

SWBH HelpForce Wave 2 Proposal Project Plan

The main activities we expect will be needed to deliver this project will be;

Planning and Preparation

Under the direction of the Taskforce (please see B2) the Director of Communications and the Volunteer Project Manager will plan with Helpforce, Ward Leaders, Therapists, the Activity Co-ordinator and the wider volunteer team.

Volunteer Recruitment

The Volunteer Team will recruit volunteers through their normal continuous value based process plus targeted recruitment including recently retired people. Volunteers (unless they cannot) will apply via the SWBH website on Better Impact. Their application is reviewed by a Volunteer Manager and if suitable they will be interviewed by a Volunteer Manager. If approved then DBS and references will be taken up and if these are satisfactory the volunteer will be invited to training.

Training

All volunteers do Trust Induction Training which includes an introduction to the Trust, Information Governance, Hygiene and Infection Control etc.. This is delivered twice a month, by Volunteer Service Managers. Times and locations are varied where possible to make these as accessible as possible. Volunteer Manager, Jonathan Maddison will run Mobility and Dementia Awareness training twice a month for Activity Support and Mobility Volunteers. Sarah Oley, Principal Physiotherapist will train Activity Support and Mobility Volunteers alongside ward staff through her Enablement Programme.

Buddies

We will pilot Buddy Training developed by partners at Sandwell College to be delivered by Volunteer Managers to experienced mobility volunteers with suitable skills. We will develop a trainee volunteer status for new volunteers to be supported by Buddies and staff at the start of their volunteering.

Staff engagement

We will hold a launch event with Taskforce members, Unions, the Volunteer Team, Ward Leaders and Volunteers. We will hold regular Staff Engagement Events with Ward Leaders run by the Volunteer Team involving Taskforce Members and Unions to improve understanding. We will collect and analyse regular staff surveys to gain insight and ensure that volunteering is delivering what staff believe is needed. The Project Manager will meet Ward Leaders and Therapists regularly.

Patients supported

We will support increasing numbers of patients as we scale the project. More and more suitable patients will be identified and encouraged to get out of bed, get dressed in their day clothes and move as much as they can. Once this is scaled on existing wards it will be scaled up on other wards and shared with other Trusts.

Insight and Impact

The Volunteer Project Manager with support from the Volunteer Team, Taskforce and Volunteers will co-design regular Staff, Volunteer and Patient surveys in addition to data collection from Better Impact to inform the Volunteer Team, Taskforce, PDSA cycle, HelpForce and the wider network.

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PROJECT PLAN Milestones and Timeline

Main Activity	Milestones	YEAR 1				YEAR 2	
		Q1	Q2	Q3	Q4	Q1	Q2
Planning & Preparation	Planning with Taskforce and Helpforce	√					
	Planning with Volunteer Team, Ward Leaders & Therapy Teams	√					
	Trust Project Manager & Volunteer Service Manager attend induction & away trip	√					
	Design and test training programmes	√					
Volunteer Recruitment	Recruit minimum of 8 volunteers per month	√	√	√	√	√	√
	Targeted recruitment of skilled volunteers	√	√	√	√	√	√
Training	Train minimum of 8 volunteers per month (Trust induction, dementia & mobility, Enablement Programme)	√	√	√	√	√	√
Buddy & trainees	Study systems at other Trusts, in particular at Dudley Group NHS Foundation Trust	√	√				
	Develop Buddy & trainee system and training package	√					
	Run Buddy Training minimum quarterly		√	√	√	√	√
Staff Engagement	Reviewed quarterly at Taskforce meetings	√	√	√	√	√	√
	Staff surveys minimum twice per year	√		√		√	
	Enablement Programme Training with staff and volunteers run quarterly	√	√	√	√	√	√
	Staff Engagement meetings with ward leaders and therapists	√		√		√	
	Launch event with staff, volunteers and stakeholders	√					
Patient supported	Number of patients walking or exercising with volunteers per day	4	8	14	22	32	44
	Number of patients receiving lower level support from volunteers per day	16	24	36	54	80	120
Insight & Impact	Minimum 90% of Mobility Volunteers to Report on Better Impact			√	√	√	√
	Full data exports from Better Impact to HelpForce minimum quarterly or as required	√	√	√	√	√	√
	Staff surveys minimum twice per year	√		√		√	
	Patient surveys quarterly	√	√	√	√	√	√
	Volunteer surveys quarterly	√	√	√	√	√	√
	Taskforce data review quarterly	√	√	√	√	√	√

The top 3 risks we anticipate and the way we will mitigate these are;

- 1) Not recruiting enough of the right volunteers. We will use robust values based recruitment methods, continuous and targeted recruitment.
- 2) Excessive turnover of volunteers. We will provide good support for volunteers by establishing a buddy system and through volunteers getting more support from staff as a result of training with them on the Engagement Programme. We will require a normal minimum commitment of 6 months.
- 3) Staff Engagement. We will consult with staff through surveys and Staff Engagement events, provide leadership through the Taskforce and better understanding and training through the Enablement Programme and multi-disciplinary working.