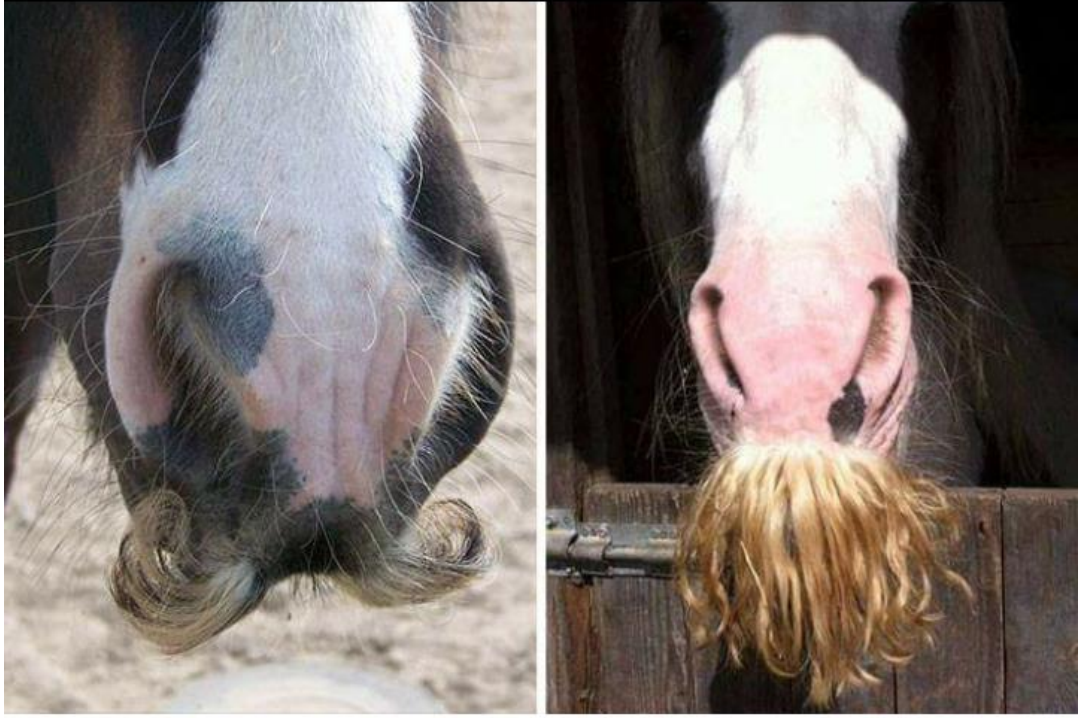
“A walk through of how we have developed and implemented a fool-proof mandatory training programme for volunteers across the Hospice, and achieved 100% compliance. Gillian will share her experience, the difficulties, who was involved and how this was rolled out and followed up. She will also explore how to introduce e-learning to a seemingly resistant group.”



boredpanda

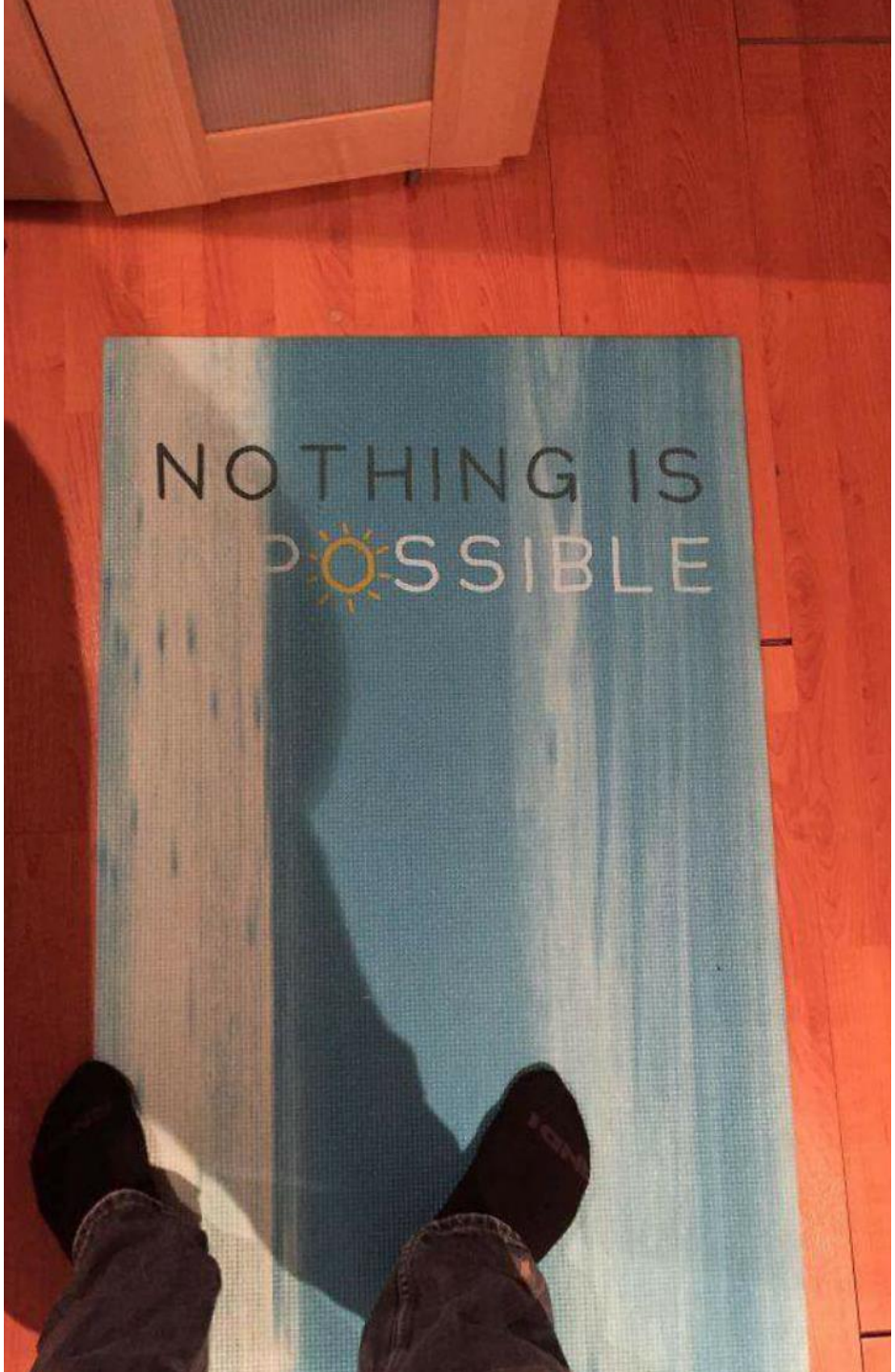
LIKE

If You Ever Feel Sad, Just Remember That Horses Can Grow Moustaches

Mandatory Training & E-Learning

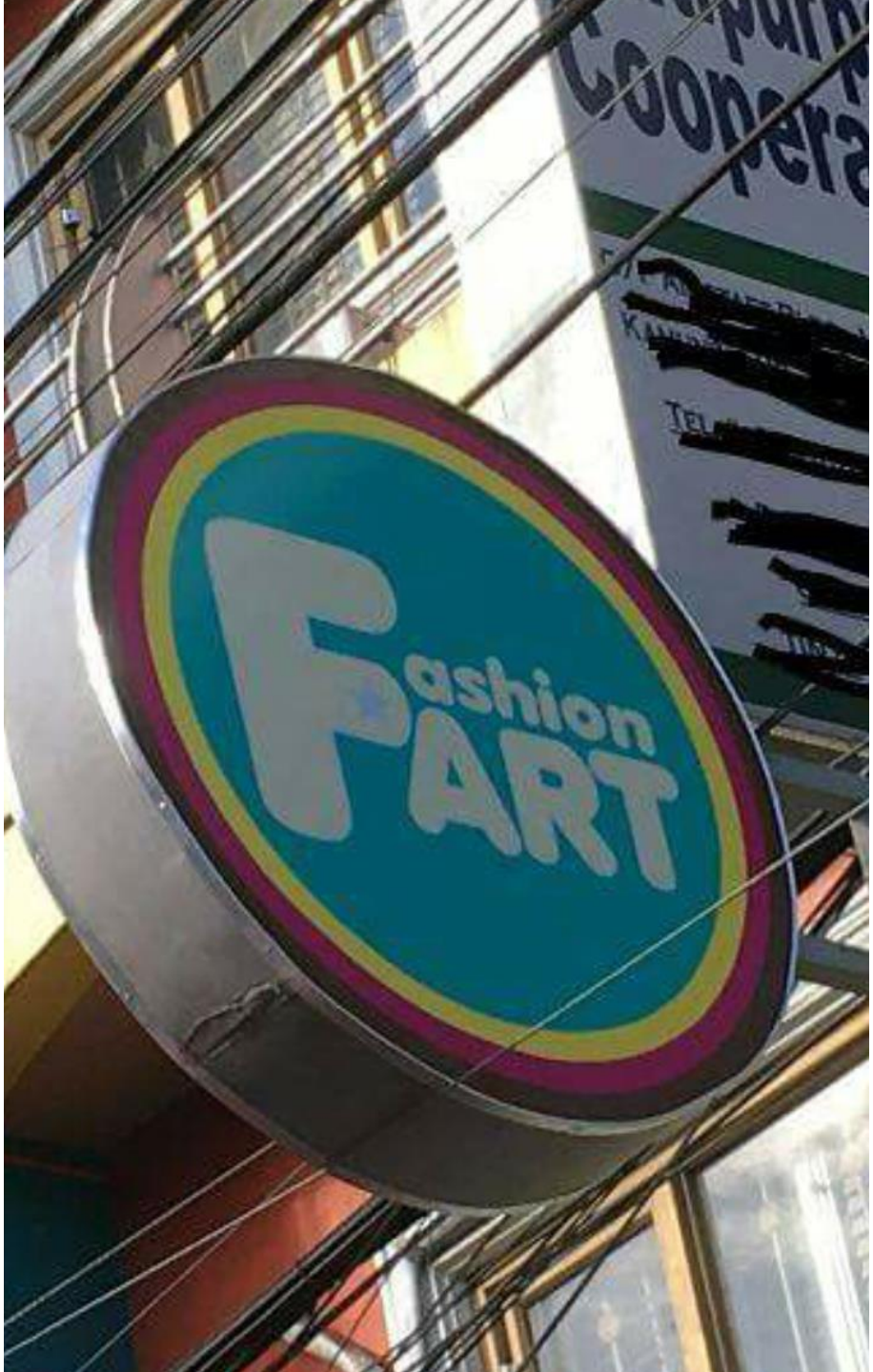
Gillian Austin

Oh, joy!


NOTHING IS
POSSIBLE

Project Plan

- The ‘why’ — to help vols & ensure safety
- The objectives — compliance within timeframe
- Stakeholders — get them on board
- Milestones — checkpoints for each stage
- Risks — consider actions to mitigate them
- Assumptions — test things out
- Resources — allocate budget


Fashion
FART

Volunteers need training

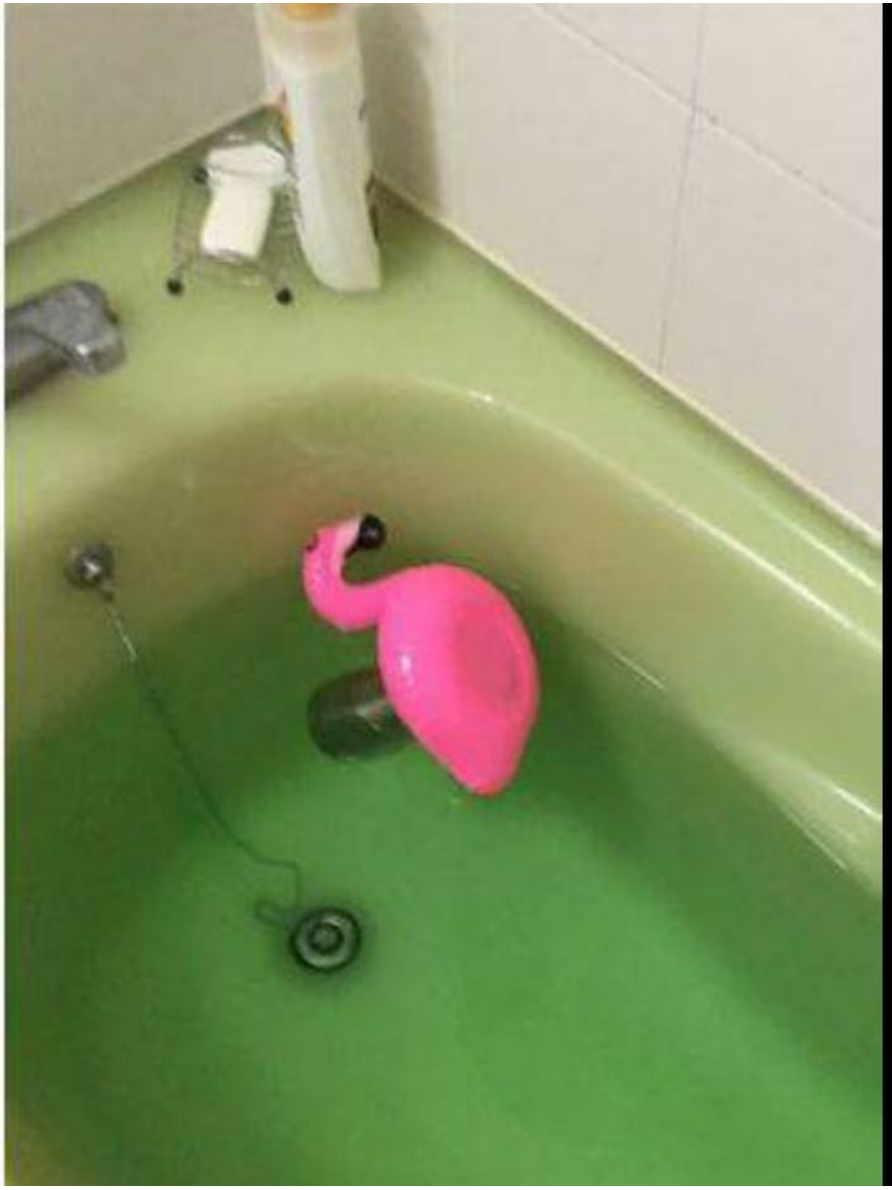
+

supportive staff

=

Training happens & everyone is happy!?

DrinkHolder
⚠禁止事項



What to consider?

Staff putting barriers in place

Miscommunication between volunteers

People leaving

Long serving vols asking 'why now'?

How resilient people are

Time frames

General grumbles

Things going well

Approach to the training

Mediums to train different people

What people have already done

Not providing more training than is necessary

The role someone does

Different ways to communicate the same message

People not being PC literate

Commitment to the Hospice

Manchester Evening News

LIKE

A storm is brewing at the BBC over a teaspoon shortage

Bosses have removed plastic spoons and even wooden ‘stirrers’ from the self-serve staff kitchens - it's not gone down well

BY JOHN SCHEERHOUT
2 NOVEMBER 2017 12:09

Successful Implementation

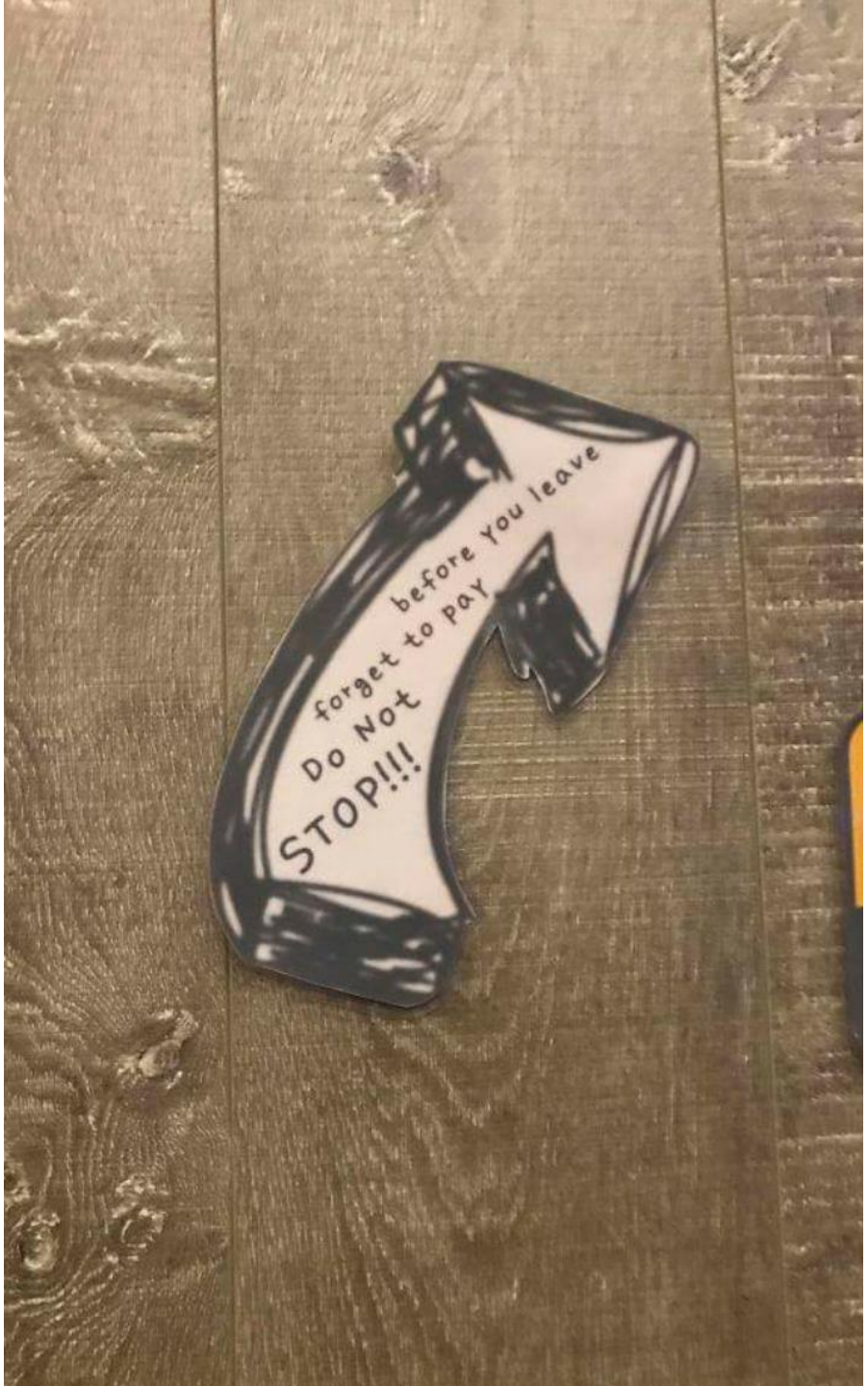
- Who are your influencers?
- Who are the people supporting you?
- Who will follow?
- Who are the laggards/unhelpful people?

Use the people who are passionate and able to influence. Get them on board to help you early on.

Communicate well

Getting staff on board may be done but buy in from volunteers is equally as important

Don’t make it more complex than it needs to be


Do Not forget to pay before you leave
STOP!!!

- What factors/criteria help to decide what group a volunteer/role falls into?

1. Working on or off site – if the role requires that the main body of work is not within a Hospice location or patient' home

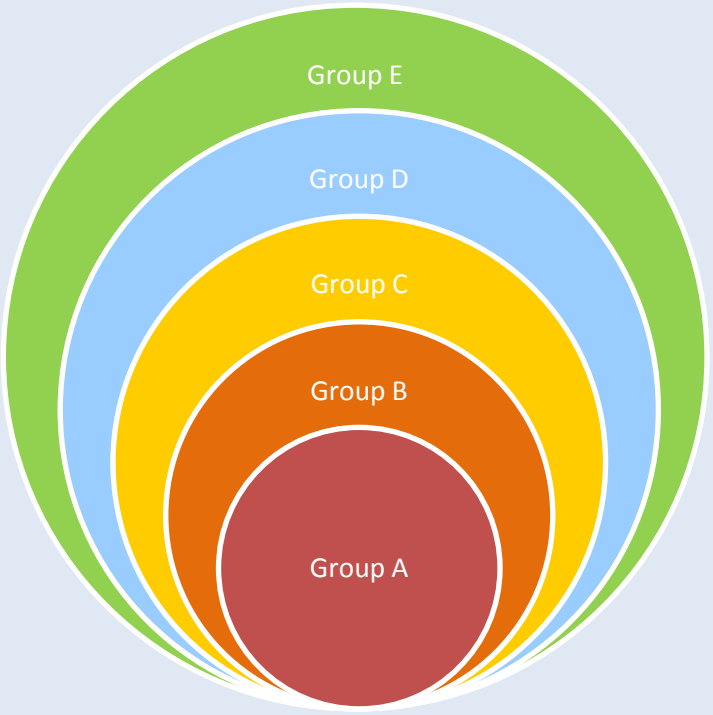
2. Regularity of work – if a role requires a volunteer to work once a fortnight or more

3. Access to confidential or sensitive information – if a role requires the volunteer to have access to confidential information relating to staff, volunteers, patients or companies

4. Patient contact – if a role involves face to face patient contact or contact with relatives/friends in a support capacity

5. Hands-on Patient contact/Lone working – if a role involves hands on patient contact (or hands on contact with relatives/friends) or lone-working

Figure 1. Training Grouping for volunteers



Group E - Volunteers who have no access to confidential information and who do not visit our sites on a regular basis*

Group D - Volunteers who have no access to confidential information but do work on our sites on a regular basis

Group C - Volunteers who do not meet with patients but do have access to patient or other confidential information and records

Group B - Volunteers who meet with patients and have access to patient or other confidential information and records

Group A - Volunteers with clinical responsibilities and accountability. They provide services or hands on clinical care and have access to patient and other confidential information and records

**Regular = more than weekly/fortnightly*

Group E - Volunteers who have no access to confidential information and who do not visit our sites on a regular basis* e.g. Ambassadors, Craft Group, Flower team, Fundraising (Event vols, stalls), Homeboxes

Group D - Volunteers who have no access to confidential information but do work on our sites on a regular basis e.g. E-commerce, Fundraising (Corporate, Events, Website), Gardening, Ironing, Retail

Group C - Volunteers who do not meet with patients but do have access to patient or other confidential information and records e.g. Administration, Donorcare, Education, Finance, Fundraising (PR, In-Memoriam), HR & VS, Legal, Trustees

Group B - Volunteers who meet with patients and have access to patient or other confidential information and records e.g. Catering, Drivers, IPU, IPU Administration, Reception, Spring Centre (O.T. Support)

Group A - Volunteers with clinical responsibilities and accountability. They provide services or hands on clinical care and have access to patient and other confidential information and records e.g. AHPs, HCA's, Nurses, Supportive Care (Bereavement, Carer Support, Chaplaincy, Children's, Complementary Therapy, Creative)

***Regular = more than weekly/fortnightly**

Core Training Modules

- 8 modules
- All volunteers involved
- All Team Leaders involved
- Report
- Communicate simply

Role Specific Training

- Varies for each role
- Don’t ask vols to do more than they need
- Ensure staff are aware of their responsibility
- Report and remind staff
- Support Team Leaders where needed

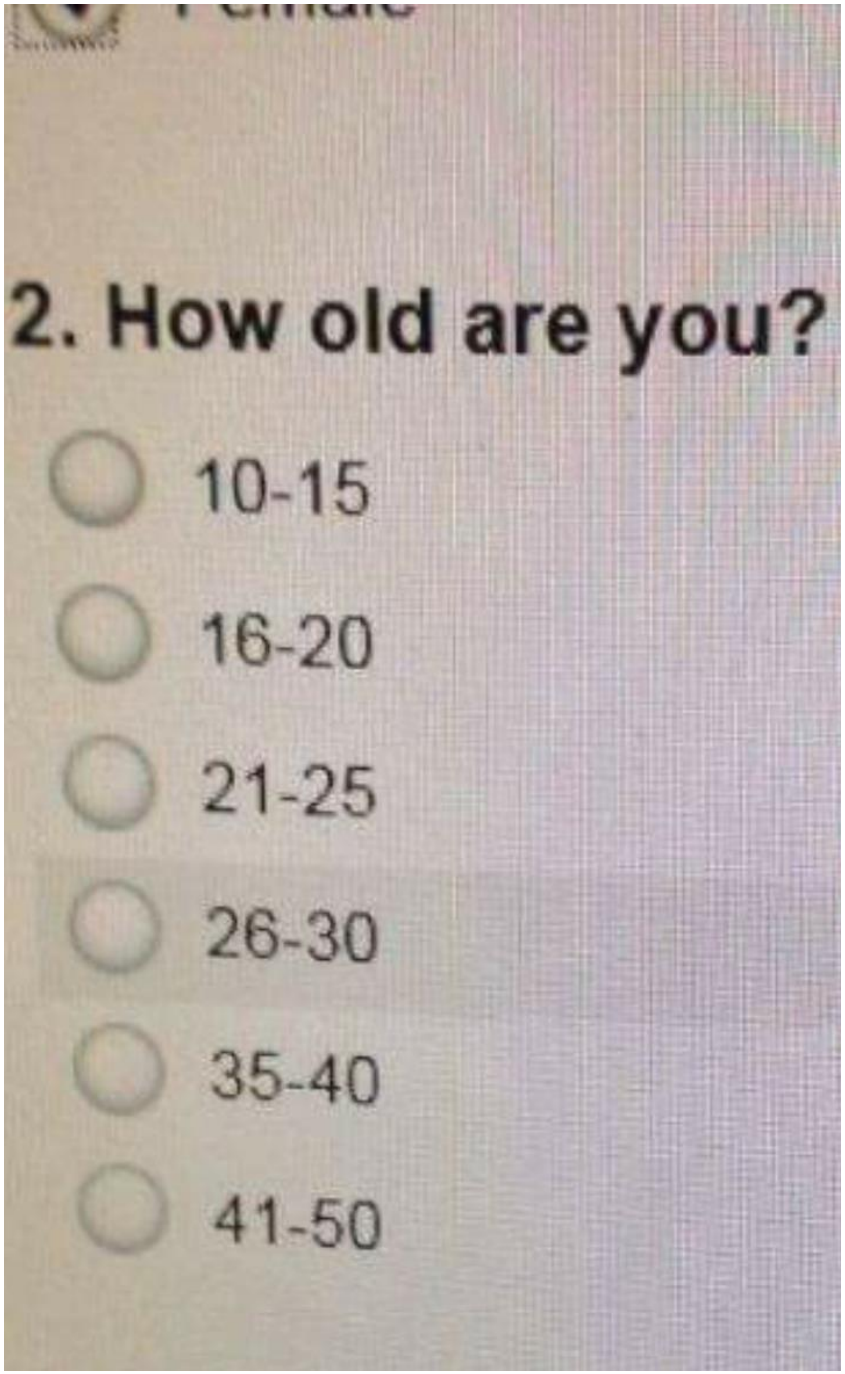
Ideal for sharing
Serves 1
sim
Wate

Online Training Tools

	Cost for 1000 staff/vols	Type of module	Pros	Cons
E-learning for Health (E-lfh)	0	Standard	NHS, clinical, comprehensive	Complex, lengthy modules
Skills for health	varies	Standard	Customisable	
Blue Stream Academy	£6300+	Customised		
Training Tracker	£1,000	Customised	User friendly	Not great reporting
Better Impact	within database	Customised	Updates database automatically	Time, unknown
How to Moodle	£1000+	customised	Responsive staff, user friendly	Unknown
Create your own	0	customised	Does what you want	Time

- Online training isn’t always right!

Who might it not be right for in your hospice?



Test things out!