CRITICAL SUCCESS FACTORS: GETTING THE MOST FROM E-LEARNING FOR END OF LIFE CARE (EELCA)

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Background End of Life Care for All (e-ELCA), part of Health Education England’s award winning e-Learning for Healthcare programme (e-LfH), was launched in 2010 and has over 150 e-learning sessions grouped in eight modules: assessment, advance care planning, symptom management, communication skills, social care, spirituality, bereavement and integrated learning.

There are almost 60,000 registered users and nearly half of these have actively used e-ELCA. In 2015, 86,400 sessions were launched and over 85 million seconds of time was spent learning.

With the aim of further increasing the use of e-ELCA, an online survey and a number of focus groups were undertaken consisting of both users and non-users to identify what organisations would ideally have in place to support learners, their mentors and those providing education and training programmes.

Findings There were four main areas of feedback:

1. Benefits of using e-ELCA within blended learning
2. Factors within organisations that can provide support to those using e-ELCA
3. More help with access and navigation
4. Better communications telling people about e-ELCA.

Actions Access: Users are able to register via OpenAthens to access e-ELCA. Also hospice and care home staff are able to register easily by using a registration code for their place of work.

Navigation: Several learning pathways have been developed to support specific learner groups, curricula and qualifications (e.g. NVQ). Learning pathways are also in place to support key policies such as the Priorities for Care of the Dying Person and the NICE guideline [NG31] Care of Dying Adults in the Last Days of Life.

Resources: ‘case’ examples of using sessions in a blended learning approach are growing. ‘Top Tips’ are available to support trainers and mentors in integrating the vast resources of e-ELCA into their teaching.

QUALITY SERVICE DELIVERY THROUGH A COLLABORATIVE LINE MANAGER DEVELOPMENT PROGRAM: A CASE OF TWO UK HOSPICES.

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Line managers play a critical role in driving organisational performance, which in turn affects (directly or indirectly) the quality of care provided to patients. A firm’s performance is a function of its line managers’ ability (Purcell et al., 2003) and line managers’ activities will ultimately shape the overall performance of organisations (Currie and Proctor, 2005; Truss, 2001).

The two hospices will collaborate in the learning and development process – in a bid to improve the skills and competences of their line managers. In a resource scarce environment and increasing focus on prudent spend of money from donations; resource sharing and collaboration by these two hospices is a strategic way forward. The MDP’s aims and objectives are to: improve line manager skills and abilities, adapt best practice across the two hospices, a focus on values, management mind-set, the confidence and nous of handling the line management challenges.

The mode(s) of operation is to develop modules through establishing learner needs of line managers. The hospice trainers and facilitators will work alongside external trainers in the delivery of this project. The combined use of e-learning, training sessions and hard copy resources will enable the line managers to explore practical and theoretical management perspectives which are aligned to best practice.

The MDP will be evaluated by conducting interviews with line managers, online feedback forms, and line manager appraisal reports, interviews with line managers’ direct reports, human resources and surveys of staff who are appraised by the line managers. On a periodic basis, the monitoring and evaluation will be conducted by analysing the performance trends from appraisal documents (line managers and their teams), sickness absence records and hospice quality audits.

The successful implementation of the MDP will enable both hospices to deliver excellent services to patients, and form a benchmark opportunity for other hospices in the future.
During phase one: the current collective syllabus will be mapped out using a standard reporting tool to collate all hospice education activity, highlight any gaps against national best practice and identify areas of current strength.

At the same time conversations will continue with all education providers across the education sector as to the feasibility of joining up all education in a collaborative setting.

Following this, information will be collated and a business case of options for hospice education will be put forward underpinned by support from Deloitte.

Conclusion: The evaluation of this work will be ongoing and can be measured in simple terms by the degree of collaboration and output against the project aims.

The project: An appetite from hospices for collaboration and support for vocational education was proven in an 18-month pilot hospice consortium. Consequently, and with funding from CHKcharities.co.uk, the National Hospice Education Collaborative formed. The initial focus is building quality and capacity of vocational education, including nurse associate and degree level nurse apprenticeships. Economies of scale and sharing of expertise will benefit all involved. Work on other educational initiatives will emerge.

Sustainability: Significant interest and two years’ funding enables the establishment of a subscription model for sustainability.

**Abs P-236 Table 1**

**The Francis Report** (February 2013) highlighted the poor standards of care in the Mid Staffs NHS Foundation Trust.

The **Cavendish Review** (July 2013) reported on the inconsistencies of care worker induction training resulting in The Care Certificate implementation in March 2015.

Health Education England (HEE) launched **Talent for Care and Widening Participation; it matters (October 2014)** - a national strategy for a route from healthcare assistant to nurse, utilising vocational qualifications.

The **Richard Review** (November 2012) and **The Future of Apprenticeships** (October 2013) announced reforms to Apprenticeships and an Apprenticeship levy (tax) for larger employers (including hospices)

The end of the nurse degree bursary and confirmation of reforms to training for RNs, with the introduction of a new Nurse Associate role – both delivered through Apprenticeships. **Raising the Bar: Shape of Caring: Health Education England’s response. HEE, May 2016 and Building Capacity to Care and Capability to Treat: A new team member for Health and Social Care in England HEE, May 2016**