

Introduction

Training evaluation is something which has been overlooked and not prioritised for many years, however in today's climate where every facility has to show its worth, public sector leaders want to see the effectiveness of their processes.

The 3rd version of the Department of Health's ETD Standards were published in August this year and clearly state the best practice for evaluation and assessment across all NHS training departments. Furthermore the publication of the government white paper, Equity and Excellence: Liberating the NHS (Department of Health 2010), has resulted in a greater emphasis on improving patient care and value for money.

ePC work with a number of different NHS trusts and foundation trusts to provide solutions for their evaluation needs. From clear and simple form design, allowing trainers to create their own tools to get the answers they need to meet their objectives, through to complete implementation of a system that will capture the data automatically and send information to where it needs to go. The aim of this document is to highlight the changes in attitude toward training evaluation in the NHS and other government departments and subsequently help us to understand their future needs.

Workforce Development for NHS Wales says this:

"Education and Training should be evaluated as robustly as any activity which uses up precious resources and it is important that a form of measurement is introduced so that not only is the quality of the learning experience measured in some way, but also the impact of the learning experience on the learner.... ...with this, more robust, model in mind it would be better to think of evaluation as a form of measurement of effectiveness...a form of assessment."

Overview

The aim of this document is to look at why training evaluation is so important and what factors are affecting this. Interviews with key staff in this field have also helped to explain why and how evaluation methods will make way for more efficient budgeting and higher levels of effectiveness throughout the whole organisation.

We look at the five levels of maturity laid out by the Department of Health in their ETD standards and how all of these can be met.

This report finds that:

- There has been a shift in attitude towards training evaluation and that it must now be quantifiable in adding value where resources are being spent.
- Time seems to be the overriding factor into why departments and organisations are not making changes to their processes, despite the fact that these changes will ultimately give them the time that they so desire, causing an undesirable circle of low productivity.
- Reducing costs is high on every senior managers list and they are therefore reticent about trying to update processes where cost is involved without being able to see a clear return on investment.
- Data capture and document management can be a real solution for many organisations who are looking to save costs and resources and start yielding value from the results that they are collecting.

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Improving Quality Feedback

'Many people think that evaluation of Education and Training is about checking that "things were okay" during the training. Where evaluation happens it is often characterised by "happy sheets" which usually check with the learners that the conditions were "okay" and how highly the learners rate the facilitator and the training as a whole. In fact, this is only part of what evaluation is about.'

Workforce Development, NHS Wales

So why is feedback and the evaluation of it so important?

Evaluation systems face many challenges. In addition to the quality, relevance and timeliness of the evaluation itself, a major challenge lies in conveying the evaluation results to multiple audiences both inside and outside development Thus feedback departments. and communication of evaluation results are integral parts of the evaluation cycle. Effective feedback contributes to improving development policies, programmes and practices by providing policymakers with the relevant evaluation information for making informed decisions.

When ePC spoke to over 1200 government run departments and organisations in March 2011 about the difficulties they have with their evaluation processes, a point that came up repeatedly with staff was that they spent all their time inputting the data from their evaluation forms, but never did anything with the information. ETD Standard 6 - Evaluation and Assessment states that 'Results of delegate's reaction to the training are analysed and reported internally' to reach stage 2 of 5 in the maturity ladder, this gives us some indication of just how below par some departments are performing currently.

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Looking further into these comments and trying to find out the reasons why the information that was so valuable to collect and store was not being used in any beneficial way, it was found that one problem occurring was the time spent inputting the data into back end systems, especially when forms were hard to read or incomplete, and time is being spent looking up information that has not been completed by the learner, leaving less time for staff to move any further than this in the process.

Storage is another factor in the process that has changed enormously in recent vears. Paper storage is becoming inconvenient and prone to lost forms and of course lengthy retrieval processes. Many organisations have started to input the data from the forms into their back end systems of dispose original and the the documentation as they have little use for them; however problems arise when there is a query over inputted data and no original form to refer to.





Saving Time

In a digital world where so few activities involve writing with a pen and paper, handwriting is becoming messier and harder to read in a lot of cases, especially at the end of a tiring training session when attendees just want to go home. Data inputters can spend inordinate amounts of time deciphering the scrawl on their forms in order to make sense of what is written.

The NHS is a typical organisation where those inputting this data have a number of other responsibilities which have to be prioritised, making the manual keypad work a slow and arduous task when it has to be done.

NHS trainers also find that they are handing out one generic feedback form to every learner regardless of the course they are taking, meaning the data that they are collecting is vague and often difficult to put into any meaningful report, with staff and budget cuts across the board, there just is not time to write multiple feedback forms and keep on top of the extra administration that this would entail. Unfortunately this means that those training departments unable to put together reports for stakeholders are not meeting the required criteria to meet level3 in the maturity ladder for the ETD Standard for Evaluation and Assessment.

Level 5, the top level of maturity states that 'the training service uses innovative tools and techniques to assess and evaluate all training solutions, taking into account care setting, audience and environment'. Therefore for organisations to be performing at optimum levels they must know what tools and techniques are available to them and to embrace these in order to move forward and progress.

A final thought on the importance of saving time when collating the data from the evaluation forms comes from focussing on the end point. Why do we use an evaluation cycle? Feedback is collected so that departments can review their processes and make changes where they are needed. If collecting and looking at the information takes so long that the same mistakes are continuing to be made despite key staff having information that would prevent this, it compounds the ineffectiveness of the whole process.

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Reducing Costs

One of the biggest priorities for most organisations is that of reducing costs, as business expenses rise, budgets continue to **be cut. Every resource must pull it's own** weight and the analysis of return on investment has become a necessary tool for deciding how those budgets are apportioned.

'The evaluation and assessment of training has delivered a Return on **Investment.' This is the key cost standard** at level 5 from the ETD. No longer can departments file away their forms and tick off another course well done. These evaluation forms must provide feedback that is valuable and can be used to quantify the effectiveness of the resources spent on the training.

The real challenge here is finding a solution to these issues without the need for additional staff and capping the resources being used on expanding office spaces and storage facilities. Unfortunately in a bid to save costs on staffing, departments often find that senior members of the team are completing high numbers of hours of administration and data inputting, despite being paid for higher levels of work, making their productivity output poor.

Anthony Kiss, the Learning Technology Officer for Oxford and Buckinghamshire Mental Health NHS Foundation Trust moved his department to an automated solution and say this of the transfer:

"Automation of the data capture process enables the L&D Department to concentrate on the analysis of consolidated feedback, impacting on the future delivery of learning interventions"

In his department, Kiss can now show his return on investment through these interventions and from clear analysis of good quality data.

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Conclusion & Potential

An NHS hospital needs to maintain its current high level of service whilst increasing efficiency throughout its resources and monitoring its progress for future success.

Learning and education managers need to lead individuals to better their skills through further and constant training and this is the key to success throughout a hospitals infrastructure. However, how can this be possible if the time and resources available cannot accommodate to understanding the feedback we are receiving?

If learning departments are not acting upon the feedback that is handed to them then how can we monitor the progress of what efficacies are being made and if we are at **all...progressing during this difficult time. To not make use of the feedback could mean we are** not heading in any particular direction and questions the point of the overall training deliverance. Learning and development is fundamental but only if we have the time to hear what is being said and if we can act upon that information accordingly.

ePartner Consulting Ltd have more experience in implementing TeleForm and LiquidOffice based data capture and Business Process Management solutions throughout the NHS than any other UK company. We have implemented all kinds of systems from simple questionnaire processing through to mission critical CRF capture. We have faced unique challenges from high volume requirements of over 120,000 pages per day through to complicated installation requirements.

ePC gained ISO 9001 accreditation in 2005 and believe that this shows our commitment to best practice and encourages us to constantly evaluate and improve our working methods.

Our focus on fully understanding your requirements, offering seasoned advice during the project specification stage and our technical abilities and resources to implement the solution, all combine to allow us to exceed your expectations.

Not only does ePC have a track record of being a successful and stable organisation but we also select the best of breed market leaders to represent. This means we operate with the full support and backing of cutting edge but well established partners such as HP Autonomy, the authors of TeleForm and LiquidOffice and BP Logix, the authors of Process Director. Autonomy is the fastest growing public company in its market space with revenues of \$870 million in 2010 making them one of the biggest investors in research and development for this kind of technology. BP Logix have the experience and dynamism to produce some of the most nimble and adaptive BPM solutions available to the market at the moment.

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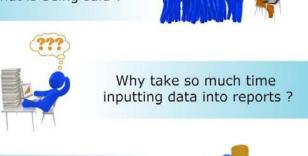


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Your training evaluation is crucial

Do you have time to hear what is being said ?



Is your process costly and resource hungry ?





email: sales@epc.co.uk

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