Volunteer Discharge Driver Role Evaluation Report

The Shrewsbury and Telford Hospital NHS Trust

(Royal Shrewsbury Hospital & Princess Royal Hospital)

November 2025

helpforce

NHS
The Shrewsbury and Telford Hospital
NHS Trust

Executive summary

The project

- A discharge volunteer driver service transporting patients from the Royal Shrewsbury (RSH) and Princess Royal Hospitals (PRH) within The Shrewsbury and Telford Hospital NHS Trust (SaTH) who qualify for hospital transport as a '1PC' (i.e., are able to mobilise independently). The service also supports those who do not qualify for non-emergency hospital transport who cannot get home by themselves or face long waits to be collected.
- Volunteer discharge drivers also perform a 'settling in service' to check that patients have access to water, electricity and heating in their homes along with a working mobile phone or landline.
- The service also delivers medications, equipment and discharge letters.

Key findings

- **666** journeys were made by the discharge volunteer drivers during the project**,** with **98.2% of patients** being **collected within 30 minutes or less** post-discharge, improving patient flow and providing a better experience for patients and staff.
- **Whilst it is difficult to estimate any potential savings and the rationale for this service was not primarily for cost savings,** if the patients the volunteer service transported during the project had used EMED instead, it is estimated that this would have costed **£83,958.58.** For all non-patient journeys (e.g. medicine and equipment runs), the estimated saving of not using local taxis is **£2,535.18.** Accounting for pool car costs across the project, in total, this equates to a potential saving of **£86,379.98.**
- **99.7%** of patients reported they were either satisfied or very satisfied with the service they received from the discharge volunteer drivers.

SaTH will need a full year's data to accurately measure the impact of this service.

Service overview

Following six months of funding from the ICB, SaTH developed a new volunteer driver service launched mid-May at the RSH and PRH.

The service:

- SaTH implemented a service with the aim of expediting the discharge of patients from hospital and supporting patients to settle back in. Helpforce worked alongside the volunteering team providing programme management support and an evaluation of the service. Further details on the evaluation approach are included within the appendices.
- Transport to patients who qualify for non-emergency hospital transport. These patients are often referred to as '1PC'.
- Support for patients who do not qualify for hospital transport but are either unable to get home by themselves or face long waits for friends or family to collect them.
- A delivery service for medications, equipment and discharge letters to allow patients to get home quicker and arrive in time to meet healthcare staff affiliated with commencing care packages.
- Whilst the service prioritises patients being discharged, when volunteers are available, patients from outpatients, A&E and the clinics are supported.
- A 'settling in service' is also available. This involves checking that patients have water, electricity and heating, along with a working mobile phone or landline before leaving the patient in their home.
- This service is available to adult patients (over 18), who can get in and out of a vehicle unaided.

Insight: Service activity

666
journeys made by discharge volunteer drivers

98.2%
of patients were collected in 30 minutes or less post-discharge[1]

74.8%
of journeys were patient transport journeys

25.2%
of journeys were delivering medication and equipment

- Figure 1 illustrates the total number of journeys completed by volunteers and volunteer recruitment across the project by month.
- As anticipated, there is a positive relationship between volunteer recruitment and journey completion. However, whilst recruitment increases steadily, the number of journeys completed fluctuates over time, indicating variability rather than a consistent upward or downward movement.
- This variability is due to a combination of staff holidays and a change in staff in role.

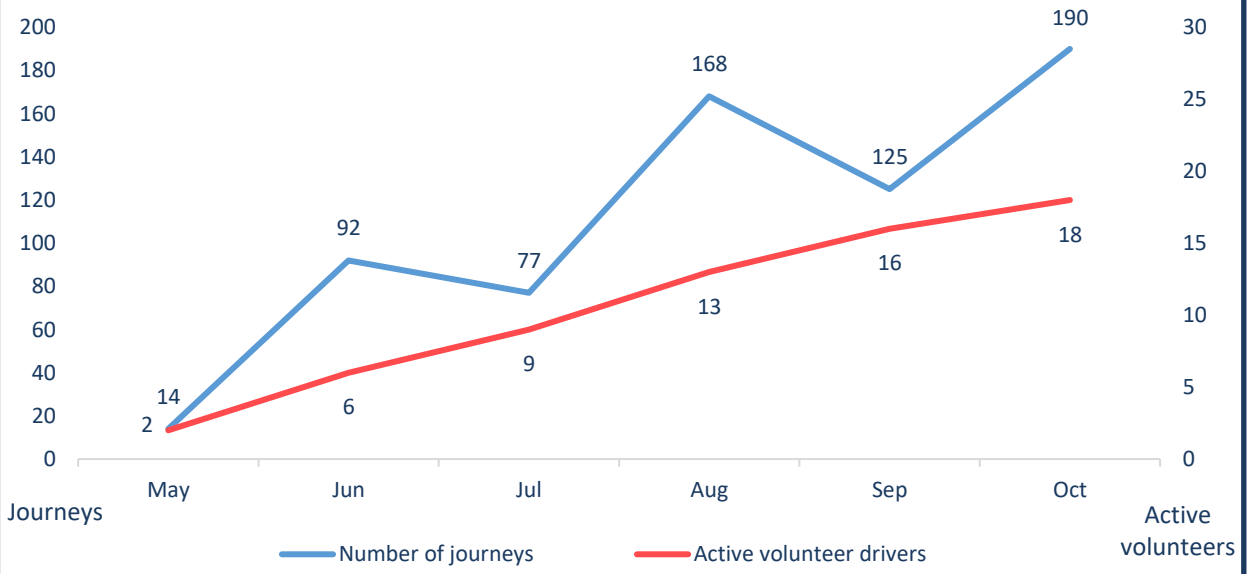


Figure 1. Number of journeys completed by volunteers against the number of active volunteer drivers by month

All data based on discharge driver activity between 9 May – 31 October 2025 from RSH and PRH.
[1] Percentage calculation based on known discharge and pick up times, equating to 74% of patient journeys.

Insight: Indices of multiple deprivation

- For all patient journeys, the postcode of the patient's destination address was recorded.
- To explore whether patients within areas of high deprivation were more likely to utilise the service, patient destination postcodes were compared with the Index of Multiple Deprivation (IMD)[4].
- Quintile 1 indicates the patient lived in an area of high deprivation, with quintile 5 being the least deprived.
- **Figure 2 shows 40.0% of patients** who utilised the service were in the **1st and 2nd quintiles for deprivation.**

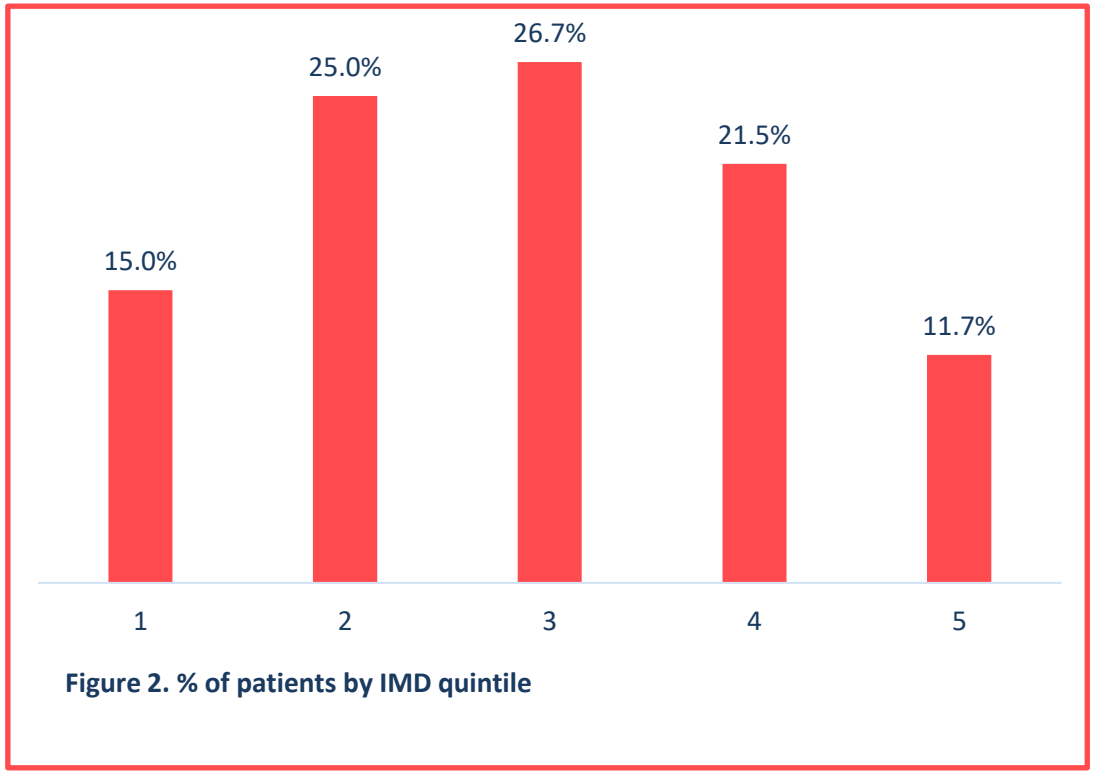


Figure 2. % of patients by IMD quintile

All data based on discharge driver activity: 666 journeys (patient and non-patient) completed between 9 May – 31 October 2025 from RSH and PRH. Thirty-four patient postcodes were unable to be matched to an Index of Multiple Deprivation quintile.

[4] English indices of deprivation 2019 - GOV.UK.

Insight: Challenges to patients getting home following discharge

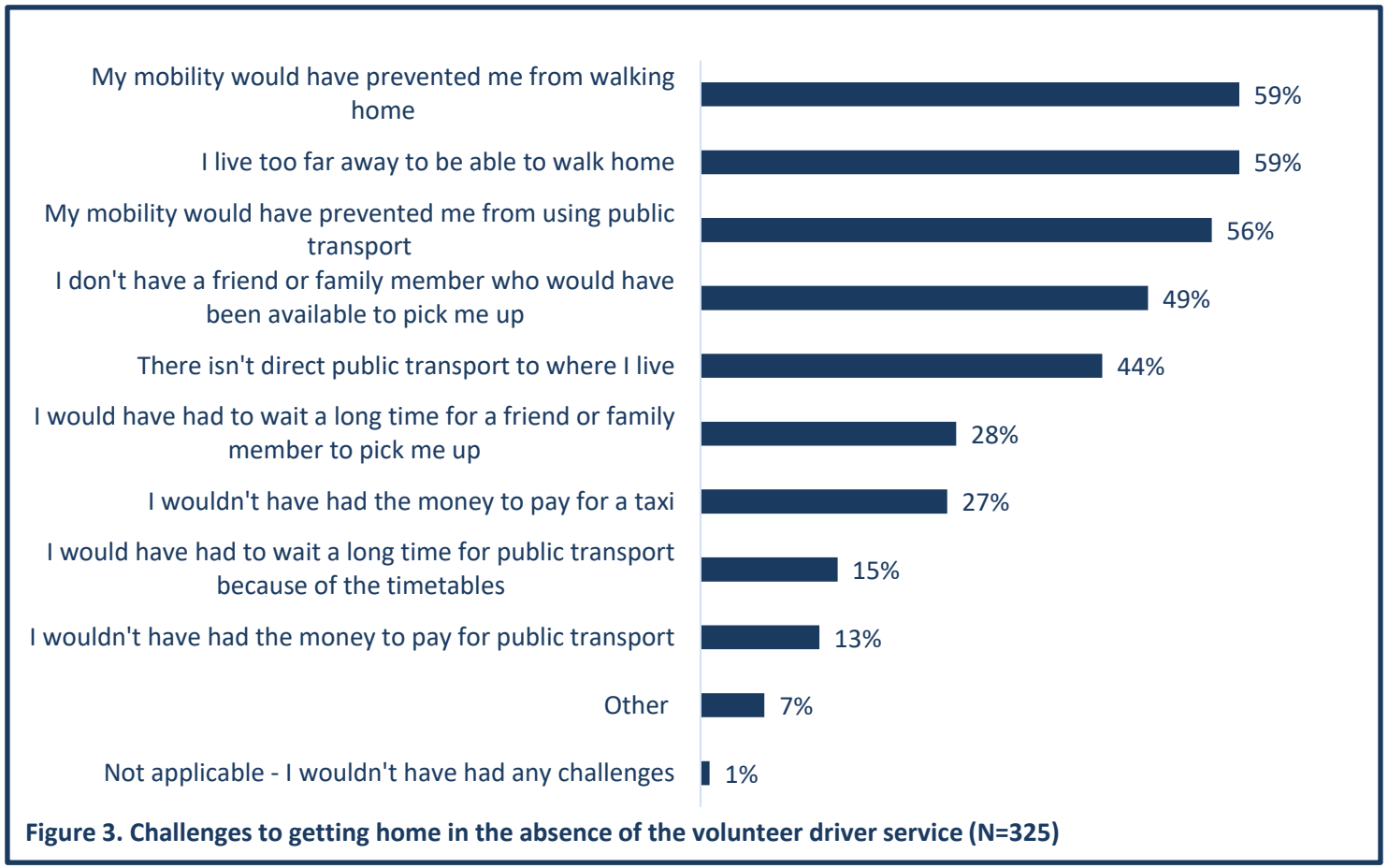


Figure 3. Challenges to getting home in the absence of the volunteer driver service (N=325)

- The **most frequent challenges for** patients around getting home independently included **living too far away** and therefore not being able to walk home, and **challenges with mobility.**

- Some patients reported **financial constraints**, which would impact on them being able to pay for a taxi (27%) or get public transport (13%). Not having a friend or family member who could assist them was mentioned by almost half.

- Crucially, **only 2 patients reported that they would have experienced no challenges getting home** in the absence of the volunteer drivers service. On average patients selected between three and four challenges they would have otherwise experienced. This helps to illustrate the value of the service in supporting those in need.

Figure based on patient survey data collected between 1 June – 14 November 2025. Completed by 325 patients of RSH and PRH. Patients were able to endorse multiple challenges or provide their own.

Impact: Meeting the objectives and beyond

- The volunteer **driver scheme was introduced at SaTH to support patient flow** through the hospital and increase capacity by getting patients home quicker.
- As demonstrated by **the 666 journeys undertaken by volunteer drivers,** the initiative has supported patient flow and capacity.
- Whilst cost savings was not the original aim or focus, by utilising volunteer drivers rather than non-emergency patient transport and taxis, meaningful cost-efficiencies have been realised.
- Patients discharged over the period of the project were eligible for EMED transport. However, as a volunteer driver was available, they were referred to SaTH volunteer services instead**. Patients were identified for the volunteer service via the discharge lounges, wards, A&E and through the daily SaTH transport meetings.**
- Over time, SaTH saw **an increase in the number of requests as wards and departments became more familiar with the volunteer service**, and it was embedded within the Trust. The volunteer driver service was further expanded to support **outpatient, renal, A&E** and **maternity** departments.
- The volunteer driver service focused on patients who could be transported in a car and did not need any form of manual handling. EMED refer to these patients as 1PC. **By providing a service to '1PC' patients, EMED/hospital transport can focus on patients with more complex needs who require their service**. This is of huge benefit, as EMED/hospital transport can become booked up with outpatient appointments, which impacts their capacity to provide transport for discharge to patients needing their specialist service. **SaTH's volunteer drivers helped EMED/hospital transport to meet their deadlines for 'stretcher' and 2PC' patients, reducing waiting times for patients.**

Molly, **Volunteer Discharge Driver Beneficiary**

Impact: Meeting the objectives and beyond

Whilst it is **difficult to estimate any potential savings** and the rationale for this service was not primarily for cost savings, if the patients the volunteer service transported during the project had used EMED instead, it is estimated that this would have saved £83,958.58. For all non-patient journeys (e.g. medicine and equipment runs), the estimated saving of not using local taxis is £2,535.18. Accounting for pool car costs across the project, in total, this equates to a potential saving of £86,379.98. **SaTH will need a full year's data to accurately measure the impact of this service.**

£86,379.98

potential cost saving for the ICB for volunteer drivers vs. hospital transport and local taxis[3]

Based on these **predicted potential savings**, and the increase in volunteers supporting this service, there is a **potential to make savings** on the use of non-emergency patient transport and taxis for 1PC patients **in the future.**

There are **several factors** which will **affect the future performance of this service**, these include:

- **A project manager** – this individual takes the bookings from the Trust, co-ordinates the volunteers (and ensures their safety and wellbeing when carrying out the role) and works with the Trust to identify all appropriate patients.
- **Volunteer recruitment and retention** – Volunteers are fluid though the very nature of their involvement. The Trust needs to ensure it safely recruits and then retains its volunteers.
- **Ongoing clinical support** – this includes ensuring the service is well utilised with ongoing referrals to the service. It's a change of culture, so that the volunteer service is seen as the first point of contact when arranging transport for patients.
- **Capacity** – As SaTH has more volunteer support, there is the opportunity to extend the service to other areas across both sites.

[3] Estimated cost savings to ICB calculated following discharge driver mileage and pool car costs deducted. Calculations based on the 666 journeys (patient and non-patient) completed between 9 May – 31 October 2025 from RSH and PRH. Costs savings based on hospital unit cost and Shropshire Council hackney carriage fares – further details provided in appendices.

Impact: Patient satisfaction with the service

99.7%

of patients reported being very satisfied or satisfied with the service received by the volunteer drivers[5]

99.1%

of patients strongly agreed or agreed the volunteer drivers service helped them to feel less anxious about getting home following discharge[5,6]

> *"From the start I was treated royally; great driver, great personality, great conversation - I would be the first to recommend.*

> *"This service should always be available, I felt that I could trust them, they listened to me and made me feel that it would all be ok.*

> *"I would have had to wait 5 hours to be picked up. No hanging around at PRH, comfortable journey, perfect driving.*

> *"Very happy, prompt, caring service and checked everything was ok in the house.*

Based on patient survey data collected between 1 June – 14 November 2025. Completed by 325 patients of RSH and PRH. All data is based on level of endorsement.

[5] Don't know' was endorsed on one occasion by a volunteer driver on a patient's behalf due to the patient having dementia and being deaf.

[6] The response of 'neither agree nor disagree' was endorsed by two patients.

Impact: Staff views on volunteer support

All staff would be likely to recommend volunteer support to other colleagues

> *We would love for the volunteer support to continue; it has been a massive help to us as staff and a positive impact on the patient's journey.*
>
> *Royal Shrewsbury Hospital staff*

> *Wonderful helpful people & team especially the Volunteer Service Manager.*
>
> *Royal Shrewsbury Hospital staff*

> *I hope that this service continues to be available for our patients; I would also like the hours to be extended so more patients can use the service.*
>
> *Royal Shrewsbury Hospital staff*

> *Thank you Volunteers for all your help and thank you to Eve who is doing an amazing job to support different services within SATH in getting our patients home safety.*
>
> *Princess Royal Hospital staff*

Based on staff survey data collected between 7 October – 14 November 2025. Completed by 8 staff members at RSH and PRH. Data is based on level of endorsement. Only responses by staff who have been supported by volunteer drivers are considered.

Impact: Volunteer views on gains, support and benefits

Volunteers endorsed multiple benefits of volunteering: All volunteers (N=11) feel that volunteering provides a **sense of purpose**, the majority (n=8) feel the opportunity has allowed them to **increase their skillset**[7] and five out of eleven reported it has **increased their confidence**[8].

Figure 4. Volunteer views of benefits of role on skillset, confidence and purpose (N=11)

Importantly, volunteers feel supported in their roles: All volunteers (N=11) endorsed they **received enough training** to support them to perform their role as well as **enough support** from other members of staff. While ten out of eleven volunteers reported they'd received enough **support from the volunteer team**[9].

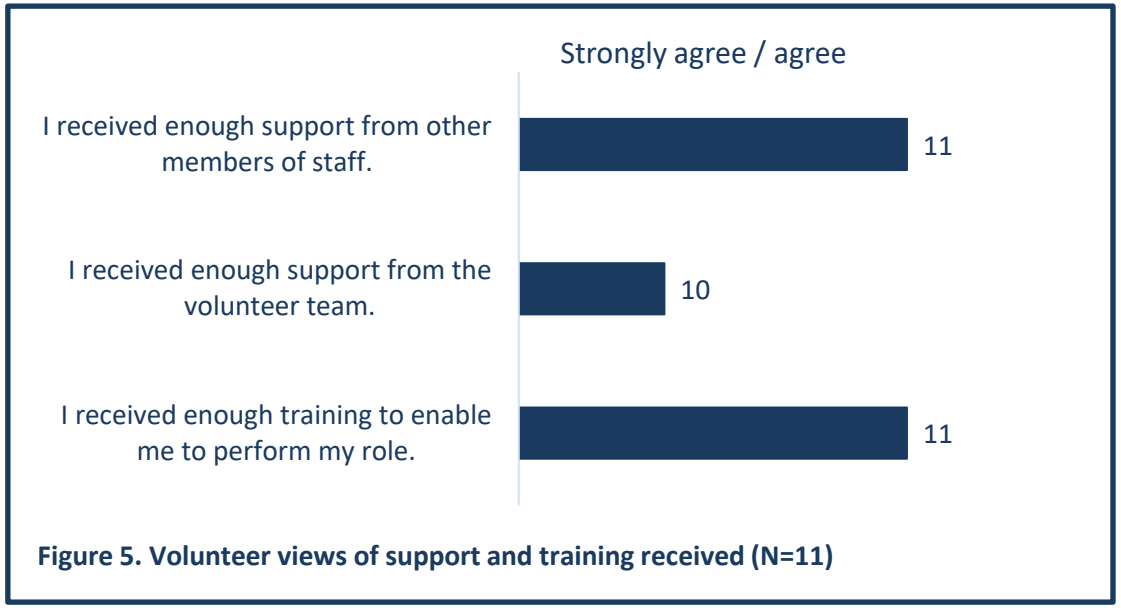


Figure 5. Volunteer views of support and training received (N=11)

Based on volunteer survey data collected between 7 October – 14 November 2025 (11 completions). Volunteers conducted patient and non-patient journeys from RSH and PRH. All data is based on level of endorsement. Actual figures provided due to small sample (N<50).

[7] Neither agree nor disagree' was endorsed by three volunteers

[8] Other responses endorsed include: 'Neither agree nor disagree' by five volunteers and 'disagree' by one volunteer.

[9] 'Strongly disagree' was endorsed by one volunteer.

Impact: Volunteer views on gains, support and benefits

Volunteers recognise the impacts of their role: All volunteers (N=11) feel they've had a **positive impact for the patients** they've helped, while the majority feel their voluntary role has **positively impacted the organisation** (n=10) [10] and the **staff they work alongside** (n=8)[11].

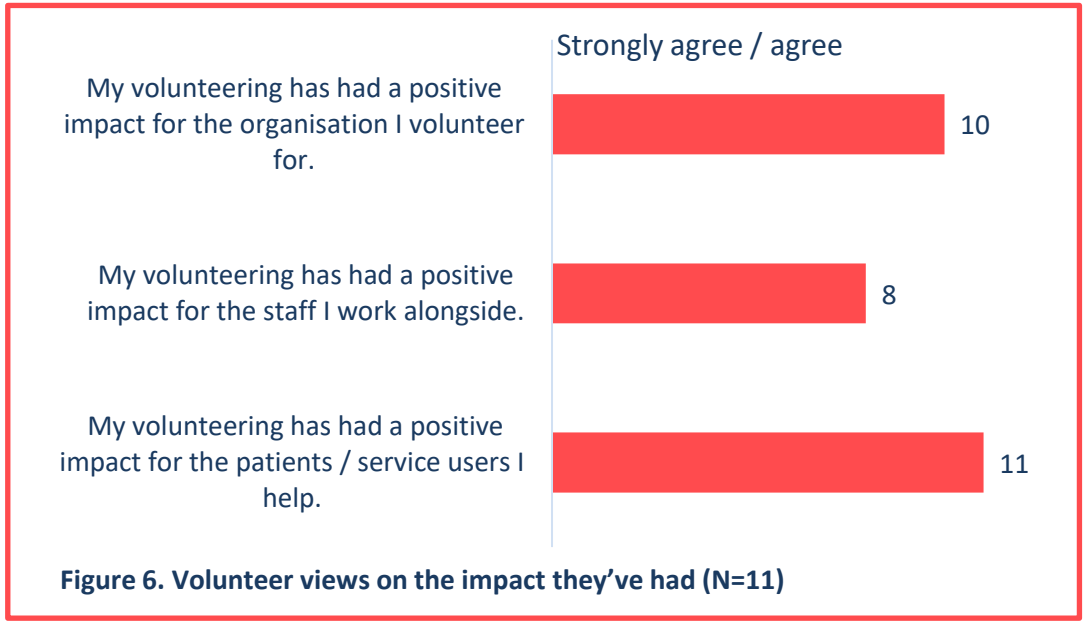


Figure 6. Volunteer views on the impact they've had (N=11)

All volunteers reported being very satisfied or satisfied with their volunteering role[12]

All volunteers would be likely to recommend their role to someone looking for a volunteering opportunity[12]

Based on volunteer survey data collected between 7 October – 14 November 2025 (11 completions). Volunteers conducted patient and non-patient journeys from the RSH and PRH. All data is based on level of endorsement. Actual figures provided due to small sample (N<50).

[10] 'I don't know' was endorsed by one volunteer

[11] 'Other responses endorsed include: I don't know' by one volunteer and 'neither agree nor disagree' by two volunteers.

[12] N=11

Impact: Volunteer of the Year 2025

The Volunteer Discharge Drivers were honoured with the prestigious **Volunteer of the Year** award at the Trust Celebration Awards 2025, recognising their exceptional dedication and service earlier this year.

Impact: Comments from volunteer discharge drivers

“It’s an excellent service, and I’m sure it has a big impact on freeing up beds.

“Excellent team.

“I love working as a volunteer driver, patients are so grateful for this service. I’ve had nothing but positive feedback from patients I have transported. A very worthwhile service.

“As a new volunteer I have already seen the impact that simply approaching a patient and informing them that I was going to personally transport them home with no delays and ensure they are safely into their property. Their sense of relief that someone is going to do this for them is almost physical and the relief palpable.

“As a volunteer driver for a very short period, I have had very little interaction with other volunteers, but on the whole, I would say that customer reactions have always been very positive.

“I think the staff in the volunteer office make us feel really valued.

Robert's story

Strong links with the hospital

Robert Turner has lived in Telford for most of his life. Over the years he has seen both sides of the NHS, as a patient himself and as someone deeply invested in its future.

“When the Telford new town was built, there originally weren’t any plans for a hospital. So, there was an action committee and pressure group formed, which I was part of,” he recalls. “**I kind of feel like I’ve been involved with the hospital from day one**.”

That sense of connection never left Robert, and when he spotted a poster at A&E one night asking for volunteer drivers, it felt like the right next step. “**I thought—that might be something I’d be skilled at and would enjoy doing**.”

Invaluable role

The role is simple on the surface—driving patients home after they’ve been discharged—but the i**mpact is anything but**. “One of the primary drivers for our scheme was to try and ensure that discharges happen quickly. Bed-blocking is a major issue,” Robert explains.

What makes the role so rewarding for him is not just the practical help, but the people. “**The team of nurses in the discharge lounge are just fantastic—so welcoming. They very quickly made me feel part of the team**,. **And the patients—they’re just very, very grateful and very happy to express their gratitude**.”

Robert laughs when he adds: “I jokingly say all the nurses and healthcare assistants twist me round their little finger.”

A way of contributing

What keeps him going is the same feeling he had when he first joined that action group all those years ago - **the sense that he’s helping to build and protect something vital**.

“Most people love the NHS. And this is one way of giving back.”

For Robert, volunteering is about being part of something bigger, **a way of contributing** to a service he has trusted his whole life. His advice to others thinking about volunteering is straightforward: “Don’t be put off by the training - it can feel like a rigmarole. But persevere, because it’s absolutely worth it.”

Robert Turner
Volunteer Discharge Driver
The Shrewsbury and Telford Hospital NHS Trust

Impact and building on success

There are many benefits to the volunteer driver service being embedded within SaTH, including:

By providing a service to '1PC' patients, EMED/hospital transport can focus on patients with more complex needs who require the service. This would be of huge benefit, as EMED/hospital transport can become booked up with outpatient appointments, which impacts the capacity to provide transport for discharge to patients needing a specialist service. **SaTH can help EMED/Hospital transport to meet deadlines for 'Stretcher' and 2PC' patients, reducing waiting times for patients.**

SaTH's volunteer project manager has established great relationships and connections with Service Improvement Partners, Pathway Coordinators and Clinical Ward Managers, **which allows them to proactively identify patients** along **with having a presence within the hospitals.** to encourage clinical teams to directly book transport with the volunteer service to **ensure the best possible flow of patients**.

By providing an on-site service, SaTH can offer **prompt, efficient transport** to patients which also **reduces the need for staff to stay after their shift hours**, along with reducing the costs associated with this.

By providing a medicine and equipment delivery service, SaTH can **reduce the potential of patients having to remain in hospital** due to medication or equipment delays. Volunteer drivers can take patients home in time for their care package and then deliver their medication and discharge letter later in the day once they have been dispensed.

ICB Impact Statement:

"I have been in post since April 1st 2025, and since the volunteer driver service launched Mid-May it has been very well received throughout the Trust with key relationships built in the discharge lounge and wider clinical pathway teams. The discharge lounge is utilising the service and enjoying the benefit of a having a flexible, on-site transport option which is also providing valuable support to our overwhelmed non-emergency hospital transport provider. We are excited to see the growth and expansion of the volunteer driver service, and we look forward to working with Eve and her team going forward into our busy Winter pressures and beyond."

Lisa Brewin
SCC Senior Commander/Performance Delivery

Conclusions

- A Driver Discharge Volunteer Project was conducted across Princess Royal and Royal Shrewsbury Hospitals from mid-May to October 2025. During this period, a total of **666 journeys were completed**, encompassing both patient (those who qualify for hospital transport as a '1PC') and non-patient transport. Using a hospital transport unit fee and local Shropshire Council hackney carriage fare as benchmarks, the **project is estimated to have generated savings of £86,379.98**.
- Volunteer recruitment was an ongoing process throughout the duration of the project, and by mid-November, **the total number of volunteer drivers had reached 18**. While the number of completed journeys fluctuated month to month, an overall upward trend was observed, with the **highest volume of journeys recorded in October**, particularly during the final week.
- Analysis of patient destination postcodes using indices of multiple deprivation revealed that **40% of journeys were to areas with higher levels of deprivation**. Patient survey responses highlighted **mobility as a key challenge for patients when leaving the hospital**.
- Patient and staff **satisfaction with the volunteer driver service was exceptionally high**, with both groups expressing strong support for the initiative. Additionally, staff members indicated they would be **likely to recommend the service to others**.
- Volunteer feedback confirmed that the majority felt the experience had **provided them with a sense of purpose and allowed for skill development**. Furthermore, volunteers reported a clear understanding of the **positive impact their contributions had on patients, hospital staff, and the broader organisation**.

Potential for the future

- **Extension of hours (staff and patients) –** With additional capacity we could look to expand the service in the evenings, when a high number of patients being discharge require transport.

- **Outpatient transport booking service for patients –** Currently the volunteer driver services, takes patients homes from their outpatient appointments. With an increase in capacity of drivers, and support from the volunteer team we could expand the service for patients to book a driver in advance.

- **Home collections (DNA service integration) –** Expanding our DNA volunteer role, if a patient is identified as having difficulties in attending their appointment due to transport issues, we could offer the volunteer driver service

- **Programme of wellbeing/support for volunteers –** Put in additional support for volunteers so that they can share experiences and maintain positive mental health

- **Integrating the service to provide drivers for community services and hospitals –** Working with the Community Trust, look at opportunities to support patients from the hospital into community.

Modelling the service for the future

- At the time of writing this report, SaTH has successfully recruited 18 volunteer drivers with 2 more in progress. Volunteer services are still receiving expressions of interest, and the aim is to continue to grow the number of volunteers as the project further develops**.**
- Overall, since the start of the project, there has been growth in the number of journeys completed as expected, with the highest number completed by volunteers (N=50) in the final week of October. The average journey completion rate per week stands at 4. However, individual performance varies, with the highest unique driver average reaching 9, and a peak of 18 journeys recorded in a single week. Expanding the volunteer driver base will help sustain and enhance this capacity.
- Whilst it's difficult to estimate any potential savings and the rationale for this service was not primarily for cost savings, the volunteer service transported patients rather than using EMED/taxis, has given an estimated saving of **£86,379.98 over 6 months**. If the service continue at the same level over **12 months** this would be a **saving of £172, 759.96.** SaTH hopes with the increase in capacity we will be able to continue to **expand the service** to providing transport for patient discharge, A&E and our outpatient departments.
- To continue this service over the next 12 months SaTH would require the following investment:

Funding	
Band 5 Volunteer Facilitator (mid-point with on-costs)	£40,184
Pool Car Lease and fuel costs/expenses	£15,000
TOTAL REQUIRED FUNDING FOR FULL YEAR	**£55,184**

All activity data based on discharge driver activity between 9 May – 31 October 2025.

Appendices

About the Helpforce Insight and Impact Service

What is it?

- The I&I Service is an online tool to help you easily and effectively evaluate your voluntary project or initiative.
- It guides you on a simple 4-step process, from designing outcomes for your beneficiaries through to what data we will need to collect - how, when, and from whom.
- Resulting in an evaluation report that our team produces for you, showing evidence of impact made against the outcomes and insights around how the project is working.

How the service is making a difference

We have worked with many NHS and VCS organisations to collect data on high-impact voluntary projects. We have produced evidenced findings against a broad range of health and care outcome measures that have helped to scale up volunteering services and unlock additional funding for our partners.

A guide to some key terms we use

Insights provide an understanding of a situation or problem. They help us to share valuable information around what is working well, and what is not working so well, so that we can advise on potential service improvements and developments.

Impact relates to evidence of lasting and sustainable changes. Impact data helps us to understand the value and difference being made as a result of the project.

Evidence is reviewed against the following criteria to determine if it is compelling, promising, or limited:

- Is the sample size / response rate reliable and robust?
- Is the data direct or a proxy measure?
- Is there a causal link between the evidence and the outcome?
- Is there a control group or comparative data set?
- How was the evidence gathered – directly from participants, or via a third party?
- Was the survey question well designed, or has there been signs of misunderstanding by participants?

Evaluation approach: Outcomes

The SaTH anticipated outcomes included:

Patient

- Reduced anxiety about getting home from hospital
- Satisfied with their volunteer support experience

Staff

- Staff believe volunteers support patients to return home safely after discharge
- Staff believe volunteers support patient flow by helping them to get home more quickly
- Staff are satisfied with the support they receive from volunteers

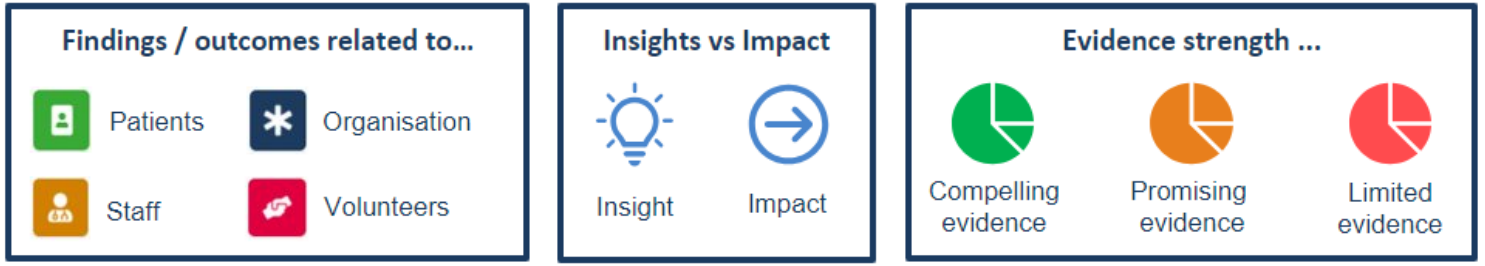
Volunteers

- Improved confidence & sense of purpose
- Develop new skills that supports their personal & professional development
- Feel well supported in undertaking their volunteering role
- Confidence that time spent volunteering is of benefit to staff, patients, and the organisation they volunteer for
- Satisfied with and happy in their role

Organisation

- Reduction in outsourced transport costs

Throughout the report, data findings are linked back to the beneficiary using icons at the top right-hand side of the screen. Evidence strength is also rated using icons. These icons are as follows:



Evaluation approach: Methodology

Helpforce's approach to evaluating

Using its established *Insight & Impact* evaluation service, Helpforce follows a consistent methodology to determine the impact of volunteering roles on health and wellbeing outcomes. Target outcomes are identified across a range of beneficiaries representing the people and organisations involved, and then we collect the necessary data to prove and evidence the outcomes.

This final analysis includes the following data collection methods:

- A paper-based **patient survey** completed by 325 patients of RSH and PRH – questions concerned likely transport and possible barriers to getting home in the absence of the discharge volunteer driver service, impact of the service on patient anxiety levels relating to getting home following discharge and level of satisfaction with the discharge volunteer driver service.
- An online **volunteer survey** completed by 11 volunteers across RSH and PRH – questions concerned the impact of volunteering on volunteer's sense of purpose, confidence and the development of new skills as well as support received to understand the role, the perceived impact of them performing the role on others and their satisfaction with the volunteering role.
- An online **staff survey** completed by 8 staff across RSH and PRH – questions concerned impact of volunteer support on patient discharge, satisfaction with volunteer support and impact of experience on expectations towards volunteers.
- Analysis of **data provided by The Shrewsbury and Telford Hospital NHS Trust** on discharge volunteer driver activity to understand the organisational benefits of the role.

Financial approach

Taxi tariff: The estimated avoided outsourced taxi transport costs were calculated using volunteer mileage records (the mileage was halved for the purposes of the calculations - a taxi would only charge for a one-way journey to the patient's home). Calculations were based upon Shropshire Council hackney carriage fares[13]: Tariff 1 - (From 7am to 11pm Monday - Saturday):

Flag and first mile (1,760 yards/1,609 metres) £5.50

For each 176 yards or uncompleted part thereof (equivalent to £2 per mile) £0.20

Hospital transport: Hospital transport fees were costed per unit at £180.00. The calculation included the transport of patients only.

Volunteer mileage claims: £0.45 per mile.

Acknowledgements

Our thanks go to the volunteering team at both Royal Shrewsbury Hospital and Princess Royal Hospital, in particular to Eve Simmonds-Jones, (Project Manager), and Hannah Morris, (Head of Public Participation) and Julia Clarke (Director of Public Participation). All have been instrumental in driving this project forward and providing the organisational data required for this report.

We would also thank the patients, staff and volunteers who provided feedback and the volunteers who generously give up their time to provide this valuable service.

[13] https://www.shropshire.gov.uk/get-involved/hackney-carriage-table-of-fares-administrative-area-of-shropshire-council/

helpforce

Thank you

help@helpforce.community
www.helpforce.community

© Helpforce, 2025.