

A review of infrastructure,  
ICT skills, culture and barriers  
to e-learning in the  
Hampshire and  
Isle of Wight NHS

Final Report

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# Contents

	Page
Executive summary	3
1 Introduction	5
2 Methodology	6
3 Understanding e-learning	7
4 Findings and recommendations	8
4.1 Cultural issues	8
4.1.1 Understanding e-learning	8
4.1.2 Does e-learning save time?	9
4.1.3 Getting started and the ECDL	9
4.1.4 Staff enthusiasm	10
4.1.5 Is the NHS ready for e-learning?	11
4.1.6 E-mentors and e-tutors	12
4.1.7 Quality	13
4.1.8 Evaluation	13
4.1.9 Networking	13
4.2 Current skills base	15
4.2.1 Staff experience of e-learning	15
4.2.2 E-learning and qualifications	16
4.2.3 Older staff	16
4.2.4 Funding learning	17
4.3 Access issues	18
4.3.1 Time off for study	18
4.3.2 Learning location	20
4.3.3 Accessibility	23
4.3.4 Firewalls and incompatibility issues	23
4.4 Opportunities for e-learning	24
4.4.1 Mandatory training	24
4.4.2 What staff use e-learning for	24
4.4.3 What electronic resources do staff wish to access?	25
4.4.4 Learning preference	25
4.4.5 Sharing good practice	26
4.4.6 Organisations supporting e-learning	26

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Annex A – Case study: A website for the clinical governance network for emergency care in Wessex 28

Annex B – Support available for support e-learning 31

**List of figures**

Figure 1: Support needed from manager 20

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## Executive summary

E-learning is widely seen as a valuable tool in staff and organisational development, and it is clear from research and anecdotal experience that certain factors are essential prerequisites to its success. This review explores these factors, reports on their presence locally, provides a snapshot of what is happening in the geographic area and makes recommendations to inform the development of an area-wide e-learning strategy.

The following are the key issues arising from the review:

- Staff are enthusiastic about e-learning and motivated to utilise this method of learning to support their development. The IT skills needed to access e-learning held by staff are good, with the exception of non-professional and lower-level clinical staff who many believe are not accessing the e-learning opportunities available to them.
- Some staff believe e-learning to be learning how to use a computer. There is therefore a need to ensure clearer understanding throughout the organisation of what e-learning is. This includes understanding the breadth of opportunities offered, and how it can contribute to staff development, patient care and organisational effectiveness.
- Some of the libraries show evidence of some excellent practice in supporting e-learning activity. There would be advantages in extending their role to include developing and implementing strategy to engage the more reluctant learner and non-professional and lower-level clinical staff in e-learning.
- There is a need for e-learning to be supported at senior level and given a stronger strategic steer. This steer needs to focus on ensuring stability and capacity of infrastructure, making available more e-mentoring and e-tutoring expertise (drawing on library staff and e-champion volunteers), ensuring blended learning solutions are on offer and improving access to good quality provision.
- There is a realisation that ensuring middle management is committed to e-learning will be key and that further work with this group is needed in order for them actively to support e-learning among their staff (and for themselves).
- Learning at the workplace is not ideal for many because of the number of distractions that inevitably arise. Access is also an issue for the many staff working in community settings. There is a need to widen access by ensuring provision is available via the Internet and at easily accessible, high-profile and well-equipped learning centres.

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- There is significant potential to increase e-learning to meet mandatory training requirements. This area had keen support from managers and their staff.
  - Managers need clearer and firmer guidance regarding Protected Time for learning and recognition that backfill cover is also required. Time, as is the case with all learning, was cited as a real barrier to participation.
  - Significant work is already underway in support of widening access to e-learning. There is a good opportunity to network these activities to promote good practice and minimise the risk of duplication.
  - There is a need to ensure clarity regarding how to guarantee that e-learning on offer is accessible to all. Most staff were unclear as to whose responsibility this should be.
  - Firewalls and incompatibility issues need to be addressed by IT specialists and perhaps a more liberal approach applied where this would not compromise security. Technological issues have been a significant issue for some e-learners.
  - Evaluating the impact of e-learning on improving patient care and meeting targets such as those described by Agenda for Change should be seen as a key strand of the e-learning strategy. To support evaluation, systems should be developed which allow for the capture of robust management information regarding completion rates on e-learning programmes.
  - The Ambulance Service for both Hampshire and the Isle of Wight would appear to present a good opportunity to pilot e-learning models, the evaluation of which can then be used to underpin the roll-out of e-learning more extensively throughout the organisation.

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# 1 Introduction

Spirit Research & Development were commissioned to undertake a review of staff attitudes towards e-learning to support the development of a Hampshire and Isle of Wight Workforce Development Confederation (WDC) e-learning strategy.

The review objectives were to identify:

## 1 **Readiness for e-learning**

Whether there is an existing culture in support (or otherwise) of e-learning, for example, whether staff understand what e-learning is and the degree to which the organisation is ready to take on the challenge of e-learning.

## 2 **Current skills base**

The existing IT skills of staff as evidenced by both formal, accredited qualifications held and staff feedback on the non-accredited IT skills they have.

## 3 **Access issue**

Whether there are access and other infrastructure issues – for example, what degree of support there would be from managers and staff themselves if staff were encouraged to take time from work to undertake e-learning programmes.

## 4 **Opportunities for e-learning**

The degree to which opportunities exist to introduce blended learning.

Throughout the research, organisational and individual barriers that will need to be addressed and the motivators that will encourage staff to engage in e-learning were also considered.

## **Occupational categories**

The WDC was keen to ensure that a number of occupational categories were included, and that staff based throughout the Hampshire and Isle of Wight region were included in the sample. The organisation has over 28,000 FTE staff and therefore a truly representative sample was not possible. However, the review sample included the occupations recommended by the WDC including, doctors, nurses, physiotherapists, occupational therapists, pharmacists, estate staff, ambulance staff and administrators.

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## 2 Methodology

### **Planning**

Discussions took place with the WDC Education Adviser to determine the scope of the project, protocols and systems for conducting staff interviews.

### **Interviewing**

Interviews with staff were conducted in two stages:

#### *Stage one*

This stage comprised the development of a short questionnaire to gather a wide expression of opinion from a range of staff across the Hampshire and IOW geographic area, and to use those findings to set the scope of the second, more in-depth stage of the review. In all, 120 staff from all levels and occupational areas completed the questionnaire in support of this stage of the research.

#### *Stage two*

Issues were explored as raised by Stage one research during a series of 50 in-depth interviews with key staff members representing professional and non-professional employees in the Acute or Primary Care sector across Hampshire and the IOW.

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### 3 Understanding e-learning

In making use of this report it is important to understand what is meant by 'e-learning'. The term currently has many definitions. Some interpret it as 'learning that is supported by technology'; others go into more detail, describing the many different e-learning environments and methodologies able to improve access to, and support for, e-learning.

The definition used for the purposes of this report is based on a statement from the Department of Education & Skills: *'If someone is learning in a way that uses information and communication technologies (ICTs), they are using e-learning.'* This would include use of the Internet, intranets, PC-based technologies, handheld computers, interactive TV; it would also include using e-technology to support traditional delivery, for example using electronic whiteboards, video conferencing and display techniques.

One of the strengths of e-learning is the wide range of learning opportunities that are involved. While e-learning to support formal or qualification courses is obviously of great significance in workforce development, it is important to be aware of this wider range of learning possibilities that e-learning offers.

It is also important to recognise that e-learning is just another way of learning and therefore all the criteria of 'learning' will also apply here.

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## 4 Findings and recommendations

### 4.1 Cultural issues

The review aimed to identify the extent to which a culture in support (or otherwise) for e-learning exists, for example, whether staff understand what e-learning is and the degree to which the organisation is ready to take on the challenge of e-learning.

#### 4.1.1 Understanding e-learning

Stage one research found that there was confusion about what e-learning is. Some staff feel that they have a good understanding, yet on questioning incorrectly define e-learning as IT skills, while others have used blended e-learning (a combination of face-to-face learning and e-learning) methods yet did not recognise this as e-learning. Notwithstanding some of the confusion, 86% of the sample stated that they had knowledge of e-learning, although almost half of the sample report that they have only “a little knowledge”.

It should be noted that staff may feel that e-learning is simply a course delivered via a computer. Owing to severe time constraints, one GP was resistant to e-learning as he clearly felt that he would not have the time available in which to participate. However, this staff member maintained his knowledge by accessing regular updates provided online, which is in effect a form of e-learning.

#### **Recommendation: Clearly define e-learning**

Defining or ‘packaging’ e-learning is clearly going to be important if opportunities to market blended learning to staff are going to be successful. Confusion around IT training and e-learning needs to be addressed as there is poor understanding among staff as to the difference between the two. Many highlighted the importance of keeping any definition chosen as simple as possible, and to avoid use of complicated technological terminology.

Some also felt that it would be important to link e-learning to lifelong learning. It will be important not to limit definitions of e-learning to formal or qualification courses designed and delivered online. While these are obviously of great significance in workforce development, one of the strengths of e-learning is the wide range of learning opportunities involved.

The sharing of professional information and audit results on a website to enrich professional development is an excellent example of the use of e-learning found locally (see Annex 1), as is the ability to look up the latest research on a topic in an online library. E-learning can also “help plan, record and track learning and development activities” (NHSU) and conduct virtual discussions with, and seek tacit information from, colleagues, e.g. through the NHS Contact, Help, Advice and Information Networks (CHAIN).

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#### **4.1.2 Does e-learning save time?**

Most staff feel that e-learning has the potential to save time, but only if effective packages are sourced, technical support is made available and the learning content is easily navigable. Many gave examples of their own attempts to embark on e-learning programmes only to find that there were issues regarding compatibility with hardware, firewalls and difficulties with navigation and/or dull learning content, making the process time-consuming and frustrating.

Despite this reticence, there are examples of e-learning use that has clearly saved time and supported cross-fertilisation of professional skills and knowledge. An example is the New Generation project, which promotes professional learning across 11 professions within common learning themes and with significant content delivered via a blended learning approach. There are also examples of nurses with responsibility for budgets accessing bulletin boards to find out where to purchase cheaper dressings, or to check acceptable nurse-to-bed ratios. This results not only in saved time but also saved costs.

One of the advantages of e-learning is that learning content can be mixed and matched to meet a range of learner needs (often referred to as the application of reusable learning objects (RLOs)). However, for this to work there is a need for easily accessible information about what is on offer, to whom, where and how and how this links to job role. Use of RLOs clearly has the potential to save time.

All staff commented on the time saved in seeking information via Internet and intranet sites to support research activity.

##### *Case study*

One nurse had participated in a full-time six-month cardio-respiratory course yet felt that an online course in Chronic Obstructive Airways Disease was far more effective in providing her with the relevant knowledge and skills. This course also lasted six months, but required physical attendance only twice, once for induction and once for assessment (the rigorous accreditation and validation was also felt to give the programme good credibility). Key to course success was the blended approach with hot-line phone support readily available to students.

#### **4.1.3 Getting Started and the ECDL**

The success of 'Getting Started' courses, which introduce basic computer skills to those with no knowledge and little confidence in their use, and the popularity of the European Computer Driving License (ECDL) have helped to ensure that NHS staff are developing a more sophisticated understanding of e-learning at all levels in the organisation. Despite this success there are some issues that need further consideration:

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- The ECDL is believed by many to be more than most staff require (7 modules of 10 hours each plus test).
  - Anecdotal evidence suggests that of those that enrol on the ECDL via e-learning, e.g. Learndirect, many do not start, and of those that start many do not complete. It is also reported that staff generally prefer the ECDL delivered by classroom methods rather than online.

#### **Recommendations**

Encourage mapping of skill needs against the ECDL and if possible discuss this during appraisal. Offer staff the option of enrolling on one or two modules only in the first instance.

Carry out further research to establish success rates of online courses compared to that of classroom-based courses.

#### **4.1.4 Staff enthusiasm**

Despite the reluctance of some older employees and non-professional staff, there is considerable enthusiasm among staff for e-learning. Only 9% of respondents would **not** like to learn using a computer and 60% would probably or very much like to participate in e-learning. These levels of enthusiasm are very positive and suggest that there are currently high levels of motivation among staff keen to participate in e-learning.

Our more in-depth interviews with those with responsibility for workforce development reinforced the finding that staff have good levels of motivation and that the culture of the NHS is one that could with relative ease support more extensive use of e-learning. However, enthusiasm was dampened by concern that the funding needed to support the successful development and implementation of e-learning would not be forthcoming.

#### **Recommendations**

To harness the levels of enthusiasm and to ensure e-learning 'works', the challenge will be to create impetus, strategic direction, linkage and collaboration which ensures stability and capacity of the IT infrastructure, sufficient e-tutoring/e-mentoring opportunities, access to good quality provision, and expertise in dealing with technological problems. Strategic leadership will be essential to effectively plan, implement and sustain e-learning throughout the organisation. A clear vision and strategy will need to be defined and shared with managers and staff to address some of the scepticism that the organisation is committed to e-learning.

NHSU representatives, IT training managers, Improving Working Lives coordinators and representatives, Lifelong Learning Advisers, union Learner Representatives and Learning Champions should be invited to contribute to the development and implementation of this strategy.

A pilot is also recommended to help illustrate the potential impact of e-learning locally and to identify barriers and success factors to support further roll-out of e-learning throughout the organisation. The Ambulance Service for Hampshire and particularly the Isle of Wight would appear to lend itself well to a pilot of this nature as:

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Developments have already taken place (4.3.2), the lessons of which would underpin further expansion of e-learning opportunities. Staff are located across a number of different sites across the region and it is difficult to get them together to support training. Joint Royal Colleges Clinical Guidelines for Ambulance Services provide a structure of indicators to support post-professional learning, the content of which may lend itself to the development of RLOs which could be posted on the Trusts' websites. Staff working in other departments might also benefit from access to these RLOs. Protected time is already provided. Pre-learning packages are already in evidence and appear to have the potential to be delivered via e-learning.

#### **4.1.5 Is the NHS ready for e-learning?**

The overwhelming response to this question asked as part of Stage one of the review was 'yes' with 93% of staff stating that they felt that the NHS could support learning in this way, a view strongly supported during interviews. However, key issues affecting this readiness frequently cited during interviews were:

- whether there was the infrastructure to support e-learning
- whether there was the expertise available to sort out individual technical problems
- the need for some personal contact to support the learning experience such as an e-tutor
- the need for guidance as to what is available.

Like any other form of learning, e-learning depends on:

- infrastructure (eg access to computers, broadband connections)
- effective pedagogical design of courses or other interventions
- access skills and motivation of participants
- incentives or motivations of learning providers.

So many of the concerns raised by staff are based on the reality of what is needed in order to make e-learning a success. These issues are key in helping the WDC consider how ready or otherwise the HIOW NHS is to embrace the opportunities that e-learning has to offer.

The NHS appears to be in a similar situation to that experienced by many large corporations as evidenced by recent research undertaken by Ashridge business school, *E-learning: the Findings and the Future* (2003). This found that while 86% of organisations believed e-learning to be an effective training approach, 82% said it was difficult to introduce into an organisation. Despite these difficulties demand for e-learning looks set to continue with the 2004 Training Trends survey finding it the second most popular area of predicted growth, with 73% expecting to see an increase in its use this coming year.

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**Recommendation**

Key will be to ensure:

- 1 Stability, capacity and reliability of the IT infrastructure to meet demand.
- 2 Ability of this infrastructure to provide interoperability with different technology networks.
- 3 Availability of expertise to address technological problems.
- 4 Availability of e-tutoring and e-mentoring expertise.
- 5 Sufficient numbers of computers with good audio and video capacity and connectivity.

In addition, e-learning should be considered alongside key workforce development (WFD) planning processes. The emerging e-learning strategy should be embedded in the Lifelong Learning strategy.

**4.1.6 E-mentors and e-tutors**

E-tutors are central. Findings from this research reinforce national findings, i.e. that only 3% of the population want to learn online alone (according to research by the Campaign for Learning). The overwhelming majority of 97% want personal support. Trainers are central to making e-learning work.

There are a number of courses for training e-tutors on offer, for example those offered by the NHSU, the Institute of IT Trainers and the Training Foundation Certified e-learning Professional Programme.

*Case Study: Hampshire Partnerships Trust*

Work is under way to offer training to staff volunteers to equip them with the skills needed to become e-tutors. This is being supported by the NHSU.

*Case Study: Portsmouth NHS Trust*

Set up a SuperUsers programme which established six individuals as SuperUsers to provide technical support for local PC users who encountered problems. Unfortunately this has recently been discontinued due to technical problems with the infrastructure, possibly due to inadequate training of the six individuals. However, it is being relaunched with a different slant as the Trust are planning to establish pilot "Champion Users" in the Trust who will have a role focused more on applications support. The programme will be managed by the ICT training and ICT Helpdesk staff with more training, and even qualifications, available to support Champions. The vision is of each department/service having a Champion User with advanced desktop applications and/or patient applications expertise who will be able to both assist staff with problems and proactively implement programmes of training and awareness raising.

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**Recommendation**

**The importance of human contact cannot be underestimated.** A HIOW area-wide strategy should be developed in partnership with the NHSU to ensure other areas understand the importance of this and put in place a structure to train volunteer staff to become effective e-tutors, perhaps using the NHSU e-tutoring course as the foundation for this activity. The library service should also be invited to participate.

**4.1.7 Quality**

The quality of e-learning among providers is variable, with no set standards by which to ensure the quality of provision. Some staff have used the National Institute of IT Training standards and competencies with varying degrees of success. Others feel there is scope to develop an in-house (and less costly) standard. NHSU has developed standards which might provide a useful benchmark.

**Recommendation**

Standards need to be identified and agreed. Those developed by the NHSU should be considered in the first instance.

**4.1.8 Evaluation**

Evaluation of the learning experience is also an area that appears to need further emphasis. The success of e-learning in achieving positive learning outcomes has to date not been measured to any significant degree. This information is needed to justify further investment.

**Recommendation**

Impact evaluation needs to have a far higher priority. What difference has the e-learning made? Key performance indicators should be established for e-learning, and success in achieving these measured. Ultimately the impact on quality of care should be measured.

**4.1.9 Networking**

Numerous products and approaches have been developed by staff yet much of this has taken place as a result of an individual's personal enthusiasm. Good practice is often not shared with others in the region and there is also a risk of duplication. Getting Started is one example of this as similar programmes with different names are on offer throughout the area, yet minimal networking takes place to enable providers to share some of the excellent practice in evidence.

**Recommendation**

A staff network across the HIOW region (those with responsibility for e-learning such as e-learning centre managers, IT training managers and Lifelong Learning Advisers with expertise in e-learning) should be developed and sustained in order that the ad hoc nature of many of the exciting e-

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learning developments in evidence across the region can be brought together and developed in a more coherent way. Consideration should be given to the development of 'e-learning champions' in each Trust whose role will be to:

- 1 develop staff awareness of e-learning opportunities
- 2 help ensure good practice is shared and avoid risk of Trusts/SHAs duplicating their efforts in the development of in-house packages
- 3 embed e-learning into organisational culture
- 4 ensure more robust evaluation mechanisms are developed and applied to measure the impact of e-learning.

One senior 'e-learning champion' post should be established. This role could support the network as the e-learning developments outlined above are fed through to the post-holder to help them understand what is happening on the ground, so dissemination of good practice can be achieved. This role could also provide advice regarding procurement to meet Service Development Needs. (The e-learning work led by Mike Farrell, Cumbria and Lancashire WDC, which is exploring issues such as procurement, should support this activity.)

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## 4.2 Current skills base

The review aimed to explore the IT skills of staff evidenced by both formal, accredited qualifications held, and staff feedback on their non-accredited IT skills.

### 4.2.1 Staff experience of e-learning

Stage one questionnaire findings indicate relatively high levels of IT skills in the organisation. 93% of the sample had at least a minimum degree of computer skills and 70% had taken part in training in using a computer. These are high percentages. However, it should be noted that many of those with computer skills stated that this was only in so much as they were able to use a computer to access patient files or email, and that the training they had received had been informal and conducted by a partner, friend or relative.

Interviews also reflected this finding. However, it must be noted that many believed that non-professional staff and lower-level clinical staff (e.g. health care assistants at A/B/C grades) did not have the degree of IT literacy needed to access e-learning, and that despite a number of initiatives on offer to address this such as Getting Started and Learndirect there was still resistance among staff at this level to joining learning programmes.

Getting Started, the course targeted at those with no IT skills, with progression potential to the European Computer Driving Licence (ECDL), has proved popular in all areas. In many cases demand has outstripped supply, with this being the most over-subscribed course for some Trusts. Attracting the reluctant learner onto the ECLD has not then needed to be a priority for those delivering as clearly there is a risk of generating demand that may not be met. However, there was evidence that many non-professional staff lack the confidence needed to embark on this course, and that the whole ECDL qualification may not be appropriate in the first instance. Bite-sized chunks such as one or two modules might be more appropriate.

#### *Case Study – IOW NHS Trust*

The IT training department overcame a lack of confidence by setting up courses solely for groups of non-professional staff who knew one another and that focused on how the computer can be used to meet everyday needs such as checking out cheap flights, buying groceries online, finding out more about a particular hobby. This approach was found to be very successful in engaging reluctant learners and will support their introduction to e-learning opportunities.

The efforts of the Lifelong Learning Advisers (LLA) were also highlighted by many as being key to encouraging non-professional staff to embark on courses. There is clear evidence that LLA interventions have raised, among other skills, the IT skill levels in the organisation and have increased the use of the Individual Learning Account in this process.

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### **Recommendations**

ICT skills are essential for those accessing e-learning opportunities, and further expansion of programmes such as Getting Started is recommended as many staff still do not have the requisite skills needed to access e-learning. Course providers need to be encouraged to offer more flexible learning opportunities, delivering the training at a time, pace and place to suit the learner. The good practice in evidence, such as providing twilight outreach opportunities, should be shared with other providers.

Linking to the earlier finding that the ECDL may be excess to requirements, efforts should be made to tailor training to meet individual need. It may be that only one ECDL module would be appropriate than the whole qualification.

Research should be undertaken to identify who participates in the Getting Started and ECDL courses, and whether the anecdotal evidence that they tend not to be non-professional staff is borne out. If this particular group of staff are under-represented then a strategy needs to be determined to encourage their participation which includes drop-in sessions and bespoke courses for staff who know each other, and that IT can be fun!

#### **4.2.2 E-learning experience and qualifications**

23% of Stage one respondents had qualifications in using a computer, while many more are currently studying for a qualification. The ECDL was by far the most common qualification held followed by CLAIT. Small numbers hold an A level in ICT, RSA, City & Guilds and NVQ qualifications. Those who were most likely to hold a qualification were those in administration or management posts.

44% of staff completing Stage one questionnaires declared experience of e-learning. By far the largest majority of these cited the ECDL, either that they were studying for or held the qualification. Others highlighted the e-learning they undertook while studying for a degree; for example, "I have just qualified so used intranet, Internet and CD-ROMs to support study." Interesting use of the word 'so' as this could be interpreted as though use of e-learning is an acknowledged and accepted practice supporting attainment of qualifications. This view was reflected by the more in-depth interviews, with the understanding that professional staff training now necessitates the use of e-learning.

Many also commented on the likelihood that younger staff are also more likely to have experienced e-learning as IT skills training has for some time formed part of the National Curriculum.

#### **4.2.3 Older staff**

It was notable (although clearly there were some exceptions to this) that older people felt that the rapid growth in technology and its many applications had passed them by and that quite simply e-learning was not for them. This group

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are likely to have low-level IT skills and therefore low ability to make use of e-learning. The following quote from a housekeeper in North Hampshire reflects this:

*“I just didn’t like the idea of learning with lots of younger people. What I wanted was for something to be offered with people of a similar age group.”*

**Recommendation**

Develop marketing materials targeted at the older worker.  
Consider courses solely for older workers where attendance is required.  
Ask contracted providers to monitor age of participants and develop strategy for attracting this group to their courses.

**4.2.4 Funding learning**

Many staff felt that there would be insufficient funding to allow for extensive application of e-learning.

**Recommendation**

To help fund e-learning, consideration should be given to the recent announcement of the South-East UK region as a pilot site for the Entitlement Initiative which ensures free learning with a further education college for those who do not have a level two qualification (the individual needs to voluntarily enrol rather than the employer enrol them onto the course). Opportunities to make use of this initiative, and Learndirect to help fund Getting Started and the ECDL, should be explored in discussion with the Local Learning and Skills Council and colleges themselves. Issues such as how this fits with the ILA model also need to be resolved.

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## 4.3 Access issues

The review aimed to identify whether there are access and other infrastructure issues – for example, what degree of support there would be from managers and the individuals themselves if staff were encouraged to take time from work to undertake e-learning programmes.

### 4.3.1 Time off for study

Figure 1 illustrates the responses to the question ‘What support would you need from your manager?’ The key finding from this was that time to study was the most important factor, particularly for those in part-time jobs, as clearly there is less work-time in which to take time off to learn, followed by payment for course.

High work volumes at all levels throughout the organisation are a contributory factor to the reluctance of some members of staff to take time out to learn, along with a desire not to have work ‘piling up’ while learning that no-one else is managing. This indicates that making sure of backfill arrangements for those learning should be an important consideration, again a suggestion made by many during interviews.

Importantly, interviews with staff and comments made by those completing the questionnaire as part of the Stage one review indicate that there is a belief that middle managers would not be sufficiently supportive of staff taking time off work to undertake e-learning programmes. This was especially the case with non-professional and lower-level clinical staff.

It was also notable that there was very little understanding at all levels as to how much time it would be reasonable to give staff to learn in any context. The question ‘How much time would you be prepared to give your staff each week to support e-learning?’ resulted in a wide range of responses during Stage two interviews. Some managers would not commit themselves to any given time with the rationale that it is impossible to say without knowing the needs of the individual. The highest percentage (37%) of those that did answer (58% of sample) felt that 1–2 hours would be reasonable. When asked how much time they would be prepared to give to their own learning, again responses varied widely, with the highest percentage (37% again) stating 3–5 hours.

51% of staff feel that it would be important to have the support of their manager and that they would need to have good tutor support. A significant number did not feel confident that they would have the support of their manager. Ensuring managers are committed to e-learning and recognise the impact that e-learning can have in improving quality, safety and patient care will be key.

#### **Recommendation**

Agreement needs to be reached and guidelines produced which indicate the amount of Protected Time it would be reasonable to allow staff to take for

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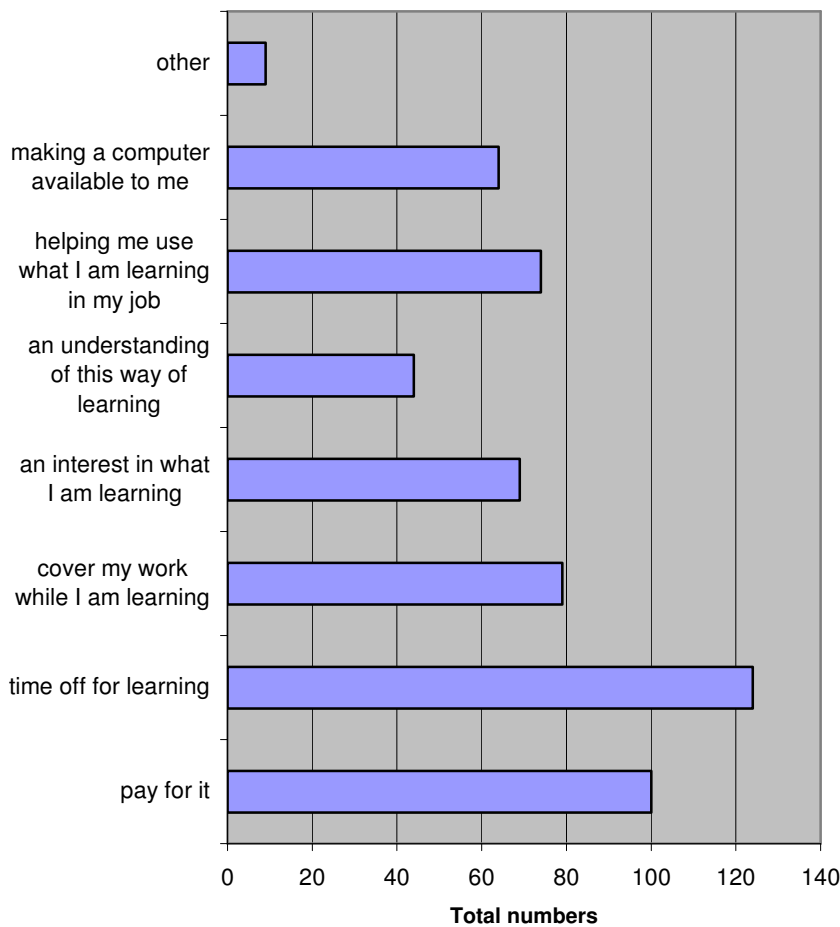
learning. This information should be agreed and shared with and marketed to middle managers and staff.

Middle managers need to be supported in understanding e-learning and the significant benefits this form of learning offers. Benefits likely to appeal to this group include increase in staff motivation and meeting targets, and the fact that this provides an opportunity to equip staff with the skills and knowledge needed to provide a better standard of care.

Managers also need to know how they can enable their staff to access e-learning opportunities. They need to value e-learning as a positive approach to learning. Links to other national initiatives and the role e-learning can play in meeting the targets they have inherited because of these, such as Agenda for Change and the emergence of Key Performance Indicators, should also be addressed to encourage their interest. Identifying who managers feel are credible to 'sell' them this message will encourage more enthusiasm for e-learning. It is clearly essential that promoting e-learning should bring rewards to managers if they are to back it wholeheartedly.

The role of the recommended 'e-learning champion' should be to change the hearts and minds of managers to promote more enthusiasm and commitment for e-learning.

**Figure 1: Support needed from manager**



#### **4.3.2 Learning location**

This was a significant issue with many stating that significant numbers of particularly non-professional staff and those based in the community had poor access to e-learning opportunities. For example, Hampshire Partnership Trust has 3,000 staff over 100 sites across Hampshire. In other areas such as the IOW it is estimated that only 50% of staff have easy access to the intranet. This poses a significant challenge. Solutions introduced to address this have included salary sacrifice schemes, loan schemes and tax breaks to enable staff to purchase the required equipment. However, although useful, these models can only provide part of the solution.

##### *Case study: North Hampshire Hospitals Trust*

A mobile bus funded by Basingstoke College of Technology (BCOT) visits GP surgeries with tutors, laptops and digital connectivity to deliver Getting Started to staff. Some computers at surgeries are also used. Eight staff members have completed the programme and it is hoped that all 30 members of staff will be offered this opportunity and hopefully progress to the ECDL. There is also the potential for staff from clusters of surgeries to come together to learn, effectively sharing the facility. Getting Started is also delivered via twilight

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sessions on an outreach basis for those unable to travel or attend day time courses. This has significant benefits for part-time workers with childcare responsibilities.

*Case study: Southampton City Partnership Trust*

An innovative pilot has been under way in Southampton in partnership with NHS Learn which seeks to evaluate digital telecommunications (i.e. use of television, video and satellite broadcasting) as a learning medium for staff. The biggest success has been in the use of videos, supported by workbooks which can be used as evidence for NVQs Level 2 and Level 3 in Care. There is the potential, once accreditation for the programme has been achieved, for the pilot to support mandatory training. Early findings show staff have enjoyed the chance to learn together locally.

*Case study: Portsmouth Hospitals NHS Trust*

The local e-learning centre recently conducted an online learning poll which found that 77% of staff would prefer to learn at home, away from the pressures and distractions of the workplace. As a result they initiated a laptop loan scheme in partnership with the Trust library services team, and adopted a fully operational Internet-delivered solution which had a marked impact on the numbers of staff enrolling on e-learning courses – 50% increase on the previous year's figures. This reflects the finding that staff prefer not to learn in the workplace as illustrated by the following quote: "It never happens at your desk because you always have work to do. Even if you are given time by your manager – staff have to come away from the work base. 'Sorry, cannot answer the phone as I am learning' just does not work". A neonatal nurse also felt that "being able to access hospital sites at home has made a huge difference to us (staff) being able to access e-learning".

*Case study: Hampshire Ambulance Service Trust*

35 Ambulance Service Clinical Team Leaders are currently undergoing a Team Leaders' Management and Leadership programme, instigated to support their changed role as deputy managers. The challenge was to identify a suitable delivery mechanism as the 35 staff were located in 20 different sites and it had been difficult to get them together to participate in training. The course chosen was the flexible modular level 3 Institute of Management and Leadership programme. Programmes were tailored to meet individual need with an initial two-day assessment which identified gaps and enabled the development of a tailored programme for each individual. The Trust is optimistic that 70%–80% will complete the programme.

Many Trusts throughout the region have also developed Learning Zones that aim to provide a gateway of information about learning and development opportunities. Where these are available only on the intranet their use has generally not been extensive. They are found to be more successful when

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they are made available on the Internet. This has been the experience of Portsmouth Hospitals NHS Trust following the duplication of their Learning Zone on the Internet, with 609 hits in just two weeks after launch.

The ARK education facility at Basingstoke was also commended, particularly the work of library staff who provide training in the use of IT to support learning, and the library service at Winchester, which links library staff to individual departments who undertake on-site visits to train staff to enable them to access e-learning opportunities. Libraries in all areas appear to be proficient at introducing and supporting e-learning activity.

A Children's Services Network created by a paediatric consultant on the Isle of Wight to provide information and links to other sites for those working in this area was commended by those accessing the site. However, this facility is only available on a K drive and therefore only available to those who have been given the required access. There would be greater benefits if useful resources such as this were made available, where possible, to a wider audience.

### **Recommendations**

Where there are significant numbers of staff based in the community or large numbers of non-professional staff, allocation of capital funds to create e-learning centres in good, high-profile locations is recommended. This is particularly the case on the Isle of Wight where shortage of facilities is significantly hindering the development of e-learning opportunities.

Projects such as the BCOT mobile bus which enables NHS staff in more remote locations to access training should be encouraged. Discussions should be entered into with principles of local FE colleges and the local LSC to assess the potential for more of these and other FE outreach initiatives, to cater for the large numbers of staff working in community settings.

It is likely that the NHS Learn project will be picked up by the NHSU in January 2005. Following a more detailed evaluation of this pilot, consideration should be given to widening the programme to other areas as early indications are that it is likely that this form of learning will support mandatory training requirements and NVQ Care accreditation.

Establishing learning content in the form of Reusable Learning Objects, and learning zones on the Internet should be encouraged as this increases accessibility and widens the opportunity for staff to learn where they choose to, rather than at work which has been found to be problematic.

The role of libraries should be pivotal in developing, implementing and evaluating an effective e-learning strategy, particularly in determining how best to reach out and provide e-learning to reluctant learners (e.g. non-professional and lower-level clinical grade staff). Every effort should be made to allow them to be innovative in their approach.

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### 4.3.3 Accessibility

There appears to be no single person or department with responsibility for ensuring e-learning is accessible to all. If there is, staff are not aware of it. Responses to the question 'Who do you think should be responsible for ensuring accessibility?' were many and varied. They included: the organisation, all those responsible for training, managers, library staff, Lifelong Learning Advisers, Department of Health, those providing the e-learning, the PCT, joint education provider and IT support, organisational and development teams and e-learning co-ordinators.

#### **Recommendation**

It is important that the e-learning strategy reflects the need to ensure all e-learning is accessible to all, particularly in the light of the need to adhere to the recently revised Disability Discrimination Act. The role of the person responsible for ensuring compliance with the Act needs to be clarified. Advice may be sought from AbilityNet who are the market leaders in ensuring those with disabilities have equal access to opportunities ([www.abilitynet.org.uk](http://www.abilitynet.org.uk)). Accessibility could be a focus for the recommended 'e-learning champion' role.

### 4.3.4 Firewalls and incompatibility issues

The real problem of firewalls was highlighted, as was the varying quality of the hardware available. An IT manager supporting the delivery of an ECDL qualification online had significant drop-out from the course because of the technical problems associated with firewalls. There are also examples of staff not being able to upload/update course information onto some Learning Zone sites from within their own hospital network.

Some staff had poor experience of using CD-ROMs and accessing online learning because of incompatibility issues. Difficulties were experienced in downloading files and extracting zip files.

#### **Recommendation**

For e-learning to be successful, it needs to be available 'any place, any time'. This means that modules, courses, initiatives need to be accessible on the computers and operating systems actually being used by learners or potential learners. (Alternatively new uniform computers and operating systems will need to be provided.) IT specialists within the organisations may be able to provide information about what is being used and its limitations. Learning material, while using enlightened teaching and learning styles, may need to be available in a fairly basic format, not dependent on state-of-the-art hardware or software. Consideration should be given to the purchase of both audio-enabled and audio-disabled courses.

Consideration should be given to how a more liberal approach to firewalls can be achieved, while ensuring security is not compromised, as clearly they hinder the success of e-learning. The advice of IT specialists should be sought on how to overcome this issue.

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## 4.4 Opportunities for e-learning

The review aimed to identify the degree to which there are opportunities to introduce e-learning.

### 4.4.1 Mandatory training

Many of those interviewed felt that providing an alternative way of providing mandatory training was one of the most significant opportunities that e-learning had to offer. Staff *perceive* that some areas clearly lend themselves to e-learning better than others. For example, manual handling would not in the first instance appear to be something that could be taught via e-learning (although it has been), whereas health and safety, infection control, fire safety and, importantly, induction would.

#### **Recommendation**

Packages (using video, CD-ROM and online learning) are readily available. A sample of staff should be identified and the range of packages on offer piloted to assess which might be most effective for which staff groups.

Recommendations made throughout the report should be considered in planning and implementing this pilot, such as the need for supportive and informed managers, Protected Time, stable infrastructure, engaging content and backfill cover.

### 4.4.2 What staff use e-learning for

Staff are already, or would like to use e-learning for a variety of purposes. The most popular was to support research (93%) followed by personal development (90%). These are high percentages. Some of those stating 'research' interestingly cited the support of library staff offered in carrying out searches on their behalf, for example through National Electronic Library for Health (NeLH) and in some areas the one-hour training session in helping equip them with the skills needed to carry out effective searches.

Other uses for e-learning of most note were:

- to support clinical governance and clinical audit (see Annex 1 for local case study)
- to access products able to deliver contract targets in relation to documentation
- to support the delivery of NVQs, for example to update nursing auxiliaries of competence requirements for NVQs
- to learn a language
- basic portering skills, e.g. gases, handling blood.

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**Recommendations**

The use of e-learning to support research could be enhanced by providing a directory of tried and tested sites and programmes. This should be supported by the local NHSU and hospital libraries. Many staff used the same sites repetitively and had the suspicion that there may be others that would be useful that they simply were not aware of.

The training provided by some libraries in helping staff carry out searches should be more widely marketed, and backfill arrangements made to support this activity as there is evidence of a prevalence of non-attendance owing to last minute cancellations.

The application of e-learning in clinical governance should also be explored in more detail as several staff highlighted this opportunity. (The National Institute for Clinical Excellence – NICE, and Contact, Help, Advice and Information Network – CHAIN, along with other bespoke sites, of which there are many, focused on specific specialist areas would be key to this process.)

**4.4.3 What electronic resources do staff wish to access?**

The most popular resource staff wish access are the Internet and intranet sites. E-mail, online journals and publications, and publication databases were also popular, with 86% of the sample wishing to access these services. Less enthusiasm was in evidence for educational chatrooms with only 63% considering use of these, with concerns about security issues being the most significant barrier to this. One member of staff had attempted to develop a clinical forum, although this had not proved successful with participation dropping off in recent months due to poor marketing of the facility. Bulletin boards were popular, although the emphasis was on keeping these “short, snappy and to the point”. Others stated that they would like to be able to book courses and plan learning programmes via the Internet or intranet. This is likely to become a reality following implementation of the NHS National Programme for IT.

**Recommendation**

Feedback from those using facilities such as CHAIN have been good. More marketing of facilities with a proven track record such as these should be undertaken.

**4.4.4 Learning preference**

70% of staff prefer to learn, and find it easier to find what they are looking for, electronically and 30% prefer the printed medium. However, those preferring electronic means also use print. One of the key comments made about the printed medium was the speed as which the information becomes out of date. Most prefer a combination of both electronic and print. It wholly depends on what knowledge or advice is being sought and from whom or what. This reflects the need to offer blended learning solutions.

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#### **4.4.5 Sharing good practice**

A high percentage of staff wish to gather and share good e-learning practice to a greater extent. Methods they would like to use to do this were e-mail and face to face contact. Fewer would wish to access newsletters to help them achieve this, and even fewer would wish to become involved in discussion groups via the Internet. However, some were cautious about e-mail because of experience of becoming flooded with irrelevant e-mail, jokes and so on. This reinforces the finding that many staff feel they are at a stage of 'information overload', with some receiving 80-100 e-mails daily, new policies, procedures, targets weekly. They feel it is hard to identify which information sent is of relevance and use, and which is not.

#### **Recommendation**

The importance of receiving only that information which is really needed or that will be beneficial is key. A directory of sites/online libraries of the highest quality should be provided to all staff, with examples of the benefits they would gain, or others already have derived, from their use.

#### **4.4.6 Organisations supporting e-learning**

There is support for e-learning on offer internally via IT training departments, LLA, Learning Champions, IWL coordinators, e-learning centres and coordinators and libraries, and externally, for example from NHSU, Learndirect, occupationally specific organisations, private and college providers and a number of other organisations as listed at Annex B. Unsurprisingly there is confusion among staff regarding what each of these is able to provide, to whom, where and how, and ultimately which is the best to approach to meet development needs.

#### **Recommendation**

The e-learning strategy needs to recognise that staff are confused and should focus on addressing this confusion by providing managers with clear, simple, practical and concise information about what is on offer, where, to whom, and how this can be accessed.

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## Annex A

### Case study

A website for the Clinical Governance Network for Emergency Care in Wessex – [www.wessexclington.net](http://www.wessexclington.net)

#### Purpose

Set up to promote and support clinical governance within emergency departments in the Wessex Region with pump-prime funding from the Wessex Deanery, by providing the opportunity to share experiences and thus improve patient care, without needing more meetings. It makes multi-professional use possible, and is a demonstration of what an effective website can do in this field.

#### Originator

Howard Simpson BM FRCSEd FFAEM DipIMC RCSEd  
Emergency Care Consultant  
North Hampshire Hospital, Basingstoke

#### Description

This is a site designed primarily for those working in emergency departments (EDs) in the area. EDs are typically staffed with highly motivated multiprofessional teams, but departments have often worked in isolation to address issues of training and other clinical governance issues. There are generally two to four Emergency Care specialist registrars at each site, each of whom is expected to be participating in audit, research and education, and a network linking them up is seen as very useful. It is password-protected and new users have to register.

*“You are encouraged to register with the site so you can be kept abreast of new developments and benefit from certain functionalities of the site.*

*“Clinical governance means different things to different people. One thing is certain though – quality care cannot be provided unless people delivering it are both empowered and accountable for ensuring the needs of patients are met. **This site provides a resource and a means of communication for people in similar clinical environments to share ideas, lessons and examples of good practice.**”*

The site is based around a **matrix structure**, within which registrars and other participants contribute experiences, papers and presentations.

*“The Clinical Governance Matrix, based on the original seven pillars model, shows not only the key elements affecting quality care but how they relate.”*

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Patient needs	Information systems	Patient outcome
Risk management	Clinical audit	Staff management
Evidence	Education	Personal development

\* The top row (**patient needs – information systems – patient outcome**) demonstrates what matters to the patient. It governs what they need, the information held about them, how staff communicate about and to them, and whether they do in fact get better.

\* The middle row (**risk management – clinical audit – staff management**) demonstrates the key ways that Trusts and healthcare organisations manage health quality. Hospital Trusts influence patient care most by identifying those areas of activity most at risk of failing, by assessing whether their activity is up to standard, and by organising well the way staff operate.

\* The bottom row (**evidence – education – personal development**) sets out the key ways in which individual staff may improve their care. They must be aware of what works best for their patients (the evidence), and apply it through a process of education and ongoing personal development.

The matrix can also be viewed as columns:

\* The left hand column (**patient needs – risk management – evidence**) lists the foundation building blocks of clinical governance. It is impossible to deliver safe, quality care without knowing what the patient needs, what interventions work, and the areas where it is most important to get it right.

\* The right hand column (**patient outcome – staff management – personal development**) describes the ways in which care is delivered. It is about what the patient receives, how the staff are organised and how the staff see themselves professionally.

\* The middle column (**information systems – clinical audit – education**) lists the key processes that hold the system together. The way the system communicates to and about the patient, the

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*way the system measures itself up against quality standards, and the way staff understand the work they undertake, all bear directly on how well a patient is managed.*

Ultimately it is anticipated that audits can be pooled and shared, and teaching resources aggregated.

### **Functionality**

The menu includes: Home, About us, Patients' needs, Information systems, Clinical outcomes, Risk management, Clinical audits, Staff management, Evidence, Education, Personal development, Image library, Contact us, Log out. The image library is particularly popular.

It is possible to post comments on articles and presentations, and to contact contributors directly by email.

It is based on a dynamic database, therefore richer than a flat structure, library-type site.

### **Use**

200 users are registered, with currently about 30 core users.

### **What it takes**

Primarily enthusiasm and determination, backed by some funding (up to £7000) It takes quite a lot of promoting for people to start using it; if it is intuitively correct, what people need, it will take off and be used. At the beginning, face-to-face meetings helped to get the site some exposure, as well as email messages.

### **Next steps**

The site is ripe for a re-launch and is ready to be taken over on a sustainable basis (has moved past the start-up phase). It needs, for sustainability, a webmaster/editor who has established time available to maintain and update the site.

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## Annex B

### Support available for e-learning

Organisation	Website for support and contact details
AbilityNet	<a href="http://www.abilitynet.org.uk/content/home.htm">www.abilitynet.org.uk/content/home.htm</a>
Adult Learning Inspectorate (ALI)	<a href="http://www.ali.gov.uk/">www.ali.gov.uk/</a>
Association of Learning Technologies (ALT)	<a href="http://www.alt.ac.uk/">www.alt.ac.uk/</a>
Basic Skills Agency	<a href="http://www.basic-skills.co.uk">www.basic-skills.co.uk</a>
British Educational Communications and Technology Agency (Becta)	<a href="http://www.becta.org.uk/index.cfm">www.becta.org.uk/index.cfm</a>
British Educational Suppliers Association (BESA)	<a href="http://www.besonet.org.uk/">www.besonet.org.uk/</a>
Business Link Wessex	<a href="http://www.businesslinkwessex.co.uk/">www.businesslinkwessex.co.uk/</a>
Centre for Educational Technology Interoperability Standards (CETIS)	<a href="http://www.cetis.ac.uk/">www.cetis.ac.uk/</a>
European Association of Distance Teaching Universities (EADTU)	<a href="http://www.eadtu.nl/">www.eadtu.nl/</a>
ICT Industry Club	<a href="http://www.dfes.gov.uk/ictindustryclub/">www.dfes.gov.uk/ictindustryclub/</a>
e-skills UK (SSC for ICT)	<a href="http://www.e-skills.com/">www.e-skills.com/</a>
Further Education National Training Organisation (FENTO)	<a href="http://www.fento.org/fento/fento_home.html">www.fento.org/fento/fento_home.html</a>
Further Education Resources for Learning (FERL)	<a href="http://ferl.becta.org.uk/">http://ferl.becta.org.uk/</a>
Higher Education Staff Development Agency (HESDA)	<a href="http://www.hesda.org.uk/">www.hesda.org.uk/</a>
Joint Information Systems Committee (JISC)	<a href="http://www.jisc.ac.uk/">www.jisc.ac.uk/</a>
Regional Support Centre (RSC)	<a href="http://www.jisc.ac.uk/index.cfm?name=rsc">www.jisc.ac.uk/index.cfm?name=rsc</a>
learndirect / Ufi	<a href="http://www.learndirect-advice.co.uk/">www.learndirect-advice.co.uk/</a> <a href="http://www.learndirect-business.co.uk/">www.learndirect-business.co.uk/</a> <a href="http://www.learndirect-futures.co.uk/">www.learndirect-futures.co.uk/</a>
Learning and Skills Development Agency (LSDA)	<a href="http://www.lsdasda.org.uk/">www.lsdasda.org.uk/</a>
Learning and Teaching Support Network (LSTN)	<a href="http://www.ltsn.ac.uk/">www.ltsn.ac.uk/</a>
Link2Learn (partnership of learning organisations from Hampshire and the Isle of Wight)	<a href="http://www.linktolearn.co.uk">www.linktolearn.co.uk</a>
Links4learning (comprehensive links to useful websites on e-learning)	<a href="http://www.links4learning.com/">www.links4learning.com/</a>

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National Association of Advisers for Computers in Education (NAACE)	<a href="http://www.naace.org">www.naace.org</a>
National Institute for Adult and Continuing Education (NIACE)	<a href="http://www.niace.org.uk/">www.niace.org.uk/</a>
National Information and Learning Technologies Association (NILTA)	<a href="http://www.nilta.org.uk/">www.nilta.org.uk/</a>
National Learning Network (NLN)	<a href="http://www.nln.ac.uk/">www.nln.ac.uk/</a>
Office of the e-Envoy (OeE)	<a href="http://www.e-envoy.gov.uk/home/homepage/">www.e-envoy.gov.uk/home/homepage/</a>
National Electronic Library for Health	<a href="http://www.nelh.nhs.uk/nice">www.nelh.nhs.uk/nice</a>
National Health Service University	<a href="http://www.nhsu.nhs.uk">www.nhsu.nhs.uk</a>
National Institute for Clinical Excellence	<a href="http://www.nice.org.uk">www.nice.org.uk</a>
NHS and social care e-learning database	<a href="http://www.nhselearningdatabase.org.uk">www.nhselearningdatabase.org.uk</a>
Office for Standards in Education (Ofsted)	<a href="http://www.ofsted.gov.uk/">www.ofsted.gov.uk/</a>
South East England Intelligence Network (SEE-iN)	<a href="http://www.regionalobservatories.org.uk/south_east.html">www.regionalobservatories.org.uk/south_east.html</a>
Southeast England Development Agency (SEEDA) Framework for Regional Employment and Skills Action (SE FRESA)	<a href="http://www.seeda.co.uk/">www.seeda.co.uk/</a> <a href="http://www.seeda.co.uk/seeda_documents/docs/fresa_part_1_december_2002.doc">http://www.seeda.co.uk/seeda_documents/docs/fresa_part_1_december_2002.doc</a>
UK Education and Research Networking Association (UKERNA)	<a href="http://www.ukerna.ac.uk/aboutukerna.html">www.ukerna.ac.uk/aboutukerna.html</a>
World Wide Web Consortium (Web Accessibility Initiative)	<a href="http://www.w3.org/WAI/">www.w3.org/WAI/</a>