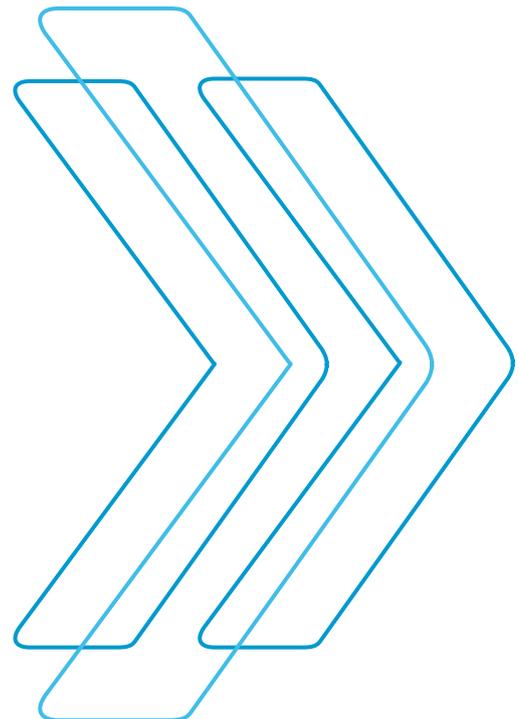


The role of volunteers in the NHS

Views from the front line

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This report was commissioned by **Royal Voluntary Service** and **Helpforce** in July 2018. Its intention is to ascertain the perceptions of frontline NHS staff working in acute care about the operational pressures they face, how they understand the roles and value of volunteers and what gaps there are that volunteers could help fill. The report sets out the findings from a survey, series of semi-structured interviews and a non-systematic literature review.

The report is entirely editorially independent and all views are those of the authors. However, it has benefited from the advice of Allison Smith and Mel Garfield from Royal Voluntary Service and Beth Vaughan from Helpforce. Special thanks are due to Petula Storey (Head of Volunteering at King's College London NHS Foundation Trust) for an independent review of the report.

The King's Fund is an independent charity working to improve health and care in England. We help to shape policy and practice through research and analysis; develop individuals, teams and organisations; promote understanding of the health and social care system; and bring people together to learn, share knowledge and debate. Our vision is that the best possible care is available to all.

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Royal Voluntary Service has been supporting the NHS since it was created, offering comfort to patients and helping keep hospitals moving. The charity has 5,000 volunteers providing regular help to patients in hospital today with another 15,000 supporting older people in the community to stay healthy and happy. Volunteers in hospitals perform a variety of roles, all designed to improve patient flow and experience. This includes providing companionship, encouraging older patients to do gentle exercises to aid recovery, offering reassurance and comfort to those waiting in A&E and helping older people to settle back home. In addition, patients, NHS staff and visitors are served healthy food through the charity's many hospital shops, cafes and trolleys.

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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Executive summary

Overview of the research

Interest in developing the role of volunteering in hospitals is increasing, however the perceptions of frontline staff on the issue have been largely overlooked. This research has been commissioned by Royal Voluntary Service and Helpforce and seeks to address this gap. The research was undertaken independently by The King's Fund and explores the views of staff who interact with volunteers in hospitals through an online survey and interviews, as well as a non-systematic literature review.

The key intended audience for the report is senior managers in NHS acute care trusts to help them make the most of volunteer–staff relationships at the front line of patient care.

Findings

- **Frontline staff recognise the broad range of activities carried out by volunteers in NHS hospitals.** Frontline staff describe a diverse range of roles for volunteers in hospitals. Volunteers undertake practical tasks such as picking up medication from the pharmacy, escorting a patient around the hospital, and running tea rounds. They can comfort and support patients, providing companionship for those who don't have other visitors. Volunteers also support staff by freeing up their time to prioritise clinical care and by acting as an extra pair of hands or eyes.
- **The overwhelming majority of frontline staff agree that volunteering in hospitals adds value for patients, staff and volunteers.** Over 70 per cent of the different staff groups agree with the statement that volunteering in hospitals adds value for patients, for staff, and for volunteers themselves.
- **The majority of frontline staff enjoy working with volunteers, with some variation between different staff groups.** The majority of survey respondents report that they enjoy working with volunteers (however, the number of doctor respondents is low), although there is some variation between different staff groups. The high level of enjoyment is largely attributed to volunteers' positive attitudes. Volunteers can also improve staff morale and help staff feel they are providing a better service to patients.

- **The main challenge for frontline staff is a lack of clarity regarding role boundaries.** According to frontline staff, the biggest challenge in working with volunteers is the lack of clarity around boundaries between the roles of staff and volunteers. Similarly, they felt the impact of volunteers would be strengthened through better knowledge about the role of volunteers. There is an appetite for volunteers to get involved in more aspects of hospital work. Frontline staff felt volunteers would have more impact through better training and greater joined-up working between staff and volunteers. They also emphasise the need to value the contribution volunteers make.

Recommendations

Overall, we found there is strong support for volunteering among frontline staff. They clearly appreciate the various ways in which volunteers enhance the experiences of patients and staff in busy hospitals.

For the continued development of volunteering in NHS hospitals, we make some recommendations to Royal Voluntary Service, Helpforce and to managers in NHS hospitals. These include ensuring all frontline staff are empowered and trained to have supportive working relationships with volunteers, and raising the profile of volunteers in hospitals as valued partners in health care.

Recommendations for NHS trust leaders

This report recommends the following for senior managers in NHS acute hospitals.

- Ensure there is a formal volunteering strategy in all NHS acute care trusts. Any strategy needs to be adequately resourced, and volunteer managers supported.
- Be proactive in considering how to extend the range of current volunteering roles.
- Ensure that the good practice guidance for recruiting and managing volunteers in the NHS is implemented.
- Ensure frontline staff are empowered and trained to have supportive working relationships with volunteers.
- Develop clear lines of communication between hospital volunteer services and frontline staff teams.

The role of volunteers in the NHS: views from the front line

- Make it clear to staff that volunteers play a key role in enhancing patients' experiences alongside paid staff.
- Recognise and reward volunteers for their unique contributions to the working of hospitals.

1 Introduction

It would be hard to exaggerate the scale of volunteering. Over the past 15 years, just over a quarter of adults in the United Kingdom have regularly taken part in formal volunteering and nearly half have volunteered occasionally (Department for Digital, Culture, Media & Sport 2018).

Volunteering for health and care is not new. It has been going on for many years, through hospitals, hospices, general practices and in care homes, both directly through those organisations and through the contribution of Royal Voluntary Service, British Red Cross and others.

Volunteering in the National Health Service (NHS) and wider care system is now getting much recognition and policy priority from NHS England and from the Department of Health and Social Care (Churchill 2018). Volunteering was one of the themes of the 'NHS70' celebrations (see www.nhs70.nhs.uk/get-involved/support-the-nhs/volunteer) and was a priority in the *NHS Five Year Forward View* (NHS England *et al* 2014). In September this year NHS England announced £2.3 million of funding to support Helpforce work with 10 NHS trusts to develop their volunteering services (Churchill 2018) and it is expected that volunteering alongside other forms of social action will be part of the NHS long-term plan due to be published in late 2018 (see www.england.nhs.uk/long-term-plan).

Yet, surprisingly, until very recently we knew little about volunteering in the NHS and wider care system, whether that is how many people volunteer, what motivates them, the diversity of volunteering roles, or the types of benefits it provides. Over the past five years or so, this has started to change. Although it is still hard to be precise about what volunteers do, when asked, 'Have you ever volunteered for health or care services in your local area? This could include things like helping out in a local care home or hospice, welcoming and guiding people around your local hospital or volunteering on a helpline for people who need emotional support,' a recent representative survey of the British adult population suggests that around 1.7 million people currently do volunteer in this way (Buck 2016). In 2013, we surveyed volunteer managers in England's acute hospitals about the number of volunteers they were aware of in their hospitals. This suggested at least 78,000 people give their time formally and regularly (Galea *et al* 2013).

Clearly these are measuring two different things: the first is a much broader definition and not restricted to England, the second is specific to one part of the NHS and in England. Even on its own terms the latter is almost certainly an under-estimate, since even volunteer managers of trusts may not be aware of all volunteers, including those supported by charities, such as Royal Voluntary Service, who work in hospitals and in supporting people in the transition between hospital and home. Despite this, both figures show the enormous scale of the contribution of volunteers to 'health and care'.

We have started to learn much more about the contribution that volunteers make to our hospitals and other services, what motivates them and the outcomes that they help achieve for patients and how this impacts too on the wellbeing of volunteers themselves. Our work has helped to shine a light on the contribution of volunteering in health and care, including evaluations of specific services (Fitzsimons *et al* 2014), estimates of the scale and diversity of hospital volunteering (Galea *et al* 2013), understanding models and impact of volunteering in general practice (Gilbert *et al* 2018) and the future of volunteering in health and care (Naylor *et al* 2013). Examples of other helpful work are NESTA's Helping in Hospitals toolkit (see www.nesta.org.uk/toolkit/helping-hospitals) and work by Volunteering Matters and Leeds Beckett University on tackling inequalities in volunteering opportunities (Volunteering Matters 2017) and work by Southbank University and Helpforce reviewing the effectiveness and impact of volunteering in health and care (Boyle *et al* 2017).

Most recently the creation of Helpforce and its mission to promote the role and value of volunteering within hospitals has revived energy in this area (see www.helpforce.community). Royal Voluntary Service and Helpforce have now partnered to explore considerable expansion of volunteers in the NHS to ease pressure points and provide more time to care. To achieve this, the organisations are working in partnership with NHS trusts and their leadership teams.

Perhaps surprisingly, despite all this, one of the areas in which we still have much more to learn is frontline staff perceptions of volunteers and volunteering. This is critical, if the welcome step-change in policy interest and support for volunteering is going to translate into practical success on the ground.

This report seeks to help address this gap in our understanding and we particularly encourage senior and other NHS managers (middle managers and

ward managers) in hospital settings to take note. Its focus is how frontline staff in acute care hospitals perceive volunteers, including the benefits and challenges, and changes that would help maximise the contribution of volunteering, to patients but also to staff and the running of the hospital services that they provide. The findings are based on a survey of 296 NHS hospital staff in a diverse range of roles, undertaken during August and September 2018, in-depth interviews with 20 staff, and a literature review. More detail is provided in the report and annexes. The research focuses on volunteering in acute care hospitals but it is likely that our findings and messages will also apply to other types of providers, such as community care trusts.

Definitions

In this report 'volunteering' encompasses a broad range of activities carried out by formally by volunteers (as opposed to informal carers). Volunteering is defined as unpaid activity conducted for the benefit of others beyond close relatives as in Naylor *et al* (2013, p2).

Similarly, 'frontline' refers to people working in paid roles in NHS acute care hospitals. We are referring to people who routinely interact with patients as a core part of their jobs. This includes nurses, doctors, allied health care professionals as well as staff working in various administrative, support and domestic roles. This does not include very senior managers.

2 Background

There is a long, proud history of volunteering across a range of settings, and knowledge about the role and contribution of volunteers in the NHS and social care in particular is still developing (Gilburt *et al* 2018). In some hospitals with established volunteering programmes, volunteers are seen as an integral part of the care team (Naylor *et al* 2013). Taking a different approach from the established evidence base, this research focuses on how staff working on the front line in hospitals perceive the roles and value of volunteers.

In this section, we discuss our review of the literature on volunteering in acute care settings – particularly from the perspective of staff. Studies show that volunteers play diverse roles in acute care, such as assisting with mealtimes, providing social company, carrying out activities with patients, creating ‘about me’ documents with patients for staff to refer to, and collecting patient feedback. Overall, staff are positive about and value the role of volunteers and volunteer programmes (Fitzsimons *et al* 2014; McDonnell *et al* 2014; Louch *et al* 2017; Robison *et al* 2015; Ottrey *et al* 2018; Teasdale 2008). Key themes emerged around factors that either facilitate or create barriers to staff’s positive engagement with volunteers and volunteer programmes.

Distinction between volunteer and staff roles

Where staff have clarity around volunteers’ roles and clear boundaries between those and the professional roles, they have more positive perceptions of volunteers. Where roles are clearly defined and understood with no overlap, volunteers can more smoothly integrate and their work is viewed positively by staff (McDonnell *et al* 2014; Hopper and Skirton 2016). Good communication between staff and volunteers is important to facilitate role clarity. For example, an evaluation of a hospital volunteering service emphasised the importance of communication to reassure staff about the boundaries of volunteer roles (Fitzsimons *et al* 2014).

A lack of clarity around volunteers’ roles could lead to tensions between staff and volunteers. For example, staff can be resistant to or sceptical about volunteers being introduced, or may not welcome their contributions (McDonnell *et al* 2014; Ottrey *et al* 2018; Boyle *et al* 2017; Galea *et al* 2013). Staff lacking full understanding of the volunteer role could also lead to

volunteers being asked to undertake work that should be the responsibility of professional staff (Galea *et al* 2013; Fitzsimons *et al* 2014).

According to a small number of studies, staff concern or resistance was a feature of the start of a new volunteering initiative, linked to a lack of clarity around roles. However, once clear roles and expectations were established – for example through training offered to staff – concerns were resolved (Robison *et al* 2015; McDonnell *et al* 2014; Ottrey *et al* 2018). While training for staff may therefore address concerns about volunteering programmes, involving staff in the planning and design of those programmes could avoid tensions arising from the outset. Studies highlight how these kinds of staff engagement positively impact the development and understanding of clear boundaries and different roles and lead to a better reception of volunteers (Babudu *et al* 2016; Bateman *et al* 2016; Fitzsimons *et al* 2014).

Substitution or complementarity?

The extent to which the volunteer role substitutes or complements that of paid staff is also important. There is significant potential for the volunteer role to complement that of paid staff (Charalambous 2014; Mundle *et al* 2012), for example acting as an 'extra pair' of eyes, ears or hands (McDonnell *et al* 2014; Fitzsimons *et al* 2014; Robison *et al* 2015) and easing the pressure on over-stretched staff (Fitzsimons *et al* 2014; Robison *et al* 2015; Baczynska *et al* 2016; Ervin and Moore 2014; Bateman *et al* 2016).

Staff often recognise that volunteers have more time to devote to the caring role than they themselves do, giving patients high-quality time and attention in a way not possible for paid staff (McDonnell *et al* 2014; Robison *et al* 2015; Fitzsimons *et al* 2014; Charalambous 2014; Ervin and Moore 2014; Bateman *et al* 2016; Teasdale 2008). This is both positive for patients' experiences and frees the staff member to concentrate on the more specialised tasks only they can fulfil (Halford and Fraser 2013; Sanon *et al* 2014; McDonnell *et al* 2014; Paylor 2011). One example of this is a study of the impact of volunteers assisting during mealtimes on a ward. Volunteers supported patients by opening and positioning food items, prompting and encouraging them to eat and drink. This enabled staff to focus on patients with more challenging needs around eating, such as swallowing difficulties (Robison *et al* 2015).

In two studies staff describe volunteers as 'propping up' or otherwise essential to keeping the service running (Fitzsimons *et al* 2014; Hopper and Skirton 2016). While in a positive framing this indicates their value to the staff they worked alongside, some of the tasks mentioned – such as answering ward

bells or taking patients water – may cross over into fundamental aspects of patient care. Additionally, although described as a 'minority' view, there was a potential for tension where staff perceived that volunteers were taking the place of paid staff (Teasdale 2008; Fitzsimons *et al* 2014; Charalambous 2014; Robison *et al* 2015; Boyle *et al* 2017), including a description of staff feeling the status quo was being threatened. This could link to the lack of clarity around roles noted above but also might be a relevant concern if volunteers are providing aspects of care fundamental to patient safety.

Although not directly considering the views of staff, a previous study by The King's Fund (Naylor *et al* 2013) discusses issues of complementing or substituting roles in their work considering the wider impact of volunteering in health and social care. This is an ongoing and increasing concern according to Naylor *et al* (2013). However, these authors also state that 'the reality that must be confronted is that it may not always be possible to sustain high-quality services without involving volunteers and other sources of informal care' (p 15). They argue for a careful balance of support from professionals, family members and volunteers, and clear boundaries in organisational policies, although acknowledging that these may vary between settings, including between hospitals. This lack of consistency has the potential to contribute to tensions between staff and volunteers.

Continuity and relationships

The relative turnover of staff and volunteers on a ward affects the ability of teams to build relationships. While high turnover of staff and volunteers (either through rotation or leaving the organisation) can affect relationships negatively (Fitzsimons *et al* 2014), a stable workforce contributes to the positive acceptance of a new volunteer programme by staff (Bateman *et al* 2016). Volunteer retention is an important issue because of the investment that goes into training a volunteer, often drawing on scarce resources. There was some recognition of fulfilling volunteers' needs, for example in terms of support, opportunities and feeling welcome, as key aspects of improving retention (Louch *et al* 2017; McDonnell *et al* 2014). This could also potentially be addressed through ensuring volunteers have the right skills for the role (Louch *et al* 2017; Fitzsimons *et al* 2014), for example through targeted recruitment (see also Gilbert *et al* 2018 on volunteering in general practice).

One research review that looked at volunteering with people with dementia in acute hospitals described how the presence of volunteers increased nurses' work satisfaction (Hall *et al* 2017). Given the growing evidence of low morale in the NHS workforce (Murray *et al*. 2018), it is interesting to contrast this

with the earlier indication of some staff concern about their roles being under threat. Understanding the impact of volunteering on staff morale is important – and ensuring staff are clear about the roles of volunteers is a key aspect of this.

Capability and capacity

Good support and supervision helps volunteers to make a positive contribution (NHS England 2017), which requires a substantial time investment on the part of either staff or volunteer coordinators. Our review found support for volunteers comes from staff, volunteer coordinators or from a specific voluntary service (Louch *et al* 2017; Charalambous 2014).

Where staff are responsible for managing volunteers, this creates additional demands on their workload and is particularly challenging to resource where it is not explicitly part of the staff member's job description (Teasdale 2008; Fitzsimons *et al* 2014). However, staff do not perceive this in itself to negate the usefulness of volunteers. Instead, staff expressed their frustration when they put in some time to support volunteers but, despite this investment, volunteers leave (for instance when people volunteer to get work experience and then move on) (Fitzsimons *et al* 2014). This highlights the importance of volunteers and staff having clear expectations, such as an agreed minimum length of service before requesting a reference.

Ensuring volunteers have the right skills for the role is also important (Louch *et al* 2017; Fitzsimons *et al* 2014), in particular getting the right fit between staff needs and volunteer skills. As well as contributing to volunteer retention as noted above, a perceived lack of skills could lead to negative responses from staff. Teasdale (2008) found concerns among staff about an 'unprofessional' service from volunteers damaging their trust's reputation.

The role of leadership

A few studies highlighted the role of leadership in championing or facilitating volunteer programmes (Boyle *et al* 2017; Ottrey *et al* 2018; McDonnell *et al* 2014). One study also identified senior strategic support as playing a key role in the sustainability of the volunteering intervention (McDonnell *et al* 2014). We return to this theme in the Discussion section.

Good practice guidance

In 2017 NHS England published guidance for recruiting and managing volunteers in the NHS (NHS England 2017). It encompasses a general set of principles and approaches that can be used flexibly in different contexts.

Table 1 Recruiting and managing volunteers in NHS providers: evidence and good practice recommendations

Issues raised in existing research	How the good practice guidance addresses the issue
Distinction between volunteer and staff roles	<p>The guidance recommends engaging with staff as well as volunteers around role development both when a new project begins and on an ongoing basis.</p> <p>It highlights the need for clearly outlined roles and expectations for volunteers.</p> <p>The guidance also discusses the need to ensure written volunteer agreements are distinct from staff contracts.</p>
Substitution or complementarity?	<p>In its key principles, the guidance notes that ‘Volunteers have different roles from staff (and should not replace staff)’. (p7)</p> <p>It also reiterates the <i>Five Year Forward View’s</i> discussion of volunteering, describing volunteers ‘not as substitutes for but as partners with our skilled employed staff.’ (p53)</p>
Continuity and relationships	<p>The guidance notes need to help volunteers to feel part of a team, for example through engaging staff, ensuring volunteers are invited along to relevant meetings and improving volunteer retention.</p> <p>It describes factors that may improve volunteer retention, for example through good support and recognition for volunteers or engaging with staff in programme design and volunteer recruitment.</p>
Capability and capacity	<p>The guidance includes recognition of the time, experience and support needed by staff who are tasked with managing volunteers – including training as necessary.</p> <p>It highlights the need to ensure that support for staff is properly budgeted for and resourced. This also involves including any volunteer management as part of the official job description and ensuring a clear management structure for volunteers is in place.</p> <p>The guidance also covers good practice in developing volunteer agreements or charters to ensure it is clear what support will be provided to volunteers, their responsibilities while volunteering, and other expectations such as when they might be eligible for a reference.</p>
The role of leadership	<p>The guidance explicitly notes that, while primarily of use for front line staff, it may also be useful to those with strategic responsibility for volunteering, such as senior staff and board members.</p> <p>It describes the role of leadership in ensuring buy-in for volunteering across the organisation, as well as the need to provide evidence of the impact of volunteering to senior staff and board members to ensure their awareness and understanding of the role that volunteers play.</p>

Source: NHS England (2017)

The guidance (see Table 1) addresses the areas where there is potential for barriers to positive relationships between staff and volunteers as identified in the research literature above. One notable exception is the lack of focus on the relative turnover of staff and how this may affect volunteers, although arguably this is beyond the scope of the guidance. As this guidance was only published in 2017, however, it is not possible to know the extent to which it is being adopted, or the traction it may or may not have gained in acute trusts. Our survey and interview data offer some indication and we will reflect on this in the Discussion section.

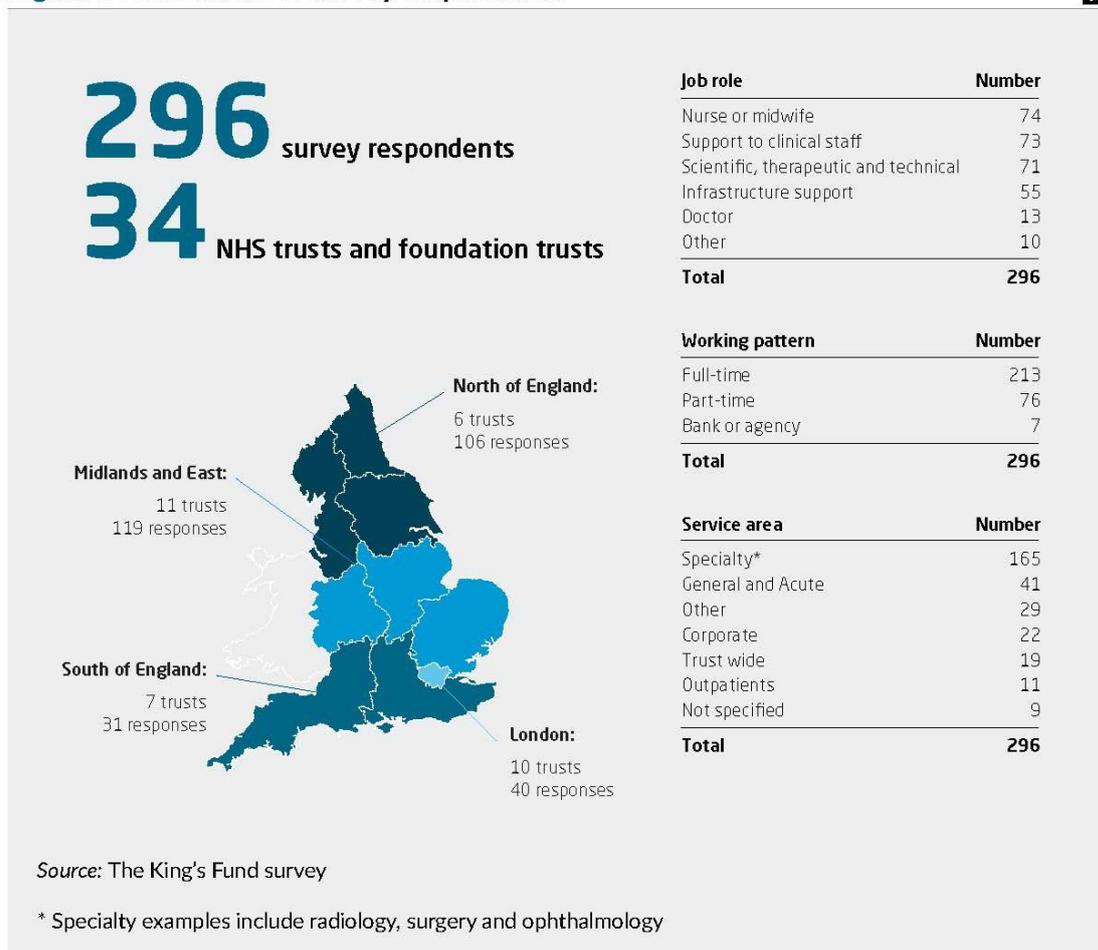
3 Methodology

We took a mixed-methods approach. In addition to the literature review presented in Section 2, we carried out a perceptions survey and interviews with frontline staff. The survey and interview questions were designed to capture staff perspective (as opposed to that of patients or volunteers).

Survey

The online survey was shared via Royal Voluntary Service and Helpforce networks (and thus there is a risk of bias in the responses from those who are more familiar with and in favour of volunteering in hospitals). The survey was also shared via The King’s Fund network of contacts and Twitter to reach a wider sample. The survey asked respondents to self-select if they work in an NHS acute hospital. Not every respondent answered every question.

Figure 1 Breakdown of survey respondents



The responses cover all regions, as well as a wide range of job roles and service areas within hospitals. To enable a comparison of the data by job role the answers were grouped in line with NHS Digital workforce statistics.

Two trusts are over-represented in the sample, making up 54 per cent of responses. The analysis was carried out both including and excluding responses from these trusts to check whether they skewed the results, but no notable difference was observed so data for all responses is included in the report.

Interviews

In addition to the survey, 20 semi-structured telephone interviews were carried out and analysed thematically.

Table 2 Interview participants by job role

Job role	Number
Nurse or midwife	5
Support to clinical staff	3
Scientific, therapeutic and technical (including occupational and physiotherapists)	4
Infrastructure support (including management, administrative and facilities staff)	6
Doctor	1
Social worker	1

Literature review

We also carried out a non-systematic literature review to identify any existing research on staff perceptions of volunteers (see Section 2). While staff views were often discussed in existing research on volunteering, this was frequently as only a small part of a wider project. Most studies were carried out in the UK, but some were from Australian or US contexts. A few were reviews of multiple volunteering-related research articles. The level of detail in description of the settings varied between studies: some were described broadly as an 'acute hospital', and sometimes specific acute wards were named. Most studies focused on older patients; the exception was one study that described volunteer peer support for breastfeeding on a maternity unit.

4 Findings

Survey and interview findings

The authors, informed by insight and expertise from Royal Voluntary Service and Helpforce, designed an online survey (Appendix 1) to capture staff perceptions on:

- awareness of a formal volunteering programme and what volunteers do in their hospital
- what support volunteers provide on their ward/in their hospital
- what contribution(s) volunteers make in their hospitals
- whether they enjoy working with volunteers
- whether there are any challenges in working with volunteers.

We piloted the survey with four individuals currently working in the NHS (independent of each other) to test its usability. The survey was refined based on their suggestions and then fielded in August 2018 and closed in mid-September 2018.

Survey respondents were asked to indicate if they would be willing to take part in a short telephone interview. We purposively approached survey respondents who are employed in a range of job roles to invite them to be interviewed and 20 people accepted (see Table 2 on p18). The authors developed a semi-structured interview that asked staff for some more detailed information about:

- their awareness of a volunteering programme and/or their awareness of what roles volunteers carry out in hospitals
- what benefits they think volunteers bring (to staff and to patients)
- how they feel about working with volunteers
- whether/how volunteers complement what staff do and whether/how volunteers 'fill in' for certain aspects of what staff do
- whether/how the volunteering service could be improved.

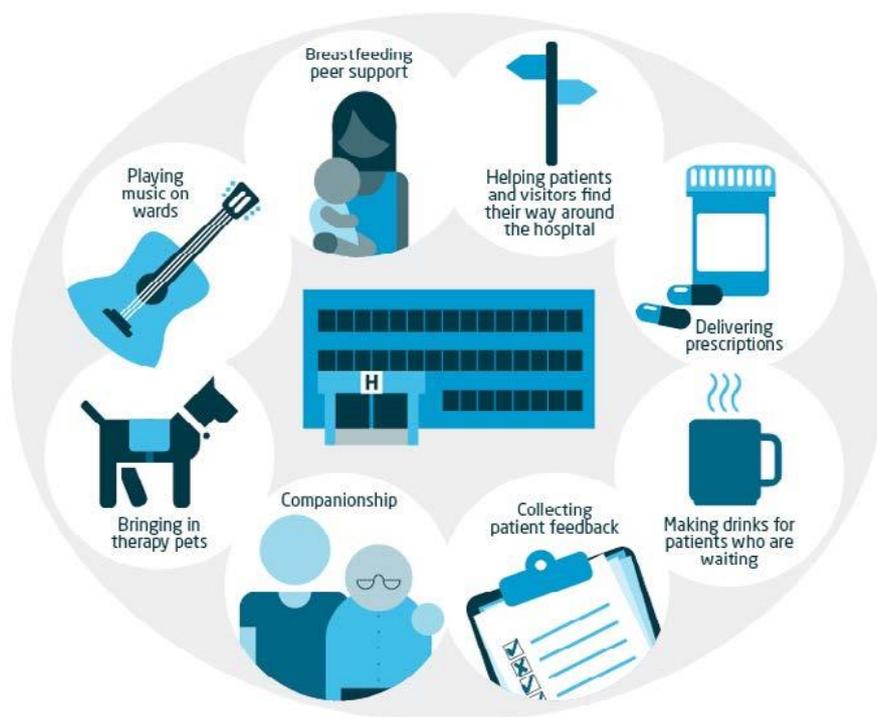
The survey and interviews offer a unique level of insight into volunteering in hospitals as reported by staff working on the front line. This section covers

what the survey and interview data show about how frontline staff perceive volunteers.

What do volunteers do in hospitals?

Survey respondents and interview participants identified numerous activities undertaken by volunteers (see Figure 2 for specific examples from our survey and interviews of different examples of what volunteers do). Some of these volunteering roles are widely observed, such as helping patients and visitors find their way around the hospital and providing drinks in waiting areas, while others were very specific and mentioned less frequently. For example, in one trust volunteers have been trained to monitor the CCTV and in another trust volunteers accompany patients on a cardiac rehabilitation exercise circuit. There are also examples of peer support volunteers for breastfeeding, alcohol treatment and patients about to undergo an amputation.

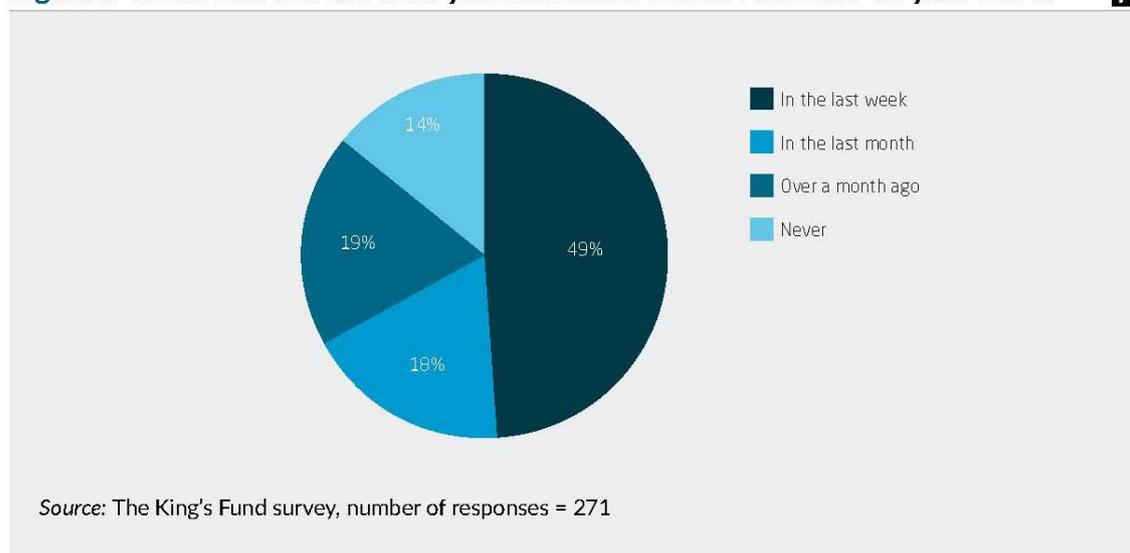
Figure 2 Examples of the diverse roles of volunteers from our survey and interviews



More broadly, we wanted to get a sense of the overall types of support volunteers provided within their hospital based on a set list (with the option to tick as many as are applicable). Two-thirds of respondents said that volunteers provide companionship and general stimulation to patients, while one in ten said volunteers help to mobilise patients, for example assisting them to get dressed and move around the ward (Figure 2).

Thus, there are many commonalities in what volunteers do in hospitals – but also some variation. This suggests that some hospitals may not be making the most of what volunteers can offer.

Figure 3 When was the last time you interacted with a volunteer on your ward? 



As indicated in Figure 3, a high proportion of frontline staff interact with volunteers regularly (half had done so in the last week). This probably links to the breadth of support roles that volunteers provide.

All members of staff we spoke to described volunteers providing comfort, support and reassurance to patients. Volunteers do so by befriending patients – particularly those who have few or no visitors and are in hospital for longer periods of time – or spending time with patients as required, such as by talking, sharing an activity (like a puzzle) or reading aloud. Staff described this as helping to make patients' visits to or stays in hospital a more pleasant and personalised experience and to alleviate boredom.

They have a magazine service so patients can check out a magazine while they're on the wards, or DVDs. They have a service where volunteers will come up and sit with the patient... or if [the patient is] mobile and cleared as being safe to leave the ward, have a little walk down to the shop and occupy a patient's time, which is really useful... I set [that] up for a patient who came to the centre and who was from quite a distance away so family weren't going to be able to visit and over the bank holiday weekend we knew that patient would be probably quite bored... and so the volunteers set up a rota so volunteers could go up and visit her, chat and... be there to listen while she was in hospital.

Social worker, large acute trust, London

Staff perceptions of the value of volunteering

Three-quarters of respondents felt that volunteers in hospitals added a lot of value for staff. However, this was a lower percentage than for those who felt volunteering added a lot of value for patients or the volunteers themselves. Staff raised several challenges to hospital volunteering, however, which we discuss later in the report. These challenges may explain this difference in value.

Figure 4 Do you think volunteering in hospitals adds value?

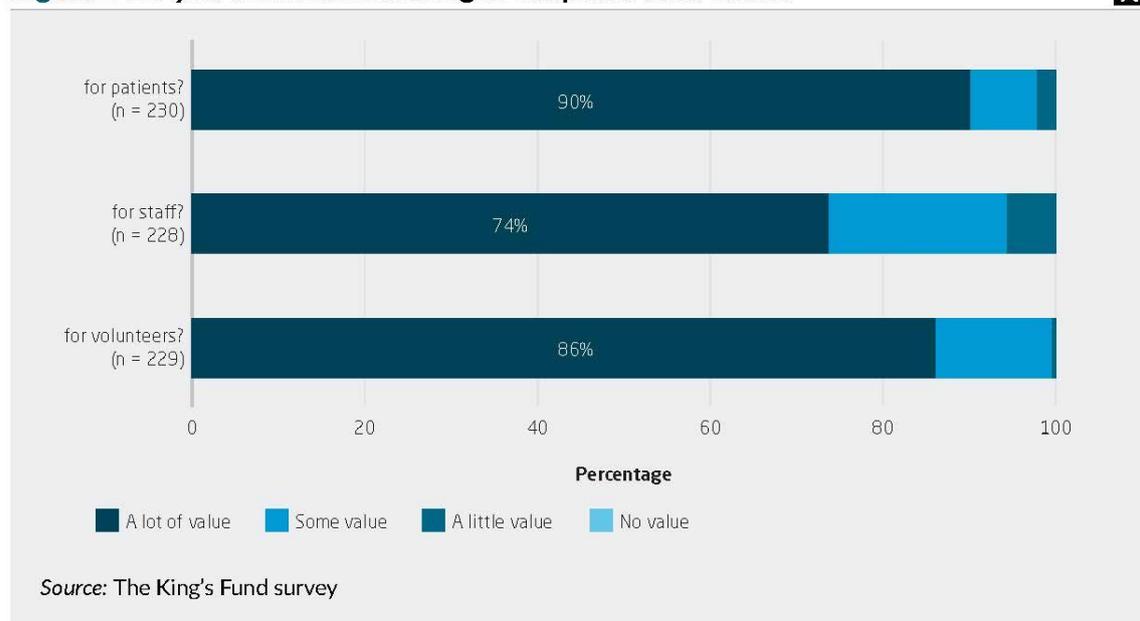
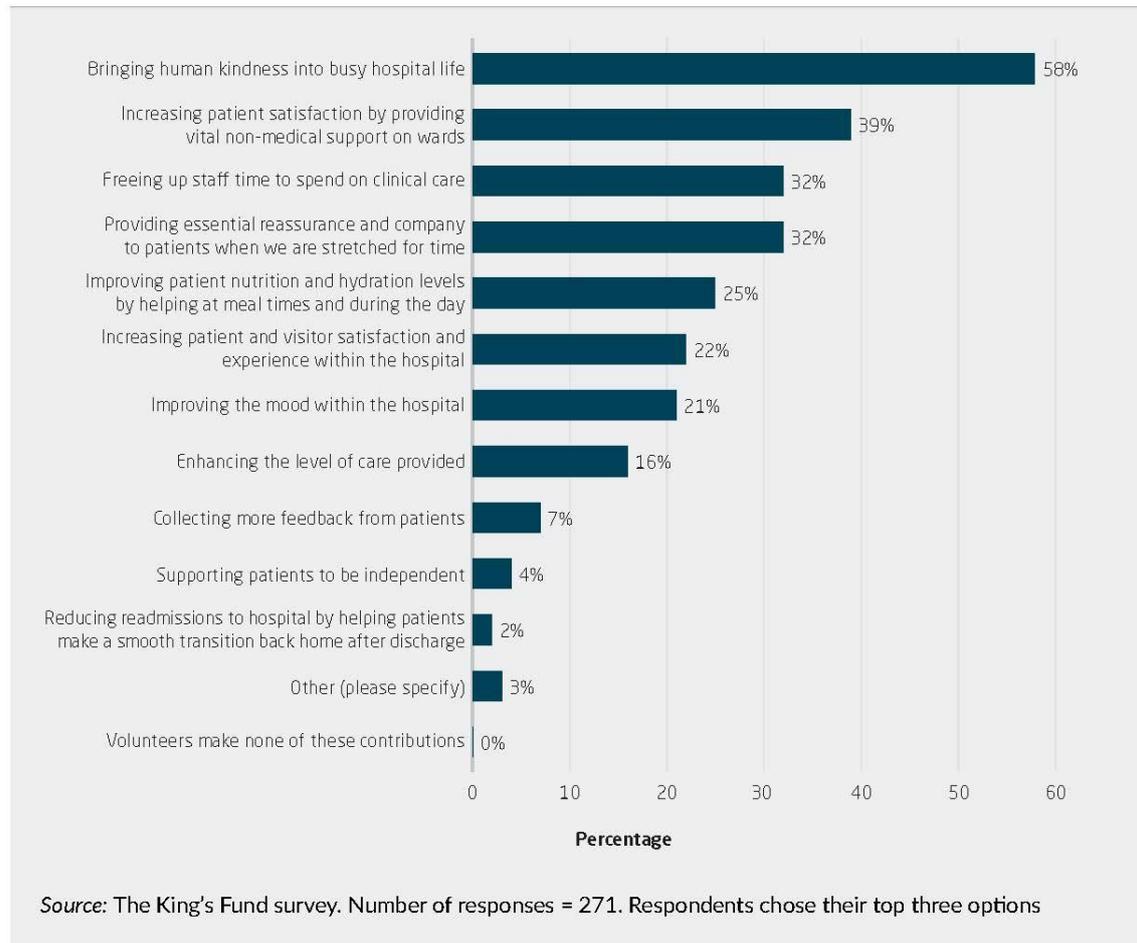


Figure 5 In your opinion which of the following do hospital volunteers contribute to?



Value to frontline staff

In Figure 6, we can see that a high proportion of staff working across different service areas agree that volunteering adds a lot of value (over 70 per cent in each of the four cases). Figure 7 shows that some staff groups are much less likely to agree that volunteering adds a lot of value – specifically doctors and scientific, therapeutic and technical staff. Bank or agency staff are most likely to report that volunteering adds a lot of value, although only a small number of respondents from this group responded to the question (see Figure 8).

Figure 6 Do you think volunteering in hospitals adds value? Responses split by service area

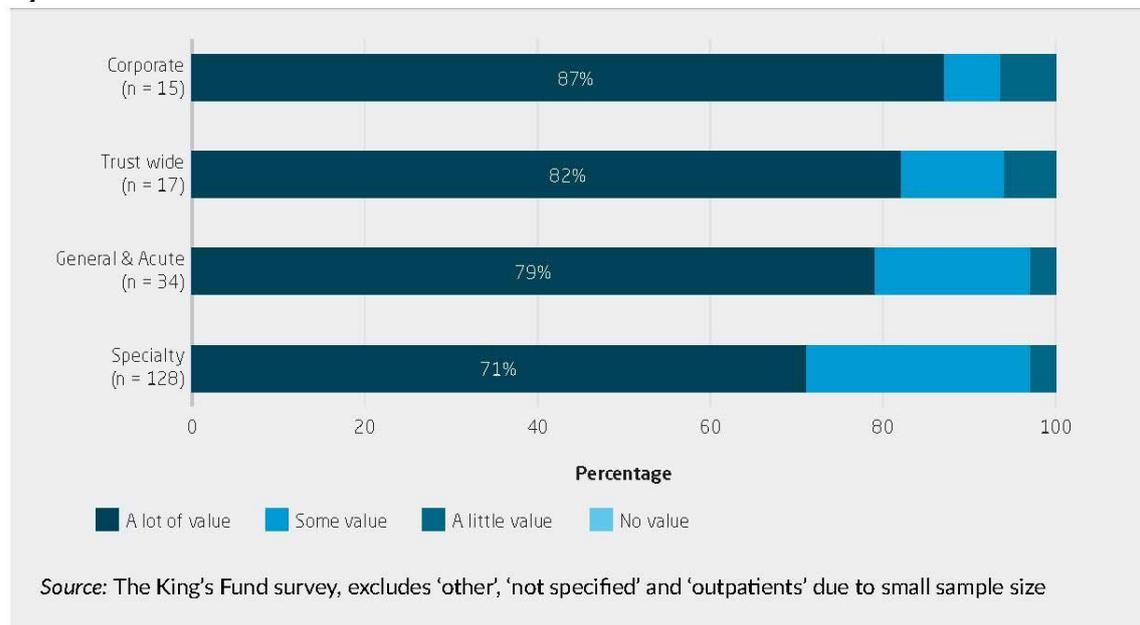


Figure 7 Do you think volunteering in hospitals adds value? Responses split by job role

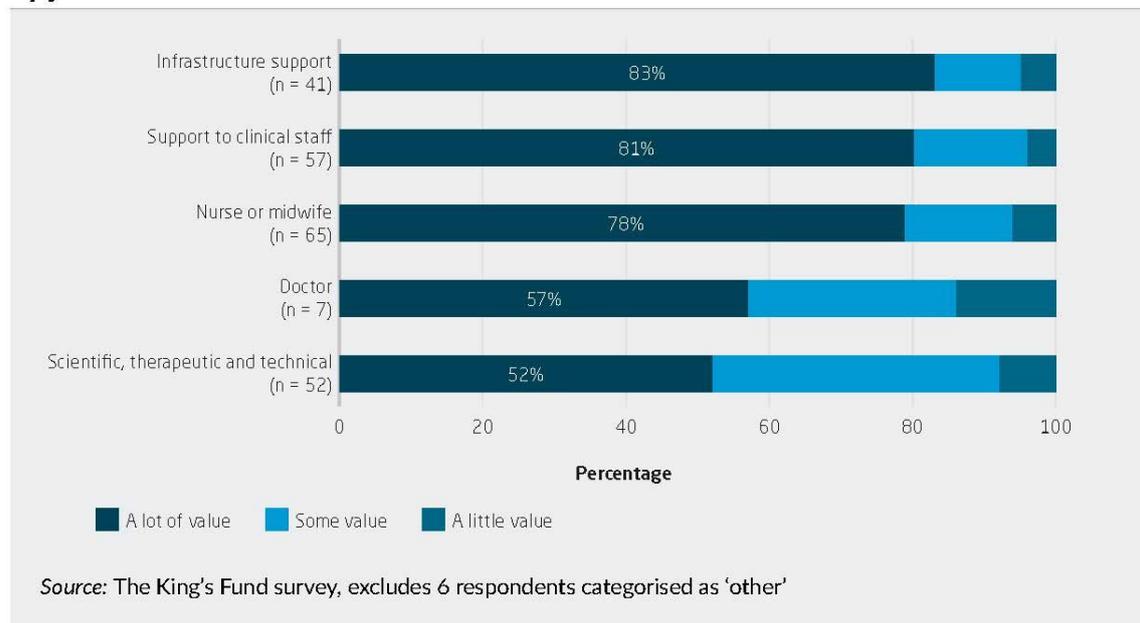
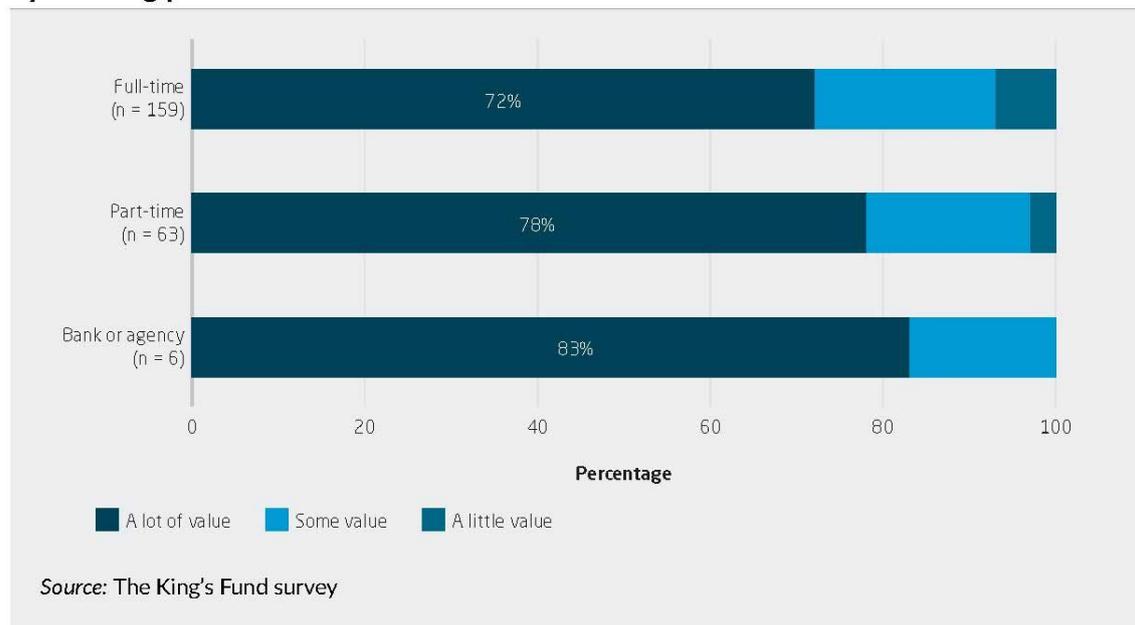


Figure 8 Do you think volunteering in hospitals adds value? Responses split by working pattern



Staff are always thin on the ground or over-stretched, so any extra pair of hands is always really gratefully received.

Nurse, small acute trust, south-west England

Volunteers provide vital practical support when staff are busy, easing the workload by adding an extra pair of hands. Staff explained how some of the tasks volunteers performed would have otherwise taken a staff member away from clinical work or caused delays. This includes volunteers who collect and deliver items, bring food and toiletries to patients or carers, signpost patients round the hospital, or accompany them to different departments.

Another way in which volunteers contribute is by alerting staff to patient concerns or issues. This is a benefit for patients and families in terms of having their needs met quickly – and also helps to address any issues proactively, before they escalate into formal complaints.

It's really nice to have someone there to focus just on the patient, rather than focus on the clinical aspects of the patient. It's really important. They also take the pressure off frontline staff and allow us to go back to the values of the NHS.

Infrastructure support staff, large acute trust, Midlands and East of England

Practical tasks undertaken on the ward by volunteers can ease pressure on staff. Such tasks include tidying up, doing the tea round or assisting at mealtimes. An interview participant described how a volunteer could spend time on things that staff could not spare time for.

To us, they are a lifeline because we don't have the staffing and sometimes we can't get to do a tea round. Either we're short staffed, or even when we're not short-staffed we're very busy. They enhance our roles.

Support to clinical staff, small acute trust, south-west England

Similarly, volunteers can spend time chatting or sitting with patients that staff are too busy for. Where volunteers are not present, these are the kinds of activities that might suffer. As one survey respondent who didn't currently have volunteers on their ward described, when they were short-staffed: 'it's the little things that have to be missed like making patients a cup of tea or having a chat'.

With volunteers focusing on spending meaningful time with patients, collecting and delivering items and other practical support, staff have more time free to focus on the clinical and specialised tasks that only they could carry out.

...the volunteer role is pivotal in enhancing the experience, whether that's showing someone around, playing dominoes with someone on the ward, or saying hello, reading letters... The more – I don't want to say mundane because it's really important to the individual, but the things that as nurses we put to one side while we do medications and make sure everyone's washed and dressed and ready for theatre and all those sorts of things. As health care professionals we're getting people through the system and process, whereas the volunteer role is to enhance the experience of the person in that process.

Nurse, medium acute trust, north of England

A third of survey respondents who had interacted with volunteers also said that one of their top three contributions was freeing up staff time to spend on clinical care (see Figure 5).

Staff also described ways in which volunteers add practical value that were not identified in the existing research, such as giving food and refreshments to patients and paramedics who had been waiting outside A&E in ambulances, or coming up with new ways to save resources and raise money for a trust. While the first example again reinforces the vital role volunteers can play in the context of an overstretched system, the second hints at the additional innovation and expertise volunteers might bring to the system.

Volunteers provide significant support to staff, as well as to patients. Additionally, the time volunteers free up helps staff to feel patients' care experiences have been enhanced – and this was clearly important to staff experience too. This links with studies that show the presence of volunteers in acute hospitals increases nurses' work satisfaction (McDonnell *et al* 2014; Bateman *et al* 2016). Interview participants said the time that volunteers freed up helped them to feel they were providing a better service to patients.

I'm always so busy and so there's times when maybe I haven't gone into one of my bays to see my patients for an hour because I've been doing something else. Then I'll come back and [the patient] will say, 'oh the volunteer came to see me and brought me this book!' I don't always see [volunteers] but to know they're there... is really nice.

Nurse, large acute trust, Midlands and East of England

Figure 9 Do you enjoy working with volunteers in your hospital? Responses split by job role 

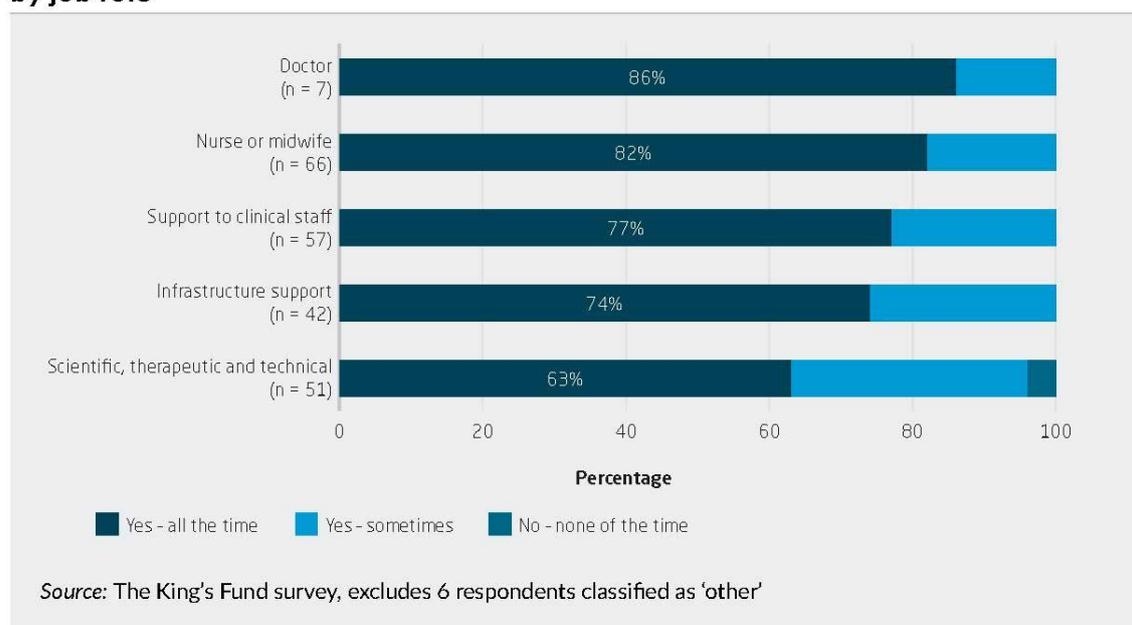
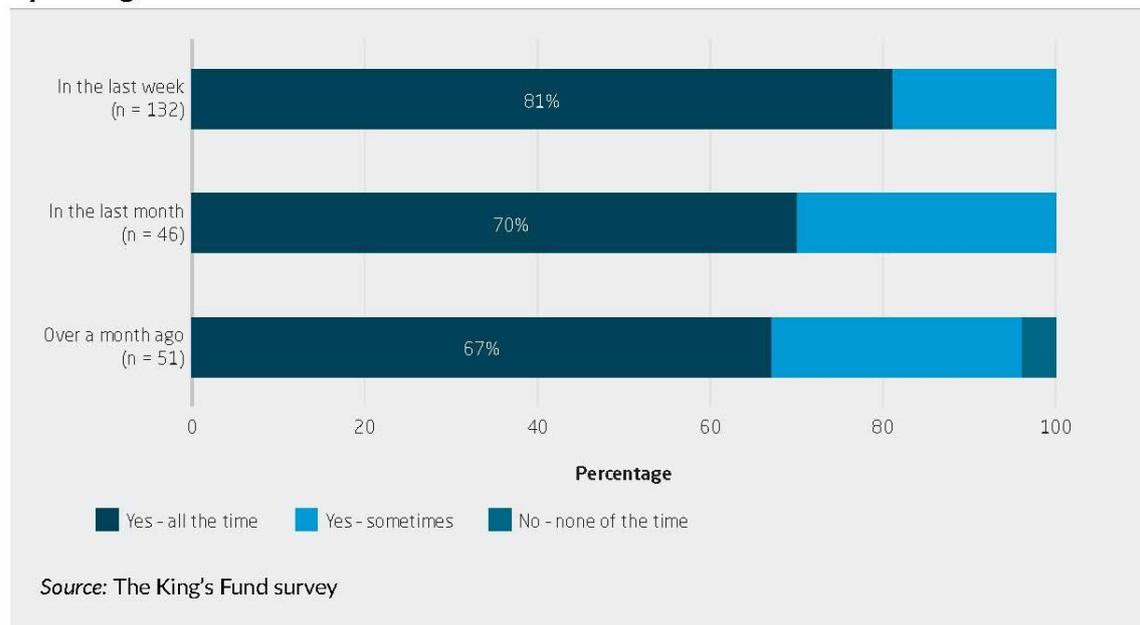


Figure 10 Do you enjoy working with volunteers in your hospital? Responses split by timing of most recent interaction 



Volunteers also offer emotional and social support to patients which might not otherwise be available. Perhaps unsurprisingly, therefore, the overwhelming majority of respondents to the survey said that they enjoyed working with volunteers. We note more staff report enjoying working with volunteers than agreeing that volunteers 'add value'. Although we cannot be definitive about the interpretation of this, one possible explanation is that 'value' is interpreted as a narrower concept relating to the delivery of more specific tasks or outcomes related to the respondent's own role. 'Enjoyment' may have a broader meaning, reflecting how volunteers are perceived to add to the overall working atmosphere and function of the relevant team, unit or hospital. Volunteers' attitudes were a common theme: that is, volunteers are seen as friendly, helpful, approachable, cheery and enthusiastic. This could have a positive impact on staff morale.

Once she's on the ward it's smiles all round.

Doctor, small acute trust, Midlands and East of England

Some survey and interview respondents described volunteers as 'a joy to work with', people who 'lift the mood', 'make people smile' and 'brighten your day'. An interview participant described how volunteers can change the atmosphere in busy, clinical environments – for the better in terms of morale.

Witnessing volunteers enhancing the patient experience also had a positive impact on staff.

[Volunteers] tend to be quite jovial and chatty – [they] loosen the tension a bit.

Doctor, small acute trust, Midlands and East of England

People who volunteer regularly in the same area or ward were described with warmth and regarded as dedicated and easy to get along with.

The man who comes [around] to do the tea round, we have a really good rapport with him – us and all the staff. We all think of him as one of our team members. It's lovely to see him. He's an elderly guy but he's so bright and cheerful and helpful. He's so young in his mind, bless him. I just think he's a key team member. We don't think of him as a volunteer, he's just one of the team. It does brighten your day up. We're all so stressed and busy all the time... To have someone come on the ward and they're happy and smiling, it does remind you it's OK and helps you relax again.

Nurse, large acute trust, Midlands and East of England

Value to patients

Almost two-thirds of respondents said that one of volunteers' top three contributions was 'bringing human kindness into busy hospital life'. This human connection was also reflected in the interviews. Some of the emotional and social support volunteers bring is unique to their role. Volunteers might be more relatable than clinical staff, providing valuable non-medical interaction, or acting as an informal advocate. One survey respondent described how volunteers could identify and address patients' spiritual needs.

Nursing staff are really busy, they've got all these different things to do and are rushing around, which is difficult because if you're feeling unwell you want something a bit more chilled, you want somebody who's got the time to care – the volunteer has got that time to listen to you properly and to have a proper conversation.

Scientific, therapeutic and technical staff, medium acute trust, north of England

Volunteers act more like a friend to patients. This is particularly important for those who are lonely or don't have other visitors. In this way volunteers can also provide emotional support approaching the end of life.

For example, if you have an end-of-life patient, we can try and contact [a volunteer] to come and sit with the person if we haven't got a chance to and [the patient] hasn't got any family.

Nurse, large acute trust, Midlands and East of England

More broadly, volunteers provide a level of emotional and social support to patients beyond that which staff are able to give. Often, this related to the time pressures staff experienced – a third of respondents said that one of volunteers' top three contributions was 'providing essential reassurance and company to patients when we are stretched for time'. Volunteers provide an additional level of companionship and reassurance, making sure that patients don't feel 'forgotten' when staff are unavoidably busy. Volunteers can alleviate patients' boredom or act as a welcome distraction from feeling unwell. As well as contributing to a patient's general wellbeing in the hospital, this support might positively impact their recovery:

[Volunteers] provide support and companionship to patients which is one of the important aspects for their recovery process.

Survey response

They really boost the mood of the patients on the ward. It can really make a difference to patients' experience... If we didn't have [volunteers], it would feel a lot less personal.

Nurse, large acute trust, Midlands and East of England

Another key contribution according to survey respondents is 'increasing patient satisfaction by providing vital non-medical support on wards' (39 per cent). Practical support is a key element of this, such as providing information, helping people get around the hospital and delivering various items. There are also various examples of the added value from music, art and other activities that volunteers provide. An interviewee describes the powerful impact of the Pets as Therapy (PAT) service:

sometimes there are patients who that's the only time they actually communicate during the week.

Infrastructure support staff, medium acute trust, north of England.

Although the survey and interviews were not set up to capture the patients' point of view, the value volunteers add for patients is relevant for how they are viewed by staff. These findings correspond with some of those from a previous literature review by The King's Fund considering the wider value of volunteering in health and social care (Mundle et al. 2012).

Value to volunteers

[Volunteering is] a chance to give something back.

Scientific, therapeutic and technical staff, medium acute trust, North of England

Staff discussed the value that they perceived volunteers gain from their placements in hospitals. Volunteering provides the opportunity to 'give something back' and to help and make a difference. Some staff linked this to people who had retired or people who had had direct experience of illness or a connection to the hospital through a loved one.

Volunteering offers the opportunity to gain work experience, as well as developing a person's confidence and skills or giving them a better appreciation of the work done. This work experience could lead directly to paid jobs (as in the case of one of our interview participants). Alternatively, volunteering could be a way to contribute when a person is unable to work in a paid role.

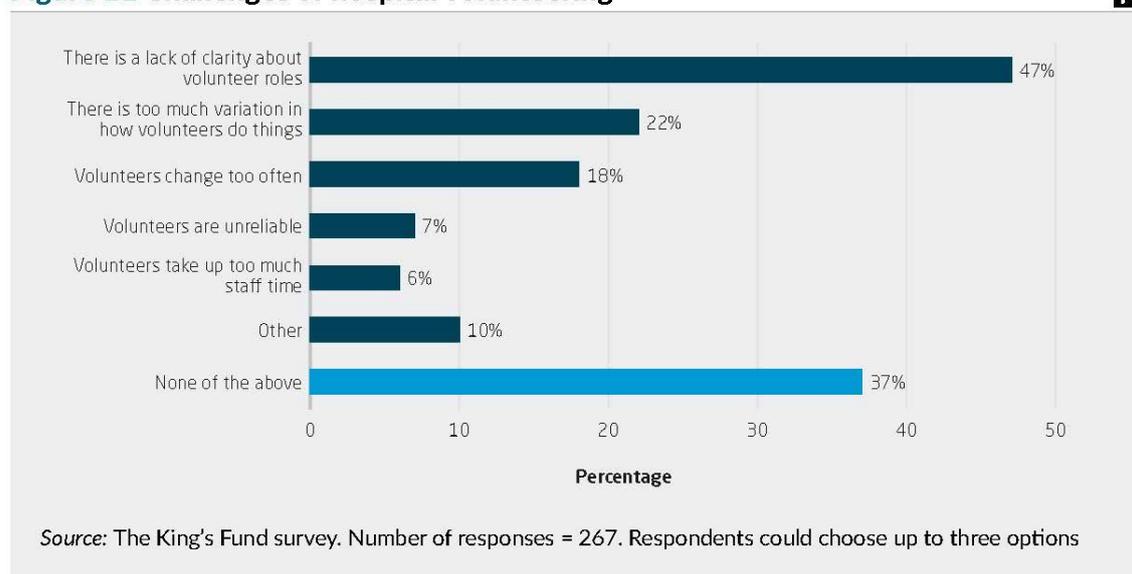
Beyond these aspects, volunteering was also perceived to be a mostly enjoyable experience. People felt appreciated through volunteering, or could get involved in social interaction they might not otherwise have, giving them a sense of purpose. However, clearly, there is turnover among volunteers and, as one survey respondent highlighted, there is a need to ensure that volunteers get some developmental and emotional value from their work:

Volunteering should be an enjoyable activity, rather than unpaid labour.

Survey response

Staff perceptions of the challenges related to volunteering

Figure 11 Challenges of hospital volunteering



We asked survey respondents to indicate what challenges there are in working with volunteers (respondents could select a maximum of three answers from the options listed). Almost 40 per cent selected 'none of the above', given there is also a category for 'other', most of these respondents are likely to feel that there are no challenges to working with volunteers. For the 10 per cent of respondents who selected 'other', their reasons were often similar to the more specific options.

Clarity of volunteering roles and role substitution

According to responses to our survey, the most challenging area is the lack of clarity about volunteer roles. This reflects the existing research discussed above: a key factor in how staff perceived volunteers was whether they understood the distinction between their own roles and those of volunteers (Ottrey *et al* 2018; Hopper and Skirton 2016; McDonnell *et al* 2014; Fitzsimons *et al* 2014).

In the survey, this lack of clarity often related to the boundaries between volunteer and staff roles. Free-text comments in the survey shed some more light on this, for example a recognition that staff need to understand these boundaries better (sometimes due to a lack of training) as well as needing some reassurance that volunteers are not replacing paid roles. Interview

participants described instances where other staff (not themselves) were concerned about volunteers 'taking away' paid roles or feeling their roles were threatened by the presence of volunteers.

However, concern about role boundaries between volunteers and staff was not only due to a lack of clarity. Staff also discussed the extent to which volunteers took on roles traditionally performed by paid staff. Interview participants felt it was important that they should not be dependent on volunteers. They described concerns about volunteers taking on tasks such as transporting and feeding patients that, in their view, should be performed by porters or health care assistants respectively. There was also some recognition that staff cannot rely heavily on volunteers who are not contracted and are therefore not always available on demand.

[W]e don't get them on the same time and day each week.

Survey response

...when a volunteer is signed in but doesn't do their job.

Survey response

Staff also articulated the need to avoid exploiting volunteers' willingness to help out when staff are very busy and feeling under pressure. An interview participant described the importance of boundaries for one volunteer who 'serves more as a member of staff' to ensure they were not asked to act beyond their role. Others highlighted concerns about volunteers getting involved in tasks they do not have suitable expertise for, such as feeding patients with complex needs or on specialised diets. There is a degree of risk if staff take for granted volunteers carrying out some tasks that require specialist training.

However, there is variation in the views of staff on the subject of role boundaries. Some staff expressed an appetite for volunteers taking on more tasks such as feeding patients, fire safety duties, or moving patients around the hospital. A few survey respondents provided free-text comments about hospitals not being able to fully utilise the skills volunteers brought with them. Therefore, it appears some staff are happy for volunteers to take on tasks more related to patient care, although this point requires further research.

Knowing the scope of volunteers and how to get more volunteers on wards that aren't elderly care/oncology.

Survey response

Related to this, one staff member described a volunteering initiative that had been set up to fill a gap after struggling to recruit and resource a paid role within the hospital. A few respondents described volunteers as essential team members, 'extra staff', or 'a lifeline', suggesting the extent to which those volunteers are integral to their work. However, this raises questions about the ability of hospitals to provide safe and effective care without volunteers. This links back to the concerns raised above about depending on volunteers. As described by interviewees, volunteers are not obligated in the same way as staff, which has implications for reliably performing core hospital tasks. Such concerns indicate a need for clear guidelines for volunteers about what is expected of them. The existence of the good practice guide for recruiting and managing volunteers suggests this clarity about expectations might not yet be wholly embedded in all hospitals. It also raises a wider question about distinctions between staff and volunteer roles and the need for more consideration of how these are balanced (Naylor *et al* 2013).

In contrast perhaps, a small number of staff in the survey and interview sample questioned whether some volunteers should be paid. While they recognised this would change the nature of those roles (one of which was described as a role supporting patients' families), it again suggests the extent to which the additional support volunteers provide is valued by staff. One staff member described a programme initially set up as a volunteering project that had proved its usefulness to the extent that it was now a paid staff role. These examples indicate the potential for volunteering as a way to identify and demonstrate unmet provision within a hospital.

Variation in how volunteers do things

According to the survey, 22 per cent of people responding to the question cite 'too much variation in how volunteers do things' as a challenge related to volunteering in hospitals. Some of the free-text comments in the survey shed further light on what staff can find challenging, specifically that volunteers are not trained in certain skills or how to work effectively alongside paid staff. There is also some recognition that training and induction can be a lengthy process, which is frustrating.

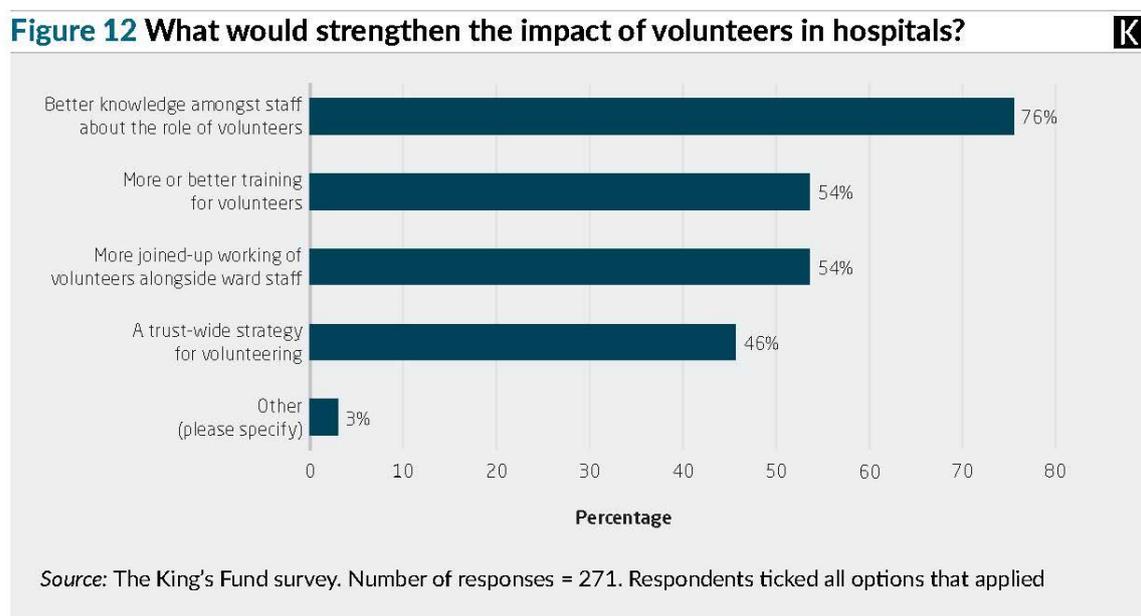
[V]olunteers are there to help us – to enable them to ... help us with their expertise, they need to be trained.

Survey respondent

Time taken to enable them to do their role, from initial interest to being on the wards. This can be several months.

Survey respondent

Strengthening the impact of volunteers in hospitals



When asked about what would strengthen the impact of volunteers in hospitals, 76 per cent of survey respondents cited 'better knowledge amongst staff about the role of volunteers'. This point was also reflected in interviews. For example, some interview participants said it would be helpful to have information about where to locate the volunteering service and how to find out about what activities volunteers can support staff with (including what training they have had) and how to raise concerns as and when they arise. This raises a question about how best to disseminate information on volunteers. While some interview participants recognised that it is the responsibility of individual staff members to be proactive and access information about volunteers via the intranet, others noted that frontline staff do not always have much time to use computers.

In the survey, 54 per cent each of people who responded to the question on strengthening the impact of volunteers cited 'more or better training for volunteers' and the same proportion cited 'more joined-up working of volunteers alongside ward staff'. An observation was made in interviews that volunteers can be 'ignored' or made to feel 'invisible' by some staff as well as the importance of making volunteers feel more embedded within frontline teams. Interview participants offered various suggestions for how to achieve this, including:

- seeking the views of volunteers and frontline staff about ways of working with each other
- improving communication between the volunteering service, volunteers and frontline staff
- improving training and induction – or having opportunities for volunteers and frontline staff to train together
- frontline staff being more involved in recruiting and line-managing volunteers they work most regularly with
- involving volunteers in multidisciplinary team discussions or in handovers (recognising volunteers can have very good insights about patients).

In interviews, we talked to staff about what they think could improve the volunteering service in their hospitals. A recurring theme was volunteers being encouraged (by trusts and the volunteering service) to get involved in all the different aspects of hospital work. Interview participants reflected that there is a range of patient- and non-patient-related work in hospitals to suit all levels of experience. To enable volunteers to get involved in more or different aspects of hospital working, some practical barriers would need addressing, such as information governance (who can access patient data) and the levels of training volunteers receive (eg in manual handling). Some cultural barriers need consideration too, for example volunteers being drawn to (and potentially expecting to do) particular activities. Frontline staff observed that some volunteers might not be expecting the full experience of being in a busy clinical environment.

We want to be clear people are coming for the right reasons, specifically for maternity. We do get people contacting us saying, 'I just love being with babies'... Actually, being a volunteer in maternity doesn't mean you're going to be able to sit and hug babies.

Midwife, medium acute trust, north of England

Retention of volunteers

On the subject of retention, staff emphasised the need to ensure volunteers gain a sense of satisfaction from the contributions they make. Without this sense of fulfilment, there was a risk volunteers could disengage and not come back as regularly – or at all. Reward and recognition of volunteers was about raising their profile as people giving up their time to NHS services which could be done effectively by senior staff expressing their gratitude. For example, in one hospital a volunteer has been awarded a number of badges by the chief executive as a way of thanking him for the contribution he made to patients' experiences.

We're using their most expensive commodity – that's their time. We need to... make sure they are valued for giving their time.

Nurse, medium acute trust, north of England

Praise volunteers a lot more – give them credit for what they do. In the NHS, you don't hear so much about what they do... It's not all about being paid... They're not given credit; they're in the dark, nobody sees or hears about them.

Support to clinical staff, small mental health and learning disability trust, Midlands and East of England

5 Conclusion and recommendations

This report brings together survey and interview data about what frontline staff think about volunteers in hospitals. Our findings reinforce and validate existing knowledge about volunteering in the NHS, as well as providing more in-depth understanding of staff perceptions of volunteers, including variation between staff groups.

Our key finding is the very strong support for volunteering among frontline staff and the three sorts of value it provides: to staff, to patients and to volunteers themselves. Volunteers provide vital practical support that enables frontline staff to prioritise clinical care. Frontline staff clearly appreciate that volunteers can bring additional human kindness into busy hospital life – often by carrying out the smaller, non-clinical actions, such as providing personal and emotional support that staff do not always have time for, which in turn provides staff with more time for clinical care. The breadth of volunteering activity we found in the data suggests that some health care providers could be missing some of what volunteers can offer. Further, volunteers bring a different mindset and can offer innovation.

However, staff report there are some challenges too. We found this was mostly about the lack of clarity concerning role boundaries of both volunteers and frontline staff. Clearly, there is learning to be taken from our data about supporting volunteers and frontline staff to work together better.

We found low evidence of frontline staff being suspicious about volunteers or perceiving volunteers as a threat. Our data show staff concerns are more about the potential to rely on volunteers too much in services that are increasingly under pressure. Therefore, it is important to keep the focus on volunteers as valued partners in delivering care but not as substitutes for staff.

Frontline staff feel that the impact of volunteering could be strengthened by more joined-up working between staff and volunteers. Although there were some positive examples of good volunteer–staff relationships within our data (particularly where volunteers volunteer regularly on the same wards in

hospitals), this was not the case in all hospitals and there is scope for further development.

Recommendations for Royal Voluntary Service, Helpforce and other stakeholders

To support the continued development of volunteering in hospitals, Royal Voluntary Service, Helpforce and other stakeholders such as volunteer service managers should consider the following.

- Royal Voluntary Service, Helpforce and others should continue the work already in train **to promote ‘what volunteers can do for you’, including targeting different staff groups**, and supplementing this by disseminating examples of best practice in NHS hospitals.
- Royal Voluntary Service, Helpforce and others should work on **raising awareness of NHS England’s good practice guidance on recruiting and managing volunteers** in the NHS (NHS England 2017).

Frontline staff clearly appreciate what volunteers do in hospitals to enhance their capacity and patients’ experiences (with some notable differences between staff groups, as detailed in Section 4). They expressed an appetite for volunteers to continue to support them, potentially by carrying out more diverse volunteering roles. As volunteering in hospitals continues to develop in these ways, it would be helpful for Royal Voluntary Service and Helpforce to continue to share their learning.

Recommendations for NHS trust leaders

Leadership is critically important to facilitating the success of volunteering in hospitals. For senior managers in NHS acute hospitals (for example, Directors of Nursing and Patient Experience), we make the following recommendations based on our research.

- **Ensure there is a formal volunteering strategy in all NHS acute care trusts.** Our previous survey of English acute trusts (Galea *et al* 2013) showed only around half of all trusts had an explicit board-level strategy and it is unclear to what extent this has changed since that time. A strategy is important to hold hospital board members to account for enhancing the capacity of frontline staff with volunteer support and to strategically align volunteering with the trusts’ ways of working.
- **Any strategy needs to be adequately resourced**, and volunteer managers supported, for example through membership of the National Association of Voluntary Service Managers (see www.navsm.org).

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- Reflecting the appetite among frontline staff and volunteers, trusts should **be proactive in considering how to extend the range of current volunteering roles**. Trusts may not necessarily need to innovate so much as learn from what others are doing.
 - Closely linked to having a formal volunteering strategy, the board members of every NHS acute care trust should **ensure implementation of the good practice guidance for recruiting and managing volunteers in the NHS**.
 - **Ensure frontline staff (in all groups and at all levels) are empowered and trained to have supportive working relationships with volunteers**, for example embedding this commitment into job descriptions, training and induction. This would mean frontline staff taking responsibility for communicating effectively with volunteers and giving them support when needed.
 - **Develop clear lines of communication between hospital volunteer services and frontline staff teams**. It should be straightforward for staff to find out about the areas in which volunteers could offer support, and how to engage the help of volunteers (yet this was not the case in all of the services we engaged with in our research).
 - **Raise the profile of volunteers in hospitals**. Volunteers can be overlooked or not seen as a 'part of the team' by staff. Board members and senior managers should make it clear to staff that volunteers play a key role in enhancing patients' experiences, alongside paid staff. Our findings suggest that awareness of this differs by staff group, and this should be considered in communications.
 - Volunteers offer highly valued support to frontline staff. **Board members and senior managers should play an important role in ensuring volunteers are recognised for their unique contributions to the working of hospitals and rewarded for the time they give up**. This could be done, for example, through chairs or chief executives of trusts attending long-service medal presentations and giving their personal thanks to volunteers.

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Appendix 1: Survey

Introduction

The King's Fund is working with Royal Voluntary Service and HelpForce who aim to support NHS trusts to create more opportunities for volunteers to give their time and talents to our hospitals. To make sure they get this right, we would love to find out about your experiences of working with volunteers.

We want to hear from you if you work on a NHS hospital ward and care for patients as a routine part of your job, for example you are a nurse, a physiotherapist or a doctor.

If you have 5 minutes to spare, please fill in this survey and tell us your views. All answers are completely confidential and won't be shared with anyone you work with. If you leave your name and email address or telephone number at the end of the survey, you'll be entered into a prize draw for a £50 Marks & Spencer's voucher.

Please remember to click 'next' to navigate to the next page and 'submit survey' when you have completed the survey.

Feel free to forward the link to colleagues for them to complete too.

We would also like to interview NHS staff for more detailed views about the role of volunteers in hospitals. If you are happy to talk to us, please let us know at the end of the survey. Interviews will likely take place in September 2018 by telephone.

If you have any questions about the survey or interviews please email:

VolunteersProject@kingsfund.org.uk

Thank you for your time, and for helping us improve the lives of busy staff and patients in our NHS.

Please note: we have been made aware that NHS Improvement are also circulating a survey on 'employee volunteering'. If you have already completed the NHS Improvement survey you are still eligible to complete this survey and enter the prize draw.

1. Do you work in a NHS acute hospital?
 - Yes
 - No

For all participants who selected 'yes' to Q1:

2. Name of trust where you are currently employed
[select from dropdown list]
3. Job role
 - Nurse
 - Physiotherapist

-
- Healthcare assistant
 - Doctor
 - Midwife
 - Other (please specify)
4. Agenda for Change band
[select from dropdown list]
5. Working pattern
- Full time
 - Part time
 - Bank or agency
6. Service area you work in most of the time (e.g. radiology, maternity etc)
[free text]

Volunteers in your hospital

7. Are you aware of a formal volunteering service in your hospital?
- Yes - internal trust volunteering programme
 - Yes - service run by an external organisation, e.g. Royal Voluntary Service, Macmillan, Marie Curie etc.
 - Yes - both internal and external
 - No

For all participants who selected 'yes' to Q7:

Working with volunteers

8. When was the last time you interacted with a volunteer on your ward?
- In the last week
 - In the last month
 - Over a month ago
 - Never
9. What type of support do volunteers provide on your ward? Please tick **all** that apply
- Helping to mobilise patients on ward – i.e. to get dressed and move around the ward
 - Helping out on wards during mealtimes – i.e. encouraging patients to eat, passing them a drink
 - Providing companionship and stimulation to patients i.e. visiting people for a chat, play cards, share music/books
 - Supporting patients to leave hospital and settle back at home
 - Providing support with admin and clerical tasks
 - Leading activities and social activity groups to support patients with long-term conditions – i.e. dementia, stroke

Are there any volunteer roles missing from this list, please give details:

10. Do you enjoy working with volunteers in your hospital?
- Yes - all the time
 - Yes - sometimes
 - No - none of the time

Please tell us why:

11. Do you think volunteering in hospitals adds value for:

	A lot of value	Some value	A little value	No value
<i>Patients?</i>				
<i>Staff?</i>				
<i>Volunteers?</i>				

12. In your opinion, which of the following do hospital volunteers contribute to?

Please choose your **top three** options

- Reducing pressure on staff on wards
- Freeing up staff time to spend on clinical care
- Increasing patient satisfaction by providing vital non-medical support on wards
- Improving patient nutrition and hydration levels by helping at meal times and during the day
- Providing essential reassurance and company to patients when we are stretched for time
- Bringing human kindness into busy hospital life
- Enhancing the level of care provided
- Improving the mood within the hospital
- Collecting more feedback from patients
- Increasing patient and visitor satisfaction and experience within the hospital
- Reducing readmissions to hospital by helping patients make a smooth transition back home after discharge
- Supporting patients to be independent
- Volunteers make none of these contributions
- Other (please specify) [free text]

13. What are the challenges of hospital volunteering? Please choose **up to three** options.

- Volunteers take up too much staff time
- There is a lack of clarity about volunteer roles
- There is too much variation in how volunteers do things
- Volunteers are unreliable
- Volunteers change too often
- None of the above
- Other (please specify) [free text]

14. What would strengthen the impact of volunteers in hospitals? Please **tick all** that apply

- More or better training for volunteers
- Better knowledge amongst staff about the role of volunteers
- More joined-up working of volunteers alongside ward staff
- A trust-wide strategy for volunteering
- Other (please specify) [free text]

15. Any other comments about hospital volunteering? *For example, what else volunteers could do or what would stop you accepting a volunteer in your clinical area.*

[free text]

For all participants who selected 'no' to Q7:

Potential for volunteers

16. Do you think volunteering in hospitals adds value for:

	A lot of value	Some value	A little value	No value
<i>Patients?</i>				
<i>Staff?</i>				
<i>Volunteers?</i>				

17. If yes, which types of volunteer support do you think would be most helpful?

Please choose **up to three** options

- Helping to mobilise patients on ward – i.e. to get dressed and move around the ward
- Helping out on wards during mealtimes – i.e. encouraging patients to eat, passing them a drink
- Providing companionship and stimulation to patients i.e. visiting people for a chat, play cards, share music/books
- Supporting patients to leave hospital and settle back at home
- Providing support with admin and clerical tasks
- Leading activities and social activity groups to support patients with long-term conditions – i.e. dementia, stroke
- Other, please specify: [free text]

18. Any other comments about hospital volunteering:

[free text]

For all participants who selected 'yes' to Q1:

Prize draw

19. How did you hear about this survey?

- via Royal Voluntary Service
- via The King's Fund
- via HelpForce
- Word of mouth
- Other (please specify)

20. Would you be willing to take part in a short telephone interview to discuss your responses?

- Yes
- No

If yes, please leave your name and contact details [free text]

21. If you would like to be entered into the prize draw (£50 Marks and Spencer's voucher), please leave your name and contact details:

[free text]

Any contact details provided here will only be used for the stated purpose and will not be used or shared in any other way.

Appendix 2: Interview

1. Can you tell me a bit about yourself to begin with?
 - Which department do you work in?
 - What is your role?
2. Are you aware of a volunteering scheme in your department/ in the hospital?
 - How did you find out about it?
3. What are the objectives of the volunteering service in your department/ your hospital?
4. How was it established there was a need for volunteers in your department/your hospital?
5. What do you think the benefits are of having volunteers in your department/ hospital?
 - Have you benefitted personally? How? [ask for examples]
 - Have patients benefitted? How? [ask for examples]
 - [Related to the examples given] What do you think would have happened if a volunteer had not been involved? Who else might have got involved (if anyone)?
6. How does it feel when you (or other staff) have worked with volunteers?
 - [Prompts if needed] Do volunteers complement your work? If yes, which aspects? Do you have a sense of why those aspects?
 - Do volunteers help 'fill in' for certain parts of your work? If yes, which ones? Why is that?
7. What are the main areas of roles for volunteers?
 - How were these decided?
 - Are there any other areas where volunteers could help but aren't involved in at this point in time?
 - To what extent are you and colleagues clear about what volunteers are there for?
8. What are your thoughts on how volunteers do or do not fulfil the types of roles you've described?
9. Are volunteers available to support you whenever you've needed them?
 - If yes, ask for examples
 - If no, what happened?
10. How could the volunteering service be improved?
 - For staff?
 - For patients?
 - For volunteers?

11. [If appropriate] Are there any differences between volunteers attached to external organisations (such as Royal Voluntary Service or Helpforce) and those who aren't attached to those types of organisations?

- If yes, what are the differences? Why do you think that might be?
- What are the advantages and disadvantages of each type (i.e. attached to Royal Voluntary Service/Helpforce and not attached)?

12. Is there anything else you'd like to say about volunteers?

[End of interview]

About the authors

Shilpa Ross is a senior researcher in the policy team at The King's Fund and works on a range of health and social care research programmes. Topics of her recent reports for The King's Fund include innovative models of general practice, transformational change in health and care, and quality improvement in mental health. Before joining The King's Fund in 2009, Shilpa's research focused on the resettlement of offenders and substance misuse treatment. She has extensive experience in qualitative research with practitioners, service users and policy-makers. Shilpa holds a BSc in psychology and criminology.

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