

# LEARNING NEEDS ANALYSIS (LNA) TOOL

This LNA Tool is designed to support managers **at all levels**, in identifying, prioritising and planning the Learning and Development Needs for their nursing, midwifery and healthcare support workforce.

Completion of the LNA Tool creates a dynamic, ongoing record of the L&D needs of your workforce, designed to be reviewed, monitored, and updated annually within your Service Area(s).

## Instructions

- Please read the **LNA Guide** before completing this Tool.
- Completion of the Tool should be carried out in a collective manner, rather than in isolation, to ensure shared understanding and joint ownership of the outcomes.
- Each section should be completed by the appropriate manager(s) according to their roles and responsibilities. *Please note that responses to individual sections may overlap, as some content is relevant to more than one area.*
- The details contained within the Tool can be adapted and transferred for integration into digital platforms.

<b>Details of all managers involved in the LNA Process (refer to Page 6 in the LNA Guide)</b>			
<b>INITIATOR</b> <i>(Designated manager responsible for overseeing the LNA process from start to finish)</i>			
<b>NAME</b>			
<b>ROLE</b>			
<b>EMAIL ADDRESS</b>			
<b>Service Area(s) covered</b> <i>(Please specify the Service Area(s) relevant to this LNA).</i>			
<b>CONTRIBUTOR/S</b> <i>(Managers responsible for completing the sections of the LNA Tool aligned to their specific roles and responsibilities)</i>			
<b>NAME</b>	<b>ROLE</b>	<b>EMAIL ADDRESS</b>	<b>SERVICE AREA (s)</b>

**STEP 1: IDENTIFICATION OF LEARNING and DEVELOPMENT NEEDS**  
**Please complete all sections.**

**Element 1: KEY STRATEGIC PRIORITIES: Setting Direction**

- List the key strategic priorities and how these may impact and shape the future direction of your Service Area(s) over the next five years?

**Element 2: ORGANISATIONAL PROFILE: Service Priorities**

**Common Population Health Needs:**

What are the healthcare needs of patients/clients that reside or access your Service Area(s) that you provide?	What L&D needs are required to meet these needs?

**Organisational Corporate Objectives and Business Plans:**

How do the Corporate Objectives and Business Plans within your organisation impact on the current and future needs of your Service Area(s)?	What L&D needs are required to meet these needs?

**Workforce Planning and Requirements:** [6 Step Methodology for Workforce Planning](#)

What are the nursing and midwifery workforce needs identified as a result of your organisations or Service Area(s) Workforce Planning?	What L&D needs are required to meet these needs?

**Patient Safety, Quality and Experience:**

What are the key learning points and recommendations identified through national or regional guidelines and best practice frameworks, audits, incidents, formal reviews, and patient/client feedback?	What L&D needs are required to meet these needs?

**Additional Factors:**

Are there any additional factors need to be considered relevant to L&D planning? Please add.

### ELEMENT 3. STAFF PROFILE: Knowledge, Skills and Development

Drawing on the insights gathered from Elements 1 and 2, alongside engagement with your workforce and information obtained through annual appraisals and supervision, please outline in Column 1. of the **Learning Needs Analysis Summary Table** (below), the specific L&D needs of your staff. These should reflect both current service delivery requirements and anticipated future demands.

Please refer to the Northern Ireland Career and Development Model for Nursing and Midwifery (DoH, 2025) for career development and progression at: [Nursing and Midwifery Careers NI](#) | [Nursing and Midwifery Careers NI](#)

### STEP 2: PLANNING AND PRIORITISING LEARNING AND DEVELOPMENT ACTIVITIES

In planning and prioritising L&D activities required for the workforce in your Service Area(s), please complete the following sections within the **Learning Needs Analysis Summary Table** (*please refer to LNA Guidance*).

**Column 2:** Name of the education providers who can meet these L&D needs? Please refer to the NIPEC Learning and Development Matrix: [Learning and Development Matrix | Nursing and Midwifery Careers NI](#)

In addition, identify any L&D activities not currently provided by existing education providers.

**Column 3:** Select one of the following timeframes: that best aligns with the L&D activity

- Short-term (1-12 months),
- Medium Term (1-3 years),
- Long Term (3-5 years).

**Column 4:** Which of the following Maxwell Objective does the L&D activity meet?

- **Maintain** current services and support safe effective care delivery;
- Enable the **transformation** of services;
- Meet professional development needs to support the **retention** of experienced staff.

**Column 5: Which of three objectives within the HSC NI RESET Plan does the L&D activity support?**

- **Stabilisation** of our healthcare services by strengthening and equipping staff with the skills required to deliver safe, effective care, reducing unwarranted variation and promoting best practice.
- **Reform** of healthcare services to support transformation by enabling staff to lead and deliver new models of care and early intervention approaches.
- **Delivery** of L&D activities to enhance workforce capability, improve productivity, and support collaborative service planning.

**Column 6:** Has the acquisition of the L&D activity been successfully achieved?

**Column 7:** If the acquisition of the L&D activity has not been successful, please provide explanatory comments along with the relevant date.

## Learning Needs Analysis Summary Table (Exemplar)

**Name of the Service Area(s) covered by this Learning and Development Analysis.**

## **CONFIRMATION AND APPROVAL BY INITIATING MANAGER**

Before confirming and approving the above selected L&D activities, the Initiating Manager must confirm with the Contributors that all necessary arrangements and supports are in place for the applicants (*Please refer to Appendix 1: NIPEC Learning Agreement*).

The Initiating Manager must close the LNA process by reviewing the content, prioritising the L&D needs for onward progression and action to their senior manager.

**Signature of Initiating Manager:**

**Date:**

## Learning Agreement

## Appendix 1

Name of Participant: \_\_\_\_\_ Band: \_\_\_\_\_ Location/Base: \_\_\_\_\_

Title of Programme: \_\_\_\_\_ Date of meeting: \_\_\_\_\_ Line Manager: \_\_\_\_\_

**Must be completed by participant *and* Line Manager (the participant should begin completion in preparation for the meeting with their Line Manager)**

	Completed by participant	Line Manager comments
<b>Programme Content:</b>  What are the aim/s and learning outcomes of the programme?  What do the participant/ Line Manager expect this programme to deliver?  How does this programme meet the needs of the service and the wider organisation?		
<b>Programme Criteria:</b>  What are the pre-requisites/entry level requirements of the programme? Does the participant meet the criteria?		
<b>Design, Duration and Assessment of Learning:</b>  What is the length of the programme? Is it full-time/part-time? Where and how will the programme be delivered including supervision/assessment requirements? What are the assessment methods e.g. assignments, examinations, practical assessments, practice placements, development of a portfolio? (Refer to programme prospectus)		

<b>Implications for participant:</b> What are the personal and financial implications including personal study time, travel, impact on family?		
<b>Implications for service:</b> What are the service implications for service delivery including additional costs?		
<b>Impact on practice and person:</b> What are the anticipated outcomes of learning for: -  • Self • Service • Service User  <b>Explicitly link to NMC Code (2018)<sup>2</sup></b>		
<b>Personal statement of commitment to achieve learning outcomes from the participant:</b>  I, the participant, agree to fully commit to completing all aspects of the programme as outlined above.*  Participant Signature: _____ Date _____		
 I, the Line Manager, agree to fully support the participant to undertake the programme, as outlined above*  Line Manager Signature: _____ Date _____		
<i>*All of the above is dependent on a place being secured on a commissioned programme.</i>		

## Impact on Practice Outcomes Evaluation

Name of Participant: \_\_\_\_\_ Band: \_\_\_\_\_

Location/Base: \_\_\_\_\_ Title of Programme: \_\_\_\_\_

Date of meeting: \_\_\_\_\_ Line Manager: \_\_\_\_\_

**To be completed by the participant 6 months after completion of the programme or within a timeframe agreed with the Line Manager**

Criteria	Participant: Evaluation. Link each section to NMC Code (2018)	Line Manager: Evaluation
<b>What has been the impact of undertaking this programme on: Self :</b>  (Personal, Professional and Career Development)		
<b>What has been the impact of undertaking this programme on Service:</b>  (Quality, Safety and Improved access to Services)		
<b>What has been the impact of undertaking this programme on the Service User:</b>  (Experience, Safety and Quality/Outcomes)		

**Copy to be retained in participant's personal file.**

**A copy of the completed documentation maybe requested for evaluation purposes by the HSC Trust Assistant Director of Nursing with a remit for Learning and Development.**