



# helpforce

## Developing *Innovative* Volunteer Services in the NHS

Key learnings

*from the Trusts working with Helpforce*

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Helpforce is at the forefront of a national movement to improve the lives of NHS staff, patients and our communities through the power of volunteering. Backed by leading lights in the world of health care, we're bringing together innovative thinking and trusted experience to make community-integrated health care the norm across the UK.

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**This report explores the key lessons learned from the five hospital trusts in the first Helpforce innovators programme. It unpicks how the trusts have: co-designed new volunteer services with outcomes in mind, kept the volunteer innovations a priority within their trusts, and raised to the challenges of change with an improvement mindset.**

This report was written by Jullie Tran Graham (Helpforce) with significant input from Nadia Bettega (Chelsea and Westminster Hospital NHS Foundation Trust), Brenda Longstaff (Northumbria Healthcare NHS Foundation Trust), Ruth Wilkin and Jonathan Maddison (Sandwell and West Birmingham Hospitals NHS Trust), Carrie Smith (University Hospital Southampton NHS Foundation Trust), and Sinead Collins, Ian McKee and Michelle Boor (West Suffolk NHS Foundation Trust). Thanks also to colleagues at Helpforce - Roz Tinlin, Desiree Benson, Ben Long, Beth Vaughan, Rahel Spath, Paddy Hanrahan, Sir Tom Hughes-Hallet, Dr. Anna Dixon - and Emma Easton (NHS England) for their input and review.

Design by Karin Skånberg



# Foreword

Volunteers have always been part of the NHS. William Beveridge wrote in 1942 that the welfare system ‘should not stifle incentive, opportunity, responsibility’; it should ‘leave room and encouragement for voluntary action’. This vision set the tone for the creation of the NHS in 1948. It continues to do so.

Volunteers offer patients companionship. They run errands, so clinicians can spend more time providing expert care. They take patients to and from hospital, freeing up ambulances and reducing hospital costs. They help explain treatments to patients. They help get them out of bed. They make sure patients aren’t alone.

Volunteering isn’t just good for patients and NHS staff. It’s good for volunteers. Helping others is hugely rewarding. It’s also a path to employment. In Northumbria, young people reported a 25% increase in self-confidence after helping on hospital wards.

At NHS England, we’re hugely grateful to the 78,000 people who currently volunteer in NHS hospitals. Your support is invaluable. However, we want to help you make an even bigger impact on patients’ lives. We think volunteering should be more ‘hard-wired’ into day-to-day hospital services. It should also be safe and reliable for everyone. For this reason, NHS England partnered with Helpforce in 2016, to pilot new approaches to integrating volunteering in five hospital trusts.

There’s been an early positive impact. For example, in Chelsea and Westminster, volunteers remind patients about their appointments, which has reduced the DNA rate from 32.0% to 16.5%. In Southampton, volunteers encourage vulnerable patients to eat more and, in West Suffolk, transport companions have reduced patients’ waiting times.

Already, Helpforce has expanded its work to twenty-one NHS trusts, who test, measure, and share new approaches to volunteering. This report shares the five pioneers’ learning so far, building on that success. I hope the report inspires NHS staff across England, to re-imagine how they might integrate volunteering into their services, for the benefit of patients, staff, and volunteers themselves.



**Ian Dodge**  
*NHS England*

*National Director – Strategy and Innovation*

# Introduction

Over the past 12 months, it has been a privilege to work with five pioneering trusts across England: Chelsea and Westminster Hospital NHS Foundation Trust (Chelsea and Westminster); Northumbria Healthcare NHS Foundation Trust (Northumbria); Sandwell and West Birmingham Hospitals NHS Trust (Sandwell); University Hospital Southampton NHS Foundation Trust (Southampton); and West Suffolk NHS Foundation Trust (West Suffolk).

These inspiring organisations have shared our vision for the future of volunteering in the NHS. They have been willing to innovate, and to share their experiences of embedding volunteering, and the practice of impact measurement, within their services.

*“The pilot has enabled the voluntary services team to think constructively about the process of measurement of activity, and impact.”*

NADIA BETTEGA, HELPFORCE PROJECT MANAGER,  
CHELSEA AND WESTMINSTER.

*“The Helpforce pilot helped us push the boundaries of volunteering, rethink the nature of volunteer roles, and experiment with how service innovations could be managed differently.”*

CARRIE SMITH, VOLUNTEER SERVICES MANAGER, SOUTHAMPTON.



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Through **hard work**, the trusts have made a **huge difference** to patients, staff, volunteers and services across the country.

**We are delighted to share their  
key learnings and insights with you.**

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# EARLY INSIGHT AND IMPACT FINDINGS

Volunteers' encouragement has increased the percentage of patients dressed in day clothes from 37% to 42% at Sandwell & West Birmingham Hospital.

*"I learnt that spending time with patients is very important and giving them support is very also important."*

VOLUNTEER AT SANDWELL & WEST BIRMINGHAM HOSPITAL

Volunteers have been able to engage 24% of patients to mobilise at Sandwell & West Birmingham Hospital.

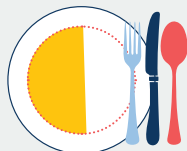
**24%**  
engaged to mobilise



*"One of the patients has low level of oxygen and she feels anxious to move so I have advised her to move her hands while she is on bed (general exercises)."*

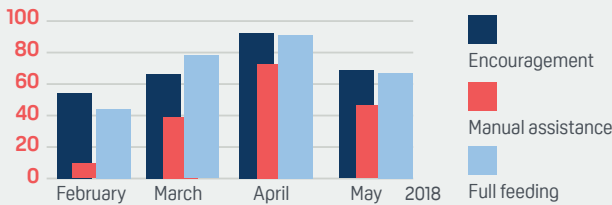
VOLUNTEER AT SANDWELL & WEST BIRMINGHAM HOSPITAL

Patients with support from mealtime volunteers eat on average 53.2% of their main meals and desserts at University Hospital Southampton.



**53.3%**  
of meal eaten

Number of patients supported by type of mealtime support

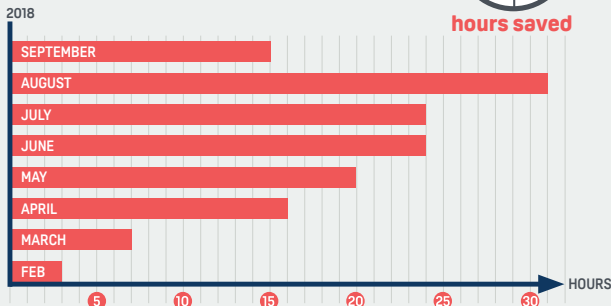


Bleep volunteers have saved staff 140 hours since February this year through delivering 'To Take Out' (TTO) to patients at Chelsea & Westminster Hospital.

**140**



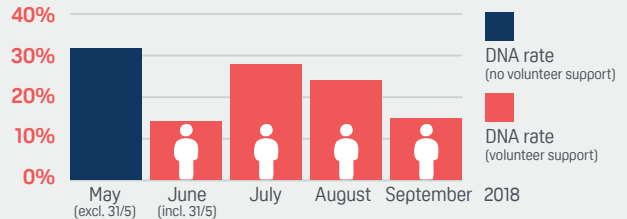
hours saved



An exploratory study at Chelsea & Westminster Hospital showed that there is no clear indication that volunteers delivering TTOs noticeably reduce length of stay; however, it was not possible to account for other influencing factors at this stage.



When bleep volunteers provide appointment reminders to patients, the 'Did Not Attend' (DNA) rate is 16.5%, compared with 32.0% when no volunteer provides reminders at Chelsea & Westminster Hospital.



The vast majority of staff report that volunteers save them time (between 1-30mins and over an hour) by spending time with patients and providing refreshments at Sandwell & West Birmingham Hospital.



0 survey respondents noted that volunteers cost them time; one survey responded with 'Not applicable'.

*"Volunteers increase morale for patients, help out when very busy."*

STAFF MEMBER AT SANDWELL & WEST BIRMINGHAM HOSPITAL



Within a 6 month period, staff observed a 53% increase in volunteer confidence and volunteers themselves felt a 25% increase in their own confidence at Northumbria Healthcare.

At West Suffolk Hospital, 63.6% of patients were completely satisfied or satisfied with their discharge lounge experience when volunteers were providing support.



**63.6%**  
satisfied

*"Nice to come down to a smiley face, nice not to be sitting on my own."*

PATIENT AT WEST SUFFOLK HOSPITAL

At West Suffolk Hospital, volunteers collectively saved 16.5 hours of waiting (from point of discharge to going home) based on 4 patients who were supported by a transport companion in a pilot study.

*"Very good support from volunteers. I appreciated the help in the taxi home."*

PATIENT AT WEST SUFFOLK HOSPITAL



## Key learning 1

# The importance of co-designing volunteer services with the outcomes in mind

Volunteers weren't just recruited for the sake of increasing the number of volunteers. Instead, all five trusts started with a goal or unmet need in mind before designing their new volunteering service.

Four different types of needs were addressed when creating new roles at the five trusts. These included:

- roles that supported the national “Eat, Drink and Move” and #endpjaralysis campaign (e.g., Sandwell, Southampton)
- roles that supported the smooth transition from hospital to home (e.g., West Suffolk)
- roles that supported staff (e.g., Chelsea and Westminster)
- roles that supported intergenerational connections (e.g., Northumbria)

*“We have had the opportunity to develop new meaningful roles to support with discharge, having a huge positive impact on everyone involved. I am very proud of what we are achieving, working with departments that have never had volunteers support before.”*

MICHELLE BOOR, COMMUNITY VOLUNTEERS COORDINATOR,  
WEST SUFFOLK.

Whilst the teams were developing their new services, two key elements were used at all trusts:



### I. Co-designing roles with other stakeholders

To embed volunteer services into pathways and be accepted by staff, services were co-designed with staff, and in some cases, volunteers. For instance, at Sandwell, nurse leaders were specifically asked ‘what would help you?’. Furthermore, at West Suffolk, the team spent a lot of time building relationships with clinical staff. This was key to developing trust and understanding their needs.

Following the co-design phase, the volunteering service at Northumbria also reported regularly to their Workforce Committee to discuss and seek approval for new volunteering roles.



### II. Building structured education and training whilst designing roles

At Southampton, the training and competencies for their Integrated Patient Support role was established across a range of clinical specialities (speech and language therapists, physiotherapists, nursing staff). At Chelsea and Westminster, volunteers completed core induction training, which was adapted to suit volunteers, and a one-to-one induction, specific to the role. At Northumbria, volunteers did mandatory training and the trust developed a role development induction, which ensured that volunteers got a clearer picture of life on a ward. Clinical staff were involved in the training session. At Sandwell, volunteers did mandatory induction training followed by specific role training developed by Clinical and Therapy staff after which they received a ward induction. At West Suffolk, the team adjusted the training templates for their volunteer role that was external to the hospital. They worked with the moving and handling, and security teams to ensure that volunteers were safe in their role.





## Volunteer Service Innovation: Tips From the Trusts:

- Prepare to be very hands-on. Managing a new volunteer service requires engaging a number of stakeholders; from volunteers, to staff, to senior leadership teams. All these stakeholders have different needs, which will require active understanding and facilitation.
- Be patient. Launching a new volunteer service, and managing change, takes time. Be realistic with achievements in the time you have.
- For more patient-facing roles where clinical input is required (e.g., mobility support), developing a Standard Operating Procedure (SOP) takes time and requires approval through relevant risk assessment and governance channels.
- Invest in volunteer training and support. It's crucial to ensure that volunteers have the confidence and right skills, to perform their tasks.
- Engagement with, and support from, staff is vital. Ensure that ward staff understand the role of the volunteer, and also the role they play to help make volunteers feel welcome on the wards.
- Young people need attention and regular support at the outset; but once their confidence has developed, they will flourish in their roles!

## Key learning 2

# Supporting volunteer innovations - the role of leadership, governance and infrastructure

Volunteers and new services require support in order for them to become embedded, scaled, and sustained. Keeping the service innovation a priority within the trust, at all levels from the board to the wards, is crucial.

The five trusts used a number of different methods to do this successfully:

### I. Reporting volunteer activity and new volunteering services to the board regularly, either quarterly or annually.

At Northumbria, support from senior management has been a key prerequisite for a successful volunteer innovation. Reports on the development of the volunteering service are made quarterly to the trust board. Likewise, at Southampton, they included progress on the volunteer project in the quarterly Patient Experience report to the board. Furthermore, the volunteer team were able to present to the board at their study day in December 2017, and again in November 2018.

*“The board supported our work with Helpforce, as it created a new focus which re-energised volunteering across the trust.”*

**BRENDA LONGSTAFF, HEAD OF CHARITY DEVELOPMENT AND VOLUNTEERING, NORTHUMBRIA.**





## II. Forming a task group or a working group to ensure key stakeholders were informed of progress, successes and barriers.

At Sandwell, the Chief Nurse chaired a taskforce and included senior trust representatives, as well as third sector partner organisations. This group and their work have proved invaluable in the running of the pilot. It has allowed a dedicated resource to discuss and define strategy but also opened lines of communication with departments and wards. This, in turn, means the voluntary services team can have direct access to staff, both clinical or otherwise, which previously was harder. The taskforce provides the necessary authority for work to take place.



## III. Engaging various teams at the trust, to ensure that the volunteer 'offer' is visible.

Several of the teams plugged into existing initiatives and projects at their respective trusts, to bust myths about volunteers, and to articulate the value and impact of their time. At Chelsea and Westminster, the volunteering team worked hard to secure contacts in high places across the trust. This meant that they were able to build trust with management staff, present at departmental meetings, and generally, spread the knowledge of the volunteer offer around the hospital. At Southampton, the volunteering team attended the trust's regular Eat Drink Move steering group

meetings. The meetings were useful for providing insight into the wider Eat Drink Move campaign work and helped the team align the provision of volunteers to wards who were on-board. It was also seen as an opportunity to discuss challenges or changes required to the volunteering project, and to agree these with key representatives from therapies, speech and language therapy and dietetics who attended these meetings.

All trusts invested in new infrastructure - specifically, Better Impact, to support their volunteer service (see the Better Impact spotlight, below).



### Better Impact

**Better Impact is a volunteer management system that supports trusts to manage basic clerical and administrative tasks. It provides new ways to enhance volunteer engagement, which can make life better for volunteers and patients.**

*“Introducing the **Better Impact** system has been a **huge bonus** to the **voluntary services team** not least since there had been a **pressing need** to manage information more effectively as the team grew,”*

RUTH WILKIN, DIRECTOR OF COMMUNICATIONS, SANDWELL.

## Key learning 3

# Change is difficult - never stop learning

Continuous learning and improvement is at the heart of any new service design and development. The trusts worked hard to plan their innovations, but when things didn't go exactly as planned, they learned, pivoted, adapted, and carried on.

**Example 1:** At Sandwell, the initial volunteering role was designed to work with support from specific staff but this didn't work out. Lead Physiotherapists advised the taskforce team to re-think the role and how it could work. The team used an informal method of continuous learning throughout the process and were prepared to adapt and learn.

**Example 2:** At Southampton, the team anticipated that all volunteers would be happy being trained as 'full' mealtime assistants including feeding, and 'full' mobility supporters including mobilisation with patients. Through the pilot, productive discussions allowed the team to understand how roles might suit different volunteers and be broken down accordingly. Thus, younger volunteers could, for example, potentially help around mealtimes without actually feeding the patients. As well, volunteers who were interested in mobility but not comfortable with mobilisation, could help with chair-based only exercises.

**Example 3:** At Chelsea and Westminster, the team sought feedback during the delivery of the new role - with the aim of improving the experience for volunteers and staff. The team spoke regularly with staff, as well as issued surveys, and held focus groups for volunteers. This allowed the team to learn what more Bleep Volunteers can do, what staff would like help with, and it enabled the team to provide more training, which reflected the needs of their volunteers (e.g., specialist dementia training).

**Example 4:** At West Suffolk, the team planned for a third volunteer role to help patients adjust back into their community after a hospital stay. However, a contract to provide the same role was commissioned to the local voluntary sector based in the community. This was unavoidable but, importantly, it meant that the relationships the volunteer services team built up with third sector organisations and the statutory sector (the local CCG and the local authority) remain, as well as increased awareness of other contracts being implemented. The voluntary services team maintained these relationships, and meetings are ongoing, providing some very useful networking opportunities.

Teams were brave enough to stop their plans when things weren't making an impact. Initially at Northumbria, there was senior management support for the young volunteers to work in the X-Ray department since it was felt there was a need for extra help. Once on this ward, however, there was not, at this stage, enough for them to do. Therefore, for the moment, this is not being continued.

The learning and sharing between trusts and between peers was made easier through the launch of Helpforce's new Learning Network (see the Learning Network spotlight, below). For West Suffolk, working with Helpforce allowed the sharing of best practice and, in particular, the concept of the Bleep Volunteers. Bleep Volunteers is a service that had worked well within the trust and was then adopted and adapted successfully at Chelsea and Westminster with Helpforce's support.



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## Learning Network



Through Helpforce's Learning Network, we aim to empower, improve, connect, create and curate content around topics to meet needs, and encourage shared practice for volunteer managers and clinicians working with volunteers. The Learning Network is a great way to connect with colleagues across the country, find out about best practice in volunteering, and keep up to date on all the exciting volunteer roles being developed.

Please contact  
**[cteam@helpforce.community](mailto:cteam@helpforce.community)**  
if you are keen to get involved.

### What next

All five trusts will continue to build on the work they started with Helpforce.

At Chelsea and Westminster, the team will adopt the operational side of the Bleep Volunteers service, scope out how the trust can support evening and weekend volunteers, and design a service blueprint to help the service scale to West Middlesex and other trusts. For more information on the project or about Chelsea's volunteer service, please contact:

**Voluntary Services Team on 020 3315 8489.**

At Northumbria, the team are currently recruiting their next round of 30 young volunteers. For more information on the project or about Northumbria's volunteer service, please contact:

**Lynn McCormack on 0191 2031511.**

At Sandwell, the team will find new ways to create more structured training around mobility, and look for ways to develop buddying to support new volunteers. For more information on the project or about Sandwell's volunteer service, please contact:

**Jonathan Maddison on 0121 507 4855.**

At Southampton, the team will continue to recruit and support Eat Drink Move volunteers as a priority for the trust. For more information on the project or about Southampton's volunteer service, please contact: **Voluntary Services Team on 023 8120 4688.**

At West Suffolk, the team will grow their discharge ward befriending service, and their transport companion role. As well, they will ensure that the innovation remains a high profile within the trust and community. For more information on the project or about West Suffolk's volunteer service, please contact:

**Voluntary Services Team on 01284 713169.**

Finally, at Helpforce, we will build on what we have learned working with these five pioneering trusts. Our hope is to continue supporting, and shining a light on, the great work NHS trusts do to encourage people to give their time in support of their local NHS and communities. We feel that by better leveraging people power in our communities, we can create a healthier nation.



### Bringing volunteers to the heart of our hospital

Chelsea and Westminster Hospital NHS Foundation Trust in partnership with Helpforce

Chelsea and Westminster Hospital NHS Foundation Trust provide services from two main hospitals, Chelsea and Westminster Hospital and West Middlesex University Hospital, with a number of clinics across London and the South-East.

We have nearly 6,000 members of staff that care for nearly one million people locally, regionally, nationally and internationally. Both hospitals provide comprehensive clinical services, in addition to a range of community-based services across London, such as award-winning sexual health and HIV clinics. We are one of the best performing Foundation Trusts in London for Emergency Department care where waiting times, and mortality rates are better than average.\*

#### Making progress

Chelsea and Westminster Hospital launched the 'Bleep' volunteering programme in March 2018, achieving a core group of 21 bleep volunteers today. The service uses a system of walkie talkies to make urgent contact with available volunteers; enabling them to make a difference by channelling their assistance to where and when it's needed most. Hospital staff are able 'bleep' volunteers to help them in real time, so they can provide efficient assistance across the hospital, and make a direct, positive impact to patients and staff.

#### Volunteer Innovation

A key focus for the Helpforce pilot has been helping nursing and pharmacy teams with discharging patients as soon as possible, by delivering medication to patients who are ready to be discharged. This allows nurses to stay on their busy wards, while also getting patients their take-home medication in a timely manner. Not only does it improve things for staff and patients but the service also contributes to the overall running of the hospital. The Trust monitored how this worked across several stages and expanded the roles and activities over time. Bleep volunteers now do a variety of tasks such as escorting patients between appointments (e.g x-ray, bloods, consultant etc), directing lost patients and visitors, rounding up wheelchairs and returning them to the front door.

#### The results

We have worked with a total of 35 bleep volunteers to date. They have provided Monday to Friday 9am-5pm cover since March 2018. Volunteers are asked to give four hours per week, and they can either offer weekly support or there's an option of a more intense three-week volunteer placement.

We created a guide on, 'How to be a bleep' which has been used as an induction manual. We also hope to offer extra training to bleep volunteers, for additional areas of interest, such as working with dementia patients, and mealtime support.

Pharmacy staff estimate an average of 60-80 TTOs ('To Take Out' pharmacy prescriptions) are delivered each day and the data collected between March and October shows that 582 TTOs have been delivered, saving approximately 116 hours of staff time in total in this period (12 minutes per TTO).

#### What we have learnt

**Our learnings during the project include a better understanding of what works:**

- ▶ Volunteers are keen to get involved. In September, we hosted a focus group providing volunteers the opportunity to feed into operational practice.
- ▶ Volunteers feel less intimidated interacting with patients when there is an activity to do e.g. reading a paper or transporting patients. As well, volunteers enjoy working in teams of two.

**We've also learned through the challenges:**

- ▶ Ensuring adequate cover and adequate things for volunteers to do. Some shifts are trickier than others to fill and there needs to be a good balance between numbers of volunteers on duty and amount of support activities is important.
- ▶ Staff need to understand what tasks are within the volunteers' remit, and that volunteers value appreciation from staff members.

#### Next steps

Our goal is to expand the bleep service to West Middlesex Hospital and we would also like to explore 'out of hours' volunteering shifts on the evenings and on weekends. We are also keen to bring the bleep service in-house e.g., the volunteer team taking full responsibility for managing bleep requests and assignments.



*"The highlight of my week has been talking to patients and bringing a smile to their face. Knowing that my input was having an effect."*

VOLUNTEER

\* Chelsea and Westminster NHS Foundation Trust web



### Bringing volunteers to the heart of our hospital and community services

Northumbria Healthcare NHS Foundation Trust working in partnership with Helpforce



Northumbria Healthcare Trust covers the areas of Northumberland and North Tyneside. The area is a mix of urban and rural communities of which 41,000 people live on their own. This equates to 13 in every 100 residents.

Northumbria has over 900 volunteers as part of its Hospital Volunteer Service (HVS) who carry out a wide range of roles in hospitals and in the community. We offer thirty four different volunteering roles and recruit volunteers across a geographical footprint of more than 500 square miles.



#### Making progress

Working with Helpforce, we had the opportunity to explore roles for younger volunteers. This was important because, historically, there had been fewer opportunities to engage younger volunteers in an acute ward setting. Over seven months of the project, we recruited twenty-six sixth form students from two schools in Northumberland. The call to Social Action through Helpforce resonated with the young people. We developed a befriending role so the younger volunteers could enhance the patient experience, whilst improving their own communication skills and giving them real insight into life on a hospital ward.



#### The result

During the project, the young volunteers visited over 500 patients and provided social interaction and support. Through our insight and impact analysis we found that volunteers have grown in confidence; learnt and shared skills; and gained valuable experience working as a team. Feedback from their teachers also suggested that students who were volunteering had grown in confidence throughout the seven month period. Patients remarked how they really enjoy the company of students. Staff noted how they were able to focus on more nursing duties when the volunteers were on the ward.



#### Volunteer Innovation

The young volunteers attended a specific role development session, which was co-produced and co-facilitated by the volunteering team and clinical staff. The volunteers then spent dedicated time with patients on wards every Tuesday and Wednesday afternoons. Initially, the young volunteers worked in pairs until they became confident being in a ward. They chatted to patients and facilitated activities such as playing cards and dominoes in order to increase social interaction, and promote well-being.

*“Volunteers are a great asset to the team, I love watching them interact with the patients, their shyness fades.”*

A CLINICAL TEAM MEMBER - WARD SISTER



#### What we have learnt

- ▶ Despite early reservations, the staff benefitted from working with the young volunteers and ideally, would like volunteers every day on the wards!
- ▶ The evidence from this intervention indicates that young volunteers can be of huge benefit to the volunteering team. If supported well, they are able to become consistent and reliable team members.



*“You can’t look into people’s minds and know what they are thinking and feeling, but you can try your best to make them feel happy.”*

VOLUNTEER - MALE AGE 17

*“It’s been lovely to meet him. He’s such a kind man to come and speak to me.”*

PATIENT - FEMALE AGE 82



#### Next steps

We intend to scale the young volunteer befriending service to more days a week and look at a mix of students’ ages as a contingency for exam periods.

## Bringing volunteers to the heart of our hospital

Sandwell & West Birmingham Hospitals Trust working in partnership with Helpforce



Sandwell and West Birmingham Hospitals NHS Trust is an integrated care organisation, dedicated to improving the lives of local people, from across North-West Birmingham and all the towns within Sandwell. Our teams are committed to providing compassionate, high quality care from City Hospital, Sandwell General Hospital and a range of community sites.



### Making progress

Working with Helpforce, we created a task force, that was chaired by the Chief Nurse, and included representatives from the Trust and third sector partner organisations, to design and oversee the delivery of a new volunteer innovation. We employed a full time Project Manager to establish the innovation and manage the volunteers. We also developed a volunteer Activity Support and Mobility role to help improve patient experience and support staff. The role was implemented in an Acute Medical Unit and an Older People's Assessment Unit.

*"Volunteers are integral to our Trust."*

CHIEF NURSE



### Volunteer Innovation

Over a period of seven months, 41 volunteers have been recruited through the Volunteer Services Team. These volunteers have completed role specific training developed in partnership with the Rapid Response Therapies Team. Volunteers are now present on two wards seven days a week encouraging people to put on their day clothes, accompany patients on walks, and assist patients with chair-based games and movement. On arrival volunteers report to the Nurse in Charge and the Physiotherapist Lead for direction on which patients to support.

*"It's wonderful to have a  
volunteer to talk to."*

PATIENT



### The results

Through Helpforce, we have been able to implement and utilise the Better Impact Volunteer Management System, which has streamlined recruitment and coordination of volunteers. Volunteers now use the Better Impact online system to login and out. This allows volunteers to accurately record their volunteering hours, and to gather insights from their time spent with patients. Since July, when the system went live, volunteers have had close to 600 interactions with patients, and provided 250 hours of support. Of these interactions, nearly a quarter involved support with exercise and mobilising. Furthermore, the data indicated that, in some cases, volunteers who interacted with patients were able to successfully encourage them to wear their day clothes (5% of patients who had an interaction with a volunteer changed into day clothes after the interaction).



### What we have learnt

The Taskforce has been an invaluable steering group, with the ability to challenge the direction of travel and make strategic decisions. The inclusion of all key stakeholders, enabled discussions that would have been hard to initiate otherwise, which has proved critical. It is something that we recommend to other Trusts looking to develop a volunteering innovation.



### Next steps

Working alongside the lead Physiotherapists and Activity Coordinator we hope to develop volunteer roles to introduce individual and group exercise sessions using the Move It or Lose it programme.

*"I love interacting with the patients  
and the staff on the ward are  
very nice and helpful."*

VOLUNTEER



*"I enjoy my time at the hospital,  
I love talking to the patients  
and I have learned a lot."*

VOLUNTEER





### Bringing volunteers to the heart of our hospital

University Hospital Southampton (UHS) NHS Foundation Trust working in partnership with Helpforce



University Hospital Southampton (UHS) NHS Foundation Trust is a teaching hospital which provides services to some 1.9 million people living in Southampton and south Hampshire, plus specialist services such as neurosciences, cardiac services and children’s intensive care to more than 3.7 million people in central southern England and the Channel Islands.

#### Making progress

We set out to support the Trust’s local ‘Eat, Drink, Move’ campaign, and the national #EndPJPParalysis campaign by aligning volunteer provision to help prevent deconditioning in older patients; supporting their needs through training volunteers to support and encourage in these areas.

#### Volunteer Innovation

We planned to introduce a super ‘Patient Support’ volunteer role, and aimed to encourage 100 more volunteers able to help in more depth with patients. By training volunteers to support patients with a variety of needs, the role was designed to encompass elements of three pre-existing roles; befriending, meal-time help and mobilising patients. Training was designed and delivered by our clinical teams in both Speech & Language Therapy (SLT) and Physiotherapy, who were also responsible for assessing competencies and introducing and supporting volunteers on the wards.

#### The results

We employed a full-time band 5 project coordinator building resource within the Voluntary Services team, a .5 FTE band 4 Mealtime Coordinator, and a .2 FTE band 7 Senior Therapist to work together to recruit, induct and train volunteers across the three strands.

Over the course of the project we undertook seven waves of recruitment, received around 160 applications and cleared and trained 73 volunteers in the first level of befriending. Of these, 30 went on to become trained in Mealtime Assistance and 11 trained in mobility. Mobility training involved a classroom-based workshop along with one to one competency sessions, held by our physiotherapy team.

Our increased focus for the year resulted in the numbers of mealtime assistants (MTAs) reaching an all-time high for the Trust, and enabled expansion into other areas beyond our Medicine for Older People wards. We did some focussed data collection in the Spring, to better understand the acceptability of the MTA support to patients. 381 patients were offered support from a Mealtime Volunteer between 9/2/18 and 4/6/18, with only 3.7% patients turning down support .

In addition, we have broken down some of the barriers previously in place with the previous roles; for example we have:

- ▶ lowered the minimum age of MTAs from 18 to 16,
- ▶ ‘befrienders’ can now help open packets and ensure drinks are in reach without attending full training, and;
- ▶ ‘befrienders’ can have conversations around preventing deconditioning with patients, before a mobility volunteer visit.

The mobility role developed in to a two stage approach of exercise prompting followed by mobility prompting. This was based upon feedback from volunteers who were keen to build their confidence working with patients doing exercises before progressing to walking with them.

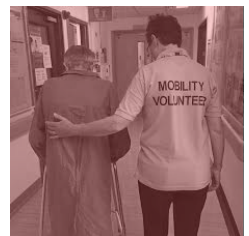
#### What we have learnt

Whilst we haven’t yet fully realised the higher numbers of fully trained ‘super’ volunteers hoped for to date, we have made in-roads into broadening the remit of our entry-level role. Like any volunteering project, we experienced a level of drop-out amongst volunteers meaning that some never progressed further and others felt the increased level of responsibility was too great. We also hadn’t predicted that some volunteers would want to spend longer in one element of the role to build confidence before moving on to be trained in the next element.

Several volunteers also required a greater level of 1:1 support from our clinical staff and requested further training in the mobility role. This resulted in fewer than hoped-for volunteers operating in all three elements of the role by the end of the project period but has ensured that volunteers feel confident in their current role before moving on to the next step.

#### Next steps

We will continue to offer further training and will continue to upskill recruited volunteers over the coming months.



*“I find it rewarding when I bring a smile onto someone’s face. It gives me a sense of purpose.”*

PATIENT SUPPORT VOLUNTEER



## Bringing volunteers to the heart of our hospital and community services

West Suffolk NHS Foundation Trust working in partnership with Helpforce



West Suffolk NHS Foundation Trust (WSFT) is an award-winning, vibrant, friendly and accessible hospital on the edge of Bury St Edmunds. Recently rated 'outstanding' by the Care Quality Commission, we have around 430 beds open at one time and serve a population of around 280,000 within 600 square miles.

As well as running the hospital, West Suffolk NHS Foundation Trust is joining up NHS care across the area providing many of the community services in West Suffolk. At our main site, West Suffolk Hospital, we have over 383 volunteers with a further 21 people volunteering in community healthcare services.



### Making progress

Working with Helpforce, we wanted to focus on patient experience at the point of discharge and when returning home. A full-time community volunteer coordinator was employed to establish innovations and manage the volunteers.

A discharge waiting area (DWA) role was the first to be launched in March 2018, with volunteers supporting the discharge team by providing reassurance and a listening ear to patients whilst they are waiting to leave hospital.

Our second new role, a transport companion, began in July 2018, and pairs volunteers with patients who are being discharged from hospital. The service aims to ensure people who may have been worried about returning home after a stay at the hospital have a good patient experience as and when they return home.

This role also assists staff to prepare a patient to get home as efficiently as possible, as the volunteer can ensure all personal belongings are ready to go, and a patient has their house keys, among other necessary checks.

*"My greatest pleasure and reward in this volunteer role is to be able to actually see the patient home and know how grateful they are."*

TRANSPORT COMPANION VOLUNTEER



### Volunteer Innovation

The transport companion role is delivered in partnership with the early intervention team (EIT). This multidisciplinary team works across the community and hospital site to prevent admission as well as helping to reduce the length of time a patient may have to spend in hospital. Patients who are anxious about returning home are referred by the EIT for volunteer support so the transport companion volunteers can accompany the patient home in a taxi to make sure they are settled safely. The hospital's My WiSH Charity also provide a 'welcome home pack' full of essential items of food if necessary.

*"Working with our volunteers has enabled us to enhance our service and further extend the high quality care that we aim to deliver."*

GARETH BLISSETT, EIT LEAD



### The results

Over a period of seven months our volunteers have provided over 200 hours of support in the discharge waiting area so far, interacting with 440 patients before they leave hospital. Volunteers also provide information to patients leaving about the local Warm Homes initiative so no one should be returning to a cold or under-heated property.

While the pilot phase of the transport companion role has provided support to a small number of patients, the impact has been clear. For the four patients who have been supported through the service, it is estimated that the delays to patients going home after discharge have been reduced by 14.5 hours overall – a significant saving which we hope to monitor as the project continues.



### What we have learnt

With Helpforce, we have developed a series of dashboards and project planning documents that have allowed us to monitor our innovations and support their development. In the future, we hope to integrate our project documents with our trust's quality improvement online tools.



### Next steps

We will be working with the EIT to see if we can develop the transport companion role into a five-day-a-week service to meet the demand.

We plan to explore how our transport companion role could be integrated with a longer-term support role in the community.





# Partners

## Supporting organisations

**Our work wouldn't be possible without supporting organisations who share our vision for the future of the NHS and are willing to innovate and share their experiences of embedding volunteering within hospitals.**



**NHS**  
Chelsea and Westminster Hospital  
NHS Foundation Trust

**NHS**  
Northumbria Healthcare  
NHS Foundation Trust

**NHS**  
Sandwell and West  
Birmingham Hospitals  
NHS Trust

**NHS**  
University Hospital Southampton  
NHS Foundation Trust

**NHS**  
West Suffolk  
NHS Foundation Trust

**NHS**  
Improvement

**Deloitte.**

*PBE*  
PRO BONO ECONOMICS

 **Reason  
Digital**

ROYAL  
VOLUNTARY  
SERVICE  
*Together for older people*

**TheKingsFund**



If you would like to learn more about Helpforce, or if you'd like to be involved, please contact [cteam@helpforce.community](mailto:cteam@helpforce.community)

**We'd love to hear from you.**