help*force*

Volunteering Service Guide:
Adult and Older Adult Companionship Service

Understand how this service works, the impact it will make and considerations for adopting and adapting it locally

A companionship service focused on improving the emotional wellbeing of adults identified during a hospital stay. Adult patients across multiple wards e.g. older adults, cancer, burns and plastics, spinal rehabilitation. Staff identify patients that will benefit from the service such as those older adults and/ or those with anxiety, depression or no visitors. Trained volunteers mainly provide bedside support.

The volunteer service provides:

- Cognitive stimulation via conversation and active listening
- Engagement and stimulation for patients through activities such as playing games or reading
- Specialised volunteer training, such as: Depression/ Anxiety in Hospitalised Older Adults
- A supervision programme delivered under the clinical psychology department
- Volunteers acting as a conduit between patients and staff

92%
of patients
agreed/strongly agreed that volunteers cheered them up/improved their mood.

n=19

N.B. Salisbury NHS Foundation Trust have named their companionship support service 'Engage', which is referenced throughout this guide.

Adopting and adapting a companionship service

Adopting an existing model provides great value in terms of knowing that it is tried and tested. However, understanding how to make it fit into a new environment can be a challenge. Adapting an existing volunteer service is an essential step in making sure a service will work in a new location.

This 'Volunteer Service Guide' uses learning from the Companionship Service, 'Engage' being delivered in Salisbury NHS Foundation Trust. The purpose of the guide is to provide a potential service adopter[1] with the information needed to be able to:

a)   Decide if the service would be of benefit to their organisation
b)   Understand what considerations are needed to adapt the service to their environment

Contents:

"The Engage volunteers are crucial in helping patients with their mental health during a difficult time in hospital. They help to alleviate stress as well as provide an alternative environment by actively taking patients off the ward and into the hospital gardens or the canteen."

Salisbury NHS Foundation Trust, Member of staff

Salisbury NHS Foundation Trust Data (2):

When staff were asked what volunteers contribute to, **52%** of responses were 'Providing essential reassurance and company to patients when we are stretched for time'.

68% of staff agreed/strongly agreed that volunteer support is helpful in allowing them to deliver good care to patients.

When asked what volunteers do, **100%** of patients responses were that volunteers provided them with company and someone to talk to.

When patients were asked how good their healthcare provider was at Showing care and compassion, **76%** responded 'Excellent/very good'.

75% of patients agreed/strongly agreed that volunteers helped them to feel less anxious.

84% of staff were satisfied/very satisfied with the support provided by Engage volunteers.

1.Adopter, person looking to take on (adopt and then adapt) an existing and tested volunteer service model, 2. Data collected as part of the Helpforce Volunteers Innovators Programme (VIP), Patients at Salisbury completed the VIP Patient Survey (n=19), Staff at Salisbury completed the VIP Staff Survey (n=25) and Volunteers at Salisbury completed the VIP Volunteer Survey (n=25).

The results

This service was initially trialled on two wards and then spread to 16 general hospital wards. At the start of the programme, there were 35 volunteers and this increased to 56 volunteers by the end of the Volunteering Innovators Programme (VIP) (+ 6 volunteers pending) working across the 16 wards. Based on data collected during the VIP project, it is estimated that across an average month the active volunteers deliver an average of 320 hours of support to 352 patients.

Insight and Impact project questions:

Do Engage volunteers save staff time?
36% of staff felt that volunteers were saving them up to 60 minutes on an average day with 4% reporting that volunteers were saving them more than an hour (n=25). Staff said that they used this time saved to support more patients (73%), spend time with patients with higher needs (18%), and feel less rushed (9%) (n=11).

Do Engage volunteers improve staff wellbeing?
48% of staff agreed/strongly agreed that when wards are busy or short-handed, volunteer support helps them to feel less stressed (n=25).

Do Engage volunteers improve staff satisfaction with volunteers?
84% of staff were satisfied/very satisfied with the support provided by volunteers with 68% of staff surveyed saying that volunteers are seen as a key part of the ward team. 60% of staff reported no challenges using volunteers (n=25).

> *"The Engage volunteers are crucial in helping patients with their mental health during a difficult time in hospital. They help to alleviate stress as well as provide an alternative environment by actively taking patients off the ward and into the hospital gardens or the canteen."*
>
> MEMBER OF STAFF

> *"I am usually so alone with no one to talk to - everyone is so busy working – I really appreciate having volunteers come in."*
>
> PATIENT

> *"Volunteers have developed good working relationships with staff and are frequently able to divert the attention of especially confused patients, thereby allowing ward staff to focus on prioritising clinical care and issues."*
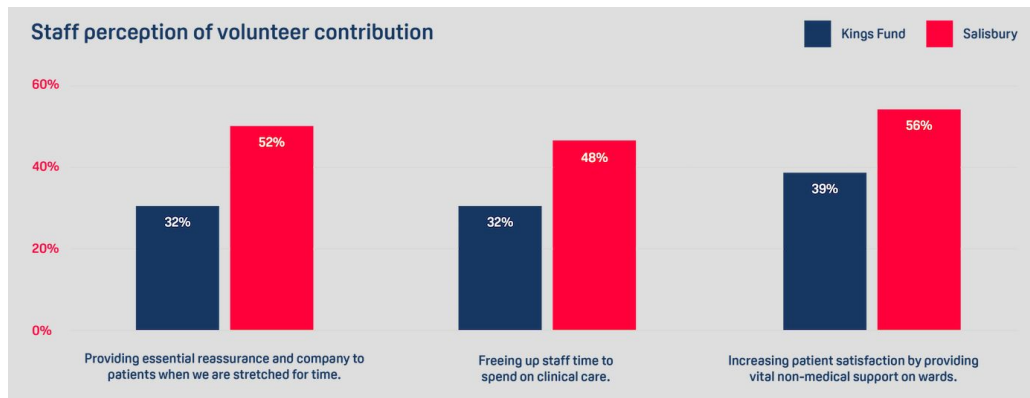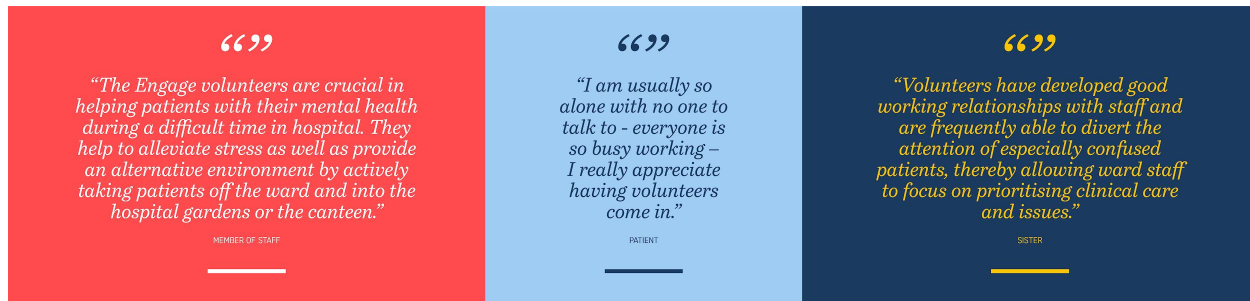>
> SISTER

Figure 1.

Figure 1. Kings Fund Survey 2018 commissioned by Helpforce and the Royal Voluntary Service (RVS), the survey ascertains the perceptions of frontline NHS Staff working in acute care around operational pressures and their understanding of volunteer roles and value. n=25.

Service Principles

Salisbury NHS Foundation Trust's Engage programme principles depict the essence of this service and provided guidance to ensure that the service remained true to its original intent across both development and management activities and decisions.

Patients as people
The 'friendly face' service provided by Engage volunteers can help to alleviate patient anxiety, improve patient wellbeing as it helps to give patients back their identity and feel that they are 'not just a number'. This links to the service which is aiming to reduce hospital stay as patient mood can impact how they respond to treatment, reduced hospital stays improve patient flow within the hospital.

Being compassionate to patients and understand their needs, providing support in the form of a 'Friends and family' style companion.

A clinical home for the programme: clinical psychology
The programme was born from a clinical need, identified by a clinician: Nigel North, Head of Clinical Psychology who ensured the provision of support required to fulfil the 'need' which was identified was backed up by evidence (via research).
Service has evolved in line with demand from wards (e.g. Spinal Rehab Unit) which in turn means that volunteers may come across a range of adult patient ages – not just older adults.

Specialist teaching sessions and complimentary supervision sessions
The carefully constructed teaching sessions, facilitated by the programme Coordinator, complimented by the Supervision sessions offered by Nigel North in conjunction with the day-to-day troubleshooting and support provided by a centralised Engage Programme coordinator, have led to a high volunteer retention (some volunteers have remained with the programme for 5+ years; two have been with the programme for almost 10 years!). This investment in volunteers has created a community spirit, driven by honest motivation from the volunteers.

Ratio coordinator: volunteers
Although the volunteer cohort has at times peaked at around 47 volunteers, that number includes students who attend sporadically; there is a core ratio of 1:30 coordinator to regular attendee volunteers which works really well.

Case Study

Patients feel that volunteers have a positive impact on their wellbeing:

92% of patients strongly agreed/agreed that volunteers cheered them up/improved their mood

Patient A was admitted to one of the medical wards after a fall. Prior to her hospital admission, Patient A lived at home with her partner and led a predominantly independent life. Once admitted, it was hard for Patient A's partner to visit.

Engage volunteers visited Patient A almost daily during her seven- week stay so Patient A was able to benefit from companionship and allay her concerns and worries about how her mobility would be affected, following her discharge from hospital. In talking through her worries and fears with Engage volunteers, Patient A felt she had been listened to. Across her seven weeks of volunteer visits, it became clear that Patient A's mood had lifted by having volunteers helping her to feel more comfortable about life at home after hospital discharge.

Patient pathway

This companionship service, Engage focuses on alleviating patient anxiety and improving their well-being. The programme was designed to provide a complimentary support service to overstretched ward staff thereby improving patient experience. The service evolved in line with demand from wards such as the Spinal Rehab Unit, this has meant supporting a broader range of adult patient needs..

Patient Pathway

Patient pathway (below, figure 2.) is at the heart of the service and has been designed to provide high quality support that adds value to not only the patients and the family and friends, but to the clinical staff and volunteers delivering it.

- **Clinical staff and volunteers journey** (Page 8) shows how the roles interact to ensure sensitive and timely support is provided across the patient pathway.
- **Support process** (Page 8) highlights the infrastructure that supports the staff and volunteers to consistently deliver and develop the service.

Core components

1 Simple ways for the patient to access the service/clinical staff and volunteers to make a referral to the service.

2 Bedside companionship is the main support provided to patients. Volunteers are trained in:
   a. Active listening skills, validation skills and demonstrating empathy.
   b. Recognition of psychological distress, when to alert appropriate professional, support patient through low grade distress using basic interventions.
   c. Cognitive stimulation techniques, distraction techniques, activity structuring and reminiscence.

3 Where patients have the needed mobility, volunteers are trained to take groups off the ward to have a coffee morning and to take those off the spinal ward to the Spinal Unit gardens.

4 Support offered throughout the patients stay on the ward.

Figure 2.
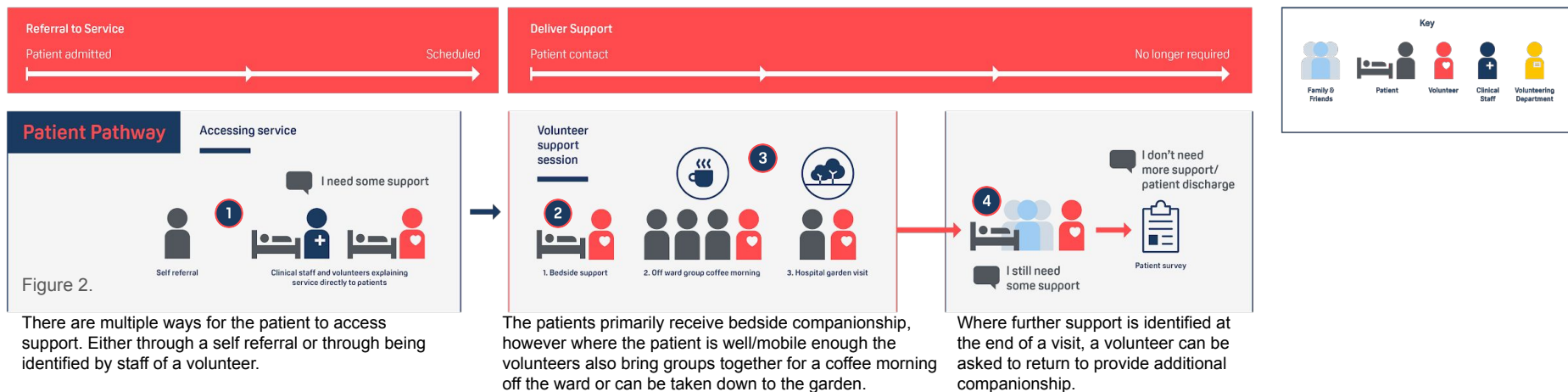
There are multiple ways for the patient to access support. Either through a self referral or through being identified by staff of a volunteer.

The patients primarily receive bedside companionship, however where the patient is well/mobile enough the volunteers also bring groups together for a coffee morning off the ward or can be taken down to the garden.

Where further support is identified at the end of a visit, a volunteer can be asked to return to provide additional companionship.

Clinical staff and volunteers journey

The remit of the programme has grown and the service has been extended to wards which have adult patients of all ages: the cancer suite, burns and plastics and the spinal rehabilitation unit; establishing relationships and growing the service to these wards has in part, been Volunteer led. For example, volunteers may have a personal story, such as losing a member of their family to cancer and as such wanting to establish the service to the cancer suite.

Clinical staff and volunteer interaction

Figure 3, below demonstrates the importance of the relationship between the clinical staff and the volunteers.

Core components

5 Clinical staff primarily identify patients that would benefit from being visited by a volunteer and will make a referral to the volunteer service. Volunteers will also identify further visits needed during their visits.

6 Volunteer and Clinical staff briefing at the beginning and end of the shift ensure patient information is being communicated effectively. Nursing staff are able request/ discuss specific support needs of patients and volunteers can communicate needs of the patient back to the staff.

The briefing sessions at the start of the shift are used to effectively prioritise' patients or wards. The wards visited list is a key tool to coordinate visits/manage visits. Volunteers would normally decide amongst themselves (or with guidance from the programme coordinator if needed) which patients and wards to see first.

7 Service improvements are fed in through patient feedback, volunteer feedback during supervision session and through stakeholder engagement. The working relationship between the volunteers and the clinical staff is important to make sure continuous improvement to the service is happening in practice.
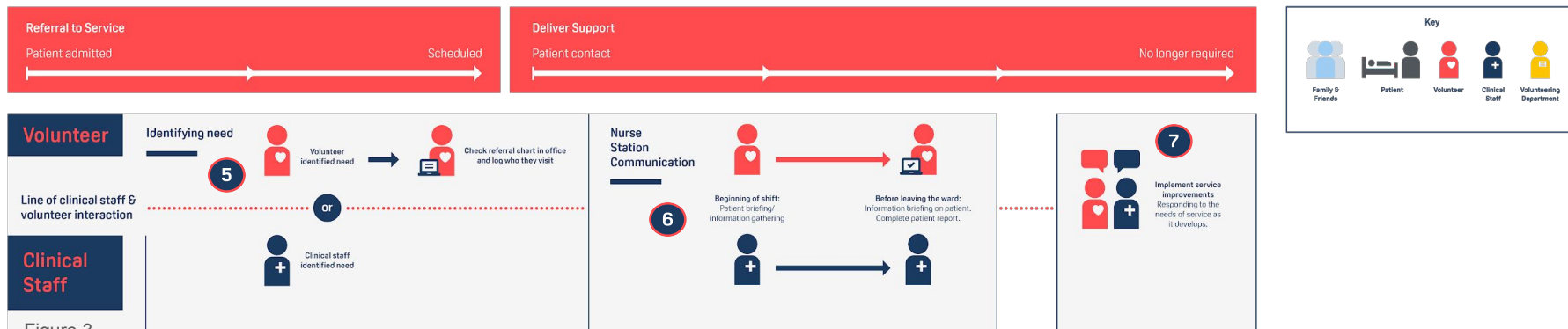

Figure 3.

Clinical staff identify patients that will benefit from the service. When the volunteer arrives for their shift they check the referral chart in the office to see which patients on which ward need a visit.

When arriving on the ward at the beginning of their shift, it's key for the volunteer to get a briefing (using the front sheets of ward folders) of the identified patients needs and then prior to leaving the ward, briefing the staff. This communication between clinical staff and volunteers ensures the best care for the patient.

Service blueprint

This service blueprint brings together the patient pathway (figure 2.), the clinical staff and volunteer journey (figure 3.) and the support processed (below figure 4) that enable the service to operate.
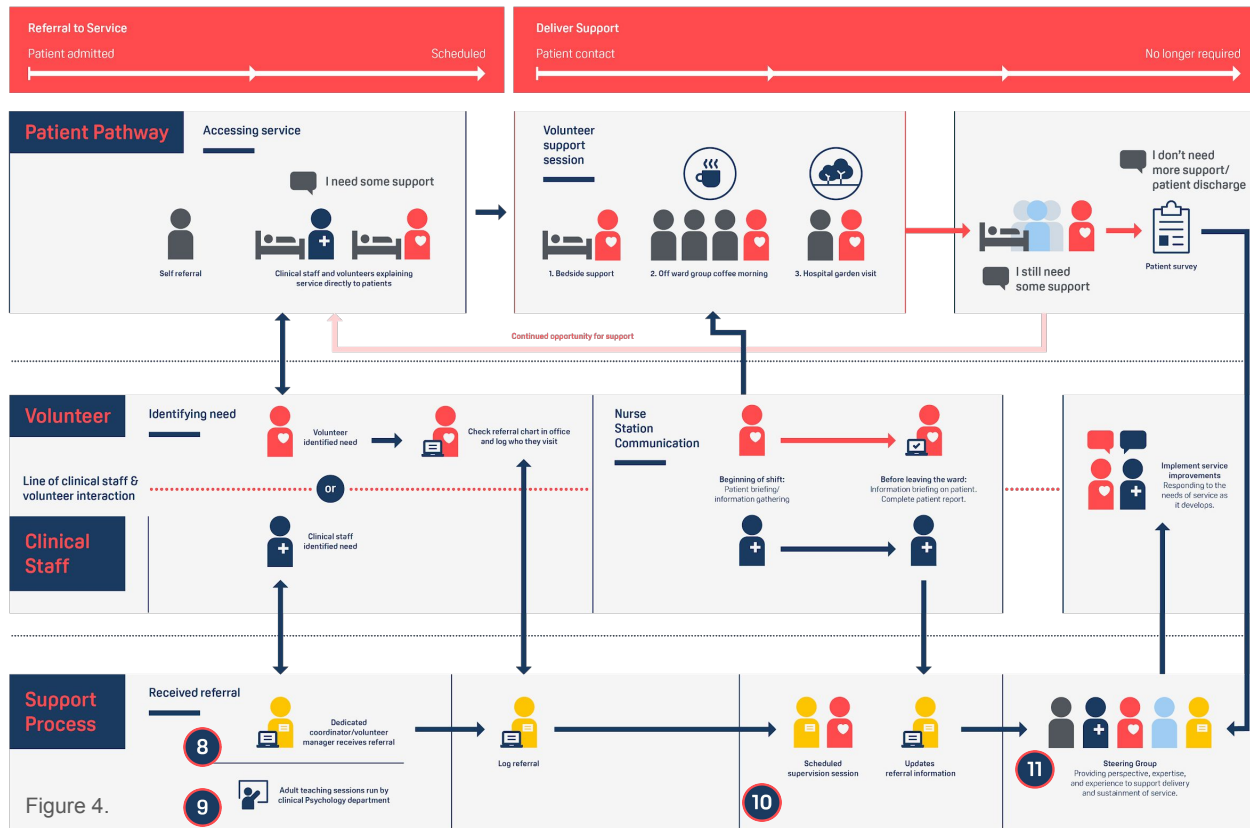
Referral to Service
Patient admitted → Scheduled

Deliver Support
Patient contact → No longer required

Patient Pathway

Accessing service

I need some support

Self referral

Clinical staff and volunteers explaining service directly to patients

Volunteer support session

1. Bedside support
2. Off ward group coffee morning
3. Hospital garden visit

I still need some support

I don't need more support/ patient discharge

Patient survey

Continued opportunity for support

Volunteer

Identifying need

Volunteer identified need

Check referral chart in office and log who they visit

or

Clinical staff identified need

Line of clinical staff & volunteer interaction

Clinical Staff

Nurse Station Communication

Beginning of shift: Patient briefing/ information gathering

Before leaving the ward: Information briefing on patient. Complete patient report.

Implement service improvements Responding to the needs of service as it develops.

Support Process

Received referral

Dedicated coordinator/volunteer manager receives referral

Log referral

Scheduled supervision session

Updates referral information

Steering Group Providing perspective, expertise, and experience to support delivery and sustainment of service.

Adult teaching sessions run by clinical Psychology department

Figure 4.

8

9

10

11

Key

Family & Friends | Patient | Volunteer | Clinical Staff | Volunteering Department

Support process
Patient pathway (figure 2.) is at the heart of the service and has been designed to provide high quality support that adds value to the patients and to the clinical staff and volunteers delivering it.

Core components

8 Dedicated Project Manager ensures service consistency and balances the needs of the service e.g. ensuring referral process is running well, deploying the volunteers etc.

9 Specialised training of volunteers designed and led by the Clinical Psychology Department is offered via teaching and supervision sessions; this investment in the volunteers has resulted in longevity of volunteers staying with the programme e.g. Volunteers require training in the specialised field of Older Adults

10 The use of supervision is a key support element for the volunteers. It offers the chance for volunteers to:
   a. Reflect on their experience as part of Engage and what they have learnt.
   b. To discuss areas that they are finding challenging.
   c. To look after their own emotional wellbeing.
   d. Share experience and knowledge with other volunteers.
   e. Problem solve.
   f. Feedback to the department how the programme could be improved or could be run more efficiently.

12.
11 A senior-led Steering Group has been established and has been designed to become a platform for ensuring continuous improvement and governance.

Develop & implement

Developing and implementing the Engage companionship volunteer service involves looking across all the considerations and bringing together the right people to help create and deliver a feasible plan. Within **this**, Salisbury service model, a key element is having the Programme sit under the Clinical Psychology Department with the Departmental Consultant being the figure head.

Core components

1. **A clinical home,** Engage sits under the Clinical Psychology Department at Salisbury with the Department Consultant as the figurehead for the programme. It is important to secure a Clinical Lead to 'Champion' the programme and act as the Programme figurehead to help with staff 'buy in' on the wards. This leader should be available to provide the 6 one hour supervision sessions per year.

2. **Start small**, consider likely demand from an initial 2 wards and recruit to support the initial demand, aligning as the service grows. Identifying wards with buy-in and enthusiasm to support the development of a service . It's important to understand the principles of the service and then develop the service bearing those in mind.

3. **Capturing data,** being able to evidence the impact of the service from the beginning is important for; continued buy-in from staff, growth and funding. Decide on measures by collaborating with key stakeholders.

Consideration checklist

- ❏ Know your organisation's key strategic and operational priorities
- ❏ Identify a senior champion (recognised clinician with influence) to represent the programme
- ❏ Agree on the scale and scope of your new service
- ❏ Confirm the budget and resources needed - consider investment from the Trust's Charity
- ❏ Identify key stakeholders/support team for implementation and wider on-going service development and support e.g. co-design.
- ❏ Run workshops to co-design and develop ideas for your new service.
- ❏ Identify and develop new policies you may need
- ❏ Produce an implementation/project plan and risk log covering:
  - ❏ Systems and infrastructure
  - ❏ Operations (inc. engagement plan)
  - ❏ Volunteer management
  - ❏ Measuring impact

Key Learning

★ To set up and run a new volunteer service effectively you will need to plan for the people, systems and processes that will be required to run the service once it is live.

★ Start slow, test, review, revise, and approach a plan for growth over time.

★ Having a Clinical Psychology lead for the project meant gaining buy in from stakeholders from senior to clinical staff was much simpler.

Stakeholders you could consider:
Volunteer coordinator, volunteers, Clinical Psychology Department, senior leadership team representative, eg chief nurse, head of patient experience, director of workforce, Quality improvement representative, charity lead, voluntary sector representative

Resources

- ● What are Service Principles
- ● What are Core Components
- ● Engage service flow

Systems & infrastructure

Simple processes and routines have been set up to create a consistent and reliable service. A simple referral process of making a call, use of a practical visits list to enable live prioritising of visits by the volunteers when they are on the wards. The foundation of this is a dedicated coordinator.

Core components

1. **Dedicated Volunteer Coordinator,** manages and maintains relationships with ward staff, volunteers and other departments with regular communication and implementing any feedback into the volunteering day to day schedule; also works closely with the Voluntary Services Department who maintain responsibility for overseeing the recruitment admin process once a suitable candidate has been identified/interviewed by Engage.

2. **Facilities for training and supervision**, specialised training of volunteers is offered via teaching and supervision sessions. For Salisbury, this investment in the volunteers has resulted in longevity of volunteers staying with the programme

3. **Engaging with the patient:** Newspapers, Games and puzzles. Having a selection for volunteers to use with patients is key as they act as an engagement tool e.g. be a catalyst for conversation, lead to a group discussion, encourage cognitive stimulation etc.

4. **Consistent simple volunteer rota**. There are two shifts per day: Mornings (approximately 9.30 - 13.00, or once lunch is being served on the ward) and Afternoons (approximately 14.00 -16.30). These times allow for any morning rounds/breakfast/medications to be completed and likewise the afternoons allow for lunch to be completed. Afternoons tend to be visiting hours for friends and family but there are always patients in the hospital who do not get any visitors. This has helped establish a team of reliable volunteers and the clinical teams know when to expect the support.

Consideration checklist

❏ Decide where your service will be based and how the space will be equipped.

❏ Identify a volunteer management system to support your service.

❏ Design your referral process and communicate this with staff teams.

❏ Decide on the core policies and agreements that your volunteers will need to work to - e.g. confidentiality, infection control, volunteer agreement.

❏ Specify the materials you will need - e.g. computer, bleep, mobile technology, puzzles/games etc.

❏ Agree on the data capture tools you will use.

❏ Arrange training for staff and volunteers who will be using the systems and equipment.

Key Learning

★ Encourage volunteers to make any intervention specific for the individual and encourage them to be creative.

★ Discuss basic communication skills such as, smiling, eye contact, being on someone's level, using verbal encouragers.

★ The process of talking about events and memories from the past can be an enjoyable and useful activity. It can help someone re-establish a sense of identity, value and importance and can be especially useful for those with dementia. You will find that talking about a patient's past with them, becomes a common theme as they often actively seek to recreate their own identity themselves.

Resources

- Engage service manual
- Coordinator job role
- Engage service flow

Operations

Understanding the budget, people, systems and associated processes required to manage the service once it is live is essential. In terms of the budget for this service, the primary costs are salaries for the Volunteer Coordinator (2) with a proportion attributed to the; Volunteer Service Manager (or like role) who manages the volunteer coordinator and the cost of providing specialist supervision from the Psychology department. Other costs are attributed to volunteer recruitment, training, catering and equipment.

Core components

1. **Teaching sessions** designed to give volunteers both theoretical knowledge and practical techniques that can be used to help with the emotional and cognitive difficulties faced by adults in hospital, particularly older adult in-patients.

   There are six specialised Older Adult Teaching sessions that cover: Anxiety, Bereavement, Cognitive Communication Difficulties, Communication skills, Dementia, Low Mood and Depression in Older Adults. These sessions are run every other month, on an on-going basis to allow flexibility for volunteers to be able to attend. Volunteers attend a minimum of 3 of the 6 teaching sessions and 3 of the 6 supervision sessions per year. In addition to the core teaching sessions, guest speakers are invited to present other areas of interest/relevance.

2. **Mood screening tools** such as the Brief Assessment for Depression Cards (BASDEC) or the Hospital Anxiety and Depression Scale (HADS) might be helpful for a volunteer to use if they are concerned about a patient's mood.

3. **Groups,** whenever possible encourage bringing groups of patients together as:
   a. They are likely to be held in a different environment (i.e. a day room).
   b. It is an opportunity for people on the ward to share experiences.
   c. Introductions can possibly facilitate social interaction after you have left.
   d. Groups can include social games such as cards or bingo, music or newspaper discussions but it is likely the volunteer will be led by the interests of those taking part.

Consideration checklist

- ❏ Define the reporting structure for your service.
- ❏ Produce a comms and marketing plan to raise awareness of your service.
- ❏ Produce a service delivery plan and update it regularly.
- ❏ Identify simple referral pathways.
- ❏ Engage clinical champions to promote your volunteer service.
- ❏ Access to mood screening tools in the hospital.
- ❏ Develop your approach to managing the service. You will need to consider:
  - ❏ Stakeholder engagement plan
  - ❏ Volunteer recruitment plan
  - ❏ Volunteer induction and training package delivery
  - ❏ Governance structure
  - ❏ Reporting structure and frequency
  - ❏ Scheduling of volunteer shifts
  - ❏ Documentation for department/ward staff

Key Learning

★ An annual competency check should be carried out by the coordinator.

★ Numbers of volunteers to be recruited should be discussed with wards with a view to setting up a rota of shifts which is compatible with the ward.

★ Engage Volunteers do not wear a uniform which has been seen as something which sets Engage Volunteers apart in that they have a 'friends and family' feel about their approach.

★ Salisbury chose to recruit volunteer candidates who showed an interest in psychological hospital care or care of older adults.

Resources

- Coordinator job role
- Engage volunteer intervention across the journey of older patients

(2). Dedicated resource of a volunteer coordinator/ project manager was funded in this example service as part of the Helpforce VIP programme, the scale/ scope of a service will dictate whether a dedicated resource is required or a commitment of time from existing resource..

Volunteer management

Identified components around volunteer management are designed to promote high retention of volunteers which in turn will benefit the service through a more experienced, skilled and confident volunteering team. Managing and supporting volunteers effectively is key to the success of this service. Think about every stage of a volunteer's journey, from their decision to volunteer through to the training, induction, ongoing support and day to day engagement.

Core components

1. **Engage induction,** the volunteer completes a 2 hour Engage specific induction followed by:
   a. A series of shadowing shifts with other volunteer. The Volunteer will need to carry out at least 5 shadow shifts with more experienced volunteers, in order to ensure the volunteer feels comfortable with their role and that the feedback from the mentor (experienced volunteer) meets the competency levels expected
   b. Attending a 'basics' training session (an overview of all teaching sessions) in order to ensure the volunteer has at least the basic understandings in areas such as Depression in Older Adults, Communication skills etc.

2. **Supervision,** the use of supervision is a key support element for the volunteers. It offers the chance for volunteers to discuss areas they are finding challenging and to look after their own emotional wellbeing and share experience and knowledge with other volunteers. This will allow problem solving and provide feedback to the department on how the programme could be improved or could be run more efficiently.
   a. Engage provide an additional 6 (1hr) Supervision sessions per year with the Head of Clinical Psychology.

3. **"Buddy" system**, volunteers meet a fellow volunteer to commence their shift with (they do not necessarily carry all bed-side visits out together) and then re-group at the end of their shift. This buddy system helps to build and bolster confidence of newer volunteers as hospitals are often large and confusing settings for non-clinical persons and it can take time to feel comfortable with familiarising/approaching ward staff/knowing who's who etc.

Consideration checklist

- ❏ Agree on a set of volunteer tasks, responsibilities and boundaries.
- ❏ Produce a volunteer role description.
- ❏ Develop your volunteer recruitment plan.
- ❏ Design your volunteer training package.
- ❏ Develop your volunteer supervision and communication and engagement plan.
- ❏ Involve clinical staff in training delivery.
- ❏ Meet regularly with clinical staff to grow their support and working relationships with the volunteers.
- ❏ Offer regular one to one support sessions for your volunteers.
- ❏ Encourage reflective practice and sharing of ideas.
- ❏ An annual competency check carried out by the coordinator.

Key Learning

★ It is also worth noting that the volunteer role is *not* a counsellor/teacher/trainer or family mediator: This is covered in detail within the Engage specific induction.

★ Ensure volunteers are aware of who their own support network is and who they need to turn to in the event of a problem or concern.

★ Volunteers sign in and out at the beginning and end of each shift in order for volunteer hours to be logged.

★ Some volunteers choose to have more than 5 shadow shifts, others may need fewer.

Resources

- Engage Volunteer role description
- Using Psychology students to enhance wellbeing of patients
- Engage volunteers leaflet

Measuring impact

Approaching the collation of data and feedback sensitively is important. To Understand what data needs to captured, you also need to understand the key strategic and operational priorities. It's important to identify what measures will best demonstrate the impact and benefits of the service on these priorities.

The approach to collecting the data is important to ensure its validity. Systems and processes need to be tested for robustness and effective training provided to those involved in collating the data.

Core components

1. **Developing a Theory of Change**, this is an essential tool to outline the volunteers' intended impact and to support decision making around what intermediate outcomes and ultimate goals may be measured.

   This is an upfront activity to complete alongside identifying the service principles and the strategic and operational objectives the service is looking to address.

2. **Capturing volunteer activity,** volunteers are required to keep a log of patients visited and keep basic notes detailing their visits.

3. **Activity capture**:
   a. Number of volunteers
   b. Number of volunteer hours
   c. Number of patients supported

4. **Insight and Impact project questions:**
   a. Do Engage volunteers save staff time?
   b. Do Engage volunteers improve staff wellbeing?
   c. Do Engage volunteers improve staff satisfaction with volunteers?

Consideration checklist

- ❏ Agree the service impact measures.
- ❏ Establish a control group or baseline data to demonstrate the impact of your service.
- ❏ Produce a Theory of Change/logic model; this will help you to plan effectively.
- ❏ Define the measures that will support continued investment and growth of the service.
- ❏ Additional measurement points and tools used by Salisbury NHS Foundation Trust:
  - ❏ Assessment of Mood (Brief Assessment Schedule Depression Cards , BASDEC)
  - ❏ Satisfaction Questionnaires, 5 point scale (Activities, Ward Environment, Care)
  - ❏ Length of Stay (LOS)
  - ❏ June-September 2010
  - ❏ Two months before and two months after intervention

Key Learning

★ This research was critical as evidence for a business case to develop Engage further (beyond two trial wards).

★ Being able to evidence impact supported Engage becoming nationally recognised programme (shortlisted for the HSJ Acute Sector Innovation in 2013, featured in the Daily Telegraph, BBC Wilts and Beacon of Good Practice' by the National Dementia Audit Committee; Queens Awards 2016 and joint 3rd Wiltshire Life's Community Group Award 2018).

Resources

- Helpforce Impact & Insight Guidance inc. Theory of Change
- Salisbury VIP Staff Survey
- Salisbury VIP Patient Survey
- Salisbury VIP Volunteer Survey
- Salisbury NHS Foundation Trust Theory of Change
- HF Insight and Impact Report - Salisbury_30 09 20
- Salisbury NHS Foundation Research Paper