NIPEC

Northern Ireland Practice & Education Council

Learning Needs Analysis Guide

for Nursing, Midwifery and

Healthcare Support Staff

CONTENTS

LEARNING NEEDS ANALYSIS GUIDE

1.0 CONTEXT

Education and training have been identified as one of the four key priorities in the Chief Nursing Officer's five-year strategic vision, *Shaping Our Future: A Vision for Nursing and Midwifery in Northern Ireland, 2023–2028* (Department of Health, 2023)[1]. This vision seeks to equip nurses, midwives and healthcare support staff with the confidence, knowledge, and skills necessary to deliver high-quality, evidence-based care that meets the evolving health needs of the population in Northern Ireland (NI).

To ensure that investment in education for nurses, midwives and healthcare support workers is both effective and sustainable, the Department of Health (DoH) requires clear assurance that such investment is aligned with current and future healthcare demands. It must also be targeted to deliver the right skills and competencies, support service transformation, and ultimately lead to improved patient and client outcomes and experiences.

The Maxwell Review (2022)[1] emphasises the critical importance of aligning post-registration education with strategic policy, workforce planning, and career development frameworks. Central to this approach is a focus on population health needs.

This review outlines three key objectives that should be embedded and actively implemented across all post-registration nursing and midwifery education programmes to ensure a responsive and future-ready workforce (see Figure 1).

Figure 1: The 3 Maxwell Objectives.
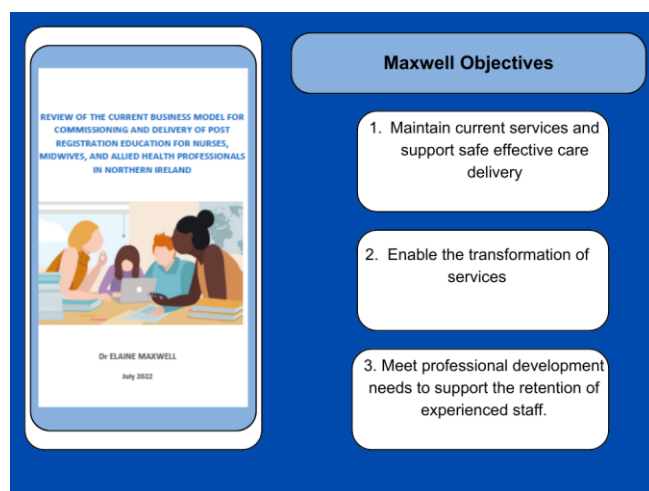
Responsibility for identifying and prioritising learning and development (L&D) requirements lies with nursing and midwifery managers **at all levels**. These activities must reflect the specific needs of their Service Area(s), align with the professional development goals of their teams, and be consistent with organisational goals and the health needs of the populations they serve. By systematically linking the L&D activities to the three Maxwell objectives, ensures that post-registration education is targeted, relevant, and capable of driving workforce sustainability and transformation.

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[1] Department of Health (DoH) (2023) *Vision for Nursing and Midwifery 2023- 2028*. Belfast: DoH.

The Health and Social Care (HSC) NI RESET Plan (2025)[2] reinforces this approach by recognising that a confident, skilled, and empowered workforce is essential to achieving its strategic goals of Stabilisation, Reform, and Delivery (Figure 2).

Figure 2: The HSC NI RESET Plan Objectives

HSC NI Reset Plan (2025)		
Stabilisation	Reform	Delivery

Delivering on these strategic priorities requires a structured and evidence-based approach to workforce development. A comprehensive Learning Needs Analysis (LNA) is therefore critical—not only to identify current and future skill gaps, but also to ensure that learning and development initiatives directly support the ambitions for service transformation, improved care delivery, and financial sustainability.

This document - **the Learning Needs Analysis Guide** - offers context, information and guidance for carrying out an effective LNA that aligns with strategic policy, workforce planning, and the needs of the service. The accompanying **Learning Needs Analysis Tool** provides a framework designed for use by managers at all levels, to capture, organise, and prioritise their learning needs in a consistent and structured way.

Together the Guide and the Tool are intended to support managers at all levels across all healthcare organisations; ie. HSC Trusts, Primary Care and Independent Sectors, in making informed, evidence-based decisions about L&D — ensuring that education investments are targeted, purposeful, and aligned with the overarching goal of delivering safe, effective, and person-centred care.

2.0 WHAT IS LEARNING NEEDS ANALYSIS?

Learning Needs Analysis is a dynamic and continuous process. It involves:

1. Identifying the strategic and organisational priorities that will address the current and future health needs of the local population.

2. Agreeing what knowledge, skills and competencies are required to address these priorities.

3. Gathering information on the knowledge, skills and competencies of the existing nursing, midwifery and healthcare support workforce.

4. Identifying the knowledge gaps and skill deficiencies.

5. Analysing and prioritising L&D activities to meet the identified gaps and deficiencies.

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[2] Department of Health (DoH) (2025) *Health and Social Care NI Reset Plan.* Belfast: DoH.

3.0 WHY DO I NEED TO CONDUCT A LEARNING NEEDS ANALYSIS?

Prioritising staff and their professional development ensure that a high quality, safe and effective service is provided which aims at reducing risk and meeting patients' and clients' needs. Undertaking a structured approach to a LNA will have a positive impact on patient and client care by:

1. Improving the health outcomes for patients and clients.
2. Informing targeted L&D opportunities.
3. Enhancing the competence and confidence of staff.
4. Enhancing job satisfaction and retention.

Conducting an LNA also provides a means to evaluate the impact of investment in L&D, which will help organisations to:

1. Determine the effectiveness of the L&D activities that have been selected.
2. Identify areas for improvement.
3. Measure return on investment.
4. Inform future L&D strategies.
5. Enhance staff performance and productivity.

4.0 WHEN DO I NEED TO CONDUCT THE LEARNING NEEDS ANALYSIS?

Engaging in a LNA creates an ongoing record of your workforce's L&D needs. This record should be reviewed, monitored, and updated at least annually within your Service Area(s) to ensure its continued relevance and accuracy.

The LNA process can be undertaken at any time, with timing influenced by factors such as:

- Changes within your Service Area(s)
- Shifts in workforce composition
- Education commissioning cycle requirements.

There are different timelines and processes to consider when preforming an LNA:

- To secure places on DoH commissioned post-registration education programmes, requests must be completed and submitted to the DoH Education Commissioning Group (ECG) by the required timeline (usually late December/early January) each

year. Requests received after the deadline cannot be considered as part of the annual ECG planning cycle. See [Post-Registration Academic Study | Nursing and Midwifery Careers NI](#)

-   For University programmes – planning takes place one year in advance and in accordance with the ECG cycle.

-   For HSC Clinical Education Centre (HSC CEC) programmes; these are identified based on organisational workforce and service demands to produce an annual Education Delivery Plan.

-   L&D activities, such as; conferences, online programmes, workshops, and short courses provided by additional education provider organisations, both inside and outside of NI, must be planned in accordance with their requirements and documented as part of the LNA process.

Additional information in relation to the ECG process and L&D activities can be accessed through your organisation's Education Lead or equivalent.

5.0 WHO CONDUCTS THE LEARNING NEEDS ANALYSIS?

The LNA process operates through both top-down and bottom-up approaches. It may be initiated by senior managers to align with strategic objectives or by frontline managers to address specific workforce development needs. Additionally, the process functions laterally across regional professional groups—such as consultant nurses and midwives and niche areas of professional practice—demonstrating its flexible, cyclical, and inclusive nature. (see Figure 3).

Figure 3: The LNA process
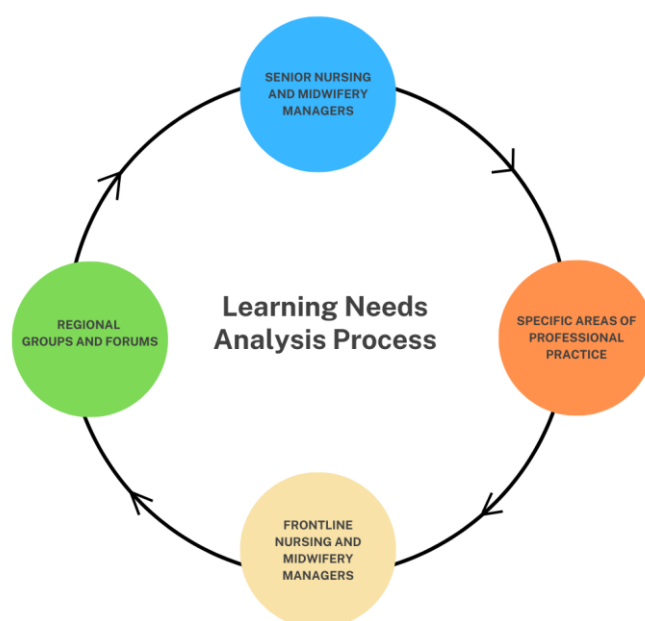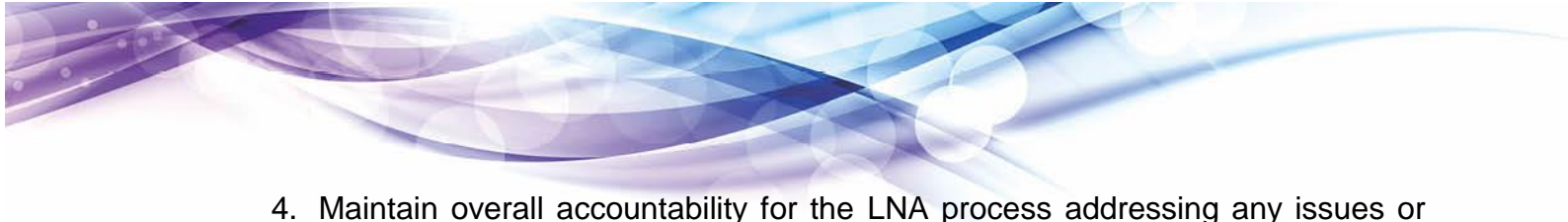
Role of the Initiator and Contributors

A designated individual, referred to as the *Initiator,* is responsible for overseeing the LNA process from start to finish.

The Initiator will:
1. Access the LNA Tool, review the guidance provided, and complete the required sections in accordance with their role and responsibilities.
2. Engage with additional managers, referred to as *Contributors* who are responsible for completing the sections of the LNA Tool aligned to their specific roles and responsibilities. Contributors **may include** managers or subject matter experts, such as consultant nurses and midwives, business managers, clinical educators, Heads of Service or representatives from regional nursing and midwifery networks.
3. Set timelines and monitor progress to ensure the LNA process is completed fully and on time.

4. Maintain overall accountability for the LNA process addressing any issues or delays promptly.
5. Review the content, prioritise the L&D needs for onward progression and action.

6.0 HOW TO COMPLETE A LEARNING NEEDS ANALYSIS

There are four steps to conducting a Learning Needs Analysis (Figure 4).
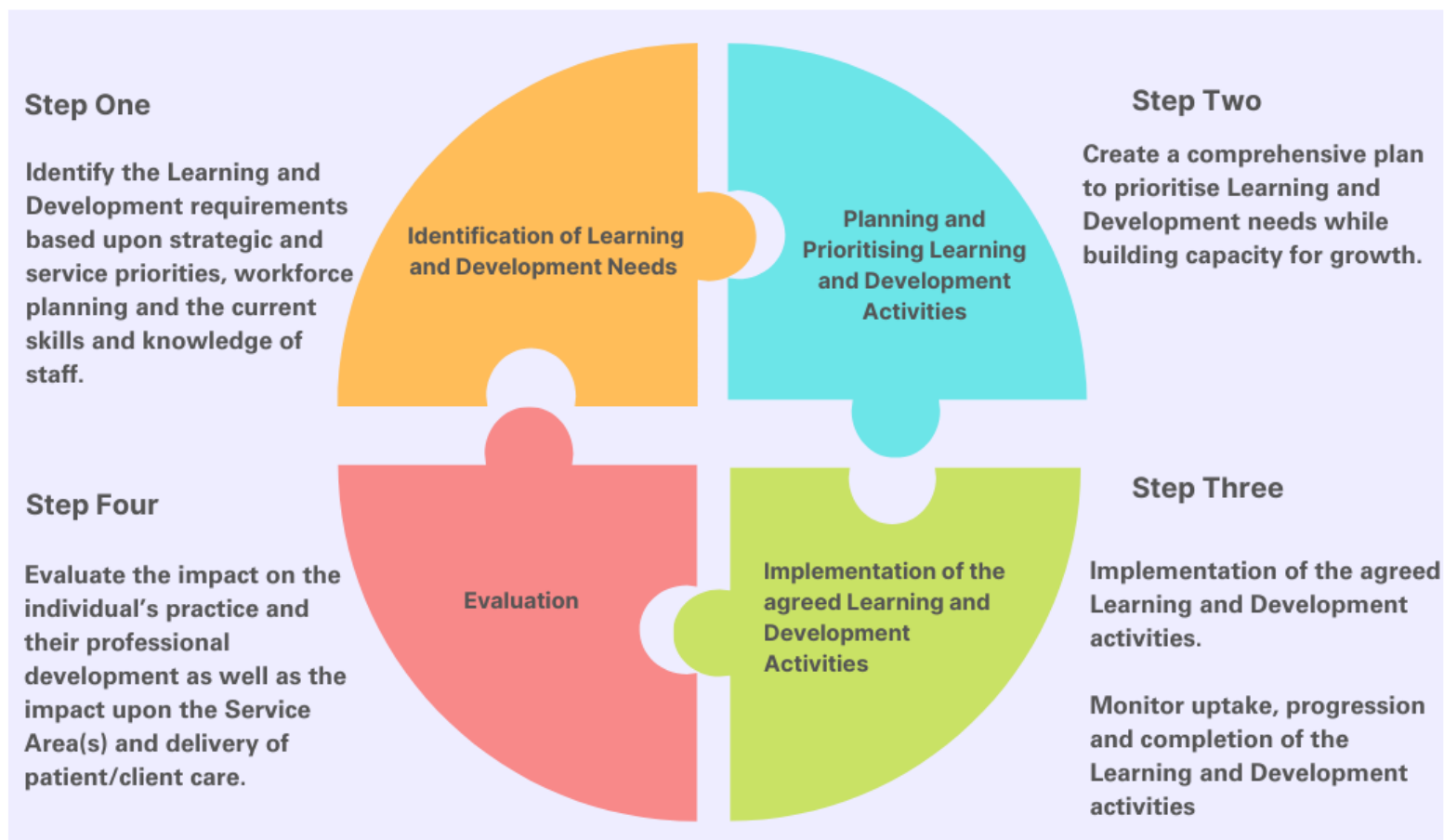
1. Identification of Learning and Development Needs
2. Planning and Prioritising Learning and Development Activities
3. Implementation of the Learning and Development Activities
4. Evaluation

The Initiator and Contributors are responsible for completing Steps 1 and 2 in the accompanying LNA Tool to meet the requirements of the Learning Needs Analysis process.

7.0   FOUR STEPS IN A LEARNING NEEDS ANALYSIS

Figure 4. The 4 Steps involved in conducting a Learning Needs Analysis.

Step One

Identify the Learning and Development requirements based upon strategic and service priorities, workforce planning and the current skills and knowledge of staff.

Identification of Learning and Development Needs

Planning and Prioritising Learning and Development Activities

Step Two

Create a comprehensive plan to prioritise Learning and Development needs while building capacity for growth.

Step Four

Evaluate the impact on the individual's practice and their professional development as well as the impact upon the Service Area(s) and delivery of patient/client care.

Evaluation

Implementation of the agreed Learning and Development Activities

Step Three

Implementation of the agreed Learning and Development activities.

Monitor uptake, progression and completion of the Learning and Development activities

STEP 1: IDENTIFICATION OF LEARNING AND DEVELOPMENT NEEDS

Involves identifying Learning and Development needs based upon strategic and service priorities, workforce planning and the current skills and knowledge of staff.

There are three elements that need to be considered when identifying the L&D needs of your Service Area(s):

(Element 1.) Key Strategic Priorities: Setting Direction

(Element 2.) Organisational Profile: Service Priorities

(Element 3.) Staff Profile: Knowledge, Skills and Development

(Element 1.) Key Strategic Priorities: Setting Direction

All healthcare organisations are committed to delivering on the key strategic priorities that shape the functions and delivery of healthcare services in N.I.

Senior managers with subject matter expertise such as consultant nurses and midwives, business managers, clinical educators, Heads of Service, and representatives from regional nursing and midwifery networks—must actively consider and evaluate the strategic policies, professional standards, governance frameworks, and emerging digital innovations that will influence the direction and delivery of their organisation over the next five years.

(Element 2.) Organisational Profile: Service Priorities

Services must be designed and delivered to meet the specific health needs of the population it serves. Managers play a key role in aligning staff capabilities with their service priorities, to support continuous improvement, and ensure safe, effective, and person-centred care. In identifying the L&D needs, the following areas need to be considered:

Population Health Needs

The healthcare needs of the patient and clients that reside within or access care within your Service Area(s).

Organisational Corporate Objectives and Business Plans

The current and future needs of your Service Area(s) in line with the Corporate Objectives and Business Plans of your organisation.

Workforce Planning and Requirements

The nursing and midwifery workforce profile of your Service Area(s) taking account of their current and future knowledge, skills and L&D requirements. (aligned to 6 Step Methodology for Workforce Planning, if applicable).

Patient Safety, Quality and Experience

-   Regional and local policies, procedures, guidelines and recommendations

-   Feedback and recommendations from local and regional audits for example; Quality and Safety Indicators, Datix Incidents, SAIs[3], RQIA[4] reviews, Child and Adult Safeguarding reviews etc.

-   Regional and national benchmarking/ KPIs[5]/targets

-   Regional Safety Notices

-   Patient and Client Feedback (patient and client surveys/complaints/compliments)

-   Best Practice Frameworks.

Additional Factors

Additional factors that need to be considered relevant to L&D planning within the organisation.

(Element 3.) Staff Profile: Knowledge, Skills and Development

Building upon the insights already gathered in Elements 1 and 2, managers should identify and assess the specific L&D needs of their workforce.

Element 3 involves a thorough assessment of the existing and anticipated gaps in skills and knowledge necessary for the effective delivery of both current and future services. Additionally, consideration should be given to areas where new or tailored L&D solutions may be required. L&D needs linked to succession planning must also be incorporated to ensure workforce sustainability and leadership continuity.

When identifying and selecting the most appropriate Learning and Development (L&D) activities, it is essential to engage in meaningful discussions with staff to explore opportunities that will enhance their existing professional portfolios and support future career development. Insights from annual appraisals, supervision, critical conversations, practice or incident reviews, and patient and client feedback will help inform these decisions, ensuring that chosen activities are relevant, targeted, and aligned with both individual and organisational priorities. Consideration needs to be given to maintaining service provision, when selecting L&D activities.

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[3] SAIs - Serious Adverse Incidents
[4] RQIA - Regulation and Quality Improvement Authority
[5] KPIs - Key Performance Indicators

The Northern Ireland Career and Development Model for Nursing and Midwifery (DoH, 2025) available at: [Nursing and Midwifery Careers NI | Nursing and Midwifery Careers NI](#), should be used to inform discussions, particularly during appraisals and professional development reviews. This model provides a structured framework for managers, educators, and commissioners to support workforce planning and service delivery, aligned with effective L&D strategies.

All three Elements need to be completed prior to beginning Step 2 of the LNA process.

Involves creating a comprehensive plan to access and prioritise L&D activities over short, medium and long-term timescales.

After identifying the L&D needs in Step 1, the next step is to complete the following four points in Step 2 to plan and prioritise the L&D activities.

1. **Identify the appropriate education providers who can meet these Learning and Development needs.**

   Managers should use the NIPEC Learning and Development Matrix: [Learning and Development Matrix | Nursing and Midwifery Careers NI](#), as a primary resource to identify the most suitable education providers offering programmes that address the identified L&D needs. These programmes must be prioritised based on their potential impact on the Service Area(s) and their ability to enhance patient and client outcomes. In addition, managers should consider any L&D activities not currently available through existing education providers to ensure comprehensive workforce development.

2. **Select the timeframe that best aligns with the Learning and Development activity.**

   When selecting timeframes for L&D activities, managers must ensure each activity aligns with the priorities and needs of their Service Area(s). This requires establishing defined schedules for short-, medium-, and long-term objectives. Managers should also consult the *Learning Agreement & Evaluation of Learning on Practice Framework* (Appendix 1 of the LNA Tool) as a guide when checking practical factors such as staff release, support, and supervision requirements.

Short term (0-12 months)	
i.	**Existing resources:** Make effective use of available resources such as in-house education programmes, Service Level Agreements with HSC Clinical Education Centre, the Royal College of Nursing (RCN), and other education providers, including multi-professional programmes.
ii. iii.	**Quick wins:** Prioritise L&D activities that deliver rapid, effective results, such as workshops, webinars, conferences, short courses, and study days.

Medium-term (1-3 years)	
I.	**DoH post-registration education commissioned L&D activities:** Explore the availability of DoH commissioned L&D activities that will fulfil workforce

	requirements and align with service priorities. These requests must be submitted to the ECG via Education Lead or equivalent.
II.	**External resources:** Identify external training providers and good practice examples that also align with the priorities within the Service Area(s).
III.	**Bespoke L&D activities:** Creation of new programmes to address specific L&D needs and address gaps that are not being provided by the existing education providers – taking into consideration lead-in-times for development of new programmes.

Long-term (3- 5 years)	
I.	**Strategic planning**: Plan ahead and set goals to future proof the needs of the Service Area(s), promote career development and improve service delivery.

3. **Maxwell Objectives: Maintaining, Transforming and Retaining.**

Align the selected L&D activities to one of the three Maxwell objectives to ensure that post-registration education is targeted, relevant, and capable of driving workforce sustainability and transformation:

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

4. **HSC NI RESET Plan Objectives: Stabilisation, Reform, and Delivery.**

Align the selected L&D activities to one of the three objectives within the HSC NI RESET Plan to ensure that post-registration education directly supports system-wide goals, including financial sustainability, service reform, and improved care delivery.

1. **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.
2. **Reform** of healthcare services to support transformation by enabling staff to lead and deliver new models of care and early intervention approaches.
3. **Delivery** of L&D activities to enhance workforce capability, improve productivity, and support collaborative service planning.

5. Confirm Acquisition of Learning and Development Activity

Determine whether the planned L&D activity has been successfully achieved. If it has not been achieved, provide explanatory comments detailing the reasons and include the relevant date for reference.

STEP 3: IMPLEMENTATION OF THE AGREED LEARNING AND DEVELOPMENT ACTIVITIES

Involves monitoring the uptake, progression and completion of the L&D activities.

The information gathered from Steps 1 and 2. will form part of the overall future plan to support the needs of the service and staff for the next five years.

It is important that attendance and completion of all L&D activities are monitored in line with the organisation's policies/procedures.

Programmes commissioned through the ECG carry a significant financial cost, and therefore should be closely monitored to ensure staffs attendance and progression. Any potential risks such as inability to engage in programmes, non-attendance, or any factors which may lead a student to withdraw, or have concerns in relation to the L&D activity should be discussed with the individual and communicated to their Education Lead as soon as possible, as per the HSC organisation's post registration education commissioning policy/procedures or with the equivalent in Primary Care and Independent Sectors.

Withdrawals or deferrals from commissioned programmes such as; Specialist Practice Qualifications programmes, Specialist Community Public Health Programmes or Advanced Practice Programmes must be communicated by the Educational Lead or equivalent in Primary Care and Independent Sectors, to the ECG coordinator as soon as possible.

The HSC CEC monitor the uptake of their education programmes and inform their stakeholders of poor up-take, non-attenders and cancelled places. The Education Leads or equivalent work in partnership with the HSC CEC to ensure maximum use of their Service Level Agreements and in addition address any performance management issues.

In the same way, applications for conferences, workshops etc. or programmes provided outside of NI, must be agreed and monitored by the manager as part of the LNA process.

Involves the evaluation of the impact on the individual's practice and their professional development as well as the impact upon the Service Area(s) and what improvements have been made to the delivery of patient and client care.

Evaluation of L&D activities are essential to determine if the learning has impacted upon the delivery of patient and client care and supported personal and professional development of the workforce and the service. This should be completed within six months of completion of the L&D activity or within a timeframe agreed by the manager. Evaluation takes place in the following ways:

Impact on the individual's practice and their professional development:

Evaluate how the individual applies their new knowledge and skills within their role. Examples of how to monitor this may include:

- Completion of the NIPEC Learning Agreement and Evaluation of Learning on Practice Framework (2021)[6]
- Staff Appraisals
- Student and manager evaluations and feedback (post L&D activity)
- Monitoring review meetings with Education Providers,
- Education and Development Plans provide a means of recording and tracking students from the initial request for commissioned places to subsequent uptake and final completion of programme.

Impact on Service Area(s):

Assess the impact of the individual's applies new knowledge and skills on service quality, efficiency and effectiveness. Examples of how to monitor this may include:

- Feedback from Team Meetings
- Practice Audit Reports
- Critical Incident Reports/DATIX
- Annual NIPEC Quality Assurance Monitoring[7]
- DoH ECG Annual Impact Analysis Reporting
- Service Development and Improvements

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[6] Learning Agreement and Evaluation of Learning on Practice Framework | NIPEC
[7] Quality Assurance Framework (2023) for DoH Commissioned Education Activities | NIPEC

Impact on Patient and Client Care:

Assess the impact of the individual's applies new knowledge and skills on patient and client care. Examples of this may include:

- Patient and client feedback/ surveys/complaints

- Informal reporting

- Evaluations of Service Delivery Development and Improvements

- Long-term evaluation on the impact of improving population health outcomes

Any concerns or issues regarding an education programme for example the delivery, content or quality of a programme should be escalated to the Education Lead or equivalent and if necessary forwarded to the ECG.

Glossary of Useful Terms

Education Commissioning Group (ECG)
A DoH group responsible for planning and commissioning post-registration education programmes for the nursing, midwifery, allied healthcare professionals (AHP) and healthcare support workforce.

HSC NI Reset Plan: Health and Social Care Reset plan. Department of Health
The HSC NI Reset Plan (2025) is a strategic framework developed by the DoH to guide the recovery and transformation of health and social care services in N.I. It focuses on three core objectives: Stabilisation, to strengthen and equip the workforce for safe and effective care; Reform, to enable service transformation and new models of care; and Delivery, to improve productivity and ensure sustainable, person-centred services. The plan emphasises workforce capability, service redesign, and financial sustainability as key enablers for achieving these goals.

Learning Agreement & Evaluation of Learning on Practice Framework:
Learning Agreement and Evaluation of Learning on Practice Framework. NIPEC
The NIPEC Learning Agreement Framework provides a structured process for planning and evaluating post-registration education for nurses and midwives. It ensures that learning activities meet both individual and service needs and includes tools for setting expectations before training and assessing impact after completion. This framework supports workforce development, service improvement, and accountability for education investment.

Learning and Development Activities
Learning and development activities includes education programmes, workshops, conferences, coaching, shadowing, in-house training, personal reading etc. (This list is not exhaustive).

Maxwell Review: Vision for Nursing and Midwifery 2023- 2028. Department of Health.
The Maxwell Review (2023) explored the business model for commissioning post-registration education for nurses, midwives and AHPs in N.I. This review highlighted the critical importance of aligning post-registration education with strategic policy, workforce planning, and career development frameworks with a key focus on population health needs. It outlined three key objectives that should be embedded and actively implemented across all post-registration nursing, midwifery and AHP education programmes to ensure a responsive and future-ready workforce:

1. Maintain current services and support safe care delivery;

2. Transform services through innovation and new models of care;

3. Retain experienced staff by supporting professional development.

Organisational Priorities
These are specific objectives and service requirements outlined in an organisation's corporate plans and business strategies, ensuring alignment with population health needs.

Patient Safety, Quality and Experience
This refers to an integrated approach in healthcare that focuses on preventing harm to patients and clients (Patient Safety), ensuring care meets established standards and delivers optimal outcomes (Quality), and promotes a positive person-centred approach throughout the care journey (Experience).

Population Health Needs
Population Health is an evidence-based, whole system approach that seeks to improve the health outcomes of an entire population by examining the clinical, social, economic, environmental, and behavioural factors that influence health. For nurses and midwives, this involves recognising patterns in population health status, identifying inequalities, and supporting preventative, person-centred interventions that enhance wellbeing across communities.

Population Health Needs refer to the collective health and care requirements of a defined community or Service Area. It requires staff to identify and collaboratively work with key stakeholders and community assets to ensure effective holistic support. These needs are shaped by demographic trends, health data, service-use patterns, and wider determinants of health. Incorporating these into a Learning Needs Analysis enables nurses and midwives to identify the knowledge and skills required to respond effectively to local priorities and contribute to safe, effective, and equitable care delivery.

Service Area
A defined operational unit within healthcare delivery, such as a ward, department, or community team, responsible for providing person centred care to patients and clients.

Strategic Priorities
Strategic priorities are high-level goals that a healthcare system focuses on to achieve its long-term goals and overall mission. These priorities set the direction for healthcare services over the next five years and serve as a foundation for decision-making, resource allocation, and performance measurement.

Succession Planning
Succession Planning is a key component of workforce planning. It is a proactive process to identify and develop future leaders and critical role holders within the workforce. It ensures continuity of service delivery and supports long-term workforce sustainability.

Staff Profile
A detailed analysis of the current workforce within a Service Area, including their knowledge, skills, qualifications, and development needs. It is used to identify gaps in competencies, inform L&D planning and support succession planning to ensure workforce sustainability and service continuity.

Workforce Composition

The profile of nursing, midwifery, and healthcare support staff within a Service Area, including roles, skills, experience, and distribution.

Workforce Planning

Workforce planning ensures a workforce of the right size, with the right skills, organised in the right way, delivering services to provide the best possible care for patients and clients within available resources.

Workforce Sustainability

The ability to maintain a skilled, competent, and resilient workforce over time through succession planning, retention strategies, and continuous professional development.