The King's Fund

Ideas that change health care

Authors
Amy Galea
Chris Naylor
David Buck
Lisa Weaks

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Volunteering in acute trusts in England

Understanding the scale and impact

Key messages

- Around three million people volunteer for health, disability and welfare organisations in England, the same number as the combined NHS and social care workforce, but we know very little about where they are, or what they do. In our recent report *Volunteering in Health and Care: Securing a sustainable future*, we highlighted the lack of data at the local level on volunteering in the NHS. Following this report, the Department of Health funded The King's Fund to carry out a survey focusing on the scale and value of volunteering in NHS acute trusts.
- On average, acute trusts in our survey have 471 volunteers; scaling up this equates to more than 78,000 volunteers across all acute trusts in England who are contributing more than 13 million hours per year. This does not include the contribution of volunteers in mental health trusts, general practice and other settings. It also does not consider people who give their time in a governance capacity in acute trusts.
- The variation in numbers of volunteers is considerable. Some trusts reported as few as 35 volunteers, others as many as 1,300. There is a relationship between the size of the trust and the number of volunteers, but this is relatively weak. Many smaller trusts make extensive use of volunteers; in contrast, many larger hospitals are not matching the volunteering potential of other hospitals.
- The volunteering profile has changed over the past five years; 66 per cent of respondents said that new volunteers now tend to be younger and 56 per cent said that there is more diversity in terms of ethnicity.
- Our survey respondents thought that volunteers were playing a critical role in improving patient experience. However, the majority of respondents recognised that they are not doing enough to measure this impact more formally, which may suggest that they do not have sufficient information to benefit from the full potential of volunteering services.
- Using information from our survey, we estimate that for the average trust the return on investment is likely to be around 11 times the actual cost of supporting volunteering. However, there is a clear need to develop a more sophisticated approach for measuring the value of volunteering that would include impact on patient experience and quality of care.

- More than half of trust boards (64 per cent) receive information on the volunteering service. However, more research is required to understand how this feeds into the decision-making processes of the organisations and how it complements other sources of intelligence. Without this information feeding in at board level, it will be hard for trusts to fulfil the potential of volunteering services.
- All our respondents say that volunteering is a growth area; 87 per cent expected volunteering to increase over the next three years, in many cases by more than 25 per cent. No one mentioned that it would decrease.
- To support this growth and change, volunteer service managers have become more imaginative when creating volunteer roles and these are being developed with support from staff. Volunteers fulfil a variety of different roles, from befriending, peer support and hospitality activities to entertainment and collecting survey data. Increasingly they are performing roles in many different hospital areas like theatres, accident and emergency (A&E) and maternity units.
- In some hospitals, volunteers are increasingly being seen as an integral part of the care team rather than as an 'add-on'. However, there are tensions around the appropriateness of roles for volunteers and boundaries with staff roles.

Introduction

The context for this research

In March 2013, we published the report *Volunteering in Health and Care: Securing a sustainable future.* This considered the future of volunteering in the context of the Health and Social Care Act 2012 and wider system changes.

Our research showed that around three million people in England volunteer for a health, disability or welfare organisation. Volunteers play a crucial and often under-appreciated role in health and social care. In particular volunteers help by:

- improving patient experience
- building a closer relationship between services and communities
- tackling health inequalities
- supporting integrated care.

There could be a number of opportunities to benefit from volunteering if service providers and commissioners think strategically about the place of volunteers. However, our report highlighted the lack of systematic information about volunteering in the NHS and social care, and what value this adds for patients.

> *The value of volunteering needs to be better measured and articulated at all levels in the system. There is a striking lack of information about the scale or impact of volunteering in health and social care. Addressing this should be a priority.*

(Naylor *et al* 2013)

The research

This report is, to our knowledge, the first national survey looking at the scale and value of volunteering in NHS acute hospitals. It was sent to all 166 acute trusts in England. Responses were collected from mid-May to mid-August 2013. An invitation was sent to the senior staff who commonly have executive responsibility for volunteering in NHS organisations. Wherever possible it was sent to both the director of human resources/personnel and to the director of nursing/chief nurse in each trust. Only one response per organisation was required and used in the analysis. We received 99 responses, a response rate of 60 per cent (respondent characteristics are outlined in Appendix A).

This research was funded by the Department of Health and conducted independently by The King's Fund. Our remit was to establish the scale, scope and value of volunteering in NHS acute hospitals in England (survey questions can be found in Appendix B).

The aims of the survey were to:

- help local providers understand the contribution of volunteering within their own organisations, and raise its profile
- provide benchmarking information for organisations of a similar size and scope
- inform system leaders about the contribution of volunteering.

Scale of volunteering

How many people volunteer?

Volunteers in acute trusts may be recruited either directly by the trust or through an external (often voluntary sector) organisation that provides a specific service within the trust. Figure 1 below shows a breakdown of these figures for the 95 trusts in our sample who answered these questions.

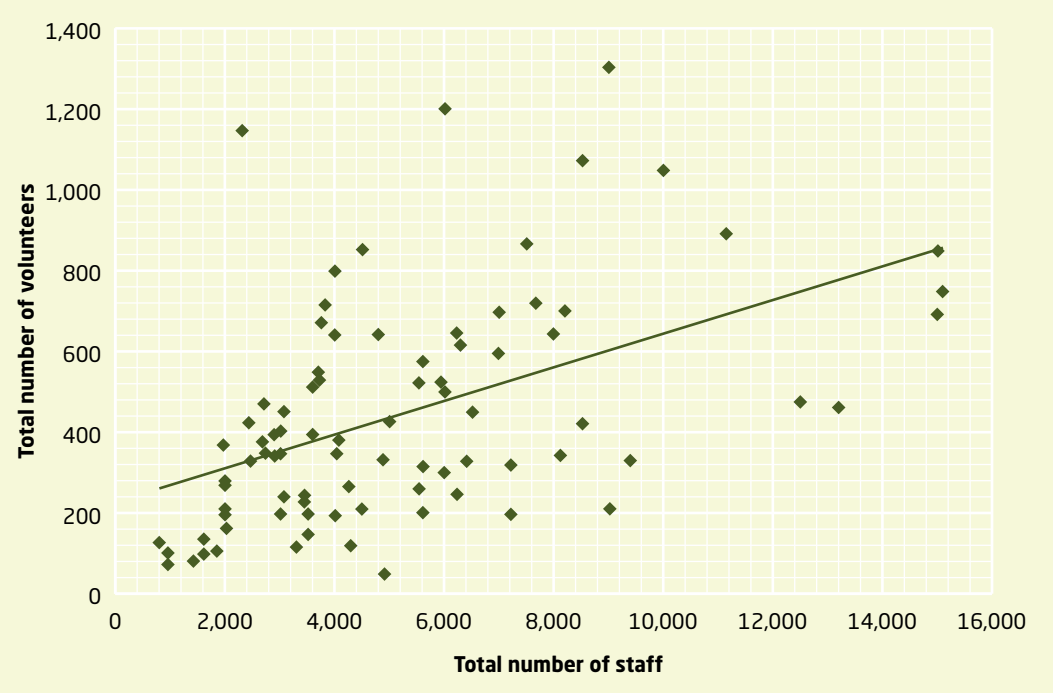
Figure 1 Number of volunteers per acute trust by type of recruitment and total number of volunteers

Our findings reveal that currently the average number of volunteers in an acute trust is 471. This number includes volunteers recruited by the trust itself (360 on average) plus additional volunteers recruited and supported by external organisations (often voluntary sector) working within the hospital (111 on average). If we were to extrapolate the average number of volunteers per trust based on our sample to cover all acute trusts in England, this would add up to more than 78,000 volunteers.

Figure 1 above also shows that 40 per cent of respondents did not give a number for volunteers recruited by external organisations. This may be either because there are no volunteers recruited by external organisations or because they are unaware of how many there are.

Beyond the overall numbers, what is striking is the range that exists between trusts. Some have as few as 35 volunteers, while others have 1,300 people volunteering. There is a relationship between being a larger trust and having more volunteers, but this is relatively weak. Many smaller trusts make extensive use of volunteers, while many larger hospitals are not matching the potential of their peers (*see* Figure 2 below). For example, one hospital with around 2,000 staff has almost 1,200 volunteers, while at the other end of the scale there are hospitals with less than half this number of volunteers but with staffing levels of 13,000. Overall, we found a 50-fold variation in the number of volunteers per member of staff among acute trusts.

Figure 2 Number of volunteers to staff in acute trusts (88 responses)



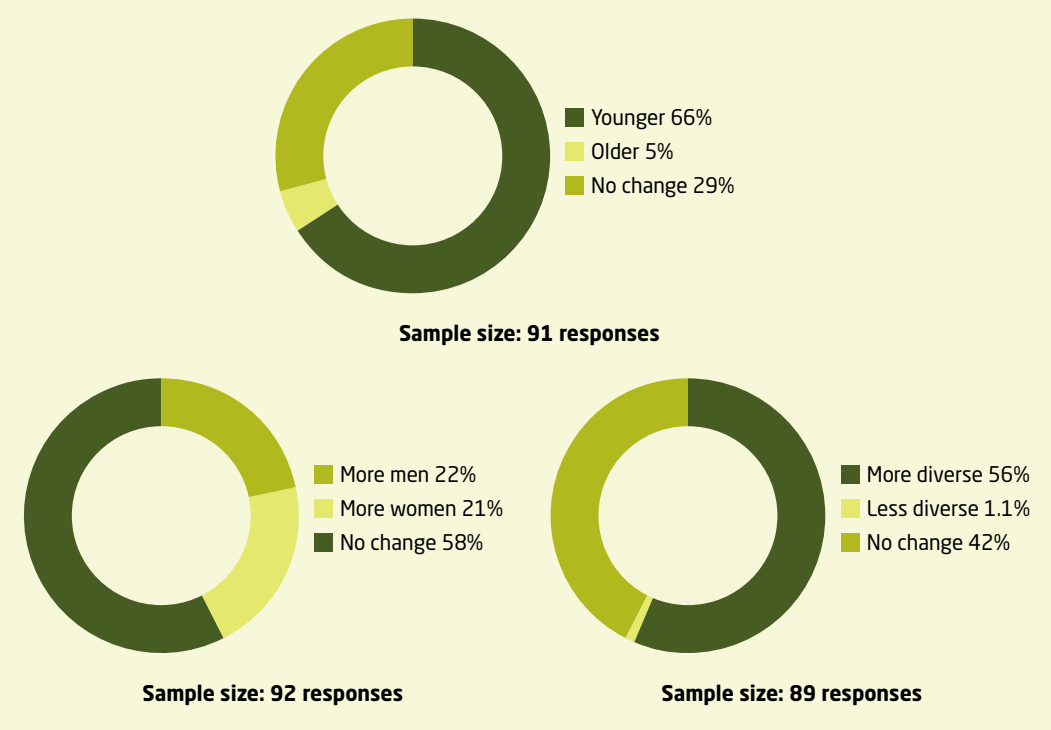
How much time do volunteers give?

On average, a volunteer in our sample does about four shifts a month, with each shift lasting 3.5 hours. Again aggregating up to all acute trusts, this implies that volunteers contribute more than 13 million hours to acute trusts each year. Of course, this is an underestimate of the actual amount of time that volunteers contribute to the whole NHS since we focused on acute trusts and did not consider volunteers in mental health trusts, general practice or other settings. It also does not include people who give their time in a governance capacity.

Who volunteers?

Our survey suggests that volunteering in NHS hospitals had been diverging rapidly from the profile suggested in wider evidence *(see* Figure 3, overleaf). That profile has previously suggested that women are more likely to volunteer than men; participation rates are lower in minority ethnic groups and among people with lower educational attainment; and younger people volunteer less regularly than older people but are more likely to engage in occasional volunteering (Drever 2010).

Figure 3 Profile of volunteers now compared to five years ago



We asked respondents to reflect on how their volunteer profile had changed in the past five years. A high proportion (66 per cent) said that volunteers tend to be younger and 56 per cent said that there is more diversity in terms of ethnicity, although what has not changed is the male to female ratio. Of the total number of volunteers, three in four are women.

There may be several reasons why there is a shift in the age of volunteers. Many respondents mentioned that some universities now expect those aspiring to a health care profession to have spent some time in a hospital environment. Some unemployed people are volunteering as a way to gain new skills. One respondent in our survey said:

> *There are more students volunteering now because secondary schools are encouraging them to work in the community. Universities are increasingly asking to see evidence of volunteering in personal statements. Unemployed people are free to volunteer and are encouraged to do so by the job centres. Increasing competition for jobs has led many unemployed to build up their CVs and receive references through volunteering. Volunteering has been given a big push by the government – our 'civil society' together with large-scale spending cuts by local and central government have made people more aware of the need to volunteer.*

These changes are interesting especially when thinking about the future management of volunteering services. Usually younger volunteers prefer to do more hours but do not stay with the organisation long. For example, one respondent stated:

> *More students look to develop skills/get experience – more medical/health care students. [We have] more volunteers wanting 'block' volunteering – ie, working for 25-plus hours per week for a few weeks – over school holidays and summer breaks.*

Some of our respondents stated that they asked for a minimum service commitment from their prospective volunteers. While this has benefits for trusts, it may not suit all volunteers. It is therefore important for trusts to understand the changing nature of their potential volunteer pool in order to develop flexible roles that can accommodate the needs of future volunteers while making the most of what they can offer.

Scope of volunteering

Roles of volunteers

Volunteers are engaged in a wide range of roles in acute trusts. The top five roles selected by respondents in our survey were:

- ward/clinic assistance (eg, befriending and visiting)
- signposting/meet-and-greet
- hospitality/activities support (eg, drinks trolley service, meal-time helper, massage therapist, hairdressing and play assistant)
- entertainment (eg, hospital radio, hospital library and arts programmes)
- administrative support (eg, general administration and administering patient surveys).

It is significant that the top three roles highlighted relate to support, compassion and more personalised care. This resonates with the increasing recognition of the importance of improving the patient's experience of care. One respondent said:

> *The main thing volunteers have got is time which obviously the staff have not got on the wards, so by having those volunteers there it's the little extras which are really making the difference – for example, at meal times holding the patients' hands and reading the menu to them.*

Table 1 below shows the number of times a respondent chose a particular type of role and how they ranked them.

Table 1 Areas where acute trusts have most volunteer roles as ranked by our survey respondents

Role	1st	2nd	3rd	4th	5th
Ward/clinic assistance (eg, befriending, visiting)	**37**	23	16	8	5
Signposting/meet-and-greet	23	**32**	19	12	1
Hospitality/activities support (eg, drinks trolley service, meal-time helper, massage therapist, hairdressing, play assistant)	25	23	**21**	9	9
Entertainment (eg, hospital radio, hospital library, arts programmes)	0	4	8	**26**	20
Administrative support (eg, general admin roles, administering patient surveys)	5	11	12	17	**26**
Peer support (patients supporting other patients with similar conditions)	2	1	10	16	12
Fundraising	1	1	7	5	17
Driver/hospital transport	0	2	2	4	7
Home-from-hospital support	0	0	0	0	3

Respondents were asked to rank the top five areas where they engaged volunteers.
Number of trusts who placed roles 1st, 2nd, 3rd, 4th and 5th.

Some trusts have been creative in matching volunteers to organisational needs (in-depth examples of these can be found in our case studies on page 13). As one respondent said:

> *We adopt the ethos that there is a role for everyone, assuming the volunteer has the right attitude. Volunteers carry out 40 different roles [in our trust], with new roles being created every day to respond to patient and staff needs.*

Respondents were asked to highlight how they had developed a more diverse array of roles. The box overleaf shows the diversity of these roles.

Examples from respondents showing diversity of volunteer roles

Surveys: Volunteers are involved with the collection of patient experience data. They also support the collection of 'friends and family' data.*

Audit and inspection: Volunteers help the trust to undertake audits and help to organise mock CQC-style inspections.**

Supporting roles: Volunteers assist with issues encountered on the wards and suggest areas of key action.

Feedback schemes: Volunteers are used as the 'eyes and ears' of the organisation, tasked to go on wards and observe, speak with staff and patients, and feed back information.

'Kissing it better programme': This uses non-medical therapies such as poetry and story-reading, music sessions, beauty treatments, bingo and other ideas to lift spirits and create a pleasant environment while people recover. It focuses on making a difference to patients, adding to the clinical care and enhancing the overall experience of patients, relatives and staff.

Dementia volunteers: They work across the hospital and in the community to ensure the needs of patients with dementia are being met.

Dining companions: Volunteers help during meal times, holding patients' hands, reading out menus and giving a service to those who are not able to cope with meal times by themselves.

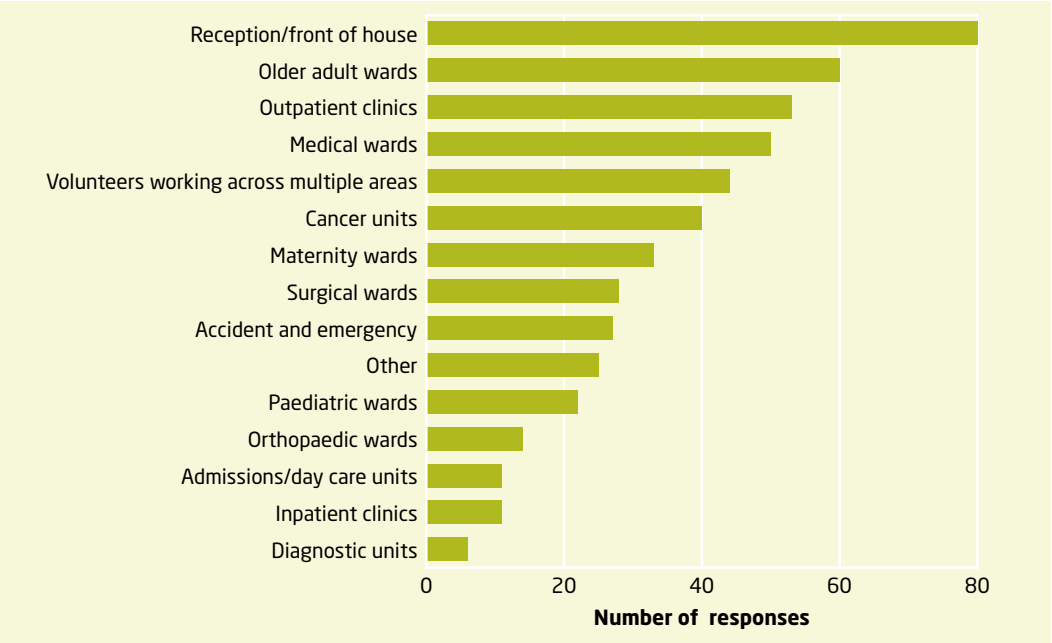
Audiology services: Volunteers provide a simple repair and battery replacement service.

*The NHS friends and family test is an opportunity for patients to provide feedback on the care and treatment received.
**CQC inspections are a process through which inspectors from the Care Quality Commission assess hospitals and care homes against 16 standard criteria. These happen once to twice a year and are unannounced.

Locations of volunteers

Volunteers are found across a wide range of hospital locations. Figure 4 below shows the extent of their reach. Of the 25 respondents who chose the 'other' option, the areas they mentioned included: chaplaincy, shops, offices/information stands, activity/play areas, theatres, rehabilitation units and print rooms.

Figure 4 Where volunteers were located in 92 trusts who responded



Respondents were asked to tick the top five places in which volunteers were found

Impact and value of volunteers

Our earlier research highlighted four areas in particular where volunteers can make a valuable contribution to health and social care by:

- improving patient experience in hospital and elsewhere
- building a closer relationship between services and communities
- tackling health inequalities and raising health awareness in hard-to-reach groups
- supporting integrated care for people with multiple physical/mental health needs. (Naylor *et al* 2013)

The impact of volunteers on patient experience and community engagement

As part of the research we were keen to explore further the impact on patient experience, and how this is measured and assessed. We presented a series of statements and asked respondents to indicate the extent to which they agreed or disagreed with them.

Table 2 below shows that the vast majority of respondents strongly agreed that volunteers enhanced patient and carer experience and provided other forms of value, including engagement with the local community.

Table 2 Impact of volunteers

	Strongly agree (%)	Agree (%)	Neither agree nor disagree (%)	Disagree (%)	Strongly disagree (%)
Volunteers enhance the experience of patients and carers	93	2	0	0	5
Volunteers provide services that the trust would not otherwise be able to provide	59	23	10	3	5
Involving volunteers helps the trust to show it cares as an organisation	59	31	6	0	4
Volunteers provide a good way of involving the local community in the hospital	74	21	0	0	5
Volunteers provide a good way for the trust to listen to patients and the public	58	29	9	1	3

Sample size: 92 responses

We were particularly interested in how trusts assess or measure this contribution. Measuring impact is an important aspect of any intervention; it can be used to improve planning and ensure that service aims are being met. It also provides insights from which to learn and improve the service. Our results show this takes place in a number of ways, with more than nine in ten trusts collecting feedback from staff on volunteers and from volunteers themselves, and three in four collecting feedback from patients on their experience with volunteers. It is less clear how this information is used to inform improvements and service changes. As two survey participants stated:

> *This is something we're not currently very good at. We plan to measure through volunteers' reflective diaries and patient experience metrics. We'd also like to measure hours and tangible help given.*

> *We receive regular qualitative feedback from staff, patients and volunteers. We ask a question specifically relating to the volunteering programme on our inpatient survey; estimating the financial value of hours contributed by volunteers is something we would like to consider in future.*

Return on investment

Four in ten trusts in our survey state that they have made some economic assessment of the impact of volunteering. There are strong arguments for and against putting 'a financial value' on volunteering. By definition, volunteering is not traded in the labour market and therefore it can be argued that it makes no sense to assess its value in monetary terms. There is also a risk that monetisation could lead to volunteering being seen as a way to substitute for paid roles rather than being primarily a means to improve quality of care and patient experience. We argued strongly in our original report that volunteers offer care and a contribution that are seen, and should continue to be seen, as different from staff contributions. This premise has been reinforced by our survey respondents. The very nature of volunteering, a contribution freely given, is a core part of its value.

Nevertheless, this does not remove the need for an overall assessment of the contribution of volunteering. An economic assessment can be used to support investment and commissioning of volunteer services and ensure that adequate training and resources are in place to run the service in an appropriate way.

One simple way to arrive at such an assessment is to estimate whether the staff time involved in training and supporting volunteers is likely to be paid back by the contribution volunteers make. Among our respondents, 91 per cent said that the trust employed a volunteer services manager and in many cases (57 per cent) it was a full-time post. Huge variation exists in the budget allocation for volunteer services.

We know from our survey that the average trust spends about £58,000 per year on the management and training of volunteers, and that over a year the average contribution of volunteers is 79,128 hours. In order to make that expenditure worthwhile – to 'break even' – each volunteer needs to contribute activities and outcomes worth 73p per hour or more (£58,000/79,128 hours).

Going a step further, and using a method based on how some of our survey respondents calculate the return on investment in volunteering, we suggest that volunteers contribute value at least to the equivalent of a salary band 2[1] on 'Agenda for Change'. At the mid-point for our average trust, this is equivalent to an hourly rate of a little more than £8. For every £1 that is invested in the training and management of a volunteer, the trust receives value of at least £11 in return (refer to Appendix C for complete calculation).

However, when gauging return on investment it is important to consider both the cost benefit of volunteers to a particular trust and the social value. The Public Services (Social Value) Act 2012 aims to maximise the impact of public expenditure to get the best possible outcomes for communities. Therefore, the value of volunteering to volunteers should also be considered when discussing returns on investment. A literature review we published last year highlights the positive impact that volunteering has on the volunteers themselves: improved self-esteem, wellbeing and social engagement were widely cited (Mundle *et al* 2012). Our return-on-investment figure does not include this.

The calculations above are clearly a crude estimate of value, but do make clear that investment in the management and training of volunteers is without question an excellent investment for trusts. However, there is clearly a need to develop a more sophisticated approach for measuring the value of volunteering to include impact on patient experience and quality of care. Improving impact measurement is a priority theme in Nesta's forthcoming Helping in Hospitals fund.

1 Band 2 'Agenda for Change' wage rate ranges from a minimum of £14,294 to a maximum of £17,425, the midpoint of this is £15,718.75 (NHS Careers 2013).

How trusts value the volunteer

We were also interested in how strongly trusts valued the volunteer role in their organisation. As indicators of this we asked questions about how and where volunteers were represented in the organisation.

In three-quarters of trusts, volunteers are members of formal committees within the organisation, for example, participating in patient experience committees or bespoke volunteer committees. More than half of trust boards (64 per cent) receive information on the volunteering service: this includes the number of volunteers, qualitative feedback on the volunteering service or results of surveys carried out that have a question about volunteering. Many give brief information about volunteers and the service in their trust annual reports; some report quarterly to the chief nurse and others report back to their patient experience committees. However, more research is required to understand how this feeds into the decision-making processes of the organisations and how it complements other sources of intelligence, such as performance data and feedback from governors, members and staff groups.

What are the challenges?

Relationships with paid staff

There can be tensions between health professionals and volunteers, especially if volunteer roles have not been carefully considered. Our respondents raised concerns and some described paid staff as being one of the main barriers to effectively managing volunteers. Comments included the following:

> *We have had some resistance about using volunteers at meal times to feed patients as this is still seen as a nursing role and if we are short of nurses to do this, volunteers should not be replacing them.*

> *Some staff do not understand the concept of volunteering so can ask for volunteers to perform roles or tasks that should be performed by a member of staff. This is monitored very carefully by the voluntary services department and any such requests refused. Staff are advised how best to engage volunteers in their ward or department to avoid job substitution.*

> *I think as a culture we tend to be a little suspicious of people who give their time for free. Staff need to welcome volunteers into their teams and recognise what a great addition and benefit they can be.*

Recruitment procedures

Recruiting volunteers to a trust may be administratively burdensome. Many respondents highlighted that quicker and better processes were needed for obtaining the Disclosure and Barring Service (DBS) checks. This would help trusts to recruit volunteers more quickly than at present. One respondent said:

> *Free use of the online DBS checking service for volunteers and easier access to online DBS certificates for volunteer recruiters will shorten the recruitment process and avoid unnecessary delays.*

Prior to entering trust wards, volunteers must be cleared by occupational health and be immunised for measles, mumps and rubella and hepatitis B. Some respondents suggested that central government could introduce a national occupational health clearance programme for volunteers so that the cost of required immunisations would be centrally funded and would not be an additional cost for the trust.

Many respondents highlighted that volunteers were concerned that taking part in unpaid work would affect their entitlement to benefits. This was a particular concern for those on disability benefits.

> *The DWP benefits system, especially for people who are disabled, is making people hesitate about volunteering in case their ability to do voluntary work is taken to mean they are able to do paid work – even if their voluntary commitment is limited in time and has to be adapted as their health/disability levels change.*

Funding volunteer services

As trusts become more proactive in recruiting volunteers, the number of people wanting to volunteer in hospitals may increase significantly. Already, some trusts are reporting high demand.

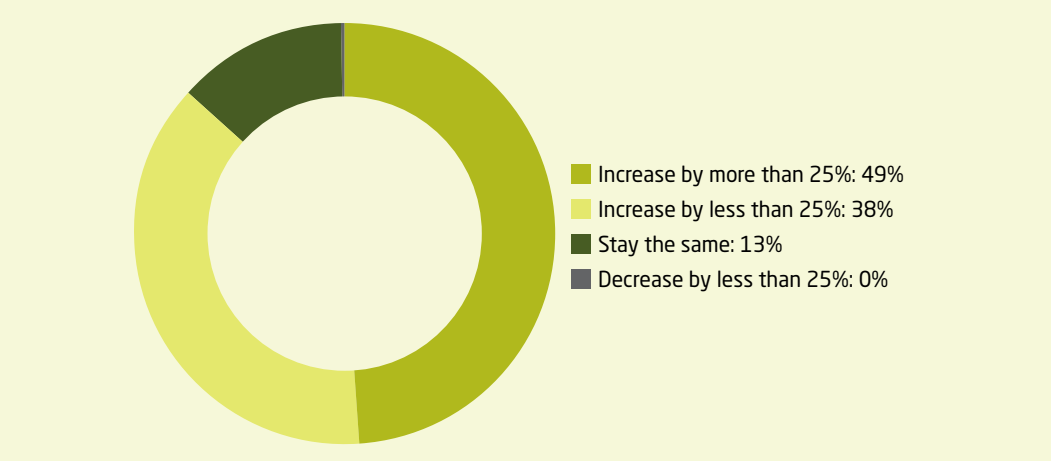
> *More funding is needed to enable us to develop the service; we have around 200 people on our waiting list but we do not have the time and resources to deal with them. Not only could they be of benefit to the NHS but also give opportunities to many people looking for jobs or wanting to get experience and build confidence.*

What is the future of volunteering?

The health and social care sector is experiencing a period of extreme flux, and much remains unknown about how services will be provided in future. What is clear is that the system will need to change fundamentally in response to various demographic, economic, social and environmental pressures (Ham *et al* 2012). These challenges will have important implications for the future workforce, which is likely to change quite radically over the coming years.

The role of volunteering and how it relates to the paid workforce is also uncertain. The majority of those surveyed see volunteering as a growth area in health; 87 per cent of respondents expect the number of volunteers to increase in their trust over the next three years, in many cases by more than 25 per cent (*see* Figure 5 below). If this is the case, there is a clear requirement for strategic leadership of this service, preferably at a board level.

Figure 5 How respondents (92 responses) expect volunteer numbers in their trusts to change over the next three years

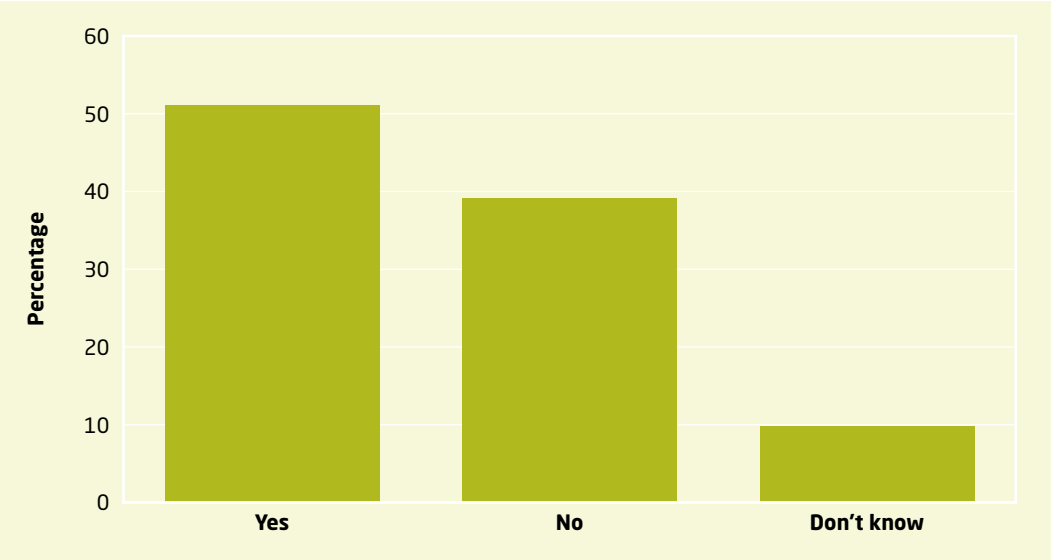


A number of new models of volunteering use concepts such as time-banking, micro-volunteering, peer-led services and social co-operatives (Naylor *et al* 2013). They involve a shift from traditional models of volunteering to implement a mixture of approaches to create a two-way relationship in which community members act as both beneficiaries and providers of care. Acute trusts wishing to become more engaged with their communities

to help prevent illness, as well as treat it, may want to achieve this by adapting to these new forms of volunteering.

While having a formal strategy is no proof of strategic thinking about how a service is working, it does give an indication. Our survey shows that the momentum around volunteering in trusts is clearly rising; it also shows that only half of our hospitals have a formal strategy for the future of volunteering (*see* Figure 6 below). Trusts may want to do more to understand the scale, scope and value of volunteers in their trust to ensure that they are doing all they can to improve patient experience.

Figure 6 Number of trusts (92 responses) that have a formal strategy for the future of volunteering in the organisation



Discussion

This survey aimed to add to the understanding of the scale, scope and value of volunteers in NHS acute trusts in England. To our knowledge, this is the first attempt to do this. On average, acute trusts in England have 471 volunteers who volunteer regularly (at least once a month); this equates to more than 78,000 volunteers across 166 acute trusts, contributing more than 13 million hours per year to the acute sector. Although larger trusts tend to have more volunteers, the relationship between staffing and volunteer numbers is weak, and there are many large hospitals that are not maximising the potential of volunteers in their communities. We hope that this survey will help trusts to benchmark themselves against our respondents to see what more they could do to develop their volunteering service and roles, and to ensure that they are utilising potential opportunities to improve patient experience and the quality of care.

Volunteers fulfil a variety of different roles, from befriending to collecting survey data to supporting the running of mock CQC-style inspections. They access many different areas of the hospital, from reception desks to A&E and surgical wards. Since most trusts (87 per cent) in our sample see volunteering as a growth area over the next three years, they would benefit from assessing the role of volunteers as part of the workforce planning process by mapping ways in which volunteers could add value and complement staff roles in each department or unit.

Our findings suggest that trusts believe that volunteers play a critical role in improving patient experience, but there is less systematic measurement of how they do so. Our crude estimates, based on our respondents' own methods for calculating value, suggests that every pound invested in the management and training of volunteers is likely to return 11-fold in terms of the impact and value to the trust and its patients.

Our survey findings outlined quite rigorous recruitment processes for volunteers: a call for applications, developing the role with the clinical team, interviews, references, DBS and clearances, occupational health checks and inductions. These processes ensure the appropriate people are assigned to specific roles and also ensures volunteers are committed to the trust. There are many challenges to overcome, not least the complexity of recruitment policies and checks. There are also concerns that welfare reform may deter potential volunteers, due to fears of loss of benefits. This is something central government should act on to bring clarity and to reduce unnecessary bureaucracy.

With the strain on health resources looking set to continue (NHS England 2013), it will become increasingly important for trusts to maintain the focus of their volunteering service. The ethos of volunteering is to improve quality and to contribute to a better patient experience rather than to reduce cost. Volunteers are not 'cheap labour'. Trusts should always be clear on their vision for volunteering, and sensitivities around job substitution, real or perceived, need to be carefully managed.

The old stereotypes of volunteering are disappearing fast and volunteering is a growth area. We have noted that half the acute trusts in our sample did not have a formal strategy for volunteering. Without strategic oversight of this service, it will be difficult to realise its potential.

While volunteering presents challenges, it also offers huge opportunities. It has the potential to help fulfil many national aspirations such as improving the experience of patients, building stronger links with local communities and creating social value.

We hope that this survey will provide useful benchmarking information for trusts and will also inform national system leaders and commissioners about the scale, scope and value of volunteering in acute trusts in England.

Case studies of three volunteering services

In our previous report *Volunteering in Health and Care: Securing a sustainable future* we presented four case studies. These highlighted examples of how some volunteering schemes work. If you are interested in reading these, please refer to that report (Naylor *et al* 2013) where we describe the experiences of:

- King's College Hospital, London
- building health-promoting communities: community health champions in Sheffield
- supporting health and social care integration: Care Network Cambridgeshire
- improving social care and support: Age UK Cheshire.

In this report, we were keen to take an in-depth look at three further sites to build on our knowledge. The first site was chosen as it has a relatively small volunteer base but is developing a number of different roles. The other two sites were chosen because they have a large volunteer base covering wide-ranging roles.

University College Hospital Macmillan Cancer Centre

The UCH Macmillan Cancer Centre opened in April 2012. A partnership between University College Hospital and Macmillan Cancer Support, it aims to transform cancer care in the United Kingdom by linking world-class clinical outcomes with excellence in patient experience.

The centre has around 500 members of staff and approximately 75 active volunteers plus around 700 people on the database who are interested in volunteering. The number of volunteers continues to grow. The volunteer service manager (VSM) was brought in to develop the service in December 2011. At the time the staff team were going through many changes and had little experience of working with volunteers.

As a result many staff were reluctant to engage with the service and some saw volunteers as a threat to job security. This changed after the VSM worked with staff to describe the vision for the volunteering service and the contribution it could make to both staff teams and their patients. Volunteer roles are now co-designed with staff.

The centre now has 19 different roles and the volunteer service has worked to match people's skills to roles. Once a job role is specified, a member of staff is designated and trained to supervise the volunteer. Interview questions are drawn up between the VSM and the supervisor. Once recruited and with the necessary checks completed, volunteers have a general and site-specific induction. A minimum volunteer commitment of six months is required but this may vary as defined by the role they are fulfilling. Volunteers are easily identifiable by wearing a lanyard and/or a name badge. They are also encouraged to wear colours similar to those in the area in which they work.

Examples of how volunteers contribute to the hospital

Pharmacy: Volunteers work at the pharmacy desk greeting patients, recording basic details and providing general information and advice on waiting times. This enables staff to focus on providing medical advice and preparing medicines. It helps provide a friendlier, faster and more customer-focused service.

Complementary therapy: In the first 12 months, volunteers delivered complementary therapies such as reiki, massage, aromatherapy and reflexology to 400 patients and carers in the cancer centre and on wards. Patient feedback, collected in a book or on forms, has been very good. Feedback from staff was also positive and they reported that volunteers brought expertise and ideas to the team.

Creative word and art workshops: Patients of all ages, their families and carers get time to relax, have fun and think about something different together. The weekly creative word group is led by an experienced volunteer and supported by a staff member as discussion can, at times, prompt people's emotions. The group produces poetry and prose and, in the words of one of the participants, has given them the opportunity to 'sit at a table with other cancer patients and have a focus other than cancer. I generally feel lighter because it has helped take my mind off the "situation" and allowed it to take a freer, more creative path'. As a result of the impact of this group, the trust is now recruiting a poet in residence. The art workshops are run on different floors of the cancer centre: in the support and information service, on the chemotherapy floor while people are receiving treatment, and for teenagers and young adults. They range from animation to print-making and pumpkin carving and are tailored to suit different groups.

CV and interview workshops: Volunteers from a leading recruitment company trialled a workshop with the Support and Information Service to help patients and carers think about how they address their cancer experience on CVs and in job interviews and applications. This included how to talk about time taken out of work due to illness or care responsibilities, addressing physical and mental changes, and thinking about communicating new skills developed as a result of their experience.

Measuring impact

The VSM records the number of volunteers, the time they give and collects feedback from patients, staff and volunteers on specific roles or projects where volunteers are involved. They also collect feedback via forms provided on each reception desk in the cancer centre that include a question asking whether a staff member or volunteer has been particularly helpful. There is also an exit questionnaire for volunteers to complete if they leave. Annually (though it has been running only one year) they ask

volunteers and staff for detailed feedback on their experience of the service including the difference they feel volunteers have made to staff and patients and the difference the service has made to them. The volunteering service would like to include a question on volunteering in its patient experience survey to provide a more complete picture of its impact and help guide improvements in the service. Value is calculated in terms of volunteer hours rather than monetary terms, which it believes is more appropriate for its purposes.

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust

Northern Lincolnshire and Goole Hospitals NHS Foundation Trust is made up of a number of small hospitals and employs 7,000 people. It has 700 volunteers; approximately 600 recruited by the trust and another 100 recruited via external organisations. The volunteering service forms part of the chief nurse department and receives 10 to 15 calls a day from prospective volunteers.

Examples of how volunteers contribute to the hospital

Place: Volunteers assist with the unannounced inspections and check the hospital, for example, for cleanliness and quality of food. Staff report that it is very useful to have volunteers involved in this process.

Meal-time volunteers: They ensure patients have a positive meal-time experience by eating and drinking properly, through support and encouragement.

Testing: When a policy change takes place, for example, a change in the visiting hours, volunteers are asked to collect feedback, speak to patients, relatives and staff and report back to the management team.

Guides: Volunteers provide a guiding service, which is particularly important as the hospital has more than one entrance.

Measuring impact

Data is mainly collected through comment boxes placed around the hospital, and through feedback from volunteers. In future the trust would like to understand better the cost benefit of the service.

Pennine Acute Hospital NHS Trust

Pennine Acute Hospital NHS Trust employs around 9,000 people and has 1,069 volunteers. The trust recruits the majority of volunteers (769) while another 300 are recruited by external organisations. The volunteering service is part of the patient experience department. Volunteers span 40 different roles including meal support, chaplaincy, radio, reception, cancer buddies, outpatient clinics and patient experience surveys. The volunteer service manager tries to develop roles to suit volunteers' skills.

Budget

- Volunteer service manager: Agenda for Change band 7
- Administration assistant: Agenda for Change band 3
- Recruitment checks and immunisations: £200 per volunteer
- Travel expenses: £25,000 per year
- Volunteer events: £6,000 per year
- Uniforms: £2,000 per year
- Miscellaneous (stationery, etc): £4,000

Examples of how volunteers contribute to the hospital

Walkabouts: Volunteers walk through a ward and speak to patients prior to discharge. Patients are asked questions about their stay in hospital and the information is recorded electronically and transmitted to the trust's board. This provides an up-to-date picture of the services at a particular location in a specific point in time.

Ticker Club: Stroke patients who are also volunteers will attend cardiac wards to describe their experiences and coping strategies to patients who are suffering from heart attack and/or related conditions.

A&E: Volunteers cover reception desks in A&E. They direct patients, provide assistance to patients and families, and carry out short patient surveys on discharge from A&E.

Measuring impact

The volunteer service manager works with ward managers to understand how the volunteering service is running. The trust has 'listening to action' activities, where multi-disciplinary teams from across several different specialty areas come together to discuss problems with the executive. Increasingly, during these sessions, volunteers are being seen as part of the solution to some of the problems aired.

The future

Pennine works hard to ensure that staff are clear about volunteers' roles. Good leadership in the areas where volunteers are placed is critical. The next step for the trust is to evaluate the impact that volunteers are having on patient experience.

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Appendix A: Characteristics of survey respondents

Table 1 Respondents by region

Region	Number
North West	15
North East	5
Midlands	15
Yorkshire and Humber	8
East of England	11
London	12
South West	11
South East	16
Total	93
Did not respond	6

Table 2 Respondents by type of organisation

Organisation type	Number
Acute	38
Acute community	16
Specialist acute	16
Acute teaching	23
Total	93
Did not respond	6

Table 3 Respondents by status of hospital

Status	Number
Foundation trust	34
Non-foundation trust	59
Total	93
Did not respond	6

Appendix B: Survey questions

Organisation characteristics

1. Which organisation do you represent?

2. How many employees does your trust have?

Overall number of staff ☐ Number of full-time equivalent staff ☐

Scale of volunteering

We are aware that in addition to volunteers recruited directly by the trust, there are often volunteers working within and around hospitals who are recruited by voluntary sector organisations.

The following questions ask you to provide information about the numbers of current volunteers in these two groups, and the amount of time they typically spend volunteering.

	Total number of volunteers	Number volunteering at least once a month	Average number of shifts performed per month	Average length of each shift, in hours
3. Volunteers recruited directly by the trust				
4. Volunteers recruited by external organisations				

The volunteer profile

5. Of the total number of volunteers in your organisation, approximately what percentage are:

Male? ☐ Female? ☐

6. Over the last five years, have there been changes to the kinds of people who volunteer in the trust?

	Age	Gender	Ethnicity
Compared to five years ago, our volunteers now tend to be...	☐ Younger ☐ Older ☐ No change	☐ More men ☐ More women ☐ No change	☐ More diverse ☐ Less diverse ☐ No change

7. Has the average amount of time volunteers contribute each month changed over the last five years?

☐ Increased ☐ Decreased ☐ No change

8. Over the past five years, has the profile of volunteers changed in other ways, not captured above? If so, please describe how in the box below.

Scope of volunteering activities

9. What roles do volunteers most commonly perform? Please rank the TOP FIVE roles and leave the other options BLANK.
(please consider both volunteers recruited by the hospital and those volunteering with external organisations)

	Ranking (1 to 5)
Signposting/meet-and-greet	
Ward/clinic assistance (eg, befriending, visiting)	
Peer support (patients supporting other patients with similar conditions)	
Hospitality/activities support (eg, drinks trolley service, meal-time helper, massage therapist, hairdressing, play assistant)	
Entertainment (eg, hospital radio, hospital library, arts programmes)	
Administrative support (eg, general admin roles, administering patient surveys)	
Fundraising	
Driver/hospital transport	
Home-from-hospital support	

10. Are there other important volunteer roles not captured in the above?

11. In which areas of the hospital are volunteers most commonly found? Please rank the TOP FIVE areas and leave the other options BLANK.

	Ranking (1 to 5)
Reception/front-of-house	
Outpatient clinics	
Inpatient clinics	
Admissions/day care units	
Accident and emergency	
Maternity wards	
Older adult wards	
Paediatric wards	
Surgical wards	
Orthopaedic wards	
Medical wards	
Diagnostic units	
Cancer units	
Volunteers working across multiple areas	

Other (please specify):

Value and costs

12. How do you measure the impact of volunteers in your trust? Please tick and add further comments if you wish to.

- ☐ Feedback from patients
- ☐ Feedback from staff
- ☐ Feedback from volunteers
- ☐ Estimation of the financial value of the hours contributed by volunteers

Please add further details on this if you wish

13. Please indicate the extent to which you agree or disagree with the following statements.

	Strongly disagree	Disagree	Neither agree nor disagree	Agree	Strongly agree
Volunteers enhance the experience of patients and carers	☐	☐	☐	☐	☐
Volunteers provide services that the trust would not otherwise be able to provide	☐	☐	☐	☐	☐
Involving volunteers helps the trust to show it cares as an organisation	☐	☐	☐	☐	☐
Volunteers provide a good way of involving the local community in our hospital	☐	☐	☐	☐	☐
Volunteers provide a good way for the trust to listen to our patients and the public	☐	☐	☐	☐	☐

14. Are there any issues or concerns about the use of volunteers within the organisation?

15. What is the overall budget for the volunteer services team in your trust (including staff costs)?

16. How much is spent annually on induction/training/development for volunteers? (please include staff time costs if possible)

17. Does your answer to the above include staff time costs?

☐ Yes ☐ No

18. Does the trust employ a volunteer services manager/co-ordinator?

☐ Yes, full time ☐ Yes, part time ☐ No

If no, please state who has responsibility for volunteers

19. Are volunteers members of any committees in the organisation? (eg, patient experience committee)

☐ Yes ☐ No ☐ Don't know

If yes, please describe

20. Does the trust board regularly receive information on the number or impact of volunteers in the organisation?

☐ Yes ☐ No ☐ Don't know

If yes, please add further comment

The future

21. How do you expect the number of volunteers in the trust to change over the next three years?

☐ Increase by more than 25 per cent ☐ Decrease by less than 25 per cent

☐ Increase by less than 25 per cent ☐ Decrease by more than 25 per cent

☐ Stay the same

22. Does your trust have a formal strategy for the future of volunteering in the organisation?

☐ Yes ☐ No ☐ Don't know

23. Are there any particularly innovative developments that you would like to share with us in terms of how you work with volunteers and the role they play in your organisation?

24. What changes to national policy would enable you to make better use of volunteers?

Appendix C: Return on investment calculation

This calculation is based on our survey respondents.
Average budget for volunteering services: £58,000

Contribution of volunteers in hours based on average:
Per volunteer: 3.5 hours x 4 times a month = 14 hours
Average contribution of volunteers per trust: 14 x 471 = 6,594
Average contribution of volunteers per trust over a year: 6,594 x 12 = 79,128

Return on investment calculation:
Break even = input/ output

Where:
input = budget for the volunteering service
output = total number of hours contributed by volunteers (based on the average)
Therefore, break even = £58,000/79,128 = 0.73

Some trusts use Agenda for Change pay band 2 to calculate value of volunteers:
Using information on Agenda for Change from NHS Careers 2013:
Annual salary range for AFC pay band 2 (2013/14): From £14,294 to £17,425
The midpoint of this is: £15,718.75
The hourly rate would be £15,718.75/52.14 = £301.471/37.5 = £8.04

The cost benefit calculation:
Cost: Benefit
£0.73: £8.04
£1.00: £?
((£8.04 x £1.00)/£0.73) = £11.01

About the authors

Amy Galea is a Senior Researcher at The King's Fund. Her main interest is exploring ways in which the integration of care can occur at a local level in order to make sure the needs of the most vulnerable in society are not overlooked. She joined the fund from the Clinical Effectiveness Unit at the Royal College of Surgeons of England, where she supported its national audit work by undertaking data analysis. Prior to this, she worked at the Centre for Radiation, Chemical and Environmental Hazards at the Health Protection Agency, where she carried out an extensive literature review for the UK Recovery Handbook for Chemical Incidents. Amy holds a Masters in public health from King's College London.

Chris Naylor is a Fellow in Health Policy at The King's Fund. He leads the fund's research on clinical commissioning and also conducts research and policy analysis on a range of other areas, including mental health and integrated care. He has published widely on a number of topics, including a recent report exploring the role of volunteers in health and social care, and an evaluation of practice-based commissioning published in 2008. Before joining The King's Fund, Chris worked in research teams at the Sainsbury Centre for Mental Health and the Institute of Psychiatry. He has an MSc in public health from the London School of Hygiene and Tropical Medicine.

David Buck is a Senior Fellow at The King's Fund, specialising in public health and inequalities.

Before joining the Fund in 2011, David worked at the Department of Health as head of health inequalities. He managed the previous government's PSA target on health inequalities and the independent Marmot Review of inequalities in health and helped to shape the coalition government's policies on health inequalities. While in the Department he worked on many policy areas including diabetes, long-term conditions, the pharmaceutical industry, childhood obesity, and choice and competition. Before working in the Department of Health, David worked at Guy's Hospital, King's College London and the Centre for Health Economics in York, where his focus was on the economics of public health, and behaviours and incentives.

Lisa Weaks is the Third Sector Programme Manager at The King's Fund. She has 20 years' experience in the voluntary sector, which includes working with a range of UK charitable grant-makers, designing training programmes and providing organisational development for charities. She has been managing the IMPACT Awards since 2004, which provide core funding for health charities, and was responsible for designing the IMPACT Awards Development Network, which provides training and leadership development for health charities. Her role includes managing the Partners for Health grant programme, which continues to support service improvement in the community health sector.

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The King's Fund
11-13 Cavendish Square
London W1G 0AN
Tel 020 7307 2400

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