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A club for everyone

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A club for everyone

By Jonathan Brown, NHS Yorkshire and the Humber

AFTER a successful pilot process, the challenge now for our steering group is to embed e-learning on a regional basis. Many more organisations have joined the e-learning club, and all organisations in the region are now prioritising, or in the process of prioritising and developing e-learning content, which will be tailored to local needs.

The new governance structure has been divided into groups specific to the service type, primary care; acute care; mental health; quality assurance, systems, strategy & technology; contract board and miscellaneous.

Inside, you can read more about how e-learning is set to benefit some of these areas as we move forward.

We are now looking forward to commissioning a range of diverse e-learning packages in late autumn which will be designed to appeal to a wide range of clinical and non-clinical staff groups.

We are also giving you an opportunity to gauge where, in today’s modern ‘digital culture’, you fit in – are you a digital tourist, an immigrant or a native?
‘EDUCATION, Education, Education’ – it’s a mantra we’re all familiar with, yet the roll-out of e-learning across the region will add a whole new dimension.

The development of e-learning across NHS Yorkshire and The Humber is already moving apace, yet significant challenges are still to be met if its potential is to be fully realised and, crucially, embraced by all who can benefit from it.

Vital is the development of effective training packages – or in e-learning terms, ‘modules’ which provide those engaging in e-learning with the tools they need to do their jobs better.

It has been described as ‘the future of learning’, and while traditional face-to-face methods of teaching skills and competencies are still very important, what is clear is that e-learning presents a host of new opportunities – the ability to share information across regions and introduce a whole new generation of former ‘technophobes’ to the e-learning revolution, to name but two.

The e-learning ‘Club’ has three core principles: that all members must have a voice; that financial contributions from the SHA and other organisations will be managed and spent effectively through a clear governance structure (set out inside this newsletter); and that structure and management processes will enable the rapid development of high quality products required by organisations.

The steering group’s own terms of reference are to
- define the direction and review overall priorities for e-learning in NHS Yorkshire and the Humber, based on input from the four content groups – acute trusts, PCTs, mental health/learning disabilities and miscellaneous
- acquire and allocate funds to content development groups, ensuring value for money
- represent regional views and influence national decisions and directions
- avoid regional/national development duplication.

Each of the acute, primary care and mental health/learning disabilities service areas have also identified several key e-learning priorities, reflecting the topics most appropriate to their staff development, and for the benefit of service users.

Details of these can be found inside, alongside the views of those representing particular service areas.
What it means for you

Lorna Smith, E-learning Lead, Sheffield Teaching Hospitals, leading the acute sector e-learning group:

“We’re in the very early stages of developing e-learning but one key priority is the development of an e-learning module for ‘preceptorship’ – nurses in their first six months working under close supervision,” says Lorna.

“A module like this might cover leadership, drug calculations and administration, and service delivery – how we treat customers.

“Other areas identified include induction, resuscitation, consent and management skills.

“I think the acute sector lends itself well to e-learning, not least because the flexibility of the e-learning approach can be worked very effectively around staff shift patterns, enabling them to use it when it is convenient.

“Training is very important in this sector, with the need to keep up to date with new and emerging technologies, new drugs, procedures, and so forth.”

There is also the added benefit, adds Lorna, that e-learning enables people’s competence to be audited.

“Traditional learning methods remain important but there’s no doubt this is a big opportunity to establish and realise the potential of the e-learning approach.”

The Acute priorities:

- Preceptorship
- Induction (General)
- Induction (Medical)
- Mental Capacity Act
- POVA
- Resuscitation
- Consent
- Management skills
Sharon Carter, Learning and Development Administrative Services Manager, South West Yorkshire Mental Health Trust:

“The trust joined the e-learning club because we saw it as an opportunity to develop local contextualised content in conjunction with the other mental health and learning disability trusts in the region. For us, content must reflect the trust’s vision, values and objectives, and cover topics relating to learning disabilities as well as mental health.

“Some early ideas for modules came from the trusts’ training needs analysis and include safeguarding vulnerable adults, the Mental Capacity Act and the Mental Health Act, and we’re keen to develop a package of e-learning covering mental health awareness and learning disabilities awareness for new starters and non-clinical staff. Geography is another practical element which gives added weight to the concept of e-learning, says Sharon.

“E-learning is particularly beneficial for the trust because of the huge geographical area it covers, spanning three local authorities and three PCTs. By joining the ‘club’ we’re laying down some foundations and long term our aim is to build a virtual learning platform, with trusts sharing modules pertaining to mental health and learning disabilities.

“The focus must be on providing a blended package of learning opportunities that includes innovative e-learning which enables us to meet our own external targets.

“Crucially, there should be no barriers to accessing e-learning, and already we have a dedicated new e-learning suite and where appropriate, offer the opportunity for staff to have remote access to e-learning materials.”

Mental Health priorities for the E-learning club:
- Mental Health Act
- Mental Capacity Act
- Mental Health Awareness
- Learning Disability Awareness
- Safeguarding Vulnerable Adults
- Management Skills
Shelley Holden, Organisation Development and Learning Facilitator, Sheffield PCT, leading the primary care group:

The Primary Care Trusts are going back to basics! Our first priority is to develop a high quality statutory and mandatory e-learning package that will be both engaging and informative for our audience; offering staff the flexibility to complete the training at their convenience – any time, any place, any where… but this is only the first step, we have a real opportunity to develop bespoke modules for specific staff groups and thereby move away from the traditional stigma so frequently attached to statutory and mandatory training.

We will then move on to develop an innovative corporate induction programme; these are exciting, fast paced and challenging times and it is crucial new colleagues joining our organisations understand the NHS business, the needs of our local health communities and how their role impacts upon our success. The additional advantage of this programme will be the facility to localise the content to the needs of the individual Trust.

There are other benefits too; this new package will incorporate the evidence requirements of the Standards for Better Health and NHS Litigation Authority.

The PCT priorities:
- Statutory and Mandatory
- Corporate Induction
- Management Skills
Kevin Palmer, Assistant Director of HR, Barnsley Hospitals NHS Foundation Trust, leading on customer care modules for e-learning:

“There are still many ‘technophobes’ out there, people fearful of technology and who as a result are disengaged from the whole idea of e-learning, so this is something we need to address,” says Kevin. “Content-wise, we need interesting and engaging modules covering behavioural training and customer care.

“Topics could include how we, as staff, should behave towards not only patients but also other staff, which could help cut the number of complaints. Ultimately, the module topics covered can have a real and positive impact on patient care. Let me give you an example – imagine the every-day scenario of the receptionist on the phone and someone waiting at the counter. Just by looking up and acknowledging that they are there waiting and you’ll be with them shortly can make all the difference.”

These are ‘little things’ that mean a lot to people – and e-learning has the potential to help develop.

“Modules focusing on customer care have the potential to ‘hook’ people who’ve never used this sort of approach before into e-learning. “It could be the first such package to be offered across this region, made available to all staff, offering real-life scenarios.”
The ‘Digital Learners’

<table>
<thead>
<tr>
<th>Type</th>
<th>YESTERDAY’S learner:</th>
<th>TODAY’s learner:</th>
<th>TOMORROW’S learner</th>
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<td>Tourist</td>
<td>• maintains a distance</td>
<td>• receives information slowly and in a controlled way</td>
<td>• gets info quickly from multiple media sources</td>
</tr>
<tr>
<td></td>
<td>• resists technology</td>
<td>• takes text before pictures, sounds and video</td>
<td>• multi-tasks</td>
</tr>
<tr>
<td></td>
<td>• prefers cheques to card</td>
<td>• provided with information logically and sequentially</td>
<td>• multimedia BEFORE text</td>
</tr>
<tr>
<td></td>
<td>• no mobile phone</td>
<td>• independent, not interactive</td>
<td>• has random access to weblinked multimedia info</td>
</tr>
<tr>
<td></td>
<td>• no internet</td>
<td></td>
<td>• interacts/networks simultaneously with others</td>
</tr>
<tr>
<td></td>
<td>• no satellite TV</td>
<td></td>
<td>• has learning that is personal, relevant and fun</td>
</tr>
<tr>
<td></td>
<td>• no allowance for digital TV</td>
<td></td>
<td>• work is quality marked</td>
</tr>
</tbody>
</table>

TODAY’s learner:
- receives information slowly and in a controlled way
- takes text before pictures, sounds and video
- provided with information logically and sequentially
- independent, not interactive

TOMORROW’S learner
- gets info quickly from multiple media sources
- multi-tasks
- multimedia BEFORE text
- has random access to weblinked multimedia info
- interacts/networks simultaneously with others
- has learning that is personal, relevant and fun
- work is quality marked
WAKEFIELD played host to the latest development day held by NHS Yorkshire and The Humber e-learning network for both its own members and their North West counterparts.

The partnership has already developed into an excellent example of cross-Pennine collaboration, with the North West region joining forces with Yorkshire and the Humber in the procurement process.

The aims of the event – the latest of three combined development days – were to:
- move forward e-learning strategy
- network and share intelligence and information
- identify priorities for action

A workshop focusing on supporting learners, feedback from the National Learning Management System Pilot, and an overview of the national perspective were all on the agenda as those charged with the responsibility of driving forward the e-learning programme came together.

Sheffield Teaching Hospitals NHS Trust and Liverpool Primary Care Trust were among the organisations representing both sides of the Pennines, while Mike Farrell, Head of Educational Development for NHS Academy North West, and Dr Savi Arora spoke about options for how local content can be hosted effectively.

Mike Farrell said: “The idea is for people to share their experiences and to spread good practice.

“There are two main advantages of collaborating on this project: economies of scale and the sharing of knowledge.

“It works for everyone concerned with the driving forward of e-learning.”
‘Fit for purpose’

Rob Bloor, Open Learning Manager, Sheffield Teaching Hospitals, leading on Quality Assurance.

Essentially, quality assurance has two main facets: a) the quality of the materials is key – these need to be fit for purpose, be able to work for everyone, be accessible, intelligent, and adhere to the guidelines on equality and diversity. There are currently a raft of local and national guidelines and my role is to bring all these together in one document which will provide assurances over the quality of e-learning materials.

b) the quality of the roll-out of the module. The product might be the best in the world, but if it isn’t rolled out effectively then it will be unsuccessful. It is vital that someone takes ownership of and manages the project – it needs to be advertised properly and its effectiveness monitored closely. For instance, how many people are using it? Can the right people gain access to it? Do they know about it?

The key for us is to develop quality assurance guidelines which promote e-learning.

Sheffield was a pilot site for the national learning management system and the key is for us to develop quality assurance guidelines which promote e-learning but also ensure that bureaucracy doesn’t hold back its development. A modular approach is being taken to ensure that elements can, where appropriate, be modified to meet local needs.