P-252 BREAKING DOWN THE BARRIERS TO MANDATORY TRAINING

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Background Employees and volunteers did not understand the importance and necessity of mandatory training, resulting in a lack of knowledge to support a safe and secure working environment. ‘Good compliance training should help people understand why it’s so important.’ (Scott, Mannion, Davies *et al.*, 2003).

As an organisation we care about the wellbeing of our staff and volunteers, we recognised that the risk of non-compliance left our employees and volunteers exposed to possible harm and danger. The Learning and Development Team analysed why the completion of mandatory training was failing. The results directed us to change working practices and create a culture where mandatory training is recognised as a benefit and not a negative.

Aims

- Understand why compliance was low
- Learning from previous failures
- Discussion of incidents
- Make mandatory training relevant to role
- Inform the benefits of mandatory training
- Overcome barriers
- Create and maintain a culture change
- Uphold compliance figures.

Methods

- Created policy
- Introduced mandatory training on induction
- Line manager support during induction period
- Line managers supporting annual updates
- Scheduling within rotas for clinical staff
- Learning and Development one-to-one support.

Results June 2015 – demonstrated 30% average compliance rate. June 2018 – demonstrated 92% average compliance rate (this will increase with planned scheduling).

Conclusion As an organisation our goal is to achieve and maintain an average of 95% compliance rate for all mandatory training. The senior management understand the rationale and have endorsed the culture change. This helped with motivating teams, and individuals realising the benefits of mandatory training. With processes that have been implemented, the new scheduling, and continuing to embed the culture of embracing mandatory training, we expect high compliance to become common practice.

P-253 DEALING WITH DYING EDUCATIONAL WORKSHOPS

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Background Dealing with Dying is a difficult but important aspect of palliative and end of life care. In response to feedback from patients’ families, who felt they were not prepared with the realities of people dying and what was expected, a number of educational workshops were developed to address this learning need.

Aims The workshops were focused on ensuring families were aware of what realistic choices were available without ‘unrealistic’ or ‘romanticised’ expectations. These were initially developed for families, however, the workshops have also been adapted and delivered to hospice staff, volunteers and other healthcare professionals who wanted further insight into the dying process. The information we provided was factual and quite hard hitting to help prepare families who are caring for loved ones at the end of life.

Method In total ten workshops were delivered for both families and healthcare professionals and were based on three key themes:

- Realistic choices. This included what services were available, the importance of advance care planning, challenges in care provision and adapting the home to meet the patient’s needs
- Process of dying. This provided information on potential symptoms patients may develop and how these could be managed within the community
- When someone dies at home. This included what to do after someone dies, practical measures including what the process is following death and into the future.

Results In excess of 100 families and healthcare professionals have engaged with these workshops, which have been positively evaluated. As part of this process these workshops have been adapted in response to constructive feedback.

Conclusion These workshops helped facilitate discussion and promote families and healthcare professionals not only to talk more openly about death and dying, but also to increase knowledge and confidence around this sensitive subject.

P-254 ONLINE UPSKILLING IN MOTOR NEURONE DISEASE FOR CARE HOMES... AND HOSPICES?

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Background MND Association regional staff were often asked to deliver MND talks in care homes. Frequently on arriving to present, the number of care workers was much fewer than expected or, no-one was available at all due to work pressures.

Aims To develop a resource:

- accessible at point of need
 - to meet the learning requirements of care workers or those in similar roles
 - flexible around work commitments.
- To review its effectiveness.

Methods

- Project development group with representatives from MDT professions and hospice sector
- Collaborative face to face and remote content development
- Content to be practical advice, based on professional opinion
- Flexible structure to address issues of time poverty and staff turnover
- Free
- Each section to cover a symptom management/knowledge area
- Opportunity to complete over a number of days/weeks
- Certificate of completion
- Reviewed via an online survey and course monitoring data.