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 Supervisors’ 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

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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

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

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Sue Ryder has multiple clinical services offering palliative, neurological and bereavement care. The strategic aim is to create...
a standardised clinical induction and education and training programme, promoting a multi-professional approach and utilising blended learning methods (Sue Ryder. Clinical Education Strategy and Framework 2021–2024); ensuring the clinical workforce receives a robust, standardised, and relevant clinical induction. One challenge facing national organisations is providing a consistent local induction, across a disparate clinical workforce.

Induction offers benefits including welcoming and orientating staff to the organisation, opportunities to undertake role-relevant training, that will contribute to safe, effective, and efficient performance. Ensuring excellence in clinical practice facilitates the delivery of safe and effective care, simultaneously addressing nationally-recognised workforce and retention issues. The quality and governance perspective supports the importance of induction.

A quality assurance approach to development was used to create a new robust and standardised national clinical induction programme across the healthcare workforce.

This project focuses on the development and creation of a national resource for Sue Ryder’s clinical staff. This will be created centrally with the collaboration of stakeholders at local service level. The process involves scoping, mapping and designing the programme and resources, then piloting the induction locally. The project includes Sue Ryder hospices, neurological centres and bereavement services.

The Plan, Do Study, Act model of improvement is used along with other quality assurance methodologies including process mapping, brainstorming via stakeholder involvement (NHS. Quality, service improvement and redesign. 2020). This approach will allow the development of the induction programme and the creation of learning resources and processes which will be available to use to enable an initial pilot clinically based induction to be delivered. This will then be evaluated, and adjustments made as required prior to a full national roll out. The project demonstrates the importance of using a quality improvement methodology, collaborative working and highlights the value and importance of standardising induction.

**P-245** THE CAREER DEVELOPMENT AND PROGRESSION FRAMEWORK: PROCESS LEARNING AND RAPID ADAPTATIONS IN THE EARLY ADOPTER SITES

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**Background** Marie Curie has invested in its staff by creating a Career Development and Progression Framework. It has been created into an online learning tool for nursing staff. In December 2022 the project entered phase 4 of its project implementation. Two early adopter sites were chosen to implement the framework for Bands 2, 5, 6 & 7. They were supported by two Clinical Facilitators, who supported by helping embed the framework and by evaluating its progress.

**Aims** Evaluate learning processes and make rapid adaptations where possible to improve user experience of the framework. Produce an evaluation report of the findings.

**Method** A Plan Do Study Act cycle was used to evaluate implementation. Data collection was obtained through verbal feedback, email correspondence and survey data. Excel reports were used to obtain framework completion rates.

**Results** 590 total users.
- 34% (198) staff completed the self-assessment tool.
- 8% (49) staff completed the self-assessment tool and personal development plan.
- Manager completion time was reportedly 2–3 hours. This was reduced following a process change.
- IT literacy – peer support role was introduced to provide IT support in practice. Video guides and drop-in sessions were developed to support site navigation and use.
- Senior nurses granted managers access upon request to help completion rates and manage workload.
- A ticket system was created to deal with IT access and login queries.

**Conclusion** Rapid adaptations enabled user experience to be smoother, time efficient and streamlined. It will require ongoing process reviews and recommendations for the user experience to be improved and governed. Some adaptations required to the site were not possible at this early stage due to design and financial restraints but will be closely monitored in the next stage of implementation.

**P-246** EXPERIENCES OF SPECIALTY DOCTORS, STAFF GRADE AND ASSOCIATE SPECIALIST (SAS) DOCTORS ROTATING TO A VARIETY OF PALLIATIVE CARE SETTINGS IN THE NORTH-WEST OF ENGLAND

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10.1136/spcare-2023-HUNC.265

**Background** SAS doctors (specialist, associate specialist, and specialty doctors) are a diverse group of medical professionals (General Medical Council. Survey of specialty and associate specialist and locally employed doctors.). They form a valuable core of the workforce and are essential for a functioning NHS. The SAS charter states there should be opportunities for development for career progression which includes working across different settings (SAS Charter. Joint publication with NHS England, Academy of Royal Medical Colleges and the British Medical Association, 2014). We worked to improve development opportunities for three SAS doctors in the Liverpool region.

**Aims** To describe the experience of three senior specialty doctors undertaking a job rotation in the North-West of England.

**Methods** The SAS doctors liaised with a local NHS teaching hospital and two hospices in the region to discuss how a job rotation would enrich their experiences across palliative care services. Honorary contracts were drawn up with the input from medical directors across the different settings, with a plan to rotate across these settings over a six-month period. Each doctor devised a proposed job plan and shared this with their rotating team. Each doctor had a clinical supervisor for each placement, but maintained their base educational supervisor.

**Results** The six-month rotation has proven to be a positive experience for the SAS doctors involved. They have reported being able to meet career development needs by experiencing palliative care in different settings. Furthermore, the hosting sites have reported that the rotation has been beneficial to the wider multidisciplinary team as there has been evidence of reciprocal learning.