

helpforce

Impactful volunteering roles in hospitals

Findings from the Volunteering Innovators Programme Insight and Impact work

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All errors and omissions remain our own.



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NHS Trust
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Executive Summary

A key ambition of the Volunteering Innovators Programme was to improve the evidence base around health volunteering and demonstrate measurable benefits for patients, staff, volunteers and services.

Over the course of the 18 month programme, Helpforce has worked alongside the 12 trusts involved to bring together one of the most significant sources of information on the impact and benefits of hospital volunteering gathered to date. We have collected and analysed 1,043 standardised surveys from patients, staff, and volunteers to obtain their insights. We have also captured data through bespoke surveys, designed in partnership with the trusts, to assess the impact of specific interventions. Although factors such as implementation delays, Covid-19 and size and scale variations meant that the quantity and quality of data collected was inconsistent, our evidence suggests benefits in a number of key areas.

Throughout this report we have used a RAG (Red/Amber/Green) rating system to reflect our level of confidence in relation to findings and, where applicable, we have highlighted potential areas of concern e.g. response bias related to survey participants. It should also be noted that although the programme captured information about issues and costs associated with each intervention, this report largely focuses on exploring the potential for positive outcomes resulting from the interventions.

The evidence in this report indicates that volunteers in impactful roles can play an important and complementary role, working alongside staff. They can contribute to improvements in patient experience and help patients feel more supported at a difficult time; they can help the wellbeing of NHS staff, and create more time for care; and, they can contribute to the efficiency of a hospital. Moreover, we found some evidence to suggest that volunteers may pursue a career in the NHS as a result of their volunteering.

Although it was not a key focus of the programme, we have also been able to add to the evidence base on the benefits of volunteering to volunteers by collecting information about volunteer wellbeing and comparing this to the equivalent national datasets.

This report includes:

Many **compelling** findings from our large standardised survey dataset about how volunteers can: improve patient experience and patient-centred care, reduce patient anxiety, reduce staff stress, and give staff more time to care.

Some **compelling** evidence from our bespoke data, which suggests that volunteers help to: improve the mobility of patients – specifically older patients – contributing to a reduction in deconditioning whilst in hospital (Sandwell), lift their spirits (Leeds), and keep them active when they return to their communities (Morecambe Bay). Volunteers also help increase the number of post-incident debriefs provided by a mental health trust (Camden), which can, in turn, improve the quality of mental health services.

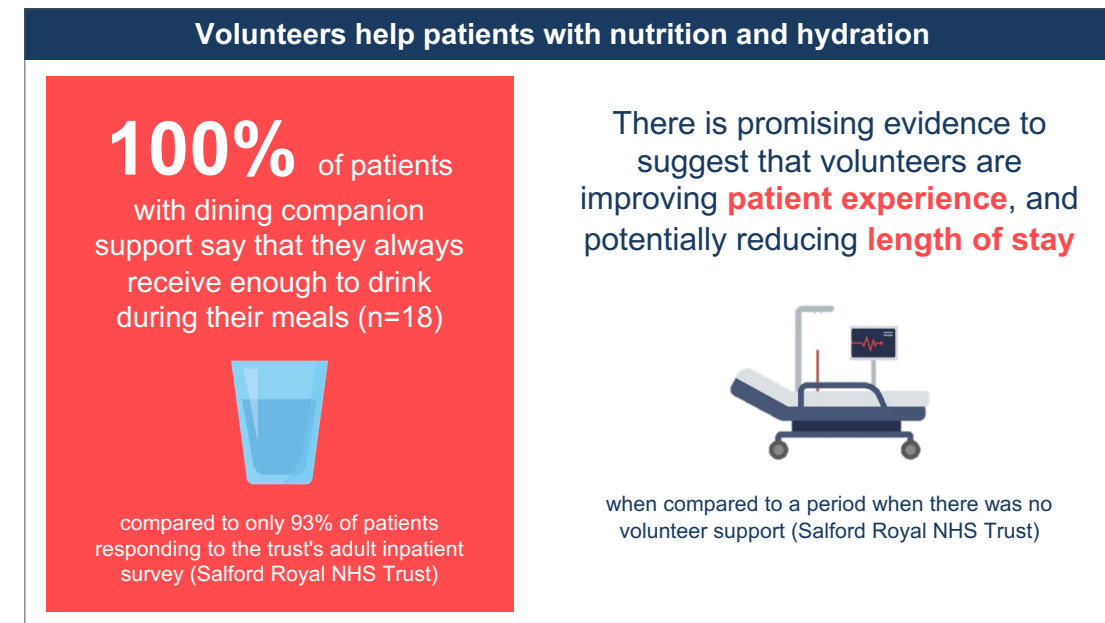
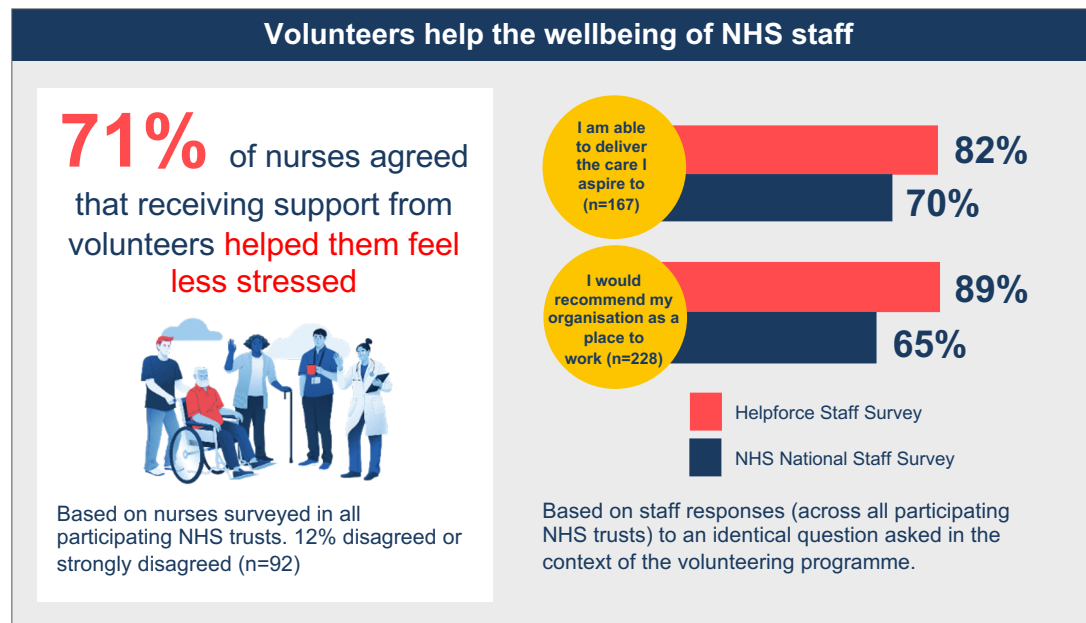
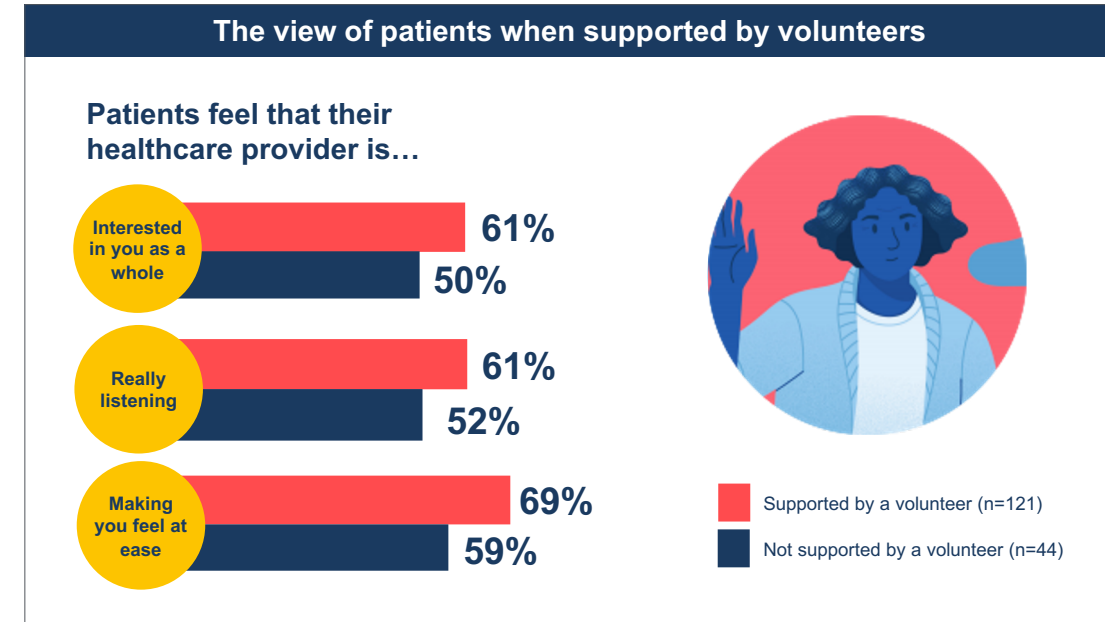
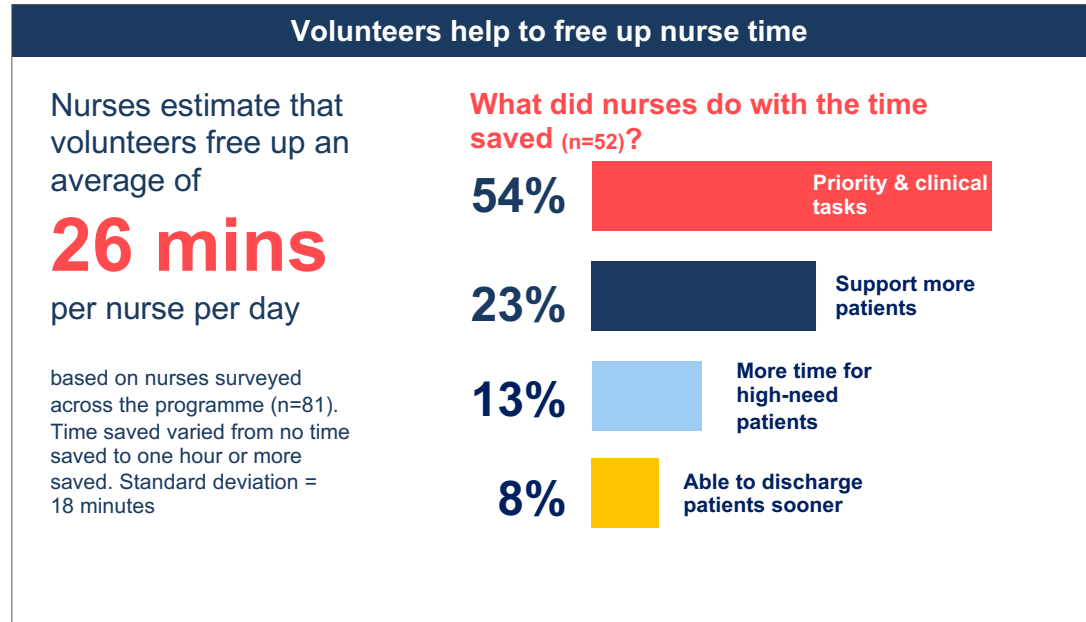
Some **promising** evidence, which shows that: volunteers support speedier discharges from hospital by helping to pick up medicines from pharmacy (Barts); patients feel more supported about their return home after an episode in hospital (Norfolk and Norwich, North Tees); patients feel more supported at mealtimes when there is extra help from volunteers (Salford); staff feel more able to deliver better quality of care with End of Life volunteer support (Liverpool); patients feel less anxious with handholding support during eye surgery (Moorfields); and older patients are in a better mood after their interactions with volunteers (Salisbury).

Where we had **limited** evidence, specifically around the longer term impacts of discharge support interventions, and around service outcomes, such as readmissions and discharge times, it would appear that the related interventions will require further time to develop and scale before more meaningful evaluation can take place.

We believe that the trusts which have participated in this programme have helped us to move the hospital volunteering evidence base forward, but we recognise that this is still an area of nascent knowledge which warrants further development. There are findings discussed within this report that we would be keen to explore further and study limitations that we would like to address in future work.

We hope that this report inspires leaders in NHS trusts to consider the opportunities that investing in volunteers presents. Helpforce is committed to working in partnership with other organisations to continue building a strong case for accelerating the growth and impact of volunteering in health and care.

Set out below are some examples of the key findings from the report related to the potential benefit areas that we explored.



1

Summary of Insight and Impact work



Objective

Every year 78,000 volunteers give up their time to assist NHS trusts in England.¹

Although Helpforce² and programmes like Helping in Hospitals³ have moved the evidence base along in relation to hospital volunteering, the evidence is limited and a gap still exists in our understanding of how volunteering services can contribute to addressing the challenges faced by the health system in relation to:

- Improving patient experience, and helping patients feel more supported at a difficult time.
- Helping the wellbeing of NHS staff, and creating more time for care; and
- Contributing to the efficiency of a hospital.

The programme described in this report was established to help address this gap and provide evidence to encourage the uptake of similar interventions at other trusts.

¹ <https://www.kingsfund.org.uk/publications/volunteering-acute-trusts-england>

² <https://helpforce.community/our-work/>

³ https://media.nesta.org.uk/documents/helping_in_hospitals_guide.pdf



Overview of impact and insight approach

Volunteering services in 12 trusts (ten funded by NHS England and two funded by the Royal Voluntary Service) were selected as a part of the programme because they were seen as offering the most representative sample of innovative interventions being implemented across the country. The interventions were varied in terms of their activity, maturity (e.g., whether they were established or new services), size and readiness to scale.

During the programme, we sought to obtain:

- A programme-wide view of impacts in relation to patients, staff and volunteers using standardised patient, staff and volunteer surveys.
- More specific data related to the activity and impact of individual interventions. The data that we collected was chosen in partnership with the sites themselves.

Although a central aim of the programme was to capture evidence related to the positive impacts of volunteering, we undertook extensive consultation with stakeholders to ensure that our surveys were designed to be balanced and non-leading. We also provided opportunities for respondents to highlight negative impacts when they felt that it was appropriate to do so. However, the surveys did not ask for explicit information about challenges, risks and costs associated with interventions. These are explored in more detail within Helpforce's **Service Design work**.

The variations between the different interventions meant that they all presented different challenges in relation to the collection of data that was robust enough to demonstrate impact.



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Some of our findings are limited by small sample sizes, which are an inevitable result of the small scale of individual interventions and poor survey participation levels. The low response rates from some trusts in relation to our survey mean that there is a risk that selection bias has had an undue influence on findings. In most cases, it is unclear whether any such bias would lead to overly positive or negative results because it is impossible to know if a disproportionate number of non-respondents held positive or negative opinions about the volunteering interventions. However, in some instances, for example where lack of staff capacity to distribute and collect questionnaires resulted in volunteers leading on this process, it would seem likely that a positive bias could have been introduced when volunteers chose who to approach.

There are two other areas of potential bias, which should be considered when reviewing the findings in this report. Firstly, there is a possibility that a form of social desirability bias has crept into survey responses (respondents providing socially desirable responses, rather than honest opinions, in order to avoid upsetting anyone). Although, such a bias cannot be discounted, the risk of it overly influencing our results should have been, at least partially, addressed by the anonymity given to survey respondents. The other potential bias, which should be considered when looking at our findings is recall bias. This type of bias, where individual responses are based on incorrect

memories of what actually took place, is clearly a risk for some people experiencing confusion in a hospital setting. However, since our surveys largely included questions related to events in the recent past, the risk would be expected to be low.

The study limitations described above mean that some degree of caution is required in interpreting the findings. As a result, any trust looking to introduce one of the interventions from the programme should not expect to achieve exactly the same benefits as are set out here. The potential impact of local conditions should always be considered.

Wherever possible, we sought to capture information that would provide a counterfactual (what would have happened in the absence of the intervention to the data from the specific interventions (e.g. in some cases a control ward was selected to aid comparison)). However, due to local challenges associated with collecting a large enough quantity of data, establishing a robust counterfactual to our findings was often difficult. As a result our ability to say much in this report related to causality is limited.

At the beginning of the programme an additional investigative stage was planned to enable us to test some of the findings. This would have involved interviews and focus groups with key stakeholders and a mixed-methods study at two of our partner trusts. Unfortunately, these plans had to be cancelled because of Covid-19.

Findings

Throughout this document a Red/Amber/Green (RAG) rating system has been used to indicate how well we believe the evidence demonstrates the impact that we were looking to test.

Although we have collected a significant number of compelling (Green) and promising (Amber) findings in relation to the impact of hospital volunteering from across the programme, there were also some limited (Red) findings.

For our most **compelling** findings, we have used “Green”. This means that the evidence of impact is based on a good sample size, and we have comparative data of sufficient quality that gives us confidence around the finding, or we have the opinion of experts (staff, patients) about the relationship between the intervention and the outcome(s). Although green in this context does not mean ‘gold standard’ RCT-level evidence, which is often challenging, time consuming and expensive – particularly for social projects in a hospital setting, we feel that these findings are strong and provide more clarity around the case for volunteering in NHS trusts.

For our findings that are **promising**, we have used “Amber”. This means that we have encouraging data of potential impact but sample sizes are too small, or there is a lack of comparative data available, to form any firm conclusions.

For areas where we have been limited in what we can say, or where we are still waiting for data from trusts, we have used “Red”. This means that the finding or data we have looked at is **limited** and therefore, we do not have any indication of potential impact.

Across the programme as a whole, the volunteering interventions were generally accepted to have improved patient experience and helped patients feel more supported at a difficult time. They have also contributed to improvements in staff wellbeing and giving staff more time for clinical care. In addition, the volunteers themselves experienced significant personal benefits and in some cases, were motivated to consider NHS careers as a result of their volunteering.



When looking at the specific interventions, the results were positive in terms of volunteers being successful at: keeping patients - especially older people - from deconditioning whilst in hospital, improving mood by providing companionship and opportunities to mobilise, keeping people active and socially connected when they are out of hospital, and supporting the uptake of debriefs in a mental health setting.

The results also appear to be positive in the areas of: speeding up discharges by supporting medicine pick-ups from pharmacy, reducing loneliness by supporting the discharge process, ensuring that patients in hospital feel supported to eat and drink, supporting staff to deliver better quality of care at the end of life, reducing anxiety during eye surgery, and improving the mood in older patients on wards. However, we believe that these findings should be confirmed with larger scale and more established services, or more data, and a counterfactual to assess if they are valid.

There were some potential benefits that we tested which were not supported by analysis of the data provided by trusts. These were outcomes related to quicker discharges, reduced readmissions, and reduced DNAs. However, anecdotal evidence gathered from each of the trusts paints a different picture and leads us to believe that the interventions and outcomes, in question, warrant further analysis.

It is also worth noting that there were challenges in the delivery of some interventions, which hindered their ability to develop as well as to demonstrate impact. For example, in some cases, there were delays to full implementation. Another factor which is worth considering when reviewing our findings is the impact of the Covid-19 pandemic. In a number of cases, Covid-19 resulted in sudden changes to volunteer roles within the programme.

There are some final data limitations which are worth considering when reviewing the findings in this report. These include poor survey response rates due to a lack of resources 'on the ground', in some trusts, to support the issue and collection of questionnaires, unforeseen challenges with collecting sufficient survey data from patients who were older and more vulnerable (e.g., those recently coming out of surgery and those with dementia), and difficulties attributing impact when additional changes or complementary activities were taking place alongside the volunteer interventions. These limitations have made it difficult to demonstrate that all of the interventions taking place on the 12 sites should be implemented elsewhere. However, even where the data collected was weakest, such as for volunteer support to people returning home from hospital and for volunteer support to end of life care, we found positive staff and/or patient feedback. When viewed alongside findings from other related research, we would contend that the case for these interventions should not be dismissed out of hand and is still worthy of further exploration.

Conclusions

Evidence from the programme suggests that volunteers in impactful roles can play an important and complementary role, working alongside experienced staff, to improve patient experience and help patients feel more supported at a difficult time; help the wellbeing of NHS staff, and create more time for care; and, contribute to the efficiency of the hospital. Moreover, volunteers may pursue a career in the NHS as a result of their volunteering.

We would recommend that all trusts consider the opportunities that this presents, and work closely with their staff to implement volunteering interventions which have clear goals that align to their strategic priorities.

Finally, due to the relatively small scale and evolving nature of many of the volunteering interventions that were explored as part of this programme and are being implemented elsewhere in health and social care services today, we believe that this is an area where our knowledge can, and should, continue to grow. Helpforce is committed to working in partnership with organisations to collect and evaluate the information required.



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Key findings



The programme has demonstrated that volunteers in hospitals can make a positive contribution in a number of key areas.

Depending on how and where volunteers are deployed in a hospital, the evidence shows that impactful volunteering roles can potentially help NHS organisations in the following ways:



A. Volunteers improve patient experience, and help patients feel more supported at a difficult time

1. Feedback from patients consistently indicates that volunteers have a positive impact on patient experience and care quality
2. Volunteers play an important role in helping patients to keep fit and well during their hospital stay and when they return home
3. Volunteers can help to ensure that specialist care such as mental health and end of life care are more personalised

B. Volunteers help the wellbeing of NHS staff, and create more time for care

4. Volunteers can help to improve the experience of hospital life for staff, reduce staff stress and take pressure off when wards are busy
5. Volunteers improve the productivity of NHS staff by freeing their time to focus on the most productive tasks

C. Volunteers contribute to the efficiency of a hospital

6. Volunteers in impactful roles can contribute to improvements in patient flow, discharge processes, and supporting people to remain well at home after a hospital episode

D. Volunteers may pursue a career in the NHS as a result of their volunteering

7. Volunteers consistently show a strong interest in pursuing a career in the NHS

E. Volunteering contributes to volunteer wellbeing

8. Volunteering helps those who volunteer feel happy

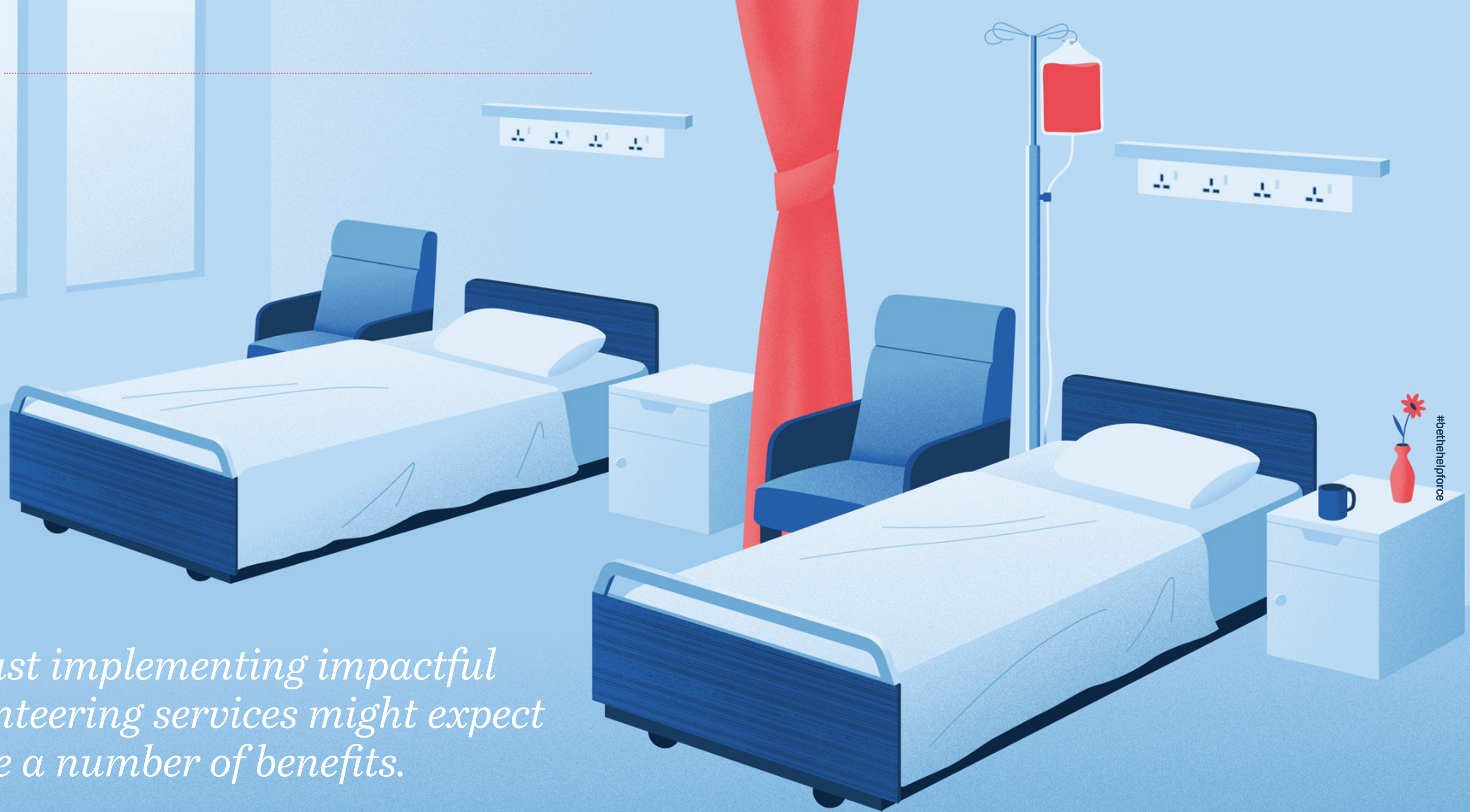


Set out in the tables on the following pages are some of the key findings from this report. Further information related to these findings can be found in the following sections:

Overview of data collected through the programme
Contains an assessment of the strengths and weaknesses of the different datasets that have been used.

Detailed findings
Contains a fuller explanation of each finding and also contains information about implementation enablers and barriers.

Study limitations
Contains limitations on the data collected and methodological limitations.



A trust implementing impactful volunteering services might expect to see a number of benefits.

Volunteers improve patient experience and help patients feel more supported at a difficult time.

HAPPIER & HEALTHIER patients

Contributions to improved patient happiness and health

- Survey responses for key measures of patient-centred care are consistently better for patients with volunteer support (n=121) compared to patients without volunteer support (n=44) (all sites) ■
 - Being interested in you as a whole (+11%)
 - Really listening (+9%)
 - Making you feel at ease (+10%)
- The vast majority of patients who were supported by a volunteer (91%, n=118) said that volunteers improved their mood whilst more than three quarters (78%, n=117) said that volunteers helped to reduce their anxiety. (all sites) ■
- Findings from the programme patient survey suggest that patients with volunteer support are more likely to be 'extremely likely' to recommend the hospital (44% intervention group, n=121 vs 36% control group, n=44). (all sites) ■
- The programme showed that the time a patient spends with volunteers increases the likelihood that the patient will recommend a service/hospital. (n=119). (all sites) ■
- Over 1,500 patients provided with 'Move it or Lose it' sessions – our evidence suggests that volunteer support improves patient mood whilst in hospital (29% pre-class, n=167 to 58% post-class, n=366 (Leeds)) and reduces loneliness in the community (11% fewer people feeling lonely, n=75 (Morecambe Bay)). The evidence from the community exercise sessions also demonstrated improvements in leg strength and endurance by 31% (n=50). (Morecambe Bay) ■
- Over 500 patients were helped to mobilise by volunteers (SWB) – our evidence suggests a potential link between mobility volunteers and an increased likelihood of patients being discharged from hospital to usual place of residence. ■
- 100% of patients with volunteer support report always receiving enough to drink at mealtimes, compared to 93% of other patients (n=18). (Salford) ■
- Additional psychological support provided to nearly 2,400 patients during their hospital stay in 8 months (Salisbury) – our evidence suggests that this support reduces anxiety (75% agreed/strongly agreed, n=19) and improves mood (92% agreed/strongly agreed, n=19) in patients. ■
- 95% of patients report that handholding volunteers help them to feel less anxious during surgery (n=19). (Moorfields) ■
- Patients who were supported by volunteers at discharge and after returning home showed reduced scores on loneliness (16% reduction, n=15) and improved scores in feeling safe (45% increase, n=15). (N&N) ■

IMPROVED specialist care

Contributions to improved specialist care

- More patients with volunteer support received a debrief following an incident compared to control wards (37%, n=230 patient restraints, vs 14%, n=63 patient restraints). (CANDI) ■
- 81% of staff believe that volunteers help improve the delivery of end of life care (n=32). (Liverpool) ■

Key (for a more in depth description, please see [page 18](#))

- Compelling evidence** of impact based on good sample and comparative data and/or attribution ■
- Promising evidence**, but further research may be required to increase confidence in findings ■
- Limited evidence / Untested** ■

Volunteers help the wellbeing of NHS staff, and create more time for care.

HAPPIER & HEALTHIER staff

Contributions to improved staff wellbeing and morale

- 71% of nurses feel less stressed with volunteer support (n=92). (all sites) ■
- 73% of staff feel that volunteer support is helpful in allowing more time to deliver good care to patients (n=228). (all sites) ■
- 12% more of the staff working with volunteers, than would be expected based on the available comparator data, feel that they can deliver the care that they aspire to (82% programme sites n=167 vs 70% NHS staff survey n=30,617). (all sites) ■
- 24% more of the staff working with volunteers would recommend their organisation as a place to work than would be expected (89% programme sites n=228 vs 65% NHS staff survey n=33,642). (all sites) ■

Contributions to improved staff productivity

- 26 mins of nurse time saved per day per nurse (n=73) (24 minutes of ‘all staff’ time saved per day per ‘all staff’, n=152). (avg reported across all sites) ■
- More productive staff might be expected to have additional time available for tasks which can contribute to improved patient care and greater hospital efficiency, including: ■
 - Organising care plans and medicines (54% of nurses (n=52) and 44% of all staff (n=96))
 - Supporting more patients (23% of nurses (n=52) and 36% of all staff (n=96))
 - Focussing more time on patients with higher needs (13% of nurses (n=52) and 13% of all staff (n=96))
 - Discharging patients (8% of nurses (n=52) and 5% of all staff (n=96))
- Between 5 and 60 mins of Allied Health Professional time saved per day per professional (n=7). (Sandwell) ■
- 29 mins of staff time released per TTO collection (median n=2179). (Barts) ■

Volunteers contribute to the efficiency of a hospital.

MORE EFFICIENT services

Contributions to improved efficiency in the system

- Fewer re-referrals to therapy once medically fit for discharge. (Sandwell) ■
- Delivery support speeded up discharge by 44 mins per patient (n=33). (Barts) ■
- Length of Stay (LoS) improvements on wards where Dining Companions are deployed. (Salford) ■
- Improved performance against 14:00 discharge target. (N. Tees) ■
- Reduced Did Not Attends (DNAs) for outpatient appointments because of volunteer support. (N. Tees) ■
- Reduced reliance on private taxis for patients. (N. Tees) ■
- Reduced 48 hour readmissions based on additional support at home. (N&N) ■

Key (for a more in depth description, please see [page 18](#))

- Compelling evidence** of impact based on good sample and comparative data and/or attribution ■
- Promising evidence**, but further research may be required to increase confidence in findings ■
- Limited evidence / Untested** ■

Volunteers may pursue a career in the NHS as a result of their volunteering.

INCREASED INTEREST in a NHS career

Contributions to increased interest in a NHS career

- 58% of volunteers strongly agree that volunteering at the hospital has increased their interest in pursuing a career in the NHS (n=618). (all sites) ■

Volunteering contributes to volunteer wellbeing.

HAPPIER & HEALTHIER volunteers

Contributions to volunteer wellbeing

- Compared to the wider population, hospital volunteers have higher life satisfaction (8.2 avg vs 7.7 national avg, n=603), life feeling worthwhile (8.5 avg vs 7.9 national avg, n=616), and happiness (8.1 avg vs 7.5 national avg, n=614) (all sites). ■

Key (for a more in depth description, please see [page 18](#))

Compelling evidence of impact based on good sample and comparative data and/or attribution ■

Promising evidence, but further research may be required to increase confidence in findings ■

Limited evidence / Untested ■



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Programme description



Well before the Covid-19 outbreak in the UK, it was widely acknowledged that our health and care services face significant challenges going forward.

The NHS Long Term Plan (2019) highlighted concerns over “funding, staffing, increasing inequalities and pressures from a growing and ageing population” and set out a goal to “tackle head-on the pressures our staff face, while making our extra funding go as far as possible. And...accelerate the redesign of patient care to future-proof the NHS for the decade ahead.”⁴ **Volunteers have always made an important contribution to the delivery of health and care services in their communities, but there is an increasing acknowledgement that they have a role to play in delivering the changes that the future requires.**

The NHS Long Term Plan recognises that “staff, patients and volunteers benefit from well-designed

volunteering initiatives” and every year NHS trusts deploy over 78,000 volunteers in a wide variety of roles to assist their staff and patients.⁵ However, some trusts make far greater use of volunteers than others. The ratio of staff to volunteers in acute trusts has been shown to range from as low as 26:1 in some, to as high as 2:1 in others. This disparity does not appear to be based on a measured assessment of the role that volunteers could, and should, be playing within an NHS setting. Nor does it appear to reflect what is known about the roles that volunteers are playing successfully elsewhere. In fact, the breadth and depth of skills and experiences provided by volunteers seemed to be a positive surprise to some staff involved in the programme.

⁴ <https://www.longtermplan.nhs.uk/wp-content/uploads/2019/08/nhs-long-term-plan-version-1.2.pdf>

⁵ https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/volunteering-in-acute-trusts-in-england-kingsfund-nov13.pdf

““”

“When first working with the volunteers I was unaware of the skills they had and courses they completed. For example, I was not aware that volunteers could help with feeding etc.”

NURSE, LIVERPOOL

““”

“Hospital volunteers are a lot more involved in supporting patient's care than I thought they would - it really helps staff and patients love the interaction.”

HEALTHCARE ASSISTANT, CAMDEN

““”

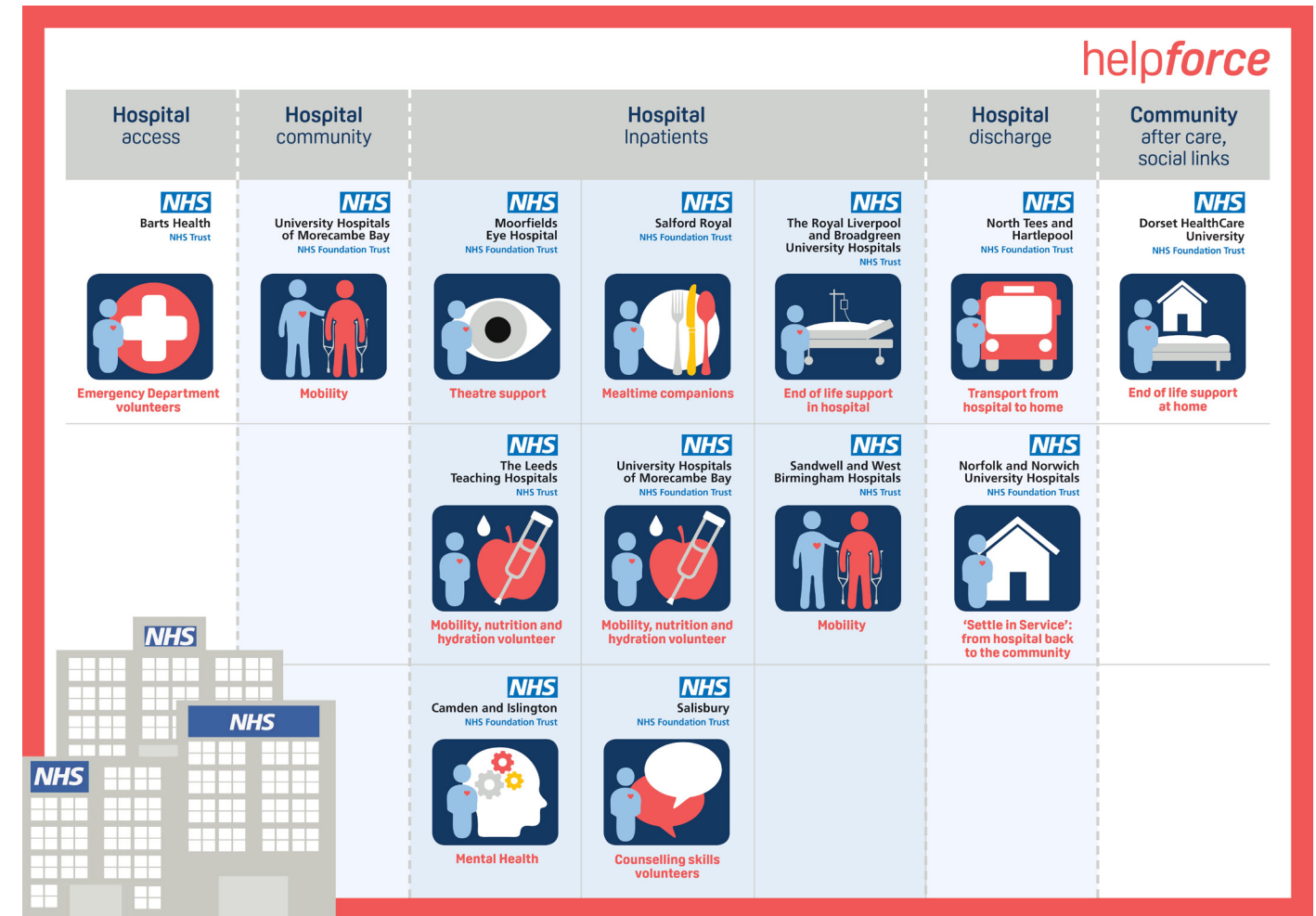
“Not having spent much time with volunteers I was unaware of the vital role they play within the hospital setting. I have been pleasantly surprised with the level of care and support they offer patients. Definitely an asset to the trust!”

STUDENT PHYSIOTHERAPIST, SWB

The 'Impactful Volunteering Innovators Programme' programme (referred to throughout the rest of this report as the programme) was established to address the lack of robust and compelling data and evidence in the health volunteering space and to help strengthen the case for increasing the use of volunteers in the sector.

Over 18 months, with funding and support from NHS England and Royal Voluntary Service, Helpforce worked in partnership with twelve (12) English trusts, selected from amongst 91 applicants, to develop, implement and monitor a set of volunteer interventions that were expected to demonstrate impact. The intention of the programme was to assess the ability of the different volunteering roles to deliver measurable benefits for patients, staff, volunteers and services. In turn these insights were expected to assist organisations looking to develop their own volunteering projects and enable them to tailor these projects to local needs and conditions.

This report is one of a few **key outputs from the programme**, which ideally should be viewed together. The content presented here is primarily focussed on drawing insights from the data collected across the programme.

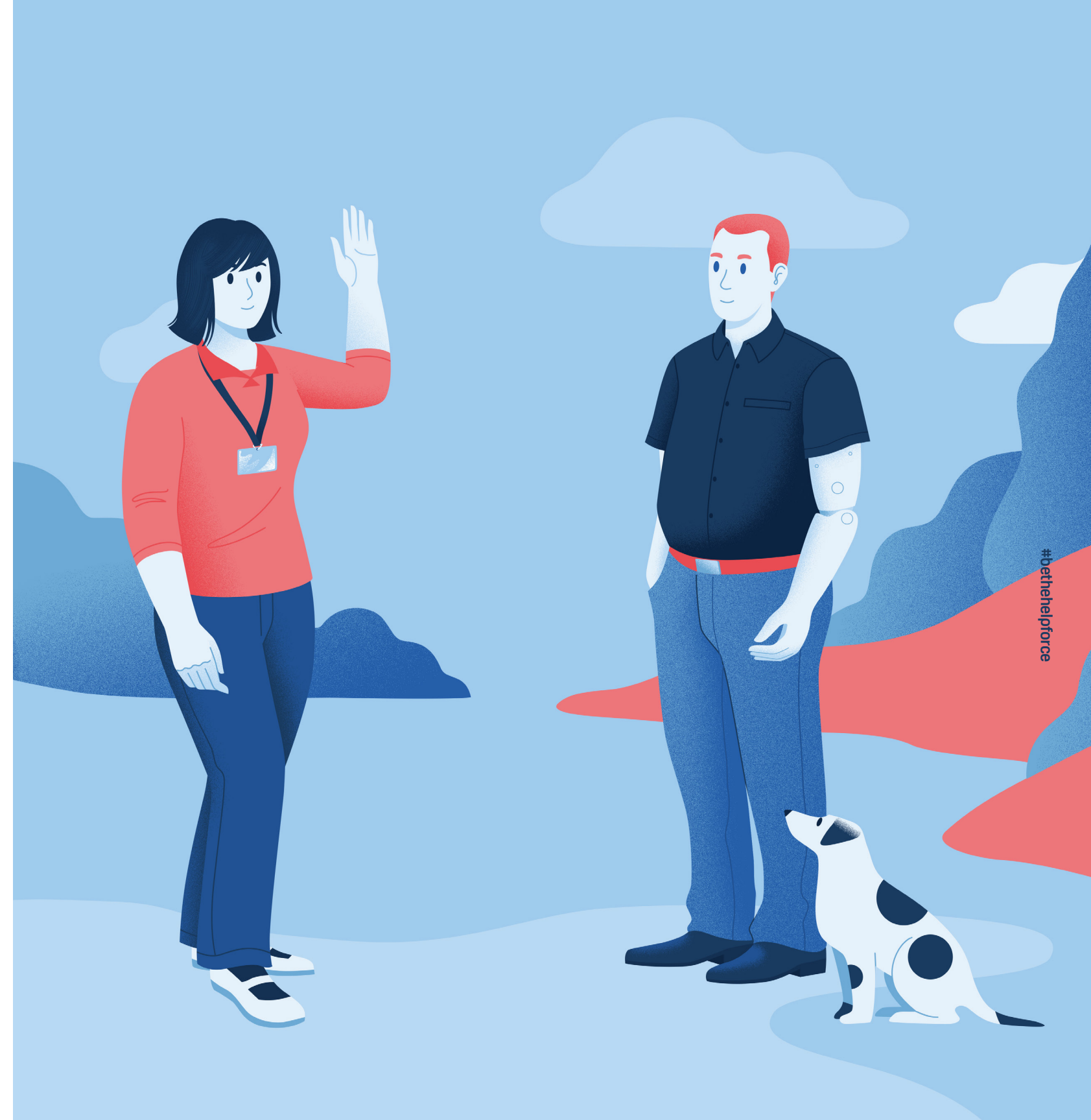


The programme was established to measure the impact of volunteering interventions in 12 trusts.

As part of the programme, NHS England and NHS Improvement provided funding to 10 NHS Hospital trusts (a further two received funding from the Royal Voluntary Service) to develop, test, measure, and spread a range of high-impact volunteering interventions. Some interventions were new whilst others built on existing volunteering initiatives. The selected interventions are listed below:

- **Active Response Volunteers** who help staff with a wide variety of tasks including the collection of patient medication, to help save staff time and potentially speed up discharges. (Barts Health NHS Trust; hereon in, Barts)
- **Volunteers providing peer to peer emotional support** after an incident in a **mental health setting**, to help make care more personalised. (Camden and Islington NHS Foundation Trust; hereon in, CANDI)
- **Volunteers providing support with end of life care in the community**, to enable more people to die at home if they choose. (Dorset HealthCare University NHS Foundation Trust)*
- **Volunteers providing support to patients before, during and after operations**, to help reduce anxiety and improve the patient experience. (Moorfields Eye Hospital NHS Foundation Trust; hereon in, Moorfields)
- **Settle in Service with volunteer transport**, to improve the patient experience at discharge and potentially reduce the risk of readmissions. (Norfolk and Norwich University Hospitals NHS Foundation Trust; hereon in, N&N)
- **Volunteer support with patient discharge, as well as ‘Hospital to Home’ and transport services**, to improve the patient experience at discharge and potentially improve patient flow and reduce the risk of readmissions. (North Tees and Hartlepool Hospitals NHS Foundation Trust; hereon in, N. Tees)
- **Volunteer support with end of life care in hospital**, to help staff deliver person-centred care. (Liverpool University Hospitals NHS Foundation Trust; hereon in, Liverpool)
- **Volunteer assistance for patients at mealtimes**, to reduce the risk of malnutrition and dehydration. (Salford Royal NHS Foundation Trust; hereon in, Salford)
- **Volunteers providing patient engagement and support using a specially developed model for companionship**, to reduce anxiety and improve mood. (Salisbury NHS Foundation Trust; hereon in, Salisbury)
- **Volunteers providing motivation, encouragement and support, in moving and getting dressed into day clothes, for patients waiting to return home**, to reduce the risk of deconditioning whilst in hospital. (Sandwell and West Birmingham NHS Trust; hereon in, SWB); hereon in, Sandwell)
- **Mobility, nutrition and hydration volunteers**, to reduce the risk of deconditioning, malnutrition and dehydration whilst in hospital. (St James’s University Hospital in Leeds - funded by RVS; hereon in, Leeds)
- As above. (University Hospitals of Morecambe Bay NHS Foundation Trust - funded by RVS; hereon in, Morecambe Bay)

*NOTE: Although Dorset Healthcare was selected for the programme, it did not prove possible to implement the planned intervention in the agreed timeframe.



helpforce

4

Project approach



Helpforce worked with each of the 12 trusts selected for the programme to define an “Insight and Impact” plan, which aimed to capture the impact of the different volunteer roles in a compelling way whilst taking into account: a) the evidential starting point for each project (e.g., some projects had previous research and evaluations on their services and we sought to build on previous work), b) proportionality (balancing delivery and evaluation), and c) the challenges of undertaking evaluations in a hospital setting with limited resources and time. There were no plans to design a ‘gold standard’ Randomised Control Trial. (RCT).

The current evidence on volunteering in a hospital setting is limited in the following ways:

- The evidence disproportionately focuses on the benefits to those who are volunteering; much less is known about the benefits to patients, and even less to staff or the wider health system.
- The evidence to date does not aim to address key challenges faced by the NHS (e.g. efficiency, staff wellbeing, workforce supply, personalisation of care, etc) or align and seek to inform health reforms and policy (e.g. NHS LTP).
- There has been no previous attempt to standardise a set of indicators or tools to capture impact in a consistent way.

Each trust was selected in order to enable us to test potential impacts in a specific area.

The Insight and Impact work sought to address some of these limitations through:

1 The use of standardised surveys for the programme which aimed to collect data consistently across all, or at least most, of the trusts.

SCOPE	WHAT THE STANDARDISED SURVEYS ATTEMPTED TO TEST
Across all, or at least most, trusts	<p>Patient, staff and volunteer wellbeing and experience</p> <p>Key benefits of working with volunteers from a staff perspective, notably in relation to reducing pressure and stress and freeing up time to focus on additional/higher priority tasks.</p>

2 Bespoke insight and impact plans designed to collect data for 12 months*, which were specific to each intervention and **focused on service/system outcomes** - for a full list of outcome measures that were planned at the beginning of the programme, please see Appendices.

* NOTE: The original plan was to collect data for a full year following the roll-out of the interventions in mid-2019. Unfortunately Covid-19 meant that a number of volunteering initiatives were suspended in March 2020. As a result the data largely relates to the period (06/19 to 03/20)

5

Overview of data collected through the programme



*We believe that the dataset collected as part of this programme represents a significant source of information on the impacts and benefits of volunteering in the NHS gathered to date**



Our analysis is primarily based on three key data sources:

1

Activity data covering the whole programme

- Number of patients supported: 11,200
- New 'active' volunteers: 380
- Volunteer hours given: 12,200
- Cumulative number of volunteer shifts: 2,680

2

Standardised survey data collected from all/most sites

(NB. Although these surveys included questions developed specifically for the programme, wherever possible, they included questions from national surveys to support wider comparison where appropriate)

- Patient survey: 196 responses from 9 trusts
- Staff survey: 228 responses to main survey from 10 trusts + 18 responses to end of programme survey from 10 trusts
- Volunteer survey: 619 responses from 11 trusts
- Total number of responses: 1,061

3

Bespoke data sources

Bespoke discharge surveys at N&N and N.Tees + bespoke TTO delivery survey at Barts + bespoke mobility activity data at trusts funded by RVS), data from a local Volunteer Management System - Better Impact (Barts and SWB)

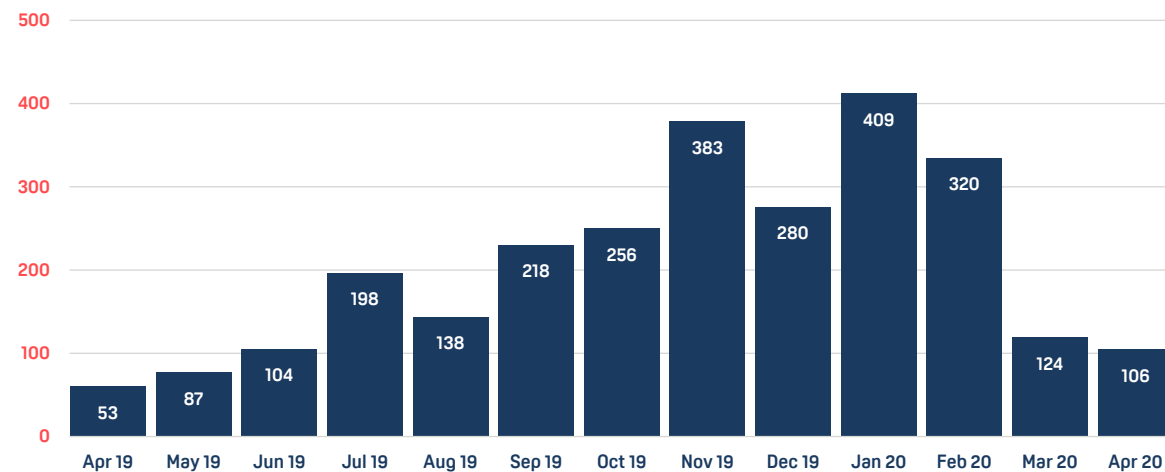
The programme adds to the evidence base on health volunteering by focusing on impacts for patients, staff and services.

*We were limited in what we could achieve as a result of a number of different challenges faced such as: the scale of each project, limited capacity for data collection and disruptions including those resulting from Covid-19.

Activity data – Volunteer numbers

The impacts achieved throughout the programme were powered by volunteers and the hours they helpfully contributed to their hospitals. Over the period of the programme, there was a gradual increase in the cumulative number of volunteer shifts per month (before Covid-19), and in all cases, volunteering services were scaled in terms of numbers of ‘active volunteers’ supporting a greater number of wards across the hospitals and further strengthening links between these trusts and their communities.

TOTAL MONTHLY VOLUNTEERS - ALL TRUSTS COMBINED



Count of active volunteers at start of each project and at the end of the programme.

VOLUNTEER ROLE	ACTIVE VOLUNTEERS (INITIAL)	ACTIVE VOLUNTEERS (END OF PROGRAMME)
Active Response Volunteers (Barts)	58 – mainly in the ED	188 across all hospitals at the trust
Restraint Peer Debrief Volunteers (CANDI)	Six (6) covering 8 of 11 acute wards.	Eleven (11) covering 10 of 11 acute wards
Theatre Support Volunteers (Moorfields)	Zero (0)	Twelve (12)
Settle in Service Volunteers (N&N)	10	17
Driver and Discharge Support Volunteers (N. Tees)	12 volunteer drivers + 3 discharge volunteers	23 volunteer drivers + 8 discharge volunteers + 49 ward volunteers supporting discharge
End of Life Volunteers (Liverpool)	7 across 1 palliative care ward	21 volunteers across 3 wards (+ 9 in training)
Dining Companions (Salford)	40 across six (6) wards	85 across eight (8) wards and more shifts
Engage Volunteers (Salisbury)	35 across 16 wards	56 (+ 6 in training) across 16 wards
Activity Support and Mobility Volunteers (SWB)	40 volunteers across 2 wards	58 volunteers across 3 wards (January 2020)
Nutrition, Hydration and Mobility Volunteers (Leeds)	Zero (0)	28
Nutrition, Hydration and Mobility Volunteers (Morecambe Bay)	49	16 (wards) + 70 (community)

Standardised surveys used across the programme, enabled us to ask respondents to reflect on how well they felt that each intervention had delivered particular benefits.

	BENEFIT AREA	STRENGTH OF EVIDENCE (ACROSS ALL INTERVENTIONS)	NOTES RELATED TO RATING OF EVIDENCE STRENGTH
Patient	Improved patient-centred care		More positive scores compared to a comparison group on the dimensions of: Being interested in you as a whole, Really listening, Making you feel at ease (n=121 intervention group vs n=44 control group).
	Improved patient experience		More positive scores compared to a comparison group on 'extremely likely' to recommend based on the FFT question (n=121 intervention group vs n=44 control group).
	Improved patient wellbeing		On the dimensions of reduced anxiety (n=117) and improved mood (n=118). No comparison but question asks specifically about volunteer impact.
	Reduced loneliness post-discharge		N&N: reducing loneliness post discharge from hospital (n=15). Small sample and no comparison.
Staff	Improved quality of care		Staff perception of volunteers supporting the delivery of good quality care. More positive score compared to national staff score on staff engagement 'I am able to deliver care I aspire to' (n=167) unweighted across all trusts in the programme compared to unweighted national staff score at same trusts.
	Saved staff time		Staff perception of volunteers saving them time (n=127). No comparison but question asks specifically about volunteer impact. Variation across roles and trusts.
	Improved staff wellbeing		Staff perception on the dimensions of volunteers reducing stress and reducing pressure on wards (n=92). No comparison but question asks specifically about volunteer impact.
	Improved staff satisfaction with their organisation		More positive scores (at Barts: n=31, Sandwell: n=26, Camden: n=20) – these trusts had larger sample sizes compared to other programme trusts but still relatively small) compared to trust score on national staff survey on the dimensions of: I would recommend my organisation as a place to work, If a friend or relative needed treatment, I would be happy with the standard of care provided by this organisation.
Volunteers	Improved volunteer wellbeing		More positive scores compared to national average on the dimensions of: life satisfaction (n=603), life feeling worthwhile (n=616), and happiness (n=614) ($p < 0.001$).
	Improved interest in a career in health and care and/or NHS		Volunteer perception of their volunteering and impact on career pathway into health and care/NHS (n=373). No comparison.



In a number of benefit areas in the standardised surveys, the feedback was very positive.

However, there were a few areas where this was not consistently true:

The majority of the surveyed patients noted that volunteers had improved their mood/cheered them up, and also reduced their anxiety. However, their responses could have been biased if volunteers supported the distribution of the patient survey, which they did in most cases. Also, the question was specifically about volunteer support so collecting comparison data was not possible.

The staff survey data, supported by quotes from staff, gives us reasonable confidence that having with volunteers in hospitals and on wards improves the quality of the care being delivered to patients. However, quality of care is likely to be based on numerous factors and volunteer support is only likely ever to be a contributing factor. As well, given the small sample sizes for individual projects, it is difficult to ascertain the true impact of volunteer support on quality of care.

Unsurprisingly, respondents tended not to indicate that staff time was saved by projects that focussed more on improving general patient experience and wellbeing (e.g. end of life care support), but where there was obvious time saved e.g. when volunteers collected medication that would previously have been collected by paid staff or where volunteers assisted at mealtimes, this was reflected in the data for that specific project.

The picture in relation to staff wellbeing was generally positive but inconsistent across individual projects and the programme as a whole. It seems likely that feedback on staff wellbeing will be based on a large number of factors, of which volunteering support is only likely to be one of many.

Although our surveys showed that large numbers of those who volunteered and were still of working age were interested in future NHS and social care careers, the absence of data about their prior opinions on the subject makes it difficult to attribute any direct link to the programme.

Surveys used for individual volunteering services, enabled us to get more granular on the benefits of specific interventions to patients and services.

	BENEFIT AREA	RELATED PROJECTS	STRENGTH OF EVIDENCE	NOTES RELATED TO RATING OF EVIDENCE STRENGTH
Patient	Greater patient voice (Mental Health)	CANDI	Yellow	Proxy data: greater number of debriefs; evidence of debrief in care plans. Control group analysis on number of debriefs. (37% intervention group, n=84 (out of n=230 patient restraints) vs 14% control group, n=9 (out of n=63 patient restraints). Data collected mainly activity data not impact or outcome data.
	Improved quality of care (End of Life)	Liverpool	Yellow	Staff perception on quality of care delivered as a result of volunteer support (n=32). No comparison.
	Increased mobility	SWB, Leeds, Morecambe Bay	Green	Encouraging and supporting patients to get out of bed and move, in some cases for the first time that day. Sandwell specific. Proxy data: Return to usual residence. No comparison but good longitudinal data. Morecambe Bay specific: Improved leg strength post-discharge in community classes (n=50). Comparison - pre/post data.
	Increased support around nutrition and hydration	Salford	Yellow	Proxy data: Increased proportion of patients feeling that they were supported to eat and drink. Comparison with trust scores but small sample (n=18).
Service	Speedier discharges as a result of TTO deliveries	Barts	Yellow	Proxy data: staff perception of speedier discharge (n=33). Good sample but perceived impact (not measured using system data).
	Improved performance against 14:00 discharge target, DNAs	N. Tees	Red	No baseline and not enough scale/activity to determine impact on discharge times.
	Reduced readmissions	N&N	Red	Not enough scale/activity to determine impact on readmissions.
	Reduced reliance on private taxis for patients	N. Tees	Green	It is estimated that the volunteer drivers have saved approximately £40K through a reduction in expenditure on private taxis previously paid for by the trust.
	Fewer re-referrals to therapy once medically fit for discharge	SWB	Green	Volunteers supporting patients who are 'medical fit for discharge' and therefore, improving efficiencies in the discharge process by avoiding re-referrals to the therapy team.

In a number of benefit areas for the individual projects, the feedback was very positive.

However, there were a few areas where more evidence would be beneficial:

Liverpool’s End of Life volunteer service is well-established, and previous research conducted on the pilot in 2012-13 concluded that the service was “extremely beneficial, meeting its aims of providing an emotional support and spiritual presence to dying patients, with support and reassurance for families”.⁶ The insight and impact work conducted during the programme sought to add to this evidence base by focusing on how the service impacts staff. Whilst there was good new insight uncovered during the programme (e.g., staff perception on how volunteers improve the quality of care delivered), the findings were based on a relatively small sample.

Salford’s Dining Companion service supports some of the most vulnerable patients in hospital, and as such it is often difficult to collect feedback from patients due to the context. Given the small sample size of patient surveys received from the trust, limited conclusions can be drawn on the impact volunteers are making to patient hydration and nutrition.

The discharge support interventions at N. Tees sought to improve discharge times by removing external barriers around transport. It became apparent that it would be difficult to improve discharge times across the trust because of: a) the relatively small scale of the interventions, b) the multiple factors that impact on the discharge process (arranging transport being a small proportion of the total). Furthermore, the support at home volunteer service post-discharge was hoped to reduce DNAs for outpatients but the data was not received to review impact.

The Settle in Service at N&N aimed to reduce readmissions by providing support at home on the day of discharge and for a few days after discharge. The relatively small scale of the service made it difficult to see any patterns in the readmissions data.

⁶ https://spcare.bmj.com/content/5/Suppl_1/A20.2



6

Detailed findings



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Detailed findings from the programme

The following section of the report describes more detailed findings from the programme. It includes data collected from each of the volunteering projects and is grouped according to the four impact areas (patients, staff, volunteers and system).

How to read this section:

<p>—</p> <p><i>Main conclusions from the data/ insights from the programme.</i></p> <p>—</p>	<p>—</p> <p><i>References to the NHS Long Term Plan.</i></p> <p>—</p>	<p>“”</p> <p><i>Quotes from the stakeholders at the projects.</i></p> <p>—</p>	<p>—</p> <p><i>Secondary evidence from previously published papers, research, case studies, etc.</i></p> <p>—</p>
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Volunteers improve patient experience and help patients feel more supported at a difficult time

Improving patient-centred care and experience

Survey data from the sites indicates that volunteers have a positive impact on patient experience.

“““

“My experience was so ordinary but at the same time so heart-warming. My lovely lady had a wonderful family and yet she appreciated my few hours spent with her. She kept thanking me. I was so humbled. I did nothing special, I was just there.”

VOLUNTEER ACCOUNT OF HER ROLE AT LIVERPOOL

“““

“I wasn't only made to feel better by the healthcare I received from the staff but I also felt better as a person who was valued and looked after by the Dining Companions. Since the volunteers were introduced to the wards, you can feel a positive difference. You can see they enjoy being here with us and helping us feel better and happier.”

PATIENT, SALFORD

Compelling

Feedback from patients consistently indicates that volunteers have a positive impact on care quality.

“““

“Today, cataract surgery @Moorfields ❤️ #ourNHSPeople, everyone so kind and thoughtful. A gentle and calming surgeon. As for the handholding volunteer, support without words throughout the procedure. What a great idea!”

PATIENT TWEET, MOORFIELDS

“““

“The NHS also needs a more fundamental shift in how we work alongside patients and individuals to deliver more person-centred care.”

NHS LONG TERM PLAN

Patients feel that volunteers improve the quality of the care that they receive and make it more personalised.

Data obtained from patient surveys conducted in programme wards was compared to the equivalent data collected in control wards. The results from the patients who were supported by volunteers (intervention) and those who were not (control) include:

— Patients with volunteer support felt that their care had been more patient-centred (n=121) compared to patients who did not have volunteer support (n=44).

- Being interested in you as a whole (61% vs 50%). Really listening (61% vs 52%). Making you feel at ease (69% vs 59%).

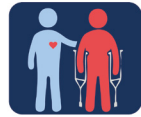
— The likelihood of patients in both the intervention (n=121) and control (n=44) groups to recommend the service to their family and friends (FFT test) was generally quite high (82% for the intervention group vs 86% for the control - extremely likely/likely). **It is interesting to note that in the intervention group the proportion of people who were ‘extremely likely’ to recommend the service was actually somewhat higher than for the control group (44% vs 36%).** In addition, 3% of patients supported by volunteers were “extremely unlikely” to recommend the service, compared to 5% who were unsupported by volunteers. This does appear to suggest that where patients have contact with volunteers this can help to create strong positive feelings about the services that they receive.

— The vast majority of patients who were supported by a volunteer (91%) said that volunteers improved their mood (n=118) whilst more than three quarters (78%) said that volunteers helped to reduce their anxiety (n=117). Of those patients who did not strongly agree/agree that volunteers help to reduce their anxiety only 3% disagreed/strongly disagreed.

- Furthermore, those who used the Settle in Service at N&N felt **less lonely** (33% feeling lonely at discharge, 21% feeling lonely soon after discharge and 17% some time after discharge) and **less frightened** (20% feeling frightened at discharge, 0% feeling frightened soon after discharge) (n=12).

— The ‘dose’ of the volunteer interaction seems to matter to patient experience – the more face time a patient has with a volunteer, the better the experience.

- Patients who had more time with volunteers are somewhat more likely to recommend the service/hospital, compared with patients who spent less time with volunteers. (Statistically significant finding, $r=0.201$, $p=0.028$, $n=119$).



Volunteers improve patient experience and help patients feel more supported at a difficult time

Improving patient mobility

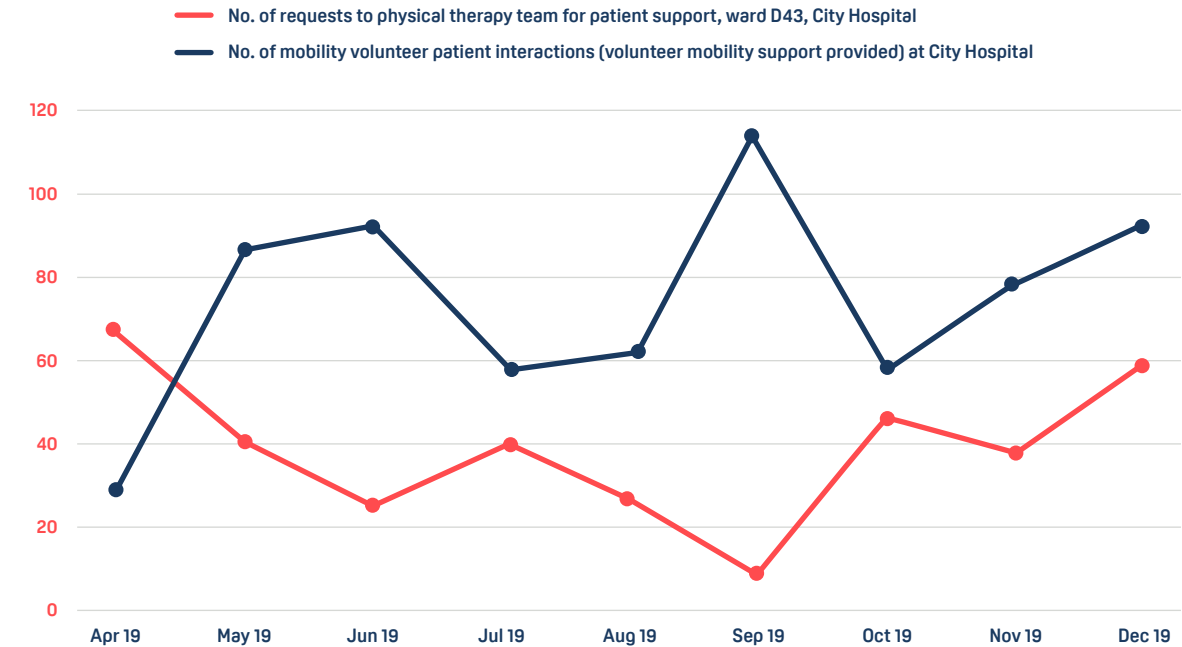
The trusts had a clear impact on the physical wellbeing of patients.

Examples of how volunteers helped to improve patient health by increasing mobility (SWB):

- At SWB, there were nearly 580 patients interactions that involved the provision of support for walking and exercise by mobility and activity volunteers, and approximately 175 patients who had a volunteer interaction put on their day clothes following the volunteers' encouragement instead of staying in their pyjamas all day (across 3 wards between April 2019 – March 2020). This additional capacity supported and enhanced the trust to achieve its End PJ Paralysis Campaign goals.
- On SWB's D43 ward, patients have previously received therapy and are medically and physically fit for discharge. Patients on this ward would only be re-referred to therapy if their physical condition deteriorated, largely as a result of lack of activity. As can be seen in the chart on the following page the number of re-referrals to the therapy team generally decreased on ward D43, as the number of volunteer interactions on the ward increased (and vice versa).

Volunteers can play an important role in helping patients to keep fit and well during their hospital stay.

VOLUNTEER AND THERAPIST CONTACTS WITH PATIENTS ALREADY ASSESSED AS READY FOR HOSPITAL DISCHARGE, CITY HOSPITAL (APRIL - DECEMBER 2019)

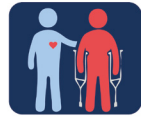


“““

“Encouraging mobilisation in medical patients could reduce the average length of stay by two days for an older person admitted to hospital for medical treatment, compared with usual care.”

NIHR (2019)⁷

⁷ <https://evidence.nihr.ac.uk/alert/getting-hospital-patients-up-and-moving-shortens-stay-and-improves-fitness/>



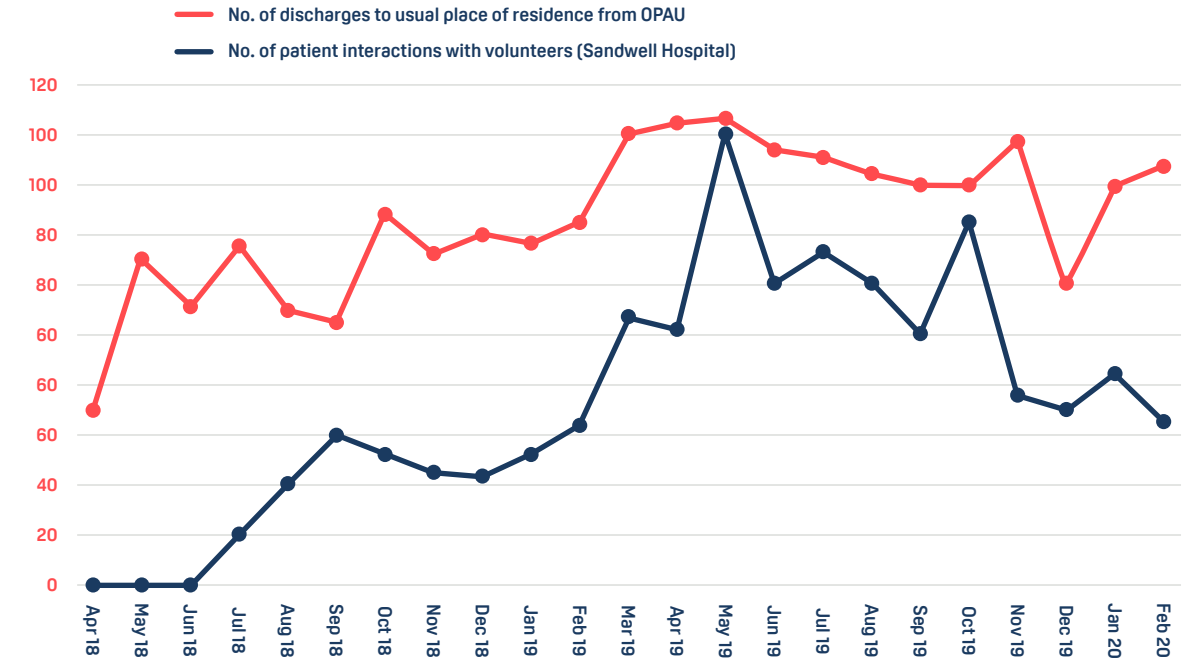
The data collected for the programme enabled some hypotheses related to impact on patient outcomes to be tested.

Exploring the impact of mobility volunteers on patient outcomes (SWB):

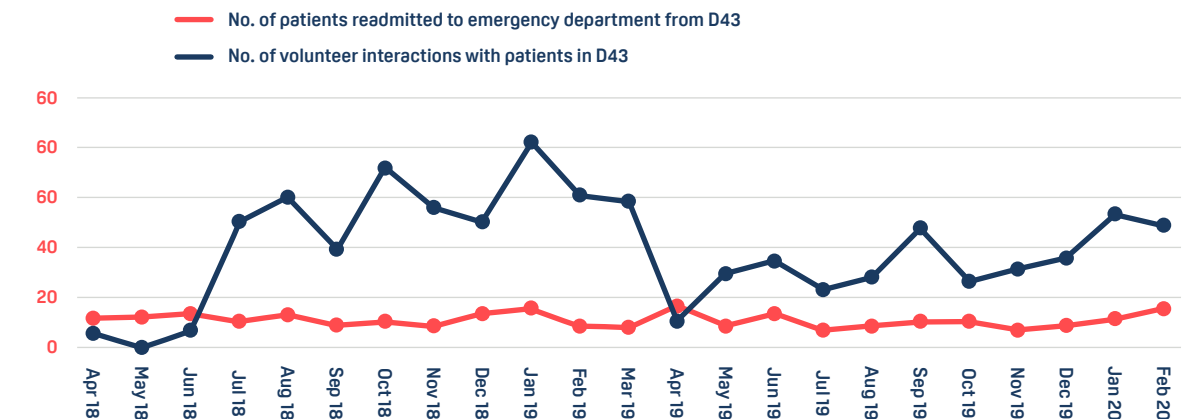
- The volunteering project in SWB was built upon pre-existing activities that were already well established in the trust (through our Wave 1 activities). By participating in the programme, SWB was able to test the deployment of activity support and mobility volunteers in different settings and continue to build upon their evidence base. This gave the programme access to more comprehensive volunteering data than was available for some other sites and provided the opportunity to look at how the volunteer service might be impacting upon specific patient outcomes over a relatively long timeframe. We looked at signs of any impact in relation to ‘discharge to usual place of residence’ and ‘patient readmissions to the emergency department’ from a ward supported by mobility volunteers.
- For patients being discharged to their usual place of residence – a proxy for **successful outcome of rehabilitation**, we were able to look at data collected from two locations - the Acute Medical Unit (AMU) and the Older Persons Assessment Unit (OPAU). It’s clear that there does seem to a *partial relationship* between the pattern of volunteer activity in the OPAU and the proportion of people being discharged to usual place of residence from the unit (see chart overleaf). This suggests that **for the cohort of patients within the OPAU (largely frail elderly patients), the relationship between deployment of mobility volunteers and being discharged to usual place of residence could warrant a more thorough investigation.** This relationship was not seen in the data from the AMU.
- Furthermore, by looking at data for ward D43, we were able to investigate if there was any pattern of impact in relation to patients being readmitted to the emergency department. The number of patients being readmitted remained largely consistent over time suggesting that this is not an area where mobility volunteers have much impact.

Promising

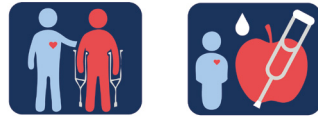
VOLUNTEER INTERACTIONS WITH PATIENTS COMPARED TO THE PROPORTION OF PATIENTS DISCHARGED TO USUAL PLACE OF RESIDENCE FROM THE OLDER PERSONS ASSESSMENT UNIT (OPAU) - SANDWELL HOSPITAL (APRIL 2018 TO FEBRUARY 2020)



VOLUNTEER INTERACTIONS WITH PATIENTS ON WARD D43 COMPARED TO PATIENT READMISSIONS TO THE EMERGENCY DEPARTMENT FROM WARD D43 PER MONTH (APRIL 2018 TO FEBRUARY 2020)



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The trusts had a clear impact on the physical wellbeing of patients.

Examples of how volunteers helped to improve patient health by increasing mobility (Leeds and Morecambe Bay):

- In Leeds and Morecambe Bay, mobility volunteers provided **on-ward resistance-based training (Move It or Lose It) for over 1,500 patients** during the period of the study. Evidence from the Move It or Lose It service shows that it improves loneliness scores and physical health.⁸ Moreover, the Leeds and Morecambe Bay volunteers were able to help nearly 140 patients to leave bed for their only non-bathroom related exercise in the day of their visit. Finally, Morecambe Bay volunteers also supported patients with resistance-based training in the community after being discharged from hospital. Evidence gathered by Royal Voluntary Service and Helpforce from the community classes showed that there were fewer people who reported feeling lonely (11% decrease in participants feeling lonely, n=75, statistically significant; 2-tailed t-test, p = 0.025) and patients improved leg strength and endurance (31% increase in 30 second sit to stand test with no arm support, n=50, statistically significant; 2-tailed t-test, p < 0.001). In this analysis, there were no statistically significant outcome changes found on the number of falls in the last month, number of falls which related to admission or attendance at A&E in the previous three months, independence in terms of ability to do practical and personal care tasks, or right- and left-hand grip strength.

“““

“These exercise classes have really helped me. I have noticed the strength in my hands has improved considerably since coming to the weekly classes.”

PATIENT, LEEDS

⁸<https://www.moveitorloseit.co.uk/our-impact/>



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Volunteers improve patient experience and help patients feel more supported at a difficult time

Improving patient nutrition

The trusts had a clear impact on the physical wellbeing of patients.

Examples of how volunteers helped to improve patient health by increasing nutrition (Salford):

- On wards where Salford’s **dining companions** were active, **100% of patients said that they always received enough to drink during their meals** (n=18). This was a 7% improvement over the equivalent figure in Salford’s 2019 adult inpatient survey (93%). There was also a small improvement when patients were asked if they had enough support to eat (76% Programme Patient survey vs 74% trust score on inpatient survey. NOTE: the other 24% of programme patients said that they ‘sometimes’ had enough help to eat or ‘did not need’ help to eat). These findings are based on a very small sample size and collected in a different context from the NHS Inpatient survey, so caution is required when interpreting the results. Further investigation may be warranted.
- As a part of the programme, the Salford Information Support Team undertook some analysis of local data and found promising evidence that Dining Companions may be contributing to improvements in patient experience as measured by the Friends and Family Test (FFT). When the team reviewed responses to the FFT in the Acute Neurological Unit (ANU) – the first ward to introduce the intervention – before and after the introduction of Dining Companions, the results look positive. As can be seen in the chart overleaf, from September 2019, when the volunteers began supporting the ANU, the proportion of FFT respondents that were ‘extremely likely/likely’ to recommend the service was higher than it had been in the previous year in all bar one of the following six months. The exception was November 2019.

In addition to helping with patient mobility, volunteers can assist with patient hydration and nutrition.

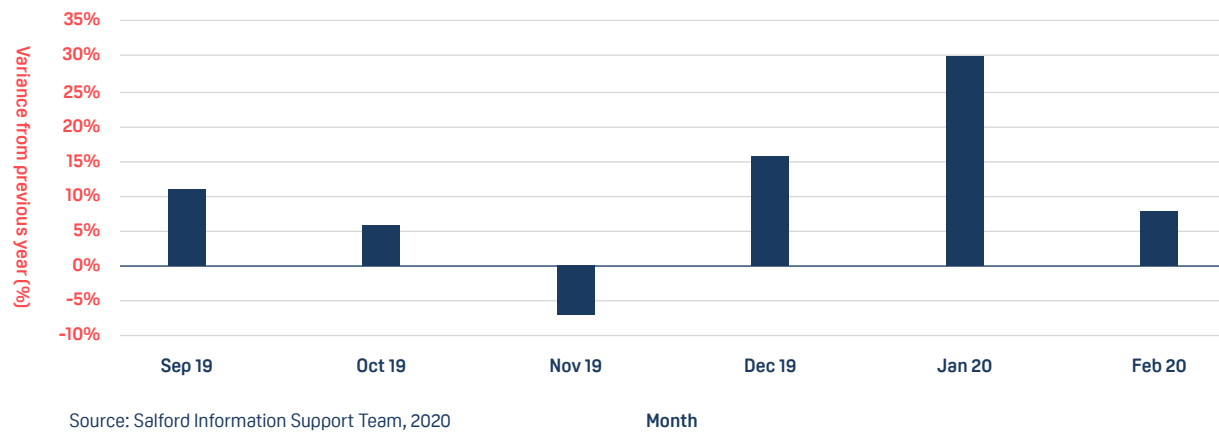
Being malnourished leads to higher risks of infection, post-operative complications, and longer lengths of stay of c. three days.
BAPEN, 2016.⁹

- The team also looked at patient length of stay (LOS) before and after the introduction of Dining Companions in the ANU. Each month the average LOS (in days) for the ANU was compared to LOS in the equivalent month from the previous year and progress was tracked over time. When compared to the previous year, the ANU only experienced a lower average patient LOS in three of the eleven months prior to the introduction of the intervention. However, when the Dining Companions were introduced, this situation appears to have improved. After the introduction of Dining Companions to the ANU, average patient LOS was lower in five out of the seven months, for which data was available, when compared to the previous year.
- These findings from Salford, related to the impact of Dining Companions, should be treated with a degree of caution due to the absence of definitive patterns in the two datasets, differences in findings across all Dining Companion wards, and the absence of clear evidence to determine attribution. However, in both cases there would appear to be signs of positive impacts which would warrant a more thorough investigation over a longer time-frame.
- In this analysis, the team reviewed additional outcomes and there were no clear patterns or trends found in readmissions, falls, and pressure ulcers.

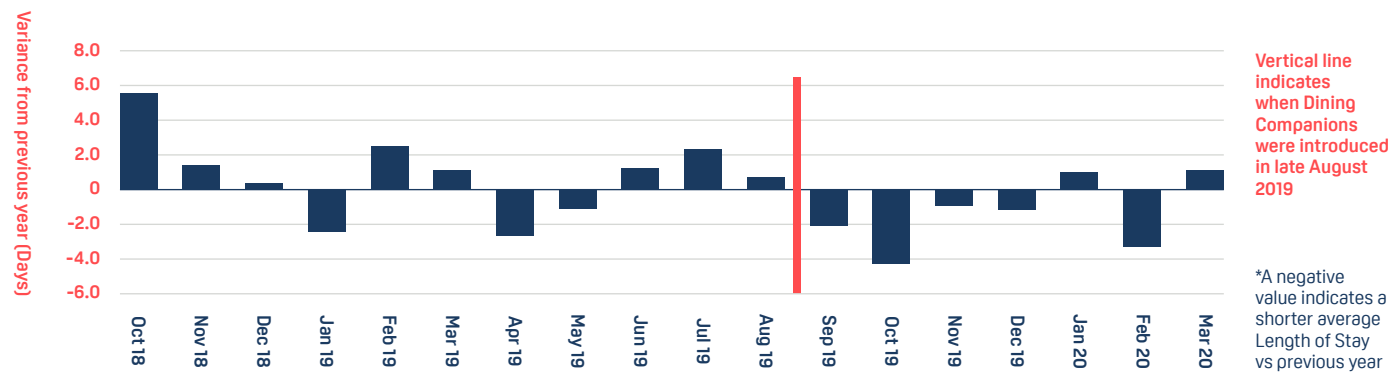
⁹<https://www.bapen.org.uk/images/pdfs/good-practice-nutritional-care/dining-companions-case-study.pdf>



PROPORTION OF FRIENDS AND FAMILY TEST (FFT) RESPONDENTS THAT ARE EXTREMELY LIKELY/ LIKELY TO RECOMMEND THE SERVICE, COMPARED TO FFT RESULTS FROM THE PREVIOUS YEAR, SALFORD ACUTE NEUROLOGICAL UNIT (ANU), BY MONTH (SEPTEMBER 2019 - FEBRUARY 2020)



MONTHLY COMPARISON BETWEEN THE AVERAGE PATIENT LENGTH OF STAY (LOS) RECORDED IN THE SALFORD ACUTE NEUROLOGICAL UNIT (ANU), AND THE EQUIVALENT PATIENT LOS FIGURE RECORDED IN THE PREVIOUS YEAR (OCTOBER 2018 - MARCH 2020)*



Source: Salford Information Support Team, 2020



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An evaluation of mealtime assistance programme concluded that “volunteers were highly valued by patients and staff. The programme was cost-saving releasing valuable nursing time.”

HOWSON ET AL (2018)¹⁰

¹⁰ <https://bmjopen.bmj.com/content/8/8/e022285>



Volunteers improve patient experience and help patients feel more supported at a difficult time

Improving the quality of specialist care

Evidence from CANDI demonstrates a positive impact on the delivery of mental health services.

Examples of how volunteers helped to improve the quality of mental health services:

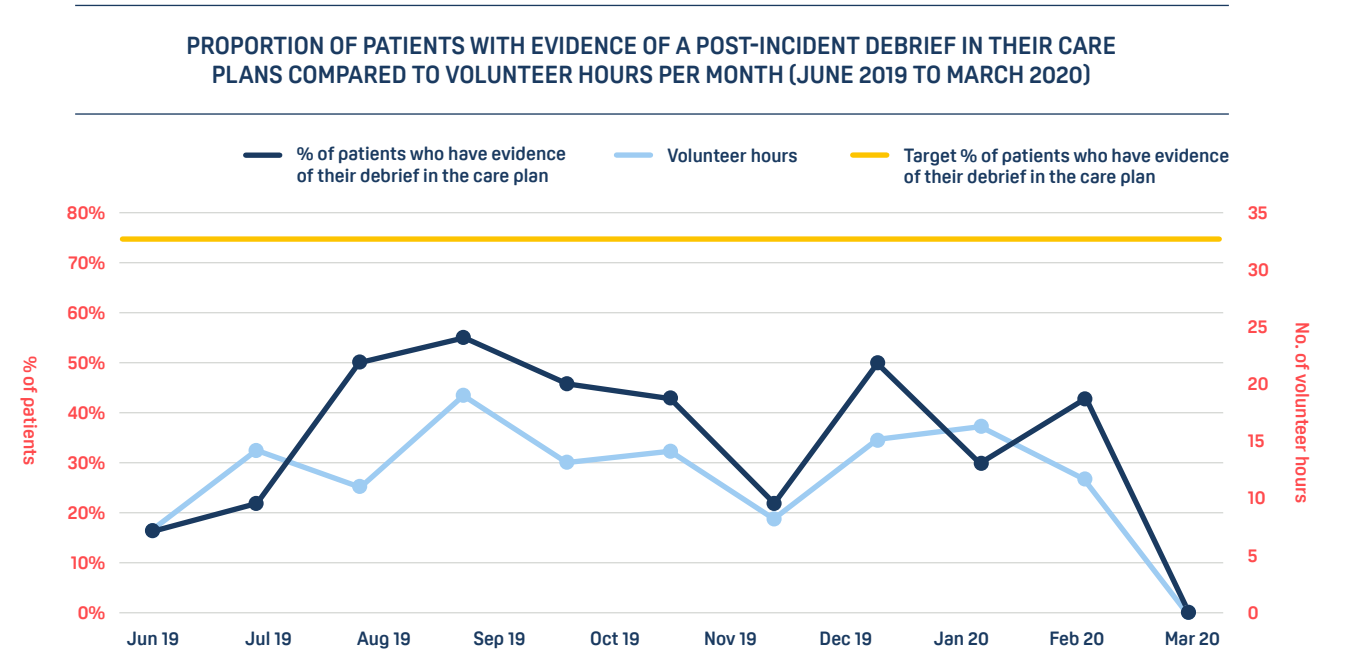
- Data from CANDI indicates that volunteers enable more people to have debriefs following restraint incidents as recommended by NICE. In the wards with volunteers, 37% of all incidents (n=230) were followed by a debrief whereas in the control wards with no volunteers only 14% of incidents (n=63) were followed by a debrief (June-Dec 19). Between June 2019 and June 2020, 149 patients received a debrief from a volunteer and only 10 patients declined a debrief. Of those supported with a debrief, nearly 70 patients had evidence of the debrief in their care plans. In fact, we see that when volunteer hours increase, the percentage of patients who have evidence of their debriefs in their care plan also increases.
- Debriefs provide patients with “the opportunity to give their perspective of the event and understand what happened”.¹¹

¹¹ <https://www.nice.org.uk/guidance/qs154>

Volunteers can help to ensure that specialist care such as mental health is more personalised.

“““
“We will expand services for people experiencing a mental health crisis.”
 NHS LONG TERM PLAN

Promising



“““
“Patients benefit from talking to, and being listened to by someone who is independent to staff and often can talk more openly and honestly in this forum. Having volunteers provide this service to patients shows them that people who aren’t paid to be there care enough to come and speak with them to help improve things from them.”
 STAFF MEMBER, VOLUNTEERING SERVICES, CANDI

According to NICE Quality Standard (QS154) people with a mental health problem involved in the incident should be provided with an opportunity to be involved in the debrief as soon as they feel ready.

“““
“This is the first time I’ve ever been asked about what I think about my care in 20 years of using mental health services.”
 PATIENT, CANDI

#bethehelpforce



Volunteers improve patient experience and help patients feel more supported at a difficult time

Improving the quality of specialist care

Evidence from Liverpool demonstrates a positive impact on the delivery of End of Life Care.

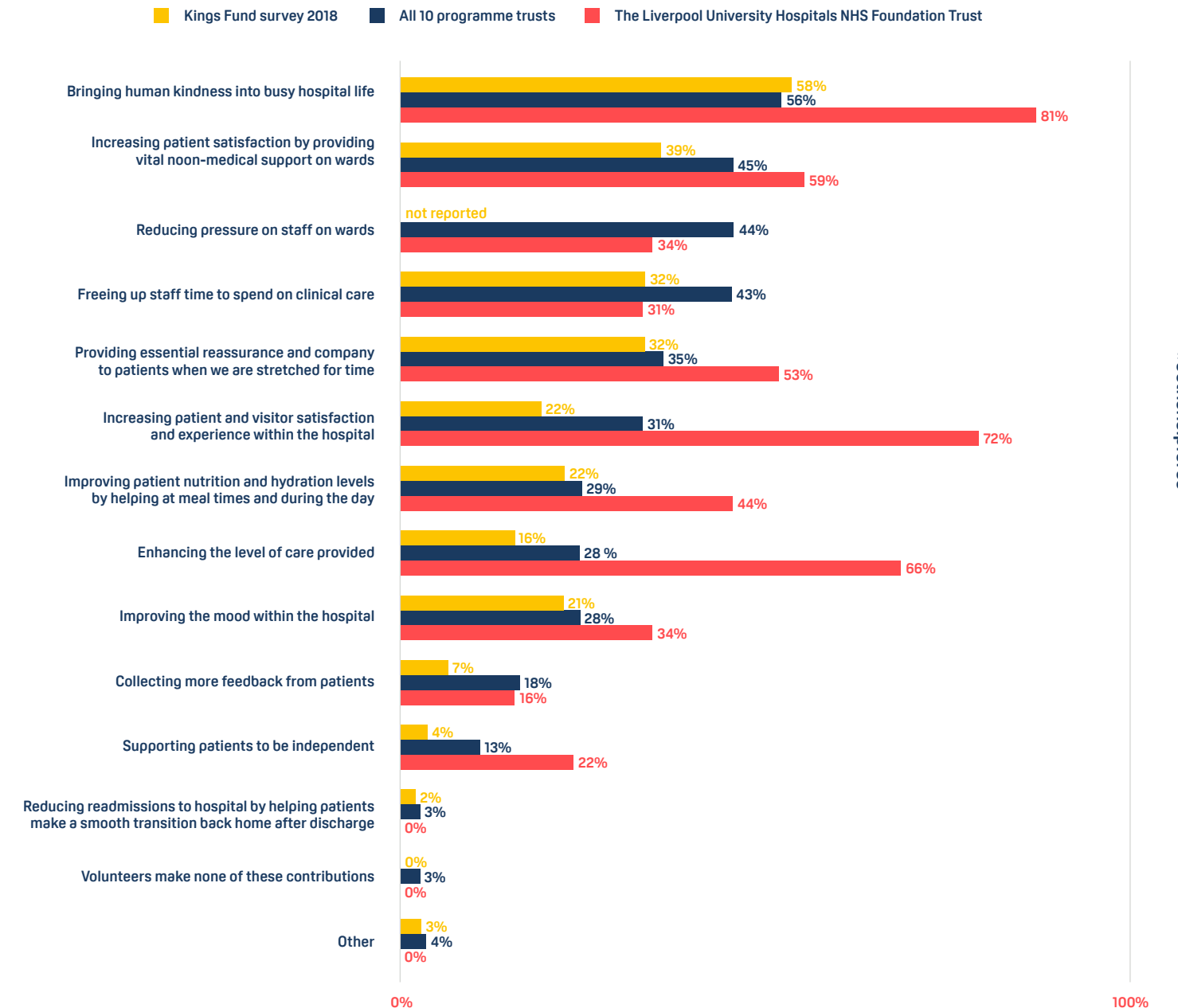
Volunteers can help to ensure that End of Life care is enhanced.

Examples of how volunteers helped to improve the quality of End of Life Care:

- According to the Royal College of Nursing the varied quality of the services available across much of the country to support those who are approaching end of life means that “many people are experiencing poor care at a time when they and their families need it to be at its best.”¹² During the 9 months of the programme (June 2019-February 2020) volunteer support was provided to 182 end of life patients in Liverpool and **feedback from clinical staff collected using our survey suggests that this support had a significant impact on the quality of care** that they received.
- When asked to reflect on the key impact areas of volunteering, provided in their trust, staff in Liverpool overwhelmingly focused on benefits to patient care (n=32). It is worth noting how much higher the scores in these impact areas were for Liverpool than they were across the programme as a whole and in the Kings Fund survey (2018).
- In addition to asking staff what contributions volunteers make to hospital life (see chart opposite), they were also asked whether they feel that volunteer support is helpful to the delivery of good patient care. Eighty-one per cent of the respondents from Liverpool agreed/strongly agreed (9% neither disagreed/agreed; 3% strongly disagreed; 6% N/A; n=32).

¹² <https://www.rcn.org.uk/clinical-topics/end-of-life-care>

VOLUNTEER IMPACT OBSERVED BY STAFF AT ROYAL LIVERPOOL



#bethehelpforce



Promising

“”

“I hate having to leave patients on their own when they are dying... we just don't have the time to sit with them.”

HEALTHCARE ASSISTANT, LIVERPOOL

“”

“I wish I had been there when he died, but knowing he was not alone helps me now... Thank you this is an incredible service.”

FAMILY MEMBER, LIVERPOOL

“”

“With patients, families, local authorities and our voluntary sector partners at both the national and local level, including specialist hospices, the NHS will personalise care, to improve end of life care.”

NHS LONG TERM PLAN

#bethelhelpforce



Volunteers help the wellbeing of NHS staff, and create more time for care

How staff feel volunteers have helped



Staff on all sites who had experience of working alongside volunteers were asked to rank the volunteers impact in key areas.

Overview of impact areas from a staff perspective:

- NHS staff who responded to our survey were asked how volunteers had helped them in each of the key impact areas identified by the King's Fund in their study of the role of volunteers in the NHS.¹³ The findings show that staff feel that volunteers benefited them, and the care provided by the hospital, in a number of ways including (n=864 responses from n=228 staff):
 - Reducing pressure on staff on wards (44% of all staff selected this option)
 - Freeing up staff time to spend on clinical care (43% vs 32% from the King's Fund survey)
 - Providing essential reassurance and company to patients when we (staff) are stretched for time (35% vs 32% from the King's Fund survey)
 - Enhancing the level of care provided (28% vs 16% from the King's Fund survey)
- It is unclear why the responses to our staff survey appear to have been slightly more positive in relation to a number of impact areas than those recorded in the King's Fund survey. The most likely explanation will be differences between the roles included within each survey response cohort and differences between levels of familiarity with volunteering interventions amongst respondents.
- **The majority of staff responding to our survey (73%) strongly agreed/agreed that 'volunteers help them deliver good quality care to patients'. Seven per cent of respondents disagreed/strongly disagreed (n=228).**

Please see the chart on page 89 for the full set of survey results (staff were asked to select their top three options).

“““
“There is strong evidence on the link between volunteering and improved mental health and wellbeing.”
 NHS LONG TERM PLAN

A significant proportion of staff survey respondents believe that volunteers help to improve the experience of hospital life for them.

¹³ <https://www.kingsfund.org.uk/sites/default/files/2018-12/The-role-of-volunteers-in-the-NHS.pdf>



“““

“Dining Companions have made a massive difference to patient’s meal times and support nursing staff at a very busy time of the shift. I know staff on the wards have found these volunteers friendly, professional in manner and a true asset to the team.”

LEAD NURSE, SALFORD

“““

“It’s great that you can come in and spend the time with patients and support them filling-in menus. We’re so busy. We want to spend time with patients but have so much to do. It’s great to have smiley, friendly faces to keep them company.”

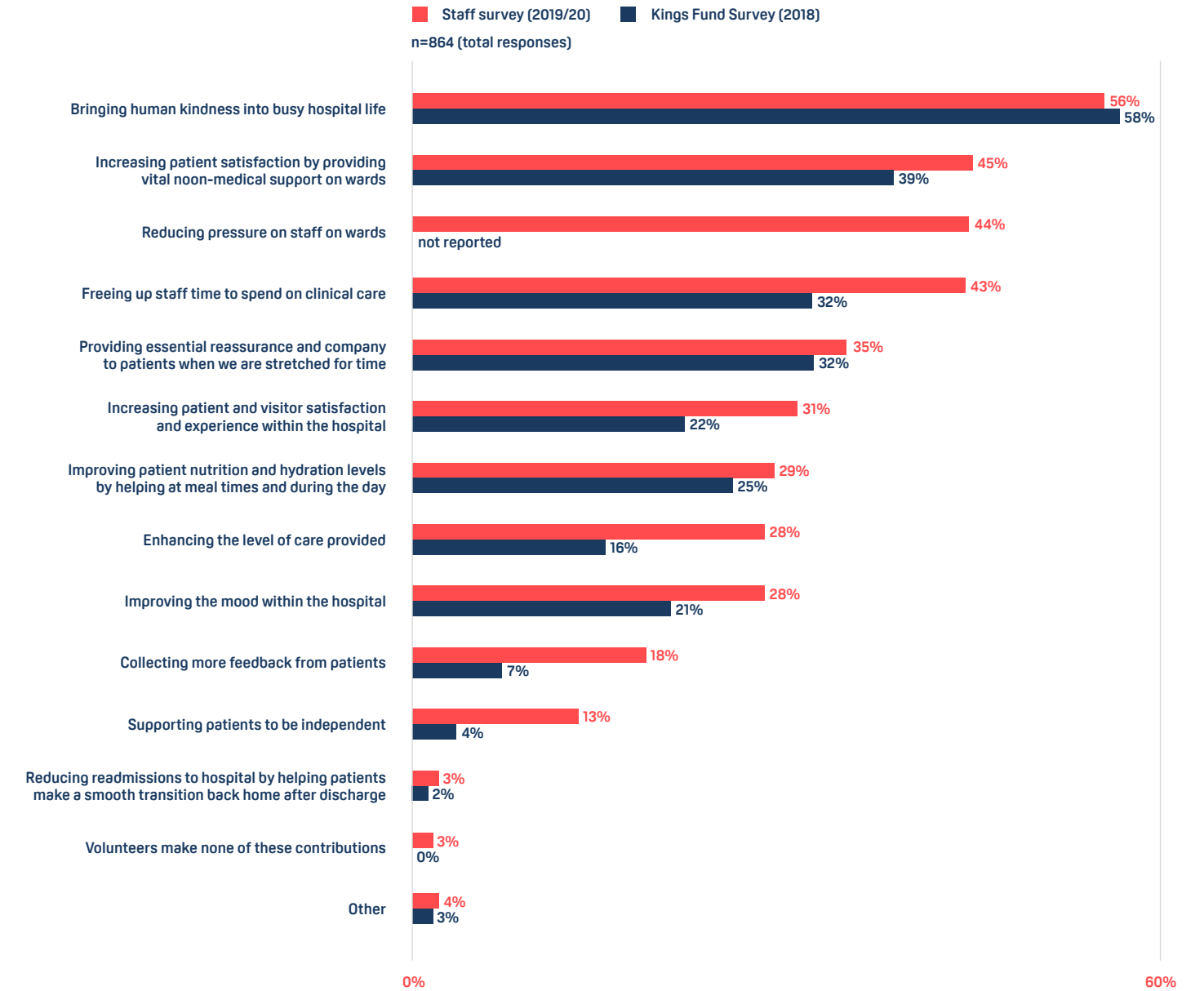
STAFF, LEEDS

“““

“Response volunteers are a big help for nurses. We always need a hand. Volunteers do a great job to hasten the tasks”.

NURSE, BARTS

STAFF SURVEY RESULTS ON VOLUNTEER CONTRIBUTIONS



#bethelphorce



Volunteers help the wellbeing of NHS staff, and create more time for care

Reducing stress

Feedback from staff working with volunteers at the different sites demonstrates that they can make an important contribution to staff wellbeing.

Examples of how volunteers have contributed to improved staff wellbeing:

— Volunteers help nurses feel *less stressed* when wards are busy

- 71% of nurses felt that receiving support from volunteers helped them feel less stressed when wards were busy or short-handed (n=92) (13% neither agreed/disagreed, 1% disagreed, 11% strongly disagreed, 4% N/A).
- The projects that had the highest percentage of staff who strongly disagreed with this statement include SWB (15%) and CANDI (12%). This is potentially because the activity and mobility volunteers at SWB are not directly involved with supporting nurses per say (62% of respondents were nurses), and the high stress environment of a mental health trust at CANDI.

— Volunteers help *reduce pressure* on wards

- ‘Reducing pressure on staff on wards’ was ranked 3rd (of 14 options) when staff were asked to rank the top three ways in which hospital volunteers contribute to the trust.

Volunteers help to reduce staff stress and pressure when wards are busy.



#bethelphorce

“”

“Since the start of the Dining Companion project our ward has benefited immensely. The morale on the ward has increased, staff are happier and less stressed. The volunteers are treated as part of the team and have become respected team members.”

WARD MANAGER, SALFORD

“”

“To make the NHS a consistently great place to work, we will seek to shape a modern employment culture for the NHS – promoting flexibility, wellbeing and career development.”

NHS LONG TERM PLAN

“”

“I’m very grateful to the Settle in Service as it alleviates my worries about my patient going home.”

OCCUPATIONAL THERAPIST, N6N



Volunteers help the wellbeing of NHS staff, and create more time for care

Improving job satisfaction

Feedback from staff working with volunteers at the different sites demonstrates that they can make an important contribution to staff satisfaction with the care they provide.

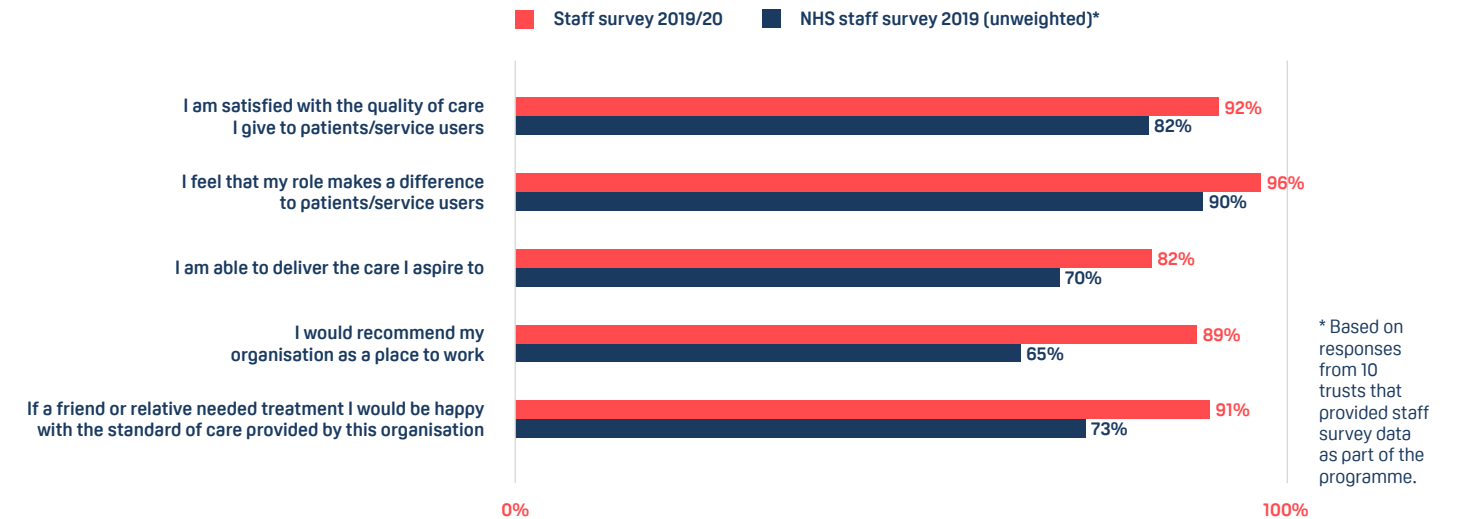
Volunteers may potentially influence how staff feel about their organisations:

— Although our staff survey is based on a relatively small sample size and collected in a different context compared to the NHS Staff survey, the staff who completed the programme survey reported more positive attitudes towards their organisation and its ability to deliver high quality care:

- 82% of staff from the programme felt ‘I am able to deliver the care I aspire to’ vs 70% (NHS staff survey 2019 for trusts involved in programme; unweighted) (10% neither agreed/disagreed; 6% disagreed; 2% strongly disagreed; n=167)
- 89% of staff ‘would recommend my organisation as a place to work’ vs 65% (NHS staff survey 2019 for trusts involved in programme; unweighted) (9% neither agreed/disagreed; 2% strongly disagreed; n=228)

Volunteers can potentially contribute to improved job satisfaction.

STAFF SURVEY RESULTS ON JOB SATISFACTION



#bethelphorce

“““

“To make the NHS a consistently great place to work, we will seek to shape a modern employment culture for the NHS – promoting flexibility, wellbeing and career development.”

NHS LONG TERM PLAN

“““

“High-quality patient care relies on motivated and skilled staff who not only are physically and mentally well enough to do their jobs, but also feel valued, well supported and engaged.”

RCP (2015)¹⁴

¹⁴ <https://www.rcplondon.ac.uk/file/2025/download>



Volunteers help the wellbeing of NHS staff, and create more time for care

Improving staff engagement

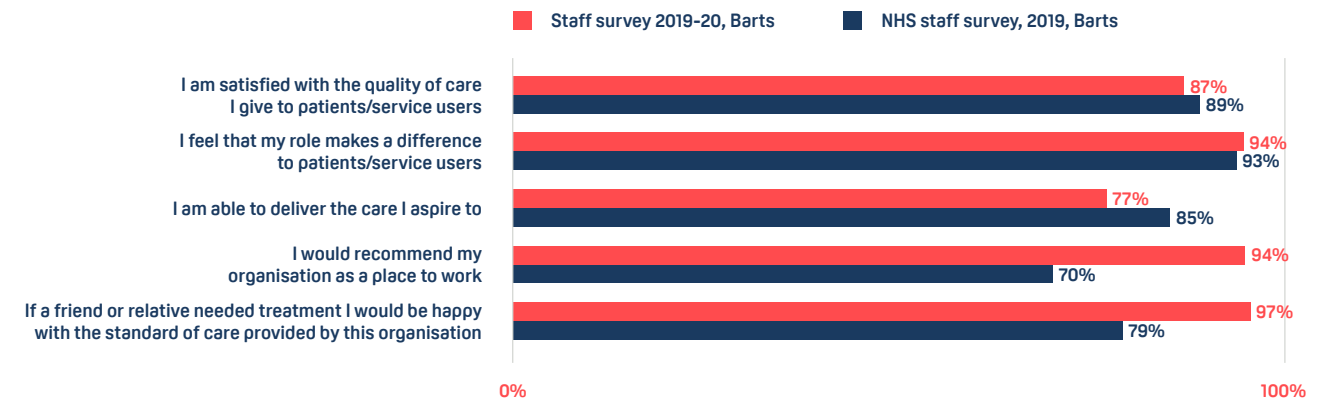
Staff who are supported by volunteers may potentially feel better about their organisation compared to their colleagues.

These charts show the findings from our staff survey benchmarked against the equivalent findings from the NHS staff survey (2018/19) for the three trusts with the highest response rates (Barts n=31, CANDI n=20, SWB n=26). The comparison is based on responses from similar staff groups* within the three trusts. Although our staff survey is based on a relatively small sample size and collected in a different context compared to the NHS Staff survey, it is interesting to note that although our findings do not indicate much difference in relation to questions about the quality of care delivered by individual members of staff, they do appear to suggest greater staff satisfaction with their organisation and the quality of care that it delivers as a whole.

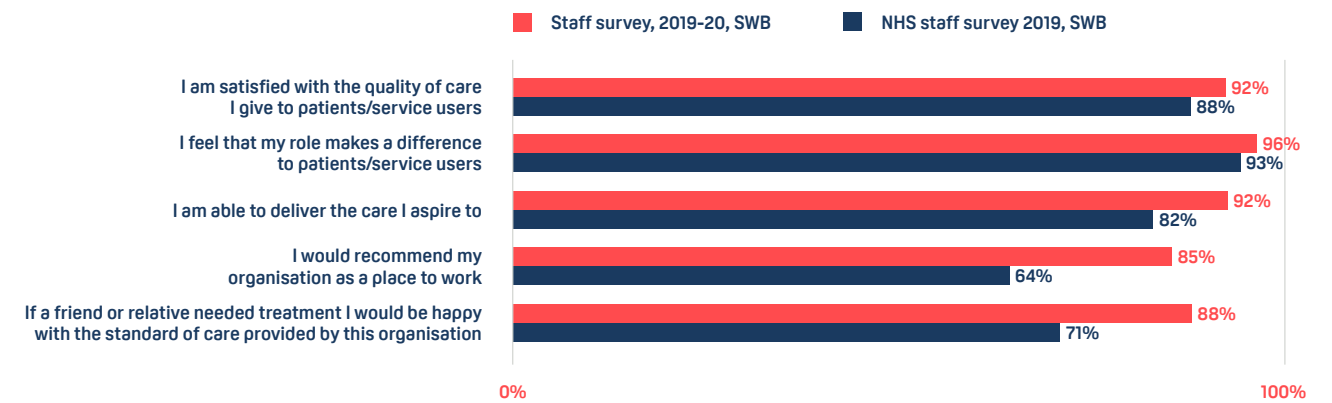
*We looked at 'Nurses' and 'Healthcare Assistants' as they make up the majority (85%) of Helpforce's staff survey respondents

Promising

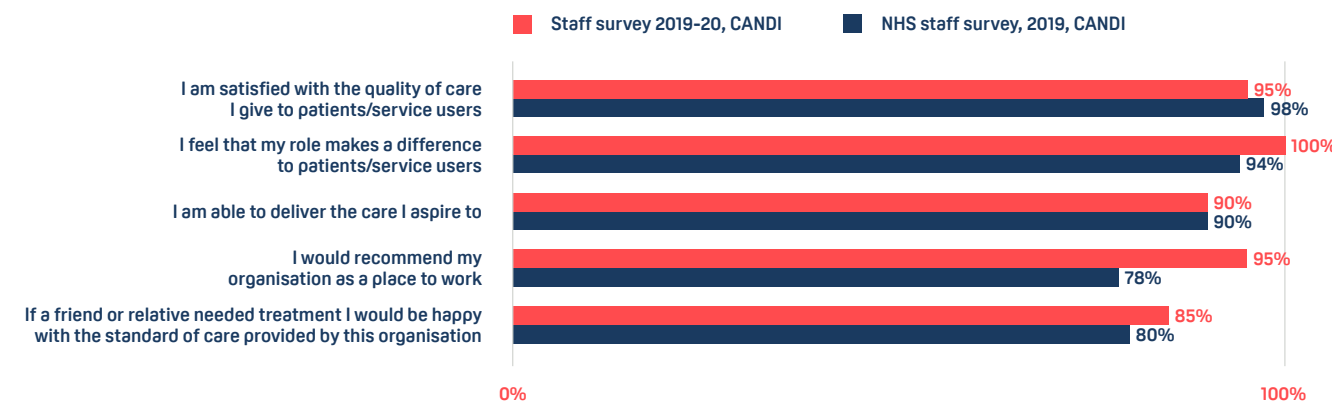
STAFF SURVEY RESULTS ON JOB SATISFACTION - BARTS



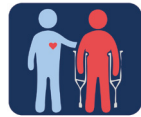
STAFF SURVEY RESULTS ON JOB SATISFACTION - SWB



STAFF SURVEY RESULTS ON JOB SATISFACTION - CANDI



#bethelphorce



Volunteers help the wellbeing of NHS staff, and create more time for care

Releasing time to focus on additional tasks

Evidence from across the different sites demonstrates that volunteers can help to free up staff time.

Across the programme significant staff time appears to have been released, but the amount released varied by intervention.



Staff reflections on the time released through volunteer support:

- More than two thirds of nurses surveyed across the programme said that volunteers freed up 10 mins or more (an hour +) of time on average per day (or an average of 26 minutes per nurse per day, standard deviation 18 minutes). One percent felt that volunteers saved them less than 5 mins; 11% 5-10 mins; 12% 10-20 mins; 22% 20-30 mins; 21% 30-40 mins; 5% 30-45 mins; 7% 1 hour +; 10% don't know; 10% saved no time (n=81).
- When we look more closely at the responses in relation to time saved at a trust level there are some noticeable differences:
 - Barts staff (those working alongside Active Response Volunteers) and N. Tees staff (those working alongside volunteers providing support with patient discharge) reported the highest percentage of 10 or more minutes of time saved (80%, n=45 and 73%, n=11, respectively);
 - At SWB, where staff were working with volunteers providing activity and mobility support to patients, 5 of the 7 allied health professionals surveyed said that volunteers saved them between 5 and 60 minutes on an average day. The team reported that this enabled them to focus more time on their more complex patients.
 - There were some staff from across the programme who felt that volunteers were saving no time including: Moorfields (67%; n=3), CANDI (24%; n=25), Morecambe Bay (20%; n=15), Salford (17%; n=24), Salisbury (16%; n=25), SWB (11%; n=47) and Barts (2%; n=45).
 - It is understandable that this percentage was relatively high for Moorfields because handholding volunteers are not performing a role that directly impacts upon the overall workload of clinical staff. Similarly, for CANDI, where volunteers have increased the number of post-incident debriefs, the staff may not view this as directly translatable into a time saving for them.



The impact of releasing staff time appears to have been felt in a number of areas:

- When nurses were asked ‘if the volunteers have given you extra time, what did you do with this time’, the most common responses were (n=52): priority and clinical tasks such as organising care plans and medicines (54%), supporting more patients (23%) and spending more time with those with higher needs (13%). A small percentage (8%) of nurses felt that the free time could be used to discharge patients sooner.
- All staff involved with the programme were asked what they did with any extra time that was made available as a result of volunteer support. The proportion of responses that fell into each category was as follows: priority and clinical tasks such as organising care plans and medicines (44%); supporting more patients (36%); spending more time with those with higher needs (13%); discharging patients sooner 5% and able to feel less rushed/take a break and make fewer mistakes (2%).
- ‘Freeing up staff time to spend on clinical care’ was ranked 4th (of 14 options) when we asked staff to rank the top three ways in which hospital volunteers contribute to the hospital.
- The rankings changed based on trust and volunteer intervention. For instance, the staff from the following trusts felt more strongly (higher percentage of responses compared to average across the programme) that their volunteers freed up their time to spend on clinical care:
 - North Tees (discharge support volunteers – 55% of all responses vs 43% average across the programme),
 - Morecambe Bay (mobility volunteers – 53%),
 - Barts (Active Response Volunteers – 51%),
 - Salford (Dining Companions – 50%),
 - Salisbury (Engage volunteers - 48%) and
 - SWB (activity and mobility volunteers - 47%).

Volunteers appear to help free up staff time, which enables them to focus on clinical care related activities.

“”
“Ensuring staff are making the most of their skills and expertise will form a critical component of the NHS workforce implementation plan.”
 NHS LONG TERM PLAN

“”
“The Active Response Volunteers who attend pharmacy on my behalf means that I don’t have to leave the ward and my patients.”
 SENIOR SISTER, BARTS

“”
“Volunteers are supporting patients, which frees up staff time to provide clinical care for more patients.”
 NURSING SISTER, SOUTH TEES ¹⁵

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¹⁵ Helpforce Case Study: South Tees How to Create a Volunteer to Career Pathway

Volunteers contribute to the efficiency of a hospital

Improving efficiency

Evidence from across the different sites shows how volunteers can contribute to service and system level outcomes.

Volunteers in impactful roles can potentially contribute to improvements in patient flow across the trusts.



Evidence from across the different sites shows how volunteers can contribute to service and system level outcomes.



Barts' **Active Response Volunteer** service helped to speed up the 'To Take Out' (TTO) process which enabled patients to be discharged more rapidly. By collecting discharge prescriptions from pharmacy and delivering them directly to patients the volunteers **speeded up the discharge process by approximately 44 mins on average per patient** (staff perception of quicker discharge based on n=33 staff). The service also saved staff trips to the pharmacy (29 minutes of time released per TTO collection. Median time based on 2,179 recorded volunteer TTO trips between 14 Aug 2019 and 30 Apr 2020).



Moorfields' **hand holding volunteers** have helped patients feel less anxious during their hospital stay – particularly with surgery (95% of patients surveyed 'strongly agreed' and 'agreed' with this statement, n=19). There's evidence to suggest that reduced anxiety can result in speedier recoveries.

“““

“Certainly the Active Response Volunteers are very helpful and can reduce the delays with patient discharge as well as delays with patients getting their doses.”

LEAD PHARMACY TECHNICIAN, BARTS

“““

“We certainly felt their (hand holding volunteers) presence reduced the need for additional sedation in many otherwise anxious patients and in doing so, speeded their recovery and also the theatre efficiency by reducing turnaround time.”

CONSULTANT OPHTHALMIC SURGEON, MOORFIELDS



Although our analysis of surveys from patients who have received the support of a ‘settle in’ volunteer at N&N indicates that more than 50% left hospital before 2pm (a potential objective of the service suggested early on in the programme) (n=15), it was not possible to see any pattern of increased pre-2pm discharges at a trust level. At the trust level, the monthly rate of patients discharged before 2pm remained between 33 and 37% for the two years between April 2018 and March 2020. Subsequent discussions with the team at N&N brought to light that the current volunteer service is largely responsive so discharge times, which are often determined by other factors such as pharmacy delays, would not be expected to change much as a result of the intervention. Some anecdotal evidence from N&N suggests that volunteers are helping to prevent unnecessary overnight stays, but data was unavailable to validate this.



In Salisbury, where Engage volunteers provided cognitive and social stimulation to nearly 2,400 patients in the 8 months of the programme, there was also a reduction in anxiety recorded. When asked if the support that they had received from volunteers reduced their anxiety, 75% of patients surveyed agreed/strongly agreed (n=19). Patients also reported improved mood (92% agreed/strongly agreed) (n=19). It is worth noting that previous research from Salisbury’s Engage programme shows that volunteers can improve mood and potentially help to reduce length of stay.¹⁶

“““

“This service (Hospital to Home) has allowed my patient to go home earlier with their equipment and prevented another overnight stay.”

OCCUPATIONAL THERAPIST, NORFOLK AND NORWICH

“““

“The Engage volunteers are crucial in helping patients with patients’ mental health. This helps prevent depression which can significantly delay discharges and patients are less able to rehabilitate.”

DOCTOR, SALISBURY



#bethehelpforce

¹⁶ <http://www.engageprogramme.org.uk>

Volunteers contribute to the efficiency of a hospital

System benefits

Volunteers may also help the system in other ways but more data is needed to fully understand impact.

“”

“A patient was admitted after a fall and had broken her wrist. She had no family who were local as they all lived in other counties. She was extremely nervous about going home and living there post-fall. As soon as she stepped through the front door she burst into tears and was overwhelmed at being home. We (volunteers) walked around with her with her walking frame, practised getting on and off the commode, moved a rug and table to make it easier for the patient to manoeuvre around the house, emptied the fridge and bins, unpacked bags, arranged medication and offered companionship and a listening ear. She felt more comfortable being at home and said that she could not have gone home without us.”

VOLUNTARY SERVICES, N&N



1

By increasing the number of volunteers who support patients when they arrive home from an episode in hospital, volunteers would be expected to contribute to helping to reduce the number of 48 hour readmissions.

Settle in Service

- Settle in Volunteers at N&N supported 78 patients during the programme, and helped with tasks at home once patients were discharged such as checking for trip hazards, putting heating on, sorting food in the fridge, and helping with washing. There has been research from other institutions that has demonstrated the importance of these basics of home health in helping to reduce readmissions for patients who are discharged from hospital.¹⁷
- Although anecdotal evidence from N&N suggests that volunteers can help to prevent readmissions, we were not able to validate this with the data provided – likely because of the relatively small number of patients supported (as a percentage of total discharges). The 48 hour readmissions data for the trust for the past 2 years (April 2018-March 2020) has remained largely consistent at 1% of total discharges. Therefore, there was no correlation found between readmissions and volunteer activity.
- In order to draw any definitive conclusions in relation to readmissions, it would be necessary to scale the service and track longitudinal data on specific patients who are supported by the service, to look at how many readmissions occur within 24 hours, 48 hours, and 72 hours of discharge.

“”

“There was a gentleman that lived in a remote part of Norfolk on his own who agreed to have a volunteer settle him in after some time in hospital. When the volunteer accompanied him into his property, it was realised that he had no electricity. The volunteer went into problem solving mode and tried to help him. The volunteer rang the utility company for him and arranged for an engineer to come the next day. This settle in service took up approximately 7 hours of a volunteer’s time and took two visits to complete but the patient managed to stay at home whilst the problem was solved.”

VOLUNTARY SERVICES, N&N

¹⁷ <https://www.royalvoluntaryservice.org.uk/our-services/hospital-support/support-leaving-hospital>

2

By increasing the supply of volunteer drivers, and providing volunteer support during the discharge process, volunteers would be expected to contribute to helping targets around reduced ‘Do Not Attend’ (DNA) rates and delayed discharges from hospital.

Home from hospital

- Volunteer drivers at N. Tees undertook a significant number of patient journeys during the programme 2,625; covering over 60,000 miles. It is estimated that the volunteer drivers have saved c £40K through a reduction in expenditure on private taxis previously paid for by the trust.
- Although anecdotal evidence from N. Tees indicates that volunteer drivers have been helping patients to attend appointments, and helping them to get home sooner from hospital, the data collected by the trust did not enable us to validate this assertion. We looked at outpatient DNA rates for different specialties before and after the introduction of the programme, and although some improvements were visible, there was no clear pattern of improvement in any specialty area that could be linked to volunteers.
- Similarly, although discharge support volunteers on wards are understood to be contributing to speeding up the discharge process at N. Tees, it was not possible to demonstrate this with any certainty through the available data. Pre-2pm discharge times did appear to be slightly improved in two of the six wards involved in the programme in Quarters 3 and 4 of 2019/20 when compared to the equivalent quarters in 2018/19, but

this was not the case in the other four wards where there was volunteer support. Although there may not have been much impact on the pre-2pm discharge target, it’s worth noting that the team working on this volunteer intervention reported that volunteers tend to help in the wards between 10am and 6pm each day, and their impact is most likely to be seen in this period. The available data does suggest that there may have been a slight shift away from patients being discharged outside the 10am to 6pm time period. This was the case in five out of six of the programme wards.

- In order to draw any definitive conclusions in relation to discharge times, we believe this intervention needs to be more established and additional research will be required to look in more detail at the relationship between volunteer hours and discharge times.
- The evidence that we do have on the service shows that volunteers who support the discharge process at N. Tees are contributing to:
 - Better informed patients at discharge (88% of patients surveyed felt clear on who they should contact if they were worried about their condition after leaving hospital (n=10) vs 71% from the trust’s Adult Inpatient Survey); and,
 - Improved patient wellbeing (only 12% of respondents felt safe at the time of discharge compared to 57% when at home) (n=10).
- These findings may potentially contribute to reducing readmissions but more research is needed to explore this potential relationship further.



#bethehelpforce

“““
“I really enjoyed getting involved in some of the complex issues involved in getting patients home. I loved the problem solving and got great satisfaction in just helping people get home sooner than they might have otherwise. Being able to help those really in need was very satisfying.”
 VOLUNTEER, N. TEES

“““
“I can’t thank you enough for helping me with some food to get me through the first few days, until I can arrange to get to the shops. It’s lovely to know, there are some nice people about.”
 PATIENT, N. TEES

Volunteers may pursue a career in the NHS as a result of their volunteering

Volunteers as potential NHS workforce

Volunteers were asked to reflect on their willingness to continue working in the sector in the future.

In our survey, volunteers were asked to what extent they agreed or disagreed with statements related to their level of interest in a career within the sector as a result of their volunteering.

54%

of respondents

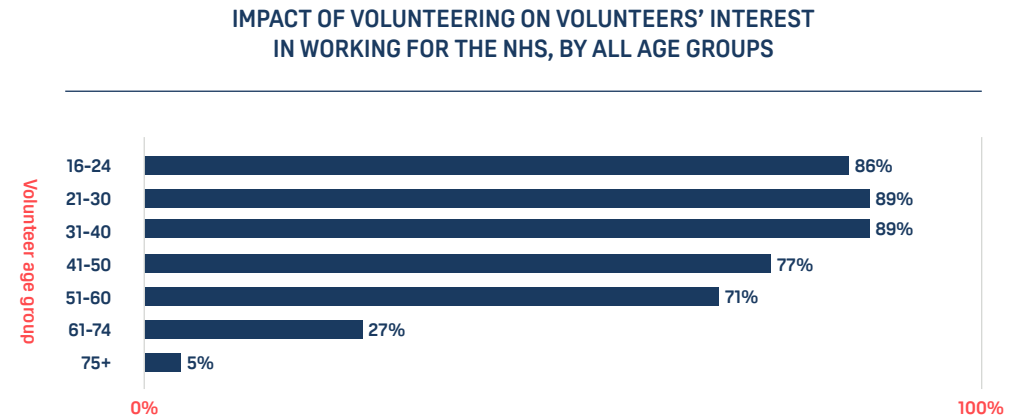
agree/strongly agree with the statement “My volunteering at the hospital has **increased my interest in pursuing a career in health and care.**” 37% disagree/strongly disagree with the statement (n=619. NOTE: 261 responses were ‘N/A’ and were not included in the percentage analysis).

58%

of respondents

agree/strongly agree with the statement “My volunteering at the hospital has **increased my interest in working for the NHS.**” 34% disagree/strongly disagree with the statement (n=618. NOTE: 245 responses were ‘N/A’ and were not included in the percentage analysis). When reviewing the responses of those who were between 16-40 years (138 responses), 88% agree/strongly agree with this statement.

Volunteers consistently show a strong interest in pursuing a career in the NHS, which suggests that organisations which invest in volunteers may have access to a pool of people who could potentially move into paid roles to help address workforce shortages.



““”

“One of our volunteers has secured a permanent job in the trust. Another volunteer secured a permanent job in the health social sector and still volunteers in our trust.”

PROJECT MANAGER, CANDI

““”

“As a service, we will now take sustained and concerted action to ensure we have enough people, with the right skills and experience, so that staff have the time they need to care for patients well.”

NHS LONG TERM PLAN



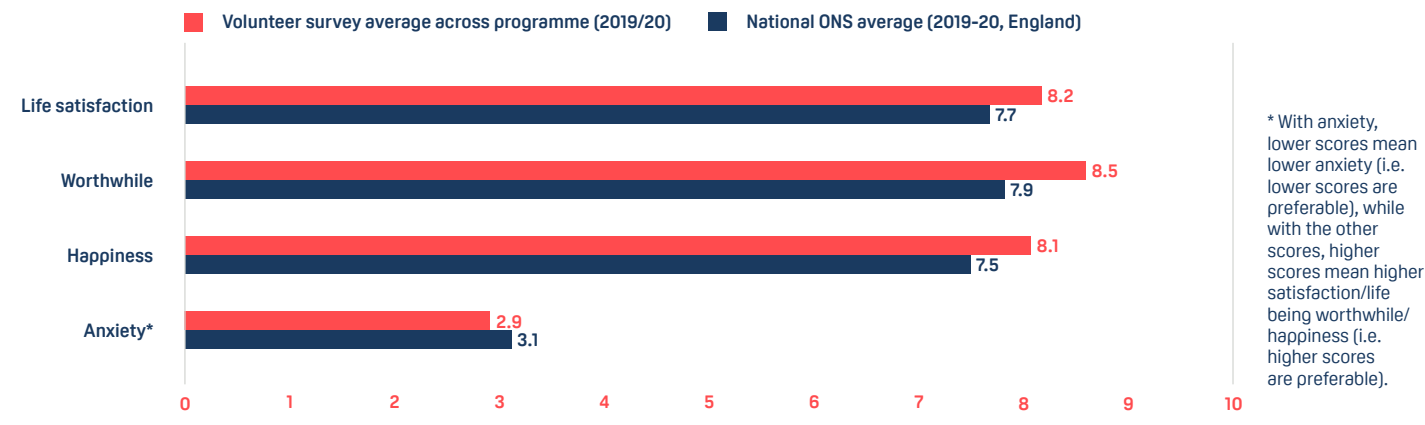
Volunteering contributes to volunteer wellbeing

Volunteer wellbeing

Volunteers were asked to reflect on their wellbeing.

Some volunteer reflections are set out below:

- The Office for National Statistics (ONS) publishes annual wellbeing data which measures four aspects of wellbeing in the general population.¹⁸ Volunteers were asked to assess their own wellbeing based on the same criteria, using a scale from zero to ten. On life satisfaction (n=603), life feeling worthwhile (n=616), and happiness (n=614), the volunteers who responded to our survey scored **significantly higher** than the national average, and the differences are statistically significant (in all cases, ‘life satisfaction’, ‘life feeling worthwhile’ and ‘happiness’, p<0.001). For the fourth aspect of wellbeing ‘anxiety’ volunteers responding to our survey did not score higher than the ONS average (no statistical significance, p=0.362, n=616).



¹⁸ <https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/headlineestimatesofpersonalwellbeing>

- Although the greater sense of wellbeing found amongst the volunteers participating in the programme may solely reflect feelings that were already in place, amongst a group of people who are positively predisposed towards volunteering, it is worth noting that other studies have demonstrated strong links between volunteering and increased wellbeing.²⁰
- Additional data collected as part of this programme suggests that the overwhelming majority of volunteers are able to see positive outcomes for themselves due to their participation in the programme. When asked whether their volunteering gives them a **sense of purpose** 92% agree/strongly agree (2% disagree/strongly disagree, n=619). When asked whether their volunteering has **increased their confidence** 77% agree/strongly agree (10% disagree/strongly disagree, n=619).

Although it was not a key objective of this programme to look at the benefits of volunteering for the volunteers themselves, our findings appear to confirm those from other studies which have demonstrated a positive link between volunteering and volunteer wellbeing.

“There is strong evidence on the link between volunteering and improved mental health and wellbeing.”
 NCVO (2018)¹⁹

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¹⁹ https://www.ncvo.org.uk/images/documents/policy_and_research/Impactful-volunteering-understanding-the-impact-of-volunteering-on-volunteers.pdf

Project implementation enablers and barriers

Enablers

Trusts that participated in the programme were asked to provide a written response to the question: What enablers/support outside the volunteering team (e.g., chief exec buy-in, input from data team) were put in place in your organisation to support the successful delivery of the programme’s goals? The responses largely reflected three key themes:

1

Senior buy-in, active promotion and ongoing support.

This was the theme of the overwhelming majority of responses. What appears to matter is that senior staff consistently signal their support for the project (e.g. by regularly pushing it on the agenda) and help to spread awareness of the project among other relevant staff.

2

Buy in/recognition from clinical/ward staff at various levels within the trust.

This helped with referrals/asks for volunteer support, and ensured that volunteers felt part of the team.

3

Support from other sources (within and outside of the trust).

Some of those mentioned included information/intelligence/patient experience teams, particularly in relation to data collection. Communications, organisational development and quality assurance staff were also mentioned and so was assistance from Helpforce and use of a volunteer management system.

“““

“Many colleagues throughout the trust like Ward Managers supported and championed the project. Physiotherapists made a massive contribution to the project.”

“““

“Our Director of Nursing and his team have been extremely supportive and have helped move the project up the agenda if it appears to go down at any stage. They recognise the importance of the project and the value it has. They have given their commitment to the continuation of the project. We report into a senior leaders group monthly and this has created better awareness among relevant colleagues.”

“““

“I would like to commend Helpforce for their approach to igniting volunteering. The partnership we have developed is dynamic, innovative and patient focused.”

“““

“We were supplied with a Quality Improvement coach who helped with embedding the programming within other QI agendas e.g. Discharge delay improvements.”

“““

“Our communications team have also been a great help in promotion of the project.”

Challenges



Trusts that participated in the programme were asked to reflect on how challenging they had found six key aspects of project implementation based on a scale from ‘very easy’ to ‘very difficult’. The proportion of respondents that indicated a particular task was either ‘**very difficult**’ or ‘**difficult**’ is set out below (no. of responses = 17):

- ‘Agreeing and implementing a robust methodology to collect data and measure the impact of the project’ - 53%
- ‘Maintaining a high volunteer retention rate at all times of the year’ - 35%
- ‘Recruiting enough volunteers with the necessary capabilities for the role’ - 29%
- ‘Ensuring that volunteers, staff and patients understood the project and were happy’ – 24%
- ‘Developing and maintaining an effective steering group to oversee the project’ – 24%
- ‘Ensuring enough flexibility in the role whilst maintaining scale and impact (e.g. flexible volunteering rota to support volunteer availability)’ – 12%

Although data collection and impact measurement was widely acknowledged to be difficult, a number of respondents commented on the importance that they attached to this as a task. They reflected on the need to use data to obtain and maintain support for the project from a wide range of important stakeholders, and to facilitate a process of continuous improvement.

We, at Helpforce, recognise the challenges of impact measurement in hospitals and we are committed to supporting this work with trusts. An Insight and Impact tool is currently in development which aims to support trusts with this activity.



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““”

“We learned so much from collecting data and being able to measure the impact of the project, which will help us deliver the service in the future.”

““”

“Understand the data fully but also sense check against the right stakeholders at a local level to gain that intelligence about what is happening on the ground. This really benefited the project in terms of the direction it took and a change in pilot areas to get the right cohort of patients and maximise the impact.”

Barriers and future plans

Trusts that participated in the programme were asked to comment on any barriers to achieving the agreed goals of their projects. Four themes were common amongst respondents (mentioned at least five times):

1

Volunteer recruitment/turnover

“”

“A delay in the recruitment of suitable volunteers.”

2

Staff engagement

“”

“The difficulty in freeing up members of the steering group for meetings.”

3

Data collection

“”

“Collecting suitable and sufficient data.”

4

Covid-19

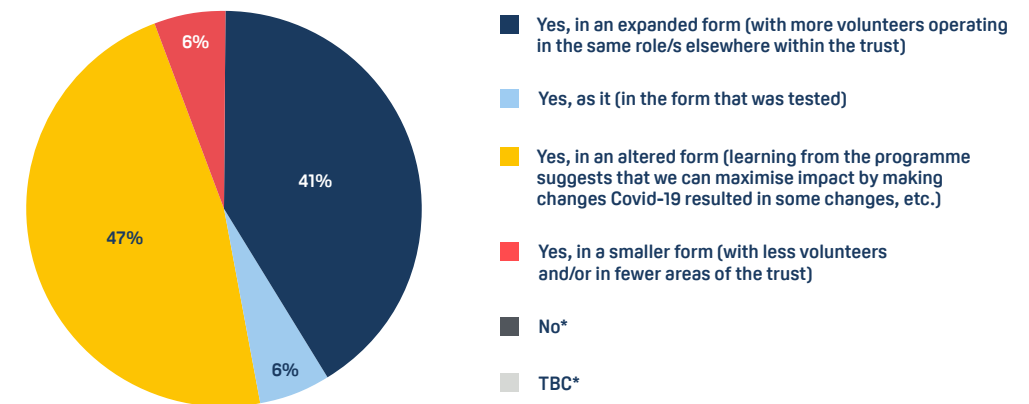
“”

“COVID-19 hitting at a time when benefits were starting to be realised and a wider roll out was planned.”

Other barriers included insufficient support for volunteers and volunteer coordinator vacancies.

Despite the difficulties and challenges, all trusts see the value of the volunteering projects and the positive impact that they are having for patients, staff, volunteers and their organisations. Unsurprisingly therefore, all trusts plan to continue the projects in some form.

PLANS TO CONTINUE VOLUNTEERING PROJECT



*n=17. None of the respondents to our survey selected 'No' or 'To be confirmed' as their response to the question that we asked about future plans for their volunteering intervention

7

Summary of findings



A trust implementing impactful volunteering services might expect to see a number of benefits.



Volunteers improve patient experience and help patients feel more supported at a difficult time.

HAPPIER & HEALTHIER patients

Contributions to improved patient happiness and health

- Survey responses for key measures of patient-centred care are consistently better for patients with volunteer support (n=121) compared to patients without volunteer support (n=44) (all sites) ■
 - Being interested in you as a whole (+11%)
 - Really listening (+9%)
 - Making you feel at ease (+10%)
- The vast majority of patients who were supported by a volunteer (91%, n=118) said that volunteers improved their mood whilst more than three quarters (78%, n=117) said that volunteers helped to reduce their anxiety. (all sites) ■
- Findings from the programme patient survey suggest that patients with volunteer support are more likely to be 'extremely likely' to recommend the hospital (44% intervention group, n=121 vs 36% control group, n=44). (all sites) ■
- The programme showed that the time a patient spends with volunteers increases the likelihood that the patient will recommend a service/hospital. (n=119) (all sites) ■
- Over 1,500 patients provided with 'Move it or Lose it' sessions – our evidence suggests that volunteer support improves patient mood whilst in hospital (29% pre-class, n=167 to 58% post-class, n=366 (Leeds)) and reduces loneliness in the community (11% fewer people feeling lonely, n=75 (Morecambe Bay)). The evidence from the community exercise sessions also demonstrated improvements in leg strength and endurance by 31% (n=50). (Morecambe Bay) ■
- Over 500 patients were helped to mobilise by volunteers (SWB) – our evidence suggests a potential link between mobility volunteers and an increased likelihood of patients being discharged from hospital to usual place of residence. ■
- 100% of patients with volunteer support report always receiving enough to drink at mealtimes, compared to 93% of other patients (n=18). (Salford) ■
- Additional psychological support provided to nearly 2,400 patients during their hospital stay in 8 months (Salisbury) – our evidence suggests that this support reduces anxiety (75% agreed/strongly agreed, n=19) and improves mood (92% agreed/strongly agreed, n=19) in patients. ■
- 95% of patients report that handholding volunteers help them to feel less anxious during surgery (n=19). (Moorfields) ■
- Patients who were supported by volunteers at discharge and after returning home showed reduced scores on loneliness (16% reduction, n=15) and improved scores in feeling safe (45% increase, n=15). (N&N) ■

IMPROVED specialist care

Contributions to improved specialist care

- More patients with volunteer support received a debrief following an incident compared to control wards (37%, n=230 patient restraints, vs 14%, n=63 patient restraints). (CANDI) ■
- 81% of staff believe that volunteers help improve the delivery of end of life care (n=32). (Liverpool) ■

Key (for a more in depth description, please see [page 18](#))

- Compelling evidence** of impact based on good sample and comparative data and/or attribution ■
- Promising evidence**, but further research may be required to increase confidence in findings ■
- Limited evidence / Untested** ■

Volunteers help the wellbeing of NHS staff, and create more time for care.

HAPPIER & HEALTHIER staff

Contributions to improved staff wellbeing and morale

- 71% of nurses feel less stressed with volunteer support (n=92). (all sites) ■
- 73% of staff feel that volunteer support is helpful in allowing more time to deliver good care to patients (n=228). (all sites) ■
- 12% more of the staff working with volunteers, than would be expected based on the available comparator data, feel that they can deliver the care that they aspire to (82% programme sites n=167 vs 70% NHS staff survey n=30,617). (all sites) ■
- 24% more of the staff working with volunteers would recommend their organisation as a place to work than would be expected (89% programme sites n=228 vs 65% NHS staff survey n=33,642). (all sites) ■

Contributions to improved staff productivity

- 26 mins of nurse time saved per day per nurse (n=73) (24 minutes of ‘all staff’ time saved per day per ‘all staff’, n=152). (avg reported across all sites) ■
- More productive staff might be expected to have additional time available for tasks which can contribute to improved patient care and greater hospital efficiency, including: ■
 - Organising care plans and medicines (54% of nurses (n=52) and 44% of all staff (n=96))
 - Supporting more patients (23% of nurses (n=52) and 36% of all staff (n=96))
 - Focussing more time on patients with higher needs (13% of nurses (n=52) and 13% of all staff (n=96))
 - Discharging patients (8% of nurses (n=52) and 5% of all staff (n=96))
- Between 5 and 60 mins of Allied Health Professional time saved per day per professional (n=7). (Sandwell) ■
- 29 mins of staff time released per TTO collection (median n=2179). (Barts) ■

Volunteers contribute to the efficiency of a hospital.

MORE EFFICIENT services

Contributions to improved efficiency in the system

- Fewer re-referrals to therapy once medically fit for discharge. (Sandwell) ■
- Delivery support speeded up discharge by 44 mins per patient (n=33). (Barts) ■
- Length of Stay (LoS) improvements on wards where Dining Companions are deployed. (Salford) ■
- Improved performance against 14:00 discharge target. (N. Tees) ■
- Reduced Did Not Attends (DNAs) for outpatient appointments because of volunteer support. (N. Tees) ■
- Reduced reliance on private taxis for patients. (N. Tees) ■
- Reduced 48 hour readmissions based on additional support at home. (N&N) ■

Key (for a more in depth description, please see [page 18](#))

- Compelling evidence** of impact based on good sample and comparative data and/or attribution ■
- Promising evidence**, but further research may be required to increase confidence in findings ■
- Limited evidence / Untested** ■

Volunteers may pursue a career in the NHS as a result of their volunteering.

INCREASED INTEREST in a NHS career

Contributions to increased interest in a NHS career

- 58% of volunteers strongly agree that volunteering at the hospital has increased their interest in pursuing a career in the NHS (n=618). (all sites) ■

Volunteering contributes to volunteer wellbeing.

HAPPIER & HEALTHIER volunteers

Contributions to volunteer wellbeing

- Compared to the wider population, hospital volunteers have higher life satisfaction (8.2 avg vs 7.7 national avg, n=603), life feeling worthwhile (8.5 avg vs 7.9 national avg, n=616), and happiness (8.1 avg vs 7.5 national avg, n=614) (all sites). ■

Key (for a more in depth description, please see [page 18](#))

Compelling evidence of impact based on good sample and comparative data and/or attribution ■

Promising evidence, but further research may be required to increase confidence in findings ■

Limited evidence / Untested ■



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8

Conclusions



Conclusions

The evidence generated throughout the programme suggests that volunteers in impactful roles can play an important and complementary role, working alongside experienced staff. They can contribute to improvements in patient experience and help patients feel more supported at a difficult time. They can also help the wellbeing of NHS staff, and create more time for care and contribute to hospital efficiency. Moreover, we found some evidence to suggest that volunteers may pursue a career in the NHS as a result of their volunteering.

Evidence collected through the standardised surveys appears to support the suggestion that volunteers deliver benefits in the areas of patient experience, patient centred-care, staff wellbeing, creating more time for care, and volunteer wellbeing. These survey findings are verified by feedback from staff, patients and volunteers.

Of the interventions that we looked at using the bespoke data that we collected, there is particularly promising evidence to suggest that volunteers can help to improve the nutrition and mobility of patients. There is also evidence to suggest that volunteers can help to improve the quality of

mental health services by providing post-incident debriefs, and they can also help to make some processes more efficient (e.g. the hospital pharmacy “To Take Out” process), and contribute to cost savings (e.g. through the provision of patient transport).

There were some projects in the programme that were not able to provide data or provided very limited data – mainly as a result of the small scale of the interventions involved – so it is difficult to be certain about any resulting benefits for patients, staff, volunteers, and services.

*Finally, feedback from the trusts involved in the programme indicates that there are key enablers for a successful volunteering service, which include **buy-in** from senior leaders and clinicians at all levels, and **support** from teams beyond the service itself.*

9

Study limitations and opportunities



Study limitations

Standardised surveys

The data collected from across all of the interventions through the standardised surveys makes a compelling case for the value of volunteers to the NHS. However, it is important to note that there were variations between the standardised survey results for each trust. Although some of these differences have been highlighted in the report, explanations for such variations have not been explored in detail. As a result our ability to draw clear related conclusions is limited.

The volunteer interventions evaluated in this report are diverse in terms of maturity (i.e. new vs established), scale and activity. Moreover, different trusts contributed different amounts to the overall dataset. This means that a degree of caution is needed when interpreting results and their applicability within an alternative trust setting.

Bespoke surveys and individual Impact and Insight plans

Some of our findings are limited by small sample sizes, which are an inevitable result of the small scale of individual interventions and poor survey participation levels. The low response rates from some trusts in relation to our surveys mean that there is a risk that selection bias has had an undue influence on findings. In most cases, it is unclear whether any such bias would lead to overly positive or negative results because it is impossible to know if a disproportionate number of non-respondents held positive or negative opinions about the volunteering interventions.

However, in some instances, for example where lack of staff capacity to distribute and collect questionnaires resulted in volunteers leading on this process, it would seem likely that a positive bias could have been introduced when volunteers chose who to approach.

There are two other areas of potential bias, which should be considered when reviewing the findings in this report. Firstly, there is a possibility that a form of social desirability bias has crept into survey responses (respondents providing socially desirable responses, rather than honest opinions, in order to avoid upsetting anyone). Although, such a bias cannot be discounted, the risk of it overly influencing our results should have been, at least partially, addressed by the anonymity given to survey respondents.

The other potential bias, which should be considered when looking at our findings is recall bias. This type of bias, where individual responses are based on incorrect memories of what actually took place, is clearly a risk for some people experiencing confusion in a hospital setting. However, since our surveys largely included questions related to events in the recent past, the risk would be expected to be low.

Where possible, we sought to evaluate the impact of interventions using additional information obtained via control groups, pre/post measures, comparisons with national scores, etc. However, due to the associated time, scale, resource and logistical implications of implementing a study approach that fully aligned with standards like RCTs (e.g., ‘very strong’ evidence) this was not always possible. We are therefore limited in what we can say about causality in many cases.



Opportunities

Although this programme has gone some way to addressing data gaps related to assessing the impact of different volunteering interventions in a healthcare setting, any organisation looking to establish a new volunteering project should not assume that the case has been won. In many respects, the case should be customised to local contexts. This means that data collection and monitoring should continue to be considered as important elements of future projects.

Input from senior clinicians and local data analysts can help set realistic and measurable goals for any new or existing volunteering service. There is also learning to be had from other trusts and local voluntary and community sector organisations (VCS). Helpforce is able to offer advice, guidance and support to anyone interested and is able to make use of a range of resources and a network to do so. An Insight and Impact tool is currently in development which builds on earlier work by Helpforce and Nesta. This tool will guide those that use it through key processes such as goal development and recording. It will also look to build on the standardised measures and tools used in this programme.

10

Appendices



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Methodology

Surveys and data collection

Where feasible all trusts within programme used at least one of three standardised surveys - i.e. patient survey, staff survey & volunteer survey. These surveys borrowed questions from a range of sources:

- NHS staff survey
- Inpatient survey
- Friends and Family Test
- King's Fund survey (see Ross et al, 2018)
- Helpforce designed questions (e.g. staff time saved)

We also collected

- Performance data (activity data) - such as number of new volunteers recruited, number of hours given by volunteers, and number of patients supported by volunteers.
- Bespoke data - such as data which is specific to a volunteer intervention (e.g. minutes patients were mobilised on-ward by a volunteer (Leeds & Morecambe Bay), number of care plans updated following a volunteer debrief restraint (Camden & Islington), etc).



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Trust level planned measures by intervention and outcome

HOME & SETTLE / DISCHARGE SUPPORT - NORTH TEES (NORTH TEES) AND NORFOLK AND NORWICH (N&N)	
Patient outcomes Patient feelings about going home (N&N, North Tees) Patient wellbeing - at discharge, at home, day after discharge and 5 days post discharge (N&N, North Tees) Knowledge of community resources (N&N)	Staff outcomes More time to care (N&N) Staff wellbeing and morale (North Tees)
System outcomes Patient flow - increase # discharged before 14:00 (North Tees) Reduced use of unnecessary ambulance / taxi (North Tees) Reduced DNA for outpatients (North Tees) Reduced readmissions within 48 hrs (N&N)	Volunteer outcomes Volunteer wellbeing (North Tees)

END OF LIFE VOLUNTEERS - ROYAL LIVERPOOL (LIVERPOOL; GROWING AN ESTABLISHED SERVICE; IN HOSPITAL)	
Patient outcomes Improved carer/family wellbeing	Staff outcomes Improved staff wellbeing that their patients have additional support/care Staff wellbeing
System outcomes # of patients who experience good EoL - e.g. have a volunteer	Volunteer outcomes Volunteer wellbeing

MOBILITY VOLUNTEERS - MORECAMBE BAY & LEEDS (MORECAMBE BAY & LEEDS; IMPROVEMENT IN PHYSICAL FUNCTION) AND SANDWELL & WEST BIRMINGHAM (SWB; MAINTENANCE OF PHYSICAL FUNCTION)	
Patient outcomes Improved mood (pre and post) (Morecambe Bay & Leeds) Time spent doing exercises (mins; dose) (Morecambe Bay & Leeds) Repeat vs new patients (dose;freq) (Morecambe Bay & Leeds) First time out of bed that day (Morecambe Bay & Leeds) Referral to community based classes (Morecambe Bay & Leeds) Improved wellbeing when home from hospital (Morecambe Bay) Improved physical function (Morecambe Bay)	Staff outcomes More time to care (Morecambe Bay)
System outcomes Patients discharged to usual residence (SWB) Reduction in re-referrals to physiotherapy on D43 (SWB) Number of people being admitted to hospital from D43 (SWB)	Volunteer outcomes Volunteer wellbeing (Morecambe Bay)

THEATRE SUPPORT VOLUNTEERS - MOORFIELDS (NEW SERVICE BUT BUILDING ON STRONG ESTABLISHED VOLUNTEER SERVICE)

<p>Patient outcomes Patient mood and anxiety Patient experience Confidence and knowledge of family members</p>	<p>Staff outcomes</p>
<p>System outcomes Reduction in DNA rates because of anxiety Quick discharge because of less sedation used</p>	<p>Volunteer outcomes</p>

MENTAL & COGNITIVE HEALTH - CAMDEN (CANDI; MENTAL HEALTH) AND SALISBURY (SALISBURY; LOW MOOD & POOR COGNITION)

<p>Patient outcomes No care plans that incorporate comments raised by patients (e.g. preferred injection site) (CANDI) Improved patient mood (pre/post) (Salisbury) Staff perception of patient independence - engagement with treatment (Salisbury)</p>	<p>Staff outcomes More time to care (Salisbury)</p>
<p>System outcomes Increased uptake of debriefs by volunteers (CANDI) Reduction in repeat restraints (CANDI)</p>	<p>Volunteer outcomes</p>

MEALTIME VOLUNTEERS - SALFORD

<p>Patient outcomes Improved nutrition & hydration Help to eat and drink - taken from Inpatient / Pickers Survey</p>	<p>Staff outcomes Improved staff wellbeing</p>
<p>System outcomes Reduced number of complaints related to mealtime</p>	<p>Volunteer outcomes</p>

FLEXIBLE BLEEP - BARTS

<p>Patient outcomes Improved patient experience</p>	<p>Staff outcomes Improved staff uptake (activity)</p>
<p>System outcomes Reduced length of stay - e.g. TTOs</p>	<p>Volunteer outcomes</p>

Overview of data collected through the programme

Each project “Insight and Impact” plan included some key anticipated impacts which were assessed using the available data:

TRUST	SCALE (ACTIVE VOLUNTEERS)	KEY ANTICIPATED IMPACT	STRENGTH OF EVIDENCE
Active Response Volunteers - Barts Patient survey n=5 [not very many patient facing interactions] Staff survey n=45 + staff perception of speedy discharge survey n=54 Volunteer survey n= 183	Initial: 58 Active Response Volunteers – mainly in the ED. End: 155 Active Response Volunteers across all hospitals at the trust	Improved patient experience	Promising but very small sample + anecdotal evidence
		Improved staff wellbeing	
		Speedier discharges as a result of TTO deliveries (proxy data: staff perception of speedier discharge)	Promising but small sample
Restraint Peer Debrief Volunteers - CANDI Pt survey n=0 [Not issued due to sensitivities around subject matter] Staff survey n=25 Vol survey n=12	Initial: Five (5) Debrief Volunteers covering 8 of 11 acute wards. End: Eight (8) Debrief Volunteers covering 10 of 11 acute wards	Increased uptake of debriefs	Compared to control ward
		Greater patient voice (proxy data: evidence of debrief in care plans)	Promising but only activity data collected
		Improved practice and safety	Promising but only anecdotal evidence collected
End of Life Community Volunteers - Dorset	N/A	Greater person-centred care (providing the chance for people to die at home)	PROJECT DELAYED. NO DATA COLLECTED.
		Reduced out of hours calls with GPs	
Theatre Support Volunteers - Moorfields Pt survey n=54 (Pt exp control data: n=29 collected from patients with no vol support) Staff survey n=3 [focused on theatre staff] Vol survey n=86	Initial (at main hospital at City Road): Zero (0) hand holding volunteers End: Ten (10) hand holding volunteers	Improved quality of care	Promising but very small sample + anecdotal evidence
		Reduced anxiety	Promising but small sample (n=19)
		Reduced likelihood of general anaesthesia use (speedier recovery)	DATA NOT RECEIVED
		Reduced DNAs	N/A -DNAs not impacted during development phase

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TRUST	SCALE (ACTIVE VOLUNTEERS)	KEY IMPACTS	STRENGTH OF EVIDENCE
Settle in Service Volunteers - N&N Pt survey n=15 Staff survey n=0 Vol survey n=100	Initial: 10 Settle in Service volunteers End: 17 Settle in Service volunteers (12 awaiting competencies)	Improved patient experience at discharge (proxy data: high FFT scores)	Promising but small sample
		Ensures staff have peace of mind when patients are discharged	Promising but only anecdotal evidence collected
		Reduced readmissions (48 hour)	DATA RECEIVED BUT NO IMPACT OBSERVED
Driver and Discharge Support Volunteers - N. Tees Pt survey n=10 Staff survey n=11 Vol survey n=35	Initial: 12 volunteer drivers + 3 discharge volunteers End: 23 volunteer drivers + 8 discharge volunteers + 49 ward volunteers supporting discharge	Reduced anxiety at discharge	Promising but small sample
		Speedier discharge	DATA RECEIVED BUT NO IMPACT OBSERVED
		Reduced transport costs	
		Reduced DNAs (for outpatient appointments)	DATA RECEIVED BUT NO IMPACT OBSERVED
End of Life Volunteers - Liverpool Pt survey n=0 [not considered appropriate for EoL patients] Staff survey n=32 Vol survey n=20	Initial: Seven (7) End of Life volunteers across one palliative care ward with 12 beds. End: the service had scaled to three (3) wards supported by 21 volunteers.	Improved quality of care	Promising but small sample
		Improved staff wellbeing	Promising but small sample
		Improved staff support (staff feeling that volunteers provide complementary care)	Promising but small sample

TRUST	SCALE (ACTIVE VOLUNTEERS)	KEY IMPACTS	STRENGTH OF EVIDENCE
Dining Companions - Salford Pt survey n=18 Staff survey n=24 Vol survey n=107	Initial: 15 Dining Companions across six (6) wards End: 80 Dining Companions across eight (8) wards and more shifts	Reduced risk of malnutrition and dehydration (proxy data: Increased proportion of patients feeling that they were supported to eat and drink)	Promising but small sample
		Improved patient experience	Promising but small sample
		Saved staff time	Promising but small sample
		Reduced complaints	DATA NOT RECEIVED
Engage Volunteers - Salisbury Pt survey n=19 Staff survey n=25 Vol survey n=25	Initial: 35 Engage volunteers across 16 wards End: 56 Engage volunteers across 16 wards	Improved patient mood	Promising but small sample
		Saved staff time	Promising but small sample
Activity Support and Mobility Volunteers - SWB Pt survey n=24 Staff survey n=47 Vol survey n=10	Initial: 30 Activity Support and Mobility volunteers across 2 wards End: 30 Activity Support and Mobility volunteers across 3 wards	Reduced deconditioning (proxy data: deduced from re-referrals to therapy team after medically fit for discharge, discharge to usual residence – older person acute unit only)	
		Saved staff time	
Nutrition, Hydration and Mobility Volunteers - Leeds and Morecambe Bay (funded by RVS) Pt survey n=51 Staff survey n=16 Vol survey n=41	Initial: 0 (Leeds) + 49 (Morecambe Bay) End: 30 (Leeds) + 79 (Morecambe Bay)	Improved patient health (hospital) (proxy data: Increased time spent out of bed, improved leg strength and endurance)	Would benefit from counterfactual data
		Improved patient health (community): improved leg strength and endurance)	
		Improved patient mood	

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