Making **every minute** count

*St Columba’s Hospice: a Learning and Development Strategy for Staff and Volunteers*
Making every minute count
St Columba’s Hospice: a Learning and Development Strategy for Staff and Volunteers

Published August 2009

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St Columba’s Hospice has worked in partnership with NHS Education for Scotland (NES) to develop a Strategy for Learning and Development for our staff and volunteers.

The Strategy follows a template designed by NES in association with NHS Scotland which has been adopted successfully by a number of service organisations. The content frames the key areas on which learning and development activity will focus. It will also act as the catalyst for the development of more detailed action plans at local level.

The document has been subject to wide consultation within the hospice service, ensuring that it has gained widespread support.

Enormous challenges face us at St Columba’s Hospice that will have significant implications for the way our staff and volunteers work. We believe it is crucial to our ongoing success that we have a cohesive, integrated approach to learning and development. This Strategy marks our determination to ensure we have such an approach in place and highlights our ongoing commitment to providing in-house and outreach education in the future.

Ongoing learning and development activities play a major part in preparing staff and volunteers to deliver effective, high-quality services. It is necessary not only to maintain performance, but also for individuals to meet professional requirements and achieve personal aspirations and for teams and the Hospice to achieve their objectives.

Inevitably, a strategy such as this has resource implications. While much learning within St Columba’s Hospice takes place without recourse to extra resources – the learning that arises from day-to-day work and discussions with patients and colleagues, for instance – quality learning and development does have resource implications. The Hospice has always been committed to supporting learning and development activity, most recently through the overall Hospice strategic plan. Ongoing planning and scrutiny will be required to ensure that the resources we have at our disposal are best targeted to meet the agenda set out in this Strategy for Learning and Development.

The document is the result of much hard work. I am grateful to all those who have contributed to its development, in particular NHS Education for Scotland, who have helped us to develop and refine its content. The efforts of everyone involved have given us a strong framework from which to address the learning and development needs of all our staff and volunteers. Consequently, this Strategy will make a major contribution to Making Every Minute Count for the patients and carers who use our services, and the staff and volunteers who provide them.

Dr Fred Benton
Medical Director, St Columba’s Hospice
1. Introduction

The aim of this document is to provide a Strategy for Learning and Development for all staff and volunteers of St Columba’s Hospice, setting out the broad areas in which learning and development is likely to lead to more effective services for patients and their carers. It offers a framework from which action plans can be developed at local level to facilitate, deliver and evaluate learning and development activity. This will help to ensure that staff and volunteers can access appropriate education opportunities to enable them to develop their knowledge and skills.

The Learning and Development Strategy Steering Group (Appendix 1) will oversee implementation of this Strategy. The group will co-ordinate the development of action plans (Appendix 2) to ensure the principles and statements of intent set out in the Strategy are realised in action at local levels.
St Columba’s Hospice
The Hospice opened in 1977 and is one of two specialist palliative care units serving the population of Lothian. Our purpose is to improve the quality of life of people with progressive, far-advanced disease and to support their families and carers. We also have a strong commitment to the promotion and sharing of education and research in palliative care. In partnership with our colleagues outside the Hospice (hospital palliative care teams, the Marie Curie Hospice, community palliative care teams and primary care teams across Lothian), we aim to ensure that the palliative care needs of people in Lothian will be met.

Our purpose and vision are underpinned by four clear values set out in the overall Hospice strategic plan (St Columba’s Hospice, 2005):

• our patient, family and carer-focused service
• the delivery of high-quality care, for which no charge is made
• the delivery of care that encompasses compassion, support and honesty
• our autonomy and independence, which give us the ability to ensure a prompt and flexible response to needs.

These values are integral to the Hospice philosophy of Making Every Minute Count.

Our clinical service consists of:

• specialist palliative inpatient services
• specialist palliative medical services
• specialist day hospice care
• a community specialist palliative care nursing service
• an education service offering in-house and outreach education opportunities.

The Hospice service is provided by a broad interdisciplinary team which includes a range of clinical, administrative and facilities staff and some 500 volunteers who make contributions to all aspects of hospice life.
“Ongoing learning and development opportunities play a major part in preparing staff and volunteers to deliver effective, high quality services”
**Hospice Education Service**

The Hospice Education Service is led by the Education Team – a senior lecturer, a lecturer, a hospice practice development facilitator and a course organiser. It is important to emphasise that many members of the Hospice team outwith the Education Service are leading or actively contributing to parts of the education programme as members of a wider education team.

**The purpose of the wider education team is to:**

- support the delivery of high-quality patient and family care at the Hospice through the provision of an organisation-wide programme of learning and development for all staff and volunteers that meets the needs of the organisation in relation to local and national strategies
- promote a philosophy and culture of lifelong learning in the Hospice
- remain proactive in anticipating change that will affect service delivery
- provide learning and development activity to facilitate staff and volunteers to manage change effectively
- support the advance of palliative care more widely through an extensive outreach programme of evidence-based palliative care education for health and social care professionals and carers working in a wide range of settings, including other hospices, acute hospitals, the community, care of older people services and independent/social work care homes.

Partnership and collaboration are strong underpinning values directing how the Education Service functions. We have strong partnership and collaborative relationships with a wide range of individuals and organisations both within and outside the Hospice, including our clinical, management and human resources teams, the NHS, universities and fellow providers of palliative care services. These will continue to be nurtured, strengthened and extended.

The Education Team maps learning and development activity offered against Standard 4 – Professional Education of the Clinical Standards – Specialist Palliative Care document (NHS QIS, 2002), which is used by NHS Quality Improvement Scotland to assess performance in palliative care education in hospice, hospital and community settings throughout Scotland where specialist palliative care services are provided. This standard is reproduced at Appendix 3.

“We also have a strong commitment to the promotion and sharing of education and research in palliative care”
Graduates of the Degree programme run by St Columba's Hospice in partnership with Queen Margaret University, Edinburgh.
2. Process

We approached NHS Education for Scotland (NES) to make enquiries about the continuing professional development (CPD) strategy template NES had developed with service areas of NHS Scotland (NES, 2002). The template was developed as part of NES support for multi-professional developments and their ongoing promotion of the Quality Assuring Continuing Professional Development (QACPD) initiative (NES, 2000). Following initial contact, agreement to progress the project was achieved, and a NES professional officer and a NES-appointed external consultant were asked to work with the Learning and Development Strategy Steering Group to facilitate the process of developing the Strategy. Initial drafts were reviewed by the Steering Group before being circulated to the wider Hospice staff.

We considered the following policy and service initiatives in developing the Strategy:

- St Columba’s Hospice Strategic Plan (St Columba’s Hospice, 2005)
- Better Health Better Care: Action Plan (Scottish Government, 2007)
- NHS HDL (2003) 18: Funding of Specialist Palliative Care Provided by Independent Voluntary Hospices in Scotland
- National Care Standards – Hospice Care (Care Commission, 2002)
- Clinical Standards – Specialist Palliative Care (NHS QIS, 2002)
- A Guide to Using Palliative Care Competence Frameworks (Scottish Partnership for Palliative Care, 2007a)
- Palliative and End of Life Care in Scotland: the case for a cohesive approach – report and recommendations submitted to the Scottish Executive (Scottish Partnership for Palliative Care, 2007b)
- Working with Individuals with Cancer, their Families and Carers: professional development framework for nurses: specialist and advanced levels (NHS Education for Scotland, 2008)
- Review of Palliative Care Services in Scotland (Audit Scotland, 2008)

The Strategy has been approved by the Hospice Executive Committee, and future developments of the Strategy will also be subject to their approval.
"We have strong partnership and collaborative relationships with a wide range of individuals and organisations"
3. Identifying learning and development needs

While local, area, regional and national policies and emerging clinical guidance will always be important drivers of learning and development activity, the views of patients and carers and the perceived learning and development needs of staff and volunteers will also have a significant impact on the education activity provided and facilitated by the Hospice.
We will continue to have a positive focus on receiving and responding to patients’ and carers’ comments and suggestions. Many such contributions will indicate important staff and volunteer training needs.

Listening to patients and carers

We will continue to have a positive focus on receiving and responding to patients’ and carers’ comments and suggestions. Many such contributions will indicate important staff and volunteer training needs that can subsequently be addressed. Formal surveys of patients’ and carers’ views will also contribute to determining learning and development needs.

Listening to staff and volunteers

The nature of the duties staff and volunteers perform means they are constantly being exposed to situations which may indicate new learning needs. Formal mechanisms already exist for staff and volunteers to alert the Education Team to these needs. But the Hospice is a small organisation with a well-established culture of communication and dissemination of views and perceptions, and informal ways of exchanging ideas and perceived learning needs will remain a strong driver for the direction of learning and development activity.

Conducting a learning and development needs analysis

Conducting a formal learning and development needs analysis, through which specific learning needs of individuals, teams and services can be identified, is an ongoing activity within the Hospice. We canvass staff views annually on a variety of learning and development-related issues, ranging from gauging the best time of day for staff to attend education activities through to selection of the most appropriate topics. Staff responses to the learning and development needs analysis questionnaire are central in driving the education programme for the following year.

The steps commonly taken in conducting an organisational learning and development needs analysis are shown at Appendix 4.

Appraisal and learning and development needs

Appraisal is one of the means through which staff can reflect on their learning and development needs with their line managers and supervisors and also focus on wider organisational objectives. A significant part of the appraisal process focuses on individuals’ perceptions of their own needs and how they relate to team needs and priorities.

All staff will have opportunities to address learning and development through personal appraisal based on the principles of fairness, openness and transparency. They will also have opportunities for structured reflection to enable them to identify strengths and weaknesses in their performance and knowledge base.

Volunteer reviews will be carried out for all new volunteers at the three-month and twelve-month stage. Thereafter, an informal system is in place through which identified issues can be addressed and reviewed on an individual basis with a view to improving performance and development.
4. Defining learning and development themes

Palliative care is our purpose, and it is our passion. All our learning and development activity will be directed towards improving the quality of palliative care services delivered to patients and carers.

Our learning and development activity will focus on six key themes which together define the essence of palliative care. These key themes reflect a powerful consensus among patients, carers, staff, volunteers, managers and policy-makers on how learning and development activity for Hospice staff and volunteers should be shaped.
“Palliative care is our purpose, and it is our passion. All learning and development activity will be directed towards improving the quality of palliative care services delivered to patients and carers”
“Each staff member and volunteer in the Hospice makes a difference and has the potential to increase the quality of patients’ and carers’ experiences”
Mandatory and induction training

Meeting our mandatory training requirements is a priority of this Strategy. Mandatory training activities are those the government or Hospice decrees are compulsory for all staff (or groups of staff). For example, it is mandatory for all staff to receive fire safety training on an annual basis.

A consistent and inclusive approach to mandatory training will be taken, based on local action planning and a recording system which will identify those who need training. We will define the mandatory training initiatives required for specific groups of staff and will set out recall systems for re-training, where appropriate. Mandatory training will be reviewed annually and as necessary.

Staff entering new employment at the Hospice will undergo a full core induction and orientation programme appropriate to their role. Those who are with us on a short-term or temporary basis, such as agency and locum workers, will have an induction programme consisting of mandatory elements and local orientation to enable them to perform their function effectively. All volunteers can access an induction programme tailored to their individual needs.
Communication

Communication is at the core of everything staff and volunteers do and is an essential component of this Strategy. Consequently, communication – whether interpersonal, written or electronic – stands not only as a theme in its own right, but is also a strand running through all learning and development initiatives.

Communication within the Hospice takes many different forms, has various levels of complexity, and involves interactions with a variety of individuals, groups and external organisations. It is about:

- interacting with patients and their families at many different levels, from offering a welcome at reception to taking part in complex clinical conversations
- accommodating the communication difficulties experienced by some patients and their families, such as patients with sensory impairments or those whose first language is not English
- interacting collaboratively with immediate team members and members of other teams within the Hospice
- liaising with external organisations
- developing effective documentation and report-writing skills
- developing effective negotiating skills
- accessing and utilising appropriate technology and available resources.

Health and safety

All staff and volunteers at the Hospice have a responsibility for the health and safety of themselves and of others, including patients and their carers, other staff members, volunteers and any visitors to our organisation. A strong safety culture is promoted throughout the organisation relevant to different levels of responsibility, varying from identifying and reporting potential risks and adhering to policies and guidelines, to implementing legislation and carrying out investigations of breaches of health and safety regulations.

The issue of patient safety is well recognised by NHS Scotland, which has adopted a national approach to improving patients’ safety through the Scottish Patient Safety Alliance. This is reflected here at the Hospice through a commitment to ensuring that patients and their families are not exposed to any unnecessary risk through the provision of relevant learning and development activities for staff and volunteers, some of which are mandatory, and stringent adherence to policies and guidelines, including those related to:

- risk management
- medicine management
- evidence-based clinical practice
- Control of Substances Hazardous to Health (COSHH)
- fire safety
- moving and handling.
The Education Team shares responsibility with managers in the development and promotion of policies and guidelines designed to protect patients, carers, staff and volunteers. Learning and development needs will arise from the development of new policies such as those relating to lone working and child protection, and from review of existing policies and guidelines. These will be reflected in ongoing learning and development activity.

At the Hospice we see health and safety as being about more than adherence to policies and guidelines. It is about adopting a mindset that places the safety of patients, carers, staff, volunteers and all others who visit our service at the forefront of our activity, and about creating a culture of ongoing risk management.

“Communication is at the core of everything staff and volunteers do and is an essential component of this strategy”
Developing self, others and the team
This strategy reflects the importance of optimal support and supervision being provided for all staff and volunteers, each of whom functions in a challenging environment. Developing oneself includes activity such as acquiring qualifications in a specialist area and developing IT skills, and the Education Team will endeavour to support staff and volunteers in areas such as these as much as possible.

Service development and improvement
Learning and development play an important part in the provision of effective, high-quality palliative care to patients and carers in a rapidly changing environment. There are many opportunities for all members of Hospice staff and volunteers not only to maintain quality, but also to identify areas for development and improvement of the service within their sphere of influence.

“We provide in-house and outreach palliative care education at all levels for staff providing generalist palliative care and for staff providing specialist palliative care services”

Learning and development is also about supporting other people and teams to acquire, retain and apply the knowledge, skills and attitudes that staff and volunteers need to carry out their roles to a consistently high standard and to contribute to the development of others. In terms of developing other people and teams, staff supervision, teaching, management and leadership functions will be supported through a range of learning and development opportunities.

Each staff member and volunteer in the Hospice makes a difference and has the potential to increase the quality of patients’ and carers’ experiences. They make this contribution in many ways by, for instance, understanding and adhering to current guidelines, participating in audit and research projects, and/or managing change in practice. The Clinical Audit and Effectiveness Facilitator and Hospice Practice Development Facilitator play key roles in this.
Specialist palliative care

The Hospice, as a specialist palliative care unit, is required to provide in-house and outreach palliative care education at all levels – for staff providing generalist palliative care and for staff providing a specialist palliative care service. The Education Team will offer an evidence-based programme in accordance with Standard 4 – Professional Education in the Clinical Standards – Specialist Palliative Care document (NHS QIS, 2002), which addresses:

- physical, psychological, social and spiritual aspects of palliative care
- ethical issues for patients approaching the end of life
- communication issues.

This programme, which will be provided through interdisciplinary degree and postgraduate-level studies and through a range of short courses and study days for continuing professional development, is relevant to those caring for people with malignant and non-malignant disease. The programme will support local and national action plans and strategies for palliative care (The Scottish Government, 2008; Audit Scotland, 2008).
5. Adopting learning approaches

The aim of this Strategy is to ensure staff, volunteers and teams receive appropriate support, including the following:

- access to in-house learning and development activity
- access to SVQ/HNC programmes as appropriate
- support to study for formal education and/or professional qualifications
- support for newly qualified and newly recruited staff and new volunteers
- access to supervision and support throughout working lives
- support in career planning
- access to specialist (possibly external) supervision and support for those in specialist roles
- access to multi-professional/multi-agency learning and development activities
- support to attend relevant meetings and conferences
- promotion of leadership and management development
- promotion of a research-focused, evidence-based culture
- access to structured reflective practice
- access to confidential counselling services
- access to appropriate management development programmes.
The Hospice can offer support to staff undertaking courses and programmes leading to further or higher education awards relevant to their work. Access to non-accredited courses, seminars or conferences may also be supported. In all cases, support can be awarded according to explicit criteria based on a range of factors, including identified local and service needs/priorities, level of relevance to the applicant’s current post and/or future career, and budget allocations for that year.

All the communication mechanisms at our disposal, including meetings, newsletters, noticeboards, e-mail and other electronic means will be used to increase staff and volunteer awareness of learning and development opportunities.

Clearly, however, all learning activity does not need to be classroom based. Opportunities for flexible learning will be actively encouraged, including e-learning, use of audio-visual programmes and video-conferencing. Workplace learning, mentoring and “shadowing” opportunities will also be important. Opportunities for joint learning and development activities with other agencies will be explored.

The principles of the NHS Knowledge and Skills Framework (Department of Health, 2004) of Agenda for Change have been adopted by the Hospice. This framework is a helpful mechanism through which we can promote a competency-based approach to lifelong learning and ensure ongoing support and supervision for staff. We will also continue to use and adopt relevant competency statements issued by NHS Education for Scotland and other bodies, where appropriate, as benchmarks against which practice and learning and development needs can be mapped.
“The Hospice Education Team is committed to the evaluation of learning and development activities through quality assurance, audit and research”
6. Monitoring quality and outcomes

The Hospice Education Team is committed to the evaluation of learning and development activities through quality assurance, audit and research.

Selectivity about the kinds of learning and development activities provided or facilitated is essential. Factors that will be taken into account include available resources and service, team and personal needs, as well as the following.

- What are the potential benefits to patients, carers, staff, volunteers and services of offering or facilitating the learning and development activity?
- What type of learning and development activity is appropriate for the subject, and what is its duration and frequency?
- Is the activity quality assured?
- For which staff or volunteers would the activity be most appropriate?
- How should the activity be evaluated?
- What kind of resources will be required over the short, medium and long term as a result of the activity?
- Where will the activity take place, and how frequently?
- How readily can staff and volunteers be released from regular duties to take part in the activity?
- What are the financial and other resource implications of running the activity?
- Is the activity more cost-effective if arranged locally or collaboratively?
- What education level is required of the activity?
- Is there a relevant competency framework for benchmarking?
Quality assurance and audit of learning and development activity

Quality assurance and audit procedures are built into existing programmes and the Hospice Executive Committee and Board of Governors will scrutinise the education annual report. The Hospice Education Team also works very closely with the Queen Margaret University Quality Enhancement Unit in relation to our undergraduate and postgraduate programmes.

Learning and development activity evaluation

Each learning and development activity will have defined learning outcomes, where appropriate. As part of evaluation, participants will be asked for their views on issues such as:

- appropriateness of the activity to their needs and expectations
- process and content of the activity
- quality of delivery
- potential impact of the activity on patient services
- further learning and development activities required.

The effectiveness of activities for individual staff and volunteers will be assessed through personal appraisal and development planning processes to ensure the activities remain fit for purpose. Patient and carer evaluation of services will be monitored, as will comments and complaints received, to determine how learning activity should develop.

Reporting learning and development activity

The Education Team will prepare an annual report on in-house and outreach learning and development activity for the Hospice Executive, Hospice Board, Queen Margaret University and other interested parties. It will be available in the Hospice library for staff and volunteers.
Next steps...

This document presents the first Learning and Development Strategy for Hospice Staff and Volunteers. It is innovative and far-reaching, being bold in its intent to ensure that services provided by staff and volunteers for patients and their carers continue to be of appropriate quality.

The next stage will see the Learning and Development Strategy Steering Group oversee the process of setting action plans to take this Strategy forward. The Education Team will support the Hospice Practice Development Facilitator and heads of departments in developing local action plans for each department. These local action plans will in turn form the basis of the organisation’s annual programme of learning and development activity.

The process set out in this Strategy will help to ensure, now and in the future, that Hospice staff and volunteers go on Making Every Minute Count.
“This strategy will help to ensure, now and in the future, that Hospice staff and volunteers go on Making Every Minute Count.”
References


Appendix 1

Learning and Development Strategy Steering Group

Joan Adam, Nurse Lecturer, St Columba’s Hospice
Fred Benton, Medical Director, St Columba’s Hospice
Margaret Colquhoun, Senior Nurse Lecturer, Education Department, St Columba’s Hospice
Nick Dey, HR Manager, St Columba’s Hospice
Kim Donaldson, Hospice Practice Development Facilitator, St Columba’s Hospice
Margaret Dunbar, Nursing and Administrative Director, St Columba’s Hospice
Evelyn Howie, Senior Clinical Nurse, St Columba’s Hospice
Bill Kerr, Volunteer Services Manager, St Columba’s Hospice
Alex Mathieson, Freelance Writer and Editor, Edinburgh
Ross Robertson, Accountant & IT Manager, St Columba’s Hospice
John Sharples, Facilities Manager, St Columba’s Hospice

The Learning and Development Strategy Steering Group was supported by:

Elizabeth Gillies, OBE, Associate Director of Nursing, Midwifery and Allied Health Professions, NHS Education for Scotland
Maggie Grundy, Programme Director, Cancer Care, NHS Education for Scotland
Sue Thorburn, PA/Course Organiser, Education Department, St Columba’s Hospice (from March 2008)
Ish Warrilow, Education Secretary, St Columba’s Hospice (to February 2008)
Appendix 2

Learning and development action plan

Department:
Head of Department:

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# Appendix 3

## Clinical Standards – Specialist Palliative Care: Standard 4 – Professional Education

(NHS Quality Improvement Scotland, 2002)

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| The specialist palliative care unit/team provides palliative care education at all levels, ie for staff providing generalist palliative care and for staff providing a specialist palliative care service. | Palliative care education should be planned in partnership with the community, hospital and specialist palliative care unit, if it is to be successful. It should mirror the patient’s journey by involving all professionals who have input along the way. Education of healthcare staff leads to improved symptom control for patients with malignant and non-malignant disease. | 4.1 There is a member of the unit/team with designated sessions, or a remit in their job description, for planning and implementing in-house and out-reach education programmes.  
4.2 The unit/team has access to an educator in order to facilitate curriculum development.  
4.3 Members of the unit/team who are involved in teaching have attended a course on teaching and learning.  
4.4 The unit/team has on-site teaching facilities and a range of audio-visual aids.  
4.5 The unit/team has local access to specialist palliative care library and internet facilities, and databases relevant to specialist palliative care.  
4.6 The unit/team has access to international, national and local syllabi, which can be referred to in the process of devising an innovative and dynamic curriculum.  
4.7 Communication skills training programmes are in place to enable all team members to respond sensitively and effectively to patients’ needs.  
4.8 The unit/team provides an evidence-based programme of education for professionals addressing:  
   - physical, psychological, social and spiritual aspects of palliative care  
   - ethical issues for patients approaching the end of life  
   - communication issues.  
4.9 Within this education programme there is evidence of multidisciplinary teaching and learning.  
4.10 There is evidence of teaching at different levels of palliative care.  
4.11 The unit/team produces an annual report on its education activities, including needs assessment and evaluation.  
4.12 The unit/team has established links with an institution of higher education and contributes to pre-registration, undergraduate and post-registration education in palliative care. |
Appendix 4

Learning and development needs analysis

The aim here is to identify the learning and development needs of the organisation and individuals through a process of consultation with staff, service users and others. This creates the opportunity to design an ongoing learning and development programme that is systematic, affordable and appropriate to the needs of patients, carers, staff and volunteers.

There are many different ways to conduct a learning and development needs analysis, but all tend to reflect six key elements.

1. Consultation
Managers, supervisors, staff, volunteers, patients and carers will need to feel their views on the design, delivery and evaluation of learning and development activity have been properly canvassed and taken into account. Consultation can take many forms – focus groups, questionnaires and face-to-face interviews, for example.

2. Information analysis
Reliable and valid means of sifting information from consultations are needed to arrive at logical conclusions for action. Some data collection tools (such as ‘tick box’ questionnaires) will require only fundamental arithmetical skills, but more complex methods (such as semi-structured interviews) will require sophisticated analysis. There are well-tested qualitative data analysis software packages available to allow analysis of interview and questionnaire information.

3. Feeding back to interested parties
When the information has been gathered and analysed, it is important that conclusions are fed back to the participants to check for accuracy. All of the organisation’s communication systems – staff meetings, education seminars, newsletters, memos, intranet and team briefings, for instance – can be used for this purpose. Allowance should also be made for time for people to respond to ideas.

4. Setting an action plan
Having achieved general agreement that the analysis has identified learning and development needs that will help to improve services and assist the organisation to meet its goals, a course of action can be planned.

5. Dissemination and consultation
The action plan will be more suited to the needs of staff, volunteers, patients and carers if it has their endorsement. A further period of consultation, in which the action plan is disseminated to representative individuals for analysis and comment, will help to ensure that the final version of the plan is truly fit for purpose.

6. Delivery and evaluation
The plan can then be put into action and the resultant learning and development programme (and individual activities within it) evaluated. Further activity can be launched periodically, beginning with the process of ‘consultation’…
Notes
We currently run an interdisciplinary MSc in Palliative Care and an interdisciplinary BSc in Professional Practice - Palliative Care Approach in partnership with Queen Margaret University, Edinburgh. We also run a range of short courses and study days. If you would like more information about these learning and development opportunities, please contact us:

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