Manchester Metropolitan University

An evaluation using an electronic tool to collect and provide the information required to undertake a robust learning needs analysis -from an individual, organisation and LETB perspective: testing of functionality and adoption.

Greater Manchester HIEC
Learning Needs Analysis Framework Project

PREPARED BY

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Acknowledgements

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Many thanks to the participating Trust representatives, for their time and contributions to the evaluation.
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The project, which is the subject of this report, was a development that was commissioned by the Greater Manchester Higher Education Innovation Cluster with the support of NHS North West, the Strategic Health Authority for the North West, which was in existence in 2007 – 2013. Given that this project completed after the dissolution of the Strategic Health Authority and the end of the Higher Education Innovation initiative, Health Education North West, which is part of Health Education England, a new body created to support the development of the workforce, has supported the completion of legacy projects.

Health Education North West is pleased to share the findings of this report, which should help organisations interested in considering and implementing the type of development reported here. However, Health Education North West needs to indicate that it is not recommending specific tools and would encourage organisations to review the recommendations offered in taking forward any developments**,** which best meets, their needs.

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1. Executive Summary

Background and Context for the Pilot:

A Learning Needs Analysis (LNA) also known as a training needs analysis helps to identify the training needs of all staff groups and identifies gaps in knowledge and skills needed by the workforce is the first step of the training life cycle (CIPD 2009). Information gained from the LNA forms the basis for planning associated training activities, informs the organisational training, education and learning strategy and demonstrates return on investments. In addition, a LNA provides an indication of whether the organisation's objectives, values and behaviours have been met and how training activities have improved the skills, knowledge and attitudes of those directly involved in service delivery.

In the context of the current NHS, Trusts are required to produce coherent workforce development plans, which they submit, to their Local Education and Training Boards (LETB`s) and these are informed by a LNA. The systematic collection of data against organisational demands for skills needed for their workforce developments and analysis of the implications of new and changed roles, helps NHS Trusts demonstrate appropriate allocation of funding to support the delivery of education and learning. The LNA and subsequent workforce development plan ensures that the NHS Trust both meets the needs of the individual Trust and aligns with the Department of Health (DOH) strategic goals (Health Education England 2014).

The Health Education England (HEE) Mandate (2014) outlines the Government`s investment in education and training for NHS staff and the DOH strategic objectives, reflecting NHS and public health service priorities and in the areas of workforce planning, health education, training and development for which HEE and the LETB`s have responsibility. LETB`s and their Local Workforce Education Groups (LWEGS) are therefore accountable for spending on education, training and development, that funding is used effectively, targeted appropriately, meets strategic priorities, and has a positive impact on NHS services and patient care.

The undertaking of a robust LNA by NHS Trusts is therefore essential to reporting to LETB`s that, NHS staffs have the appropriate knowledge to be competent in their role and the skills to deliver high quality patient care and that what they do aligns to their organisational values, behaviours and attitudes; based on the NHS Constitution, both currently and in the future (CIPD 2014; HEE 2013) and that learning and development strategies are in place to close any identified gaps and meet service need.

Performance appraisals / reviews provide valuable data for LNA, which are undertaken on paper or electronically by individual staff, and the information provided, collated centrally. For some NHS Trusts, collation of such data, especially where paper based Performance Development Review (PDR) documentation is used can be a difficult and time-consuming process.

Since the start of the LNAF project, a Coalition Government came into power, resulting in an extensive reform of Health and Social Care, establishment of LETB`s and LWEGs and significant changes to local and national drivers and the development of a robust LNA by NHS Trusts has become integral to achieving the strategies outlined in the HEE Mandate (2014). Consequently, the requirements of an electronic LNA tool changed during the pilot, restructuring, and reorganisation in the NHS as a whole and within local NHS Trusts have influenced the pilot outcomes.

The Pilot

The pilot was initially commissioned by NHS North West, the strategic health authority which had responsibility for the development of the healthcare workforce in the North West. The project, which is the subject of this report, was a development that was commissioned by the Greater Manchester Higher Education Innovation Cluster with the support of NHS North West, the Strategic Health Authority for the North West, which was in existence in 2007 – 2013. Given that this project completed after the dissolution of the Strategic Health Authority and the end of the Higher Education Innovation initiative, Health Education North West, which is part of Health Education England, a new body created to support the development of the workforce, has supported the completion of legacy projects.

Health Education North West is pleased to share the findings of this report, which should help organisations interested in considering and implementing the type of development reported here. However, Health Education North West needs to indicate that it is not recommending specific tools and would encourage organisations to review the recommendations offered in taking forward any developments, which best meets, their needs.

The current pilot "Evaluating the capability of an electronic system to create a robust LNA tool", is the third strand of the Learning Needs Analysis Framework (LNAF) project commenced in September 2011, undertaken on behalf of Greater Manchester Health Innovation and Education Cluster (GMHIEC), to support all Trusts through the learning needs analysis process. The LNAF was designed specifically to support all NHS patient-facing staff in bands 1-8 (non-medical) through the learning needs cycle to enable NHS Trusts to undertake the necessary actions involved in the LNA process.

The project group, comprised of representatives from 14 North West NHS Trusts, identified that there were few links between LNA and workforce planning, that LNA was generally PDR / Appraisal driven rather than by Trust business, with little impact evaluation of learning on practice and patient care and that a LNA tool was needed to support NHS Trusts with the LNA process. A LNA model was developed which would:

- Enable NHS Trusts business objectives / strategic plans to drive appraisals.
- Identify learning and development needs.
- Describe learning and development needs in common terms.
- Store the learning and development information in one place.
- Be easily accessed to inform planned and prioritised learning and development provision.
- Facilitate communications and impact evaluation against patient care, service / organisational and currently LETB strategic needs.

Pilot objectives

The Greater Manchester HIEC, in collaboration with HENW agreed to partner with Thirsty Horses (TH) to test out the functionality of the INSPIRE system to gain a better understanding of the benefits of using an electronic LNA tool in NHS Trusts and test the `proof of concept` that an electronic tool can collect and provide the information needed to undertake a robust LNA. This was reviewed from an individual, organisation and LETB perspective. The INSPIRE system, developed by Thirsty Horses, was presented as having the capability to meet the requirements identified by the LNAF project and offered individual Trusts a whole systems approach to managing the performance and learning needs of its workforce (HIEC 2012, Thirsty Horses 2012). At the time, although several NHS Trusts used software for some aspects of the LNA cycle e.g. The Electronic Staff Record (ESR) no one software system met all the specifications identified in the LNAF.

The LNAF Pilot aimed to investigate whether an electronic tool can collect and provide the information needed to undertake a LNA from an individual, organisation and LETB perspective and test the functionality of Inspire and its` potential to support each stage within the LNA Framework covering the four elements within the INSPIRE 'core offer ':

- Behaviours.
- Objectives.
- Personal development.
- Evidence journal.

Key Stakeholders

Three key stakeholders were involved in the pilot who performed various functions. Thirsty Horses delivered / implemented Inspire into the LNAF Pilot Trusts in collaboration with Trust representatives and modified Inspire, where possible at Trust requests. Health Education North West (HENW) provided a coordinating and communication role and supported the evaluation and GM HIEC supported the implementation and evaluation of the pilot, provided administrative support and facilitated evaluation meetings for co-ordination and dissemination of updates from pilot NHS Trusts.

The LNAF pilot plan was:

- To invite 8 trusts from a selection of types of NHS Trust, to take part in a 6 month pilot involving 8000 patient and non-patient facing NHS staff from bands 1-8.
- To have two 3 month phases with 4 Trusts in wave 1 and 4 Trusts in phase 2 to facilitate an evaluation of learning between phases and provide Thirsty Horses with an opportunity to modify Inspire to meet Trust needs identified in phase 1.
- For Thirsty Horses as per contract, to aggregate the LNA at each level of employee as envisaged in the “Framework 6 Organisation (Thirsty Horses 2013).

Operation of Pilot and collection of data.

Although the intention was to include 8 NHS Trusts only 7 trusts joined the pilot which prevented the pilot being run in two phases. Each of the 7 NHS pilot Trusts provided a Lead/Champion as the trust contact, who was responsible for securing Board commitment and implementation of Inspire and to lead a small project team of 3 people. The project team comprised of representatives from Learning and Development / Operational Development, Communications and IT. Each representative committed to:

- 15 working days on the pilot.
- Contributing to the pilot evaluation.
- Sharing their pilot experiences across participating NHS Trusts.

Early adopters (first trusts went live in April 2013) in the pilot utilised version 3 of Inspire, version 4 was deployed in April 2014. Each Trust`s internal evaluation co-ordinator worked directly with the lead evaluator, appointed at the start of the project and responsible for designing the evaluation model, analysing and interpreting the data, and preparing the evaluation report. The evaluation team identified the Trust specific sample to use Inspire, the type of data to be gathered and method of collection and recording. Most trusts used a combination of on-line systems, manually reported data, focus groups and communicated with staff via telephone, emails and face-to-face conversations. Additional data came from Thirsty Horses evaluation, emails, reports and Trust specific face to face meetings with the evaluation lead. The data collected was

reviewed locally and communicated to the evaluation lead, stakeholders and other LNAF pilot evaluation teams at evaluation meetings chaired by a representative of HIEC.

Analysis of data collected in the pilot

The data taken from all sources was analysed and interpreted and patterns, triangulation, trends and themes identified. A modified context-based technological evaluation approach (Lewis 2005) was used to determine the `proof of concept` that an electronic tool can collect and provide the information needed to undertake a robust LNA from an individual, organisation, LETB and HIEC perspective. Whilst the LNAF defined and identified the elements required in a LNA, no specification was identified for the NW LNA tool. The collection of data demonstrating the impact of learning as a result of using a LNA tool was limited by length of pilot and therefore this was not analysed.

The analysis of data and key themes identified by the pilot were introduced to other pilot evaluation leads and stakeholder groups by presentation to identify key learning; best practice, what went well and what could have been done differently and further discussion and confirmation of the emerging evaluation themes and recommendations for action.

Findings.

The key themes that emerged from the data collected in the pilot were:

- The timing of the pilot.
- The smaller number of NHS Trusts engaging in the pilot than was anticipated.
- The cost of running the pilot to NHS Trusts.
- The ability to connect to other software systems.
- The organisations readiness to use Inspire.
- Information technology Issues.
- Internal Communication.
- Review of performance against NHS Trust values and behaviours.
- Rating of values and behaviours in the PDR process.

- Utility and ease of using Inspire.
- Reporting function.

The outcome of the consultations undertaken in Phase 1 and 2 of the LNAF project was the identification of some of the activities required to undertake a robust LNA. Feedback from the LNAF pilot suggested that an electronic LNA tool may facilitate this process in local NHS Trusts and suggested that an electronic LNA tool potentially, has the capability to meet the required specifications listed provided there is a common understanding of the requirements between the NHS Trusts and the developers re:

- The functionality that is fixed and that which facilitates individual NHS Trust requirements.
- The system`s ability to connect to external software such as ESR and CPD Apply.

TH presented, the Inspire system, in use in other organisations, as having a framework to deliver the activities required to undertake a robust LNA identified by the LNAF.

In order to determine the fitness of the technology to achieve the requirements of each group of end users in collecting the data and providing the functionality needed to undertake a robust LNA, the end users have been identified as LETB, Trusts, individual and to some extent the HIEC LNAF. The requirements of the end users; LETB, Trust and individual, in terms of needs of an electronic LNA tool have been identified and aligned and will be considered within the themes below and the following questions applied did the software meet / achieve the aims / requirements of the end users? If not, why not? Did any problems / issues / changes / new requirements, opportunities Internal or external (not anticipated) emerge in the pilot period? Could the requirements be met by software with different functionality?

The functions required in an electronic LNA tool were identified as:

- Strategic planning and reporting.
- Ensuring security of supply and meet local priorities.
- Meeting service needs now and into the future.

- Delivery of NHS values and behaviours.
- Commissioning of education and training.
- Delivery of strategic priorities.
- Provision of excellent education.
- Development of competent and capable staff and provision of CPD.
- Measuring impact of education and training.
- Accountability for allocation of funding.

Overall, the LNAF pilot provided an opportunity to:

- Increase understanding of the LNA process.
- Identify the information required to produce a robust LNA.
- Explore how an electronic tool such as Inspire can help with workforce planning, allocation and requests for funding to meet the learning needs of the whole organisation.

The use of common terminology embedded within an electronic LNA tool enables standard data to be collected at an individual level and be collated centrally using the LNA tools reporting function, more easily, accurately and use less resources than from the paper based PDR processes undertaken throughout the Trust. The accuracy of the data collected by a LNA tool facilitates the construction of meaningful workforce development plans, submitted to LETB`s that more closely reflects learning needs, development and achievement of objectives such as mandatory training and compliance with NHS values and behaviours.

Feedback from the pilot leads suggest that the ability to align learning needs closely to learning interventions and collate information from individual PDRs centrally, over a time period, is a positive benefit of using an electronic tool. Individual staff feedback, indicating how their learning supported their own development and that of their service can be captured within an electronic LNA tool and presented in reports, providing some evidence of return on investment enabling the Trust and LETB to make more objective decisions about interventions that add value and achieve strategic aims.

The functionality required in an electronic LNA Tool, identified in the pilot relates to:

- Utility:
  - Easy to use.
  - Not labour intensive.
- Functionality:
  - Connectivity to internal and external systems such as ESR and CPD Apply.
  - Includes a learning management function.
  - Enables compliance monitoring and communication to alert staff.
  - Provides direct access to the learning opportunities available to staff so they can improve their performance.
  - Ability to book training at the appraisal meeting.
  - Provides access to information outlining the skills knowledge and competence staffs require to perform their role e.g. clinical skills to deliver high quality care.
  - Where pay is related to performance, there needs to be a facility to capture this on the LNA system or a process that relates to the information on the system, to ensure openness and transparency.
- Flexibility:
  - Individual NHS Trusts are able to upload own documents, values, behaviours and objectives, required staff knowledge and skills per role which fit the LNA system
  - Adaptable, to future proof against future NHS developments and change so that appropriate adjustments can be made in a timely manner.
- IT:
  - Accessibility and compliant with local IT governance.
- Cost:
  - Provides value for money and priced reasonably.
- Reporting:
  - Provides a robust reporting function that segregates data.

- Provides a facility to report on extent to which NHS staff, align their performance to the NHS Constitution, at a Trust and LETB for both monitoring and dissemination of Trust achievements.

Lessons learned from the pilot

1. Pilot lead in time is important and needs to be realistic to enable appropriate:
   - Discussions/ communication at all levels from Board to staff member to take place.
   - Meaningful and SMART Trust objectives, values and behaviours to be in place and staff are aware of them and how they relate to their roles.
   - Mapping of the Learning and Development portfolio against staff groups/ competency levels.
   - Preparatory training on the system to take place on all levels.
   - Access and training to be organised so that all staff required have access to and can use emails.
   - Resolution of IT issues to be addressed before implementation – Governance, access to PCs and capability of staff.
   - Performance appraisal training to be provided to both appraiser and appraisee.
   - Integration with other systems to be made e.g. ESR and CPD Apply
   - Provision made for talent management.
2. Staff details in terms of contact details, job role, service employed in and Appraiser / manager must be confirmed before implementation.
3. There needs to be a shared understanding of the full functionality of the system and the adaptations that can be made, this is essential to use the LNA tool to it`s full potential.
4. A small pilot of the LNA tool is required within the trust before full implementation.
5. There needs to be a shared understanding of the full range of the reporting that is required and can be created` to inform LNA and the required training provided.
6. How the Trust performance related pay increase process needs to be aligned to the system.

2. Introduction

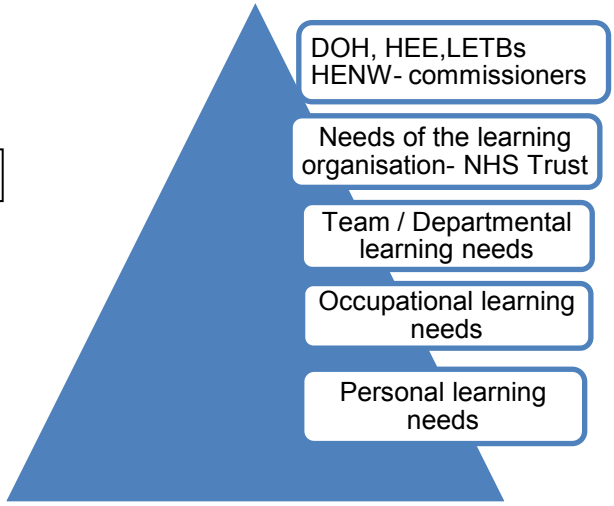
2.1. What is a learning Needs Analysis?

A Learning Needs Analysis (LNA) also known as a training needs analysis, helps to identify the training needs of all staff groups, identifies gaps in knowledge and skills needed by the workforce. A LNA ensures staff gain the appropriate knowledge to be competent in their role, improve their skills so they can deliver high quality patient care and align to their organisational values, behaviours and attitudes, both currently and in the future (CIPD 2014; HEE 2013). NHS Trusts are required to systematically collect data against organisational demands for skills needed for workforce developments and analyse the implications of new and changed roles so they are able to produce coherent workforce development plans and allocate funding appropriately to support the delivery of education and learning (HEE 2014). A robust LNA provides a health check on the skills, talent and capabilities of the organisation or parts of the organisation, providing essential information, which underpins NHS workforce development planning for the current and future workforce. The LNA also informs the development of relevant NHS strategies from an individual, organisation and Government perspective and provides the necessary evidence that strategies are being met and that there is sufficient capability to sustain NHS business performance and that statutory requirements are being met (CIPD 2014). NHS Trust organisational workforce development strategies aim to meet business objectives and targets in having the right quality of people, undertaking the right jobs, safely and to a high standard of patient care. LNA facilitates well planned learning and education and ensures that the NHS workforce are equipped with the necessary knowledge, skills, attitude and motivation to carry out their roles safely and effectively and enables NHS organisations to manage risks and meet their organisational objectives in a professional manner (HEE 2014).

Learning is the central theme of a high quality workforce (HEE 2014) and an effective organisational learning strategy helps to create a `learning organisation`. Learning organisations provide staff with an organisational vision that helps support the

management of change within the organisation and enhances employee engagement in the change process. Providing learning opportunities to staff is a valuable investment in the future of the NHS because it enables staff to develop and achieve personal / career goals. This supports staff retention and talent management / development (HEE 2014). A LNA needs to capture different levels of learning need (Fig:1), for the organisation as a whole, to understand the amount and type of learning needed to support reorganisation / restructure and deliver organisational strategy. Information can be collected for a specific department, project or area of work, to support new ways of working or for individuals required to link their own learning and development needs to those of the organisation (CIPD 2014).

Figure 1: Levels of learning need



According to HEE (2013) *"a robust career development framework should cover: job roles, simplified core competencies, recruitment (including values based recruitment), testing skills, values and behaviours, induction, training standards and transparency, as well as identifying opportunities for career progression*".

Learning / Training can be categorised into three broad groups (KSF 2004):

- **Mandatory training for all staff groups –** incorporating statutory training and any training which the Board, within the organisation has identified as mandatory. This type of training must be completed by all grades of staff and updated in line with individual NHS Trust Mandatory Training Policies.

- **Job specific mandatory training -** further training available for groups working within a specific service or development of new roles / services. Although it may or may not, be linked to statute, the NHS Trust has considered it as mandatory for a specific role for the purpose of quality and patient safety.

- **Additional training –** incorporates relevant education and training available for all grades of staff working within the service, agreed by their line manager, discussed at the individuals' Annual Development Review and identified in the personal development plan and signed off by the trust CPD lead.

Undertaking a LNA involves a systematic identification of learning and development needs across the organisation and is key to ensuring there is effective learning provision across the trust. Identification of learning and development needs is achieved via individual appraisals / performance reviews, mostly undertaken annually or performed incrementally throughout the year. The Knowledge and Skills Framework (KSF) policy document (Department of Health, 2004a) embedded annual appraisal in the NHS, introducing core dimensions relevant to every post: Communication, Personal & People Development, Health/Safety/Security, Service Improvement, Quality, Equality & Diversity and linked appraisals to pay awards. Currently NHS Trusts utilise different approaches to performance reviews ranging from appraising against the KSF to 360-degree feedback based on the collection of performance data from a number of sources internal and external; line managers, people who report to the individual, peers / team colleagues and service users. In 2009, The *NHS Constitution* (2009) outlined seven principles on how the NHS should act and make decisions, six core values and a

number of pledges to patients and staff relating to patient safety and outcomes. In response, local NHS Trusts established 'Values and Behaviours' programmes aimed at creating and nurturing a patient-centred culture of continuous improvement delivered at the front line. Currently NHS Trust values and behaviours feature in annual performance reviews and therefore influence their LNA and strategies informed by them. For best practice and to ensure that staffs align their performance to Trust, objectives should be linked throughout the various levels of the organisation from Board to individual staff member, illustrated in Fig: 2.

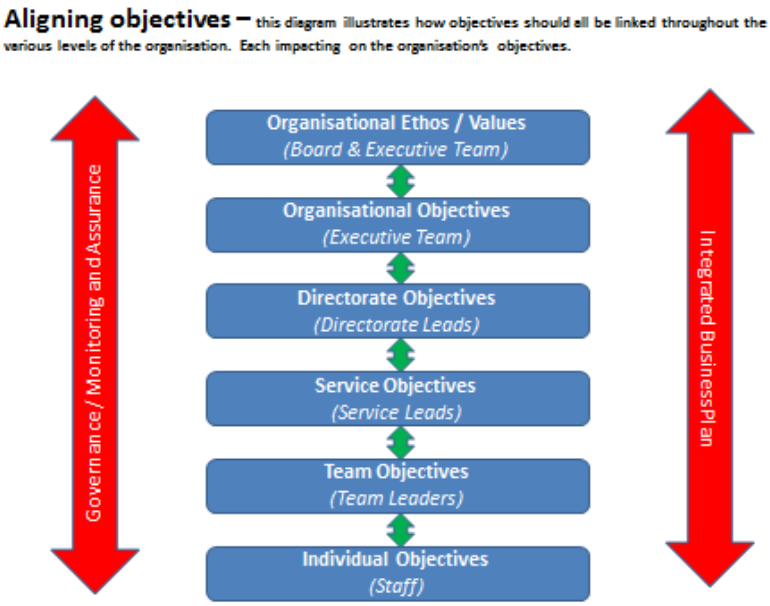


Figure 2: Aligning objectives from Board to individual staff

In addition to appraisal and performance management data, LNA should be informed via other sources including:

- Trust business plans, objectives, new work standards, job descriptions and person specifications.
- Interviews with line managers on local development plans, work organisation and changes.
- Surveys of managers, employees and their representatives.
- Pre-existing online data on management information systems.
- Information on existing competence frameworks and analysis of levels of competence achieved.

The NW LETB produces Strategic Education and Learning Commissioning Plans for the region, which represents the needs and priorities of their NHS Trusts, communicated in local NHS Trust Workforce Development Plans. The NW LETB is responsible for ensuring that NHS staffs in the region are fit for practice and employment to meet patient needs both now and into the future and that there is capacity and capability to deliver the priorities set by the Secretary of State. LETB`s achieve this by supporting delivery of education and training for NHS staff which they plan and commission on behalf of the local health community. Funding allocation is based on providers` workforce demand, communicated by local NHS Trusts in Workforce Development Plans, informed by the outcomes of Trust LNA, and submitted to the Local Workforce Education Group (LWEG) or LETB. The Trust`s ability to accurately articulate their organisations learning needs relies on undertaking a robust LNA.

2.2. Performance Appraisal

Performance appraisal is an opportunity for individual employees and their line managers, concerned with their performance, to engage in dialogue about their personal performance and development against agreed targets, objectives, values, behaviour and attitudes. For achievement of a successful appraisal outcome, both parties need to prepare in advance of the meeting. At the appraisal meeting both the individual and line manager reflect on past actions, behaviour and performance against those expected of the role, context, team and Trust / organisation and positive reinforcement via feedback provided. This exchange of views forms the basis for creating personal development and improvement plans and reaching agreement about future learning objectives, meeting individual career aspirations and the activities needed, including support required from the manager to achieve them. A positive relationship between individuals and their line managers is crucial to the appraisal process (CIPD 2014).

For appraisals to be conducted fairly across the organisation and information consistently collected from each appraisal, forms such as questionnaires either paper based or online, with space for comments from both the appraisee and appraiser are standard documentation. The Information gathered is generally based on objectives,

competence, training and actions. All managers expected to carry out performance appraisal should not only have training to ensure they have the necessary skills to carry out an effective appraisal but fully understand why appraisals take place, how the process fits into wider organisational or Government strategies and how the learning needs data generated, will be analysed or used strategically.

The emphasis of behaviour and values in NHS Trusts means that rather than just the achievement of objectives such as in the KSF, there is an expectation that achievement against trust values and behaviours is appraised. In some trusts, employees are asked to rate themselves against them which relies on the ability to accurately assess against values and behaviours for appraiser and appraisee and that both parties have a clear understanding of trust targets, standards and objectives and how they relate to the roles they perform.

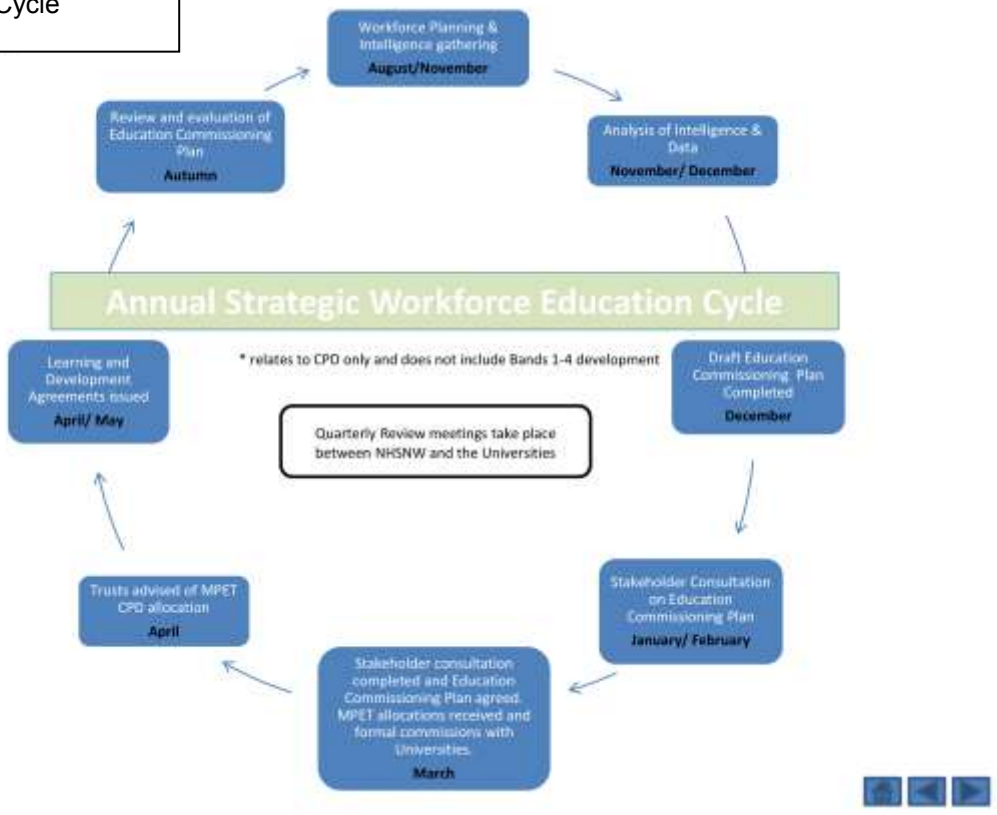
Following the identification of learning needs through the appraisal process and management services data, the information is collated and analysed to inform departmental and directorate management to approve learning needs, based upon areas of priority and inform workforce planning strategies, allocation of education funding requests to LETB`s for commissioning of education and training.

The HEE Mandate (2014) documents that there will be significant investment in education and training in the NHS (nearly £5 billion currently invested) but states that any spending needs to be used effectively, targeted appropriately and have positive impact on NHS services and patient care. A carefully planned LNA, improves the knowledge and skills of NHS employees and the care they provide to patients, develops and prevents shortages in service delivery, facilitates innovation for future shifts in service delivery and patient need and ensures training budgets are targeted, used effectively and prevents finance being used for inappropriate training.
At a local level, NHS Trusts are required to produce a forecast of their future needs through workforce planning. Learning is an important long-term strategy for achieving any goals set by Trust workforce strategies and a robust LNA is therefore crucial to the process.

3. LNAF Pilot Background and context

The pilot was commissioned by Health Education North West (HENW). The current pilot "Evaluating the capability of an electronic system to create a robust LNA tool", is the third strand of the Learning Needs Analysis Framework (LNAF) project commenced in September 2011, undertaken on behalf of Greater Manchester Health Innovation and Education Cluster (GMHIEC) to support all Trusts through the Learning Needs Analysis process. At the time, the HENW strategy for workforce, education commissioning, education and learning required that NHS Trusts undertook a training / learning needs analysis to inform their allocation of funding for CPD and enable the SHA to commission CPD from education providers. Fig 3: demonstrates the Strategic Health Authority (Currently HENW)) CPD annual funding cycle.

Figure 3: SHA CPD Funding Cycle



3.1. The LNAF key objectives were to:

- Develop a framework for assessing CPD needs at an individual, team and organisational level.
- Enable the Strategic Health Authority (SHA) to impact assess key priorities against learning outcomes of HEI delivery.
- Impact assess, individual learning (HEI based) from an employers and line managers perspective in terms of practice, attitude and performance.

The LNAF was designed specifically to support all NHS; patient-facing staff in bands 1-8 (non-medical) through the learning needs cycle to enable NHS Trusts to undertake the necessary actions to provide accurate CPD funding requests to HENW, the process is demonstrated in Fig: 4.

Figure 4: Trust CPD Funding Activities

Initially the aim was to build on the CPD/Post Qualified Learning Framework to develop 2 key areas:

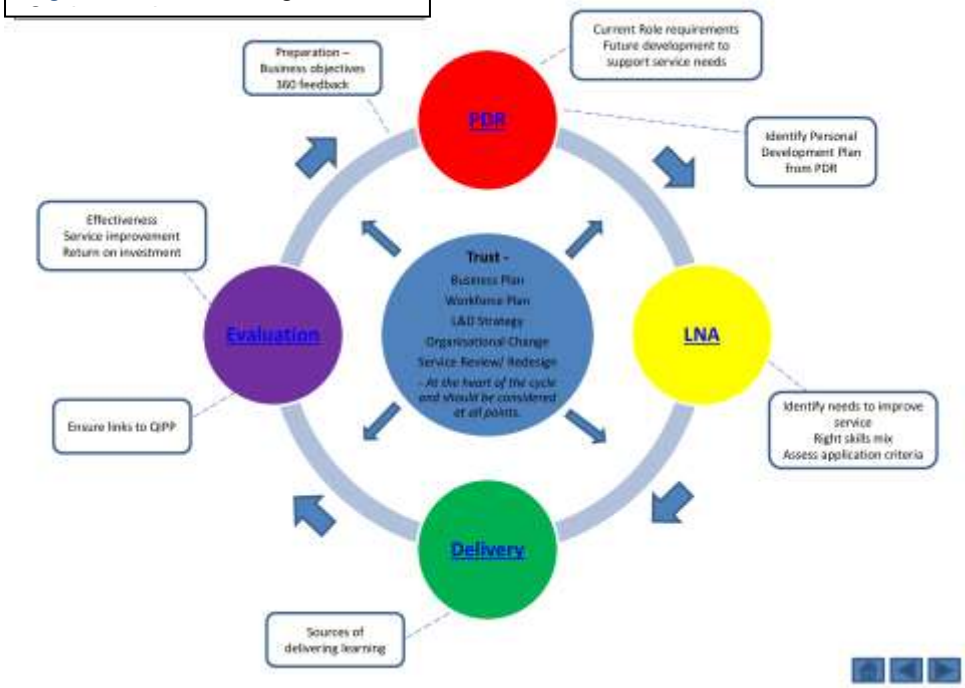
- Practitioner learning needs assessment.
- Impact of CPD education and training.

3.2. Learning needs analysis tool

3.2.1 The LNAF identified key milestones within the LNA process (Fig 5) as:

- Pre-PDR preparation involving self-assessment against relevant standards.
- The appraisal where learning and development objectives are agreed.
- Personal development planning.
- Analysis and prioritisation of learning needs.
- Identification of education or training solutions to meet identified needs.
- Accessing learning and training.

Figure 5: The Learning Needs



A survey was undertaken in phase 1 & 2 of the Greater Manchester CPD and OD Networks, health Care Science, Allied Health and Pharmacy Networks to gain a wider insight into the LNA processes used and gain a wider insight into the elements need to be included in a good LNA. The results of the survey reported that, training needs were being identified from the appraisal process in all 14 NHS Trusts surveyed, although

information was only held locally in six. In terms of central collation of all training needs, this was only achieved in one Trust although seven Trusts only collated Mandatory training needs centrally. This was echoed in the 13 survey returns from three Specialist Networks; learning needs were identified in the appraisal process for seven respondents, the process was currently being developed in the Trust, reported four and learning needs were not identified at all for two respondents. Examples of comments provided in the survey:

> "Policy in place but training needs not often returned" " Sketchy"…..
>
> "Outcomes of PDR held locally" or "individually" " Outcomes collated by local manager"
>
> " Focus was on business plans not development"

Overall, the consistent messages were that:

- There were few links between LNA and workforce planning, the two processes operated independently of each other.
- Minimal LNA was undertaken and where it occurred related mainly to mandatory training.
- The LNA \ TNA cycle is driven by the PDR / Appraisal process not necessarily by the Trust business needs, despite the recognition that it should be linked to the Trusts business objectives / strategic plans.
- There was little evaluation of the impact of learning on practice and patient care.

3.2.2 Learning needs analysis model

The project group identified that a LNA tool was needed to support a robust LNA process in NHS Trusts and enable the impact of learning / training to be measured.

A model was developed (Fig: 6) which would enable:

- NHS Trusts business objectives / strategic plans to drive appraisals.
- Appraisees to understand what is expected of them in terms of their role, team, service and organisation.
- Learning and development needs to be identified and described in common terms.
- All data collected and stored in one place for easy action and analysis.
- Learning and development provision can be planned and prioritised to meet strategic needs and available funding.
- Learning and development activities and opportunities to be communicated / publicised.
- The impact of learning to be evaluated against patient care, service / organisational and LETB needs.

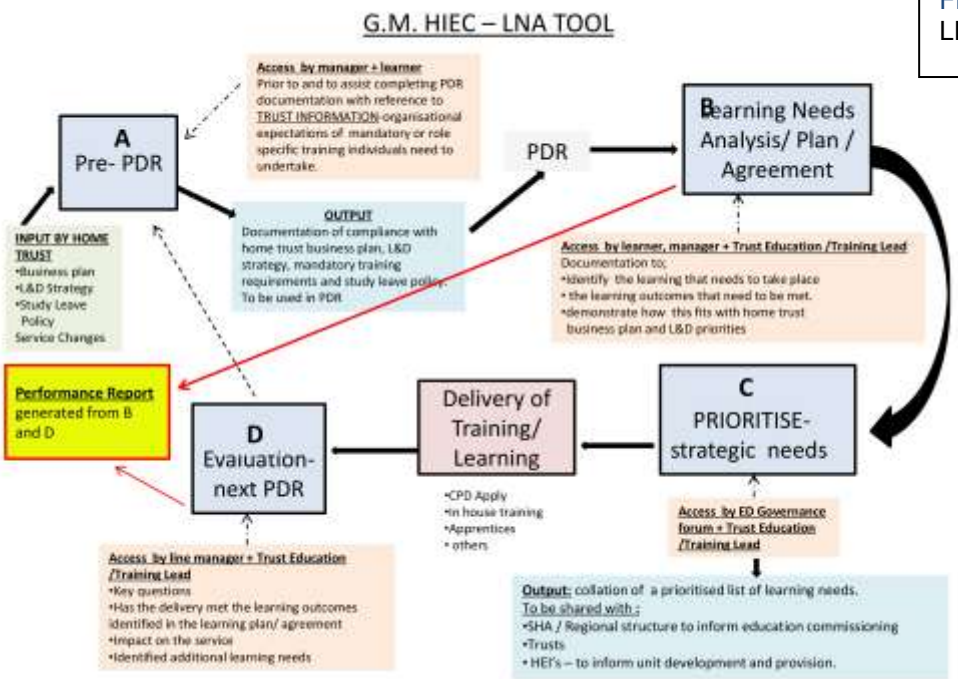


Figure 6: The HIEC LNA Tool requirements

3.3. The required specifications for the Learning needs analysis tool.

Critical to the adoption of the LNAF in the North West was the identification of a suitable software system that would capture data at each stage in the LNA framework. The required processes and specifications for a LNA software tool were identified in discussions with representatives from local NHS Trusts. The required specifications have been listed in Table 1.

TABLE 1: Defining the Specifications for a LNA Tool
• Individual NHS Trusts can upload own documents with electronic links to e.g. business plan, PDR paperwork, in-house portfolio, learning plan template. • Access to LNA tool with simple instructions for all levels of user e.g. Learner, Manager, L&D Lead. • Flexible system to allow for different trust`s LNA cycle. • Reports generated at any time in the LNA cycle. • Uploading of personal learning needs into generic tool for data collation /manipulation • Reporting for individuals, by team, division, banding, job role etc. • Flexibility of reporting templates and no restrictions in number of reports. • Segregation of reporting for different sources i.e. organisation level, LETB level, HEI level. • Download of employee data from central source e.g. ESR. • Web-based with protection of employee data. • Connectivity to sources of training delivery, internal processes- Study leave forms, in-house training portfolio, CPD Apply. • Links to evaluation tools with links to performance reporting.

At the time, although several NHS Trusts used software for some aspects of the LNA cycle e.g. The Electronic Staff Record (ESR) no one software system met all the specifications identified in the LNAF. Others were in the process of development e.g. Skills for Health.

The Inspire system, developed by Thirsty Horses, was selected to undertake the pilot as it was presented and agreed by the pilot team, as having the potential to meet the requirement of LNAF project and offered individual Trusts a whole systems approach to managing the performance and learning needs of its workforce. (HIEC 2012, Thirsty Horses 2012). Overview of the Inspire system provided by Thirsty Horses (Thirsty Horses 2014):

> **"**Inspire *uses social networking principles to transform organisations' performance review processes – allowing them to engage and align staff, and measure their progress.*
>
> *It drives whole new levels of engagement by giving staff the opportunity to feed into their own performance and development – not only in terms of the quantity of staff completing the process, but also in terms of the quality of their contribution.*
>
> *It allows organisations to align their staff and put their priorities at the heart of every employee's performance management – from assessing them against organisational values and behaviours (how they deliver) to relating their every objective to the organisation's corporate objectives through the Golden Thread (what they deliver).*
>
> *As well as this, Inspire collects rafts of real time data from every level of the workforce – data which can be used to measure progress which can be acted upon immediately to great organisational advantage e.g.*
>
> - *To inform talent management.*
> - *To improve L&D provision and its efficiency/effectiveness.*
> - *To demonstrate legislative compliance.*
> - *To shape organisational development* **"**
>
> (Thirsty Horses 2014)

The Greater Manchester HIEC (in collaboration with HENW) agreed to collaborate with Thirsty Horses to test out the functionality of the Inspire system, to prove the concept that an electronic LNA tool will support local NHS trusts to undertake a robust LNA and provide the required information to HENW and identify the benefits of using an electronic LNA tool.

4. NHS political background and context of LNAF pilot.

Since the start of the LNAF project, a Coalition Government was elected resulting in an extensive reform of Health and Social Care. SHA`s were abolished and Health Education England (HEE) was introduced, PCTS have been replaced by Care Commissioning groups (CCGs) with increased GP influence, care services have been integrated, the number of Foundation Trusts increased and Local Education Boards (LETB`s) and Local Workforce Education Groups have been established. As a result, within the duration of this pilot there has been significant restructuring and reorganisation in the NHS as a whole and within local NHS Trusts.

> "*For the first time ever responsibility for all workforce planning and the commissioning of training and education for the next generation of health professionals has been placed within one organisation Health Education England*" (Workforce Plan for England: HEE 2013).

HEE aim is to improve the quality of education and training outcomes of the current and future healthcare workforce thereby improving the quality of care and meet the needs of patients, the public and service providers in their areas. (HEE 2014) NWLETB is one of 13 committees of HEE in England and is responsible for the training and education of NHS staff, both clinical and non-clinical, within the NW and responding to the recommendations of the Francis Report. NW LETB comprises of representatives from local providers of NHS services (HEE 2014).

Health and Social Care policy including `Liberating the NHS Developing the Workforce, From Design to Delivery` (2012) places the accountability to plan and develop the whole workforce on providers, demands excellence in multi-professional training underpinned by NHS values and behaviours for a person centred experience for patients, with greater transparency, fairness and efficiency, in its investment in education and training underpinned by innovation, research and quality improvement in practice (DOH 2012).

Since the start of the LNAF project, local and national drivers have changed significantly and the development of robust LNA by NHS Trusts has become integral to achieving the strategies outlined in the HEE Mandate (2014). Consequently, therefore, the requirements of any electronic LNA tool used to facilitate Trust learning needs analysis have changed during the pilot and will need to have the facility to demonstrate compliance with:

- The NHS Constitution.
- The 6Cs Nursing strategy.
- The Education Outcomes Framework.
- NHS Staff Survey.
- Care Quality Commission Standards.
- Relevant regulatory bodies.
- The recommendations from the Francis Inquiry (2013):
    - With particular emphasis on quality appraisals for all (including Executive Team), safe supervision,
    - Access to mentoring,
    - Performance assessment against behaviours/values.

5. LNAF pilot evaluation overview.

5.1 The broad aims and objectives of the evaluation of the LNAF Pilot:

- To investigate whether an electronic tool can collect and provide the information needed to undertake a LNA from an individual, organisation and LETB perspective
- To test the functionality of the Inspire system and its` potential to support each stage within the LNA Framework covering the four elements within the INSPIRE 'core offer[1] ':
    - Behaviours.
    - Objectives.
    - Personal development.
    - Evidence journal.

For individual NHS Trusts, the scope of their contribution to the evaluation related to core functionality although some trusts opted for advanced elements offered by TH, as appropriate to trust need.

5.2. Aims of the LNAF pilot plan:

- 8 trusts would be invited to be involved in a 6 month pilot.
- A selection of types of trust large, small specialist e.g. mental health would be included in the pilot.
- The pilot plan would have in 2 phases: 4 trusts in wave 1 and 4 trusts in phase 2.
- An evaluation of learning from phase1 at 3 months would inform phase 2.
- 8000 employees will use the Software system in the pilot (across all trusts).
- Employees from all bands 1-8, patient facing and non-patient facing would be involved in the pilot.
- The impact on the individual, organisation and patient care would be evaluated in the pilot.

[1] *TH offered additional functionality during the pilot including videoed CES messages, 360* feedback and broken down Golden Thread and some trusts opted for additional functionality*

- Thirsty Horses as per contract, will aggregate the LNA at each level of employee as envisaged in the “Framework 6 Organisation (Thirsty Horses 2013).

5.3. Selection of NHS Trusts for the pilot.

NHS Trusts were invited to take part in the LNAF pilot. Following initial communication, individual trusts were contacted by telephone to discuss the benefits of the Inspire system and the advantages of taking part in the pilot. Interested NHS Trusts met with representatives from the LNAF group and Thirsty Horses to demonstrate the functionality of the system, gain a better understanding of the various elements of the system, and discuss requirements for implementation and the cost of the pilot. Fewer Trusts than anticipated in the pilot plan agreed to take part in piloting Inspire.

5.4. NHS Trusts involved in the pilot:

- Royal Liverpool and Broadgreen University Hospitals NHS Trust.
- Liverpool Women's NHS Foundation Trust.
- East Cheshire NHS Trust.
- Manchester Mental Health and Social Care Trust.
- Lancashire Care NHS Foundation Trust.
- The Clatterbridge Cancer Centre NHS Foundation Trust.
- Derbyshire Community Health Services NHS Trust.

5.5. LNAF pilot set up (as outlined in the Inspire contract with participating NHS Trusts).

The LNAF pilot project management team was composed of representation from Thirsty Horses, HENW and GM HIEC with the following roles and responsibilities:

- Thirsty Horses responsible for the delivery / implementation of the LNAF Pilot Trust Projects in collaboration with Trust representatives.
- HENW with a coordinating and communication role, supporting Trusts to engage and share their learning experiences, evaluate the products’ fitness for purpose and report findings to inform the future business priorities of the Local Workforce

and Education Groups (LWEGs) and NW Local Education and Training Board (NW LETB).

- GM HIEC will support the implementation and evaluation of the pilot, providing administrative support for the Project Management Team, facilities for meetings, and co-ordinate dissemination of regular updates for Trusts and other stakeholders.

5.6 Each participating pilot NHS Trust responsibility to provide:

- A Lead/Champion, the trust contact point, who was responsible for securing Board commitment and implementation.
- A small project team of at least 3 people typically from Learning and Development or Operational Development, Communications and IT (each committed to 15 working days on the pilot).
- An internal champion.
- Contributions to evaluation meetings to share their pilot experiences across participating Trusts.
- Contributions to the pilot evaluation.

5.7 The INSPIRE pilot packages offered to NHS Trusts. (As per TH contract)

The BASE implementation package included the following:

BASE	***ADVANCED (additional in bold italics)***
Best Practice (pre-filled)	Skill Competencies
Behaviours	Courses and Booking
Objectives	
Personal Development	***INTERVENTIONS***
Evidence Journals	***Buddy***
1-to-1 Supervision	***360***
Statistics and Reports	***Performance/Induction/New Manager***
Back Office	***Talent Maps***
Golden Thread	***Succession Planning***

The ***Advanced*** and Intervention modules available, normally to be turned on at a later stage following implementation and for the LNAF pilot purposes (Normally charged at an additional annual rate per person). Core “aligned but gaps to LNA needs” (Thirsty Horses 2013).

5.8 Provision of workshops by Thirsty Horses, to participating NHS Trusts.

Workshops were provided to agree the following:

- Who has access and to which information.
- The information trusts required on inquiries and reports presentations.
- The statistics needed for Trust senior leaders and external partners.
- The alerts required to automatically prompt Trusts that are behind with uploading data etc.
- Cross-check of Trust source documents and ensure everything is covered. Additional workshops were required for the HIEC LNA area.
- To share the challenges and successes of using Inspire.

5.9 Implementation process in each NHS Trust

Thirsty Horses were responsible, through joint partnership working, for the implementation of the Inspire system in each of the pilot sites. It was estimated that a typical implementation would involve the following steps:

- Due diligence meeting to determine the OD and technical capability of the NHS Trust.
- Agreement on the Behaviours for each NHS Trust providing a “Good Practice” which could be adopted and modified where these are not in place.
- Assist with organisation structures if the data is not available internally i.e. Divisions, Departments, Teams.
- Assist with the Golden Thread which links personal objectives to corporate objectives and where available, team/department objectives, providing support where appropriate.
- Set up a secure server with the technical infrastructure, logos, and personalisation of standard process data i.e. email text, process text enabling trusts to tailor the language within Inspire as required.
- Extraction of the Trust pilot staff from ESR.

- Mapping of the internal L&D Portfolio, existing external suppliers portfolio and streamed-in content from desired suppliers.
- Provide advice on the internal marketing launch of the LNAF pilot:
    - Rating behaviours.
    - Setting up objectives.
    - Inputting related Personal Development.
    - Collecting evidence for appraisal.
- Provision of a dedicated IT implementation and support member of staff from Thirsty Horses.
- Provision of training to pilot trusts - two half day `front office` and 1 day `back office` training and support with data interpretation and action planning where requested /required.
- Thirsty Horses also offered to provide learning materials to support the Personal Development conversation, this was offered as requested/ required.

See Appendix 1; Wave 1 NHS Inspire overview.

5.1.0 Table 2: Estimated timeline of pilot phase activities (Thirsty Horses 2013):

Table 2

Weeks 1-4	Infrastructure in place – technical, application, OD data, learning and development portfolio data, pilot users from the Electronic Staff Record.
Week 5	Emails can be sent to the staff to be included in the pilot to begin using INSPIRE, beginning with the assessment process leading directly to the wider suite of applications.
At 8 Weeks	A cycle of behaviour assessment can be undertaken, setting objectives and personal development activities for the next three months and updating progress through evidence and achievements.
Options available to extend the pilot timeline.	

Throughout the pilot, Thirsty Horses worked with participating NHS Trusts to meet individual needs and bespoke Inspire where possible. Feedback was taken throughout the pilot via development ticketing system providing Trusts with the opportunity to raise issues, bespoke needs / requests for modifications. (Thirsty Horses 2014) See the table

in Appendix 9 with a breakdown of the number and type of support/ requests TH provided individual pilot trusts during the pilot.

Early adopters in the pilot utilised version 3 of Inspire, through feedback from pilot trusts the system has evolved, leading to the introduction of version 4, currently being piloted in Derbyshire Community Health Services NHS Trust (Appendix 4)

6.0 Overview of the evaluation approach and methodology

The broad aims and objectives of the LNAF Pilot evaluation were to investigate whether an electronic tool can collect and provide the information needed to undertake a LNA from an individual, organisation and LETB perspective. To test the functionality of a software system, Inspire and its` potential to support each stage within the LNA Framework covering the four elements within the INSPIRE 'core offer ': Behaviours, Objectives, Personal Development and Evidence Journal.

6.1 Evaluation Approach

A lead evaluator for the LNAF pilot was appointed at the start of the project responsible for designing the evaluation model, analysing and interpreting the data, and preparing the evaluation report. The evaluation lead however was replaced partway through the evaluation.

Each Trust identified an internal evaluation co-ordinator to work directly with the lead evaluator.

There are 6 stages to the evaluation LNAF pilot:

1. Setting of performance criteria.
2. Development of evaluation methodology.
3. Planning of the evaluation.
4. Undertaking the evaluation.
5. Compilation, analysis and interpretation of data.
6. Presentation of the evaluation findings and written evaluation report.

Stage 1

Data about the required performance standards for LETB, the Trusts, and the individuals, HIEC LNAF within the pilot was identified.

Stage 2

Evaluation objectives were confirmed, stakeholders identified and scope of evaluation was established. The resulting statement of purpose for the evaluation and evaluation

goals, were documented. A methodological approach and possible sources of evidence were identified including expected timings for data collection e.g. gathering data about the current performance of the pilot sample, used to identify performance gaps. The evaluation method was communicated to the stakeholders to gain commitment to process.

Stage 3

Evaluation outputs/outcomes, stakeholder expectations, Trust Board support, approximate timings for evaluation activities to match purposes and admin support costs with reference to appropriate QA frameworks were confirmed.

Stage 4

The evaluation team and survey sample were identified data was collected and recorded as planned by individual trusts e.g. on-line systems, manually reported data, focus groups and communication with staff using the software i.e. telephone calls, emails and face to face conversations. Trust specific surveys and focus group questions were used; data was reviewed locally and communicated to the evaluation lead, stakeholders and other LNAF pilot evaluation teams at:

- Regular evaluation meetings chaired by a representative of HIEC.
- Evaluation meetings held by Thirsty Horses.
- Emails.
- Reports.
- Trust specific Face-to-Face meetings with the evaluation lead.

Stage 5

Data was analysed against the requirements of the various stakeholders:

- Individual.
- Trust.
- LETB.
- HIEC LNAF defined specification.
- Thirsty Horses requirements for successful implementation.

Using an appropriate methodology to review context based technology the evaluation data, taken from all sources was analysed and interpreted and patterns, triangulation, trends and themes have been identified.

Stage 6

The analysis of data and key themes were introduced to other pilot evaluation leads and stakeholder groups by presentation, to identify key learning; best practice, what went well and what could have been done differently and further discussion and confirmation of the emerging evaluation themes and recommendations for action.
Following the evaluation presentation meeting a written report was generated for appropriate dissemination.

N.B The collection of data demonstrating the impact of learning, as a result of using the software was limited by length of pilot i.e. 6 months and therefore it was decided at the start of the pilot, that this would not be analysed.

6.2. Evaluation Methodology

At the start of this project the Kirkpatrick Four Level Evaluation Model (1975), a common model to review training and learning, was investigated as a means of identifying `proof of concept` and identifying whether performance requirements for LETB, Trusts, individuals and HIEC LNAF were met by the functionality of Inspire. However as the pilot evolved it emerged that the Kirkpatrick Framework would not yield the `proof of concept` that an electronic tool can collect and provide the information needed to undertake a robust LNA from an individual, organisation and LETB perspective. A modified context-based technological evaluation approach was therefore adopted (Lewis 2005).

This evaluation consists of 3 main elements:

- Identification of overall themes.
- Context based evaluation.
- Evaluation of issues affecting successful implementation of Inspire.

6.2.1. Identification of overall themes

Each NHS Trust undertook their own evaluation during the pilot, collecting and analysing their own data. Appendix 3 and 4 provide an example of NHS Trust specific pilot user survey and follow up focus group questions, respectively. Individual Trusts communicated their findings to the evaluation lead via email and face-to-face meetings. In addition local trust evaluation information has been shared with stakeholders and other pilot evaluation teams at HIEC run stakeholder meetings.
The information was analysed and organised into ten themes.

6.2.2. Context based evaluation.

In order to determine the fitness of technology such as Inspire supporting LNA, it is necessary to evaluate technologies within the context in which they will be used in i.e. NHS Trusts and analysed against the aims / requirements of the `end user`. For the purposes of this evaluation, the end users have been identified as LETB, Trusts, individuals and HIEC LNAF.
The evaluation information provided by the pilot Trusts was analysed using a context based evaluation model demonstrated in Fig 7. This approach enables the findings to be examined in terms of whether an electronic tool can achieve the requirements of each group of end users in collecting and providing the functionality needed to undertake a robust LNA from an individual, organisation and LETB perspective.

Context-Based Evaluation Model: Figure 7

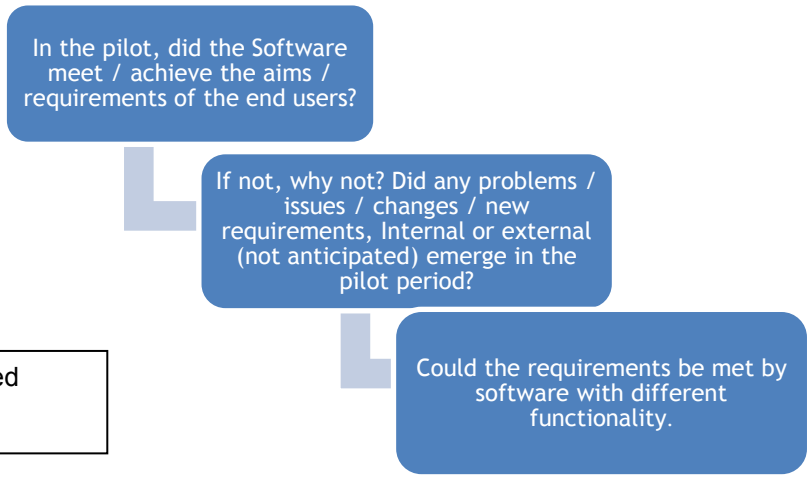


Figure 7: Context-Based Evaluation Model

6.2.3. Evaluation of issues affecting successful implementation of Inspire

There are certain criteria that need to be met, for successful implementation of a software system such as Inspire. In order to contextualise some of the themes emerging from the pilot and lessons learned the requirements for successful implementation suggested by Thirsty Horses will be reviewed within the discussion of themes and Context-based evaluation model.

7. Analysis

The analysis of data from the evaluation will be reviewed by:

A. Discussion of themes, that emerged from Trust pilot site evaluation feedback.
B. Reviewing the identified requirements of a LNA tool and model of a LNA tool, identified by the project group in phase two against feedback form the pilot.
C. Review whether an electronic LNA tool, such as Inspire, meets the requirements of Individuals, Trusts and LETB`s using evaluation feedback from the LNAF pilot.

7.1 Summary of NHS Trust progress / outcomes of LNAF Pilot

The progress of NHS pilot Trusts, has been tabulated below in table 3.

Table: 3 NHS Trusts Pilot of LNAF

TRUST	Completed Pilot	Withdrew	Progress / Outcomes / Feedback
Royal Liverpool and Broadgreen University Hospitals NHS Trust		X	The Pilot became unfeasible
Liverpool Women's NHS Foundation Trust	X		Pilot completed
East Cheshire NHS Trust		X	The Pilot became unfeasible
Manchester Mental Health and Social Care Trust	X		Pilot completed
Lancashire Care NHS Foundation Trust	X		Pilot completed
The Clatterbridge Cancer Centre NHS Foundation Trust	X		Pilot completed
Derbyshire Community Health Services NHS Trust	LATE PILOT -ongoing	LATE PILOT -ongoing	Using version 4

7.2. Themes that emerged from the pilot evaluations

7.2.1. Timing of the pilot

Throughout the duration of the pilot the landscape of NHS changed significantly, many NHS Trusts were engaged in restructuring, reorganisation and for many there were reductions in both frontline staff and sometimes the services they worked in. Understandably, this created turmoil in some local NHS trusts and for some prevented

them engaging in the pilot, of 15 NHS Trusts offered the opportunity to pilot Inspire, only 7 Trusts agreed to be included, one of which falls out of the North West region. Of the 7 NHS Trusts, 2 were unable to take the Inspire forward and complete the six-month pilot, in each case Trust demands and lack of resources was cited as all or part of the reason for withdrawal as demonstrated in Table 3 above.
Some NHS Trusts who chose not to take part in the LNAF pilot also cited timing of the pilot at a time of restructuring.

In setting up Inspire in pilot Trusts, staff information was taken from the Staff Record System and inaccuracies in the data created delays in the set up. ESR data is updated by the end user rather than centrally and therefore relies on the end user to update ESR on any changes in their role, place of work and manager, re-organisation and restructuring resulted in new service development, teams, managers and appraiser which compounded inaccuracies in the ESR hierarchy data. This inaccuracy of some staff details and their appraisers, led to delays in getting the LNAF pilot started as data needed to be cleansed because the Inspire system relied on sending alerts to staff to log on and use the software to start the appraisal and appraisers to engage in the process. In some cases, the inaccuracies were not identified until emails had been sent to the wrong appraiser, as identified by the ESR system. In one NHS Trust, the pilot started in the summer holiday season and created delays in completing the PDR process. These delays meant there was a gap between staff training and ability to log onto the system, which had an effect on staff motivation and enthusiasm for using the software and reduced the number of staff engaging in the process in a timely manner. Where the wrong appraiser had been approached to undertake blind rating, the appraisees were left waiting to book time with their manager to complete the appraisal process; some staff reported that this was demotivating. Amalgamation of, and new service development around the time of the pilot created new roles and teams which necessitated the addition of new job descriptions and team values and behaviours into Inspire. For some Trusts, this delayed the pilot progress and increased the activities of the pilot leads. For some Trusts the LNAF pilot was not aligned with the Trust`s PDR cycle, either already in operation and for some too soon after their last PDR resulting in

staff being less inclined to engage in the pilot and the need for pilot leads to further motivate staff.
The pilot length of 6 months prevented evidence of the impact of values and behaviour development being collected and evaluated and talent reporting.

7.2.2. Lower numbers engaging in LNA Pilot than anticipated.

THE LNAF pilot plan aimed to have 8 NHS Trusts involved in the pilot, four Trusts in both Wave 1 and 2 with an evaluation of learning from phase1 at 3 months that would inform phase 2. An interim period between phase one and two would have been beneficial to the pilot, as it would have:

- Provided Inspire with the opportunity to use their ongoing feedback from NHS Trusts and knowledge of their bespoke requirements, to implement a subsequent version of Inspire, with enhanced functionality and features for wave 2.
- Provided an opportunity for early adopter pilot sites, to provide valuable information, knowledge and lessons learned, to new pilot sites. This would have avoided data cleansing issues, increased staff engagement and sharing of good practice and Inspire training materials.[2]

The aspiration at the start of the LNAF pilot of having 8000 employees using the Software during the pilot, across all trusts, was not realised partly due to the small number of pilot Trusts and of those, the size of sample using Inspire documented in table 4. Larger numbers using the software would have generated more meaningful and a greater range of Trust LNA evaluation data however this would have magnified the issues described above. Table 4 indicates the numbers of staff who used the software in each NHS Trust.

[2] *To overcome this during the pilot, Thirsty Horses ran two half-day workshops for Trust OD Leads who were at various stages of implementation to promote sharing of best practice and learn from one another's experiences.*

NHS Trust	No staff in pilot (trust employees) Bands 1-8 patient/non patient facing.
Clatterbridge Cancer Care	70 (830)
East Cheshire	900 - withdrew
Lancashire Care	436 (10,000)
Liverpool Woman`s Hospital	1000 (5000)
Royal Liverpool University Hospital	- withdrew
Manchester Mental Health and Social Care	500 (1800)
Derbyshire Community Health	30 (1800)

Table: 4. Number of staff using Inspire by NHS Trusts

A selection of NHS Trusts were involved in the pilot, large, small and specialist e.g. mental health and staff piloting Inspire were made up of employees from all bands 1-8, patient facing and non-patient.

7.2.3. Costs and connectivity to other software systems.

Cost was a recurring theme across all NHS trusts in the pilot both in terms of purchasing the Inspire system beyond the pilot and the staff resources required to manage the Inspire system, in the pilot and beyond. The majority of Trusts providing feedback reported that whilst they were aware of the financial cost of the pilot the unexpected activities within the pilot had been `labour intensive` particularly as outlined above and around organisational readiness and `Back office` duties. It was reported that this increased their own time and involvement in the pilot as well as admin costs, some felt ` a dedicated team would be required to keep the system updated`. Inspire is centrally not self-serviced and relies on manual input of staff records for new starters and modifications to changed personal details, new roles, new work environment and appraiser and subsequent modifications to role values and behaviours. Trusts reported that they had access to the ESR system, which is end user, rather than centrally serviced. Although some evaluators and their staff perceived ESR as, “clunky” it is currently not funded by local NHS Trusts, for the next 7 years. In the light of modifications to ESR, some NHS Trusts stated they are “Using ESR to its full potential

to perform the required LNA activities`. One trust in the pilot reported that the “Trust have been able to have been able to use ESR for 90% of what the Trust needs “as it links PDRs, talent management, sickness recording, occupational health, training and development and linkage to SMS devices”. Three of the Trusts who have completed the LNAF pilot and will not be continuing with the system beyond the pilot have factored costs into their decision. Cost in the `current climate` was also cited as a reason for trusts not to engage in the LNAF pilot.

During the pilot phase, Thirsty Horses, in response to NHS Trust feedback, and recognising that seamless integration, ESR was a priority for some Trusts, opened negotiations with the ESR supplier. Appendix 5 identifies the links that have now been achieved. It was generally reported, by evaluators “without a link to ESR both systems will need to be used to produce a meaningful LNA”

All NHS Trusts in the pilot using values, behaviours and objectives as a basis for appraisals stated that the software was used in conjunction with other software systems e.g. Trust ESR, Pebble Pad for Physiotherapists and CPD Apply. Some additionally used paper based appraisals using frameworks such as the KSF to measure achievement rather than appraising only against Trust values and behaviours. In some pilot sites, the pilot plan meant that appraisal was duplicated using both paper base and the software. This also led to confusion in pilot staff as to whether using in the appraisal counted towards their annual appraisal.

Regardless of the type of software used to capture LNA data from appraisals, to be successful, it must link to systems used to support the appraisal, such as CPD apply. Evaluators reported that a LNA tool needed access to learning and development options during the appraisal process including Trust specific, mandatory training and clinical learning so that learning can be aligned to role, needs, service, trust, board values, behaviours and staff have access to career development resources.

All considered a learning management function as essential however Thirsty Horses reported that learning and development in some NHS pilot Trusts was often in different formats and at various levels of completeness, which will need addressing for uploading onto an electronic LNA, tool.

Thirsty Horses introduced Inspire version 4 with additional functionality, which indicates that the system has the flexibility to adapt in response to feedback from Trusts, using their system (Appendix 4).

7.2.4. Organisational readiness

Organisational readiness to implement Inspire was a reoccurring theme in the evaluation feedback from NHS pilot Trusts and was affected by several factors, which will be discussed in other sections these include:

- Some executive board members / senior managers not fully engaged with the pilot.
- Meaningful values and behaviours either not in place or confirmed at board level e.g. influence of new CEO or Board members following reorganisation in the Trust.
- Basic PDR training for appraisee and appraiser not geared to rating against values, behaviours and objectives.
- Appraisal cycle policy adjustments-move from annual to more regular reviews Information Technology.

Some NHS Trusts who chose not to take part in the LNAF pilot cited lack of organisation readiness at the time of the pilot as a rationale.

Using their experience of the LNAF pilot Thirsty Horses amended their organisational readiness checklist (2013) for successful implementation of their software for the pilot trusts:

- The organisation have clear objectives that identify what they wish to achieve by using Inspire (outcomes and outputs).
- Senior leaders in the trust champion the implementation of Inspire.
- The organisational has a set of meaningful values and behaviours.
- Behaviours, related to organisational values have been identified for specific staff groups.
- The hierarchy/Line manager information for staff from the ESR is correct.
- Appropriate information governance data from Thirsty Horses is understood.
- There is organisational capacity to lead Inspire implementation.
- There is organisational capacity to manage Inspire implementation.
- A golden thread has been established identifying visible links from personal – team- directorate- corporate.
- An L&D portfolio has been mapped against staff groups/competency levels.
- There is an appropriate communications resource, both internal and external.
- Existing staff understand the trust PDR process.
- Existing staff have the required skills to undertake PDRs based on an evaluation of themselves against trust values and behaviours.
- Existing line managers have the required skills to review individual PDRs based on trust values and behaviours.
- Line Managers have the skills to apply consistent scoring/assessment of staff against trust values and behaviours.
- There is an organisational culture of giving and receiving feedback.
- The trust has consistent levels of IT i.e. Organisation wide Internet Explorer 9, access to computers, tablets or smart phones.

Feedback from NHS Trusts suggests that they were not fully aware of the preparations required to be `ready` to implement and pilot Inspire. Several have suggested with

hindsight, that a longer preparation time between signing off for the pilot and implementation to ensure organisational readiness and accuracy of the ESR data as this may have prevented some of the issues the Trust experienced. Most however felt the pilot was useful as it highlighted some of the issues that informed the list above which can be improved following on from the pilot e.g. Value and behaviour based PDRs and rating against them for appraiser and Appraisee and data cleansing of ESR.

7.2.5. Information Technology

Several IT issues influenced the success of the LNAF pilot and influenced some of the timing issues.

Data cleansing issues **-** In the pilot, staff data was taken from the Trust ESR system and as outlined above there were issues with incorrect hierarchy causing delays in the pilot and this sometimes, reduced enthusiasm in the pilot.

IT Governance issues - Trusts had the option to had the option for Inspire to be hosted on Thirsty Horses servers or use their own. Using the NHS Trust server created IT governance related issues with the interface and firewalls causing installation delays and the rigidity of the NHS processes, delayed the release of staff data to a third party.

Access to emails - the software uses emails to alert staff at various points in the appraisal and personal development process however some staff do not have an email account for their role although personal email addresses could be used. The evaluation also highlighted that not all staff are confident / competent in using email for communication this seemed to have been reported, most commonly by staff in lower bands.

Access to PC **-** Lack of available computer terminals or iPads commonly featured in the evaluations. Some reported they only had access to one computer in the workplace, sometimes pilot staff cited lack of privacy as an issue because they were only able to access computers publicly on the ward / department, where the open screens on the software, containing personal information are open to the passing audience. This could be overcome however using smart phones and tablets / iPads. Using the software also means that the review between appraiser and appraise relies on being logged onto a

computer and if sited publically can inhibit discussions. Some Trusts however were able to increase engagement by loaning of iPads for appraisal purposes.

Some community staff reported difficulties with access to computers especially where the Trust had a large geographical footprint and mangers worked a distance from them. It had been reported in Trust evaluations that in the past PDRS had been undertaken in easy accessible places such as coffee shops. Where staff have access to tablets and smart phones this would still be possible.

Staff using the software, have the option of uploading evidence of their development and how they have met the required objectives for their personal journals, however, this requires access to scanners which are not always available in the Trust.
Some NHS Trusts who chose not to take part in the LNAF pilot cited IT issues as reasons for not taking part e.g. IT governance or IT platforms.

7.2.6. Communication

Staff employed several methods of communication to inform staff about the pilot and training in using Inspire and encourage engagement in the pilot. e.g. briefing meetings, Emails, posters / leaflets, videos on Trust staff internets, produced manuals and FAQs and monthly strategy meetings although some staff are harder to reach – community, non-email users. All NHS Trusts offered training however, some people were not released by their managers to attend and this caused delays in using the software until they had training. One trust provided 34 briefing sessions on the software in preparation for staff engagement with the pilot, in some cases repeating sessions where there were delays between briefing and access to Inspire.

7.2.7. Reviewing performance against Trust values and Behaviours

Using the software for appraisals requires staff to rate themselves against their Trust values and behaviours, which have been uploaded onto the system and managers to `blind` rate their staff against them. Some NHS Trusts at the start of the pilot did not

have Trust specific meaningful values and behaviours in place or confirmed at board level despite this being a requirement of the NHS Constitution (2009). Some Trusts choosing not to pilot Inspire cited that their Trust organisational objectives / behaviours were not confirmed at the time of the pilot.

Evaluation from one NHS Trust suggested some staff felt it was a “fairer way to undertake their appraisal” and that it was “a good way to ensure that staffs are performing”. Some staff felt that using the software would have been easier if Trust objectives had been better cascaded before undertaking a review of their performance against them.

7.2.8. Rating of Values and Behaviours

Some appraisees found it difficult to relate the roles they performed to Trust values and behaviours this was commonly reported for lower bands. Similarly some felt they were “not as easy to interpret for non-clinical staff” Some clinical staff were more comfortable reviewing their performance against the KSF or competencies and felt uncertain whether to rate values or the job they performed and interpretation of Trust values and behaviours was found to vary amongst staff. This was reported to be more of an issue during discussions between manager and appraisee where rating of performance was aligned during appraisal discussions.

Some managers were uncomfortable / challenged by `blind` rating their staff and delayed completing them, reducing completion rates and this was often evaluated by appraisees as discouraging and for some as “causing anxiety and stress”. Some trusts used rating in their previous PDR processes and reported this did not raise the same issues as blind rating. In one pilot Trust rating was only completed by 37% of appraisees, 10% of managers and only 5% had a joint discussion to agree rating. Evaluation from some Inspire users liked this aspect as they suggested this led to “open and honest discussions with their managers” and that “positive feedback increased motivation”.

Evaluations suggested that appraisees and appraisers felt that other learning needs needed to be addressed in PDRs e.g. clinical learning, leadership and core role needs often cited in Trust workforce plans. In Trusts where KSF pay increments relied on reaching KSF gateways, this was especially important. Mapping was undertaken in some trusts. This suggests that whatever framework is used to measure performance for LNA, pay awards related to performance needs to be open and transparent,
In response to feedback Thirsty horses has built in the facility to address compensation in Inspire version 4, see Appendix 6.

7.2.8. Utility

Aesthetically Inspire is overall reported to be a good system easy to navigate, intuitive with easy functionality and staff have opportunity to record evidence using a scanner. One Trust who previously used an electronic PDR found that new teams or non-electronic PDR completers enjoyed using the system. One NHS Trust in the pilot advertised Inspire as “Easy and quick to use, paperless PDRs with the ability to track progress with your objectives and understand how they contribute to the strategic aims of the Trust“. Some feedback provided by one NHS Trust.

7.2.9. Reporting

LNA relies on collation of data from across the organisation from activities such as PDRs and the ability to generate reports from the information provided. The advantage of using an electronic tool for appraisals is that data is gathered and organised into reports. Such reports are essential to understand whether there is compliance with Trust strategy, to report on staff groups and determine whether Board objectives were

being met and plans for future learning. The first version of Inspire used for the LNAF pilot in some early adopter NHS Trusts limited the type of reports that could be generated e.g. PDP data, as a result there has been little feedback about the type of reports that the software can generate to feed into the LNA process. Small numbers included in the pilot also limited reporting.

Communication from Thirsty Horse suggests that feedback gathered from the pilot Trusts has been incorporated relevant improvements into the Inspire Version 4 (Appendix 4).

Thirsty Horses as per contract, agreed to aggregate the LNA at each level of employee as envisaged in the “Framework 6 Organisation (Thirsty Horses 2013) TH have also provided information on reporting from Inspire which can be found in Appendix 7.

7.3. Reviewing the identified requirements of a LNA tool and model of a LNA tool, identified by the project group in phase two against feedback form the pilot.

7.3.1 Did Software enable the necessary activities identified by the LNAF for a LNA tool to be performed?

The LNAF project group identified activities required to develop a robust LNA, listed in the table 5 below. The feedback from the LNAF pilot suggests that an electronic LNA tool potentially has the capability to perform most of the required activities and can provide information to contribute to some. An electronic LNA tool could potentially enable all activities listed to be achieved; NHS Trust`s business objectives / strategic plans can drive appraisals; staff can be informed of what is expected of them in their role, team or service; learning can be achieved during preparation for PDRs and development needs identified and documented in common terms, learning and development activities and opportunities (planned and prioritised to meet strategic needs and affordable) can be accessed at the time of PDR; information from PDRs can be collected and stored in one place, in common terminology for reporting purposes and impact can be assessed. The pilot has indicated that whilst an electronic LNA tool potentially, has the functionality to do all that is required; it relies on significant NHS

Trust preparation activities to ensure that all of the elements identified are agreed and in place to successfully implement any electronic tool. This is in line with the requirements NHS Constitution (2009) and Health Education England Workforce Plan (2013).
Feedback from the LNAF pilot at this point suggests that Inspire has the capability to perform some of the activities but would need further development to achieve them all. The information from Thirsty Horses about the developments can be accessed in Appendix 4. One NHS pilot Trust, a late adopter, is currently piloting Inspire version 4 and were unable to provide feedback for the evaluation at the time of writing.
In addition, given the amount of change in the NHS that took place during the pilot and the impact the changes imposed on Trust LNA requirements, any electronic system needs to be adaptable to future proof against future NHS developments.

Table: 5 LNA Activities

Activities Identified to assist LNA	Achieved within LNAF pilot?
NHS Trusts business objectives / strategic plans to drive appraisals	YES
Appraisees to understand what is expected of them in terms of their role, team, service and organisation	YES
Learning and development needs to be identified and described in common terms	Advised YES with further development
All data collected and stored in one place for easy action and analysis	YES
Learning and development provision can be planned and prioritised to meet strategic needs and available funding	Can contribute
Learning and development activities and opportunities to be communicated / publicised	Advised YES with further development
The impact of learning to be evaluated against patient care, service / organisational and LETB needs	Advised YES with further development

7.3.2 Did the software meet the required specifications for an electronic LNA tool identified by the LNAF project group?

The outcome of the consultations undertaken in Phase 1 and 2 of the LNAF project was the identification of the specifications that NHS Trusts would require from a LNA tool- see table 6 below. The feedback from the LNAF pilot suggests that an electronic LNA

tool potentially has the capability to meet the required specifications listed. This is dependent on there being a common understanding of requirements between the NHS Trusts and the developers, the functionality that is fixed and that which facilitates individual Trust requirements and the system`s ability to connect to external software, such as ESR and CPD Apply is understood by all parties.

In addition, the success of any electronic tool requires that Trusts are fully prepared to implement the LNA tool e.g. robust business plans, objectives, values and behaviours, Standard PDR documentation that fits the LNA tool, identification of the reports required to inform their LNA. In addition, all staff from Board member to frontline staff is trained and understands what they need to do and are engaged with the process. Feedback from the LNAF pilot at this point suggests that Inspire has the capability to perform some of the activities but would need further development to achieve them.

Communications from Thirsty Horses advise in their documentation that the Inspire system is able to meet these specifications due to further developments, in the Inspire version 4. Some of the specifications relate to reporting and therefore until version 4 has been fully evaluated by the remaining pilot Trust, without user evaluation, it is difficult state whether these activities can be achieved at this point. The information from Thirsty Horses about these developments can be accessed in Appendix 4.

TABLE 6: Defining the Specifications for a LNA Tool	Can be achieved with Inspire?
Individual NHS Trusts can upload own document with electronic links to e.g. business plan, PDR paperwork, in-house portfolio, learning plan template	YES - **Bold** Advised by TH YES with further development
Access to LNA tool with simple instructions for all levels of user e.g. Learner, Manager, L&D Lead	YES
Flexible system to allow for different trusts LNA cycle	YES
Reports at any time in the LNA cycle	Advised by TH YES
Uploading of personal learning needs into generic tool for data collation /manipulation	YES
Reporting for individual, by team, division, banding, job role etc.	YES

Flexibility of reporting templates – no restrictions in no reports	Advised BY TH YES
Segregation of reporting for different sources i.e. organisation level, LETB level, HEI level	Advised BY TH YES
Download of employee data from central source e.g. ESR	Advised by TH YES with additional costs
Web-based with protection of employee data	YES
Connectivity to sources of training delivery, internal processes-	Advised by TH YES with further development
Study leave forms, in-house training portfolio, CPD apply	Advised by TH YES with further development
Links to evaluation tools with links to performance reporting	Advised by TH YES with further development

7.4 Context based evaluation

In order to determine the fitness of technology to achieve the requirements of each group of end users in collecting data and providing the functionality needed to undertake a robust LNA, the end users have been identified as LETB, Trusts, and individuals and to some extent the HIEC LNAF. The requirements of the end users, LETB, Trust and individual, in terms of needs of an electronic LNA tool have been identified, aligned and will be considered within the themes in table 7 in Appendix (8).

The required functions identified are:

- Strategic planning and reporting.
- Ensuring security of supply and meet local priorities.
- Meeting service needs now and into the future.
- Delivery of NHS values and behaviours.
- Commissioning of education and training.
- Delivery of strategic priorities.
- Provision of excellent education.
- Development of competent and capable staff and provision of CPD.
- Measuring impact of education and training.
- Accountability for allocation of funding.

The evaluation information provided by the pilot Trusts will be used to identify whether an electronic LNA tool meets end user needs by applying the following questions:

- In the pilot, did Inspire software meet / achieve the aims / requirements of the end users?
- If not, why not? Did any issues / changes / new requirements challenges or opportunities, Internal or external (not anticipated) emerge in the pilot period?
- Could the requirements be met by software with different functionality?

7.4.1 Were the needs of the GM HIEC met?

From a GM HIEC perspective, the LNAF pilot indicated clearly that an electronic LNA tool could effectively collate trust-learning needs by staff groups/ bands 1-8 (patient and non-patient facing) which NHS Trusts can use for various functions. However, a learning management function, connectivity to systems such as CPD Apply and making learning needs data accessible to education providers needs to be fully explored.

7.4.2. Strategic planning and reporting

The Department of Health (DH) responsible for setting the education and training outcomes for the NHS and their plans for commissioning through Health Education England (HEE) were set out in 'Liberating the NHS: Developing the Healthcare Workforce, From Design to Delivery'(2012). LETB`s, as statutory committees of HEE, link with local NHS Trusts and are tasked with delivery of HEE strategic aims and national priorities, developing a flexible local workforce to address future challenges in the NHS, excellence in training with better educational experiences for NHS staff and allocating funding via a fair and responsive funding system. The NW LETB produce a Strategic Education and Learning Commissioning Plan every three years which is informed by NW LWEG reporting, based on local NHS Trust Workforce Development

Planning. NWLETB strategy provides support to NHS Trusts, provides a basis for monitoring progress in meeting strategic aims / objectives and informs HEE that their strategic aims and priorities are being delivered.

NHS Trust Workforce Development Plans rely on a robust LNA and are essential to the reporting function of NWLEWG and the Trust ability to support appropriate allocation of funding for education, learning and development. LNA in local Trusts is undertaken using data collated centrally from individual performance appraisal and development reviews via the Trust PDR process which is often paper based. Given the complexities of local Trusts, in terms of the number of employees, departments, services and geographic spread of caring environments, the collection of data from local service areas for the purposes of collation can be a difficult task and relies on close monitoring of PDR compliance at an individual level. In addition, terminology used in PDRs is not always common within a Trust or between Trusts making collation of information difficult at a Trust and LETB perspective. It is essential that individual staff members engage fully in the Trust PDR process and are able to identify their own learning and development needs and provide evidence of their learning and development because it informs the Trust LNA and workforce planning strategies and influences education funding.

In the LNAF, pilot the system generated prompts via email for individuals to undertake their PDR and inform managers of their engagement so that leads were able to monitor closely employee compliance with the Trust PDR policy. Although this was affected by IT issues such as lack of email / computer / scanner access and to some extent blind rating of values and behaviours, it is a facility that would be required in a LNA tool. From a Trust perspective, the LNAF pilot provided an opportunity to increase understanding of the LNA process, the information required to produce one and how an electronic tool such as Inspire, can help with workforce planning, allocation and requests for funding, to meet the learning needs of the whole organisation. The use of common terminology embedded within an electronic LNA tool enables standard data to be collected at an individual level and be collated centrally using the LNA tools reporting function, more easily, accurately and use less resources from the paper based PDR

processes undertaken throughout the Trust. The accuracy of the data collected by a LNA tool facilitates the construction of meaningful workforce development plans, submitted to HENW that more closely reflects learning needs, development and achievement of objectives such as mandatory training and compliance with NHS values and behaviours.

In the pilot, PDRs were undertaken electronically and based on NHS Trust objectives, values and behaviours although in some Trusts, clinical knowledge and competencies were based on paper copies of frameworks such as KSF. Therefore, collation of learning needs was taken from a variety of sources rather than one report from Inspire so reduced the benefits of using common terminology in the PDR process and collation was still labour intensive. TH report that pilot Trusts had access to some core reporting based on Trust values, behaviours and Trust objectives although most Trusts reported they were not accessed. Appendix 7 outlines the reports currently available in Inspire version 4 supplied by TH.

7.4.3. Ensuring security of supply and meet local priorities and Delivery of strategic priorities

LETB`s aim to provide the right people with the right skills, in the right numbers at the right time and place, achieved by identifying and setting and agreeing local priorities underpinned by local workforce planning. Local NHS Trusts are required to identify gaps in knowledge, skills and competence within the Trust, services it provides and individual staff, across bands, roles and profession through LNA. Using this information, Trusts are required to put plans in place to ensure the Trust workforce has the right skills and knowledge to deliver high quality care and meet local and national priorities e.g. care closer to home.

In the LNAF pilot, PDRs were only based on Trust values and behaviours rather than skills and knowledge required for individual roles or Trust priorities and reporting by individual Trusts were not sufficiently tested. Inspire provided an opportunity to use team objectives although TH report that these were not used in the pilot. In addition small numbers engaging in the pilot prevented meaningful data being generated within

and across Trusts. However learning from the pilot and modifications in Inspire version 4 reported by TH, suggests that an electronic LNA tool with the right functionality would be beneficial in identifying local education priorities and provide:

- An opportunity for Trusts to upload both LETB and Trust specific priorities and development plans to inform staff, so that they can self-assess themselves against them and align their own learning needs towards service needs.
- A mechanism for capturing LNA data from the PDR process and a reporting facility which identifies gaps in knowledge, skills and competence across individuals, bands, professions and services so that planning is aligned to meeting learning needs and improving performance.
- A means of monitoring whether LETB and Trust priorities are being met so that additional planning/ communications can be put in place to close gaps and ensure patient needs are met.

7.4.4. Meeting service needs now and into the future

LETB`S are accountable for ensuring that NHS staff are fit for practice and employment to meet patient needs both now and into the future and achieve this by supporting the delivery of education and training which is based on the NHS Constitution, whole workforce development, lifelong and multi-professional learning and quality learning environments. Trust workforce development plans need to be aligned with both LETB requirements, their priorities and local needs, identified in part, by information gained from Trust LNA. Local Trusts are accountable for informing the workforce of the skills, knowledge and competence they need to perform their role to a high quality so individual staff can assess themselves against Trust requirements and engage in lifelong learning to ensure they are fit for practice and purpose.

The six month duration of the LNAF pilot and appraising a limited aspect of individual fitness for purpose i.e. based on Trust / team objectives, values and behaviours rather than skills and knowledge prevented this requirement from being fully tested. Whilst this was considered valuable because it guided staff so they were able to identify and align

individual and team learning and development with the organisation's strategies and objectives and staff gained a better understanding of how they could contribute and undertake development activities to support their achievement of them; pilot feedback suggests that the required skills, knowledge and competence for their role would also be required.

Learning from the pilot suggests an electronic LNA tool would need to have the facility to upload Trust information including skills, knowledge and competencies for particular bands of staff and services, in common terms, enabling staff to engage fully in the PDR process. An electronic tool displaying this information will ensure staff gain a better understanding of what they need to be able to do to perform their role to a high standard and how they can meet national and local priorities. Reports generated from the LNA tool PDR process ensures that planned education and training meets the needs of individual staff and the services they work in and meets identified local and national priorities. It will also provide a useful insight into the skills and knowledge that individuals may require for future developments. The data collated in an electronic LNA tool can demonstrate evidence of how far staff, are meeting the strategic needs of the LETB. As reflected in the pilot, the fast pace of change in the NHS means that local and national priorities may need to be introduced and acted upon at short notice. The ability to upload new priorities as they emerge into an electronic LNA tool, which is accessed by the workforce, enables Trusts to respond in a timely manner.

7.4.5 Delivery of NHS values and behaviours

All NHS bodies –including LETB`S supplying NHS services are required by law to take account of the NHS Constitution in their decisions and actions. It is the responsibility of LETB`S and Trusts to ensure that NHS staffs have the necessary compassion, values and behaviours to provide person centred care and enhance the quality of the patient experience, which can be achieved through education, training and CPD.

NW LETB aims to address the recommendations of the Francis Report, which indicates that the values and behaviours demonstrated by ALL staff working in health and care

should reflect the common, shared, values and behaviours as described in the NHS Constitution.
Individual staff should be aware of and understand how; they can develop their performance based on Trust objectives, values and behaviours and understand how they relate to their roles and upholding of the NHS Constitution -values and behaviours. In this requirement, all end users are accountable.

The LNA pilot of Inspire placed Trust objectives, values and behaviours at the centre of the PDR process. This provided staff involved in the pilot with the opportunity to gain a better understanding of the values and behaviours they need for their role so they could align more closely to their Trust and team and meet the expectations of the NHS Constitution. The Inspire system provided staff with an opportunity to identify and evidence how they demonstrated Trust objectives, values and behaviours in the work that they do and care that they provide and therefore how they met NHS Constitution values and behaviours. The ability to report on the extent to which NHS staff, align their performance to the NHS Constitution, at a Trust and LETB level is an essential component of an electronic LNA tool for both monitoring and dissemination of Trust achievements. In the pilot period, leads have provided little feedback on reporting around staff compliance with the NHS Constitution. TH documentation around reporting in Inspire can be accessed in Appendix 7 and states this is possible. This is an important function because it allows each stakeholder to report back on compliance with the NHS Constitution from individual staff member to HEE.

In the themes identified from feedback from pilot Trusts, issues with Trust values and behaviours were identified, sometimes work undertaken to ensure they were meaningful delayed the start of the pilot and in some cases had an influence on motivation to engage with the pilot. The pilot also exposed training needs around providing guidance to staff applying what they do in their role to Trust values and behaviours. Staff would also need training in assessing / rating against them, as some individuals, including staff in lower bands, found it difficult to relate the work they undertook to their Trust values and behaviours and some managers felt uncomfortable `blind` rating their staff.

7.4.6. Commissioning of education and training, provision of excellent education and accountability for allocation of funding, development of competent and capable staff and provision of CPD

LETB`s are responsible for planning, commissioning and are accountable for quality and value for money in the education and training commissioned on behalf of the local health community, based on local workforce demand and strategic priorities and reflecting the differing needs of the current and future workforce, multi-professional learning and widening participation including Bands 1-4. LETB`S are also required to support access to CPD for the whole workforce and ensure that the education and training they commission is in accordance with the requirements of professional regulators and the Education Outcomes Framework. LETB`S achieve this in response to requests for funding by local NHS Trusts.

LETB`S however require that requests for funding are based on outcomes/ data gained from workforce LNA, informed by PDR activity and collated in terms of job roles and Banding, service needs and national priorities and that Trusts are accountable for spending on education and training.

Whilst it is possible to undertake LNA manually, it is often labour intensive, relies on a robust method of collation and information may not be reported back in common terms. The accuracy of outcomes from LNA is crucial to LETB`s as it saves money, provides an opportunity to ensure that appropriate learning and development interventions are carefully aligned to learning needs, and provides professional development, which avoids using funding on unnecessary interventions. Feedback from the pilot indicates that an electronic LNA tool would improve the accuracy of the workforce LNA information used to inform workforce development plans and reporting submitted to the LETB.

The Inspire version 3 used in the LNAF pilot did not cover the whole range of information needed to produce a fully informed LNA for the LETB purposes (objectives, values and behaviours only) and only small numbers of staff were involved. A learning management function directing staff to CPD activities across the workforce on Inspire

was not available at the time of the pilot although T.H. report, that version 4 has this capability.

The pilot, however, indicated that an electronic LNA tool has the capability to segregate information provided to staff about their role, team and service and capture information by band, service and profession. This would help trusts ensure that the learning needs from all bands of staff are identified and that the CPD funding allocated, supports widening access, in line with the aspirations of NW LETB and HEE. More knowledgeable and skilled employees are likely to be more productive and make fewer mistakes, thereby meeting performance targets and enhancing the patient experience.

The range of reporting provided by an electronic LNA tool will support Trusts to provide information to the LETB in a standardised form, using common terminology and report by banding, job role, profession and service and demonstrate compliance with the Education Outcomes Framework. Gaining central access to information captured in the PDR process provides both the Trust and LETB with the opportunity to monitor closely, whether engagement of bands 1-4 in learning activities supports widening participation, multi-professional learning or CPD, to support workforce development is being achieved.

Planning is a key component of effective education and training and it is essential that LETB plans are efficient, meet patient needs and provide value for money, it is essential therefore, that they are based on sound evidence and that information is aligned with local service strategies, financial drivers and workforce development plans to support their decision-making. The improved reporting that an electronic LNA tool has the capability to generate enables both the Trust and LETB to better evidence their accountability that funding is spent on strategic and local priorities.

NHS Trusts are required to recognise talent and develop employees as part of their talent management strategy as it helps keep staff motivated, retains employees and reduces recruitment and induction costs. In the LNAF pilot staff, bands 1-8 had the opportunity to assess their achievements and provide evidence of their own talent and have this confirmed by their managers at the PDR and the information stored

electronically. Although the reporting function in the pilot was not fully tested there are indications that centrally collated information on staff achievements enables Trusts to review and manage their `talent` strategically and align the learning interventions they offer to develop staff identified further.

Pilot leads recognised the value of staff having access to a learning management function at the time of their PDR because it would generate informed learning needs analysis and staff can be directed to professional developmental opportunities aligned to local need and national priorities which can be signed off by their managers at their PDR. Streamlining the LNA process in this way avoids delays, which can cause staff to lose the sense of motivation gained from organisational investment in them.

7.4.7. Measuring the impact of education and training.

Both NW LETB and local NHS Trusts have a responsibility to measure the impact and contribution of education and training against identified local and national priorities and strategic aims and assess the return on their investment. The length of the LNAF pilot prevented this aspect of using an electronic LNA tool to be tested.

Feedback from the pilot leads suggest that the ability to align learning needs closely to learning interventions and collate information from individual PDRs centrally, over a time period, is a positive benefit of using an electronic tool. Individual staff feedback, indicating how their learning supported their own development and that of their service can captured within an electronic LNA tool and presented in reports, providing some evidence of return on investment enabling the Trust and LETB to make more objective decisions about interventions that add value and achieve strategic aims.

8. Overall Summary

The LNAF pilot confirms that an electronic LNA tool would be beneficial to LETB, NHS Trusts and individual NHS staff. For the purposes of the pilot the Inspire system core offer was for values, behaviours, objectives, personal development only although trusts could opt for additional functionality. The system has been further developed during pilot process to align more closely with NHS needs e.g. 360* and talent mapping, which suggests that it is an adaptable system.

The pilot has provided the NHS Trusts with the opportunity to identify more accurately the functionality required from an electronic LNA tool. In this, the pilot has been successful. Feedback indicates that the LNA tool system needs to be linked with or capture the additional data required to ensure the LNA provides an accurate analysis of trust developmental needs, and provide essential information to inform workforce strategies and plans and connect to external software such as CPD Apply and Trust ESR.

Thirsty Horses have adapted their system throughout the pilot and demonstrated their responsiveness however; there is currently no evaluation to support the latest Inspire version 4 due to late implementation in the NHS Trust.

The themes that have strongly emerged from the NHS Trust pilot evaluations of Inspire is cost, connectivity to systems such as ESR and staff time, reasons cited as reasons for not continuing with Inspire beyond the pilot.

Positive gains from the pilot reported by the evaluation leads:

- When the process was good, staff felt valued.
- Opportunity to establish SMART values and behaviours aligned to trust values and behaviours framework and linked to the NHS Constitution.
- Greater awareness of functionality required of an electronic system to perform a LNA.

- Back office duties provided greater insight to service changes, staff mobility, and roles.
- Flagged up gaps in appraisal system and ability to perform an accurate LNA.
- Identified training needs around appraisal process.
- Gained good ideas from the pilot for review of Trust appraisal process.
- Identified external systems that would be useful to connect to electronic system- CPD Apply, Pebble Pad.
- Provided good comparison of ESR system.

8. Key findings:

- LNA is a key activity in the current NHS for individual staff, NHS Trusts and LETB`s and can be enhanced with an electronic LNA tool.
- The accuracy of information NHS Trusts provide to LETB`s around learning and development needs is crucial to gaining funding for their service needs.
- The changes to the NHS landscape at the time of the LNAF pilot had an impact on Trust engagement and contributed to some of the issues that occurred in the pilot e.g. delays due to data cleansing and creation of new job roles.
- A longer pilot would have enabled an assessment of the impact of learning to be undertaken.
- The pilot has identified the following as key requirements in an electronic LNA Tool:

- Utility:
  - Easy to use.
  - Not labour intensive.
- Functionality:
  - Connectivity to internal and external systems such as ESR and CPD Apply.
  - Includes a learning management function.
  - Enables compliance monitoring and communication to alert staff.
  - Provides direct access to the learning opportunities available to staff so they can improve their performance.
  - Ability to book training at the appraisal meeting.
  - Provides access to information outlining the skills knowledge and competence staffs require to perform their role e.g. clinical skills to deliver high quality care.
  - Where pay is related to performance, there needs to be a facility to capture this on the LNA system or a process that relates to the information on the system, to ensure openness and transparency.

- Flexibility:
  - Individual NHS Trusts are able to upload own documents, values, behaviours and objectives, required staff knowledge and skills per role which fit the LNA system
  - Adaptable, to future proof against future NHS developments and change so that appropriate adjustments can be made in a timely manner.
- IT:
  - Accessibility and compliant with local IT governance.
- Cost:
  - Provides value for money and priced reasonably.
- Reporting:
  - Provides a robust reporting function that segregates data.
  - Provides a facility to report on extent to which NHS staff, align their performance to the NHS Constitution, at a Trust and LETB for both monitoring and dissemination of Trust achievements.

9. Overview of the lessons learned from the LNAF pilot

1. Pilot lead in time is important and needs to be realistic to enable appropriate:
   - Discussions/ communication at all levels from Board to staff member to take place.
   - Meaningful and SMART Trust objectives, values and behaviours to be in place and staff are aware of them and how they relate to their roles.
   - Mapping of the Learning and Development portfolio against staff groups/competency levels.
   - Preparatory training on the system to take place on all levels.

- Access and training to be organised so that all staff required have access to and can use emails.
- Resolution of IT issues to be addressed before implementation – Governance, access to PCs and capability of staff.
- Performance appraisal training to be provided to both appraiser and appraisee.
- Integration with other systems to be made e.g. ESR and CPD Apply
- Provision made for talent management.

2. Staff details in terms of contact details, job role, service employed in and Appraiser / manager must be confirmed before implementation.
3. There needs to be a shared understanding of the full functionality of the system and the adaptations that can be made, this is essential to use the LNA tool to its full potential.
4. A small pilot of the LNA tool is required within the trust before full implementation.
5. There needs to be a shared understanding of the full range of the reporting that is required and can be created to inform LNA and the required training provided
6. How the Trust performance related pay increase process needs to be aligned to the system.

10. References

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