Reimagining
Healthcare Volunteering

A strategic blueprint for NHS transformation through volunteering integration

helpforce

Contents

A special note from
Sir Jim Mackey
NHS England Chief Executive

I strongly endorse Helpforce, the UK's only independent charity specifically dedicated to unleashing the full potential of volunteering in healthcare. In just the past three years, the charity has supported over one million people, including 910,954 patients, 130,850 NHS staff, and 77,677 volunteers. This is real, measurable impact at national scale.

Since 2016, Helpforce has partnered with over 100 NHS organisations to deliver tailored volunteer solutions that reduce system pressures, boost efficiency, and address workforce gaps. The results are unequivocal: more than 500 verified outcomes demonstrate stronger services, more resilient teams and, above all, enhanced patient experience.

Expertly designed initiatives empower volunteers to take on basic non-clinical tasks that help ease the load borne by healthcare professionals, enabling doctors, nurses, physiotherapists, and others to fulfil their expertise. Helpforce's trusted evidence underlines this - with 86% of frontline NHS staff reporting that volunteer support improves care quality.

As the NHS reshapes operating models and strengthens neighbourhood care, volunteering must be viewed as a strategic imperative, not an afterthought. Helpforce is the unrivalled guardian of what volunteering excellence looks like in modern healthcare, ensuring services are safe, sustainable, and high impact.

My message is clear: let's give Helpforce the platform and backing to influence, advise, and unlock vital investment - so that NHS staff, patients, and communities can realise volunteering's true value.

Reimagining Healthcare Volunteering

Why volunteering must be a strategic asset for NHS recovery, productivity and neighbourhood health

Volunteering is no longer a 'nice to have'. It is a scalable, evidence-based lever for NHS transformation

The NHS challenge

7.4 million
people waiting for treatment across England

5–11%
decline in NHS productivity since pre-pandemic

1 in 4
NHS staff considering leaving within the next year

19 years
life expectancy gap between most and least deprived areas

The untapped solution: Volunteering 2.0

c.100,000
active NHS volunteers across the UK contributing over 6.4 million hours annually

86%
of frontline staff say volunteers improve care quality

1.1 million
hours of productivity gained per 10,000 response volunteers

29,500
people potentially set on paths to healthcare careers through scaling of 'Volunteer to Career'

£11.6m
estimated NHS costs avoided by pioneering neighbourhood health model in Cornwall (12 months)

90%
of participants in a Bradford community health programme confident in managing their physical health - up from 36% before joining the scheme

98%
of patients supported by a Volunteer Discharge Driver service in Shropshire collected within 30 mins post-discharge – enhancing patent flow

Volunteering 2.0: Four pillars for transformation

Integration
Volunteers embedded in core NHS operations

Innovation
Volunteer to Career pathways and digital-enabled models

Inclusion
Volunteering that reflects communities and tackles inequalities

Impact
Outcome-focused measurement aligned to NHS priorities

The ask of NHS leaders

✓ Support a new national and place-based alliance to integrate volunteering into neighbourhood health

✓ Invest sustainably through ring-fenced ICS and trust-level volunteering funding

✓ Embed volunteering in workforce and digital transformation strategies

✓ Target inclusive recruitment to widen participation and build future workforce pipelines

Summarising the case for
Reimagining Healthcare Volunteering

Amerjit Chohan, Helpforce Chief Executive

The NHS stands at a crossroads, facing acute workforce shortages, productivity gaps, and widening health inequalities. Hospital corridors are full, ambulance waits are unacceptable, and millions are stuck on waiting lists. These pressures are compounded by an ageing population. The statistics are sobering:

7.4 million
people waiting for treatment across England [1]

1 in 4
NHS staff considering leaving within the next year [2]

5–11%
decline in NHS productivity since pre-pandemic [3]

19 years
life expectancy gap between most and least deprived areas [4]

Yet, within our communities lies an extraordinary, largely untapped resource: volunteers. Over 71,800 volunteers are active across NHS trusts in England, contributing 6.4 million hours annually [5], while three million people volunteer across the wider health and care landscape [6]. As the UK's only independent charity dedicated to healthcare volunteering, Helpforce has supported over one million people in just three years - patients, NHS staff, and volunteers alike - leading to stronger services, more resilient teams, and enhanced patient experience.

However, volunteering is too often seen as a 'nice to have'—an extra pair of hands, rather than a strategic asset. This perspective undervalues the transformative potential of volunteering across health systems. Evidence shows that when volunteers are strategically integrated, they deliver measurable improvements. For example, 86% of frontline NHS staff report that support from trained volunteers improves the care they can provide [7].

Helpforce proposes a blueprint for a fundamental reimagining of healthcare volunteering: *'Volunteering 2.0'*. It asserts that volunteers should be seen as partners in healthcare delivery - connected to strategic priorities, equipped with digital tools, and their contribution measured against outcomes that matter.

This approach is built on four pillars:

1. Integration: Embedding volunteers within core operations as critical assets

2. Innovation: Reframing volunteering to overcome workforce, productivity, and healthcare access challenges

3. Inclusion: Ensuring volunteering reflects communities, expands care, and opens careers

4. Impact: Implementing standardised measurement frameworks aligned to NHS priorities

Together, these pillars establish a robust foundation for the future of healthcare volunteering. They set out the principles and direction needed to ensure volunteers are fully integrated, empowered, and valued within systems — especially at the neighbourhood level as the NHS 10-Year Health Plan seeks to shift care from hospitals to communities. Building on this framework, Helpforce has identified four key recommendations that, if adopted, will unleash monumental benefits - including increased NHS capacity, reduced staff burnout, substantial cost savings, and strengthened neighbourhood health:

- **The formation of a collaborative strategic alliance** comprising healthcare volunteering experts, social enterprise specialists, NHS executives, voluntary sector leaders, and digital innovators - working together to strengthen civil society's role in neighbourhood health

- **Allocation of ring-fenced budgets** within Integrated Care Systems (ICS) and NHS trusts for volunteer programme development, digital infrastructure, and advanced training

- **The embedding of volunteering** in all workforce and digital transformation strategies

- **Increased emphasis on targeted volunteer recruitment** to attract more volunteers from underrepresented groups

The time for treating volunteering as an afterthought has passed. The future of the NHS depends on mobilising every available resource, including the millions in our communities who want to give back and help transform care. Helpforce stands ready to support this transformation, ensuring volunteering is a cornerstone of NHS recovery and innovation.

Amerjit Chohan,
Helpforce CEO

Exploring Pillar 1: **Integration**

Embedding volunteers within core operations as strategic assets

Integration is the foundation of Volunteering 2.0. When volunteers are embedded into core NHS operations - rather than operating on the periphery - they become a strategic asset that strengthens patient flow, releases clinical capacity, and improves workforce sustainability. Across the NHS, pressures on beds, discharge pathways, and frontline staff are intensifying. The following examples demonstrate how well-designed volunteer roles, integrated directly into operational pathways such as discharge, ward support and patient navigation, can deliver measurable efficiency gains while improving safety, quality, and patient experience.

NHS hospitals face a critical capacity crisis. Emergency departments operate at dangerous overcapacity levels, with nearly one-in-five patients being cared for in corridors or waiting rooms [8]. Meanwhile, delayed discharges cost the system approximately £2 billion annually [9], while bed occupancy rates in winter consistently exceed NHS operational guidance limits of 92%. [10]

The ripple effects are profound:

- Cancelled elective procedures
- Increased clinical risks
- Staff stress and burnout
- Deteriorating patient satisfaction

Across the UK, thousands of trained volunteers currently undertake essential non-clinical 'response' tasks, such as collecting prescribed medication from hospital pharmacies for patients to take home, transporting blood samples from bedsides to on-site labs, and restocking cupboards with bedding supplies, aprons and masks. The emphasis is on volunteers safely performing essential duties that alleviate pressure on doctors, nurses, and healthcare assistants – enabling medics to focus on delivering quality care.

Helpforce believes that there is clear potential to ramp-up the number of response volunteers across NHS trusts, with data suggesting that for every 10,000 new NHS 'response volunteers' recruited, 1.1 million hours of annual efficiency gains[11] can be achieved.

How Response Volunteers can help

The Worcestershire model
Working with Helpforce, Worcestershire Acute Hospitals NHS Trust has pioneered an innovative approach to volunteer-supported patient flow and staff capacity across two hospital sites.

Discharge Response: Volunteers collaborate with clinical teams to support the pace of patient discharge and patient experience.

Pharmacy: Volunteers courier discharge medicine, existing prescriptions and ward supplies from pharmacies to hospital wards - freeing up staff time to focus on clinical duties and enabling timely patient discharge.

Ward Navigation: Volunteers help patients and families navigate complex hospital environments, reducing anxiety and improving the hospital experience from admission to discharge.

Proactive: Volunteers work across hospital wards offering additional support – this includes collecting empty medication bags; support with home preparation; sitting with anxious patients when waiting for transport; accompanying patients to the Discharge Lounge; and collecting wheelchairs. Volunteers are also trained to support with nutrition

and hydration and gathering patient feedback.

A range of additional roles wrap around these core duties depending on Trust priorities and need.

The Trust's evaluation of the programme with Helpforce revealed that:

- 95% of staff said volunteers improved their working lives[12]
- 77% of staff said volunteers freed-up their time[12]
- Across a 10-month period, 3,647 priority tasks were undertaken by volunteers, generating 427 hours of productivity gains

Transforming mealtimes in Greater Manchester
At Greater Manchester's Northern Care Alliance, dining companions encourage and enable patients to eat and drink - helping to reduce the risk of malnutrition and dehydration, whilst making mealtimes more sociable. Not only does the service alleviate pressure on healthcare staff – enabling them to focus on clinical tasks – but it also helps patients to gain strength and recover quicker.

Helpforce's evaluation of the role found that 25% more patients felt they had enough support to eat their meals compared to the period before the programme was introduced, while 18% more patients agreed they were able to stay hydrated.[13]

Driving change in Shropshire
The Shrewsbury and Telford Hospital NHS Trust's (SaTH)'s Volunteer Discharge Driver service was launched in May 2025, aiming to expedite patient discharge, improve patient flow, and support individuals returning home. The service, co-designed with Helpforce, provides transport for patients who qualify for non-emergency hospital transport and those unable to get home independently. Volunteers also deliver medications, equipment, and discharge letters, and offer a 'settling in' service to ensure

patients' basic needs are met at home.

Over six months, 666 journeys were completed across at Royal Shrewsbury Hospital and Princess Royal Hospital, with Helpforce's evaluation finding that:

- 98% of patients were collected within 30 minutes or less post-discharge, improving patient flow [14]
- 40% of journeys served patients from the most deprived areas, supporting health equity goals
- 99% of patients were either satisfied or very satisfied with the service
- The service would have cost the Trust over £86,000 if hospital transport and taxis had been used

Volunteer spotlight

Robert Turner, 75, began volunteering as a volunteer driver with SaTH in May 2025. "One of the primary drivers for our scheme is to try and ensure that discharges happen quickly. Delayed discharges are a major issue. There was one evening when I was asked to take a patient to another hospital an hour away. The hospital transport couldn't get there until 10 o'clock. That would have meant four extra hours waiting for a bed. I was glad I could step in."

"Our Volunteer Discharge Drivers are doing incredible work to support patients, improve their hospital experience, and support timely discharge so that they can get back to their homes sooner."

Julia Clarke,
Director of Public Participation at SaTH

8. Nearly 1 in 5 UK emergency department patients cared for in corridors/waiting rooms - BMJ Group
9. https://lowdownnhs.info/hospitals/patients-unable-to-leave-hospital-cost-the-nhs-2bn-a-year/
10. Hospital bed occupancy | Nuffield Trust
11. Based on the average number of hours of productivity gains completed per active discharge response volunteer over a year, 10,000 volunteers could deliver 1,100,000 hours of productivity gains. This estimation is based on data received from 6 NHS trusts.

12. n=39
13. n=666
14. Percentage calculation based on known discharge and pick up times, equating to 74% of patient journeys

Exploring Pillar 2: **Innovation**

Reframing volunteering to overcome workforce, productivity, and healthcare access challenges

Innovation in healthcare volunteering is not about doing more of the same; it is about doing things differently. As workforce shortages deepen and staff burnout rises, the NHS requires new, scalable approaches that extend beyond traditional recruitment and retention models. This section explores how innovative volunteering pathways, such as Helpforce's Volunteer to Career programme, are re-imagining volunteering as a pipeline for skills development, workforce entry and long-term system resilience. By aligning volunteering with structured training and progression routes that embrace new technologies, the NHS can unlock new talent and bolster existing staff, while improving care access and delivery.

NHS staff face unprecedented pressures. Currently, around 107,000 NHS secondary care roles in England are vacant[15] and the annual cost of using agency and bank staff has risen to more than £10 billion. [16] While the financial impact is generally well understood, the human cost is often overlooked.

- 41% of NHS staff reported being unwell as a result of work-related stress. [17]
- Over 76% of NHS staff experience a mental health condition annually. [18]

Recruitment challenges persist across all professional healthcare groups, despite an estimated 9.3 million people aged 16-64 in the UK being economically inactive.[19] These gaps not only compromise patient safety and service quality but also hinder innovation and transformation efforts across the health system. Without sustainable workforce solutions, the NHS risks a cycle of burnout, rising costs, and declining morale - making it harder to attract and retain talent in the long term.

Problems stem from a combination of systemic and external pressures, including years of underinvestment in workforce planning, uncompetitive pay, and poor working conditions – all of which contribute to high turnover. Meanwhile, immigration restrictions and Brexit have reduced the flow of overseas staff.

'Volunteer to Career'

The Volunteer to Career (VtC) model, pioneered by Helpforce, offers a partial, yet significant solution, having already been proven across 48 NHS organisations.

Through expertly-designed and structured pathways, VtC helps people from all walks of life transition from volunteering roles to frontline healthcare careers, including as healthcare assistants, mental health support workers and assistant physiotherapists. The initiative empowers volunteers to find their niche without the immediate pressure of employment, while being upskilled and given confidence to take into job interviews. Among those who've secured permanent employment are former members of the armed forces community, refugees, over-50s and single parents - demographics which commonly face barriers to employment[20] due to factors such as transition difficulties, integration challenges, and skills gaps or career breaks.

Since VtC launched in 2022, over 440 people have completed the pathway, with 56% securing paid healthcare positions or associated training - such as in nursing and midwifery.

Helpforce analysis shows that through the right investment, there's clear potential to supersize VtC, with conservative capacity for each of the 215 NHS trusts in England to support an average of 50 volunteers annually. Maintaining the same employment and training transition rate, this could set over 29,500 people on paths to fulfilling healthcare careers over the next five years - benefiting not only them as individuals, but the whole of society.

While many NHS trusts are currently experiencing recruitment freezes, now is an opportune moment to develop new workforce pathways to fill resource gaps when the freezes lift.

Volunteer to Career in action: Moorfields Eye Hospital

Moorfields Eye Hospital NHS Foundation Trust worked with Helpforce to develop an innovative Volunteer-to-Career (VtC) programme that supported current staff while simultaneously developing the future workforce. The pathway, which was completed by 23 volunteers, involved the introduction of clinical and non-clinical roles including Theatre Handholding Volunteer and Pharmacy Volunteer.

Evaluation data demonstrates considerable impact:

- 17 of 23 volunteers went on to secure employment in the NHS or relevant further education or training
- 77% of volunteers maintained or increased confidence in their career ambitions
- 91% of staff [21] felt that the volunteers helped improve the quality of patient care
- Staff reported that volunteer support saved them an average of 14 minutes per interaction [21]

Volunteer to Career in action: Eunice's story

Eunice Somade, a former Assistant Director of Nursing in Lagos with 27 years of community health experience, moved to the UK with her family in 2022 to escape security issues in Nigeria. Although highly experienced, she knew she needed UK specific training to join the NHS.

After discovering the VtC programme at Bradford District Care NHS Foundation Trust, she began volunteering in a baby clinic. The role allowed her to build confidence in NHS systems, policies and standards, while using her existing skills to support mothers and infants.

Alongside volunteering, Eunice worked as a senior healthcare assistant and completed her OSCE exams through the VtC programme – giving her the licence needed to practice as a nurse in the UK. In November 2023, she secured a Staff Nurse role at Westwood Park Community Hospital.

Now working full time with elderly patients, Eunice finds the job deeply fulfilling and encourages others - including her own daughter - to consider the VtC pathway.

" "

"Volunteer to Career has changed my life, creating a pathway for me to transfer my skills from Nigeria to the UK and contribute to my new community."

Eunice Somade, VtC participant'

15. British Medical Association, 2025   16. British Medical Journal, 2024
17. NHS Staff Survey 2024: health and wellbeing overview | NHS Employers
18. New data reveals mental health toll on NHS staff - Integrated Care Journal   19 Office for National Statistics, 2004
20. The challenges of military resettlement | Bolt Burdon Kemp; Refugee mental health and employment - GOV.UK; Back on track: Improving employment support for over 50s jobseekers | Centre for Ageing Better; The-Single-Parent-Employment-Challenge-Report-SPEC.pdf

21. n=23

Harnessing advanced technology

Many healthcare volunteer programmes rely on paper-based systems and basic training models that limit impact and scalability. With Volunteering 2.0, the vision is for: technology-enabled volunteering that maximises impact through AI-powered volunteer matching and scheduling; digital training platforms with personalised learning pathways; real-time impact measurement and feedback; and virtual volunteering opportunities to extend geographic reach.

Digital transformation can radically improve efficiency and engagement. AI-driven matching ensures volunteers are placed where their skills and interests deliver the greatest benefit, reducing onboarding time and improving retention. Automated scheduling tools can minimise the administrative burden for staff, freeing up time for patient care. Meanwhile, integrated dashboards provide real-time visibility of volunteer contributions, enabling managers to demonstrate impact and optimise resources.

Technology also opens doors to inclusivity and innovation. Virtual volunteering models allow individuals who face mobility, geographic, or time constraints to contribute meaningfully from home, widening participation and tapping into underutilised talent pools. Digital learning platforms can deliver tailored training at scale, ensuring volunteers gain relevant skills quickly and consistently. Combined, these innovations create a flexible, future-ready volunteering ecosystem that supports workforce resilience and enhances patient experience.

Specialist digital volunteers

The NHS has piloted a digitally supported volunteering model to help patients access online health services: The Digital Champion programme. It harnesses tech-savvy volunteers to support people in using the NHS App and other digital platforms. Amongst other things, the volunteers help patients book appointments and order prescriptions - bridging a gap for those who struggle with technology. This initiative not only improves patient experience but also demonstrates how tech-enabled volunteering can enhance inclusivity and efficiency across the health system.

Several healthcare organisations have been involved in the pilot, including Imperial College Healthcare NHS Trust, Leeds Teaching Hospitals NHS Trust, Guy's and St Thomas' NHS Foundation Trust, Shrewsbury and Telford Hospital NHS Trust, and Cornwall and Isles of Scilly Integrated Care Board.

Ensuring volunteering reflects communities, expands care, and opens-up careers

Inclusion is both a moral imperative and a practical advantage for the NHS. Volunteering offers a powerful mechanism to engage people from underrepresented communities, build cultural competency within services, and strengthen trust between health systems and the populations they serve. Inclusive volunteering models can reflect local communities more accurately, extend the reach of health and care beyond hospital walls - particularly in areas facing entrenched health inequalities and social deprivation - and broaden access to healthcare careers.

Health inequalities continue to widen across the UK. Social determinants of health such as housing, employment and social connections, significantly impact wellbeing - yet healthcare services struggle to address these root causes.

Key challenges include:

- Limited community reach of traditional NHS services
- Disjointed support for people with complex social needs
- Reactive rather than preventative care models
- Weak connections between hospitals and community resources

The cost of this fragmentation is substantial: avoidable hospital admissions and readmissions are estimated to cost the NHS billions of pounds each year – one of the key reasons why 'From Hospital to Community' is one of the three major shifts outlined in the NHS 10-Year Health Plan.

How the voluntary sector can help

The Cornwall model

A ground-breaking network featuring over 50 community hubs across Cornwall is playing a vital role in easing pressure on strained NHS services by keeping people well, connected, and supported in their local neighbourhoods.

The hubs, which unite a network of diverse voluntary and community sector organisations, provide safe places and spaces for people to connect with various support offers, services, activities and opportunities for social connections. The community hub network is part of a wider 'Community Gateway' outreach model.

The Community Gateway offers a simple point of access to a range of community and voluntary sector services. It is open seven days a week from 8am to 8pm, providing telephone advice and support, along with outreach teams working at place to connect people to services and support. The Community Gateway and Hubs Network (CGHN) provide important infrastructure that allows communities to provide support in a way that makes sense to local needs. This is supporting a transformational shift towards care being delivered on people's doorsteps instead of in overstretched hospitals and GP surgeries.

Services provided by the CGHN reach and support people dealing with a range of challenges including poor mental health, housing insecurity, social isolation, age-related difficulties, physical frailty, and the cost of living.

Extensive research undertaken by Helpforce found that out of nearly 340,000 beneficiaries during a 12-month period, significant numbers would have sought help from stretched NHS services if

the community hubs didn't exist – representing an estimated avoided cost of over £11.6m to the NHS. [22]

Key personal benefits were:

- 88% of hub users reported feeling less lonely [23]
- 93% experienced better mood
- 78% agreed that support was tailored to their needs
- Confidence in individuals managing their own health increased from 57% to 78% [24]
- 99% had their expectations met or exceeded

Seen as a trailblazing example of the 'left shift', the CGHN place-based model is viewed as a vitally important community asset involving formal collaboration between the Cornwall and Isles of Scilly Integrated Care Board, Royal Cornwall Hospitals NHS Trust, Cornwall Partnership NHS Foundation Trust, Cornwall Council, and the Voluntary, Community and Social Enterprise sector.

Working alongside CGHN staff, Helpforce's research found that the consolidation of community hubs within a network aligned to the Community Gateway has resulted in multiple benefits, both for the system and for individuals who attend and deliver hub activities. These benefits include: shared knowledge, peer support, and increased capacity to provide services. This allows easy means of access to personalised support conversations - ones that people trust, helping them meet personal goals and aspirations in a way that makes sense to them, close to home.

The Bradford model

In Bradford, the 'Well Together' service offers a diverse array of interesting, sociable, health-led community-based activities facilitated by dedicated volunteers across the city and surrounding villages. The free programme aims to enhance community health and wellbeing, foster social connections, and empower individuals to lead active and fulfilling lives.

Created by Bradford District Care NHS Foundation Trust (BDCFT), the service accepts referrals from GPs and other health professionals, while also enabling individuals to self-refer. A wide array of activities include: walking groups; singing; drumming; arts and crafts; creative writing; genealogy, and mindfulness.

Helpforce undertook a comprehensive evaluation of the well-established initiative, with key findings including:

- 90% of service users were confident managing their physical health – increasing from 36% before joining the groups [25]
- 89% of service users were confident managing their mental health – compared to 31% 'pre-joining'[26]
- 95% of volunteers agreed that the programme gave them a sense of purpose [27]

BDCFT's aim is for the service to grow its position and referrals across Place, working with partners to address gaps and increase the offer, ensuring all those that could benefit are able to access the service.

Community impact story

The Cornwall Community Hubs supported a gentleman called Eric who has experienced mental health difficulties for several years and was previously homeless. Since engaging with one of the community hubs, Eric has received wide-ranging support, including help to ensure he is on the correct housing benefits, has access to cookery courses, and regular social interaction. Previously he had only seen the community mental health team once every six months but is now engaging with them on a monthly basis.

"I don't know where I'd be without them. They always go the extra mile. I don't know what would happen if the hubs ever closed down."

Addressing diversity in the healthcare workforce: The inclusion advantage

Diversity in the NHS workforce is critical for delivering high-quality, patient-centred care. A workforce that reflects the communities it serves can improve health outcomes, build trust, and reduce health inequalities. Research shows that diverse teams are more innovative and better equipped to meet the needs of a multicultural population. [28] Today, 28.6% of the NHS workforce come from ethnic minority backgrounds [29] - underscoring how vital diversity is to sustaining health services and ensuring appropriate care for all.

Ethnic diversity in the NHS is strongly linked to international recruitment. Recent changes to UK immigration rules – including stricter requirements for employers to prove domestic recruitment efforts before hiring internationally, as well as restrictions on dependants and increased visa costs – risk reducing representation from ethnic minority groups within the health service, particularly in nursing and care roles where international staff make up a significant proportion of the workforce.

The development is a concern for many NHS recruiters who understand that workforce diversity helps build cultural competency within services, strengthens community trust, and develops cultural skills within teams. A key objective of the NHS Long-Term Workforce Plan is to train more NHS staff domestically, reducing reliance on international recruitment and agency staff – with an ambition that in 15 years' time around 10.5% of the NHS workforce will be recruited from overseas, compared to nearly a quarter now. [30]

Against this backdrop, Helpforce's Volunteer to Career (VtC) programme - recently shortlisted for a HSJ Partnership Awards 2026 in the 'Staffing Solution of the Year' category - offers a compelling partial solution.

Across the charity's 48 VtC programmes, 42% of volunteers were from ethnic minority backgrounds and 61% lived in areas ranking within the 50% most deprived – illustrating VtC's effectiveness at drawing-in a multiplicity of talent from local communities.

Helpforce has recently launched a specific VtC programme tailored for refugees and asylum seekers with healthcare backgrounds across five NHS trusts in England. It is anticipated that 60 individuals will be supported over the next 18 months.

> **" "**
>
> *"Volunteer to Career turns local commitment into frontline capability. By nurturing people with lived experience of our communities, trusts gain colleagues who bring cultural insight, language skills and empathy that strengthen patient relationships and improve care."*
>
> **Maeve Hully,**
> Helpforce's Director of Volunteering

22. 'Moving Care From Hospitals to the Community (Cornwall)' - Helpforce summary research report, January 2026.
23. n=362
24. Pre-survey n=101. Post-survey n=85
25. Pre-survey n=87, post-survey n=248
26. Pre-survey n=87, post survey n=248
27. n=59

28: 'An Investment Not A Drain: Healthcare Leaders' Views on EDI in the NHS'. NHS Confederation, March 2024
29. NHS workforce - GOV.UK Ethnicity facts and figures
30. NHS Long-Term Workforce Plan, 2023

Exploring Pillar 4: **Impact**

Implementing standardised measurement frameworks aligned to NHS priorities

For volunteering to be treated as a strategic asset, its impact must be visible, credible and aligned with NHS priorities. Across the examples in this report, volunteers are delivering tangible benefits - improving patient experience, supporting staff wellbeing, increasing productivity, and generating cost savings. Outcome-focused measurement enables volunteering to move beyond anecdote and into the realm of data-driven decision-making, investment, and scale.

Impact measurement does not need to be complex. At its core, it is about giving NHS leaders enough clear, credible evidence to understand where volunteering helps and why it matters. As pressure on capacity and funding grows, volunteering cannot rely on goodwill alone. Its contribution needs to be visible in ways that reflect NHS priorities, while remaining realistic and proportionate to deliver.

The current challenge
Volunteering activity across the NHS is often described in basic terms such as volunteer numbers or hours. While useful, this does not show how volunteering supports patient care, staff capacity or service delivery. As a result, volunteering is frequently overlooked in operational planning and investment decisions — not because it lacks value, but because its value is not expressed in a form decision-makers can readily use.

A practical focus on outcomes
Volunteering 2.0 proposes a simple shift in emphasis: from inputs to outcomes.

This means focusing on a small number of outcomes that matter most to the NHS, such as:

- Improvements to patient experience
- Support for staff wellbeing and capacity
- Contributions to patient flow, discharge or access
- Support for prevention, inclusion and community health

Helpforce's existing evidence, drawn from over 100 NHS organisations, shows that well-designed volunteer roles can consistently support these outcomes. For example, across our programmes 86% of staff report that volunteers improve the quality of care,[31] while 80% of patients say volunteers help reduce anxiety.[32]

86%
of frontline staff say volunteers improve care quality

Using simple, shared measures
Rather than creating new reporting systems, Volunteering 2.0 supports the use of light-touch, shared measurement approaches that align with existing NHS priorities and metrics.

This includes:

- A small set of common outcome areas (such as patient experience, staff wellbeing and productivity)
- Flexibility for local adaptation
- Proportionate evaluation that avoids unnecessary administrative burden
- Where digital tools are already in place, simple dashboards can help organisations understand where volunteers are deployed, how activity aligns with priorities, and where impact is strongest - without adding significant workload.

Demonstrating value in a realistic way
Volunteers do not replace paid staff, but they can help release time, improve flow and reduce inefficiencies. Impact measurement can help organisations make reasonable estimates of this contribution, without requiring complex economic modelling.

The aim is not perfection, but credible, consistent insight that supports better decisions.

Why this matters
Impact measurement is not an end in itself. It helps identify what works, supports improvement over time, and gives leaders confidence to include volunteering within planning and service design. By keeping measurement proportionate and aligned to NHS priorities, volunteering can strengthen its role in a way that feels achievable, affordable and grounded in existing practice.

Volunteering 2.0 Implementation

Volunteering 2.0 offers practical steps for healthcare organisations to maximise the value of volunteers. By focusing on integration, innovation, inclusion, and impact, health systems can create more effective and sustainable volunteer programmes.

Pillar 1
Integration

Embedding volunteers within core operations as strategic assets

Healthcare volunteering too often operates in silos, disconnected from centralised strategies. The vision for Volunteering 2.0 is for volunteers to be fully integral to Integrated Care System planning, with clear roles across population health, quality improvement, efficiency, workforce development, and digital transformation.

Potential implementation approaches
- ICS Volunteer Coordinators: Dedicated roles within each ICS to align volunteer programmes with strategic priorities
- Workforce Planning Integration: Volunteer capacity included in all staffing models and service planning
- Performance Metrics: Volunteer impact measures embedded in NHS performance frameworks
- Strategic Partnerships: Integration of volunteering strategies between NHS trusts, local authorities, and voluntary sector organisations

Pillar 2
Innovation

Reframing volunteering to overcome workforce, productivity, and healthcare access challenges

Embracing innovation is essential for volunteering to keep pace with the evolving needs of the NHS and community organisations. By adopting new technologies, rethinking volunteer roles, and developing smarter systems, fresh solutions to workforce and service challenges can be unlocked.

Potential implementation approaches:
Adoption of existing digital volunteer platforms such as Better Impact and Volunteero - comprehensive systems that:
- Record and report on gifted hours
- Provide recruitment & onboarding workflows
- Aid scheduling, shift sign-up & reminders
- Track training, compliance & certification

Development of enhanced digital training including:
- Core Competencies: Communication, safeguarding, health and safety, equality and diversity
- Specialist Skills: Mental health first aid, dementia awareness, cultural competency
- Digital Literacy: Emulation of the Digital Champions programme to support access to digital health services and virtual care delivery

Exploration of Artificial Intelligence integration, providing:
- Personalised volunteer development recommendations
- Predictive analytics to identify optimal volunteer deployment
- Automated quality assurance and safeguarding monitoring

Pillar 3
Inclusion

Ensuring volunteering reflects communities, expands care, and opens careers

Volunteer demographics often don't reflect communities served, limiting cultural competency and community connection. The Volunteering 2.0 vision is for volunteer programmes that actively engage diverse communities, create pathways for underrepresented groups, and leverage cultural assets for better care.

Potential implementation approaches:
Volunteer to Career (VtC):
- Implement a proven workforce recruitment solution, partnering with Helpforce
- Learn from existing VtC successes with the charity's established 'Adopt and Adapt' model

Diverse recruitment:
- Targeted outreach to underrepresented communities
- Partnerships with refugee and asylum seeker support organisations
- Flexible volunteering opportunities accommodating different life circumstances
- Multi-language support and cultural competency training

Inclusive programme design:
- Volunteer roles designed to utilise diverse skills and experiences
- Cultural liaison volunteers supporting patients from minority communities
- Peer support programmes led by people with lived experience
- Intergenerational volunteering connecting different age groups

Pillar 4
Impact

Implementing standardised measurement frameworks aligned to NHS priorities

Volunteer impact measurement is often inconsistent and not well connected to wider NHS reporting. This can make the contribution of volunteers harder to see, while existing reporting can feel administratively burdensome. Volunteering 2.0 takes a practical approach. Rather than introducing new systems, it focuses on improving consistency and clarity so that volunteering impact can be understood in ways that align with NHS priorities, while remaining realistic and proportionate to deliver.

Potential implementation approaches:
Shared outcome measures:
- A small number of common outcome areas consistently used across volunteer programmes, such as patient experience, staff wellbeing and service flow
- Greater use of patient and staff feedback already collected in volunteer-supported services

Better use of existing systems:
- Aligning volunteer impact reporting with existing NHS performance or quality processes where appropriate
- Use of simple digital summaries or dashboards where tools already exist
- Streamlined reporting to reduce duplication and manual effort

Learning and improvement:
- Using outcome information to understand what works and refine volunteer roles over time
- Sharing learnings across healthcare systems to support improvement and replication

Key recommendations

The NHS 10-Year Health Plan emphasises prevention, integration, and innovation. At its core, Volunteering 2.0 recognises that healthcare volunteering must evolve to align with these priorities, moving from ad-hoc charitable activity to strategic partnership.

Transforming the vision of Volunteering 2.0 into everyday reality across the NHS demands more than ambition- it requires coordinated leadership, sustained investment, and a culture of partnership at every level.

> The journey begins with a clear commitment: NHS leaders, policymakers, and voluntary sector partners must unite behind a shared purpose, recognising that volunteers are not simply an adjunct to care, but a vital force for system-wide transformation.

Helpforce proposes

1 Catalysing neighbourhood health integration

We propose a collaborative alliance that brings together healthcare volunteering experts, social enterprise specialists, NHS executives, voluntary sector leaders, and digital innovators - working in partnership to strengthen civil society's role in neighbourhood health.

Building on a trusted relationship, Helpforce and leading social enterprise consultancy PPL are ready to spearhead this joint venture.

By combining PPL's system leadership, policy influence, and convening power with Helpforce's delivery expertise, evidence base, and proven ability to integrate voluntary and community sector assets into statutory health systems, this alliance will:

- Interpret national neighbourhood health guidance for local services
- Develop practical models of VCSE integration that work in real-world settings
- Accelerate adoption of proven, place-based approaches that improve access, prevention, and system flow

2 Sustainable investment

To unlock the full potential of volunteering, dedicated funding streams must be secured. NHS trusts and ICSs should allocate ring-fenced budgets for volunteer programme development, digital infrastructure, and advanced training. Matched contributions from local authorities, charitable foundations, and corporate partners could amplify impact, ensuring that innovation is not stifled by resource constraints.

3 Workforce and digital integration

Volunteering must be embedded in all workforce and digital transformation strategies. ICSs should appoint Volunteer Coordinators to align programmes with strategic priorities, and reporting should track integration, impact, and innovation – making full use of volunteer management systems such as Better Impact and Volunteero. Volunteers should be visible in staffing models, digital platforms, and performance frameworks, ensuring their contribution is measured and valued.

4 Inclusive recruitment and community partnerships

Targeted campaigns and partnerships with local councils, faith groups, community organisations, and refugee and asylum-seeker charities would attract volunteers from underrepresented groups. Co-designed roles and outreach strategies would build trust, strengthen cultural competency, and ensure that volunteering reflects the diversity of communities served by the NHS.
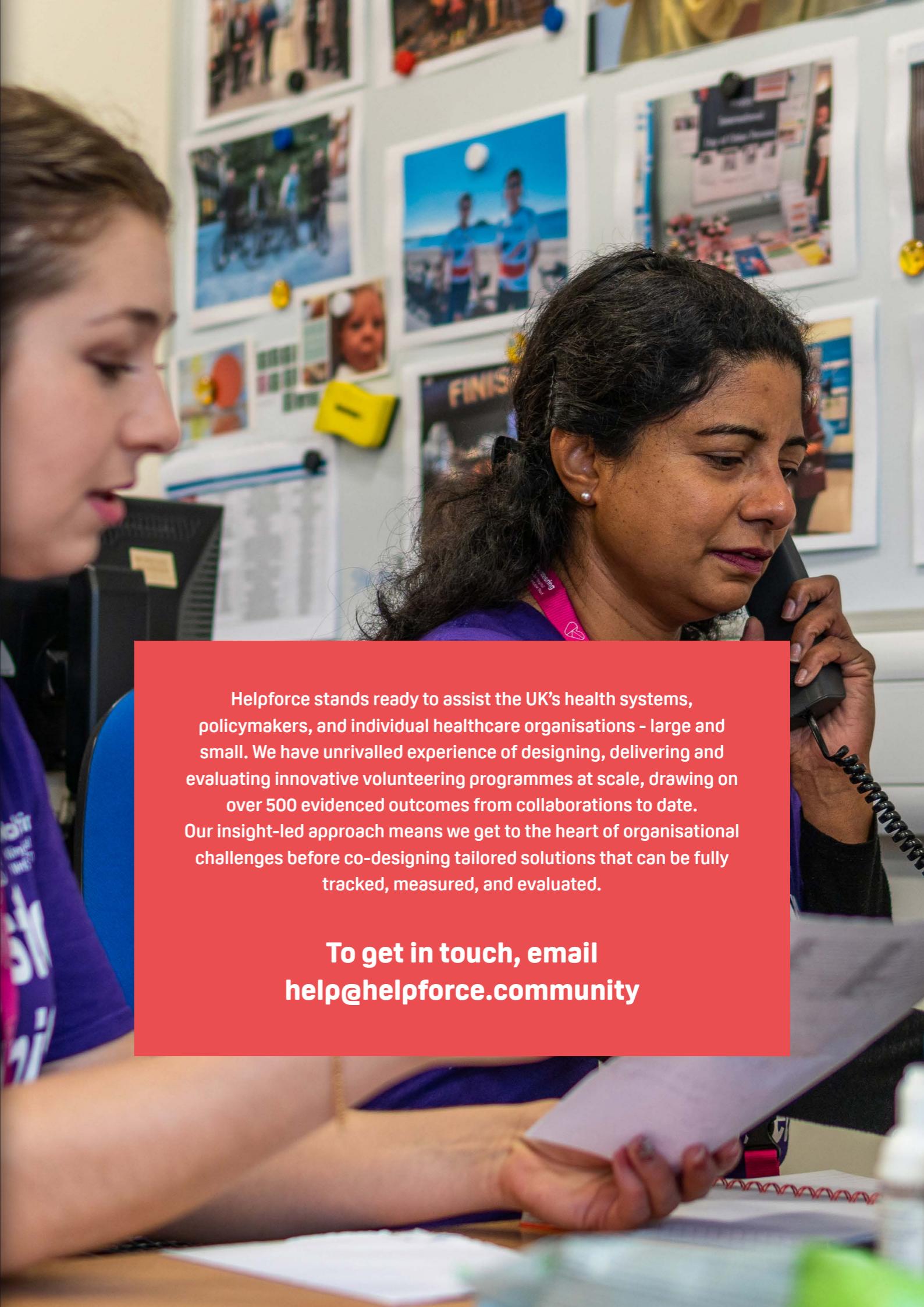
Summary

Making Volunteering 2.0 a reality is not a single initiative, but a movement - one that calls for bold leadership, strategic investment, and a relentless focus on outcomes.

A recent YouGov poll for Helpforce [33] found that almost a quarter of UK adults would consider gifting their time to bolster the NHS, rising to a third among 18 to 24-year-olds. With the right structures, resources, and partnerships in place, the NHS can mobilise legions of passionate helpers - digitally connected and professionally supported - to deliver measurable impact for patients, staff, wider society, and volunteers themselves. The prize is clear: a future where volunteering is not an afterthought, but a cornerstone of NHS transformation.

Crucially, by embedding volunteering into the fabric of neighbourhood health, the NHS can unlock a future defined by partnership, prevention, and people-powered care. By aligning volunteer roles with local hubs, early intervention approaches are strengthened while inequalities are tackled at their roots. Volunteers act as connectors - supporting social prescribing, digital access, and holistic needs assessments, while complementing clinical teams in community settings. This model leverages local knowledge and trust, creating resilient networks that address social determinants of health such as isolation, housing, and employment.

Above all, the path to Volunteering 2.0 requires leaders to think ambitiously: to back evidence-based solutions with budget and expand partnership working. By harnessing the passion, commitment, and expertise of volunteers, the NHS can address its most pressing challenges - improving patient outcomes, retaining high-performing staff, and building healthier, more resilient communities.

Helpforce stands ready to assist the UK's health systems, policymakers, and individual healthcare organisations - large and small. We have unrivalled experience of designing, delivering and evaluating innovative volunteering programmes at scale, drawing on over 500 evidenced outcomes from collaborations to date. Our insight-led approach means we get to the heart of organisational challenges before co-designing tailored solutions that can be fully tracked, measured, and evaluated.

To get in touch, email help@helpforce.community

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