

Discharge Support Volunteers Pilot Evaluation Report

NHS Tayside

in partnership with

Healthcare Improvement Scotland

February 2023

Contents

Executive summary	3
Context	4
Pilot overview and activity	5
Evaluation approach	7
Impact	9
Insights	22
Conclusion & Recommendations	25
Research limitations and acknowledgements	26



Healthcare
Improvement
Scotland

Community
Engagement

Executive summary

The project

In partnership with Healthcare Improvement Scotland, NHS Tayside designed and delivered an 18-week pilot of a volunteer discharge support service between October 2022 and February 2023. The service involved volunteers calling patients for up to five consecutive days following discharge. Additionally, volunteers were able to provide support to the family members/carers of the patient to ensure that they were managing well with caring for their loved one post discharge.

Evaluation approach

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

The pilot evaluation consisted of five different collection methods: feedback surveys from patients, family members / carers, staff and volunteer surveys and an insight log capturing learning from the volunteering team through delivering the pilot.

Conclusions & recommendations

Discharge delays and demands continue to be a growing concern for the NHS. The volunteer discharge service is an excellent example of where volunteers can make a positive difference to patients and their loved ones. Indeed, the service appears well regarded by patients, with 13 of 14 individuals suggesting they would recommend it to others.

We recommend that consideration should be given to investment in resources to support further testing and refining of the model is encouraged, to generate further evidence about the potential and impact of volunteering in this area.

Key findings

Emerging findings suggest that volunteer support can result in improved outcomes for patients' and family members/carers' emotional wellbeing and confidence in care.

Overall staff perceptions of patient safety and community connections after discharge appear to have improved and most individuals were satisfied with the service. However, there were some challenges in embedding the service within the hospital discharge process.

Most volunteers appear to have enjoyed their volunteering experience; however, anticipated outcomes do not appear to have been met for all.



Context: Hospital discharges

The NHS is currently facing significant challenges in managing demand and delays to discharge. According to Public Health Scotland, in 2021/22 the average daily number of beds occupied by people in Scotland delayed for any reason was 1,480 compared to 982 in 2020/21 - a 51% increase ¹.

Any delay in discharge can have a severely detrimental effect on a person's health and wellbeing. Delays can occur for a variety of reasons but are usually due to a lack of appropriate care or services available within the community ².

In recent years, the hospital discharge experience has been under scrutiny from government and healthcare officials. Scottish Government implemented the Public Bodies (Joint Working) (Scotland) Act in 2014 to ensure delayed discharge is addressed via integration of local health and social care systems, with the key aim of improving people's experience of health and care services and the outcomes that services achieve ².

Discharge services, supported by volunteers, can provide vital support to individuals when leaving the hospital environment. Historical research by Helpforce illustrates that, when receiving support from volunteer discharge services, patients feel safer, less lonely, less frightened, more reassured and more supported ³.

¹ [Delayed discharges in NHS Scotland](#) – Public Health Scotland, December 2022.

² [Healthcare Standards – Delayed Discharge](#) – Scottish Government, publication date unknown.

³ [Norfolk and Norwich Settle In Service Insight and Impact Report](#) – Helpforce, September 2020.

Patients felt safe – 12% at discharge vs 57% post discharge. Patients felt lonely - 33% at discharge vs 17% post discharge. Patients felt frightened – 20% at discharge vs 0% post discharge. Patients were reassured – 28% at discharge vs 38% post discharge. Patients were more supported – 20% at discharge vs 33% post discharge (n=15).



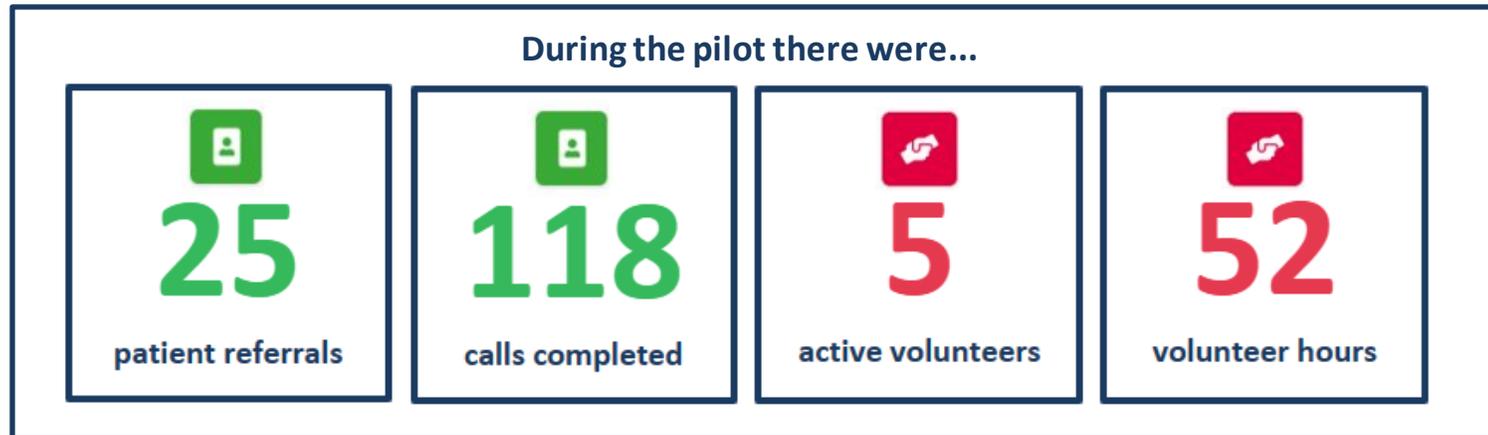
Pilot Overview and Activity

In partnership with Healthcare Improvement Scotland, NHS Tayside designed and delivered an 18-week pilot of a volunteer discharge support service. The pilot was delivered between October 2022 and February 2023 ⁵.

The service involved volunteers calling patients for up to five consecutive days following discharge. Calls included questions regarding their wellbeing, any medical needs or concerns and to make recommendations of community support services.

Additionally, volunteers were able to provide support to the family members/carers of the patient to ensure that they were managing well with caring for their loved one post discharge.

Staff members across two hospital wards identified patients who were due to be discharged to their normal place of residence ⁶. Staff would then discuss with these patients and their carers if they would like to be referred into the service. If they did wish to receive the support, staff would complete a referral form which was passed to the volunteer services team. All patients who were referred into the service were contacted by volunteers.



⁵ Note: there was a pause in service delivery over the Christmas break from 23/12/2022 to 09/01/2023.

⁶ One ward was introduced to the pilot at the initial pilot phase from October 2022, and then a second ward was introduced in January 2023.

Pilot: Call and support information

As part of pilot delivery, the volunteering team logged notes from all calls undertaken, including length of call, topics of conversation and ability to contact the patient.

Call information

- Call times ranged from 2 minutes to 40 mins, but the **average call length was around 9 minutes**.
- The **initial and final calls were the longest interactions** with the patient, lasting around 10 to 11 minutes on average.
- **12 of the 25 patients were contactable and participated in all five daily calls**. 10 patients had three or four calls, often due to having other commitments on the other days or the volunteer being unable to reach the patient on that day.
- **Three patients had only one or two calls**. This was either at the patient's request, or due to them no longer being available because of going into respite care.
- The volunteer team implemented a protocol in which the next of kin was contacted should the patient not be contactable after three attempts. This **protocol was used 14 times** across the course of the pilot.

Patient support needs

The topics of conversation very much depended upon the patient's individual daily needs, but tended to focus around four main areas...



Evaluation approach: Outcomes

Helpforce's approach to evaluating...

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

The Discharge volunteer service pilot aimed to achieve the following outcomes...

 **Patients**

- Improved emotional wellbeing (reduced feelings of anxiety / depression)
- Reduced feeling of loneliness / social isolation
- Confidence that their issues and concerns are heard and addressed
- Improved understanding of how to access support within the community
- Improved understanding of how to access emergency / additional care
- Improved discharge experience
- Improved patient experience

 **Family / Carers**

- Increased confidence in quality of care being received by loved one
- Feel supported to provide care to the patient as they recover from treatment
- Improved understanding of how to access support within the community

 **Organisation**

- Volunteers are deployed in roles that deliver measurable benefits for the organisation
- Continuous improvement in volunteer services and projects

 **Staff**

- Confidence that patients are aware of and accessing services that benefit their health
- Confidence that patients are aware of and accessing services that benefit their health

 **Volunteer**

- Confidence that time spent volunteering is of benefit to staff, patients, and their families
- Satisfied with and supported to carry out their role
- Develop new skills that supports their personal & professional development

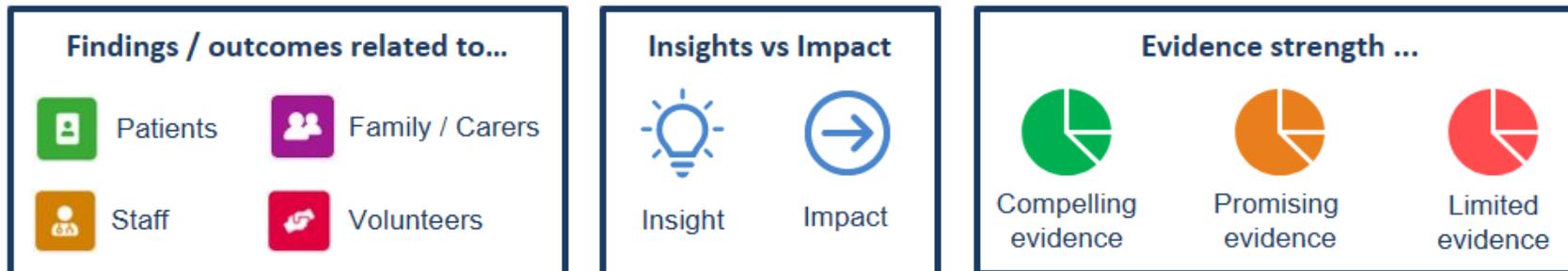
Evaluation approach: Methodology

The pilot evaluation consisted of five different collection methods:

1. **Patient surveys** completed following their final discharge support service call, asking questions regarding their experience of receiving support and outcomes achieved.
2. **Family member / carer surveys** completed following their final discharge support service call, asking questions regarding their experience of receiving support and outcomes achieved.
3. **Pre and post staff surveys** asked before the service went live and towards the end of the pilot period, asking questions about patient discharge and staff experience.
4. **Volunteer surveys** completed by volunteers after delivering the role for a minimum of four weeks, asking questions regarding their volunteer experience and perceived role impact.
5. **Insight log**, completed by the volunteer services team, capturing learning from project delivery throughout the pilot period.



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

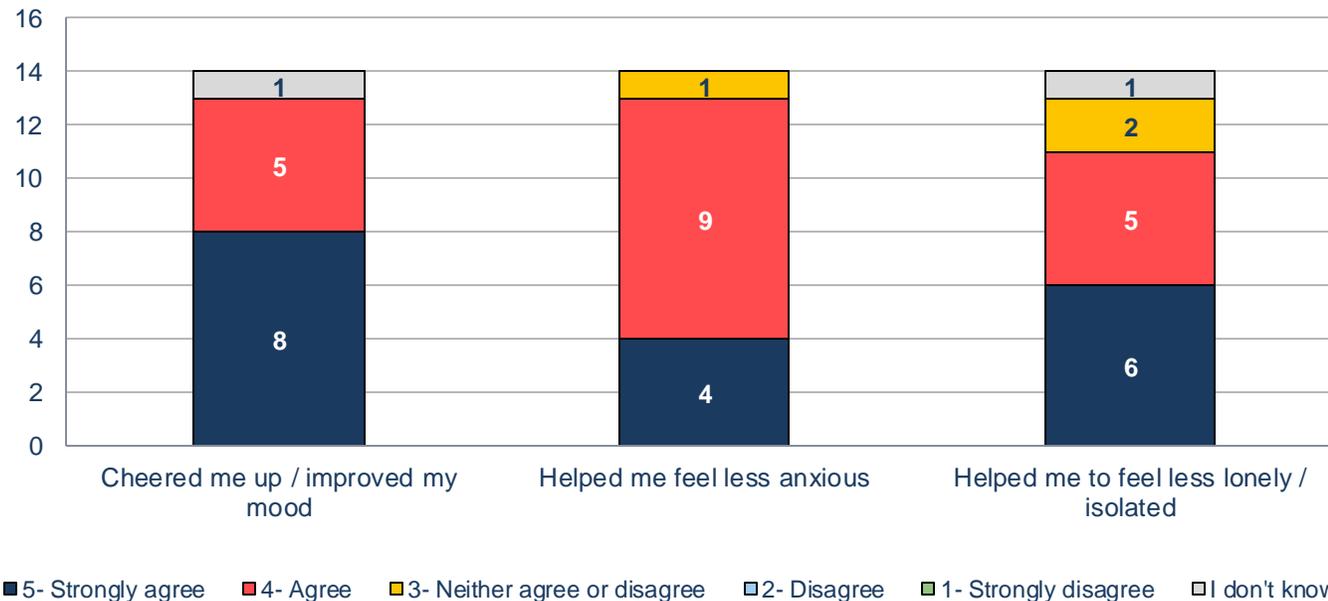


Patient emotional wellbeing



The volunteer...

(n=14)



Patients were requested to reflect on the difference volunteer support had made to elements of their emotional wellbeing...

- 13 of 14 patients agreed or strongly agreed that volunteers **improved their mood**.
- 13 patients agreed or strongly agreed that volunteer support **helped them to feel less anxious**.
- 11 patients agreed or strongly agreed that volunteers **helped them to feel less lonely**.

Emerging evidence from the patient feedback therefore suggests that volunteers providing support to patients post discharge can result in **positive outcomes for patients' emotional wellbeing**.

One patient further reported *"The calls I received made a big difference to me in the first few days out of hospital. Having the volunteers call gave me confidence and I felt less anxious during that time."*

Patient's confidence in care



A key aim of the discharge service was to increase patients' confidence in their care. Pilot findings suggest...

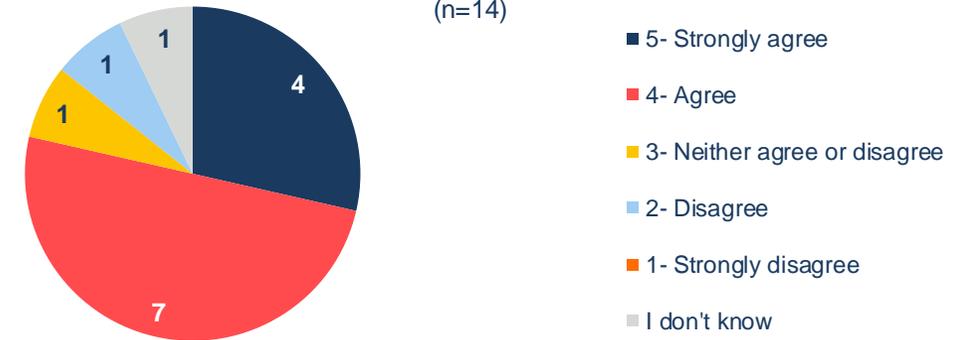
- 11 of 14 patients felt **more informed about their care** following volunteer support.
- Additionally, 12 patients reported increased confidence that **health concerns were heard and addressed**.

These findings illustrate that providing volunteer support to patients post discharge **can improve patient perceptions in the quality of and confidence in the care they have received.**

One patient explained *“In the past I've been discharged, and it's been 'goodbye' with no help offered. This is the first time this has happened, and **it was brilliant.**”*

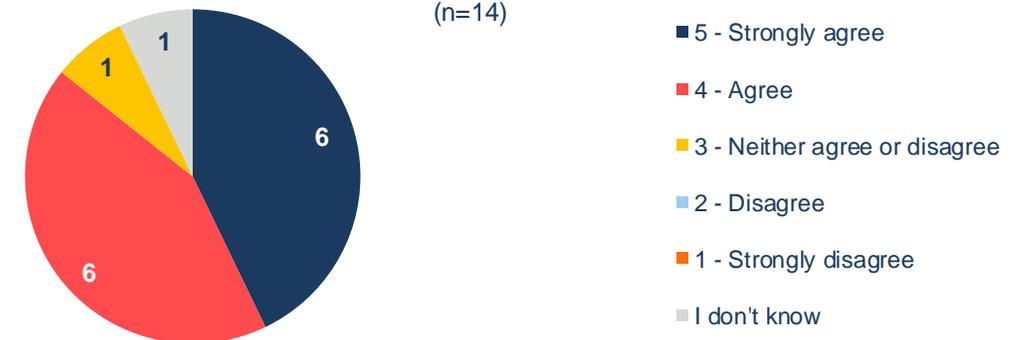
Volunteer support helped me to feel more informed about my care

(n=14)



Volunteer support increased my confidence that health concerns/ issues were heard and addressed

(n=14)



Patient's knowledge of accessing care



It was anticipated that the discharge service would increase individuals' knowledge of where to access care and support. All patients were offered referrals / signposting for community support with tasks such as shopping and collecting medication. More specific requests were also supported, for example, in obtaining medical equipment.

When asked if volunteer support increased their knowledge of where to access support...



(n=14)

Half of patients felt that the service had provided them with additional knowledge of where to access community and emergency support. And six of 14 patients agreed that the service increased their knowledge of where to access additional health care/support.

Other individuals neither agreed or disagreed or did not know. However, in relation to accessing emergency support, three individuals disagreed.

It therefore appears that, **for some individuals, the service has provided important knowledge regarding additional health and care services.** However, **this was not the case for all.** This may be as a result of prior knowledge or experience of care / support providers or may be due to their existing support network. One patient explained *"I did not need any community services as I have support from family with shopping etc, but liked the social and reassuring aspect of the call."* These insights are further explored on [slide 21](#).

Patient perceptions of the discharge service



How likely are you to recommend this service to others who needed similar support?

(n=14)



To what extent has the volunteer support you received altered your views about the hospital?

(n= 14)



Patients who received discharge support were asked for their feedback on the service overall.

- 13 of 14 patients were likely or extremely **likely to recommend the discharge service to others**.
- Additionally, half of the patients suggested that the service **had positively impacted on their views of the hospital overall**.
- No patients suggested the service had negatively impacted upon their views of the hospital.

These emerging findings therefore suggest that a volunteer discharge support service can **positively impact upon patients' overall hospital experience**.

Several of the patients provided further positive feedback...

Patient feedback



Patients' feedback about the service was extremely positive. They fed back that the **calls were much appreciated**, volunteers were **supportive and encouraging**, and that having continued **contact with the hospital post discharge was reassuring**. Additionally, for one individual they felt it was helpful to speak with a volunteer, rather than a health professional, as they felt that they were easier to talk to.



"You have **hit the nail on the head** with this service. The calls were **much appreciated**. I am on my own and it was good to have someone to talk to each day and **increase my confidence** when I needed it. The way the volunteers talked to me was **marvellous**, they **helped me no end**. I wish I could shake their hands and thank them."



"The calls are a **very good idea**; it was **nice to have someone to talk to**. When my son told me about the calls I would get once I was home from hospital, I was not keen, but I was **surprised the difference the calls made** to me. The calls **really did help**."



"I **loved getting the call** in the morning and looked forward to the phone ringing. Sometimes it was **the only person I spoke to during the day**... The volunteers **gave me encouragement** to call my doctor if anything was wrong whereas before I would not have wanted to bother the doctor."

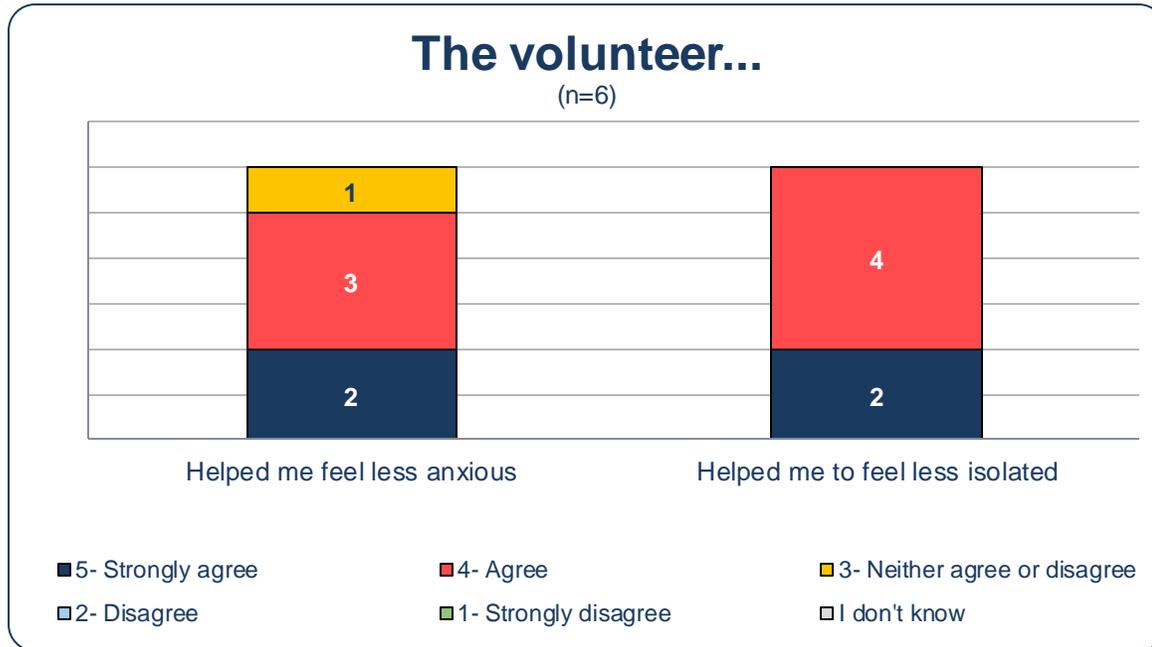


The volunteers were great, **put us at ease** listened to us and offered help where needed. The snippets of information they gave were very clear. It was **good not to talk to a professional**, it felt different, easier to talk to. The service is **absolutely perfect**. **Volunteers outstanding**. **If I could score beyond strongly agree I would have**."



The volunteers were all really **reassuring** and talking to them was relaxing. I felt it was a **great service** and **having someone to talk to (when you live alone) was really important during the first few days I was home**."

Family / carer emotional wellbeing



As part of the pilot service, family members / carers of the patient were also eligible for telephone support. This was aimed to support their own wellbeing as well as their confidence in the care provided to their loved one.

In relation to their emotional wellbeing...

- Five of six family members / carers agreed or strongly agreed that the volunteer **helped them to feel less anxious**
- All family members / carers agreed or strongly agreed that the volunteer **helped them to feel less isolated.**

Although a small sample size, these emerging findings illustrate that the service resulted in positive wellbeing outcomes for individuals providing care to their loved ones.

One respondent explained *“It was nice to speak to people who enquired how I was too by checking in with me (wife of patient), as well as asking about my husband.”*

Family / carer confidence in and access to care

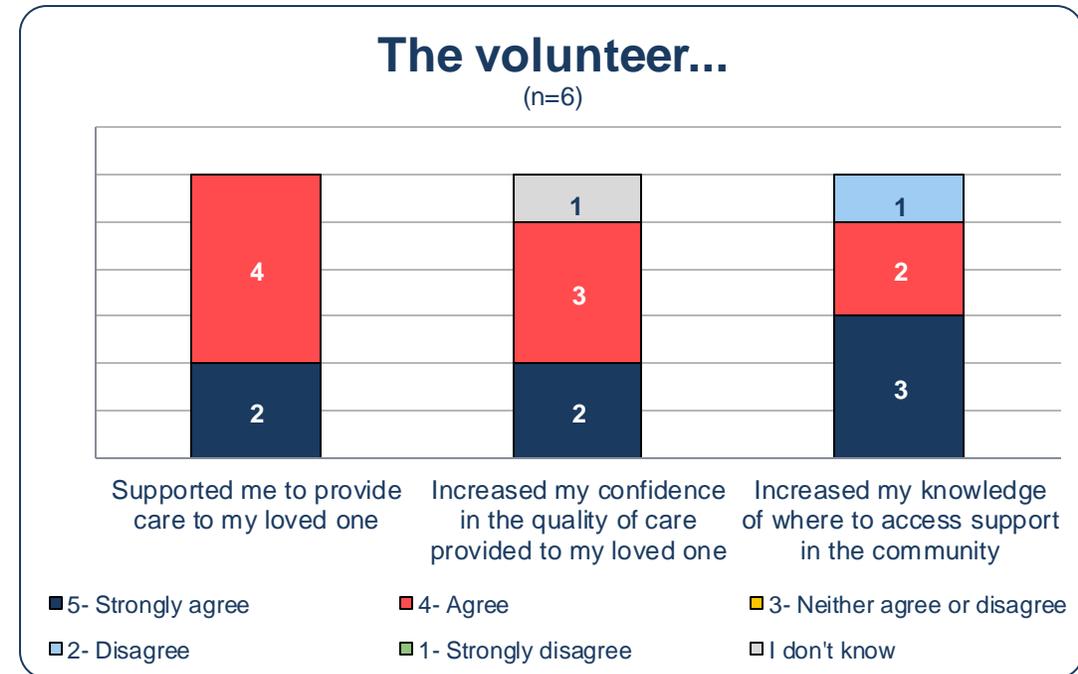


Additionally, family members were asked to reflect upon their confidence in providing care and support, but also accessing additional support should they need it...

- All respondents (6 of 6) agreed or strongly agreed that the volunteer **supported them to provide care to their loved one**.
- Five family members / carers agreed or strongly agreed that volunteers increased their **confidence in the quality of care their loved one had received**.
- Five family members / carers agreed or strongly agreed that volunteers increased their **knowledge of support available within the community**.

One family member reported *“we have now got help with cleaning. Someone is coming in once a week from tomorrow and they can also help with shopping. HOPE (Helping Older People Engage) who you referred us onto were great. We were not aware of this organisation. Thank you.”*

Again, these emerging insights demonstrate that discharge volunteers can **improve the care experience for family members and carers** supporting their loved ones after leaving hospital.



Family / carer perceptions of the discharge service



How likely are you to recommend this service to others who needed similar support?

(n=6)



Family members / carers who received discharge support were asked for their feedback on the service overall.

- All respondents (6 of 6) were likely or extremely **likely to recommend the discharge service to others**.
- Additionally, half of the family members / carers suggested that the service **had positively impacted on their views of the hospital overall**.
- No respondents suggested the service had negatively impacted upon their views of the hospital.

To what extent has the volunteer support you received altered your views about the hospital?

(n=6)



These emerging findings therefore suggest that a volunteer discharge support service can **positively impact upon family members' overall experience of hospital support**.

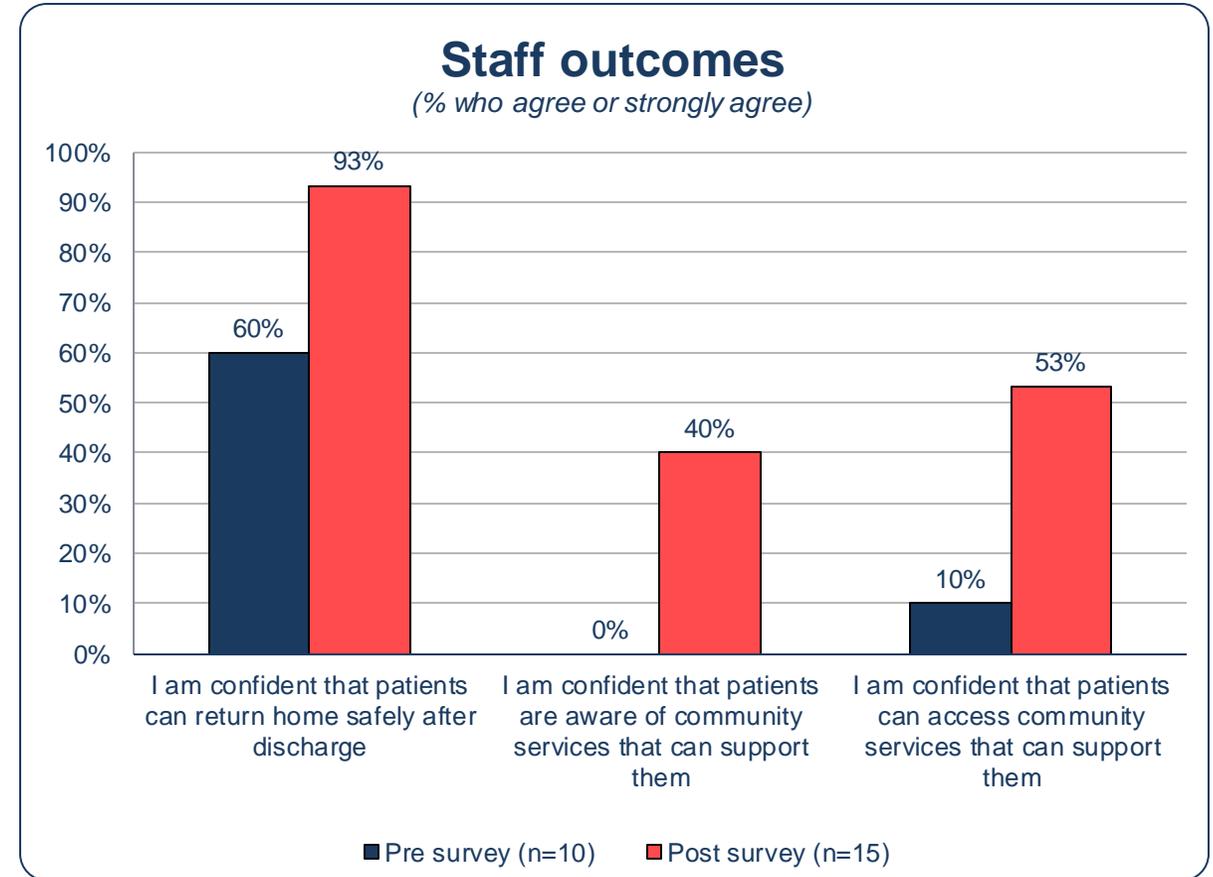
Staff outcomes



Staff members were asked to rate four statements on a scale from strongly disagree to strongly agree, both before the pilot started and again as the pilot concluded. The results suggest:

- 33% improvement in the number of staff who agreed / strongly agreed they were **confident patients could return home after discharge**.
- 40% improvement in the number of staff who agreed / strongly agreed they were **confident patients were aware of community support** (increasing from 0 staff members).
- 43% improvement in the number of staff who agreed / strongly agreed they were **confident patients were able to access community support**.

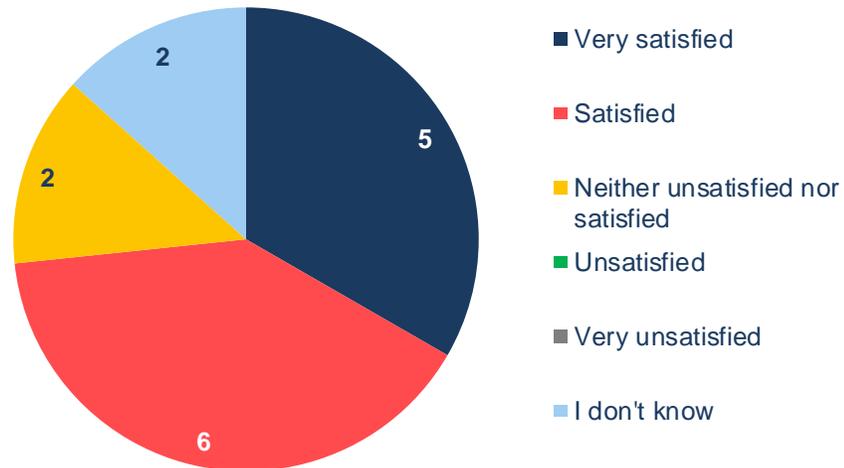
These findings, therefore, showed a promising indication of positive impact of the service for staff members' confidence in patient wellbeing following discharge.



Staff perceptions of the discharge service



How satisfied are you with the volunteer discharge service?



Staff were asked for their feedback on the service overall.

- 11 of 15 staff members were **satisfied / very satisfied with the service overall.**
- Four staff were either neutral or unsure. These staff members explained that they would like to know more about the service and the support provided to patients.
- No staff members were unsatisfied.

Two staff members provided additional feedback...



"It is a **great service** put in place for patients"



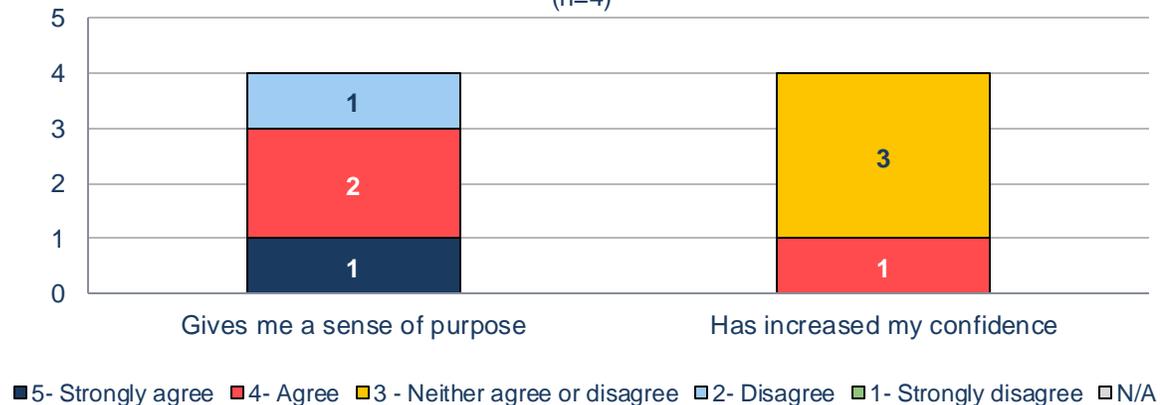
"**Happy** with the service."

Volunteer outcomes



My volunteering...

(n=4)

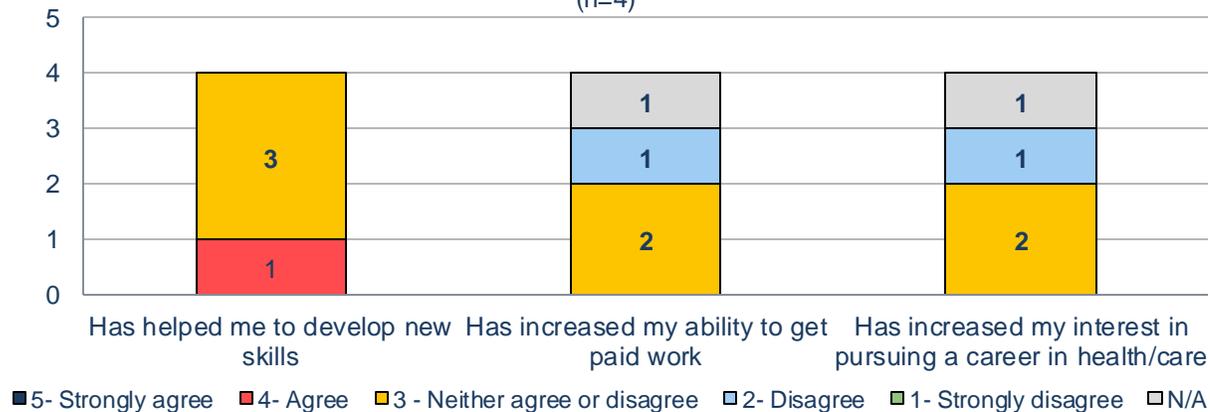


Five volunteers participated in the discharge service pilot. Of those, four provided feedback on their experience. When reflecting on the impact the role had had for them as individuals...

- Three volunteers agreed or strongly agreed that their **volunteering had given them a sense of purpose**. However, one individual disagreed.
- One volunteer agreed that **volunteering had increased their confidence**. However, three volunteers neither agreed or disagreed.
- One volunteer agreed that **volunteering has allowed them to develop new skills**. However, three volunteers neither agreed or disagreed.
- Half of the volunteers neither agreed or disagreed that volunteering has **increased their ability to get paid work** and one individual disagreed.
- Half of the volunteers neither agreed or disagreed that volunteering has **increased their interest in a health / care career** and one individual disagreed.

My volunteering...

(n=4)



Volunteers unfortunately did not provide any further insights as to why they felt this way. Pilot volunteers were recruited from NHS Tayside's existing pool of volunteers, and four of the five volunteers were retired. It may, therefore, be that some of the anticipated outcomes are not relevant to the individuals who undertook the role. Researchers recommend that, should the service continue following the pilot, further feedback is gathered from volunteers.

Volunteer perceptions of role impact



(n=4)

A key anticipated outcome of the discharge service is for volunteers to feel as though they are making a difference to beneficiaries...

- Three volunteers agreed or strongly agreed that their volunteering role has a **positive impact for patients and for family members / carers.**

One volunteer further elaborated *“in my role clients, patients and families... have the opportunity to speak in confidence knowing that I am listening to them. Some have said it was helpful to talk to me and feel a bit more positive in dealing with issues they may have.”*

However, volunteers were not as confident in the impact discharge support was having for staff and the organisation...

- One volunteer agreed or strongly agreed that their volunteering role has a **positive impact for the staff.**
- Half of volunteers agreed or strongly agreed that their volunteering role has a **positive impact for the organisation.**

This appears to be due to the nature of the pilot, and the service being in its infancy. A volunteer explained *“at the moment, I’m unsure what impact my role is having on the organisation and the staff as it is in such an early stage”*.



(n=4)

Volunteer satisfaction with the role



Volunteers were asked to reflect upon their overall volunteering experience...

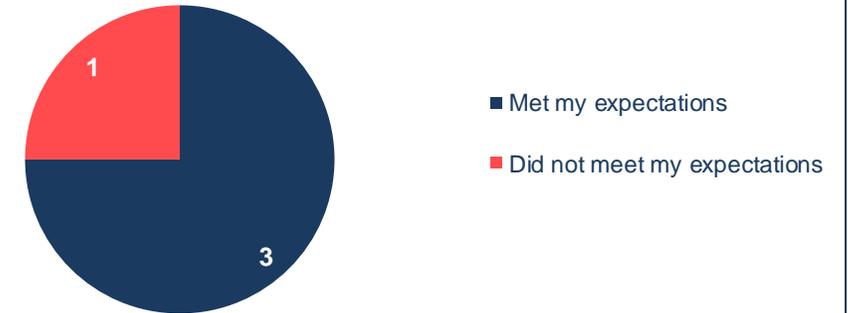
- Three volunteers felt their volunteering role had **met their expectations**. However, one individual disagreed and explained that they felt they had not undertaken as many referrals to community services as they were expecting.
- Three volunteers were satisfied or very **satisfied with their volunteering role**. One respondent was neither satisfied or unsatisfied.

Volunteers also provided some additional feedback on their experience...



To what extent has your volunteering role met your expectations?

(n=4)



Please rate your overall satisfaction with your volunteering role

(n=4)



Service Delivery



As part of the pilot, the volunteering team captured their **key reflections and learning**. There were some key challenges in implementing and delivering the service which should be considered should a discharge support programme be continued or implemented in other sites...

Engaging staff members / generating referrals

Embedding the service into the hospital discharge process was challenging.

- **The volunteering team found engaging with the right staff members was important to generate referrals**, for example Charge Nurses as well as the Senior Charge Nurse and/or Discharge Coordinator. It is therefore important to consider **engaging multiple staff members who are directly involved in discharge to ensure the service is well embedded**.
- Obtaining patient consent and completing the referral form **added time to the discharge process for staff**, which also became a barrier to embedding the service within that ward. The Volunteer Team visited the second ward each day to collect the referrals which appeared to act as a reminder of the service. However, it is recommended that **other ways of identifying patients are considered**, for example having a centralised data team provide volunteering with a list and consent being obtained via text messaging before calls are made.

Community referrals

Some patients were not receptive to receiving or requesting community support.

- Patients from the primary ward involved in the pilot **did not appear to want community support**. Individuals expressed they had enough support from family. However, when speaking with them directly, **often family/carers were interested in community support** to help them provide all the care their loved ones needed. These insights demonstrate the value of **engaging with family members / carers to ensure all care needs are established**.
- There appeared to be **increased engagement from patients from the secondary ward**. These individuals were a younger cohort of patients, demonstrating individuals with different circumstances may have varying community engagement levels. Future services should therefore continue to offer this service, but **be considerate in the variation of needs for different patient cohorts**.

Other interesting insights

The team also noted other insights which should be considered in future service delivery.

- **Patients may take a couple of days to settle back in at home** following discharge. **Consideration should be given as to if the calls should start on a later day**, as opposed to the first day after discharge.
- Initially, the service only made outbound calls. However, they **found that patients may want to call them back** if, for example, they had questions or had missed a call. The team provided an **information sheet** to patients, providing details of what the discharge calls would involve. This was further developed as service delivery continued, incorporating additional information and volunteering team contact details. In some instances, patients would call after the discharge calls had concluded to ask for follow up advice. **A means for patients to call the service should therefore be established in future service delivery**.

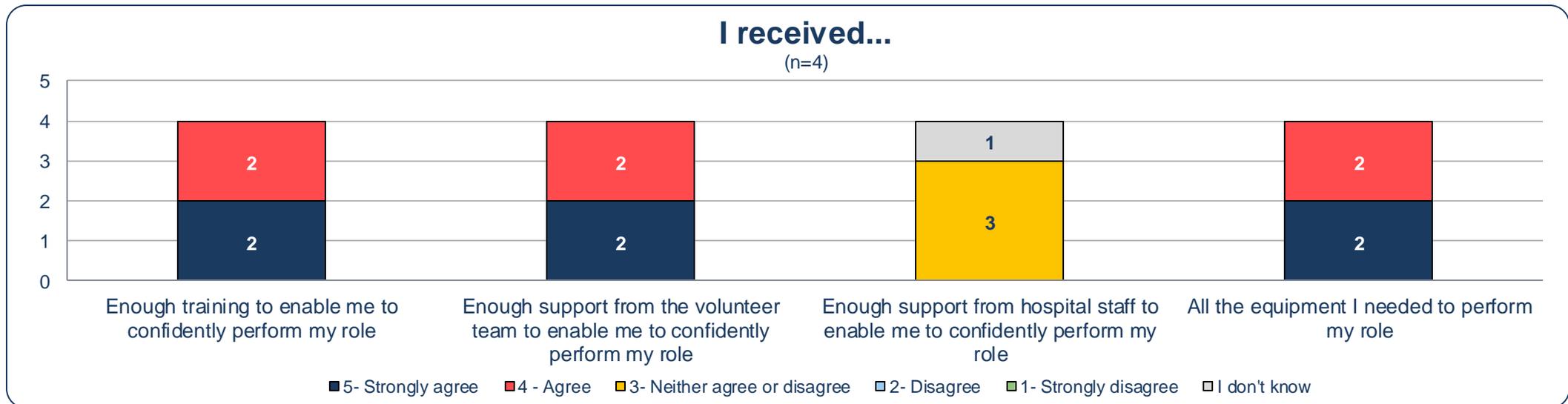
Volunteer support from hospital staff



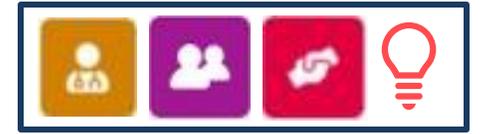
Volunteers appear satisfied with the level of training and support they received from the volunteer team to confidently undertake their roles.

- All volunteers (4 of 4) agreed or strongly agreed that they **had received sufficient training**.
- All volunteers agreed or strongly agreed that they **had received enough support from the volunteering team**.
- All volunteers agreed or strongly agreed that they **had received all the required equipment**.

However, **volunteers were less sure about the support received from hospital staff**. This is likely due to the nature of their role – whilst referrals into the service are received via staff, the service is delivered independently from direct care services. Additionally, as mentioned on the [previous slides](#), insights from the volunteering team illustrated that there were some challenges in embedding the service into the wards which may have affected volunteer perceptions.



Improvements to the discharge service



Staff, patients, family members and volunteers were all asked if they would recommend any changes be made to the discharge volunteering initiative to improve the quality of service.

None of the participants made any recommendations for improvements to the service design or support provision. However, there was some feedback to improve integration and expansion of the service...

Increase awareness	Service expansion	Permanent service
  Family/carers and staff suggested more information about the service should be made available	  A member of staff and a volunteer suggested the service should be expanded to other wards / patients	 One staff member suggested the service should be made permanent.

Conclusions and recommendations

The volunteer discharge service is an excellent example of where volunteers can make a positive difference to patients and their loved ones. Emerging findings suggest that volunteer support can result in improved outcomes for patients' and family members/carers' emotional wellbeing and confidence in care. Indeed, the service appears well regarded by patients, with 13 of 14 individuals suggesting they would recommend it to others.

Whilst some patients did not express an interest in accessing community support, their family members/carers were happy to be provided with additional support to ensure their loved one received the best quality of care. Any future iterations of the discharge service should **ensure family members continue to be offered support, and that their support needs are fully explored alongside the patients.**

Staff perceptions of patient safety and community connections after discharge do appear to have improved. However, there were some challenges in embedding the service within the hospital discharge process. Buy in from clinical leadership within an NHS board area is critical to successfully embedding the service into day-to-day practice of ward staff. It is therefore recommended that **early and continued staff engagement be considered for any future service** implementation or delivery.

Most volunteers appear to have enjoyed their volunteering experience; however, anticipated outcomes do not appear to have been met for all. It may be the anticipated outcomes are not be relevant to this volunteering role or the individual who undertook the role. For example, the majority of volunteers who undertook the role were retired, therefore, outcomes related to career development may not be appropriate for those individuals. Additionally, as was reflected in volunteer feedback and insights gathered from the volunteering team, building community connections does not appear to have been requested by all patients and consequently, for some volunteers, expectations of what the role would entail have not been fully met. Should the service continue beyond the pilot, researchers recommend **further feedback be gathered from both existing and new volunteers to ensure relevance of anticipated outcomes.**

The current capacity within the volunteering team at NHS Tayside cannot continue to support the ongoing delivery in the longer term without additional resources to embed and grow the service. However, there were calls from both staff and volunteers to continue the service permanently and expand it across other areas of the hospital. **Consideration of investment in resources to support further testing and refining of the model is encouraged, to generate further evidence about the potential and impact of volunteering in this area.**

Healthcare Improvement Scotland: Community Engagement will share the final evaluation of the pilot with other NHS Boards and make available the model, training and other resources developed by NHS Tayside during the pilot.

Research limitations

Due to the nature of evaluating a pilot, there are limitations to the strength of conclusions this research can draw. Low response numbers, although representative of the participants in the pilot, do mean that the emerging findings should not be attributed to a wider population.

Additionally, as the pilot was only carried out across two specific hospital wards, working specifically with individuals aged 65 and over, the findings of a similar pilot/service completed with a different cohort of patients may yield different results.

Acknowledgements

Helpforce would like to pass on our thanks to **NHS Tayside Volunteer Services team**, and in particular to Val Ewan, Volunteer Services Manager, and the volunteers for their support of the pilot and evaluation. We also share our appreciation to the patients, family members and staff who participated in providing their feedback.

We would also like to thank **Healthcare Improvement Scotland Community Engagement team**, and in particular Janice Malone, NHS Scotland Volunteering Programme Manager.

Healthcare Improvement Scotland Community Engagement and NHS Tayside would also like to thank:

- **Charlie Sinclair**, Associate Director - NMAHP, Nursing Midwifery and AHPs, NHS Education for Scotland.
- **Louise White**, Senior Policy Officer - Scottish Government.
- **Third Sector organisations in Tayside**, in particular Dundee Volunteer and Voluntary Action, who provided information about their services and community support.