HelpForce
MAKING MORE TIME FOR CARE

22nd June – HelpForce Event
Summary of Breakout Table Work
On the 22nd June, HelpForce held an innovation event for trusts and VSCE partners across the country to reconvene, connect and share best practice to date.

Nine patient pathway interventions were identified by the HelpForce team (see next slide) and attendees were given the challenge of trying to develop them in further detail.

Each group took a slightly different approach – either thinking about the role description in further detail, the practicalities of implementation, examples of best practice to share or what the intervention could be used for.

The outputs of these discussions are presented overleaf.

Pilot sites will be deciding which volunteering interventions they take forward over the coming months and individual workshops will kick off with each organisation to develop the action plan to implement interventions by the end of the year.
While there is natural overlap between many of these interventions, where there are anticipated to be daily direct links, this is illustrated with a dashed purple arrow ( ).
Table 1 looked at the ‘First Responder’ intervention and thought about the enablers that would be needed to implement it.

**First Responder**

- “On the job” training provided by NHS, St. John’s or Red Cross Ambulance staff
- Needs a good knowledge of services in the community
- Requires good working relationships and robust governance with the ambulance provider
- Could sit in ED to support ambulance crew handover – e.g. Gateshead

**Enablers**

- A clear acuity/risk model is key!
- Requires partnerships with Fire & Rescue if involved in disaster relief
- Needs a good understanding of locality and how service providers cross boundaries

Table 2 looked at the ‘ED Health Champion’ intervention and thought about how they could help within the department.

**ED Health Champion**

- Supporting communication between staff and patients
- Manning alcohol tents
- Arranging transport
- Mental health support – befriending

**Roles**

- Care packs/snack packs
- Emotional support/just “being there”
- Offering guidance/support to “frequent flyers”
- Keeping patients calm/reassurance

Table 3 looked at the ‘Unplanned Care Patient Support Volunteers’ intervention and thought about the role and enablers.

**Unplanned Care PSV**

- General “extra pair of hands” e.g. Bleep volunteers at WSH
- Patient focused – greeting patients on decision to admit, what to expect, reassurance, basic non-clinical information etc.

**Roles**

- Housekeeper type role to help staff save time
- Establish level of support patients have at home – prioritise volunteers on this basis
- Close link to PALS is important

Table 4 looked at the ‘Planned Care Patient Support Volunteer’ intervention and thought about the role across a planned care pathway.

**Planned Care PSV**

- Make a connection/build trust
- Call / fetch
- Manage expectations

**Roles**

- Out-patients
- Make a connection/build trust
- Support friends & family
- Aftercare support scheme
- X-Ray
- Transport / porter when no staff available
- Handover MDT
- Discharge

**Outcomes**

- Ward
- Daily routine question
- Support friends & family
- “runners”
- Update family text/call update
- Point of connection text/call update
- Follow up

**Communication with other services**

- Transport / porter when no staff available
- Usual residence questions
- Daily routine question
Table 5 looked at the ‘Patient Wellbeing’ intervention and thought about a number of different things.

**Patient Wellbeing**

**Critical success factors**
- Training
- Risk assessment
- Ward engagement
- Leadership and management
- Part of ward skill mix
- Skill matching volunteers to placements
- Understanding impact on patient wellbeing

**Examples to learn from**
- Southampton: exercise, nutrition, befriending, F&F test, interpreters
- York: beverage volunteers, dementia champions, breastfeeding, EOLC volunteers
- Other ideas: cognitive stimulation, children & patient transfer

Table 6 looked at the ‘Discharge Team’ intervention and thought about the activities that a volunteer could do to support the discharge process.

**Discharge Team**

- Accompanying the patient home
- Assembling discharge bags e.g. fresh clothes, tea, coffee, etc.
- Ensuring the patient leaves the hospital with the correct medication
- Preventing deconditioning e.g. by assisting with walks
- Creating links with voluntary or charity groups in the community
- Follow up telephone calls
- Befriending services at home and in the community

Table 7 looked at the ‘Transport Team’ intervention and thought about the examples to learn from and critical success factors.

**Transport Team**

**Critical success factors**
- Multidisciplinary teams
- Coordinated centralised budgets
- One strategy between all care settings
- Good volunteering management
- Patient empowerment
- Links to home from hospital services

**Examples to learn from**
- RVS & British Red Cross
- Uber & Supercarers partnership
- Sandwell NHS – building an app to map patient journeys from home to hospital
- Volunteer cycle drop in service for home visits

Table 8 looked at the ‘Social /Community Prescriber Team’ intervention and thought about the role across a planned care pathway.

**Social/Community Prescriber Team**

**Out-patients**
- Determine the needs & gap

**Ward**
- Discuss possible solutions

**Discharge**
- Agree solutions/actions

**Home**
- Carry out solutions/actions

**Assessment**
- Care Plan

**Care Plan**
- e.g. help them connect them to new groups