Discharge Response Volunteer Project Evaluation Report

Worcestershire Acute Hospitals NHS Trust

(Worcestershire Royal Hospital, Worcester and Alexandra Hospital, Redditch)

November 2025

helpforce

NHS
Worcestershire
Acute Hospitals
NHS Trust

Service overview and key impacts

Worcestershire Acute Hospitals NHS Trust (WAHT) sought to improve patient flow and experience, with a particular focus on supporting the pace of discharge. With the support of Helpforce[1], WAHT implemented a "Discharge Response Volunteer Service"[2] (DRV). This volunteer initiative uses a central infrastructure to deploy volunteers to complete discharge-related tasks across Worcestershire Royal Hospital, Worcester and the Alexandra Hospital, Redditch to improve patient care pathway efficiency and increase staff capacity to focus on clinical roles. The DRV service is embedded as "Business as Usual" and successfully operating across both hospital sites. Volunteers are completing discharge-related tasks throughout the day, Monday-Friday.

WAHT's short social media promotional video captures the essence of the service (accessible here). The video was created to raise public awareness as part of the DRV recruitment campaign and has received 67,000 views to date.

Launching the service at the Alexandra Hospital, Redditch

DRV role profile

DRVs provide non-clinical support to ward staff, pharmacy teams and patients, carers and families by performing priority tasks recognised as contributing to more efficient patient discharge. In addition, where they have capacity, DRVs also undertake downtime tasks.

Priority tasks involve the collection and delivery of To Take Out medication (TTOs; supplied to a patient on discharge), Controlled Drugs (includes medicines that are legally regulated because they carry a higher risk of misuse, dependence or harm) from the Pharmacy to wards and clinics and Drug charts (a snapshot of a patient's current medication but can also include important information regarding pre and post-admission management of medicines) delivery to pharmacy.

[1] Helpforce, a charity who partners with UK healthcare organisations to transform healthcare volunteering.
[2] Discharge Response Volunteer (DRV) Service: A centralised infrastructure that coordinates volunteers completing pre-identified tasks that would otherwise be completed by paid staff, allowing them to focus on clinical duties. This will include tasks such as collecting and delivering 'to take out' (TTOs; medications supplied to a patient on discharge) from pharmacy.

Service overview and key impacts

One-Stop Dispensing (also known as Medicines Management Service (MMS) includes a pre-emptive ordering and dispensing of medicines in anticipation of patients' discharges) was introduced part-way through the project as an additional support task for volunteers.

Downtime tasks include delivering Missed Doses to wards (ensuring patients have enough of their own medication that they would have been taking before coming into hospital), delivering ward medication stock (delivering general medication required by the wards), completing 'This is Me' documentation with patients and their families, supporting completion of the Trusts' Inpatient survey, sitting with patients whilst they wait for transport and helping patients pack their belongings, with refreshments and Wayfinding.

Key impacts

The project was implemented at Worcestershire Royal Hospital on 27 January 2025 as a pilot across eight wards, before being rolled out in stages to all wards and subsequently more widely across the hospital. The service was expanded to the Alexandra Hospital on 10 June 2025. This report covers key findings and insights across the project delivery period of 27 January 2025 – 28 November 2025. In this time, the project achieved:

- A proven volunteer infrastructure and delivery model that has successfully scaled to equitably meet discharge demands across two hospital sites. Through the initiative, volunteers completed **3,647 priority tasks**, which generated **427.6 hours of productivity gains** and resulted in **4,031 patients being supported / items being delivered**.[3]
- The Head of Patient, Carer and Public Engagement and the Volunteer Manager have driven cultural change and established a new way of working, transforming the project into a fully embedded service. This success has been achieved through active collaboration with both the local community and staff across departments.
- Staff reported volunteers **improve their working life**, **freed up time for them and that volunteer support helps them feel less stressed** (results available in Impact: Staff wellbeing and efficiencies section of this report).

[3] Individual volunteer tasks can support multiple patients or items simultaneously.

Priority and downtime tasks

Figure 1 indicates priority and downtime task identification/requests and completion of these increasing steadily over quarter four (January - March) 2024/25 before dipping during April and May, due to Bank Holidays and a half-term falling within this period (volunteer availability). From June onwards, a marked increase is observed coinciding with the expansion of the DRV role to the Alexandra Hospital. Growth continues through to September, after which the rate of increase slows.

Figure 2 provides a breakdown of priority and downtime task completion by site over the project period. The service and processes were embedded at Worcestershire Royal Hospital, providing a strong foundation for the launch at the Alexandra Hospital, where 120 tasks were completed in the first month. The service was launched across all wards at the Alexandra Hospital and included Missed Doses from the outset. At Worcestershire Royal Hospital, completions rise before falling from January to June, then increase steadily from July to November, peaking in September, before a slight dip in October and a rise in November. At the Alexandra Hospital, completions rose initially, dipped in September, then recovered in October with a small decrease in November.

Figure 3 shows that the task completion rate (%) across both sites has remained consistently high throughout the project, never falling below 90% and staying close to or at 100% since March. Activity has been sustained alongside volunteer retention, supported by the continued involvement of the volunteering team and the approach taken by local teams to provide effective support.

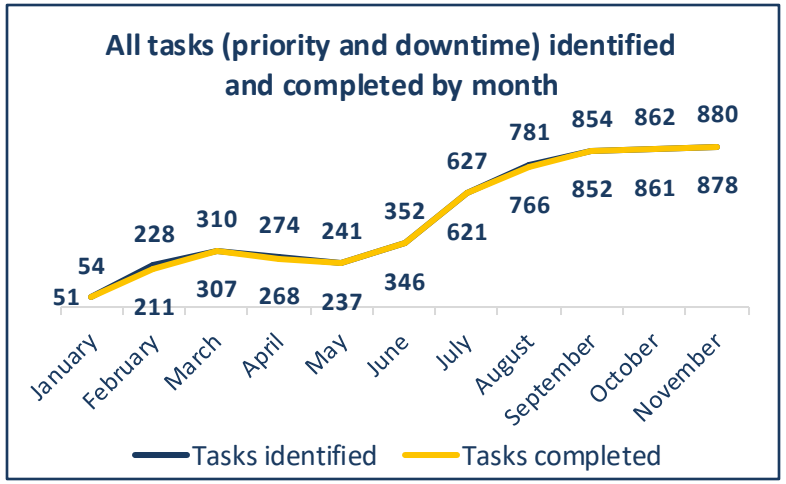


Figure 1. Priority and downtime tasks identified/requested from Pharmacy/a ward/department and of these, the number completed by volunteers by month (requested N=5,463 / completed n=5,398)

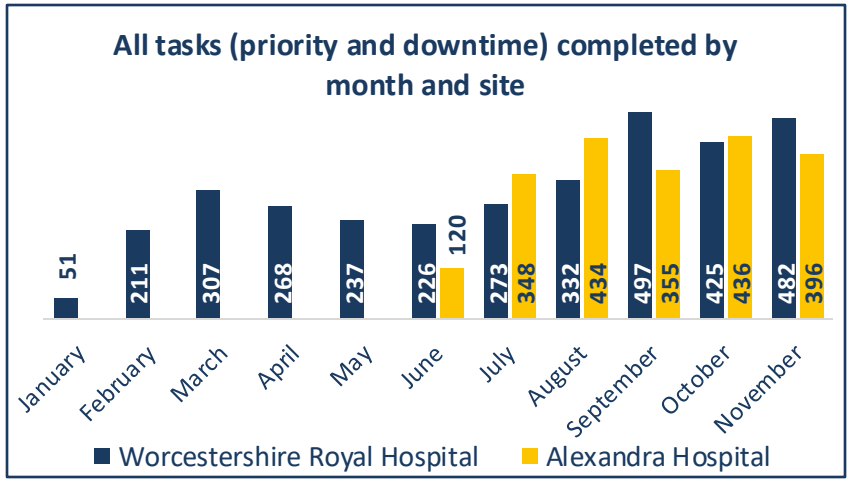


Figure 2. Priority and downtime tasks completed by month and site (n=5,398)

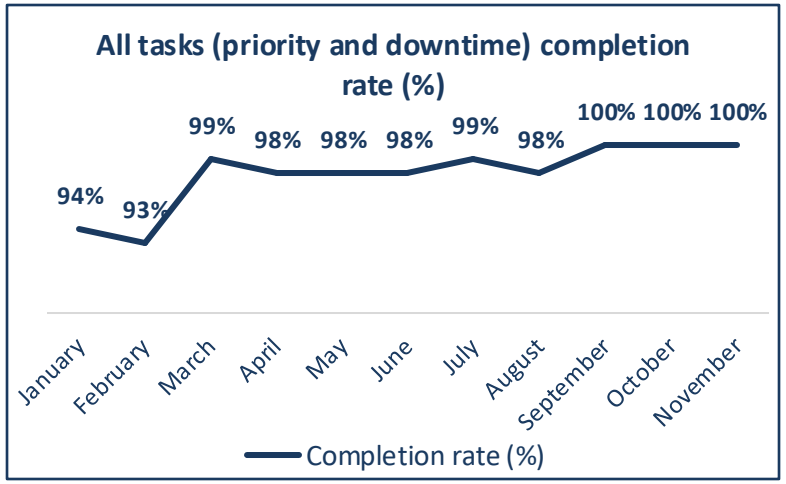


Figure 3. Priority and downtime task completion rate (n=5,398)

Priority tasks

Figure 4 represents priority task requests and completion by month and shows a similar pattern to that depicted by **Figure 1**. The shifts over time in **Figure 4** are more pronounced, particularly the notable change between September and November, which saw a substantial decline followed by a partial recovery in the number of requests and completions. **Figure 5** Illustrates that this perceptible change across September – November was most evident at Worcestershire Royal Hospital.

The lowest completion rate (89%) was in January when the project commenced at Worcestershire Royal Hospital, subsequently increasing and remaining at 100% since September (**Figure 6**).

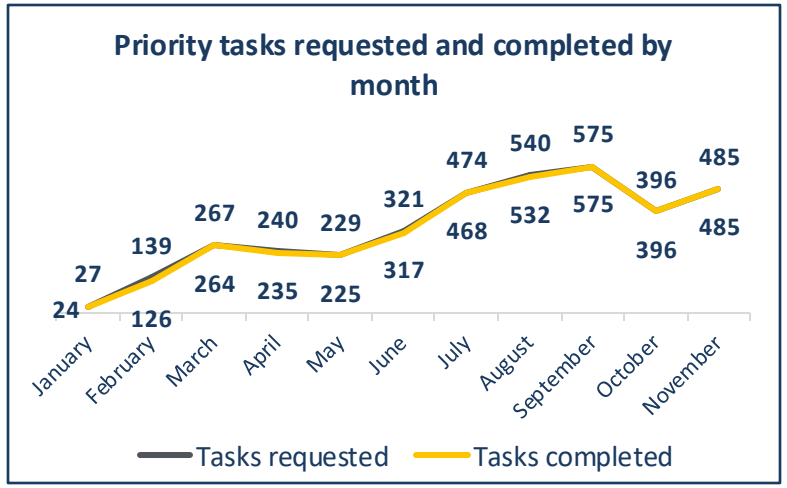


Figure 4. Priority tasks requested and completed by month (requested n=3,693 / completed n=3,647)

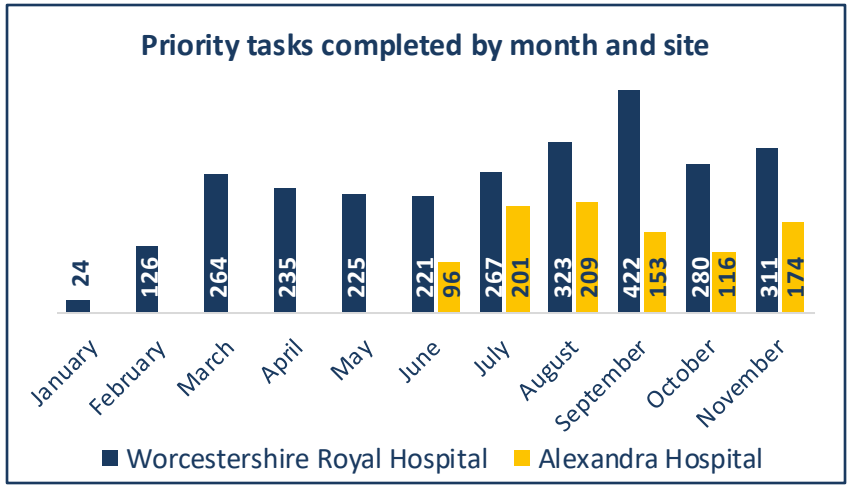


Figure 5. Priority tasks completed by month and site (n=3,647)

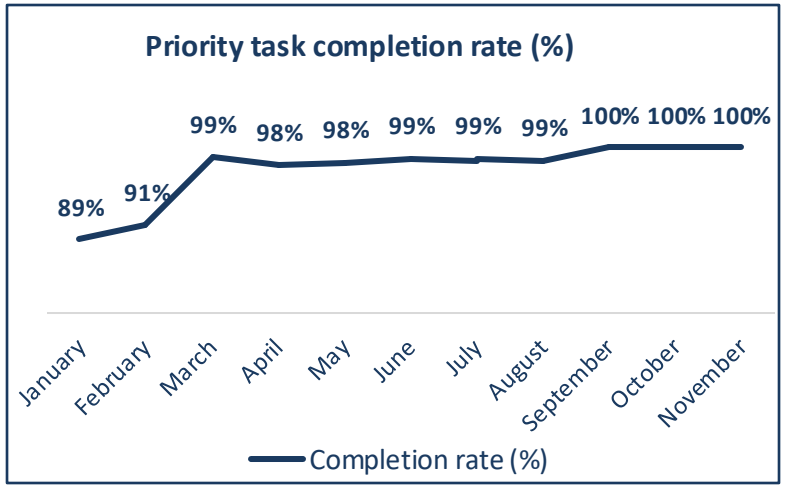


Figure 6. Priority task completion rate (n=3,647)

Priority tasks

Figure 7 captures productivity gains (hours spent completing priority tasks) at each site over time. The greatest productivity gains at Worcestershire Royal Hospital were in September, whilst at the Alexandra Hospital, this was in July.

Figure 8 indicates TTOs made a substantial contribution to productivity gains at both sites. The contribution from drug charts and controlled drug tasks were minimal, partly due to the collection and delivery of controlled drugs being recently introduced at Worcestershire Royal Hospital at the end of the pilot (November 2025), while at the Alexandra Hospital, controlled drug collection and delivery is due for roll out in 2026.

In alignment with **Figure 7**, **Figure 9** shows the greatest number of patients supported or items delivered was in September at Worcestershire Royal Hospital and July at the Alexandra Hospital.

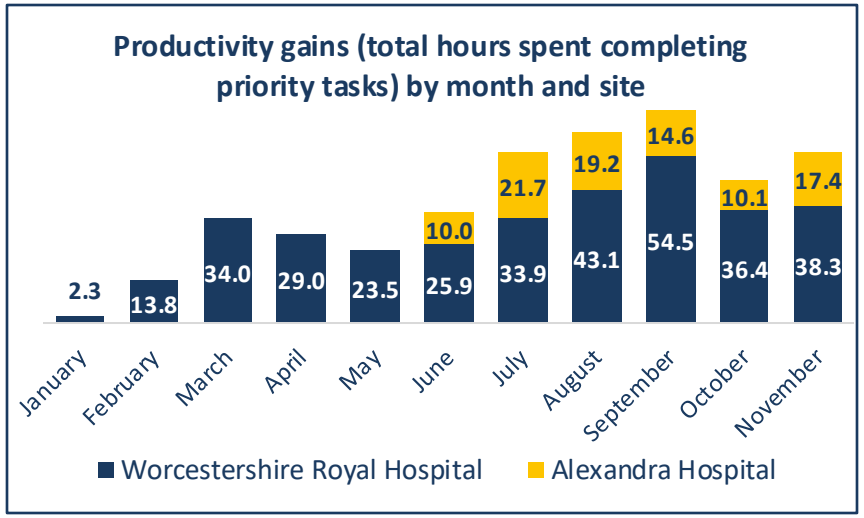


Figure 7. Productivity gains by month and site (based on priority task completion n=3,647)

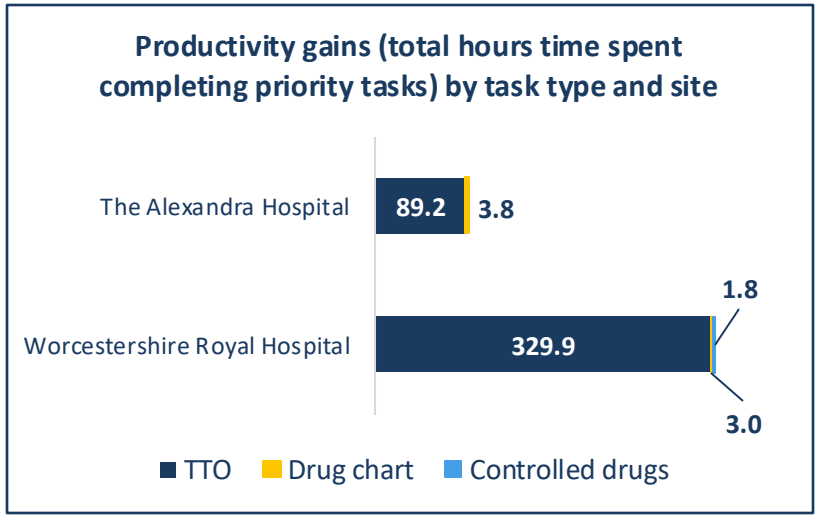


Figure 8. Productivity gains by task and site (based on priority task completion n=3,647)

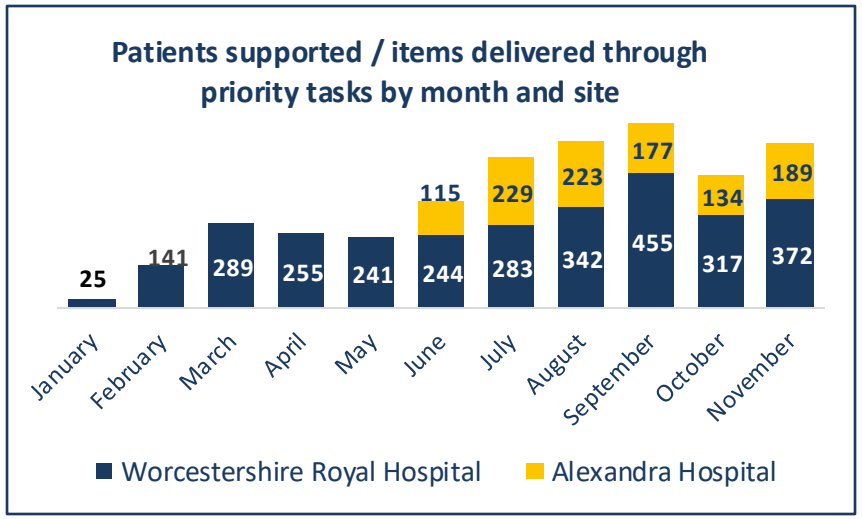


Figure 9. Patients supported / items delivered by month and site (based on priority task completion n=3,647)

Priority tasks

Figure 10 indicates that requests for priority tasks at Worcestershire Royal Hospital were most commonly received in the afternoon, with a noticeable increase from 14:00. This pattern aligns with feedback from the Improvement Team, reflecting decisions made to discharge patients following ward rounds.

Consistent with the pattern observed in **Figure 8**, **Figure 11** illustrates the majority of these requests were TTOs. Requests for TTOs were steady across the day, whereas drug charts and controlled drug requests peaked later in the day after 17:00. These are to be noted as small proportions, however.

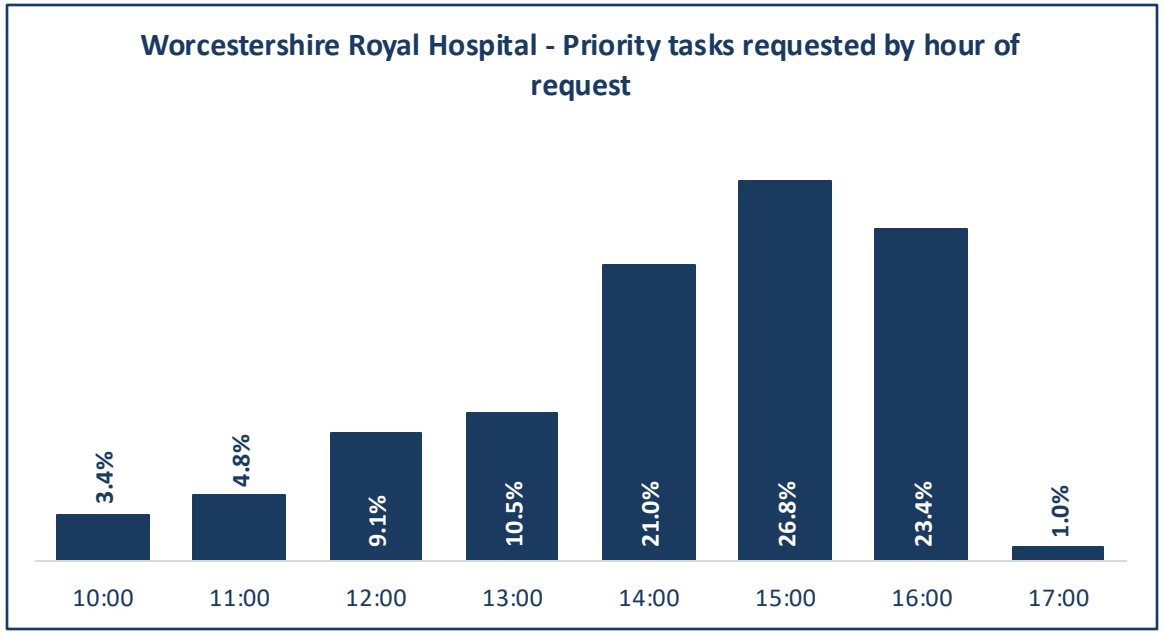


Figure 10. Priority task requests by hour at Worcestershire Royal Hospital (n=2,733)

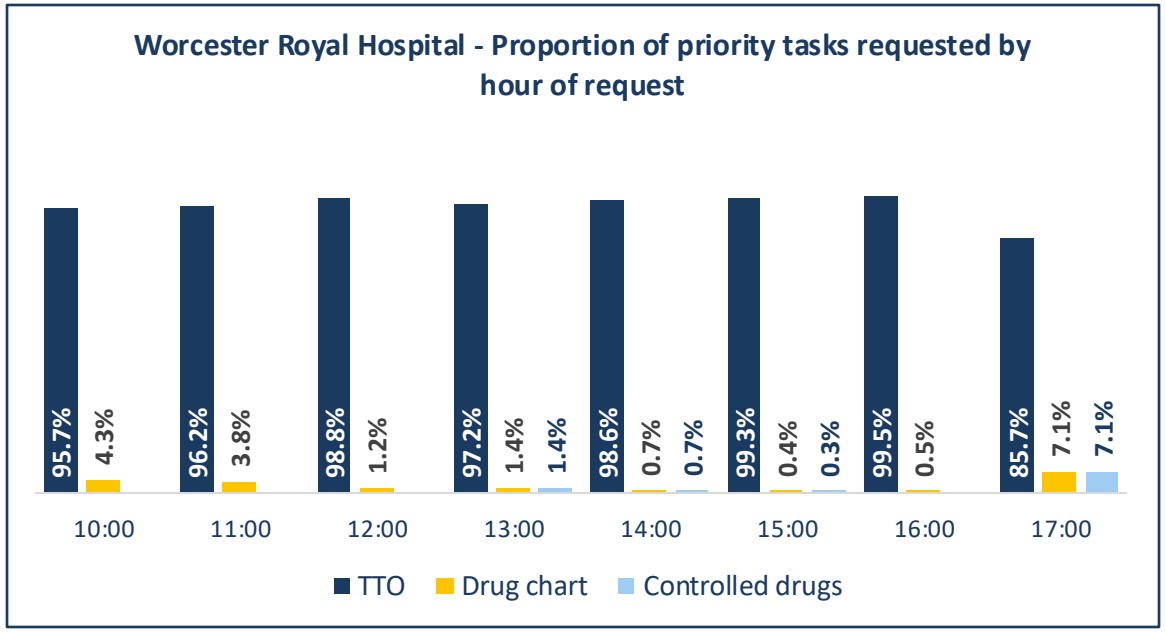


Figure 11. Type of priority task requested by hour at Worcestershire Royal Hospital (n=2,733)

Priority tasks

Figure 12 depicts requests for priority tasks were relatively consistent throughout both mornings and afternoons at the Alexandra Hospital. The majority of these requests were TTOs, and these and drug chart requests remained stable across the day (**Figure 13**).

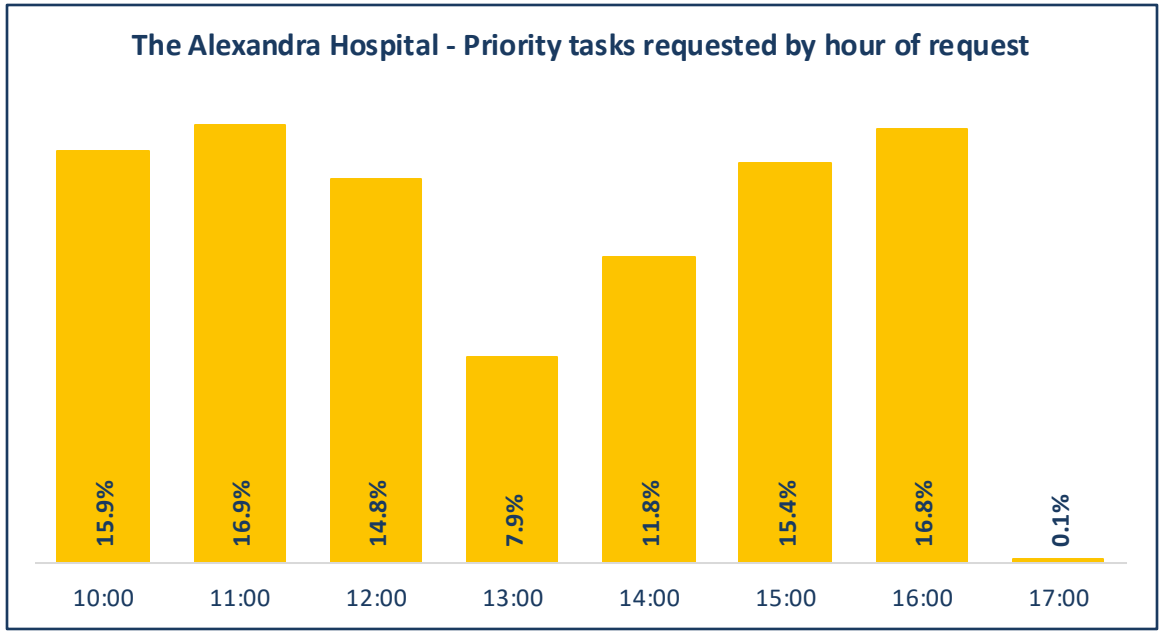


Figure 12. Priority tasks requests by hour at the Alexandra Hospital (n=960)

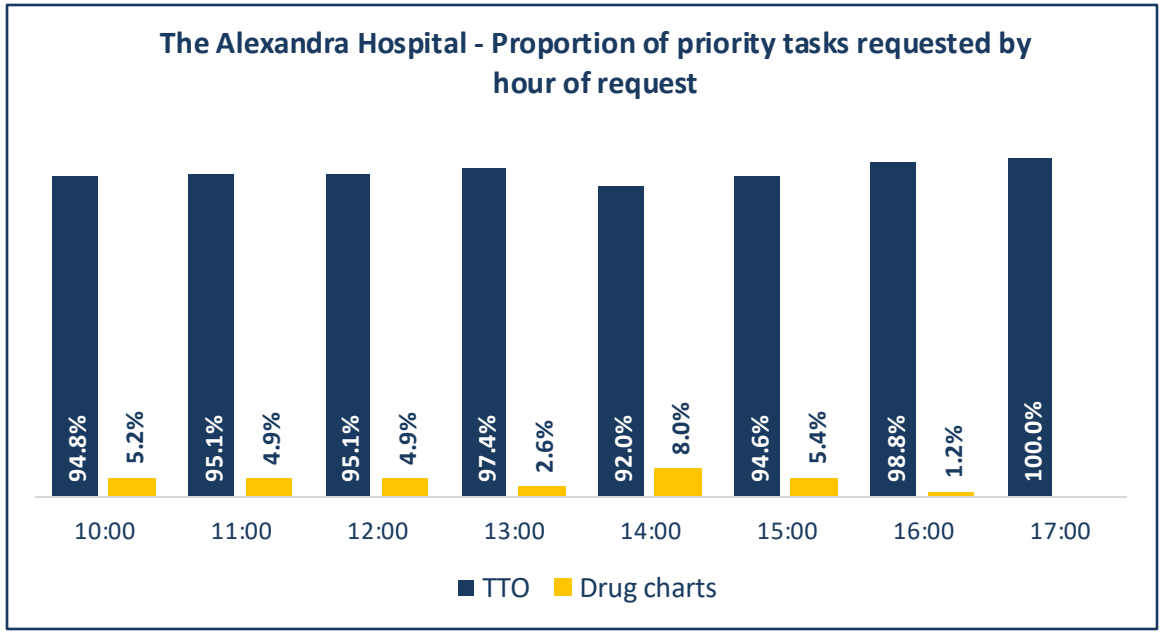


Figure 13. Type of priority task requested by hour at the Alexandra Hospital (n=960)

Downtime tasks

Figure 14 shows variation in downtime task completion across the project. At Worcestershire Royal Hospital, completion oscillates, with a dip after February in line with a shift in focus towards priority tasks to support patient discharge. In the most recent months, we see an uptrend at this site. The DRV role has introduced a new way of working with volunteers at the Trust. At the Alexandra Hospital, downtime task completion increases from the outset of the DRV role, but does vary over time, with the highest number of completions being recorded in October. The quantity of downtime task completion during October at this site explains the apparent levelling off of the tail in **Figure 1** in line with the marked decrease in priority task completion shown in **Figure 4**.

The undertaking of downtime tasks by volunteers has been reviewed over the course of the project and the consistent completion rate of 100% **(Figure 15)** from May onwards coincides with greater confidence in the service.

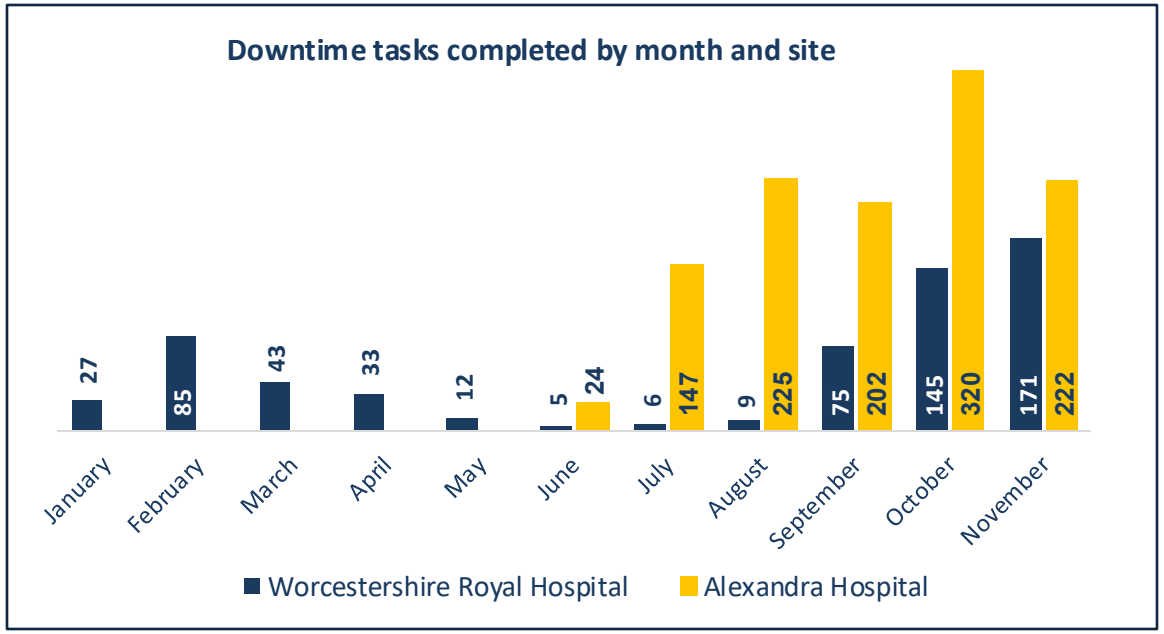


Figure 14. Downtime tasks completed by month and site (n=1,751)

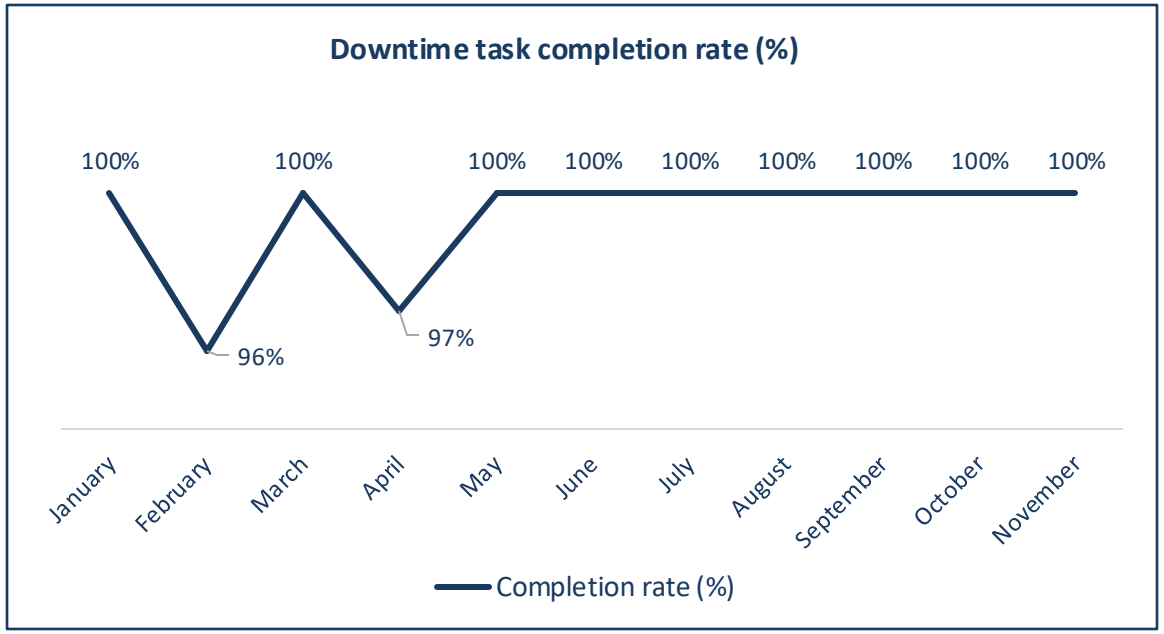


Figure 15. Downtime task completion rate (n=1,751)

Impact: Staff wellbeing and efficiencies

Impact of volunteers on staff wellbeing

Staff directly involved in the DRV service were invited to complete a feedback survey online. Forty-two (N=42) members of staff from both hospitals completed the survey, however, three of these reported they never work alongside volunteers. Data from the remaining staff members (n=39) was therefore included in the analysis and reported on below.

When asked questions concerning the impact of DRVs on their wellbeing (**Figure 16**):

- Twenty-seven staff agreed[4] volunteer support helps them to feel less stressed.[5]
- Thirty-seven staff agreed[6] volunteers improve the working life of staff[6] and have helped to improve the quality of the service.[7]

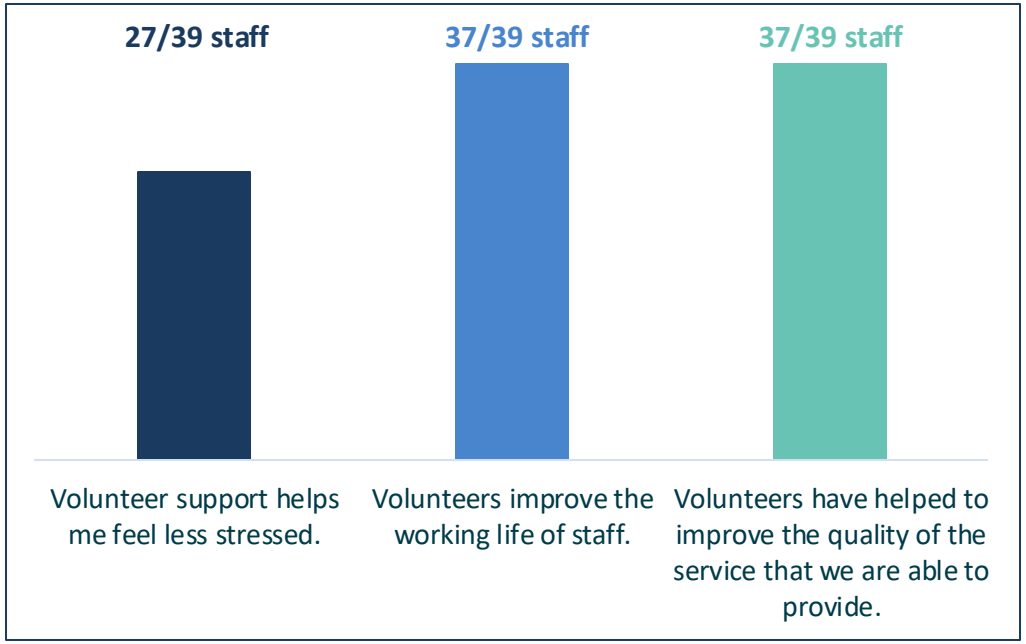


Figure 16. Impact of volunteers on staff wellbeing (n=39)

[4] Agreement is an aggregate of 'strongly agree' and 'agree'.
[5] Nine staff endorsed 'neither agree nor disagree'; three staff endorsed 'I don't know'. There could be a range of reasons for selecting 'neither agree nor disagree': This question assumes staff feel stress in their role, which they may not; some staff may not have received regular support by volunteers (only 33% of the staff who endorsed this response work alongside volunteers routinely (e.g., on most shifts); any stress experienced may be related to matters outside of volunteer responsibility.
[6] Two staff endorsed 'I don't know'.
[7] One staff member endorsed 'neither agree nor disagree'; one staff member endorsed 'I don't know'. Endorsement of neither agree nor disagree' was given by a staff member who works with volunteers less than once a month, which may limit their scope to address this question.

Impact: Staff wellbeing and efficiencies

Improved efficiencies / productivity gains

Staff (n=39) were also asked about improved efficiencies / productivity gains including whether, on a typical day where the staff member had interacted with the volunteer, they had impacted on their available time (**Figure 17**):

- Two staff members endorsed they'd generated extra work[8], seven endorsed they'd had no impact on staff members time and 30 endorsed they'd freed up some time for the staff member.

We also asked staff members who had endorsed DRVs had 'freed up some time for them' what they were able to do with the additional time (n=30). Staff members could select from a range of options and were able to select multiple responses. **Figure 18** shows those staff were able to spend the time performing critical functions in the care of patients, with eighteen staff endorsing the additional time enabled them to discharge patients sooner.

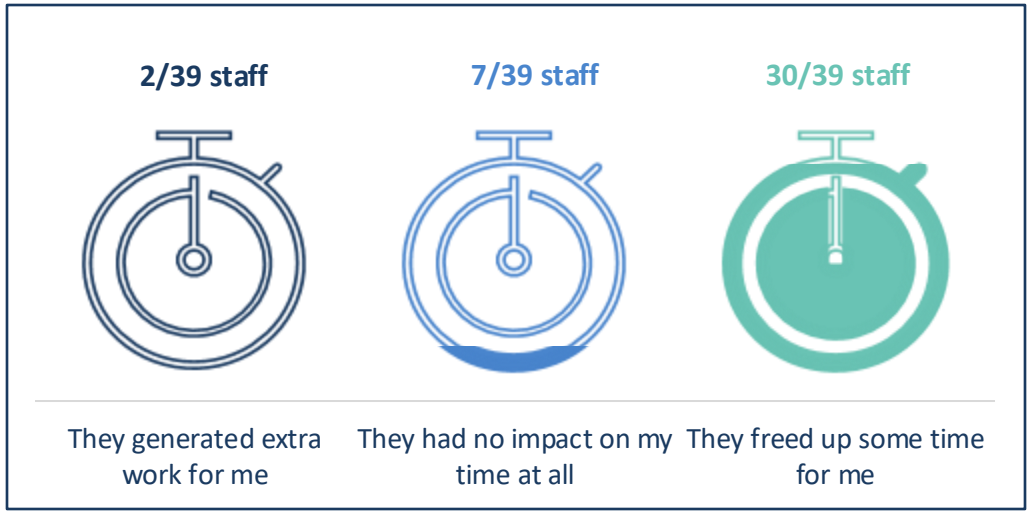


Figure 17. Impact of volunteers on improved efficiencies / productivity gains (n=39)

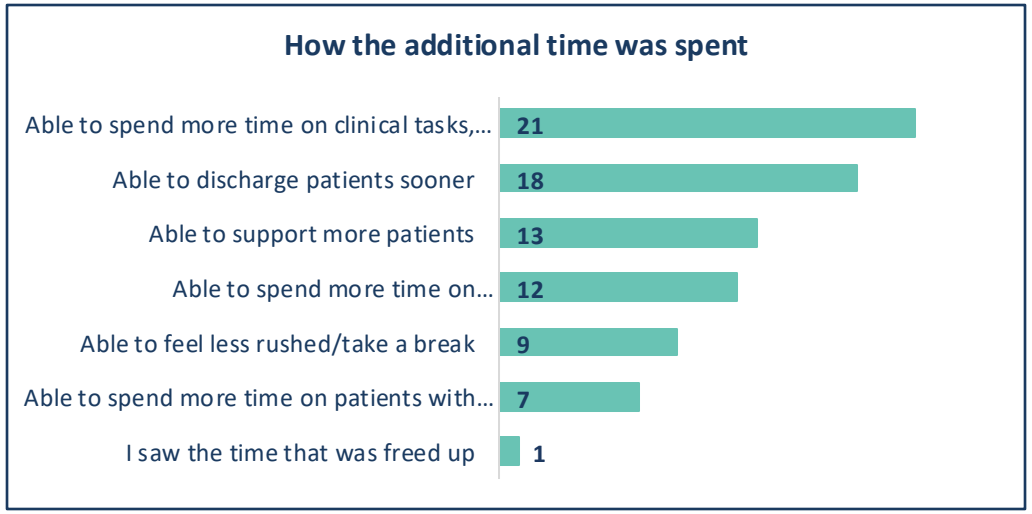


Figure 18. Tasks undertaken by staff within time freed up by volunteers (n=30)

[8] One respondent explained that having managerial responsibilities, additional work is inevitable and adds this response is not intended to be viewed as a negative, whilst a second member of staff explained there are additional steps involved with the use of sealed bags.

Impact: Staff wellbeing and efficiencies

Volunteer integration

Staff (n=39) were further asked about volunteer integration (**Figure 19**):

- Twenty-two staff agreed[4] volunteers are embedded as a key part of the team.[9]
- Thirty staff agreed[4] they enjoy working alongside volunteers.[10]

Level of satisfaction

Level of satisfaction with the volunteer support received was also addressed by staff (n=39). Thirty-five endorsed being very satisfied or satisfied.[11]

35/39 staff were very satisfied or satisfied with the volunteer support received

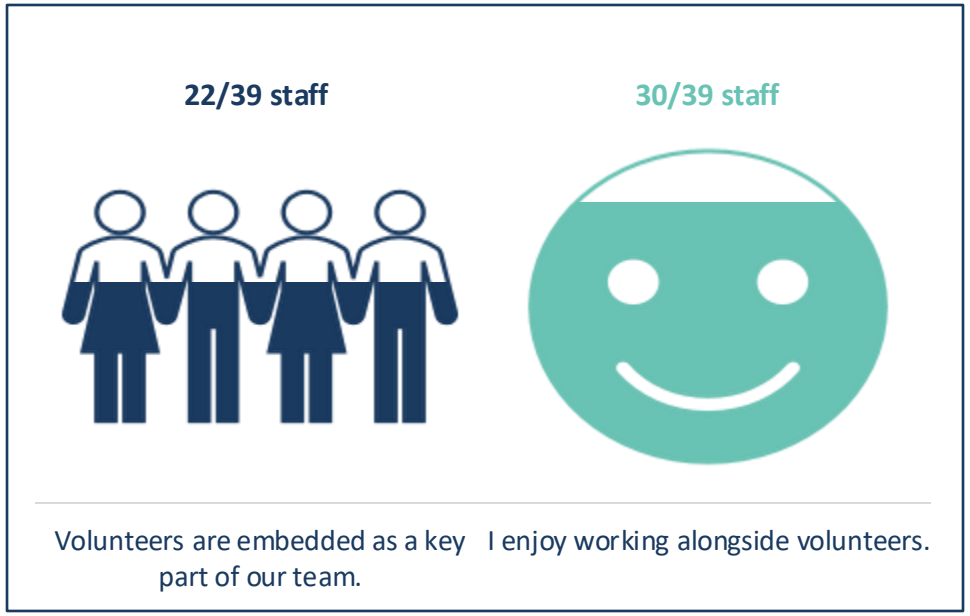


Figure 19. Volunteer integration (n=39)

[9] Two staff endorsed 'disagree', six staff endorsed 'neither agree nor disagree', nine staff failed to select a response. The two respondents who disagree work as Registered Nurses or Midwives. Inviting colleagues who work in these roles to share how volunteers could be better integrated whilst continuing to highlight interdependencies between the two roles that support a shared mission and objectives could address this.

[10] Nine staff failed to select a response.

[11] Two staff indicated they were "very unsatisfied," while two selected "neither unsatisfied nor satisfied." Review of the responses suggests that the "very unsatisfied" selections may have been made in error, as the feedback reflected a positive experience with volunteer support. Among those who chose "neither unsatisfied nor satisfied," one noted that volunteer support is generally helpful but can be limited when volunteers are unavailable, while the other raised a procedural point related to additional procedural steps (as noted in the footnote on the previous page).

Impact: For volunteers and others

Impact for volunteers

All DRVs (N=30) across both hospitals completed an online survey. When asked about the impact volunteering has had on them (**Figure 20**):

- Twenty-seven DRVs agreed[4] volunteering provides them a sense of purpose.[12]
- Fourteen DRVs agreed[4] volunteering has increased their confidence.[13]
- Eleven DRVs agreed[6] volunteering has enabled them to develop new skills.[14]

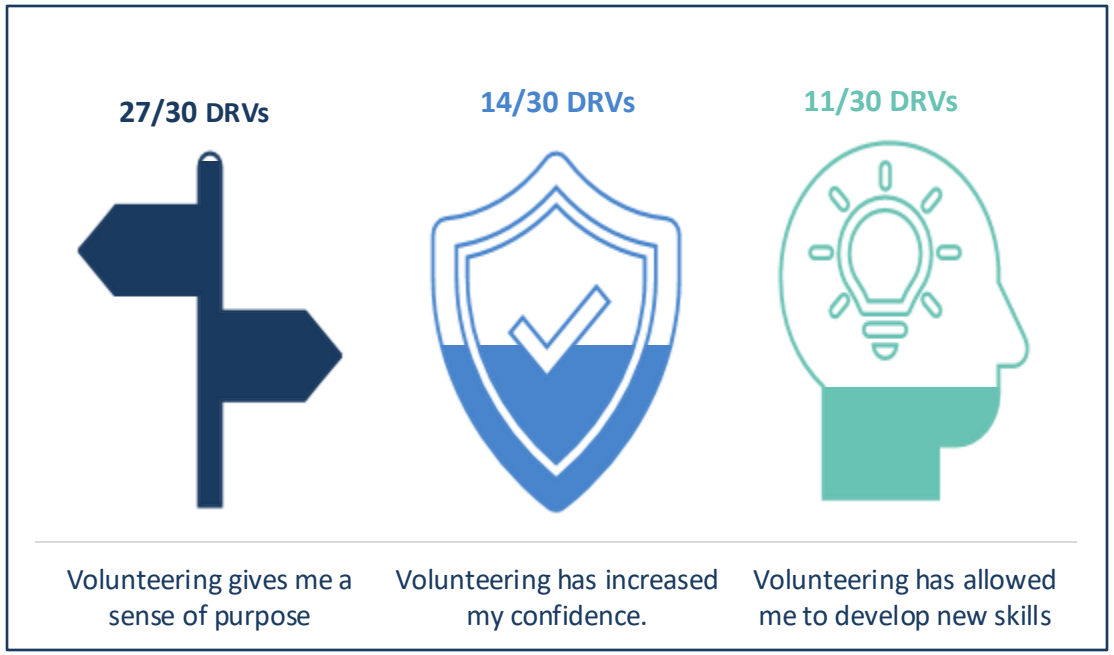


Figure 20. Impact for volunteers (N=30)

[12] One DRV endorsed 'Neither agree or disagree'; two DRVs endorsed 'Strongly disagree'.
[13] Two DRVs endorsed 'Disagree'; thirteen DRVs endorsed 'Neither agree or disagree'; one DRV endorsed 'Strongly disagree'
[14] One DRV endorsed 'Disagree'; sixteen DRVs endorsed 'Neither agree or disagree'; two DRVs endorsed 'Strongly disagree''.

Impact: For volunteers and others

Perceived impact for others

DRVs (N=30) were also asked about the impact they have on patients / service users they support, the staff they work alongside and the organisation they volunteer for (**Figure 21**):

- Twenty-eight DRVs agreed[4] they have had a positive impact on the patients / service users they help.[15]
- Twenty-six and twenty-seven DRVs agreed[4] their volunteering has positively impacted the staff they work alongside[16] and the organisation they volunteer for, respectively.[17]

Level of satisfaction

DRVs (N=30) also provided their level of satisfaction with their volunteering role. Twenty-six endorsed being very satisfied or satisfied. [18]

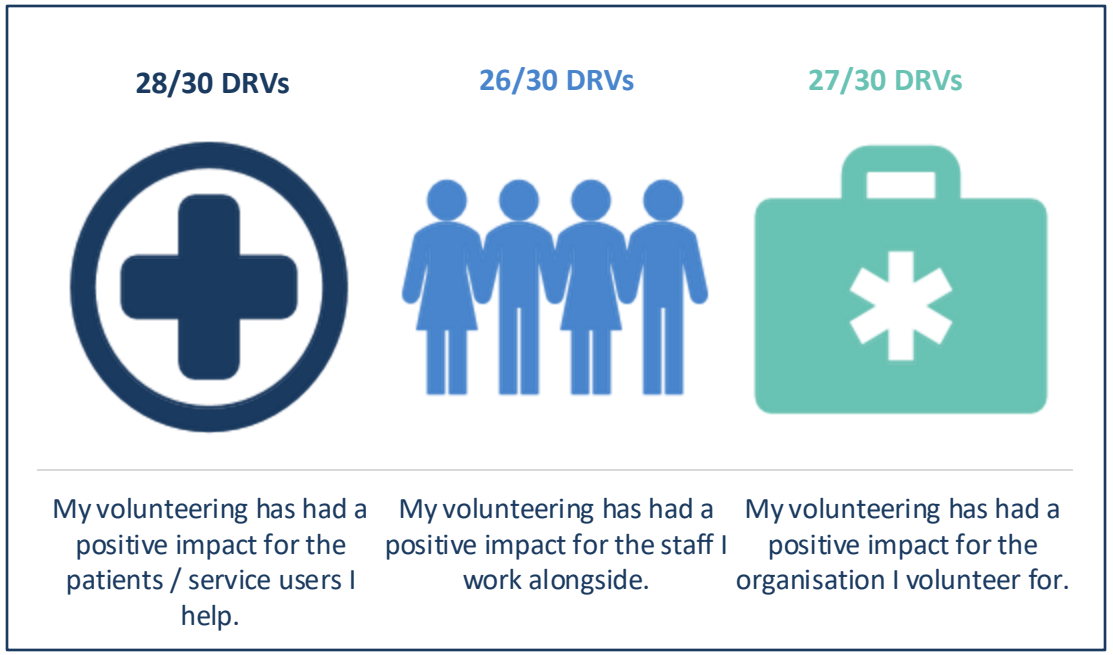
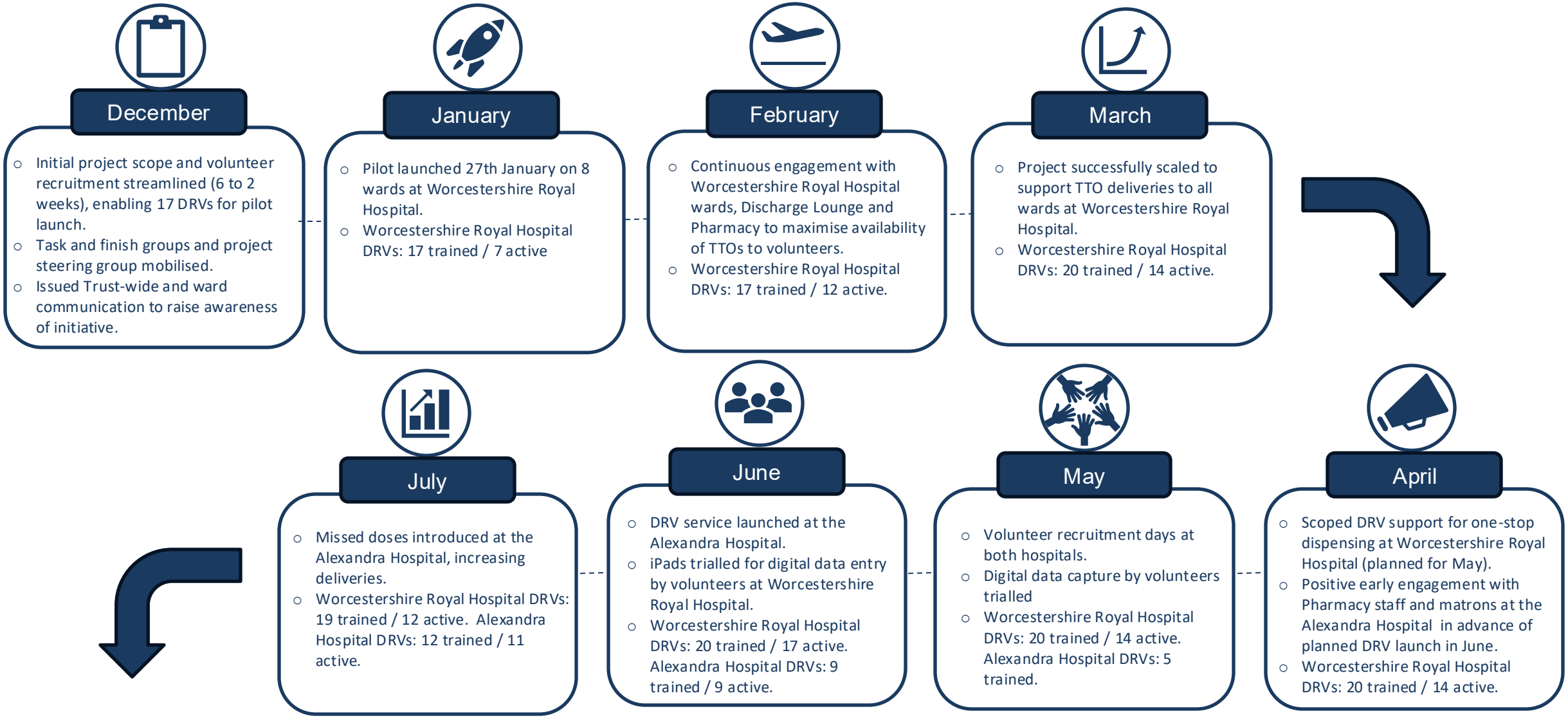


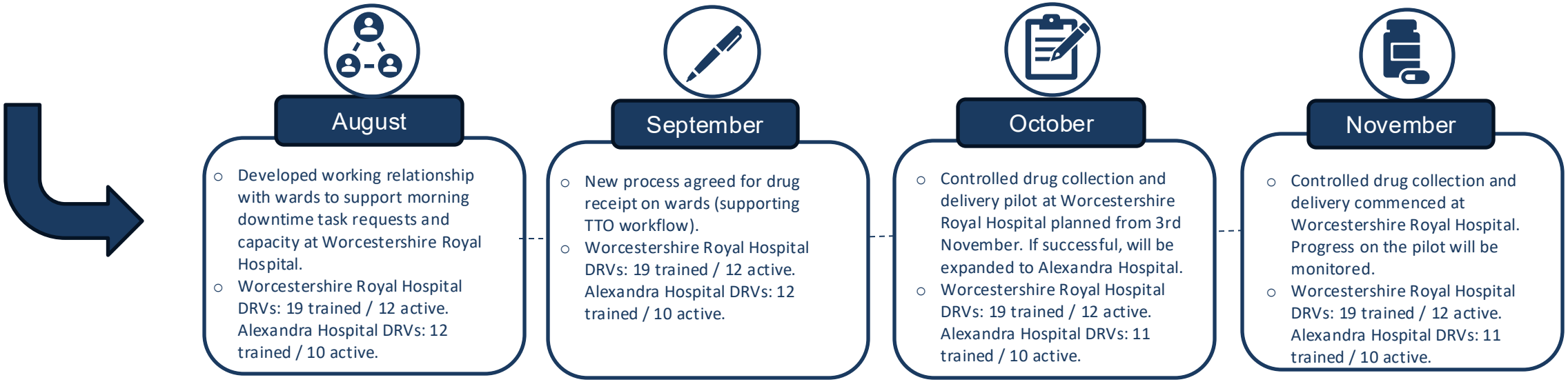
Figure 21. Perceived impact on patients, staff and the organisation (N=30)

[15] One DRV endorsed 'Strongly disagree'; one DRV endorsed 'I don't know'.
[16] One DRV endorsed 'Strongly disagree'; one DRV endorsed 'Neither agree or disagree'; two DRVs endorsed 'I don't know'.
[17] One DRV endorsed 'Strongly disagree'; two DRVs endorsed 'I don't know'.
[18] Two DRVs selected "neither unsatisfied nor satisfied," and two selected "very unsatisfied." Among those who chose "neither unsatisfied nor satisfied," one would likely recommend the role but noted that opportunities for patient interaction are currently limited, while the other was unsure about recommending the role but highlighted increased opportunities for retraining and learning. Both recognised the positive impact of their contributions. Both respondents who selected "very unsatisfied" indicated they would recommend the role and provided strongly positive feedback, emphasising the service's development, its value, and the personal satisfaction gained from engaging with patients.

Timeline of key project developments



Timeline of key project developments



Critical success factors and key project outcomes

Worcestershire Acute Hospitals NHS Trust (WAHT) implemented a volunteer-led model to improve patient flow and experience, with a particular focus on supporting timely discharge and increasing staff capacity to focus on clinical roles. The service was established in 7 weeks by a small team who mobilised this project alongside their existing workstreams. Within 10 months, this new service has been integrated into the organisation and is now operating as business as usual. Several critical success factors supported the rapid implementation and effective scaling of the project:

> This was a new project in the Trust, which made it innovative for the hospitals. From a Helpforce perspective, the Head of Patient, Carer and Public Engagement and Volunteer Manager's enthusiasm and passion for this project was fantastic and set Worcestershire Acute Hospitals Trust apart from others. We also thought the approach to the challenges around Controlled Drugs was collaborative and inclusive.
> **Maeve Hully, Director of Volunteering, Helpforce**

- Early stakeholder engagement with senior leaders, volunteers, and clinical staff secured strong buy-in. Key stakeholders became founding members of the DRV Steering Group, which has operated since project inception and ensured consistent, effective communication. Regular meetings enabled progress updates, problem-solving, support, and relationship building. Task-and-finish groups complemented this structure by driving practical developments. The Steering Group has been instrumental in raising the profile of both the DRV project and the volunteering function, leading to a notable shift in organisational behaviour whereby volunteering is more routinely considered in operational solutions.
- Use of the Plan, Do, Study, Act (PDSA) methodology allowed early challenges to be addressed prior to wider rollout. The service initially focused on low-risk, high-impact activities, with roles expanding incrementally as learning was embedded and trust established.
- Robust governance and risk management processes were progressively embedded, resulting in significant improvements in efficiency and discharge flow. As these arrangements were established and refined, the volunteer role was expanded to include delivering controlled drugs, transporting drug charts to Pharmacy, and supporting One-Stop Dispensing processes.
- A comprehensive review of recruitment and onboarding was completed ahead of project launch. A new recruitment, induction, and onboarding model was implemented and subsequently extended across all volunteering roles within the Trust, significantly streamlining volunteer processing and facilitating a reduction in the time spent recruiting volunteers from 6 weeks to 2 weeks (dependent on DBS checks).

Critical success factors and key project outcomes

- The “Adopt a Volunteer” initiative (an initiative developed by the Head of Patient, Carer and Public Engagement and managed by the Volunteer Manager), enabled wards and teams to formally integrate volunteers by setting clear, shared expectations regarding roles and support. This approach enhanced team integration for volunteers while clarifying their contribution to staff. For example, the Pharmacy team adopted volunteers during the early stages of the service, which became Business As Usual. The service flexibility allows volunteers to respond dynamically to demand. When central requests are low, volunteers proactively engage with wards and capacity hubs to identify discharge tasks in real time, increasing service visibility, strengthening relationships, and improving responsiveness.

The project is now a fully integrated and sustainable service, demonstrating continued growth and impact - across a 10-month period, 3,647 priority tasks were undertaken by volunteers, generating 427 hours of productivity gains. Task completion rates of priority tasks have remained close to or at 100% since March. Evaluation feedback demonstrates a positive impact on both staff and volunteers: The majority of staff reported reduced stress, improvements to their working lives, and enhanced service quality as a result of volunteer support. Staff satisfaction with the service was high. Volunteers similarly reported high levels of satisfaction, reporting their role has had a positive impact on patients and service users, colleagues, and the wider organisation. This is reflected in the overall 100% retention rate of Discharge Response Volunteers.

National profiling has been highlighted through a Helpforce and WAHT blog published in January 2026 “8 tips to successfully launch a Discharge Response Volunteering service: their NHS productivity game-changer”[19] and a presentation in February 2026 by the Head of Patient, Carer and Public Engagement at the Helpforce’s Reimagining Healthcare Volunteering reception at the House of Commons. WAHT features in the “Reimagining Healthcare Volunteering A strategic blueprint for NHS transformation through volunteering integration report”.[20]

[19] https://helpforce.community/knowledge-base/resources/worcestershire-acute-hospitals-nhs-trust-share-their-8-tips-to-successfully-launch-a-discharge-response-volunteering-service-their-nhs-productivity-game-change
[20] https://helpforce.community/about-us/reimagining-healthcare-volunteering

Acknowledgements

The success of the project has been due in no small measure to the enthusiasm and commitment of all those who have supported this initiative. We would like to thank all who contributed to the project, including but not limited to, the following individuals:

- Anna Sterckx - Head of Patient, Carer and Public Engagement
- Janet Neate - Volunteer Manager
- Charlie Snead - Volunteer Support Officer
- Natalie Wellings - Patient Experience Support Officer
- Norman Tomsett - Divisional Information Specialist
- Zsuzsanna Levay - Information Analyst
- Jiten Vyas – Deputy Chief Pharmacist
- Dave Massocchi – Lead Pharmacy Technician Discharge Coordinator

We would also like recognise the tremendous efforts of the volunteers and thank all those (volunteers and staff) who provided their insights and feedback.

Appendices

About the Helpforce Insight and Impact Service

What is it?

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

How the service is making a difference

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

A guide to some key terms we use

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

Impact relates to evidence of lasting and sustainable changes. Impact data helps us to understand the value and difference being made as a result of the project.

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

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

Evaluation approach: Outcomes

The WAHT anticipated outcomes included:

Patient

- Improved efficiency of discharge

Staff

- Time saved resulting in increased capacity to focus on other responsibilities
- Staff believe that volunteers are having a positive impact on their working lives
- Improved staff wellbeing
- Staff believe that volunteers are having a positive impact for their patients / service users
- Staff are satisfied with the support they receive from volunteers

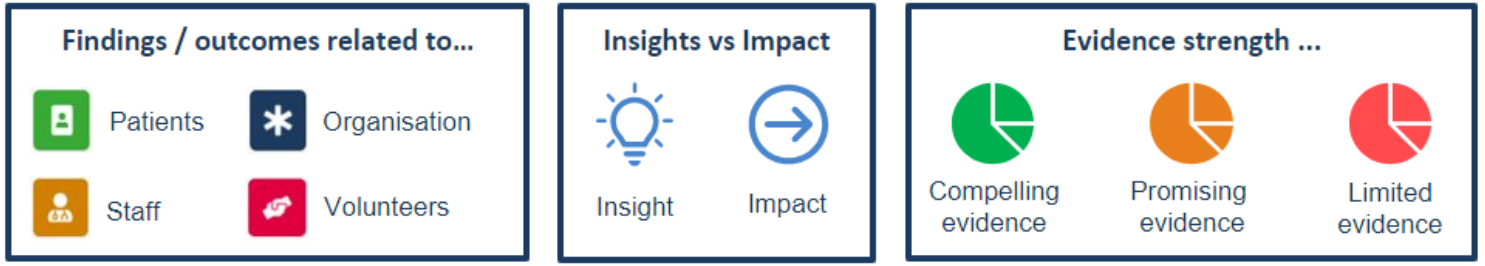
Volunteers

- Improved confidence & sense of purpose
- Develop new skills that supports their personal & professional development
- Confidence that time spent volunteering is of benefit to staff, patients, and the organisation they volunteer for
- Satisfied with and happy in their role

Organisation

- Productivity gains through volunteer support
- Improved patient flow through efficiencies
- Good integration of staff and volunteers

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



Evaluation approach: Methodology

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 and wellbeing outcomes. Target outcomes are identified across a range of beneficiaries representing the people and organisations involved, and then we collect the necessary data to prove and evidence the outcomes.

This final analysis includes the following data collection methods:

- An online **volunteer survey** completed by 30 volunteers across Worcestershire Royal Hospital and the Alexandra Hospital – questions concerned the impact of volunteering on volunteer's sense of purpose, confidence and the development of new skills as well as the perceived impact of them performing the role on others and their satisfaction with the volunteering role.
- An online **staff survey** completed by 42 staff across Worcestershire Royal Hospital and the Alexandra Hospital – questions concerned impact of volunteer support on staff wellbeing, efficiencies and productivity gains, integration of volunteers with staff and satisfaction with the volunteer support received.
- Analysis of **data provided by WAHT** from 27 January 2025 – 28 November 2025 on discharge response activity to understand the organisational benefits of the volunteer role.

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Thank you

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