E-LEARNING FOR HEALTH: A DISCUSSION PAPER

Towards a strategy for NHSU, SHAs, partners and stakeholders

NHS

NHSU
learning for health and social care

Contents

Executive summary 4

Chapter 1: Why an e-learning strategy? 10
Introduction
Why do we need a strategy?
Background to the strategy
Drivers for change
A new role for learning
Strategic drivers
The need for coherence
The role of NHSU and SHAs

Chapter 2: What e-learning can do 19
What is e-learning?
Why is e-learning important?
The capabilities and benefits of e-learning
e-learning in practice
Barriers, challenges and disadvantages
Future scenarios
The international dimension

Chapter 3: Where are we now? 24
e-learning readiness
Learning readiness
Organisational readiness
Weaknesses and barriers
The way forward

Chapter 4: What is the strategy? 29
The wider e-learning strategy for health and social care
Who is the strategy for?
Components of the strategy
Partners and stakeholders
Relating the strategy to NHSU's strategic plan
NHSU's virtual campus
Other relevant strategies
Suggested action areas
Identifying priorities
Key issues
What services could the strategy lead to?

Chapter 5: Creating a new learning environment 39
Access, infrastructure and systems
Interaction of learning and work technologies
Leadership capability
Support for learners and educators

Chapter 6: Exploring and shaping learning opportunities and communities 46
Innovation in learning and teaching resources
e-learning pathways and programmes
Collaboration
Quality and standards

Chapter 7: Research 52
Research into e-learning for health and social care
Using e-learning to support health and social care research

Chapter 8: Next steps 55
Developing the strategy
Central and decentralised delivery
Implementation
Timing
Business and operating models
Access and equality
Evaluation

Chapter 9: Questions for discussion 60

Executive summary

1. e-learning has the potential to transform learning for health and social care, supporting the aims of the NHS Plan and raising the standard of services across health and social care. The vision is of a health and social sector where:

   - patients and service users can be actively involved in their own care, and know that staff have the highest standards of skills and expertise;
   - all health and social care staff have easy access to the learning opportunities and support they need to develop personally and professionally;
   - flexible learning is a central part of everyday work for everyone;
   - the highest standards of professionalism are found throughout all occupations and communities;
   - people share knowledge, resources, expertise and good practice within and across their communities; and
   - resources are used effectively to provide lifelong learning and continuous development opportunities for all staff.

2. To achieve this, learning must be:

   - an essential, seamless, natural and unselfconscious part of everyday work for individuals and teams; and
   - delivered and supported effectively and efficiently, in ways that demonstrate best practice in use of digital technologies.

   We therefore need a strategy for e-learning in health and social care. This will also ensure that e-learning complements and supports other IT and infrastructure developments within the NHS.

HEALTH AND SOCIAL CARE

3. While NHSU's remit is to extend and enhance learning opportunities across both health and social care, ***this strategy will focus primarily on e-learning for the NHS***. NHSU recognises that the NHS and social care sectors, while they have common aspirations and objectives, have different cultures and structures.

4. Our approach to e-learning will reflect these differences, and also recognise the differences in e-learning readiness between the two sectors. With regard to social care, the strategy will seek only to identify some common aims and visions and to outline potential areas for collaboration. Comments and feedback are invited on how best the two sectors can work together.

THE CONSULTATION PROCESS

5. This document forms part of a consultation process which will give partners and stakeholders a chance to debate the vision and longer-term goals, achieve a shared understanding and awareness of the role of e-learning, and agree the way forward through a common strategy that can be implemented across the whole of the NHS at national, regional and local levels. The aim is to develop a comprehensive strategy for all NHS organisations working within a mixed economy of products and services, suppliers and regulators. This paper sets out a possible approach to and framework for developing a full strategy and invites discussion on key issues, including implementation. Each chapter ends with a short list of questions designed to stimulate discussion, although comments and feedback are invited on all aspects of the document and the strategy itself.

A COMMON FRAMEWORK

6. A shared strategy will help create coherence across the sector in areas such as standards, while encouraging local innovation and collaboration. The full benefit of e-learning for educators, learners, leaders and managers and communities will only be realised if central and local plans are based on a common framework. The following table sets out such a framework.

A COMMON FRAMEWORK FOR AN E-LEARNING STRATEGY FOR HEALTH

Element	Timescale	NHSU	NHS and health organisations
Over-arching vision of NHS to 2010	10 years	Vision and core values of NHS Plan	
Vision	10 years	e-learning vision: longer-term goals	
Strategy	5 years	e-learning strategy for partners and stakeholders including NHSU, strategic health authorities (SHAs) and the Department of Health (DOH)	
Plans	3-5 years	Central/unified plans	
		NHSU strategic plan and work strands	SHA, and other strategic and business plans
Programmes and initiatives	1-3 years	Central/joint programmes and initiatives	
		NHSU launches virtual campus, programmes and services	Partner and stakeholder programmes and initiatives, including the National Programme for Information Technology
Evaluation	Ongoing	Progress of strategy Learning outcomes Impact on health and social care	

PRIORITY AREAS

7. The strategy proposes a number of priority areas, with related action points:

CREATING A NEW LEARNING ENVIRONMENT TO EMBED LEARNING IN WORK

- Access and infrastructure: all staff should have the connectivity, systems, facilities, and equipment they need to access learning.
- Interaction of learning and work technologies: build strong links between ICT for work and ICT for learning.
- Leadership capability: planning, funding and sustainable resourcing.
- Support for learners and educators: develop educators' skills, and provide comprehensive support for learning and progression.

EXPLORING AND SHAPING LEARNING OPPORTUNITIES AND COMMUNITIES

- Innovation in learning: enabling educators and practitioners to find, explore, use and share learning materials and tools, and stimulating demand for and supply of resources for specialisms and specific learning needs, with particular emphasis on the sharing of resources with the social care sector.
- e-learning pathways and programmes: these should support recruitment, progression and development, and enable seamless movement between health and social care pathways and programmes.
- Collaboration: using tools, structures, processes and applications to share knowledge, expertise and practice across both sectors.
- Quality and standards: providing national technical and pedagogical standards across both health and social care.

BUILDING SUCCESS AND LEARNING FROM EXPERIENCE

- Research: identifying what needs to be done, and evaluating and benchmarking best practice in e-learning.

THE WIDER CONTEXT

8. The strategy will be jointly sponsored by NHSU and the workforce development functions within SHAs. As well as providing a strategy for the NHS, it will provide a context for partners and stakeholders – including SHAs, trusts, social care organisations, national agencies, providers and professional bodies, and DOH – to make their own plans. It will build on NHSU's role as a provider, and enable NHSU to act as a catalyst for embedding e-learning across health and social care.

9. The consultation is aimed at organisations, groups, communities and individuals engaged in health and social care. The aim is to have an agreed strategy by April 2004.

10. This document builds on work done by the Department of Health (DOH) and by a number of WDCs on developing e-learning strategies, in particular ***Delivering e-learning in the NHS: getting the blend right: a strategic approach for the north west*** (May 2003), prepared by the Cheshire and Merseyside, Cumbria and Lancashire, and Greater Manchester WDCs (www.cmwdc.nhs.uk/elearning/elearningstrategy.pdf). Other relevant documents and sources are referred to throughout the document.

11. The document also builds on and links with the Department for Education and Skills (DfES) consultation document ***Towards a unified learning strategy*** (July 2003) (www.dfes.gov.uk/elearningstrategy/). Because learning in health and social care is closely interwoven with schools, colleges, and the adult, community and higher education sectors, it makes sense for the two strategies to work together.

12. Specific chapters of the discussion paper are likely to be of interest to different audiences:

- Chapters 1 to 4 look at broad background issues and policy developments;
- Chapters 5 to 7 explore the details of the e-learning strategy, and include specific action points;
- Chapter 8 summarises a potential approach to agreeing and implementing the strategy;
- Chapter 9 reiterates the questions for discussion set out in paragraph 14.

QUESTIONS FOR DISCUSSION

13. This paper invites comments on all aspects of the strategy. However, the following questions may provide a useful starting point for discussion:

Q1 Do you agree with the vision of a health service transformed through learning?
Q2 How can this vision best be developed for social care?
Q3 Have we identified the right drivers for the strategy?
Q4 Have we identified all the key stakeholders?
Q5 Are there other policies, documents or resources we should take into account?
Q6 Do you agree that e-learning can bring the benefits outlined here? Are there others? Can you see any disadvantages?
Q7 Have we identified the current position and weaknesses correctly?
Q8 Do you agree with the e-learning vision and longer-term goals?
Q9 Are we talking to the right users, partners and stakeholders?
Q10 Have we identified the right action areas for the strategy? Are all the necessary change mechanisms in place to fuel the process of change?
Q11 Will the proposed actions help us create an appropriate learning environment?
Q12 Will the proposed actions help us expand learning opportunities and build communities?
Q13 Have we proposed the right actions in relation to research?
Q14 How can the strategy be further developed and implemented?
Q15 What other implementation and evaluation issues need to be discussed?

Chapter 1: Why an e-learning strategy?

1.1 INTRODUCTION

1.1.1 e-learning has the potential to transform learning for health and social care, supporting the aims of the NHS Plan and raising standards of care for patients and service users across health and social care. This document sets out a vision of health and social care services in the 21st century, and a strategy for making it a reality.

The vision is of a health and social sector where:

- **patients and service users** have the information they need to be involved in their own care, and know that staff have the skills and expertise to give them the highest standards of care;
- **all health and social care staff** can access the learning opportunities and support they need to develop personally and professionally;
- **flexible learning** is a central part of everyday work for everyone;
- **the highest standards of professionalism** are found throughout all occupations and communities;
- **people share knowledge**, resources, expertise and good practice within and across their communities; and
- **resources are used effectively** to provide lifelong learning and continuous development opportunities for all staff now and in the long term.

1.2 WHY DO WE NEED A STRATEGY?

1.2.1 If we are to achieve this vision, we need learning to be:

- an essential, seamless, natural and unselfconscious part of everyday work for individuals and teams; and
- delivered and supported effectively and efficiently.

In the context of an integrated strategy, technologically supported learning is likely to become increasingly common. We therefore need an e-learning strategy that is both unified and strategic, and that responds in a coherent way to the drivers that are transforming the NHS and social care and altering the role of learning itself. This chapter outlines many of these drivers.

The strategy will provide a generic approach that can be applied by the many diverse organisations that make up the health and social care sectors. Both the vision and the strategy should also relate directly to the needs and priorities of employers, encouraging them to see e-learning as a highly effective way of giving staff the skills they need to do their jobs.

1.3 BACKGROUND TO THE STRATEGY

1.3.1 The idea of an e-learning strategy for health and social care is not new. ***Working together, learning together*** (2001) (www.dh.gov.uk/PolicyandGuidance/) sets out a strategy for developing a workforce with the skills and expertise to deliver the NHS Plan, while the ***Quality strategy for social care 2000*** (www.dh.gov.uk/PublicationsandStatistics /) and ***Modernising the social care workforce 2000*** (www.topss.org.uk/uk_eng/engMSCW.htm) address the information, education and training needs of a modern social care workforce.

1.3.2 Since then, NHSU has invited consultation on its own development plan, ***Learning for everyone*** (www.nhsu.nhs.uk/pdf/document_005.htm)***,*** and published the results of that consultation in ***Hearing what you say*** (www.nhsu.nhs.uk/involved/involved_065.htm). ***Moving forward*** (www.nhsu.nhs.uk/media/press_news_/nhsu_moving_forward.htm) sets out the organisation's response, while the strategic plan, ***NHSU: towards delivery*** (www.nshu.nhs.uk/aboutus/strategy.html) sets out NHSU's plans for the first five years from initial launch in 2003 to full operation in 2008. The plan outlines how NHSU will develop as a provider of e-learning programmes and services.

1.3.3 The strategic plan also considers how NHSU can act as a catalyst for embedding e-learning throughout health and social care. Although this paper focuses mainly on health, we want to encourage partners and stakeholders across ***both*** sectors to reach agreement on how to transform learning to achieve the vision set out above. Ownership of and responsibility for the strategy by strategic health authorities (SHAs), WDCs and individual organisations will be a critical success factor. This consultation also seeks to identify the best way for the health and social care sectors to collaborate in the area of e-learning.

1.3.4 The Social Care Institute for Excellence (SCIE) has been charged with developing an e-learning strategy for social care, and will be working closely with NHSU to ensure synergy between e-learning developments in health and social care (see www.scie.org.uk/elearning.htm for more about the SCIE strategy).

1.4 DRIVERS FOR CHANGE

1.4.1 This is a period of change in health and social care. The NHS Plan calls for a transformation in delivery, and radical improvements in patient care. This will include changes in the structure and landscape of the Department of Health (DOH), the NHS, and all organisations and agencies involved in delivering the Plan. The social care sector is also undergoing significant change, with the introduction of new qualifications, new requirements for regulation and registration and the implementation of national training strategies.

1.4.2 The role of the DOH is being redefined. In future, it will focus on three areas: standards and quality; delivery; and corporate management. Learning and personal development, including NHSU, will fall under delivery. The SHAs are developing their relationships with the DOH. The role of other agencies supporting education, personal development and training – such as the NHS Information Authority (NHSIA) (www.nhsia.nhs.uk/) – is also being developed, and new organisations such as the National Patient Safety Agency (NPSA) (www.npsa.nhs.uk/) are emerging with their own skills needs and educational priorities. In social care, the SCIE (www.scie.org.uk/), Topss England (www.topss.org.uk) and its equivalents in Wales, Northern Ireland and Scotland, and other social care organisations such as the General Social Care Council (GSCC) (www.gscc.org.uk) all have important roles in social care workforce education and training.

1.4.3 Combine all this with the devolution of many functions to SHAs, and it is clear that care must be taken to develop and maintain a coherent and unified approach to e-learning. Fragmentation could limit opportunities for sharing and embedding new resources, expertise and practice, and make it harder to put resources and investment to best use. It could also make it harder for all employees to engage in learning, or to continue learning across the sector and throughout their career, and could adversely affect inter-professional and inter-agency learning opportunities across health and social care.

1.5 A NEW ROLE FOR LEARNING

1.5.1 The NHS has made and continues to make a huge investment in professional education and vocational training. In the past, though, involvement in learning has been largely a matter of personal preference and opportunity, governed by the individual's own motivation, their seniority, the availability of suitable learning, and the support of colleagues and supervisors. Increasingly, factors such as the ones listed here mean that learning is becoming a central part of everyone's working life:

- **The rapidly changing workplace:** constant change in the workplace means that ***all*** staff must constantly learn new skills in order to adapt. Increasingly, too, learning cannot be separated from its work context. This is partly because of the high cost of 'off-the-job training', and partly because of the widely recognised difficulties of transferring training from formal settings such as lecture rooms and classrooms to the workplace.
- **A more competitive job market:** today, access to learning is often regarded as a core non-financial benefit. A model employer needs to attract and retain good staff, keeping them at the leading edge of practice, creating a strong learning culture, and recognising and rewarding their efforts and achievements.
- **Increased emphasis on team-working:** with the move towards a more collaborative mode of working comes the recognition that no one member of a team has the monopoly on the ultimate welfare of the patient or service user. Everyone – the cleaner, the care assistant, the charge sister, the consultant physician, the occupational therapist and the cook – has a part to play. This means that learning in and about teams, and sharing knowledge across different jobs or different environments, is vital.
- **Informal learning:** reading an article, asking a question, or looking up information on a website all count as learning. The motivation to carry on learning, and the capability to do so, can both be enhanced in the workplace and by the manager or supervisor. For learning to become an ingrained habit it must be bite-sized, easy to access, relevant and timely. It must be available at the bedside, in the clinic and in the workplace.
- **Technology***:* as technologies become more ubiquitous and user-friendly, access to information and communication will get even easier, and as people come to rely on technologies in their day-to-day lives, including at work, learning will follow suit. Developments in technology are both a stimulus to learning and a means of accessing learning.
- **The need for professionalism:** increasingly, staff in health and social care are expected to be reflective practitioners, building and sharing relevant knowledge, and maintaining a critical perspective on what they

know and how they use that knowledge. Staff therefore need to develop new kinds of cognitive skills such as information handling, management and evaluation, and higher level skills such as critical thinking and anticipatory learning.

1.5.2 These factors point to the need for team – and workplace-based learning that is available on demand. Inevitably, this kind of learning will depend on new technologies. Of course, other forms of learning will still have value. But we need to work towards a more inclusive paradigm of self-directed, responsive, technology-supported and information-rich learning that can be tailored to individual needs. This is what we mean by e-learning. And this is the vision that will inform the strategy of e-learning for the NHS and social care.

1.6 STRATEGIC DRIVERS

1.6.1 Within the broad learning context outlined above, there are many drivers for an e-learning strategy:

- **Policy drivers:** modernising care and improving staff skills as set out in the NHS Plan and the DOH's ***Quality strategy for social care*** (www.dh.gov.uk/PublicationsandStatistics/).
- **Customer drivers:** keeping abreast of rapidly changing needs, demographic and social trends; and focusing on the patient or service user, and reflecting the patient choice agenda.
- **HR/business drivers:** recruiting, retaining and developing a high quality, highly skilled and highly motivated workforce, and delivering business objectives and targets.
- **Organisational drivers:** workforces are becoming more dispersed and more differentiated, with diverse occupations, educational backgrounds, qualifications and work patterns.
- **Skills and development drivers:** continuously updating skills and professional development.
- **Change drivers:** see above (para. 1.4.1).
- **Technology drivers:** impacting on both the demand for skills in the workplace and the supply of learning opportunities.
- **Quality drivers:** reducing variations in performance and delivery in terms of both access to learning and learning services themselves.
- **Improvement drivers:** continuously improving and innovating.
- **Knowledge management drivers:** capturing, sharing and building on knowledge, practice and expertise such as the National Service

Frameworks, and creating tools that allow staff to record their learning, contributing to continuing professional development (CPD) and professional recognition.

- **Cultural drivers:** creating a learning culture where learning is embedded in everyday work and life for everyone concerned with health and social care. There must also be a culture of collaboration.
- **Equality drivers:** ensuring that all learners, including those with disabilities and those with special language needs, can access e-learning.
- **Diversity drivers:** reflecting – and valuing – the increasing diversity of employees, while maintaining a cohesive workforce.
- **Efficiency drivers:** e-learning can reduce the time spent on learning, and help learners choose the specific elements that meet their needs. It can also reduce bureaucracy and administration.

1.7 THE NEED FOR COHERENCE

1.7.1 The kind of radical change outlined in this document will take time. A coherent framework will enable us to move forward in a series of co-ordinated steps. It will also help the NHS, social care organisations and all delivery partners avoid fragmentation and waste; ensure that learners, educators and managers benefit fully from NHSU, NHS and other learning; and obtain best value both from existing resources and from new investment.

1.7.2 A coherent approach will also enable health and social care organisations and workers to benefit from other national learning strategies, such as the DfES Skills Strategy White Paper ***21st century skills: realising our potential*** (2003) (www.dfes.gov.uk/skillsstrategy/) and the Success for All programme which is being jointly delivered by the Learning and Skills Council and the DfES Standards Unit. Given the increasing emphasis on e-learning in EU policy and frameworks, there is also the potential for collaboration with other agencies – such as regional development agencies (RDAs) – using for example the regional skills partnerships. It will also be useful to build e-learning into the DfES agreements with Sector Skills Councils (SSCs).

1.7.3 The e-learning strategy must also be linked with the emerging DOH National Programme for Information Technology (NPfIT) (www.doh.gov.uk/ipu). The NPfIT should take account of the e-learning needs of the NHS, and of issues of consistency and interoperability with other related e-learning strategies that may be used in the health and social care contexts. As the NpfIT takes effect, it will not only bring enhanced IT capacity to most workplaces, it will add new factors (such as

the Electronic Staff Record and the ICRS) and change the way people work. This, in turn, will bring in its need for considerable learning and cultural change, much of which can be facilitated online.

1.7.4 The crucial importance of learning to the delivery of the NHS Plan has been highlighted in a number of documents, including:

- ***Improving working lives standard: NHS employers committed to improving the working lives of people who work in the NHS*** (2000) (www.dh.gov.uk/PolicyAndGuidance/)
- ***Working together, learning together: a framework for lifelong learning for the NHS*** (2001) (www.dh.gov.uk/PolicyAndGuidance/)
- ***Investment and reform for NHS staff – taking forward the NHS Plan*** (2001) (www.dh.gov.uk/PublicationandStatistics/)
- ***HR in the NHS Plan – a document produced by the National Workforce Taskforce and HR Directorate for consultation*** (2002) (www.dh.gov.uk/assetRoot/04/01/48/91/04014891.pdf)

1.7.5 Among the issues raised in these documents is the need for a personalised learning pathway for all staff, linked to their personal development plans. Other key issues are protected time for learning, and the role of managers, mentors and colleagues in supporting learning. NHSU is seen as having a distinctive role to play in the individual learning pathways of all staff:

> ' Every member of NHS staff eager to train will be entitled to individually-tailored professional development programmes through the new NHS University (NHSU). The NHSU will start work in 2003. It will begin by delivering common induction and communication skills for all NHS staff. There will be innovative common learning programmes across professions both pre-and post registration. Lifelong learning for the whole workforce will support staff to extend their skills and knowledge and take on new roles and responsibilities. Through the new Postgraduate Medical Education and Training Board for the first time the NHS, working with the Medical Royal Colleges, will be able to better balance the training needs of future doctors with the service needs of local communities.'
>
> ***Delivering the NHS Plan: next steps on investment; next steps on reform*** (2002), pp.35-36

1.7.6 The allocation of unique identifiers is also key to embedding learning in the corporate environment. A unique identifier is a permanent and portable means of identifying individual learners, allowing them to gather evidence of their learning as they accumulate credit or move to another programme. The Managing Information Across Partners Group (MIAP), sponsored by

DfES, is currently consulting on the feasibility of allocating unique learner numbers, possibly based on National Insurance numbers. NHSU is in discussion with MIAP.

1.7.7 Most importantly, an emphasis on raising standards of care by giving patients more and better information will call for fresh approaches to learning and knowledge. This can be achieved through having a better educated workforce. Moreover, these approaches should include involving patients directly, both in commissioning programmes and in learning. There is potential, for example, for linking NHS Direct services to patient learning, and e-learning could support patients in improving the quality of their primary care, for example by providing them with better information on the choices available to them.

1.8 THE ROLE OF NHSU AND SHAS

1.8.1 As an emerging national e-learning provider and a developing centre of excellence for e-learning in health and social care, NHSU is well placed to join with SHAs to sponsor this e-learning strategy. As NHSU develops, it will put in place its own learning infrastructure and programmes, and develop and share good practice. NHSU can act as a model and a catalyst for wider e-learning, at the same time as expanding its operations.

1.8.2 As commissioners of learning, workforce development functions within SHAs are particularly well-placed to help map current e-learning activity and assess levels of readiness, as well as contributing to the development of an e-learning observatory, setting national standards, and establishing commissioning priorities for local communities.

1.8.3 NHSU and SHAs will:

- facilitate the consultation in partnership with others, in particular social care organisations;
- help to co-ordinate the implementation of the agreed strategy;
- take a lead on agreed central aspects of the strategy; and
- work with partners to support regional and local development and innovation.

As the strategy develops and is implemented, it will be essential to further define and communicate these roles and contributions.

Chapter 1: Questions for discussion

Q1 Do you agree with the vision of a health service transformed through learning?
Q2 How can this vision best be developed for social care?
Q3 Have we identified the right drivers for the strategy?
Q4 Have we identified all the key stakeholders?
Q5 Are there other resources, documents or policies that we should take into account?

Chapter 2: What e-learning can do

2.1 WHAT IS E-LEARNING?

2.1.1 e-learning is the use of interactive technologies to support and improve learning. It is not just about online courses and programmes. e-learning can include a range of technologies from CD-ROMs to electronic whiteboards or online simulations. It should usually include some form of support, whether face-to-face or electronic, and can often be blended with classroom methods. It can offer learners and tutors many services, including access to resources, information and advice. It can reduce the time spent on administration, and help with the planning, recording and tracking of learning and development. An e-learning strategy is therefore really an aspect of a strategy for effective learning.

2.2 WHY IS E-LEARNING IMPORTANT?

2.2.1 e-learning is increasingly widely used by learners in schools, colleges and universities. It is also widely used in work-based learning and corporate education, and in industry and the public sector. e-learning is therefore a significant factor in the personal and professional development of the 1.2 million-plus people who work in health, and the 1.4 million who work in social care. Clearly, e-learning is important when it comes to acquiring job-related knowledge and skills. But it has also been estimated that some 90 per cent of all new jobs in all sectors today require at least some ICT skills. ICT skills are increasingly useful outside the workplace too, in everyday communications and transactions. While there are limits to the extent to which ICT skills can be learnt through e-learning, it is clear that the ability to benefit from e-learning provision adds to the repertoire of e-learning skills that people will increasingly need.

2.2.2 e-learning is particularly important in health and social care, where staff may work at any time of day or night, often in settings remote from formal classrooms or colleges. e-learning can engage people with little or no previous experience of learning. It can provide learning that is tailored to individual needs. It can also help people build e-portfolios of their learning and development. e-learning will help staff develop skills that will prepare them for working with technology in new ways, such as tele-medicine and e-health. e-learning also makes it easier to share knowledge and good practice with others.

2.3 THE CAPABILITIES AND BENEFITS OF E-LEARNING

2.3.1 The DfES e-learning strategy consultation document, ***Towards a unified e-learning strategy*** (2003) (www.dfes.gov.uk/consultations2/16/), sets out generic e-learning capabilities for the education sector. It is useful to look at how these could apply to health and social care:

- **Individualised learning** – meeting the needs of all staff, including those working in remote locations, in the home or in small organisations, or whose work requires them to be mobile.
- **Personalised learning support** – exploring learning pathways and resources, finding the right courses and materials, and tracking work-based learning.
- **Collaborative learning** – including collaboration between learners on work-based projects or action research (on, for example National Service Frameworks) and supporting health informatics communities, or health and social care inter-professional groups.
- **Tools for educators and employees** – e-learning applications support innovation by customising or creating learning resources or simulations.
- **Virtual learning worlds** – online master classes, simulations, access to a virtual campus or a wider learning environment.
- **Flexible study** – on-demand learning, which people can access when and where they need it.
- **Online communities of practice** – bringing together specialist communities, practitioners, learners, community or voluntary workers, and service users and carers.
- **Quality at scale** – providing access to e-learning resources and services right across the sector, without variations in standards, which are linked to information, HR and management systems.

2.4 E-LEARNING IN PRACTICE

2.4.1 e-learning can offer huge practical benefits. For learners, it can offer personalised 'learning on demand', and the ability to study flexibly using high-quality resources backed by tutor support in the workplace. For less confident learners, e-learning can overcome their fear of public errors, and boost confidence through personal feedback and self-assessment. e-learning can help organisations customise and update courses, plan and manage learning, and track outcomes. e-portfolios will be a key mechanism of continuing professional accreditation. e-learning can also

feed into the development of knowledge management systems, helping to create 'intelligent organisations'. The value of e-learning for all parties is clear:

- **For individuals** – freedom to develop, both personally and professionally, through accessible learning opportunities.
- **For employers** – engaging staff and promoting a sense of ownership and involvement.
- **For managers** – achieving business and performance targets.
- **For health professionals** – better collaboration and communication, creating more development opportunities.
- **For providers** – widening participation in learning, at work, in the community, at home.
- **For organisations** – becoming partners in workforce development functions, and promoting knowledge management.
- **For carers** – building links with other carers, and tackling isolation.
- **For patients and service users** – getting individuals and communities involved in improving care outcomes.
- **For all staff** – inter-linking the technologies used for learning and for work.

2.5 BARRIERS, CHALLENGES AND DISADVANTAGES

2.5.1 While there are clearly many benefits and advantages to e-learning, we also need to take into account the barriers, challenges and disadvantages associated with it. These include: high development costs; barriers to access for disadvantaged learners or those with disabilities; and the misconception that online learning is a solitary and unsupported activity. It is particularly important to address any barriers relating to potential users, so that e-learning really does benefit all target groups. To gain full benefit we will need to take steps to guard against a potential 'digital divide' by addressing both access and skills. We also need to achieve the right balance between e-learning and traditional methods. While e-learning can make a powerful contribution to large-scale engagement in learning, as well as tailoring learning to individual needs, it should not and cannot replace all other approaches to learning. An e-learning strategy should be one aspect of a wider learning strategy. For NHSU, e-learning will be

embedded in its teaching, learning and assessment strategy. See paragraph 3.4.1 for a detailed list of current barriers and challenges.

2.6 FUTURE SCENARIOS

2.6.1 e-learning is not an end in itself, nor a marginal activity related only to online courses or distance learning. It will increasingly embrace all aspects of learning, and will therefore form a fundamental part of how people will learn in 10 or 20 years' time. Although we cannot predict exactly which technologies or which models of learner support will be most widely used, existing examples of leading practice, whether in the UK or elsewhere in the world, provide some indications. These examples – as well as alternative scenarios – should inform the emerging e-learning strategy for health and social care.

2.7 THE INTERNATIONAL DIMENSION

2.7.1 e-learning is developing rapidly worldwide. Any strategy will therefore need to have an international dimension so that e-learning for the NHS can be genuinely world-class. We may need to harness international knowledge and best practice, and use research to benchmark NHS e-learning against the very best globally. Furthermore, with the increasing pace of globalisation, learning resources and opportunities that originate abroad will increasingly be available, and health and social care will require systems that are compatible and interoperable with those in use in other fields at home and abroad.

Chapter 2: Questions for discussion

Q6 Do you agree that e-learning can bring these benefits? Are there others? Do you see any disadvantages?

Chapter 3: Where are we now?

3.1 E-LEARNING READINESS

3.1.1 Given the scale and complexity of health and social care, it is difficult to assess the current state of play with precision. One of the first steps in implementing a strategy will be to determine where we are now, and to analyse gaps at local level. This will need to be done across the health and social care sectors, including all statutory, voluntary and private elements. Existing anecdotal evidence, however, points to a very mixed and uneven situation.

3.1.2 It is never possible to state with certainty what e-learning provision exists in health and social care, but it is estimated that at present around 30 per cent of SHAs have developed or are developing an e-learning strategy; others are waiting for national developments. While local strategies are essential, we must look at what needs to be in place nationally to ensure the coherence and effectiveness of all learning strategies. Readiness to benefit from e-learning is essential: but effective learning calls for all the components to be in place: appropriate infrastructure; useful content; psychological readiness; and technical proficiency. And these issues are interrelated – as one participant in the NHSU consultation put it:

> 'The issue with e-learning is that no equipment means no skills.'
>
> NHSU, ***Hearing what you say***, p. 50

3.1.3 DOH, NHS and others are already working nationally and locally to put the building blocks of e-learning in place: infrastructure and access; content and courses; platforms and systems; and skills capability.

3.1.4 Infrastructure and access – connectivity, networks, equipment and facilities – varies considerably. Not all staff groups or individuals in health and social care have access to e-learning facilities and equipment, either in the workplace or through dedicated learning centres.

3.1.5 Likewise, the development of content is not co-ordinated or mapped, either across organisations or specialisms, and it is not easy to find or access resources. The sharing and reuse of resources is limited by the lack of central standards to support interoperability. Lack of principles or standards for pedagogical design and models of learning support also

mean that content development is currently ad hoc and fragmented. This limits the potential to disseminate good practice and encourage high standards. There is commonly no engagement between local delivery organisations and national expert groups such as the professional bodies to ensure that learning and assessment methods are relevant to specialisms.

3.1.6 Skills development for educators and learners also varies. Although the NHSIA is planning to roll out the European Computer Driving Licence (ECDL) for ICT skills, this will not in itself build capacity for e-learning. Moreover, there is no such scheme currently available for workers in the social care sector. Everyone working in health and social care is a potential learner and/or mentor: both roles will require the skills to engage in and support e-learning. By itself, e-learning cannot turn an unsatisfactory mentoring relationship into a good one, but it can create new forms of mentoring and collaborative support

3.1.7 These kinds of variations are inevitable, given that e-learning is still in its relatively early stages. However, much can be learned from the work that has been done. We know enough about e-learning to know that it can be useful, and that much more work is needed to realise its full potential. Now is the time to build on progress to date, so that both sectors can benefit to the full.

3.2 LEARNING READINESS

3.2.1 The state of readiness for ***all*** embedded work-based learning is even less clear. Signs of readiness include the presence of models for work-based learning and support, appropriate roles and working practices, and the active planning and management of learning. Staff in health and social care – including voluntary workers and carers – should all feel confident that they can learn in their work environment.

3.2.2 Inability to engage staff in learning is one of the fundamental barriers to learning readiness. Two very different groups of staff within the NHS demonstrate this. There are some 500,000-600,000 staff with few or no qualifications, many of whom find the idea of learning daunting; while at the other end of the spectrum, many highly educated professionals feel that specialist CPD is the only learning they need. Both groups need to be proactively engaged and equipped with the skills to learn.

3.3 ORGANISATIONAL READINESS

3.3.1 Organisations need to ensure learning is properly planned, funded and managed. Leaders and managers need to understand how to use learning to deliver targets, and to help them evaluate performance. Lack of readiness on the part of individual organisations – or even health and care economies – militates against overall corporate readiness. Trust leaders, social services directors and other senior managers must take ownership of e-learning into organisational performance and build both the opportunities and support for learning.

3.4 WEAKNESSES AND BARRIERS

3.4.1 There are a number of weaknesses and barriers to be overcome:

- Leaders and managers at local level in SHAs, local authorities, trusts and other health and social care organisations may not yet have taken on the responsibility of planning, funding and managing the embedding of e-learning.
- There is a co-ordinated technology strategy for IT, but not for e-learning access and use.
- There is no systematic approach to building the skills for e-learning, and no career incentives for those who work as tutors or learning advisers for innovation and advanced learning development.
- Championing of e-learning by professional and regulatory bodies is variable, and SSCs are not fully engaged.
- Weak standards lead to fragmentation, and systems and learning resources that do not interoperate.
- There are pockets of excellence across the sectors, but these are often isolated and the benefits are not shared.
- Lack of co-ordinated mapping and information leads to duplication.
- Confusion and lack of co-ordination with regard to funding prevents synergy and affects the scale and impact of knowledge management, research and innovation in e-learning.
- Not all learners have full access to the learning opportunities they need.
- Lack of collaboration prevents people from working with and relating to others in their community, whether that community is a professional specialism, a local health economy, a remote community of carers or a groups of learners with specific learning needs.
- The effect of learning on improving care for patients and for service users cannot be robustly evidenced or evaluated.

3.5 THE WAY FORWARD

3.5.1 There are a number of key documents and resources that suggest possible ways forward for the NHS:

- The common strategy and e-learning toolkit produced by the WDCs in the north west (www.cmwdc.nhs.uk/elearning/elearningstrategy.pdf). This gives an overview of strategy development and implementation and provides readiness checklists in the areas of infrastructure, content, skills and support, and quality and standards.
- ***Guidelines to inform the development of e-learning in the NHS***, a research study by the University of Salford commissioned by the NHSIA. This focuses on commissioning e-learning content and materials. Available online at www.northmerseylis.nhs.uk/doclib/E-learning%20report.v2.pdf
- ***An e-learning interoperability standards strategy for the NHS***, produced for the north west WDCs by Wilfred Kraan and Oleg Liber of the Centre for Educational Technology Interoperability Standards (CETIS).
- DOH's ***e-learning framework*** (not yet published).

3.5.2 Cumbria and Lancashire WDC, in association with the Cheshire and Mersey and Greater Manchester WDCs, will be taking the lead on behalf of the SHA community in collaborating with NHSU to develop common approaches on a range of e-learning issues. An initial workshop was held on 23 September 2003.

3.5.3 The strategy will build on these and other developments, including the multi-million pound investment in information management and technology across the service, and NHSU's own approach to e-learning. The strategy will provide a common framework, and identify action areas. The framework and the proposed action areas are set out in the following chapters.

Chapter 3: Questions for discussion

Q7 Have we identified the current position and weaknesses correctly?

Chapter 4: What is the strategy?

4.1 THE WIDER E-LEARNING STRATEGY FOR HEALTH AND SOCIAL CARE

4.1.1 The wider e-learning strategy – the subject of this consultation document – will support learning needs in all subjects and at all levels in all health and social care occupations and specialisms. It will be an evolving and user-focused strategy, responsive to the needs of diverse communities and populations, and united by the core vision of enhancing skills to improve care and health outcomes. The strategy will provide a template to enable NHSU to operate at scale and help all organisations to embed e-learning. It will support the development of learning cultures, help people build and share knowledge, and cover learning infrastructure, programmes, services and skills and capabilities. Implementing the strategy is likely to involve a mixture of central development programmes, programmes shared across organisations, and local programmes.

4.1.2 The thrust of the strategy is to help health and social care organisations use e-learning to deliver their business objectives. The strategy will operate mainly at the level of delivery rather than policy development, although clearly DOH will be interested in how policy is translated into delivery strategies and will therefore engage in consideration of how to create a supportive policy context.

4.1.3 The strategy will provide a 'road map' setting out the path towards achieving longer-term goals, defining what needs to be done, and the actions that partners and stakeholders need to take at national, regional and local levels.

4.2 WHO IS THE STRATEGY FOR?

4.2.1 The beneficiaries and end users of the strategy will be everyone working and learning in health and social care. However, specific target groups include:

- **Leaders and managers:** enabling them to plan, manage and support effective learning, and helping them to achieve their targets.

- **Educators and professionals:** enabling them to develop the skills and expertise to provide and support effective work-based learning and to find, use, create and share resources.
- **Learners:** enabling everyone working in health and social care to access e-learning programmes and services, including those facing barriers to access.
- **Communities of work, learning and practice:** enabling collaboration and innovation.

See paragraphs 2.3 and 2.4 for more detail about the practical benefits of e-learning.

4.2.2 As the strategy evolves, there will be increasing scope for patient involvement, both as beneficiaries and as users of e-learning. One of the strengths of e-learning – especially online – is that the benefits can often be extended at minimal cost to whole new groups of learners.

4.3 COMPONENTS OF THE STRATEGY

4.3.1 The framework for the strategy set out here covers the following areas: vision; strategy; plans; initiatives; and evaluation. The overall aim is to develop, deliver and embed e-learning across health and social care. The strategy is the level at which partners and stakeholders will agree the way ahead to support their shared vision and achieve their shared goals. It must accommodate diverse players, platforms and products. The strategy will be translated into central, shared and local deliverables through plans and initiatives, which will be implemented by the separate stakeholder organisations according to their roles and capabilities. Evaluation will be linked to the strategy, embedded in all organisations, and co-ordinated for health by NHSU and the SHAs. The vision itself is set out at paragraph 1.1.1.

4.3.2 Table 1 (below) sets out the framework. It covers NHSU's own approach to e-learning, as well as the wider strategy for which it – along with the SHAs – hopes to act as catalyst and enabler. The common framework provides a template which extends from the short to the long term, and from the level of specific programmes and initiatives right up to wide-ranging e-learning vision for the NHS (although more work may be required in articulating a similar vision for social care). It implies a symmetrical and parallel development of NHSU and other partner organisations under the common umbrella.

4.3.3 The common framework can embrace DOH, NHS and health and social care organisations including SHAs and trusts, as well as health education

sector partnerships (HESPs), SSCs and other stakeholders. It also links with similar work and thinking in social care, especially with regard to the experience of patients and their carers.

A COMMON FRAMEWORK FOR AN E-LEARNING STRATEGY FOR HEALTH

Element	Timescale	NHSU	NHS and health organisations
Over-arching vision of NHS to 2010	10 years	Vision and core values of NHS Plan	
Vision	10 years	e-learning vision: longer-term goals	
Strategy	5 years	e-learning strategy for partners and stakeholders including NHSU, SHAs and DOH	
Plans	3-5 years	Central/unified plans	
		NHSU strategic plan and work strands	SHA, and other strategic and business plans
Programmes and initiatives	1-3 years	Central/joint programmes and initiatives	
		NHSU launches virtual campus, programmes and services	Partner and stakeholder programmes and initiatives, including the National Programme for Information Technology
Evaluation	Ongoing	Progress of strategy Learning outcomes Impact on health and social care	

4.4 PARTNERS AND STAKEHOLDERS

4.4.1 The strategy will impact on a wide range of partners and stakeholders at national and local levels. DOH, the NHS, NHSU, SHAs, trusts, local authorities, social care training organisations, as well as a number of special health authorities and national agencies – including the NHSIA, the NPSA, the National electronic Library for Health (NeLH), the Modernisation Agency, the Royal Colleges, NHSDirect Online (NHSDO) and the SSCs – will all have an important part to play. The strategy also needs to link up with the Health Informatics Competency Agenda, with the NHS library, and with the

National Knowledge Service Partnership, which brings together NeLH, NHSDO and the Electronic Library for Social Care. Regional and local partners and stakeholders will include HESPs, further and higher education providers, local LSCs, regional library units, union learning representatives, the People's Network of public libraries and local postgraduate deaneries. The reach of the strategy could extend to voluntary and community organisations. We will need to create a definitive list of stakeholders and their activities in order to define their future roles.

4.5 RELATING THE STRATEGY TO NHSU'S STRATEGIC PLAN

4.5.1 NHSU's e-learning strategy will support its strategic mission:

'To contribute to radical change and improvement in health and social care through the transformation of learning.' NHSU, ***Strategic plan*** (2003) (www.nhsu.nhs.uk/aboutus/strategy.html)

4.5.2. The strategy is also relevant to NHSU's three core strategic aims:

- to create a coherent learning environment;
- to enhance learning opportunities; and
- to lead research into learning needs and outcomes.

4.5.3 It will also help to deliver NHSU's two supporting aims:

- to work in partnership with others to support active learning cultures, within health and social care; and
- to work efficiently and effectively, learning continuously from our partners and our practice.

4.5.4 By providing an enabling infrastructure and supporting the wider strategy, NHSU will be contributing to strong partnership working. NHSU's own approach to e-learning is being developed in parallel to the wider strategy, and will embed e-learning in the overall development of NHSU. At its heart is the development of a virtual campus.

4.6 NHSU'S VIRTUAL CAMPUS

'The components of a national approach to e-learning include a single entry point for NHS e-learning users, with an ability to reach large numbers of staff and supplementing this with face-to-face support.'

DOH, Working together learning together***, p.74 (www.dh.gov.uk/PolicyandGuidance)***

4.6.1 The virtual campus will be NHSU's online delivery channel. It will provide a virtual environment where people can teach, learn, access resources, ask and answer questions, and do many of the same tasks they would do in a regular face-to-face learning environment. The virtual campus will be made up of a number of integrated systems, and a range of operational services. Together these will support the design, development, management and evaluation of learning, and access to it, regardless of mode.

4.6.2 NHSU is developing a virtual campus in order to:

- **Deliver on strategic policy:** the virtual campus will support NHSU's core strategic mission, aims and supporting aims, as outlined in the strategic plan. It will also support DOH and NHS plans for building more cohesive and integrated systems and services for learning across the NHS, including enabling infrastructure for e-learning.
- **Operate at scale:** when NHSU is operating at scale it will be one of the largest universities in the world. The virtual campus will manage some of the key elements of operating at scale including volume, reach, comparability and resources.
- **Extend the learner offer:** the virtual campus will support a diverse range of learning modes, meeting a diverse range of learning needs, by providing a range of services over and above the delivery of online content.
- **Recognise the changing nature of work in health:** increasingly, people rely on instant and relatively simple access to information and communications to support their day-to- day work; and they are increasingly using technology to access nuggets of informal learning.

4.6.3 The virtual campus will serve a range of different users, including learners, mentors and learning support staff, managers, partner organisations, and health and social care learning providers. In principle, people will be able to access the virtual campus at any time and from any computer linked to the internet, PDAs (personal digital assistants) and mobile phones. In practice, this is an ambitious vision, and there will be many barriers to access. NHSU will work with the DOH, NHS, trusts, local authorities with social services

responsibilities, and other agencies to address and progressively overcome these barriers.

4.6.4 The virtual campus is a complex, long-term, large-scale commitment for NHSU. Its evolution will mirror NHSU's own phases of development, moving from foundation services at launch to full operation at scale. This will allow the virtual campus to progress from serving the needs of the NHSU to supporting learning across health and social care.

4.6.5 e-learning will also allow NHSU to work efficiently and effectively by enabling e-administration and developing the ICT and e-learning skills of all staff.

4.7 OTHER RELEVANT STRATEGIES

4.7.1 There will also be partners and stakeholders in the education sector, including DfES, funding councils, quality and curriculum bodies and providers. The e-learning strategy for health and social care will relate to key educational strategies including:

- The DfES Skills Strategy ***21st century skills: realising our potential***, which covers provision for Level 2 qualifications and the development of ICT skills for life (www.dfes.gov.uk/skillsstrategy).
- The 'Success for All' programme, which covers good practice and materials for curriculum priorities including health and social care (www.successforall.gov.uk).
- The Adult Basic Skills strategy (funded by the Learning and Skills Council).
- The post-16 National Learning Network Transformation Programme, which is embedding e-learning across the learning and skills sector (www.nln.ac.uk).
- The DfES e-learning strategy, ***Towards a unified e-learning strategy*** (2003) (www.dfes.gov.uk/consultations2/16/), which covers all education and training sectors.
- The HEFCE e-learning strategy, which was issued for consultation in July 2003 (www.hefce.ac.uk/Pubs/circlets/2003/cl21_03.htm).

4.7.2 DfES' ***Towards a unified e-learning strategy*** aims to embed e-learning throughout education and training for all phases of learning, from early years through to higher education and lifelong learning. The strategy proposes actions for government and education stakeholders in seven

action areas. The consultation period has now ended, and DfES will be publishing the results in spring 2004.

4.7.3 As the DfES strategy is finalised, we will need to work out how these two strategies can best support each other. For example, the movement towards common standards for interoperability across publicly-funded e-learning will also support learning in health and social care. These common standards could support search technologies, and enable sharing of materials, resources and tools. Developing ICT user skills in the adult population, as envisaged in ***21st century skills: realising our potential***, could benefit the NHS and social care organisations by giving them access to a better-prepared workforce. Unified support for learners through a unique learner number or e-portfolios could help both new and existing staff in their lifelong learning, although the education, health and social care sectors will need to work together to match data needs and to dovetail learning records with workforce development. In these and many other areas the two strategies offer mutual benefits that need to be explored. It will therefore be vital to ensure that effective links are in place so that synergy is built, and unnecessary duplication avoided.

4.8 SUGGESTED ACTION AREAS

4.8.1 The strategy includes a number of action points, divided into three key areas.

CREATING A NEW LEARNING ENVIRONMENT TO EMBED LEARNING IN WORK

- **Access and infrastructure:** all staff should have the connectivity, systems, facilities, and equipment they need to access learning.
- **Interaction of learning and work technologies:** build strong links between ICT for work and ICT for learning.
- **Leadership capability:** for planning, funding and sustainable resourcing.
- **Support for learners and educators:** develop educators' skills, and provide comprehensive support for learning and progression.

EXPLORING AND SHAPING LEARNING OPPORTUNITIES AND COMMUNITIES

- **Innovation in learning:** enabling educators and practitioners to find, explore, use and share learning materials and tools, and stimulating demand for and supply of resources for specialisms and specific learning

needs, with particular emphasis on the sharing of resources with the social care sector.

- **e-learning pathways and programmes:** these should support recruitment, progression and development, and enable seamless movement between health and social care pathways and programmes.
- **Collaboration:** using tools, structures, processes and applications to share knowledge, expertise and practice across both sectors.
- **Quality and standards:** providing national technical and pedagogical standards across both health and social care.

BUILDING SUCCESS AND LEARNING FROM EXPERIENCE

- **Research:** identifying what needs to be done, and evaluating and benchmarking best practice in e-learning.

4.8.2 As outlined above, these action areas map on to both NHSU's strategic aims and the action areas set out in the DfES e-learning strategy. They benefit key target groups, and require action from NHSU, DOH, NHS, care organisations, employers, providers and professional bodies.

4.9 IDENTIFYING PRIORITIES

4.9.1 In a sense all the action areas are priorities, because they are interdependent and together make up a system-wide approach. However, it will be useful to agree some priority actions and identify some priority users in the light of national and local drivers such as recruiting, retaining and developing high quality staff, and improving care outcomes. The strategy can also support policy priorities such as Caring for Carers (see www.doh.gov.uk/carers), and priority groups such as the young and the elderly, as well as the National Service Frameworks. A possible way forward would be for the common strategy to focus on agreed priorities that are of nationwide importance. One of these must be basic ICT training, so all staff can take advantage of e-learning opportunities.

4.10 KEY ISSUES

4.10.1 Important strategic issues include defining the roles of the various organisations, and distinguishing between what needs to be done nationally and what is best developed and delivered at local level. For example, common technical standards need to be established centrally, while the learning needs of specific health economies are best addressed

locally. Decisions like this must be based on coherence, inclusion, quality and sustainability.

4.10.2 As already discussed (see para. 3.4), not all SHAs and trusts are at the same stage of development in e-learning. Some will be able to deliver a full strategy, while others will need more direction and support from the centre. Those who can deliver a full strategy should be sharing their experiences with others.

4.11 WHAT SERVICES COULD THE STRATEGY LEAD TO?

4.11.1 A number of functions or services could develop out of these action areas:

- A national quality framework for e-learning standards and quality assurance, to include learning design and learning centres.
- Leadership capacity-building.
- An integrated or shared learning needs observatory.
- Shared commissioning criteria for software applications, learning objects or courseware to be installed on or run over the relevant systems
- Peer review of resources and practice.
- An interoperability framework for technical standards.
- Managed access to e-libraries and other resources.

4.11.2 The next chapters look in more detail at the strategy and action areas.

Chapter 4: Questions for discussion

Q8 Do you agree with the vision and longer-term goals?
Q9 Have we identified the right users, partners and stakeholders?
Q10 Have we identified the right action areas for the strategy? Are all the change mechanisms in place to fuel the process of change?

Chapter 5: Creating a new learning environment

5.0.1 This chapter looks at the four action areas that will create and sustain an effective learning environment, and embed learning in work:

- access, infrastructure and systems;
- interaction of learning and work technologies;
- leadership for planning, funding and resourcing; and
- support for learners and educators.

5.0.2 These areas map on to NHSU's first strategic aim, which is to create a comprehensive, coherent, high quality learning environment for staff in health and social care. They also relate to areas set out in the DfES e-learning strategy: leading sustainable e-learning implementation; and developing the education workforce.

5.1 ACCESS, INFRASTRUCTURE AND SYSTEMS

5.1.1 Learners, educators and managers will all need access to learning systems and resources. The DOH IT strategy and the NHS national reform programme will put in place ICT systems and plans that will inevitably demand new learning, much of which can be technologically supported or promoted. Links with the NPfIT should be addressed as a matter of urgency, as there are complex issues involved and the programme has a clearly defined agenda, priorities and critical path for delivery. Issues to be addressed include:

- connectivity, to allow internet- and web-based learning;
- provision of hardware and equipment for learning, including PCs and laptops in the workplace and in clinical settings, as well as in learning centres and training facilities;
- facilities for learning, including access to learning centres, and widening access to IT to overcome a 'digital divide' and widen participation in learning;

- access arrangements – this includes ensuring that trusts have local access protocols for the internet; and
- systems and software to integrate learning into the corporate work environment.

5.1.2 Social care does not benefit from a sector-wide ICT initiative to the same extent as health, and some benchmarking work on access to infrastructure will need to be undertaken.

5.1.3 NHSU's strategic plan envisages the roll out of local learning resource centres, which will provide a local focus for learning provision. Social care learning resource centres are also being established, under the auspices of Topss England. In the wider strategy, NHS trusts and other organisations will need to build a learning infrastructure, so that all employees can access learning facilities in the workplace, through other providers – including further and higher education institutions – and in the community. Actions could include developing or enhancing centres, building links with local providers, or providing staff with laptops, PCs and mobile equipment. In this latter regard, opportunities to promote personal ownership or access through private sponsorship or charitable fundraising should be explored. Relationships with education systems and network bodies such as the Joint Information Systems Committee (www.jisc.ac.uk/), the National Learning Network (NLN) and the Regional Broadband Consortia should also be explored, as these are extending infrastructure and connectivity to education providers and communities that serve health and social care. NHSU local learning resource centres and other NHS learning hubs and centres could consider forming their own online learning network, or affiliating to other networks such as UK Online and the People's Network of public libraries.

5.1.4 Wireless technology means that learning is likely to become more mobile, so fixed structures or centres will not be the only mode of access. Similarly, we need to recognise the value of learning at home, especially since the NHS infrastructure may not be able to cope with demand, at least in the medium term, as the NPfIT programme is rolled out. In the longer term, we will also need to explore other delivery platforms such as digital TV.

5.1.5 A number of organisations are procuring or developing learning platforms, delivery systems or virtual learning environments (VLEs). NHSU's virtual campus (see para. 4.6) will provide a supportive learning environment that can evolve to meet the needs of learners and learning communities across health and social care, and which could also serve other agencies. There is an urgent need for a strategic approach and guidance as to whether local e-learning developments and purchases can be placed on the virtual campus, or whether trusts and SHAs need to buy their own learning management systems.

5.1.6 ACTIONS

- Develop a plan for building links between e-learning and the NPfIT.
- Adopt and implement plans for ensuring access to learning infrastructure, facilities and equipment for all employees and workers by 2008 (SHAs, health trusts, local authorities and social care organisations).
- Explore the wider potential of the NHSU virtual campus to support other learners and organisations.
- Obtain guidance on whether local learning management systems are also needed, and develop a strategic approach.
- Explore schemes and sponsorship for personal access and ownership for workers, service users and carers (SHAs).
- Explore links with networks, systems and connectivity bodies (NHSU, SHAs).
- Explore links with other learning centres and networks (NHSU, NHS, TopssEngland, SCIE).
- Explore the potential of other delivery platforms, including digital TV.

5.2 INTERACTION OF LEARNING AND WORK TECHNOLOGIES

5.2.1 Technologies should support the integration of learning into work and the workplace. The same technologies that enable learners to record their learning and evaluate their progress can help managers plan, record and track individual and team learning. Learning in the workplace may involve searching for information to support practice, using the internet as well as internal resources. Similarly, the skills and capabilities as well as the technologies used for learning – information retrieval, communication and collaboration – increasingly converge with those used for work. For the NHS, it will also be important to explore through formal links how far its own HR and IT strategies will provide a requirement for learning in the light of the challenges posed by these new systems and by the need for integration with or transition from legacy systems.

5.2.2 ACTIONS

- Establish formal links between the IT strategy and e-learning strategies (DOH, NHSU, SHAs).

- Integrate e-learning platforms and VLEs with HR systems and staff records (especially the Electronic Staff Record) where possible.

5.3 LEADERSHIP CAPABILITY

5.3.1 Leaders and managers in central and local organisations including SHAs and trusts will all need to understand how to plan, fund and manage sustainable e-learning. This will include calculating the 'total cost of ownership', taking into account technical support and the best deployment of human resources. In the NHS, management of learning in the corporate setting will call for appropriate integration between HR and learning systems, and staff will need to be deployed in a way that allows for work-based learning time. Sustainable resourcing issues will include maintenance and upgrades as well as replacement cycles, migration of legacy systems and planning for new platforms and technologies. Bringing these issues together in e-learning strategies for health economies will be a leadership challenge in itself. Effective procurement will also call for guidance and support, either through leadership development or central action.

5.3.2 NHSU, the NHS Leadership Centre (see www.modern.nhs.uk/) and other providers can help leaders and managers to understand and facilitate e-learning among their teams. It is also crucial that the organisations themselves recognise and plan for their leaders and managers to acquire these capabilities.

5.3.3 ACTIONS

- Planning, funding and managing e-learning must be built into leadership programmes for all sectors and organisations (NHSU, providers).
- Organisations must ensure their leaders and managers are getting the right training and development opportunities (NHSU, agencies, special authorities, SHAs, trusts and other organisations).
- Develop cost-modelling and planning tools which can calculate the total cost of ownership and sustainability (DOH, SHAs, NHSU).
- Organisations to put in place e-learning strategies (SHAs, trusts).
- Provide templates to help local organisations include e-learning in their business and learning development plans.

5.4 SUPPORT FOR LEARNERS AND EDUCATORS

5.4.1 NHSU and other providers are already developing specialist tutor support for learners on their courses and programmes. However, for effective learning to be embedded, both learners and educators need to develop e-learning skills. Educators need the skills to design, create and deliver e-learning programmes and support; and learners need the skills to undertake e-learning.

5.4.2 Relevant existing courses and qualifications for educators include the Institute of IT Training Certificate (www.iitt.org.uk). NHSU can take the lead in developing further tutor training and development programmes and qualifications, especially for work-based e-learning in health and social care. However, employers need to plan and allocate funding so that potential tutors and mentors can also develop their skills.

5.4.3 The NHS has adopted ECDL as the referenced standard for IT skills for all NHS staff. The NHSIA currently offers an award-winning service, providing users with the learning materials and tests they need to complete the basic components of the programme, which although specifically designed for e-learners, does include skills which will support e-learning: information searching, knowledge management, data presentation and collaboration. The basic IT skills standard covers most if not all the areas people need to prepare themselves for e-learning. So far, nearly 60,000 active learners have completed over 150,000 electronic tests. The service is now being rolled out to NHS Wales and NHS Northern Ireland. The e-Skills SSC (www.e-skills.com) will include health-related modules in its ICT user skills framework. ICT and e-learner skills will also need to be embedded in the social care workforce.

5.4.4 Corporate e-learning must also be attractive and interesting to learners. The workforce development functions of SHAs, employers and HR and development departments must proactively promote e-learning and engage their employees.

5.4.5 Turning to the educators themselves for the full benefits of e-learning to be exploited, career incentives will be needed to allow educators to develop advanced capabilities of creation and use of programmes and resources. NHSU (and other providers) should develop relevant programmes and qualifications that are cumulative and developmental, and which provide some clear kind of career ladder.

5.4.6 The learning needs and skills gaps of educators and the workforce should be mapped, and progress monitored. This could be an action for the NHSU Learning Needs Observatory as well as the workforce functions of SHAs, and for social care organisations such as Topss and SCIE.

5.4.7 Unified support for learning and learners will contribute to recruitment and career progression in health and social care. As previously mentioned, this could include a learner identifier linked to e-portfolios for learning, and in turn to Personal Development Plans and Electronic Staff Records for people who are already employed in the NHS or a care organisation (see para.1.4.4 for more on identifiers). NHSU's virtual campus will have a role to play in supporting learners in their personal and professional development (see para. 4.3 for more information on the virtual campus).

5.4.8 The NHSIA does not currently provide a formal service for social care staff, although the social work professional body has adopted ECDL as a requirement for registration. A number of relationships are being forged between the Social Care Information Policy Unit, universities and the NHSIA.

5.4.9 ACTIONS

- Ensure that educators have the skills to design, deliver and support e-learning (SHAs, NHSU, SCIE).
- Ensure that all employees can develop e-learning skills as well as ICT skills, and support the roll-out of the ECDL (SHAs, NHSU, NHSIA, Topss).
- Ensure coherence with other strategies and providers, notably UK Online, to secure support for all learners, including volunteers, patients, service users and carers who don't work for the NHS.
- Promote e-learning and engage employees in learning (SHAs, employers, NHSU).
- Provide career incentives and qualifications for advanced educators (NHSU, providers, SHAs, employers).
- Map and monitor e-learning skills and learning needs (NHSU, SHAs, Topss, SCIE).
- Create a unique identifier for all learners, linked to e-portfolios, PDPs and the Electronic Staff Record (DOH, DfES, NHS, NHSU).
- Explore the role of health education sector partnerships, LSCs and RDAs in supporting learning.

Chapter 5: Questions for discussion

Q11 Will the proposed actions help us create an appropriate learning environment?

Chapter 6: Exploring and shaping learning opportunities and communities

6.0.1 This chapter outlines the action areas that will enable learners, educators, researchers and managers to share resources and learning practice across the health and social care sector. Key areas include:

- promoting innovation in learning and teaching resources, including support for independent enquiry;
- developing e-learning pathways and programmes;
- promoting collaboration for learning communities; and
- ensuring quality and setting standards.

6.0.2 These action areas map on to NHSU's second strategic aim, which is to transform learning opportunities. They also relate to four areas of the DfES e-learning strategy: supporting innovation in teaching and learning; aligning assessment; building a better e-learning market; and assuring technical and quality standards.

6.1 INNOVATION IN LEARNING AND TEACHING RESOURCES

6.1.1 The e-learning strategy should promote and support innovation in learning and teaching resources. At the moment, NHSU and other providers are commissioning or developing learning resources independently of each other. The NHSU Learning Needs Observatory (LNO) will help them take a more co-ordinated approach, by identifying learning needs and setting priorities. The LNO could also look at work-based e-learning needs, and carry out user research, for example into the needs of disadvantaged learners. The LNO can also contribute to an understanding of how e-learning programmes and services can benefit particular groups, for example carers based in the home. The Observatory will need to build links with other curriculum and learning development mechanisms or communities, and to co-ordinate its work with learning needs assessments in the social care sector.

6.1.2 Educators and learners need to explore what learning resources are available, and put these together to build effective learning pathways and programmes for work-based learning. Using and sharing resources across communities and providers will help avoid duplication and build critical mass. Possible solutions include the development and use of directories and search engines, or creating a national learning repository for health and social care. This would complement the NeLH and existing education-based resources such as the JISC collections (www.jisc.ac.uk), relevant Learning and Teaching Support Networks (www.ltsn.ac.uk), the Universities' Collaboration in e-Learning (www.ucel.ac.uk/), and NLN Online (www.nln.ac.uk). The new Higher Education Academy (www.heacademy.ac.uk) will also be relevant, since it will co-ordinate many teaching resources and programmes, at least at higher education level.

6.1.3 The strategy should also support the development of specialist e-pedagogies for specific subjects and disciplines. A Learning Resources Repository with a remit to monitor existing and emerging learning programmes and resources, led by NHSU and involving WDCs and health and education partners, would enable the sharing and development of good practice, and encourage peer review of materials.

6.1.4 The strategy should also build capability for online assessment in the workplace. NHSU's National Centre for Learning could take a lead on this, working with other expert bodies such as Ufi and awarding bodies. Research and development work is needed to establish protocols and criteria for workplace assessment using e-learning and remote technology. While advances are being made in online assessment, test design is at present often very instrumental in that it focuses on low level, or relatively trivial, learning outcomes, and more creative approaches are needed.

6.1.5 Different specialist subjects will call for different learning and teaching resources. NHSU should work with professional bodies, higher education providers and others to identify and share best practice for different subject-matter pedagogies to support NSF and other priorities.

6.1.6 Patients and service users should be asked for their input. This will help create learning and teaching resources that lead to real improvements in care.

6.1.7 Building up resources, enabling access to multiple providers and suppliers and stimulating demand will create a thriving e-learning market. This must be supported by intellectual property rights (IPR) arrangements that protect intellectual property, generate revenue through digital rights, and promote the sharing of resources. The NHS has provided guidance on IP (www.innovations.nhs.uk/nhs_ip_guidance.htm), and NHSU and the WDCs will need to supplement this with specific reference to e-learning.

6.1.8 ACTIONS

- Identify e-learning user needs (NHSU, WDCs).
- Explore the feasibility of a searchable national learning repository to enable the sharing of learning resources (NHSU, WDCs, providers).
- Establish a LNO to promote innovation and good practice, and encourage peer review and sharing (NHSU).
- Develop e-pedagogies for health and social care specialisms (NHSU, professional bodies, providers).
- Examine the role and feasibility of online assessment and carry out research and development work on how the effectiveness of learning online can be verified (NHSU, Ufi, awarding bodies, professional bodies).
- Promote the sharing and distribution of learning resources through appropriate IPR arrangements.
- Ensure that the technology is flexible enough to incorporate innovative uses, including advanced e-assessment applications.

6.2 E-LEARNING PATHWAYS AND PROGRAMMES

6.2.1 The NHS Plan calls for personalised learning pathways and programmes for all NHS staff. These could well include e-learning along with a range of learning modes. NHSU has already started this work and is well placed to develop further programmes. However, NHSU cannot provide for all needs, and it will be useful to bring together a range of providers and organisations to look at possible pathways and programmes and at how these could be developed and distributed nationally and locally. These are likely to include 14-19 pathways, Foundation Degrees and CPD programmes, as well as online skills development, and will build on existing strategies and initiatives. How these relate to the virtual campus, and the role of the NHSU Credit Framework, will need to be explored. It will also be important to support learners pursuing individual programmes and independent learners, as well as those taking part in formal courses. Many universities already offer undergraduate, postgraduate or CPD e-learning programmes relevant to skills development in health.

6.2.2 ACTION

- Establish a development forum to investigate and report on e-learning programmes and pathways for health and social care, including those carried out by independent or self-directed learners (DOH, DfES, NHSU, SHAs, Skills for Health, individual universities).

6.3 COLLABORATION

6.3.1 The e-learning strategy will create and support active learning cultures by building communities of inquiry, learning and practice. Active collaborative communities for educators, learners and leaders and managers will also help embed learning in practice. Collaboration is needed within specialist communities as well as multi-disciplinary, inter-professional collaboration in local health economies.

6.3.2 e-learning can enable and support the development of such communities, for example using communication and collaboration tools within a shared environment. ICT has a substantial contribution to make in supporting communities of practice, learning and application.

6.3.3 Communities will also include academic groupings fostered by NHSU as part of its formal courses and programmes, communities of learning and practice fostered by NHSU regions and by the workforce functions in SHAs, HESPs and other bodies with responsibility for learning, like local LSCs and RDAs.

6.3.4 The building of communities at local level will reflect SHA and WDC priorities: achieving local delivery plans; and sharing expertise and best practice across a local network. It will, however, be important to get local organisations and existing communities means of communication and collaboration.

6.3.5 ACTIONS

- Ensure that health and social care communities and providers can access communication and collaboration tools.
- Establish and support sustainable communities, including distributed communities of practice and local groupings with shared commitments (NHSU, SHAs, professional bodies).

6.4 QUALITY AND STANDARDS

6.4.1 Setting standards will help ensure that all learning resources are of a high quality. This includes pedagogical standards, aimed at ensuring high quality design, delivery and support of e-learning; and technical standards and specifications that will contribute to the interoperability of platforms and resources. The curriculum, and delivery methods, will need to meet the standards set by agencies such as the Quality Assurance Agency for Higher Education (www.qaa.ac.uk), which is reviewing its code of practice for collaborative and distance learning. The challenge is to establish standards – and an approach to setting them – that is common and authoritative.

6.4.2 Technical standards for e-learning will to some extent be generic across subjects. This means that health and social care would benefit from engaging in wider debate, for example through the CETIS Pedagogy Forum (www.cetis.ac.uk/) and the NLN and Success for All programmes. However, pedagogies ***are*** specific to subjects and specialisms. NHSU could take the lead in setting these standards through its Learning Resources Repository and through working with professional bodies and other organisations. Standards should take account not only of the modular framework being developed by NHSU, but also the needs of assessment and credit through a National Quality Framework.

6.4.3 Adopting and monitoring common technical standards will also support interoperability. ***An e-learning interoperability standards strategy for the NHS***, originally produced for the north west WDCs by Wilfred Kraan and Oleg Liber of CETIS, will be the starting point for this debate. The report underlines the importance of working towards international as well as national standards, within a coherent framework.

6.4.4 Relevant technical standards will include both IT and e-learning standards. For e-learning to be fully integrated in learning and work for health and social care, in the longer term IT, HR, finance and learning systems will all need to be interoperable.

6.4.5 The government e-GIF framework (www.govtalk.gov.uk/interoperability) already includes e-learning specifications. It is essential that the health and social care sectors are represented in the Stakeholders Standards Group jointly organised by the e-Envoy and DfES.

6.4.6 ACTIONS

- Engage health and social care providers, suppliers and professional bodies in debate on pedagogical design standards (NHSU, CETIS Pedagogy Forum, SCIE).
- Establish an interoperability and technical standards forum for e-learning in health and social care (NHSU, WDCs) and engage in the e-GIF process through the Standards Stakeholders Group.
- Ensure that all commissioning, development and procurement for health and social care e-learning conforms to sector and international standards through a National Quality Framework.

Chapter 6: Questions for discussion

Q12 Will the proposed actions help us expand learning opportunities and build communities?

Chapter 7: Research

7.0.1 The e-learning strategy approaches research from two different angles:

- research into e-learning for health and social care, especially as a component of work-based learning; and
- the use of e-learning to support health and social care research.

7.0.2 These areas map on to NHSU's third strategic aim, which is to lead research into learning needs and outcomes. They also relate to the DfES e-learning strategy for supporting innovation in teaching and learning.

7.1 RESEARCH INTO E-LEARNING FOR HEALTH AND SOCIAL CARE

7.1.1 We need to stimulate, map and disseminate effective research into how e-learning can improve standards in health and social care by supporting learning. This forms a major part of NHSU's remit. However, NHSU will need to work more widely in partnership with the government, providers, researchers and research bodies, SHAs and trusts in order to research, evaluate and measure the effectiveness of e-learning. The research function also provides a point of contact with higher education insitutions, including those with which NHSU has established partnerships, who have a clear interest and a developing base of expertise in this area. As the NHS is currently reviewing its own approach to research and development, this is an opportune time to think about commissioning work in this area.

7.1.2 The strategy focuses on work-based e-learning; so the SSCs, especially Skills for Health, e-Skills, and the emerging lifelong learning SSC, will be important stakeholders in research. More research is needed into the concept and practice of work-based learning; and all further research should look at e-learning as a significant component of work-based learning.

7.1.3 We have already looked at the role of user research and the LNO – a joint initiative between NHSU, the SHAs and the prospective SSCs for health and social care. It could also be useful to establish an e-learning research forum, in partnership with academic providers. The area of e-learning

research is common to the NHSU strategy and the wider e-learning strategy.

7.1.4 It will be important to establish what e-learning provision already exists at local levels, and to research the current position. We will also need to look at how expanding e-learning in health and social care will impact on service provision, and continuously monitor whether it is providing good value for learners as well as the service and the taxpayer.

7.1.5 Given the relative immaturity or lack of readiness of many organisations and communities in e-learning provision, some kind of 'maturity' or 'readiness' model could prove useful. For instance, Stephen Marshall and Geoff Mitchell from Victoria University, Wellington, New Zealand, have looked at how the Capability Maturity Model relates to e-learning (www.unitec.ac.nz/ascilite/proceedings/papers/173.pdf). A maturity model such as this, which sets out a local map for improving institutional process, can help organisations measure progress, and support sector-wide evaluation.

7.2 USING E-LEARNING TO SUPPORT HEALTH AND SOCIAL CARE RESEARCH

7.2.1 Not only is e-learning a significant area of potential research, but many of the skills, technologies and applications required for e-learning are also useful in supporting the conduct of research. In the context of research, e-learning should be considered as including information and knowledge management. It is included to take account of the need to enable access and links to information and knowledge sources such as the National Electronic Library for Health, the electronic library for social care, the National Centre for Clinical Excellence, JISC Collections, and other collections, repositories and information services. As the body of research and practice grows, it will need to be made available to the research, learning and practice communities. Use of technology can also support research into work-based learning.

7.2.2 ACTIONS

- LNO to lead research into e-learning and work-based learning in health and social care (NHSU, SHAs, Topss, SCIE, SSCs).
- Establish an e-learning research forum.
- Enable e-access across health and social care to research, knowledge and information sources, and repositories (SHAs, JISC, others).

Chapter 7: Questions for discussion

Q13 Have we proposed the right actions in relation to research?

Chapter 8: Next steps

8.0.1 This chapter suggests how the strategy might be developed, implemented and evaluated for the whole of the NHS. The approach suggested maps on to NHSU's supporting aims:

- to work in partnership with others to create and support active learning cultures within health and social care; and
- to work efficiently and effectively, learning continuously from our partners and our practice.

8.1 DEVELOPING THE STRATEGY

8.1.1 Developing the strategy will involve:

- agreeing the vision and longer-term goals;
- working with the social care sector to develop a shared set of objectives;
- achieving a shared understanding and awareness of the contribution of e-learning; and
- agreeing the strategy, including deciding what should be done centrally and what locally, and defining the roles of partners and stakeholders.

8.1.2 The principles governing the development and delivery of the strategy, the assignment of roles, and the balance of central and local delivery should be:

- coherence – across health and social care;
- flexibility and local innovation – maximising local responsiveness;
- inclusion and access – no individuals or communities left out;
- quality – no unacceptable variations;
- embedding – throughout all learning and work;
- impact – real improvements in health and social care;
- value – both of capital investment and operating costs; and
- sustainability – for renewable development and long-term practice.

8.1.3 NHSU and the SHAs will share responsibility for developing the strategy for health. A strategy reference group will be set up, and all partners and stakeholders will be invited to take part in a consultation process. The agreed common approach will make explicit how the overall strategy will be delivered locally.

8.1.4 Milestones and performance targets will also need to be agreed. These will be user-focused: they will relate to progress against delivery plans, but will reach beyond provision of infrastructure and programmes to cover access to, use of and outcomes of e-learning.

8.1.5 Before strategic goals and targets can be finalised, gap analysis is needed to identify the discrepancies between the current situation and where we need to get to. Detailed analysis like this will need to be carried out at local level.

8.1.6 Above all, the needs of learning communities and all stakeholders, including unions, must remain a priority throughout all stages of development and implementation. This will ensure that the strategy is demand-focused, and that it meets the needs of prospective learners and users. Everyone who stands to benefit from it should be involved in designing the system.

8.2 CENTRALISED AND DECENTRALISED DELIVERY

8.2.1 Those aspects of the strategy that need to be coherent across all organisations and providers may need to be co-ordinated or delivered centrally. To achieve this, we will need joint plans, programmes and initiatives. These might include:

- A national quality framework for pedagogical and technical standards.
- An interoperability forum.
- A learning resources observatory, and peer review of learning resources.
- A national learning repository.
- A 'maturity model' (see para. 7.1.5) of good practice that allows local organisations to measure their progress towards full embedding.

8.2.2 NHSU, in partnership with SHAs, could take the overall lead on some of these developments. Others could be jointly implemented or contracted out to other bodies. Either way, it will be important to secure the involvement of HESPs.

8.2.3 These central services will act as the 'glue', enabling coherence, seamless progression and flexibility of access right across the sector for educators,

leaders and managers, learners and providers. However, the strategy also aims to maximise local innovation and responsibility. Local innovation will ensure that local learning needs are met and build best practice, which can then be shared across local boundaries. Responsibility for ensuring access to e-learning, through proper planning, funding and management, will rest firmly with SHAs, trusts and employers. SHAs will be responsible for co-ordinating e-learning strategies for their own health economies.

8.3 IMPLEMENTATION

8.3.1 We will need to look at how the strategy might be implemented across the stakeholder organisations, for example by integrating it with their existing three- to five-year plans: business plans; plans for facilities and equipment; and plans for the deployment and management of staff. If targets are to be met, we must provide the right facilities, create time for learning and encourage senior managers in trusts and other organisations to 'own' the strategy. Clarity over the roles of the SHAs as commissioners and NHSU as a provider will be crucial in order to determine who is responsible for delivering aspects of the strategy. It will also be essential to look at the contribution of the education and commercial sectors. This is a huge agenda, with many players.

8.3.2 Funding is also a priority issue for discussion. Funding sources and streams must be clearly identified, for both central and local plans and initiatives. The bulk of the strategy involves making the best use of available resources, although some additional investment may also be needed. The strategy will need to harmonise with different funding streams to maximise impact; leaders and managers should take responsibility for planning and allocating resources.

8.3.3 Critical issues for implementation will also include integration with the NPfIT, and with HR systems.

8.3.4 An effective communication strategy, including websites and online communities, will be essential to maintain clarity and coherence, and ensure that all stakeholders know who is doing what.

8.3.5 This strategy will apply to England only. However, especially given the 'geographically blind' nature of ICT, it is important to develop a dialogue with the devolved administrations about their own e-learning strategies in order to facilitate sharing and collaboration across the UK and beyond.

8.4 TIMING

8.4.1 Next steps include refining the scope of the proposed joint SHA/NHSU strategy and preparing a business case, which should cover resources. The development of the strategy consultation has had input from core partners. It is intended that the strategy should be in place by April 2004, and that it should have a life of three to five years in the first instance.

8.5 BUSINESS AND OPERATING MODELS

8.5.1 Business and operating models are integral to the delivery of individual programmes and initiatives, and of the overall strategy. These will include IPR arrangements for platforms and resources, and strategies for sustainability. The overall business model will need to harmonise with that of NHSU.

8.6 ACCESS AND EQUALITY

8.6.1 The strategy will include a commitment to providing access to e-learning for everyone, and will aim to comply with current legislation on accessibility. It should also take into account the access needs of those staff for whom English is a new or second language.

8.7 EVALUATION

8.7.1 Although much activity will take place at local level, there should be a single point for evaluation. An e-learning strategy steering group could evaluate plans and monitor progress. It will also be important to monitor and review the strategy itself on a rolling basis.

8.7.2 A rolling evaluation strategy will be agreed at the outset, to address:

- progress against milestones and targets;
- evidence of learning outcomes; and
- the impact of the strategy on health and social care improvement.

Chapter 8: Questions for discussion

Q14 What approach could be taken to developing and implementing the strategy?

Q15 What are the implications for funding sources and streams, and how should these be taken forward?

Q16 What other implementation and evaluation issues need to be discussed?

Chapter 9: Questions for discussion

9.0.1 We hope that a wide range of organisations and individuals will find this paper of interest to them. The ensuing discussion will be facilitated online, and through a series of workshops. Partner and stakeholder organisations, and bodies representing users, will be invited to respond and to help develop the strategy.

9.0.2 Input is invited on all aspects of the strategy. Here are some suggested questions for discussion:

Q1 Do you agree with the vision of a health service transformed through learning?
Q2 How can this vision best be developed for social care?
Q3 Have we identified the right drivers for the strategy?
Q4 Have we identified all the key stakeholders?
Q5 Are there other policies, documents or resources we should take into account?
Q6 Do you agree that e-learning can bring these benefits? Are there others? Can you see any disadvantages?
Q7 Have we identified the current position and weaknesses correctly?
Q8 Do you agree with the e-learning vision and longer-term goals?
Q9 Have we identified the right users, partners and stakeholders?
Q10 Have we identified the right action areas for the strategy? Are all the change mechanisms in place to fuel the process of change?
Q11 Will the proposed actions help us create an appropriate learning environment?
Q12 Will the proposed actions help us expand learning opportunities and build communities?
Q13 Have we proposed the right actions in relation to research?
Q14 What approach could be taken to developing and implementing the strategy?
Q15 What are the implications for funding sources and streams, and how should these be taken forward.
Q16 What other implementation and evaluation issues need to be discussed?