of roles, most commonly meet, greet and navigation (8) and ward support (7) but there was also smaller representation of some other roles. Five volunteers reported that they undertook more than one role at GEH.







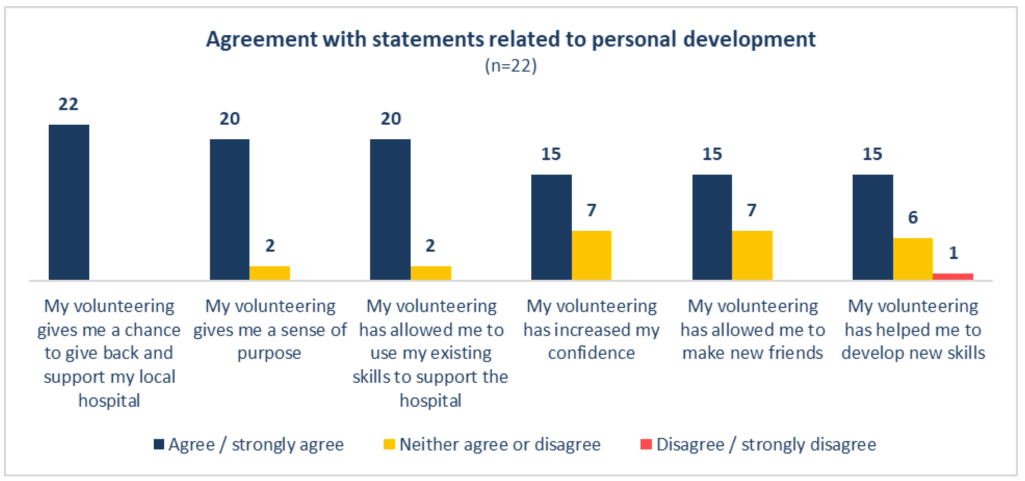
Source: Helpforce survey of GEH volunteers. January to July 2023.

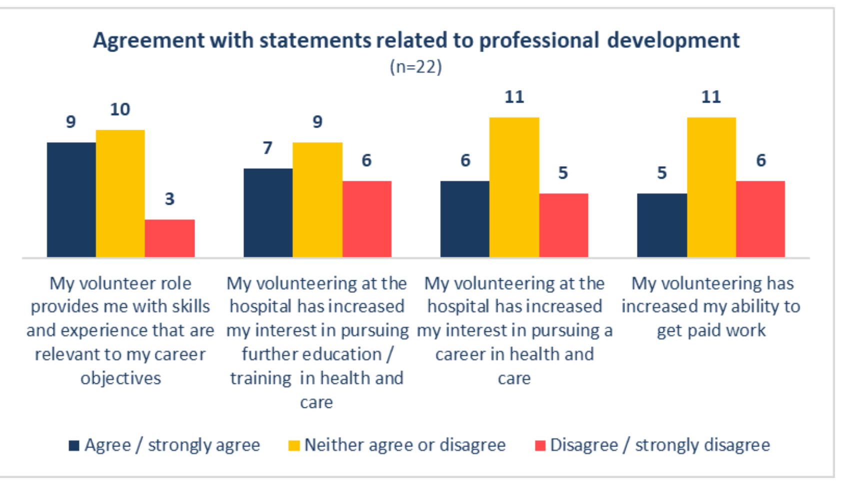
Impact: Volunteer feedback

- The majority of volunteers agreed that they felt welcomed by the volunteering team and had received enough support from other members of (non-volunteering) hospital staff. A slightly lower proportion agreed that they had received enough support from the volunteer team.
- The lowest levels of agreement were seen for having all of the equipment and relevant training needed to perform their role. This demonstrates the importance of ensuring that volunteers are effectively trained and equipped before commencing their role.

Source: Helpforce survey of GEH volunteers. January to July 2023.

Impact: Volunteer feedback



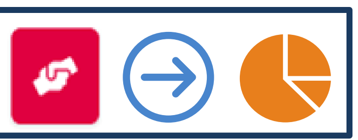


- Volunteers were asked about the impact their volunteering has had on them personally.
- All of them agreed/strongly agreed that it had given them a chance to give back and support their local hospital and almost all agreed/strongly agreed (20 of 22) that it gives them a sense of purpose and has allowed them to use their existing skills to support the hospital.
- While a smaller proportion, still the majority (15 of 22) agreed/strongly agreed with each statement that it had increased their confidence, allowed them to make new friends and helped them to develop new skills.

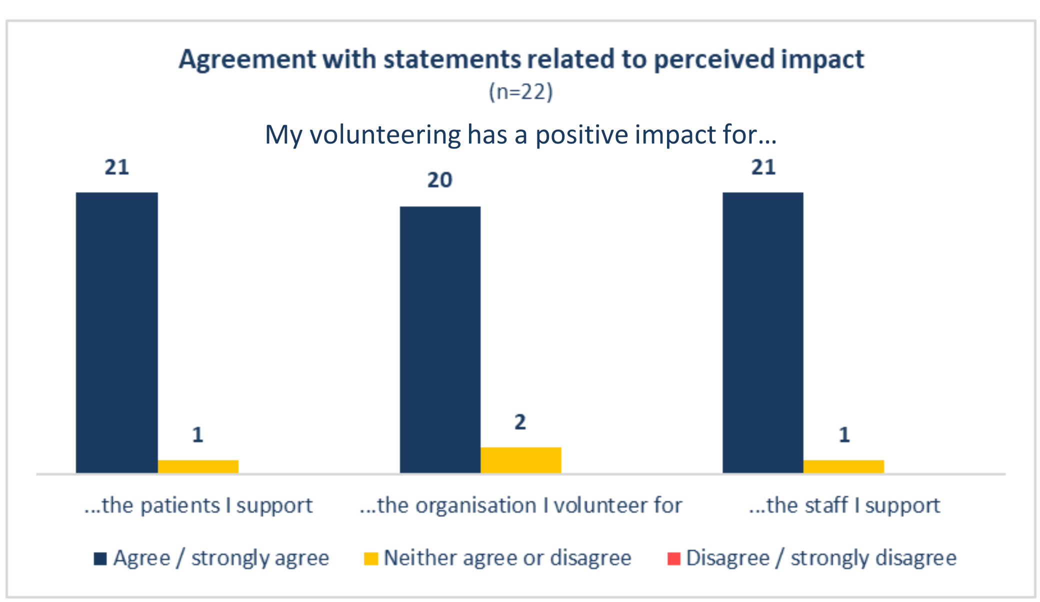
- Much lower levels of agreement are seen for statements related to professional development.
- Volunteers were more likely to say that they neither agreed or disagreed that they had developed skills and experience relevant to their career, that volunteering had increased their interest in further education or a career in health and care, and that volunteering had increased their ability to get paid work.
- From the information provided, it is unclear whether this is due to the opportunities offered or the life stage and aspirations of the volunteers. Anecdotal feedback from GEH staff is that the volunteering base is relatively split between older and younger people.

Source: Helpforce survey of GEH volunteers. January to July 2023.

Impact: Volunteer feedback



- Almost all volunteers agreed that they have a positive impact for the patients they support, the organisation and the staff. Crucially, no volunteers disagreed with these statements.
- Feedback from volunteers demonstrates this positive impact further.



"Patients are very appreciative and very complimentary when phoning them at home after discharge they are very pleased that the hospital are following up their discharge."

Volunteer

"On one occasion I was able to offer support to a patient who had suffered a panic attack and was distressed because of his recent prostate cancer diagnosis and the side effects of his treatment. This was because of my own experience of the same thing. He was very grateful and thanked me profusely."

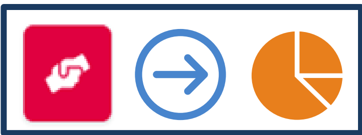
Volunteer

"I have received many thanks during my time at the George Eliot Hospital from people I have guided to wards, and from staff on wards that I have collected samples for quickly. The fact they thanked me made it worth it as I know my help was able to make their stay much easier. And the staffs job just that little bit easier as well."

Volunteer

Source: Helpforce survey of GEH volunteers. January to July 2023.

Impact: Volunteer feedback



20 of 22
said their volunteering role had met or exceeded their expectations

(14 had expectation met, six exceeded)

18 of 22
were satisfied with their volunteering role

(Remaining four neither satisfied nor unsatisfied)

21 of 22
said they were likely to recommend GEH to others if they needed care

(Remaining one neither likely nor unlikely)

19 of 22
said they were likely to recommend volunteering at GEH to others

(remaining three neither likely nor unlikely)

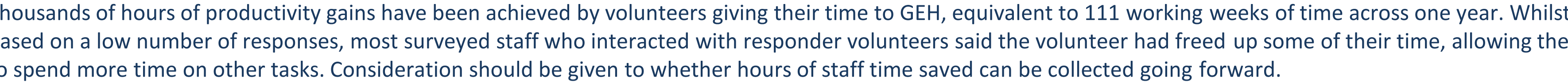
While scores are relatively strong for meeting expectations, satisfaction and likelihood to recommend, small proportions of volunteers reported to be neutral and two volunteers said their expectations had not been met. Feedback provided through the survey was not detailed enough to confirm reasons for this. Running open forum sessions for volunteers or providing ways for them to regularly feed back on their experiences could be considered to capture how to maximise the experience of all volunteers.

Source: Helpforce survey of GEH volunteers. January to July 2023.

Learning, sustaining and scaling

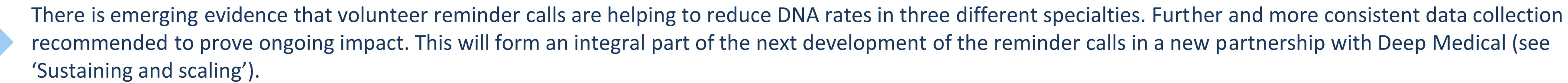
Conclusions

- **Volunteer support results in increased efficiencies**



Thousands of hours of productivity gains have been achieved by volunteers giving their time to GEH, equivalent to 111 working weeks of time across one year. Whilst based on a low number of responses, most surveyed staff who interacted with responder volunteers said the volunteer had freed up some of their time, allowing them to spend more time on other tasks. Consideration should be given to whether hours of staff time saved can be collected going forward.

- **Volunteer support helps to reduce Do Not Attends**

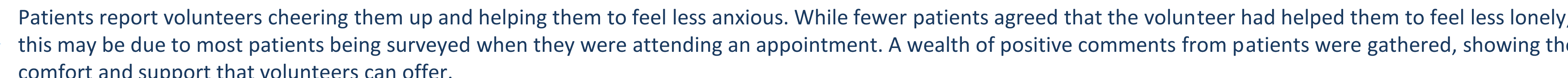


There is emerging evidence that volunteer reminder calls are helping to reduce DNA rates in three different specialties. Further and more consistent data collection is recommended to prove ongoing impact. This will form an integral part of the next development of the reminder calls in a new partnership with Deep Medical (see ‘Sustaining and scaling’).

- **Volunteer support has a positive impact on staff working lives**

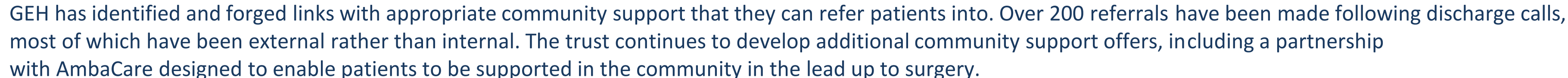
Most surveyed staff agree that volunteers improve the working lives of staff, enabling them to spend more time helping patients and helping them to feel less stressed when they are busy, indicating that volunteers help to improve staff wellbeing and productivity.

- **Volunteer support has a positive impact on patient experience and wellbeing**



Patients report volunteers cheering them up and helping them to feel less anxious. While fewer patients agreed that the volunteer had helped them to feel less lonely, this may be due to most patients being surveyed when they were attending an appointment. A wealth of positive comments from patients were gathered, showing the comfort and support that volunteers can offer.

- **Volunteers support patients to better access community support**



GEH has identified and forged links with appropriate community support that they can refer patients into. Over 200 referrals have been made following discharge calls, most of which have been external rather than internal. The trust continues to develop additional community support offers, including a partnership with AmbaCare designed to enable patients to be supported in the community in the lead up to surgery.

- **Impactful volunteering roles have a positive impact on volunteers themselves**

Numerous benefits for volunteers have been seen including being able to give back, giving them a sense of purpose and using their existing skills to support the hospital. They also have confidence that their time spent volunteering is of benefit to others and have a positive volunteering experience. These findings are based on a small proportion of volunteers, so it is recommended for GEH to continue seeking feedback from volunteers on a regular basis, to ensure various opinions and experiences are taken into account.

- **BtHP volunteers have a wider impact on the Trust**

In addition to the benefits already mentioned for patients, staff and volunteers, the volunteering team has developed links with clinical and operational staff to ensure that their service best meets the needs of the organisation and adapts to changing needs as required. They are receptive to challenges and insights, developing their existing roles and trialling innovative roles to deliver measurable benefits for the organisation. They have proven their ability to deliver at scale, having supported just over 40,000 patients in two years.

Sustaining and Scaling

The BTHP continues to grow and scale at George Eliot Hospital, with plans in place for further expansion and additional services.

Asset building

Shape up for Surgery

A relationship has been developed with a local social enterprise, AmbaCare, to offer a Shape Up for Surgery programme for patients with upcoming surgery. They provide a 12-week programme which supports patients to meet pre-surgery goals, for example lowering their BMI, stopping smoking or reducing their alcohol intake.

Between June and September 2023, some initial work was underway. Led by the Back to Health Nurse, **95 patients being referred** to the Shape up for Surgery programme. At the time of evaluation, **35 of these patients were on or had completed a 12-week programme**.

GEH are now working alongside AmbaCare to recruit wellbeing volunteers to support the delivery of these services, encouraging patient participation and keeping in touch with them throughout their programmes. Additionally, **referrals will be accepted from local GPs** to increase the number of patients being supported to prepare for upcoming surgeries.

Source: GEH Improvement Board monthly report, June to September 2023.

Scaling contact centre activity

Deep Medical

A partnership has been established with Deep Medical, a company that uses Artificial Intelligence to predict appointment non-attendance, to assist GEH in the **next phase of their waiting well DNA call service**. The service Deep Medical provides analyses historic data to understand patients' patterns of behaviour and any characteristics that are linked to them being more likely to not attend appointments.

This insight will allow volunteers to make **more targeted calls** to those **patients most at risk of non-attendance**, rather than having to call *all* patients with an upcoming appointment. This then creates capacity for the initiative to be **spread across more specialties**. A previous trial of Deep Medical's technology in another Trust showed improvements in DNA rates generally, but also amongst those experiencing **health inequalities**. At the time of evaluation, GEH is in development stages of this new project, with the aim of launching in the next few months.

Source: Deep Medical, Deep Medical - AI enhanced decision making

Patient flow

New trust-based volunteering roles

The GEH volunteering team continue to review opportunities for providing additional support to patients, staff and the community. Using the Helpforce Adopt & Adapt service, GEH are currently working to implement a Mealtime Support volunteering role, where volunteers provide companionship and support to patients during mealtimes.

The role aims to increase patient hydration and nutrition, as well as improve their overall hospital experience. Additionally, this role hopes to reduce some pressure on staff by allowing them to undertake other tasks in the knowledge patients are being well supported.

Data limitations

- Whilst it has been possible to gather evidence against most anticipated outcomes, researchers would encourage continued data collection to build the strength of the evidence provided in this report. Consideration also should be given to how data collection methodologies need to be changed so that things like staff time saved can be proven.
- For transparency and to aid accurate interpretation of findings, it is important to acknowledge limitations of the data used in this report:
    - Patient, staff and volunteer feedback surveys were not restricted only to Back to Health volunteers or those who had interacted with Back to Health volunteers. Therefore survey feedback relates to volunteering at GEH as a whole.
    - Detailed call records for DNA calls with fields for specialty, success and reasons for unsuccessful calls were not implemented until mid-June 2023. Prior to this, only total number of calls made and successful calls were recorded. It has been assumed (based on conversations with GEH) that the bulk of the pre-June calls were made for ENT appointments and a small number for Urology appointments.
    - It has not been possible to calculate the difference in DNA rates for outpatient specialties before and after the appointment reminder calls started. This is because calls have not been made consistently every week, either due to not having volunteer coverage or the number of calls recorded being far lower than the number of booked appointments. Analysis has compared the DNA rate in weeks when calls were made and weeks when they weren't. The weeks when calls weren't made are a combination of weeks before the calls started and intervening weeks between calls being made.
    - Analysis of DNA rates is only based on a small number of weeks and does not take into account seasonal fluctuations. These findings should be treated as emerging and repeat analysis after a more sustained period of implementation is advisable to confirm interim findings.
    - Data for general waiting well and discharge calls is not complete as the system was not initially set up to make certain fields mandatory or single vs. multiple selection. Helpforce worked with GEH to make critical fields mandatory (e.g. call success, volunteer outcome, co-ordinator outcome), but data before this time for these fields and data for all other fields is incomplete, which has limited exploratory analysis on the data.
    - It was noted that there were discrepancies between GEH's weekly report which summarises key data sources and activity, and the original data sources. For the purposes of this report, data from the original data source has been used wherever possible. Only where the original data source is incomplete (such as for outpatient reminder calls as discussed above), the weekly report has been used to fill in some of the blanks.
    - Each data point in the report does not cover the same time period. This is due to multiple factors such as volunteer roles being implemented from different dates and the set up and adaptation of data collection methods at different times. Data should not be assumed to cover the entire period of the BtHP; data points have been labelled throughout this report with the dates that they relate to, to avoid any confusion.

Acknowledgements

This programme would not have been possible without the incredible work of the **George Eliot Patient Experience and Volunteering team**:

- **Becky Millward -** Head of Patient Experience and Volunteering.
- **Parveen Deen** - Community Engagement Officer.
- **Ravinder Gill -** Voluntary Services Officer.
- **Christian Hancox** - Voluntary Services Officer.
- **Debra Heard** - Back to Health Nurse.
- **Jayne Heatley** - Voluntary Services Manager.
- **Shabina Khalifa** - Community Engagement Officer.
- **Giles Piercy** - Project Manager.

For their contributions to, support of, and guidance within the BtHP programme, we would also like to thank:

- **Jenni Northcote** - Chief Strategy, Improvement and Partnerships Officer at George Eliot Hospital NHS Trust.
- George Eliot **Volunteers.**
- The **George Eliot Patient Forum.**
- The **Back to Health Pathway Steering Group,** including:
  - **David Carr -** George Eliot Hospital NHS Trust.
  - **Ruth Chauhan -** Ambacare.
  - **Rachael Davies -** North Arden Primary Care Network.
  - **Stuart Haw -** Health Exchange.
  - **Elouise Jesper** - Nuneaton and Bedworth Primary Care Network.
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  - **Reece Mclarnon** - Age UK.
  - **Natalie Mills -** George Eliot Hospital NHS Trust.
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  - **Alison Thompson -** Warwickshire Community and Voluntary Action.
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We also like to pass on our thanks to the participating **staff members and patients** for providing their insights and feedback.

Appendix A: About the Helpforce Insight and Impact Service

What is it?

- The I&I Service is an online service to help you easily and effectively evaluate your voluntary project or initiative.
- It guides you on a simple 4-step process, from designing outcomes for your beneficiaries through to what data we will need to collect - how, when, and from whom.
- Resulting in an evaluation report or dashboard that our team produces for you, showing evidence of impact made against the outcomes and insights around how the project is working.

How the service is making a difference

We have worked with many NHS and VCS organisations over the last 3 years to collect data on over 100 high-impact voluntary projects. We have produced evidenced findings against a broad range health and care outcome measures, that have helped to scale up volunteering services and unlock additional funding for our partners.

A guide to some key terms we use

Insights provide an understanding of a situation or problem. They help us to share valuable information around what is working well, and what is not working so well, so that we can advise on potential service improvements and developments.

Impact relates to evidence of lasting and sustainable changes. Impact data helps us to understand the value and difference being made as a result of the project – and the intervention or service it is aiming to establish.

Evidence is reviewed against the following criteria to determine if it is compelling, promising, or limited:

- Is the sample size / response rate reliable and robust?
- Is the data direct or a proxy measure?
- Is there a causal link between the evidence and the outcome?
- Is there a control group or comparative data set?
- How was the evidence gathered – directly from participants, or via a third party?
- Was the survey question well designed, or has there been signs of misunderstanding by participants?

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Thank you

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Helpforce, 2024