



helpfor

Developing *Innovative* Volunteer Services in the NHS

**Key insight
& impact learnings**

from the Trusts working with Helpforce

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This report summarises the key Insight and Impact findings from the five hospital trusts in the first Helpforce innovators programme. In order to support continuous improvement and impact management, the trusts collected both insights data, which is predominantly anecdotal and observational, and impact data, which is designed to measure impact in a more systematic, robust way. Insight gathering took precedence during the early parts of the project, especially as the trusts were establishing their new interventions and learning how to run and measure their projects. Impact work still played a role in this early stage - mainly through talking with patients, staff and volunteers, as well as capturing data from these stakeholders through surveys.

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Design by Karin Skånberg

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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.

www.helpforce.community  [@help_force](https://twitter.com/help_force)

Theory of Change

The Volunteer Interventions And Their Intended Impact

All projects started with a goal and/or goals in mind for their service; that is, a specific outcome(s) that they wanted to achieve with their new volunteering service.

Collectively, the outcomes that the Trusts wanted to achieve were wide-ranging. They developed services that made a difference to a broad range of stakeholders including patients, staff, volunteers and services (see Figure 1 Combined Theory of Change).

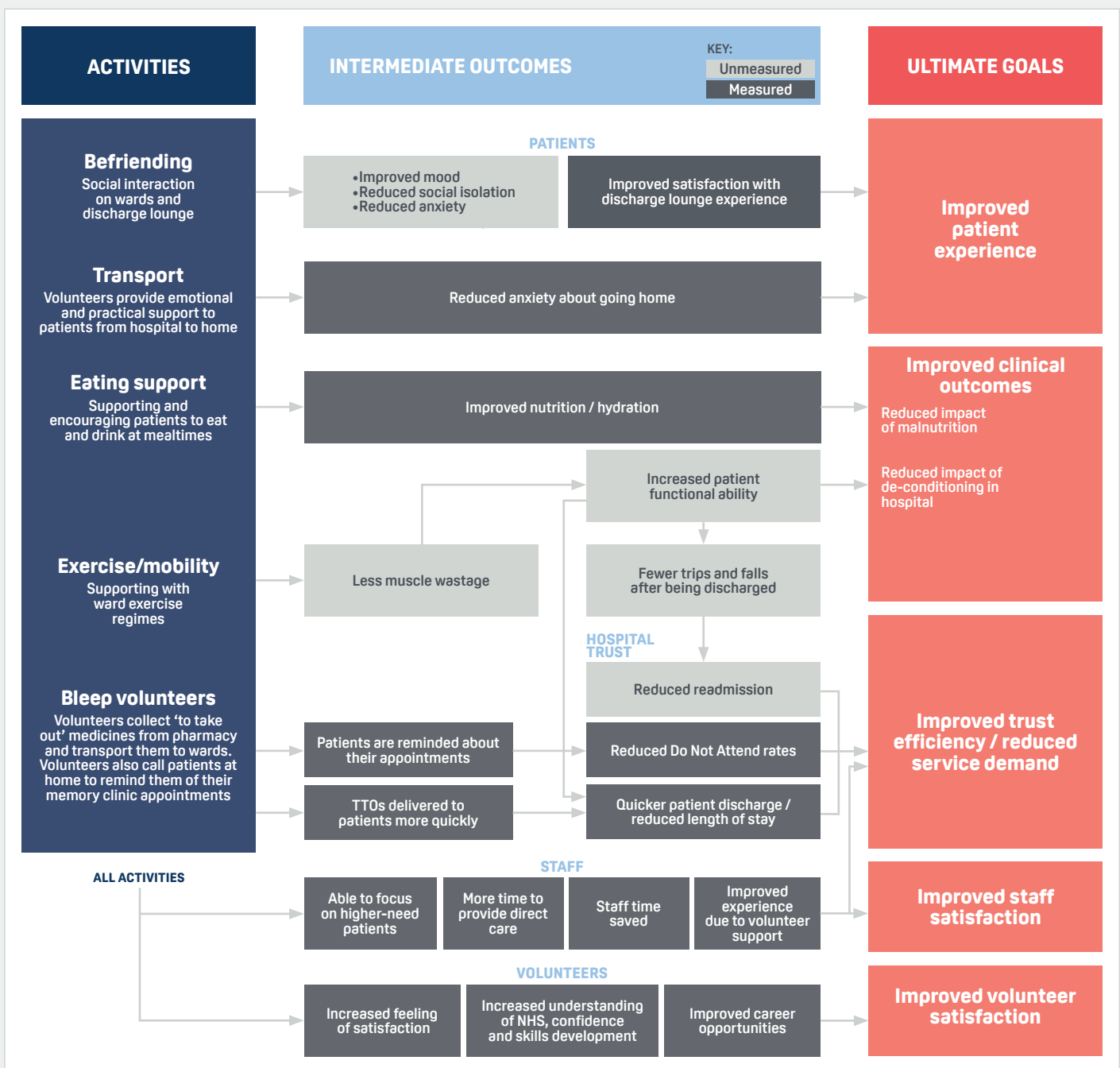


Figure 1 Combined Theory of Change



Insight & Impact findings

Here are the key findings, at the time of publication, for each of the main roles supported in the first Helpforce innovators programme:

Bleep volunteers

Delivering To Take Out (TTO) medication from pharmacy to the wards, making appointment reminder calls to patients, and responding to requests for other types of support

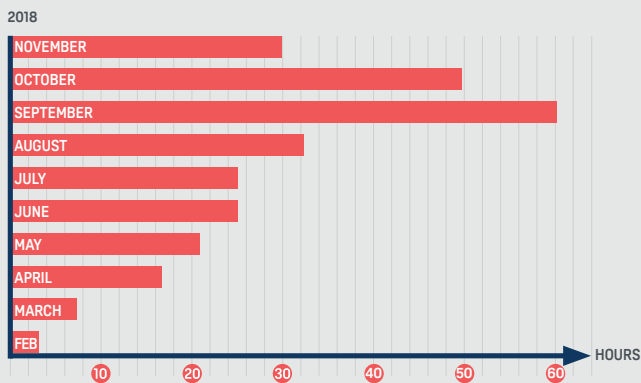
Insights

- Bleep Volunteers have allowed To Take Out (TTO) deliveries to be more easily tracked, with the signing in and out system in place. Previously, the pharmacy team weren't able to give an Estimated Time of Arrival (ETA) of TTO deliveries to ward staff on each TTO when requested. Now they know that if the volunteer has signed for the TTO, it will be delivered within 10 minutes (average time for deliveries made by a volunteer).
- The pharmacy's busy times were known to be between 11 a.m. and 2 p.m., and 3.30 p.m. and 5.30 p.m. Initially, volunteers were showing up much earlier which wasn't too helpful. However, after a few changes in the rota and expanding the bleep tasks, volunteers are now around at those busier times.
- The team would benefit from more volunteers from 4.30 p.m. to 5.30 p.m. when there are currently less volunteers. 16-18 year olds are ideal for this, as they typically want to volunteer after school between 4.30 p.m. and 6.30 p.m.

- The role attracted younger people interested in developing their career, often with free time since leaving education and keen to explore and support their local community.
- Bleep Volunteers felt most engaged and valued when working alongside porters, which is indicative of their wider request to be integrated amongst staff teams across all departments. Spending time with porters allowed a mutual relationship of reciprocity and support, with staff gaining full understanding of the volunteers' potential support.
- Operationally, requests for Bleep Volunteers were organised through a separate contractor, which became tricky to oversee and balance volunteer tasks. The volunteer team have secured funding to bring the request service 'in house' and this will further be useful in expanding the service to other hospitals within the Trust.

Impact

▼ Bleep Volunteers have saved staff **272 hours** across two Trusts between February and November 2018 through delivering TTOs to patients.

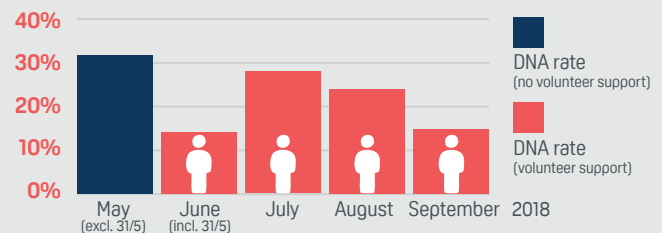


• An exploratory study showed that there is no clear indication that volunteers delivering TTOs noticeably reduce length of stay. However, it was not possible to account for other influencing factors at this stage. Relevant Trust staff indicated that a number of complex factors contribute to discharge delays and TTO delivery delays are likely a small part of the problem. Despite this, there is anecdotal evidence of impact from staff.

"TTOs get to wards a lot quicker, before we had to really wait. Especially with big TTOs..."
PHARMACY STAFF

- Volunteers feel they have benefited from volunteering in various ways including: having learned more about how hospitals operate, having gained communication skills, having gained confidence, having built new relationships, having enjoyed themselves, feeling valued by patients and staff, and feeling they've made a difference.
- The majority of volunteers (**71%**) **strongly agree** or **agree** that they feel valued by the staff where they currently volunteer, while only 18% disagree.
- The overwhelming majority of volunteers (**94%**) **strongly agree** or **agree** that they feel that they are contributing to a positive experience for the patients.

▼ When Bleep Volunteers provided appointment reminders to memory clinic patients between June and early October 2018, the Did Not Attend (DNA) rate was **16.5%**, compared with **32.0%** when there were no volunteers to provide reminders in May – the month when the clinic first opened. The elevated rates in Jul/Aug may be due to the holiday season.



"I can't live without volunteers. My clinic would be dead."
CLINICAL LEAD FOR THE MEMORY CLINIC



Befriending

Talking to patients, providing refreshments to patients, talking to patients' relatives, and do activities / play games with patients

Insights

- A majority of volunteers greatly enjoyed the support they were able to give patients in a face-to-face companionship capacity, and have expressed significant interest in further exploring opportunities to support patients in a more personal and direct way.
- Most of the volunteers would have appreciated specific communication skills training, i.e., listening skills, and more practical training on the wards, such as what activities are available to support befriending on wards.
- Volunteers appreciated an induction session with staff before they went onto wards.
- Where this was not facilitated, volunteers would have liked an introduction to ward staff when starting on the wards, in order to start building rapport with staff.
- Similarly, most staff agreed that an introduction would be helpful

where this was not facilitated. They also noted that having a rota of volunteers would have been helpful - as this would have allowed them to understand when volunteers were coming on the ward.

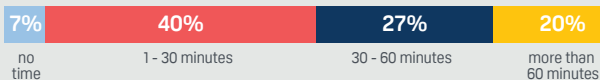
- It was discovered that befriending in the discharge lounge does not impact on confidence about going home - as confidence is more linked to home environment (e.g., whether a patient has family support). It was felt that 'patient satisfaction' with discharge could be influenced by volunteer support.
- For more complex patient-facing roles (e.g., mealtime support, mobility support), a befriending role could be helpful as a bridge to support more challenging patients. e.g., those who are uninterested. By building trust between volunteer and patient, these more complex activities can be encouraged from a social perspective (e.g., "let's take a walk together and chat") versus a medical model perspective (e.g., "these exercises are good for you").

Impact

▼ At Trust A: **The vast majority of staff report that volunteers save them time** (between 1-30 mins and over an hour per day that volunteers are present) through spending time with patients and providing them with drinks / refreshments.

"Volunteers increase moral for patients, help out when very busy"

WARD STAFF MEMBER SUPPORTED BY VOLUNTEERS



- At Trust B: Staff members reported that, on average, **volunteers free up 44% of staff time**, allowing them to look after patients with nursing needs (from a survey of four staff members).
- Staff agreed that volunteer assistance was helpful in the past week. They also strongly agreed that volunteers were beneficial when working alongside staff (from a survey of five staff members). Staff

also indicated that volunteers' support helped them feel less stressed when the wards were busy or short-handed. Similarly, they agreed that volunteer support had a positive effect on their job experience.

- Engaging young people in befriending volunteering roles resulted in increased volunteer confidence as reported by staff, teachers and volunteers themselves. Staff observed a **53% confidence increase** in volunteers and volunteers themselves felt a 25% confidence increase between when they started on the ward and the time of the survey completion.
- **86% of volunteers** reported that they were able to **develop their communication skills** as a result of volunteering.
- **63.6% of patients** were **completely satisfied** or satisfied with their discharge lounge experience when volunteers were providing support.

"Nice to come down to a smiley face. It's not nice to be sitting on my own."

PATIENT SUPPORTED BY A BEFRIENDING VOLUNTEER

Transport

Accompanying patients on their way home

Insights

- Infrastructure is key for a transport role. It was important to understand referral routes, transportation methods, processes and policies around the support, etc.
- Ideally, the referral team should only be referring those who have limited support/family nearby to a transport companion role - for the greatest impact.

- It's a great idea to partner with the Trust's charity, to think about offering 'welcome home' packages to those who use the service. These packages include all the essentials (e.g., fresh milk, bread) for someone to go home with, who might have had a long stay in hospital.

Impact

- Volunteers collectively **saved 16.5 hours of waiting** (from point of discharge to going home) based on four patients that were supported by a transport companion in a pilot study.
- Early data suggests that patients are slightly less worried about going/being home after the volunteer support from hospital to home.

- The volunteer support has been rated as helpful by all patients so far.

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

A PATIENT SUPPORTED BY VOLUNTEERS



Eating support

Providing encouragement during mealtimes, offering practical support such as opening packets, and providing full feeding support

Insights

- Only a small percentage (3.3%) of patients refused the volunteer support they had been offered. This indicated high acceptability of the support offered.
- Full feeding is the most commonly reported type of support provided by volunteers (76.1% of patients received full feeding support), followed closely by encouragement (75.9%). Just under half of patients received manual assistance support (46.2%).

- It was important to consider how to 'ease' volunteers into a full feeding support role - some may think it's a step too far for them to help someone with feeding. It was a good idea to start with mealtime encouragement, or ask volunteers to help patients with mealtime 'readiness' e.g., ensuring that trays are within reach, that cups are filled with water/liquid.

Impact

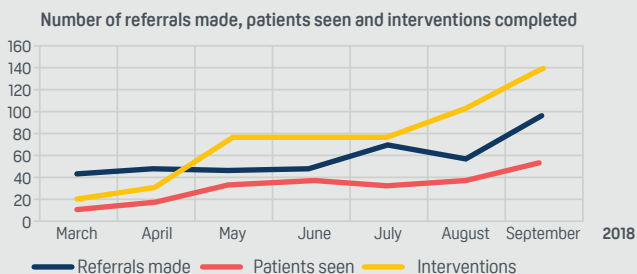
- Patients with support from mealtime volunteers **consumed on average 53.2% of their main meals and desserts.**

- Among patients who received support from mealtime volunteers, male patients consumed a larger proportion of their meals (62.7%) compared with female patients (48.4%).

Mobility/exercise support

Encouraging patients to mobilise, exercise, walk and put on their day clothes (End PJ Paralysis campaign)

Insights



▲ It took some time to scale the clinically-led intervention. The multidisciplinary approach to the role incurred complex challenges in its leadership and governance.

- It was necessary to engage clinical staff from the outset of the intervention. Clinical staff will be heavily involved in training, competencies, and ongoing management of volunteers.

- Training was offered at times that were more suitable for volunteers, with many suggesting preference for weekend sessions.
- It was important to be clear about the training and competency requirements at the outset - in order to set expectations. Many volunteers noted that they were keen to condense training sessions, and work in pairs at the competency stage for more intensive, shorter sessions.
- It is good to be aware of different models of mobility support that have shown to be effective elsewhere (e.g., Move it or Lose it).
- Understand opportunities for volunteers to support patients with mobility exercises post-discharge, in the community.
- It was important to consider how to 'ease' volunteers into a full mobility/exercise support role - some may think it's a step too far for them to help someone in-and-out of bed and support them with a walk across the ward. It was a good idea to start with simpler bed or chair based movements. Once confidence was built, the role progressed to the more advanced stages of mobility support.

Impact

- Volunteers have been able to engage 23% of patients to mobilise.

- End PJ Paralysis campaign: Volunteers' encouragement has increased the percentage of **patients dressed in day clothes from 32.8% to 36.4%.**

At Helpforce, we're keen to learn and understand more insights about your volunteer service and the impact it is making to patients, staff, volunteers, and services.

We'd love to hear from you – please get in touch at cteam@helpforce.community.



Appendix

This section provides additional information around the methodologies used to gather the insights and impact in this report and additional resources that may be useful to other Trusts planning to measure the impact of their volunteers.

Methodologies used

▼ Staff time saved (To Take Out (TTO) deliveries):

Initially, we tracked how long it took staff to arrive at a pharmacy, collect a TTO, and deliver it back to their ward. This was done using a pharmacy-based paper form collecting the date, the ward the delivery went to, the time staff were called to collect a TTO, the time staff left the ward, the time staff collected the TTO at pharmacy, and the time staff arrived back on the ward with the TTO. This data was then used to calculate how much time it took staff to deliver a TTO (average time elapsed between leaving and arriving back on ward). Then, volunteers recorded data for each TTO delivery on pharmacy-coordinated paper slips. The collected data included the date, the ward the delivery went to, the type of delivery (TTO or non-TTO), the time the Bleep volunteer was requested for a delivery, the time the Bleep Volunteer collected the TTO from pharmacy, and the time the TTO was delivered to the ward. With this data, a total number of volunteer trips was calculated and then multiplied with the time it takes staff to make a single delivery trip. The resulting figure is thus an estimate of staff time saved via volunteers delivering TTOs.

▼ Bed time saved (TTO deliveries):

In addition to the above data, patient identifiers were collected for each TTO delivery in compliance with data protection requirements. A Trust-internal analyst then matched length of stay data in hours to each delivery and provided a dataset of comparison patients from the same wards across the same time period, from which a comparison group was formed. Then, the average length of stay in hours was compared between the patients who had their TTO delivered by a volunteer compared with patients who had their TTO delivered by a staff member to understand if faster volunteer-delivered TTOs would result in slightly lowered length of stays. A major limitation of this approach is that no data was available to account for other influencing factors that may delay discharge, such as vacancies in home of choice, meaning the results are likely considerably skewed.

Data collection form for TTO delivery service
(staff time saved, bed time saved)

TTO collection date	TTO Ward	TTO Type	TTO Pt Initials	MR Number	Time Bleep Volunteer contacted	Time volunteer arrived @ Pharmacy	Time volunteer arrived on ward



► Did Not Attend (DNA) rates (volunteer reminder service):

DNA rates (pre-existing routine system data) were averaged and compared for times when a volunteer was present and when no volunteer was present to call patients to remind them about their appointments.

DNA rate table exported from Trust system			
Date	Appointment time	Clinic attended YES/NO	Volunteer active (YES/NO)

▼ Volunteer surveys (all services):

A variety of volunteer surveys were used to gather data around volunteer activity, patient interactions, impact/benefits to volunteers (e.g. skills building), and general feedback. The survey questions were jointly designed between the relevant Trust staff and Helpforce to ensure they were appropriate to the given volunteer service and provided high quality data. Some surveys were distributed and answered using an online platform (Better Impact or Reason Digital’s “Impact”), allowing volunteers to directly submit their answers online and saving Trust staff valuable data entry time. Other surveys were done via paper surveys, and entered into electronic databases by staff.

Repeated online volunteer feedback survey filled in at end of shift via Impact

1. I feel I am valued by the staff where I currently volunteer. (Five multiple-choice answer options from strongly agree to strongly disagree)
2. I feel that I am contributing to a positive experience for the patients. (Five multiple-choice answer options from strongly agree to strongly disagree)
3. In what way (if any) do you feel you have benefited from volunteering with the Trust? (free text answer)
4. What could be improved about your volunteering experience? (free text answer)

One-off volunteer survey using Better Impact for mobility role

1. How many patients did you interact with today?
2. How many patients exercised and/ or walked because of your encouragement today?
3. If there were patients you interacted with today that did not exercise or mobilise what were the reasons why?
4. How many of the patients you interacted with today were already wearing their day clothes when you met them?
5. How many patients put on day clothes because of your encouragement today?
6. If there were patients you interacted with today who didn't put on their day clothes what were the reasons why?

▼ ► Staff surveys (all services):

A variety of staff surveys were used to gather data around observed impact on staff from volunteer support and general feedback. The survey questions were jointly designed between the relevant Trust staff and Helpforce to ensure they were appropriate to the given volunteer service and provided high quality data. Most surveys were done via paper surveys as this was deemed the least time-consuming to the surveyed staff, and the data was entered into electronic databases by staff.

One-off staff survey for befriending volunteer role

1. Have you witnessed a change in volunteers' confidence since they have started on the ward? (1 low confidence, 10 high confidence) First month score: / Now score: (allow free text comments)
2. Do you believe that volunteers free up staff time whilst they are on the ward? (Yes/No)
3. If yes, how much (25%, 50%, 75%, 100%, and free text response for comments)
4. After the volunteers have provided intervention, does this have an effect on how patients engage in their care? (Yes/No and free text response for comments)
5. Do you believe the students are proud to volunteer with the NHS? (Yes/No and free text response for comments)
6. Do you think that the students have received all the relevant support from the volunteer service? (Yes/No and free text response for comments)
7. Would you recommend other wards to have volunteers in their areas? (Yes/No and free text response for comments)
8. Is there a benefit to the young people volunteering within healthcare? (Yes/No and free text response for comments)

One-off staff survey for mobility and befriending volunteer roles

1. Today's date: ___ / ___ / ___ (DD/MM/YY)

2. What ward area in the hospital did you work in today?

Please tick all that apply

[ward 1 name]

[ward 2 name]

Other please specify: _____

3. What is your role? _____

4. Have you seen any volunteers on the ward you work in today? Yes No

5. If there were volunteers on your ward today, what contribution do you feel they made?

Please tick all that apply.

Spent time with the patients

Spoke to relatives

Got drinks/ refreshments

Encouraged suitable patients to get out of bed and get dressed

Encouraged suitable patients to move/ walk

Did activities/ played games with patients

None of the above

Other please specify: _____

6. If there were volunteers on your ward today, how much time did they free up for you to focus on your core role?

Please tick one choice.

No time 1 – 30 mins 30 – 60 mins

more than an hour

Cost time

7. What impact have volunteers had on your role, if any?

8. What suggestions do you have for improving volunteering in NHS settings, if any?

Thank you for taking the time to complete this survey.



One-off patient feedback discharge lounge survey

1. Date of survey completion: ___/___/___ (DD/MM/YY)

2. Please tell us which ward you were on: _____

3. Did you spend any time with a volunteer during the discharge process?
(Please circle)

Yes / No / Don't Know

If 'no/don't know', please go to Question 7.

4. If yes, how did they support you? Please tell us what happened in a few sentences

5. From your experience, what do you think was good about spending time with the volunteer?

6. Was there anything not so good? If so, please describe

7. On a scale where 1 is 'not at all satisfied' and 5 is 'completely satisfied', how satisfied are you with your discharge lounge experience? (Please circle)

Not at all satisfied Completely satisfied

1 2 3 4 5

8. Please give the main reason for your answer to Question 8.

9. Have you been given any information about the "Warm Homes" service?
(Please circle)

Yes / No / Don't Know

Thank you for taking the time to complete this survey.

◀ Discharge patient survey (befriending service in discharge lounge):

This survey was designed to understand the impact of volunteers in the discharge lounge on patients' experience in the discharge lounge. The survey questions were jointly designed between the relevant Trust staff and Helpforce. The surveys were administered in the discharge lounge by a mix of staff and volunteers. Involving volunteers who were directly involved in the befriending service in the data collection may incur some bias as patients may not feel they can answer questions honestly as volunteers can see their answers. Thus, we would recommend not using volunteers for this survey's administration – at least not the volunteers involved in service delivery.

▼ Patient nutritional intake (mealtime support):

This form was designed to monitor nutritional intake among patients with volunteer mealtime support compared with patients without volunteer mealtime support. Volunteers would fill in a paper form and a staff member would enter the data into an electronic format. During this project, it was not possible to gather data for a suitable comparison group (patients without volunteer support) as these patients differed substantially from the volunteer-supported patients. Patients allocated to receiving volunteer support tended to have higher levels of support needs; hence, the volunteer support.

Patient mealtime nutritional intake form

Ward	Date seen	Encouragement (y/n)	Manual Assistance (y/n)	Full feeding (y/n)	Main meal consumption %	Dessert consumption %

► Patient transport survey (transport role):

This survey was designed to shed light onto the transport volunteers' impact on patient anxiety and gather feedback about the volunteer experience. The survey questions were jointly designed between the relevant Trust staff and Helpforce. A baseline survey was conducted during the patients' referral to the volunteer transport service, including a question about expected worry about going home. On the day following discharge, a volunteer staff member would call the patient to conduct a short follow-up survey. The data was collected using a mix of paper surveys and an online survey entry form.

Patient transport feedback follow-up survey

1. To what extent are you feeling worried about being home now? (Not worried at all / Not particularly worried / Somewhat worried / Very worried)
2. To what extent did you find having a volunteer supporting you with your journey home helpful? (Not helpful at all / Not particularly helpful / Somewhat helpful / Very helpful)
3. To what extent was the volunteer helpful to you once you were home? (Not helpful at all / Not particularly helpful / Somewhat helpful / Very helpful)
4. What did you like about the support you received from the volunteers, if anything? (free text response)
5. Is there anything that could be improved about the volunteer's support? (free text response)
6. Would you recommend this volunteer service to others being discharged from hospital? (Yes / No)
7. Staff comments – is there any information to be passed to the referring team? (free text response)
8. Staff comments - what was this patient's response to the question 'To what extent are you feeling worried about going home?' at referral before/at discharge (asked by referring team) (Not worried at all / Not particularly worried / Somewhat worried / Very worried / No such information available for this patient)
9. Phone call made by:
10. Date of telephone contact (DD/MM/YY)
11. Time of telephone contact
12. Expected discharge time
13. Actual discharge time

Focus groups with staff and volunteers:

At Chelsea and Westminster, Southampton, and Northumbria, Helpforce staff - and in some cases, a member of the Trusts' voluntary services team - conducted focus groups with staff and volunteers. This was to help gain additional insights that would compliment the data collection analysis.


Sample focus group questions for volunteers

- What further support or training do you need or would you like to see in the future for volunteers?
- How else could volunteers support patients in the future?

Sample focus group questions for staff

- How have volunteers helped you in your role?
- What difference have you seen in patients who have received a visit from a volunteer?
- How would you like to see volunteers involved in the future?





**Useful resources
for doing your own
research / learning:**

Nesta's Helping in Hospital's Guide to high-impact volunteering in hospitals. *Published 2016.*

NHS England's Recruiting and managing volunteers in NHS providers - a practical guide. *Published 2017.*

Volunteering Matters - Youth Volunteering and Social Action in Health and Social Care Toolkit. *Published 2018.*

NCVO's Volunteering Impact Investment Toolkit. *Published 2015.*

If you would like to learn more about Helpforce, or if you'd like to be involved, please contact cteam@helpforce.community

We'd love to hear from you.

