Methods Two clinical supervisors learned how to facilitate the RBCS model and cascaded this learning to two further supervisors. Following a pre-implementation baseline audit, the model is being trialled with selected small supervision groups who have consistent membership and regular attendance. After 6 sessions the group participants will be evaluated to assess the impact of the model.
Results Supervisees' feedback is yet to be evaluated but supervisors report feeling empowered by having a structure to frame their sessions and are building confidence in the model.
Conclusion After some initial supervisor resistance to the RBCS model, supervisees have responded very positively and this in turn has built confidence in supervisors. We plan to build our pool of RBCS trained supervisors so that as an organisation we have a wider range of strategies and tools to offer to our colleagues in clinical supervision.

P-242 INNOVATIONS IN VIRTUAL LEARNING – HOW ON DEMAND LEARNING AND LEARNING TECHNOLOGY ENHANCE AND CHANGE THE EDUCATION LANDSCAPE

Maaike Vandeweghe, Matthew Tregellas, Penny Scaffold. *St Christopher's Hospice, London, UK*

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Background During COVID-19 we started to develop a range of virtual learning products and due to their success, we identified an opportunity to extend our range of products. The availability of more flexible learning seemed particularly relevant given the increasing busyness of health professionals and the lack of learning opportunities they are facing. Through our work with health professionals we know about and understand the relationship between learning and happiness at work (Richardson, Demain. The happiness at work of palliative nurses in the UK and other parts of the world 2022–23. Presented at round table presentation to celebrate International Nurses Day. St Christopher's Hospice, 2023) and therefore want to ensure that we adopt a wider and more diverse range of flexible and accessible learning approaches (Bdair. Teach Learn Nurs. 2021;16(3): 220–226).
Aim To create new and high-quality on-demand learning opportunities, underpinned by innovative education approaches, that allows health and social care professionals and workers to access materials to learn at a time, place and pace that suits them.
Methods Development of a flexible and agile technology infrastructure which is able to use a range of teaching methods and styles (Cennamo, Kalk. Real world instructional design: An iterative approach to designing learning experiences. 2019), including interactive activities, animation, quizzes, flash cards, etc. Alongside developing a team consisting of a learning technologist, web and learning site developer, educationalist and subject matter experts.
Results We collect both quantitative and qualitative data and information which will include numbers of learners, who the learners are, how they access and use the on-demand learning, how they engage with the interactive elements, etc. We also gather feedback and will use a variety of evaluation methods, including feedback forms, focus groups, etc. to evaluate the offer, identify opportunities for development and optimisation.
Conclusions Although this work is in progress, we expect that others will be interested to hear about this at this stage. We anticipate that this piece of work will form the basis of important developments in learning opportunities for a workforce that needs upskilling, wants to acquire new knowledge and build confidence but will struggle to learn in ways offered historically.

P-243 SUSTAINABLE EDUCATION IN A MULTI-SITE CHARITY: CHALLENGES AND SOLUTIONS

Laura Myers, Amy Perkins. *Sue Ryder, London, UK*

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Background A restructure of the education team within a multi-site national charity delivering palliative and neurological care provided the opportunity to develop a programme of education that met learning needs for the whole organisation, in particular, specialist education in palliative and end of life care.
Aim To ensure our non-medical clinical colleagues have the education to deliver palliative and end of life care with confidence in any of the organisation's settings.
Method The Health Education England (HEE) (2019) learning outcomes for end of life care were accessed and mapped to each clinical role within the organisation, enabling the identification of learning that could be addressed with in-house programmes. An in-house palliative and end of life care programme was designed, to include a 5 ½ day course for colleagues new to palliative care. A pilot of the 5 ½ day course was launched, with 12 participants from 3 sites booked. The materials were designed to be quality-assured so that specialists and educators could deliver them at each site.
Results Colleagues were keen for such a course and specialist colleagues supported its production and delivery. Evaluations of the days delivered have been positive, and include increases in confidence levels based on learning outcomes of each day (Royal College of Nursing. RCN Quality Assurance Framework: Evaluation Model of Education, Learning and Development. 2022). A half-day virtual session to be held after three months will require the participants to report back on the results of making a pledge to improve practice, with the potential to demonstrate theory improving practice. Participants from hospice and neurological care included nurses, healthcare assistants and an occupational therapist and this mix provided fertile learning in itself (Cust. Nurs Times. 2021 Apr. 27). The course is designed to be interactive and most participants engaged fully.
Conclusion Colleagues are keen to have learning opportunities to develop their ability to support service users. Developing a course that can be replicated throughout the organisation enables greater equity for staff and service users.

P-244 UTILISING A QUALITY IMPROVEMENT APPROACH TO DEVELOP A NATIONAL CLINICAL INDUCTION PROGRAMME

Laura Myers, Karen Leckie, Louise Paramel. *Sue Ryder, London, UK*

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Sue Ryder has multiple clinical services offering palliative, neurological and bereavement care. The strategic aim is to create