

The Education Collaborative for Eastern Cheshire (ECEC).

Education Strategy

2018 - 2020

**PURPOSE OF THE DOCUMENT**

The purpose of this document is to ensure a clear and transparent process in the development of an Education and Training Strategy for Palliative and End of Life care across East Cheshire.

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**Introduction**

The Education Collaborative for Eastern Cheshire (ECEC) has been developed to enhance the overall end of life educational provision across East Cheshire. Our aim is to provide a more collaborative, innovative approach to palliative and end of life education in response to the ever-changing climate in health, social and voluntary care. Our approach includes the provision of education and training to informal carers, members of the public and compassionate community groups.

ECEC is committed to the development of a workforce that understands the importance of delivering effective and appropriate palliative and end of life care. We will aspire to design and deliver education and training that centres on a personalised approach, integrating the physical, social, psychological, emotional and spiritual dimensions of care. ECEC will strive to co-create a local culture of learning that supports, enables and challenges care staff and other community members to develop their competence, confidence and potential in the delivery of palliative and end of life care.

This Strategy sets out our vision, aims and priorities for education in relation to the learner/student experience. It is grounded in our commitment to excellence in all that we do and provides a route map for the future development of education within ECEC. Furthermore, it is underpinned by research-led education which is practice-based.

This Strategy will also underpin our future decision-making and a detailed action plan. It is also intended to be an organic document for use as part of an evolving process to meet identified needs of the workforce and communities engaged in the delivery and provision of Palliative & Supportive Care services across Eastern Cheshire.

**Strategic Aims**

* To raise the profile and improve accessibility to a range of collaborative education in order to meet the Palliative and End of Life Care education and training needs of the East Cheshire workforce and community.
* To develop a well-educated diverse workforce through fully utilising the combined skills, experience and knowledge of The End of Life Partnership (EOLP), East Cheshire Hospice (ECH), East Cheshire NHS Trust (ECNHST) Specialist Palliative Care Team and the Learning and Development team.
* To positively influence health and social care practitioners level of expertise to meet patients and carers individual needs and improving their overall experience of palliative and end of life care.
* To develop and support projects to ensure our workforce is fit for the future.

**Overarching** **Principles.**

A list of resources used to inform this strategy and to underpin the ECEC can be found in **Appendix 1.**

We have chosen to frame the ECEC Strategy around the overarching principles for end of life care training from the Greater Manchester and Eastern Cheshire Strategic Clinical Networks to include:

* Appropriate levels of mandatory training, accessible and available for all staff
* Continuous learning and professional development to strive to enhance effective and efficient delivery of high quality compassionate care.
* All staff. Responding to the educational needs of all the health, social and voluntary care workforce as well non clinical staff. Maintain a locality-wide perspective to include members of the public and unpaid carers.
* Varied approaches in the delivery of education and training, to meet the learning styles of the individual.
* Leadership in Care. Encourage organisational and managerial commitment to education so that lifelong learning is seen as a valued commodity in the workplace. In doing so foster and develop partnership provision and collaboration with key stakeholders and commissioner organisations.
* Tailored training to accommodate both individual and organisational needs.
* Evaluate effectiveness and support innovation and development based on analysis of training needs.

The ultimate aim of education and training is to enhance the care and experience of people at the end of life facilitated through the acquisition of essential knowledge, skills and confidence in the following key areas:

* Communication Skills
* Individual needs assessment
* Coordination of care
* Symptom management, maintaining comfort and well being
* Dementia Care
* Advance Care Planning
* Delivery of high quality integrated care
* Last days of life
* Care after death – change, loss and bereavement
* Culture and diversity
* Safety and Safeguarding

Educational programmes will be developed in response to:

* Current and future developments within palliative and end of life care.
* National initiatives within the education arena.
* Current and future developments occurring in health and social care.
* Participant evaluations (verbal and written) from education provided.
* Gaps in educational provision identified by staff and communities.
* In response to a consultancy intervention by the Advanced Dementia Support Team.

These educational programmes will be available in a tiered mapping document/prospectus available to all members of the workforce highlighting education and training that is appropriate for their level of expertise (Appendix 2).

**Objectives of ECEC**

* To support all health and social care professionals in enhancing their knowledge of common core competences and principles for health and social care workers, working with adults facing life limiting progressive illness and at the end of life.
* Minimise variations in clinical practice to promote equity of service provision within the local health and social care economy.
* Education that acknowledges the ethos of providing the best possible palliative and end of life care at all levels within a resource limited health and social care system.
* Collaborative engagement with key health and social care partners to identify and prioritise training needs, ensuring that educational requirements echo the recommended professional core competencies.
* Compliance with professional knowledge and skills frameworks.
* The modification and development of educational programmes, learning outcomes, and curriculum development.
* Delivery of education to facilitate evidence based learning via study day programmes, practice education at the point of care, bespoke training and education and academic courses
* To develop online education tools through EPAIGE and existing platforms (e.g. E-elca) to support the delivery of accessible training for all health and social care professionals.
* Deliver cost-effective palliative and end of life care education to a wide range of health and social care professional groups at different career stages and educational need.

The education and training will be achieved by utilising a multi-media integrated approach of technology, including the development of e-learning programmes, simulation and face to face facilitation.

**Audience**

All Health and Social care professionals, voluntary workers, informal carers and community groups within the Eastern Cheshire locality with the aim of providing education/training programmes to meet the requirements of their post specification and their continuous professional development.

Professionals and identified personnel whose work influences the quality of palliative and end of life care within a health or social care environment.

Staff groups identified may include:

* All staff working in acute and community environments
* All staff working in care homes
* All staff working in hospices
* Social workers
* Professionals working in local authorities (e.g. housing, youth services, funeral services)
* Voluntary sector workers including community groups
* Chaplaincy
* Informal carers and befrienders

**Collaboration and Partnerships**

The Education Collaboration for Eastern Cheshire (ECEC) are a collaborative group involving the End of Life Partnership, East Cheshire NHS Trust and East Cheshire Hospice.

In order to support the delivery of this education strategy responsibility for its implementation will be needed at a number of levels:

* Commitment from all collaborative partners.
* Continuous professional development of a highly skilled education/training team to facilitate the delivery of palliative and end of life care education across a broad range of disciplines and environments.
* Internal specialist practitioners of all disciplines should acknowledge their expertise and contribute to the delivery of palliative and end of life care education of the local generalist workforce as part of their role.
* The End of Life Partnership, Hospice, acute and community Trusts’ credibility and expertise comes from working together as a team, responding to and assessing needs. As part of their role in the team each person plays a part in teaching others, reflecting upon and sharing their extensive experience in delivering palliative and end of life care. This approach additionally has the benefits of enabling all hospice employees to constantly refresh and expand their knowledge and hone their skills.

**Education Collaboration for Eastern Cheshire Steering Group Members:**

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| --- |
| Dr. Katherine Gaunt ECNHST |
| Dr. Leslie Allsopp ECNHST |
| Dr. Debbie Alexander ECH |
| Salli Jeynes EOLP |
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| Alison Lomas ECNHST |
| Mary Beech ECNHST |
| Sara Dale ECH |
| Alicia Whittaker ECH |

**Appendix 1**

**Evidence underpinning our educational guidelines and pathways:**

* **Department of Health: End of Life Care Strategy (2008)** concurs that health and social care staff at all levels have the necessary knowledge, skills and attitudes related to care of the dying which is seen to be critical to improving care. This needs to be embedded in training at all levels and should be included in induction programmes, continuous professional development (CPD) and appraisal systems.

*“There is widespread agreement on the importance of workforce development and an acknowledgement that there are major deficiencies in the knowledge, skills, attitudes and behaviours of staff groups who come into frequent contact with people at the end of their lives. The focus therefore, relates more to training and development issues across all the statutory sectors involved in the end of life care services. Many health and social care staff have had insufficient training in identifying those who are approaching end of life”.*

* **Department of Health: End of Life Quality Markers and Measures for End of Life (2009)** stipulate that Localities demonstrate that all providers have processes in place to identify the development needs of all workers (registered and unregistered including volunteers) across health and social care who require end of life training
* **Quality Markers and Measures for End of Life Care (DH, 2009).** This was a response to the SHA Pathway Chairs for the NHS Next Stage Review, who identified the need for a national approach in order to raise the quality of care for people at the end of life.
* **General Medical Council guidance (2010).** Treatment and Care Towards the End of Life. Provides a framework in meeting the needs of patients as they approach the end of life, including Mental Capacity, Advance Care Planning, nutrition and hydration, CPR.
* **NICE quality standard for end of life care for adults (2011).** It sets out markers of high-quality care for adults aged 18 years and older with advanced, progressive, incurable conditions; adults who may die within 12 months; and those with life-threatening acute conditions. It also covers support for the families and carers of people in these groups.
* **Department of Health**: **Delivering high quality, effective compassionate care: Developing the right people with the right skills and the right values (2013)** identifies that the NHS and public health systems and the delivery of preventative, treatment and care will continue to change during the 21st Century. An increased focus on managing complex co-morbidities will place a greater emphasis on the skills of the generalist as will the move towards increased care provision outside of dedicated care settings.
* **Department of Health: Skills for Health/Skills for Care: NHS End of Life Care Programme. Common Core Competencies and Principles (2014)** advise that workers in health and social care across both the public and independent sectors all need training and support to ensure they are able to communicate and work effectively with people who are dying and with their carers.
* **‘One chance to get it right’ – 5 Priorities for End of Life Care (2014).** The priorities of care provide a focus for caring for people at the last few days and hours of life, which involves assessing and responding to the holistic and changing needs of individual dying people and their families., in their preferred place of care.
* **National Audit for Care of the Dying (2014).** The audit is focusing on the quality and outcomes of care experienced by those in their last admission in acute, community and mental health hospitals throughout England and Wales. Outputs from this project will be of interest to those who receive, deliver and commission care, so will have a far-reaching audience.
* **Ambitions for Palliative and End of Life Care (2015-2020).** The National Palliative and End of Life Care Partnership is a group of national organisations with experience of and responsibility for, end of life care. Its members have come together to produce a framework to improve palliative and end of life care in the United Kingdom.

*“Most health and care staff look after people who are nearing death, so if care is to improve they must be trained in those aspects of end of life care that are appropriate to their role”.*

* **Greater Manchester and East Cheshire Strategic Clinical Networks (GMEC). (2016).** Overarching Principles for End of Life Care Training.
* **End of Life Care Core Skills Education and Training Framework (2017).** Health Education England, Skills for Health, and Skill for Care. The framework provides a focus on the skills, knowledge and behaviours expected for the delivery of end of life care services.