

Are we investing in our non-clinical staff?

Does the role & utility of HEE Funding for non-clinical staff improve Trust performance?

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This paper reports the result of an evaluation of the role & utility of Health Education England Funding in an integrated Acute & Community Trust in the North-West of England in 2021. A theory-informed mixed-method design was applied using (1) Review of existing research and theories of learning evaluation, including drawing comparisons to similar studies, workforce development and employee engagement (2) Focus Groups with 18 participants who were members of non-clinical staff at the Trust and (3) electronic questionnaire completed by 52 participants. Findings indicate low levels of awareness of the funding, and make recommendations as to how this can be improved. Where participants were aware and accessed the funding, there was clear evidence that this had improved both the individual's experience and improved retention.

Plagiarism Declaration

I declare that this Business Live Improvement Project has been composed solely by myself and that it has not been submitted, in whole or in part, in any previous application for a degree. Except where stated otherwise by reference or acknowledgment, the work presented is entirely my own.

Ethics Approval

Ethics Approval attached as Appendix Four.

Acknowledgments

I would like to thank colleagues that participated in this study, for sharing their experiences.

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Executive Summary

This paper reports the result of an evaluation of the role & utility of Health Education England (HEE) Funding at Stockport NHS Foundation Trust, an integrated Acute & Community Trust in 2021.

Review of the existing research of work-based learning and evaluation in the context of the NHS revealed few results that were directly related to non-clinical staff. The literature reviewed concluded that outcomes for clinical staff were evidently positive, and confirmed the association to HEE funding.

A theory-informed mixed-method design was applied using (1) Review of existing research and theories of learning evaluation, including drawing comparisons to similar studies, workforce development and employee engagement (2) Focus Groups with 18 participants who were members of non-clinical staff at the Trust and (3) electronic questionnaire. The study uses an exploratory sequential design; the samples were self-selecting from non-clinical employees at the Trust and the study is valid as the questions from both methods were designed to draw out answers and experiences indicated by the research question.

Findings indicate low levels of awareness of HEE funding among non-clinical staff, and make recommendations as to how this can be improved. Where participants were aware and accessed the funding, there was clear evidence that this had improved both the individual's experience and improved retention. Individual awareness and line managers were identified as the biggest barriers to accessing funding.

Recommendations for improvement are: to improve the quality of HR Analytics to improve the information sharing across employees and managers, to improve policy and organisational culture in relation to workforce development, to improve financial reporting within the Trust to make Senior Leaders more accountable and for Health Education England to provide longer term forecasting for financial commitment to enable Trust's across England to embed Workforce Development in their organisations through a long term plan.

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Chapter One: Introduction

Rationale for investigation

Critical analysis of the role and utility of this budget is required to allow Stockport NHS Foundation Trust to demonstrate that performance is improved by using HEE Upskilling funding, and that non-clinical staff who receive this funding are adding value to the Trust and remaining at the Trust to contribute for longer than those that do not.

There is a disproportionate skew towards clinical staff in the overall funding available from HEE. This leads me to be interested in how non-clinical staff can access development, in order to support vital front line roles. The literature I have reviewed indicates evaluation of the allocation of this funding for clinical staff (Gloster, 2019) Annis & Silk (2008) stated that good quality research should be “partisan” and take on the side of those less powerful in society, which is what I will do within this study by researching the experiences of non-clinical staff.

This research is an appropriate question to address using the evidence at hand as there are few research papers that detail the role and utility of HEE Upskilling funding. There is a gap in what is known about clinical HEE funding, work-based learning and employee engagement as it excludes non-clinical NHS staff.

The NHS is duty bound to invest in all staff, as per the NHS People Plan and HEE Mandate, but the gap between training and development for non-clinical staff, as opposed to clinical registrants is significant. This is illustrated in the 13 HEE commissioned programmes for Clinical Staff in comparison to none for non-clinical staff (HEE, 2020).

Employees at Stockport NHS Foundation Trust, as recorded in the latest staff survey, report staff engagement at 6.8 out of ten against an average of acute & community Trusts of seven out of ten (NHS Staff Survey, 2021). Staff engagement was consistently below seven, the only acute & community Trust in Greater Manchester (GM) to score consistently low (NHS Staff Survey, 2021). Workforce development is increasingly important for the sustainable growth and survival of organisations (Harris

& Short, 2014) to which learning & development and employee engagement both contribute.

Introduction to the organisation: Stockport NHS Foundation Trust

Stockport NHS Foundation Trust delivers healthcare services in Stockport, covering Greater Manchester, North Derbyshire and East Cheshire. The annual budget is £30 million and there are approximately 5,200 members of staff. The Trust has a CQC (Care Quality Commission) rating of Requires Improvement, which brings an enhanced level of scrutiny (Stockport NHS Foundation Trust, 2020).

The Trust has been part of the Greater Manchester (GM) Health & Social Care Partnership since February 2015, along with 36 other NHS organisations and local authorities. This gives the combined budget of £6 billion per year to work better together for local priorities and population outcomes (GM Health & Social Care Partnership, 2015). These funding streams are separate to the HEE funding discussed in this study. The Trust needs to be a competitive employer in order to retain staff where there may be other potential attractive employers that can offer development opportunities. This is important because there is a more local approach to funding allocation, and there were opportunities for staff to work across the region and transfer more easily.

There may be issues surrounding the macro-political environment of the organisation, such as new executives joining the Trust recently who may not be familiar with the background of this field, or the organisational influences affecting the current situation. The micro-political impact will be the priorities of me as the researcher and also Learning & Development manager, along with any associated bias.

Purpose of my role

I am an employee of the Trust in the role of Learning & Development Manager and as such have insight into the strategic aims, organisational culture plus access to data and participants. There may be axiological implications to this, which have been address throughout the research discussion and conclusions. The impact of my philosophical assumptions will be discussed through the design and methodology of this report.

I have worked closely with HEE Upskilling funding for over five years, and I have a keen interest in the funding for non-clinical staff. It is my experience of working in this area that has driven this research.

Within the context of Workforce Development, my role can make direct changes to Learning & Development; however a multi-disciplinary approach will be required to support, make changes and influence the wider beliefs, values and organisational culture.

HEE Funding in context

Health Education England (HEE) funding is awarded on an annual basis to all Trusts and Clinical Commission Groups (CCG) in England; each Trust can allocate this to upskilling its workforce in line with defined terms of reference. Nationally, this amounts to over £4 billion per year. At this time, discussions are ongoing as to the additional funding impact of the Covid-19 pandemic (HEE, 2020). The Care Act 2014 sets out HEE's remit and range of roles and responsibilities in detail, including its duty to ensure an effective system for education and training for the NHS and public health. (HEE Mandate, 2019)

HEE's top priority has been the finalisation of the People Plan (HEE Mandate, 2019) 90% of the funding is allocated to commissioned and non-commissioned training programmes, including clinical placements and part-salary costs, and post-graduation education. The remaining 10% is available as Upskilling for the substantive workforce, which is allocated across NHS Trusts and CCG using the HEE STAR model. (HEE, 2020)



Figure 1: HEE Star Model (HEE, 2020)

There is a large focus on clinical roles, funding is provided for part-salary costs, training fees and innovative practices that support multi-disciplinary working and new clinical roles, such as Nursing Associate, Advanced Clinical Practitioner and Physician Associate.

The funding awarded by HEE is limited; therefore the improvements need to be measured for both public accountability and to demonstrate the best value for money. The Trust will not be in a position to bid for further funding if this cannot be clearly stated.

Statement of Purpose

Employees need to feel the HEE funding is used to support their development and will improve job satisfaction, higher aspirations and self-confidence. When employees feel valued and engaged in the workplace, this can have a positive impact this can have on Trust performance – improved retention, CQC rating and better patient outcomes. The results from this research will give insights into how the Trust can move from a reactive to a proactive approach to allocation of funding, and the Trust's commitment to the NHS People plan.

It is possible that the staff within the target group will need additional components other than access to the HEE funding to improve their engagement, however this will be out of scope for this research. It is also possible that wider organisational culture will be the limiting factor in their contribution to Trust performance. Where this is highlighted in the research, it will be discussed.

Research aims & objectives

The aim of this research is to critically analyse the role and utility of HEE funding for non-clinical staff at Stockport NHS Foundation Trust through evaluation of the learning the funding provides and using Kirkpatrick's Model of Evaluation (1955). I will provide recommendations as to how this can be improved in the future – such as using innovation and automation of Human Resource systems and strategic Workforce Development, enabling conversations with managers and building a culture of workforce development inclusive of all staff at the Trust.

The research objectives are:

Objective 1	To investigate the allocation of budget and the nature of what it is spent on, in line with the resource based approach.
Objective 2	To explore the end user perceptions in relation to value & utility
Objective 3	To develop an understanding of the role of adult learners in the workplace, within the context of the NHS.
Objective 4	To formulate a set of recommendations for practice that take into consideration the concept that work based learning can enable a workforce to be more engaged
Objective 5	To propose a framework for strategic allocation of budget that can be scaled up to support additional roles and staff groups outside the initial scope of the project.

Figure 2: Research Objectives

HEE Funding in a post-COVID world

Covid-19 has been the single biggest challenge the NHS has faced in its 70-year history. The long-term impact will be felt on services and staffing for years to come. The spotlight has been focused on all roles within the NHS for possibly the first time, rather than Registrants – Doctors, Nurses and Allied Health Professionals.

Organisational staff records show that 47.8% of NHS staff are non-registered and non-clinical (NHS, 2020). “Back Office” staff and managers are the driving force behind the clinical workforce. During the COVID-19 pandemic, an editorial written by Alastair McLellan for the HSJ Online stated, “The debate continues over which NHS staff should stay home. Many non-clinicians, and even some clinicians, are deeply unhappy with their employers’ instructions to come to work – which seems at odds with government advice” (McLellan 2020). This represents a common obligation felt by non-clinical staff, and the fact that as colleagues, we do not feel much different than the registrants we work alongside.

Politically, now is an opportune time to improve and highlight development for non-clinical staff, as in the context Covid-19, public perception is balanced in favour of all NHS roles (Woman’s Hour, BBC Radio 4, 2020). When the Chancellor delivered his

budget in March 2020, he recommended only a 1% pay-rise for all staff which makes seeking development opportunities outside of those paid for by the employer difficult; they can be costly too.

Limitations of the study

As an employee of the Trust working in the Learning & Organisational Development team, the study could be biased due to my influence. A safeguard in place for addressing this was a thorough and robust literature review to develop questions, and a sequential design to enable participants of the focus group to influence the questionnaire design. Using an electronic survey tool such as SurveyMonkey eliminated any bias at the data collection and ensured responses were anonymous.

It is acknowledged that by using a self-selecting sample, the responses may not be general of the population however they can be used to influence policy design and recommendations can be made. For this reason, the recommendations will be regulation rather than radical change (Burrell & Morgan, 1982). A multi-professional approach will be needed to implement recommendations from key stakeholders such as Workforce Development Lead, HR, Finance, Strategic planning teams and Executives.

Organisational pressures during the COVID-19 pandemic cannot be ignored. The focus groups were set up over a virtual platform (Zoom) and face to face to enable participants to be involved however they felt comfortable, and all risk assessments were in place for these sessions.

I have considered the conflict of the ethical implications due to me being lead for the HEE budget through Bell & Bryman (2007) Key Principles in research ethics prior to beginning data collection. I was clear and transparent about the purpose and any potential conflicts due to my role. Using these key principles supported my reflection on the study and methodology employed.

Structure of the report

The overall structure of the study takes the form of seven chapters. Chapter One has introduced HEE funding, its relevance to Stockport NHS Foundation Trust and the wider national context within which it is deployed. There is detailed description of the research question and aims. This introduction to the topic discussed explains why this is important, of interest to a wider audience and what the wider implications are.

Chapter Two offers a critical analysis of the literature on work-based learning in the NHS for non-clinical staff. Limited peer-reviewed articles are published in this area, which has indicated the need for further research. Kirkpatrick's Model of Evaluation (1952; 2016) is the theoretical frame through which the question is considered. Synthesising the research in this way opens a new perspective for the development of non-clinical staff. Studies have been conducted on both apprenticeship and clinical work-based learning programmes, but not non-clinical work-based learning outside of an apprenticeship framework. The significance of retention for non-clinical staff, as an indicator of Trust Performance is as significant for continuity of service as it is for clinical staff; therefore my study is valid because the role and utility of this funding for non-clinical staff are unknown at present.

Chapter Three justifies the methodology chosen to gather data that will answer the research question. This research will take the interpretist approach, as the outcomes will be the result of participants that have experienced the environment. The study uses an exploratory sequential design; the key benefit of this approach was the ability to focus in on the key issues identified by the sample, and not attach my bias or assumptions as the researcher to question formulation. A mixed-method approach maximises the data collection, and this included a series of focus groups and a questionnaire. This chapter also describes the participants, sampling strategy, validity and ethical implications.

Chapter Four is a discussion of the findings, including graphical representation of the data collected, where comparisons to the literature begin to emerge. It will detail where my research pulls focus to the previously highlighted gaps and advances based on the existing evidence base.

Chapter Five is a discussion of the findings and outcomes from the data. A thematic analysis will examine the key themes collected considered through the theoretical framework of Kirkpatrick's Model of Evaluation (1952) and Harris & Short's Workforce Development Perspectives (2007). Similarities, differences and gaps in the logic will be examined before beginning to draw final conclusions.

Chapter Six will draw conclusions for application in the workplace, transferability and where repeated studies could be used to enhance the validity of this research.

Chapter Seven details recommendations which the aim is to identify incremental changes that have a practical application in the workplace where the role and utility of the funding can be improved for wider organisational gain.

Chapter Two: Literature Review

Conducting a Literature Review

Chapter Two begins by describing my approach to conducting a literature review linked to my research aim and objectives. It then critiques theory on learner evaluation, using Kirkpatrick's Model of Evaluation (1952; 2016) before a thematic evaluation of empirical literature in relation to HEE funding. Finally, the chapter ends with a summary of findings and identifies research questions that arise from the knowledge gap.

This is a systematic literature review using the research questions for the search strategy, "To develop understanding of the role of adult learners in the workplace, within the context of the NHS" and "Employee Engagement in the NHS." Further details can be found in Appendix One. I critically analysed the literature identified in the search. I relied on online search with the University of Salford Library due to the Covid-19 pandemic and studying offsite since March 2020. There may be some limitations in the availability of texts through the online Library, however I do not have a search that has not yielded results therefore this is a risk to note, but it has not had a detrimental impact to this research paper. I accessed informal networks through the NHS Knowledge & Library Services to further enquire as to whether any gaps could be filled by these informal routes. Additionally, I searched the USIR database for relevant dissertations and thesis contributions. In understanding the context of the GM Health and Social Care Partnership, I am aware there are relevant studies to HEE funding held within the USIR and searched specifically for this document.

I am using the literature review to scope previous research, which will highlight the need to the research question I have developed. Due to the nature of my role, I have prior professional knowledge of the issues at hand, however I will endeavour to remain neutral during my literature review and ensure I critically analyse each document. I have analysed four types of literature: Theoretical, Policy, Practice and Research literature (Wallace & Wray, 2006)

I focused my research using “NHS” within the search question due to the scope of evidence within this field, as the NHS is the largest employer in the UK and has strong academic links. Some aspects of my search still returned more articles than was possible to review so I refined by search further. I also limited my searches to 2010 onwards due to the volume of papers initially returned. I am aware of current political and social changes, such as the comprehensive spending review, the Apprenticeship Levy and changes in health and social care systems (devolution in Greater Manchester, for example) which means both my literature search and my research paper will be most accurate and current by refining the search in this way. In addition, Dr Jacqui Leigh, University of Salford, has published a number of papers on funding for GM Health & Social Care through HEE. I will also draw on the grey literature publications from HEE detailing funding, terms of reference and allocations.

I used Mandalay to store a list of the references I identified. Having not utilised this in previous assignments, I found this challenging however I persevered in order to gain a comprehensive list to aid my research as it was conducted over an extended period.

Aveyard (2018) recommends using a critical appraisal tool such as Woolliams, et al (2009). I used this approach and was able to add a fourth factor, my professional knowledge and experience to enhance the critical analysis.

The literature review includes appropriate materials, focused on peer-reviewed journals from UK-based journals describing learning evaluation, work-based learning and employee engagement in the NHS, Harvard Business Review (HBR), CIPD and NHS publications and grey literature. HBR as a subject-specific journal has contributed many relevant articles to other modules of study as part of the MBA programme; therefore I felt this would be a valuable addition to the search strategy for more in depth search. I am a member of the CIPD so I appreciate the contributions of this as a professional body in supporting my personal and professional opinions.

I considered Helen Aveyard’s approach using a “hierarchy of evidence” (Aveyard, 2013) to rate which aided me in which evidence I focused time on to critically analyse. Appendix one shows this in detail.


1		Peer-Reviewed Journal Articles
2		Theoretical Papers
3		NHS Documentation & grey literature
4		Qualitative research
5		Professional / Expert Opinion

Figure 3: Hierarchy of Evidence (Developed from Aveyard, 2013)

I also drew on my professional judgement in addition to my findings from the research evidence (Aveyard & Sharp, 2013). The theoretical frames for which I will consider my research question are from the areas of learning evaluation, workforce development and employee engagement.

Theoretical Analysis

Learning Evaluation

There is a considerable amount of research into adult learning, work-based learning and much focused around Knowles (1984) Andragogy and adaptations (Cox 2013, Sleezer 1992.) Learning styles (Honey & Mumford, 1982) and Kolb (1984) are applied theories in NHS training and development. Kirkpatrick's Model of Evaluation (1952; 2016) maps the effectiveness of learning interventions, and despite the age of the original model, remains the well-regarded method of evaluating learning. I will use Kirkpatrick as a model through which I can consider the effectiveness of the learning interventions funded by the training. This well-established model of learning evaluation can be applied to all types of learning intervention, short or long in duration and work based or academic in nature.

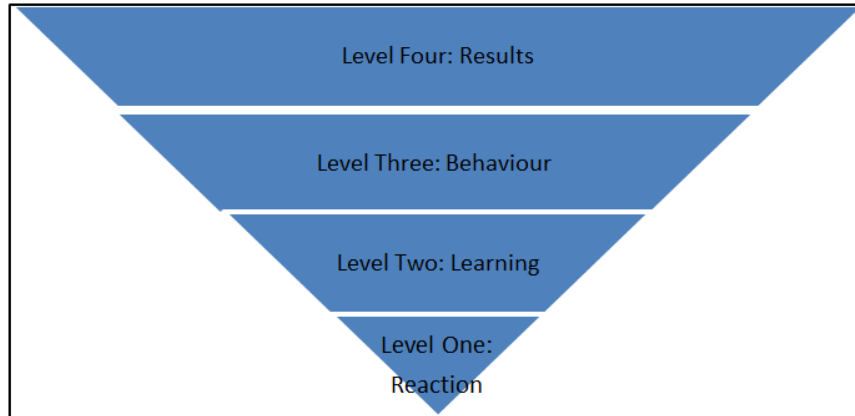


Figure 4: Kirkpatrick's Model of Evaluation (1952; 2016)

Level One is the reaction level, where learners often rate how they feel at the end of the learning event. For the purpose of this study, Level One feedback was not gathered as the training can be delivered by varied organisations therefore would not contribute to the overall research question. Level Two is learning which measures whether learning transfer took place as a result of the intervention. Level Three is Behaviour, which measures the application of the learning in the workplace. Level Four is the extent to which there are improvements to the organisational as a result of the intervention.

Kirkpatrick (1952) has been built on by Phillips (2008) adding a fifth Return on Investment level (ROI) Brinkerhoff's SCM Success Case Method (Brinkerhoff, 2005) adopted a phenomenological approach to research, identifying success, rather than a scientific analysis of all participants, or a defined sample. For this reason, I did not consider Brinkerhoff's SCM a method that fitted with this research question. Many NHS organisations struggle to adequately resource an evaluation function; however this has previously been popular in other public sector providers, such as the Police. The literature review identified Leigh et al (2020) evaluation of the GM synergy model, although no formal learning evaluation model was used for this evaluation. Toma et al (2020) conducted a multi-method evaluation using Kirkpatrick's model of National Clinical Fellowship programmes, to build leadership capacity. This highlights the utility of this model, despite its age, as I can draw comparisons with my study and the work-based learning described by Toma et al (2020).

Workforce Development

The concept of Workforce Development emerged in the 1990's (Hall & Lansbury, 2006) Harrison (1995) explored the differentiation between employee training which looked at skill supply and the demand of workplaces. Workforce Development was defined as an extension beyond training to HR Management activities such as recruitment, retention and talent management. Harris & Short (2014) detail the five perspectives that the umbrella term of Workforce Development incorporates:

- Individual
- Organisational
- Industry
- Community / Region
- Societal

The significance of this definition is the impact that this approach will have on organisations for sustainability. The timescales required for a combination of practical application – policy writing, training programmes, system-wide improvements will take place over extended periods of time. Therefore organisations will need to take a longer term approach over 5 – 10 years to measure the return on investment. For this reason, Return on Investment in workforce development is out of scope for this research paper; however the themes of Workforce Development can be explored through the evaluation of the impact of HEE funding.

I have developed the Figure below to demonstrate the relationship between the five perspectives to highlight the interdependencies on each other.

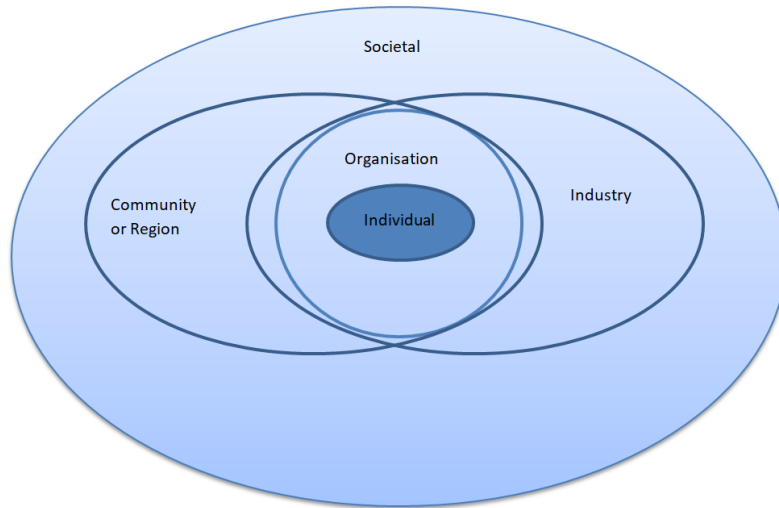


Figure 5: Workforce Development, developed from Harris & Short (2014)

Haralson (2010) stated that the capacity to reconcile these goals is a defining feature of any workforce development strategy. In the above diagram, the individual is at the centre of Workforce Development, and in turn benefits can be seen in the organisation where successful Workforce Development functions exist. Whilst there is some interdependency, the benefit to the community or region can be separated from the industry. For example, GM Health & Social Care Partnership focus on overall workforce development will have some benefits to Health Care and the NHS, however it will also have wider benefits for the GM region in additional aspects, such as finance, patient care, innovation which are separate to the benefits of the NHS (or more specifically, individual professions within) workforce. Overall, society in this research paper will benefit from all investment in Workforce Development. This includes, but is not exclusive to: Stockport/GM and England Residents, and those impacted by lack of social mobility (the connection between education and social status.) This is not a definitive entity; the research will be subjectivist in its approach acknowledging my axiology that this culture is the result of the individuals within it, rather than being enforced up on them. Being drawn into the research on the societal impact lends itself to a more critical realist research approach which this is not. The purpose of this study from an interpretivist approach will be the creation of new, richer understandings and interpretations of social worlds and context (Saunders, 2007)

HEE Star Model

HEE publish guidance on the role and utility of the funding available to NHS Trusts on an at least annual basis. The HEE Mandate (2019) details HEE commitment to supporting “the delivery of excellent healthcare and health improvement for patients and the public in England, by ensuring that the wider workforce of today and tomorrows has the right numbers of staff with the right skills, values and behaviours at the right time and in the right place to meet the patient’s needs.” (HEE, 2019.) The HEE Star Model (HEE, 2020) is a simple framework to facilitate workforce development.

HEE funding allocation is skewed towards clinical staff. Gloster (2020) and Thurgate (2018) have reviewed roles which have been supported by HEE funding, Advanced Clinical Practitioner and Assistant Practitioner respectively. HEE Funding empirical evaluation of funding is not serving my purposes, for example focus on investment for ACP (Gloster, 2020) which is a specific clinical academic level of study and is not relatable to non-clinical staff.

Employee Engagement

Kahn (1990) Giancola (2014) and Rayton (2012) are key commentators in Employee Engagement, most significantly, Rayton’s paper “Nailing the Evidence” (Kings Fund, 2012) is a seminal piece on NHS Employee Engagement listed four key enablers:

1. Strategic Narrative
2. Engaging Managers
3. Employee Voice
4. Organisational Integrity

The literature echo’s this sentiment, as both Mounier-Jack et al (2020) and Hafner et al (2020) also indicate multi-faceted layers to employee engagement for their respective studies.

Currently, there is limited research available on the role and utility of HEE funding, and structured searches have identified a small evidence base. This indicates there is a need to understand the role of funding for non-clinical staff further.

Thematic Analysis

I have grouped the results of my literature search into broad themes:

- Learner Reflection
- Self-Belief & Assertiveness
- Evaluation
- Work-based learning: Roles & Relationships
- Employee Engagements – Methods & systems

Meta-analysis (Glass, 1976) is the bringing together of the themes in an analysis of the analysis. This is possible because the search criteria are narrow; therefore I am only looking in the areas of work-based learning, NHS, employee engagement, and evaluation of learning. I chose not to apply Noblitt & Hare's model of Meta-Ethnography (Noblitt & Hare, 1988) as this involves substantive interpretations of key words and phrases and within different types of literature, there may be different interpretations of terminology, such as work-based learning, work place learning, and apprenticeships all referring to similar learning interventions despite there being semantic differences in the terms.

Learner Reflection

Eastman (2013) described the use of the English language in work-based learning. She used reflections on essayists to introduce her learners, one of whom was from the NHS, to written reflections. The study used journaling to collect data, therefore cannot be wholly scientifically analysed, however the themes as a result of the study are significant. Reflection is common practice in clinical roles, especially where a revalidation or re-registration is required. The practice and skill of critical reflection is also commonplace in many apprenticeships, specifically in the study by Rose, Moore & McKie (2020) detailing the challenges for Level 7 Senior Leader Degree Apprenticeships. Critical reflections were embedded into the programme, and line managers and personal tutors were able to draw on the benefits of this for both the academic performance and the workplace performance.

Self-Belief & Assertiveness

Thurgate (2018, 2020) and Attenborough (2019) studied staff transitioning into more senior roles whilst taking on a work-based qualification as a Trainee Assistant Practitioner. The challenges of adopting a new role is described as being partly about self-assertiveness that they were in a new role and had completed significant

recruitment and learning to be on the programme. Whilst these are clinical roles, there is a common theme also asserted in Rose, Moore & McKie (2020).

Evaluation

Leigh et al (2020) and Toma et al (2020) are simple evaluations of work-based learning programmes. The Clinical Fellowship evaluated in Toma et al (2020) is conducted through the Kirkpatrick model of evaluation, whilst Leigh et al (2020) uses a project evaluation framework to measure success.

Work-based learning: Roles & Relationships

The University Vocational Awards Council (UVAC) is a key commentator on the role and utility of Apprenticeships and work-based learning. Whilst Apprenticeships are out of scope for this research, they provide the context in which work-based learning is received. Staff and managers are becoming increasingly familiar with Apprenticeships and the notion of “on-the-job” learning since the introduction of the Apprenticeship Levy in 2015, and the expansion of higher level apprenticeships. Anderson, Bravenboer & Hemsworth (2012) described how higher level apprenticeships would need to be supported by employers almost 10 years ago, in advance of the Apprenticeship Levy. They highlighted the need for workforce development and the collaboration with Higher Education institutes (HEIs) and employers for the product to be both successful and impactful. This is corroborated by Ogunleye (2012) and Devins, Fernandez-Berruero & Kekale (2015). In 2018 and again in 2020, UVAC published editorial and policy perspectives to reinforce the significance of employer relationships with HEIs, for the benefit of the learner. Specifically, Crawford-Lee (2018) highlights the significance of work-based learning for the advancement of social mobility. Together, these studies indicate that employer participation is critical to the success of developing programme for work-based learning over longer periods (as Apprenticeships will be at least 12 months in duration.)

Employee Engagements – Methods & systems

Harris & Elliot (2020) demonstrated improved employee engagement through lean systems process mapping. Reid et al (2020) through the use of volunteers and lay board members in the development of education interventions and Beattie & Bartoli (2019) for the implementation of a checklist for organisational intelligence to improve

employee engagement. Notably, none of these studies indicated work-based learning, or training and development other than Mounier-Jack et al (2020) which describes engaging Healthcare Assistants to take up the influenza vaccination so it is a tenuous link. All do indicate the wider workforce challenges for employee engagement, which is expected considering the Rayton's (2012) enablers previously described.

Identifying gaps and Research Questions

Synthesising the research in this way opens a new perspective for the development of non-clinical staff. Studies have been conducted on both apprenticeship and clinical work-based learning programmes, but not non-clinical work-based learning. The significance of retention for non-clinical staff, as an indicator of Trust Performance is as significant for continuity of service as it is for clinical staff; therefore my study is valid because the role and utility of this funding for non-clinical staff are unknown at present.

In the subsequent chapter, I will gather evaluation data using and a mixed method approach to address the research question, conduct Kirkpatrick's model of Evaluation (1952; 2016) and close the gap between current existing research and my Research aims and objectives.

Chapter Three: Methodology

The methodology described in this chapter will be critically evaluated and as a result, the most appropriate methodology for my research question will be selected, alongside appraisal of that which has not been selected. The chapter will then discuss the sampling strategy, participants, validity, and ethical implications.

Research Project Aims & Objectives

The aim of this research project is to critically analyse the role and utility of HEE funding for non-clinical staff at Stockport NHS Foundation Trust. This will be through evaluation of the learning the funding provides, using Kirkpatrick's Model of Evaluation (1955) and Harris & Short (2013) Workforce Development Perspectives. This chapter selects and justifies an appropriate mixed-method research methodology, strategy and design to address gaps identified in the literature review.

The literature review key themes were learner reflection, self-belief and assertiveness, evaluation, work-based learning and Employee Engagement. This study will now explore the objectives in line with the key themes. It will further explore the end user perceptions in relation to the role and utility to HEE funding, using a methodology of systematic data collection. It then describes data collection methods, data analysis and overcoming limitations of the approach.

Research framework & its components

There are two classical ontological positions within Business Research: positivism and interpretivism (Saunders et al., 2016). This research will take the interpretist approach, as the outcomes will be the result of participants that have experienced the environment. A positivist wouldn't have worked with this particular research question as positivist approaches search for a definitive answer. This research will be pluralist in design each element will benefit the research and separate environmental influences throughout the design will enrich the outcomes and conclusions.

Demonstrating philosophical understanding of research design will aid me to build a methodology that will best answer my research question, meet my aims and objectives and support my understanding of how my research outcomes fit into a wider context.

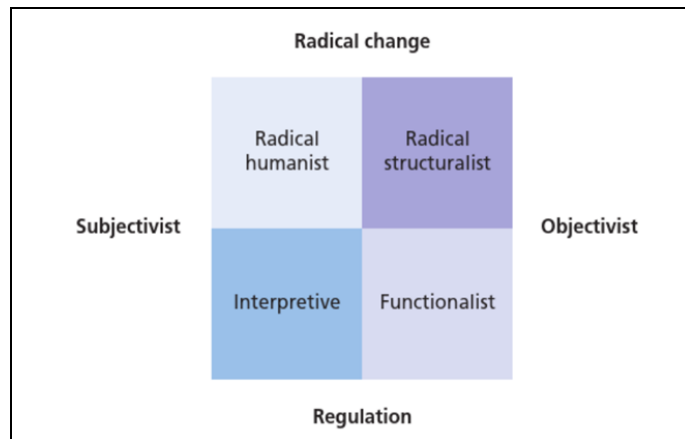


Figure 6: Based on Burrell & Morgan (1982) in Saunders (2007)

Using Burrell & Morgan (1982) I can deduce that my approach will be interpretive as it uses subjectivist questioning perceptions and actions, and also will detail how improvements can be made within the existing frameworks; it will not suggest radical change as I am keen for recommendations to have applications in practice in the short, medium and long term. Pragmatism asserts that concepts are only relevant when they support action (Keleman and Rumens 2008).

I recognise that my beliefs, role, perspective may influence the conclusions that I draw from the research. Crucial to the interpretivist philosophy is that the researcher has to adopt an empathetic stance (Saunders, 2007). This axiology will be referenced throughout the research, with the purpose of addressing any bias this may cause.

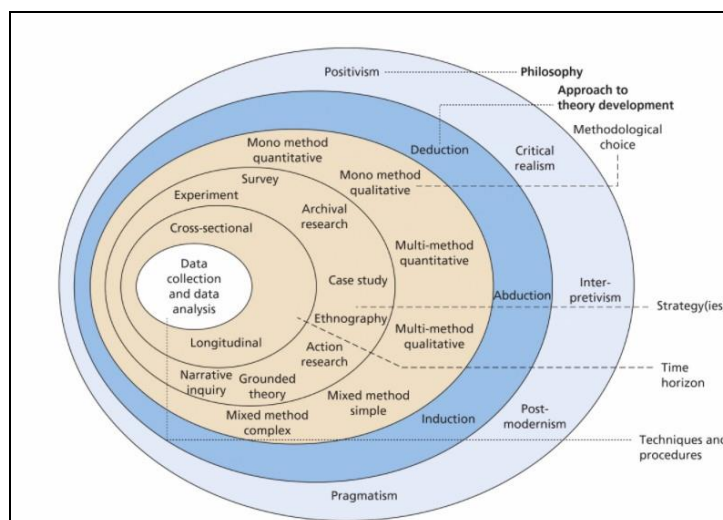


Figure 7: Saunders (2007) "Onion" model

The next layer of design relates to the research approach; either: deductive, inductive or abductive. Inductive research uses data collection to develop a theory through data analysis (Saunders, 2007) Deduction and Abduction are not suitable for this approach due to their reliance on hypothesis (Deduction) and exploration of phenomenon (Abduction).

Saunders "onion" (Saunders, 2007) details the research philosophical approaches that make up layers of considerations and factors that each contribute to the research project. These are the key assumptions and beliefs that underpin the research question and me as a research practitioner. These assumptions shape both methods and understanding (Crotty, 1998). For example, I have assumed throughout this research that staff will be engaged in their development and will want to access learning opportunities. It may be that there are individuals that do not want to do this, however I can counter this assumption by allowing the sample to self-select so that I am engaging with employees that want to be involved. Members of staff that are not engaged could be approached through a separate research project which would be focused on understanding the underpinning reasons for this and propose recommendations.

The most significant aspect of research philosophy is the reflexive aspect (Saunders, 2007); researchers need to understand their values and beliefs and the impact these may have on the research project, shaping questions and methodologies. Alvesson and Sköldbberg (2000) encouraged learners to "actively shape the relationship between your philosophical position and how you undertake your research."

I have selected epistemologies based on the methods recommended by Kirkpatrick (1952; 2016) during his evaluation model, as these methods are most likely to provide me with data that provides answers to my research question.

Analysis of various data collection methods

Using an interpretivist approach, I already know that I want to gather human perceptions such as experiences and opinions and then be able to draw a meaning from those interactions. Saunders (2007) describes this as Symbolic Interaction.

Qualitative v. Quantitative methods

These values and assumptions lend themselves to a qualitative method, where data is gathered through engagement with the researcher (Easterby-Smith, 2018) and is open-ended. The data will be in non-numeric form such as language. The advantages of collating qualitative data to answer the research question are that experiences can be shared with the researcher and participants can provide detailed insights. Specific methods are semi-structured interviews, group interviews and focus groups, which all require the researcher to prepare in advance of these sessions to ensure consistency and best use of participants time. For example, without the adherence to structured questions, qualitative data collection via a focus group may not contribute towards the research question and subsequently I would not be using the participants time effectively, which has ethical and resource implications. Equally, I may influence conversations between participants in a group interview and the data would be bias towards my values, beliefs and hypothesis. Qualitative data analysis can be achieved through content analysis, coding or template analysis. Due to the nature of the data there will be some ambiguity which will require analysis. A framework for analysis will ensure there is a systematic approach employed to review the ideas and concepts, with discussion points are stored and shared.

The use of quantitative data will provide valuable insights, in a binary and closed-ended way. I used a questionnaire to do this. The analysis will use scientific methods rather than thematic interpretation as with qualitative data and look at trends and patterns within this.

Through a combination of qualitative and quantitative data, I use each approach to its strengths and address any weaknesses for a holistic approach to data collection.

Mixed Method Approach

Using both qualitative and quantitative in this way is a Mixed Method approach, and is justifiably considered a methodology in its own right (Creswell, 2015). It requires skill in both aspects. To conclude, qualitative is more creative but needs planning and structure to be successful whereas quantitative is based on finite data that can be analysed in more depth, but can leave gaps where there is individual variation or detail outside of the key lines of enquiry.

In order to best meet the requirements of the research question, I have selected a mixed method approach. Creswell (2015) stresses that the methods employed need to be both rigorous and systematic, working together to complement each other. For the researcher, a mixed method approach can be resource intensive. It requires an additional commitment to gaining an understanding of all individual methods employed which takes time and skill. For the purposes of this research, where resources are limited, there is a risk that one method may take priority over another however planning and structured interrogation, as recommended by Creswell are checks and balances in place to ensure this does not happen. In order to be successful, full integration of both data sets is required.

The subjectivist approach will take into account the perceptions of those participants; they may believe their knowledge to be fact but as an observer, I can see it is their actions as a result of how they experience the world. As a subjective researcher, I will take into account the different opinions I uncover throughout the research project. Cunliffe (2003) suggests this could be “radical reflexivity” through the change and adaptation of my own values as a result. The resulting workforce development culture will be a combination of each of the individual perspectives of Harrison & Short (2014) rather than a defined formula enforced on individuals within the organisation. Within the context of the NHS, mixed method reflects the desire to be both data driven, but also ensure a “patient-centred” approach to care.

The Figure below details the framework used in the design of the study, modelled on the Creswell’s (2015) approach to mapping a mixed method methodology using a master – servant exploratory sequential design.

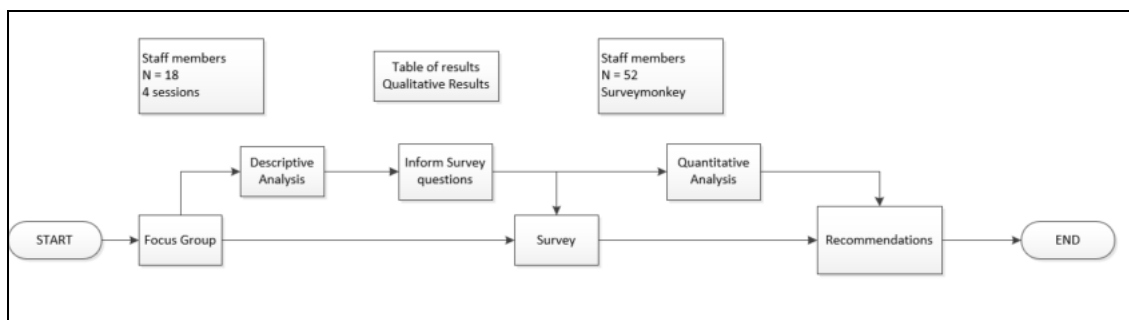


Figure 8: Mixed Method Approach

Primary & Secondary Data

Where I am employing these methods during the data collection phase, I am gathering Primary data; data for the specific purpose of answering the research question. Additionally, I have chosen to use secondary data to support my argument and add breadth using an established data set. An example of this is organisational data, national statistics and historic data in relation to the area of interest. Previous studies of similar topics can also be considered here if they are of benefit. Use of secondary data can often provide a context to a research question which supports an argument, or supports the outcomes of the primary data's findings.

Participants

Individuals working in non-clinical roles within Stockport NHS Foundation Trust were eligible to participate in the study. There are 5,200 employees at the Trust, and 27.67% are in non-clinical roles (Stockport NHS Foundation Trust, 2021) 1,015 are in Administrative and Clerical roles, with an additional 424 in Estates and Ancillary roles. Prospective participants were those with access to computers, or social media, where information relating to the Focus Group and Questionnaire were publicised. Participants were required to confirm they were in an eligible role prior to answering any questions. This was via a qualifying question in the questionnaire, and verbal confirmation for the focus group.

Sampling

The sampling frame used for the study was self-selecting. As detailed earlier, there is an assumption that members of staff within the target group would want to engage in Learning and Development, however there is an acknowledgement that this may not be the case for all. By using a self-selecting sample, all participants are motivated to contribute and demonstrate by their commitment that they have an interest in this area. All responses were anonymised and stored confidentially. Generalisability may have been difficult if I could not ascertain the same level of engagement from all non-clinical staff. Factors that affected the sample were: whether they were available on the dates, though a range of dates were offered, frequent access to computer or email due to the questionnaire being electronic, and whether they were active on Facebook or Twitter, as this is where the details were also shared. Participants gave informed consent, and were able to withdraw at any time.

Validity

The questions in both the Focus Groups and the Questionnaire have been developed directly from the research aims and objectives. Over the series of questions, participants will tell me about their experiences of the role of the funding, whether it has supported their development and whether they would remain in the trust for longer as a result. The study can be generalised from as the themes identified are mirrored in the literature review and the methodology is sound. The validity could be improved by using a random sampling method and ensuring the sample was representative of the workforce, for example gender, protected characteristics, banding.

Reciprocity

Individuals sharing and hearing others experiences of the access to funding may lead them to realise that there are opportunities available for non-clinical staff to access funding within the Trust. Respondents to the questionnaire were given a link on the final page to review the Trust information entitled “Accessing our Learning & Development Fund.” The study has been successfully utilised as a communication method and marketing tool for this funding.

Data Collection

The study uses an exploratory sequential design – focus groups (4 sessions) are used to identify the themes, and funnel the line of questioning to be used in the questionnaire (via SurveyMonkey.) The key benefit of this approach was the ability to focus in on the key issues identified by the sample, and not attach my bias or assumptions as the researcher to question formulation.

The focus group questions (Appendix Two) were open questions which allowed for participants to share experiences and examples significant to them. They took place over 4 separate days, at various times and lasted for one hour. In total, there were 18 participants. Questions were written specifically for the focus groups, they were not provided in advance of the event itself, and were given one at a time to participants.

The questionnaire (Appendix Three) was designed and accessed via SurveyMonkey, and was open for 2 weeks in total. 52 participants completed the questionnaire; each question was mandatory with optional free text boxes.

Data Analysis

Thematic analysis of the literature review also shaped the question design in both focus groups and questionnaire. The questionnaire design was influenced by Greenhalgh (2010) quoted in Aveyard (2013) and particularly the final question was lifted almost verbatim from Toma et al (2020) "How likely are you to remain in a role that provided access the training, learning & development funding?" as it uses the Kirkpatrick Model of evaluation (1952; 2016) methodology and a Likert scale for a definitive way of gathering data on whether HEE funding impacts Trust performance metric of retention. My values and beliefs do not impact the completion of questionnaire questions, as this was accessed via SurveyMonkey, however this may have shaped their design.

Limitations & credibility and how they were overcome

There could be tension between the corporate and academic elements of this study however by using an interpretivist approach; any recommendations will be both academically sound and also realistic enough to be applicable in the working environment.

Upon reflection, there are limitations to this approach which could have limited the research. The threat of a convergent design is that the focus group narrows the themes that may be missed if not originally raised during the focus group. The literature review did not indicate that any further themes needed to be addressed as part of this study, but as indicated there remains scope to reconsider these aspects in a future study. Reading about other researchers and how they have taken their study forward helps to redress the balance between me as the "apprentice" and trying to negotiate access.

As the researcher, I placed trust in the participants of the focus group to be representative of the sample to indicate what areas of focus may be needed in developing my questionnaire.

I have demonstrated competence in both qualitative and quantitative within the mixed method design, however there is a risk that a researcher may not excel in either when selecting this methodology. In this case, I am familiar with analysing and interpreting data for both within my professional role and can demonstrate a level of competence with the data analysis.

The structure of both the focus group and the questionnaire mean that the same questionnaire could be easily repeated in the future, and questions in Appendix Two and Three enable interested parties to do so; this could be in another NHS organisation or across the Health and Social Care system.

Chosen methodology

In summary, the chosen methodology is as follows:

<u>Data Collection method</u>	<u>Sample</u>	<u>Number of participants (N)</u>	<u>Notes</u>
Focus Group	Self-selecting	N=18	4 sessions over 4 dates
Questionnaire	Self-selecting	N=52	Electronic survey method Open for 2 weeks

Figure 9: Chosen Methodology

Following through consideration of the research methodologies available, I was able to confidently conduct the research, the findings of which will be discussed in Chapter Four.

Chapter Four: Findings

This chapter will describe the findings from both the Focus Group and Questionnaire. The purpose of this is to introduce the discussion and conclusions that will be drawn when the findings are compared to the literature review. The findings are described using the participants own words where available.

Focus Group

There were four Focus Groups in total, which took place over separate four dates. Overall, 18 individuals participated (N=18). Each Focus Group followed the same five question sequence. The questions and responses are as follows; responses have been anonymised for confidentiality and ethical reasons.

Question One: What is your experience of accessing Learning & Development funding?

In answer to this question, the key theme was that staff that did have knowledge and experience of the funding had a positive experience as a result.

“Good experience. Skills gaps to enable me to do the role. Training has been diverse, but linked direct to the role” (P2.1)

Unfortunately, there was a lack of awareness by some participants (2) who did not know what the funding was or how to access it,

“Not even aware that there is funding to access” (P1.1)

Where participants had accessed, a clear source of information was not identified,

“Purely in passing conversation – that I found out about it.” (P1.2)

The size of the fund was also unknown; participants were not confident whether there request was reasonable,

“...think on a smaller scale” (P1.4) “Didn’t realise there were more opportunities for staff” (P1.2)

Question Two: Where you have encountered a barrier, how did you overcome this?

P1.1 stated that awareness, as discussed in Q1 was the biggest barrier. Another barrier was the Line Manager; this is a key relationship - for the individual, and also for the organisation in getting the message out to staff,

“...being reliant on the line manager knowing what the exact course is” (P1.2)

and also,

“If manager wasn’t approachable, you may not approach them to start the conversation” (P1.2)

thirdly, the application process as a whole,

*“Is process straight forward or complicated? – this could also be a barrier, for example if needed to write complicated application”
(P1.1)*

P2.1 also shared,

“...if they [courses] are not valued by the organisation, they are not considered” (P2.1)

Question Three: Where you have accessed funding, how has this influenced the way you work?

Positive examples were shared in answer to this question. The trend was for staff to have received training and development specific to the needs of their role, and as such had a beneficial influence on their day to day work.

“Did influence and provided underpinning skills” (P1.1)

“All targeted to the job, relevant and useful” (P1.4)

“Gives the labels to what I think I was doing anyway” (P2.1)

There were no negative comments, or comments indicating funding had been used in a non-complementary way.

Question Four: Have you / would you remain at a Trust that enabled you to access this funding?

100% of participants confirmed they would remain working in a role at the Trust where there was access to the funding, and some (4) were able to generalise that this would be a positive indicator for any role,

“valued and an incentive to stay longer” (P1.2)

“Makes you feel valued and invested in.” (P1.3)

*“Yes. Remaining at a Trust presently to be able to access this funding.”
(P2.1)*

“Yes. Always looking for continual development.” (P3.1)

Question Five: Any other experiences you would like to share?

This question was a final “catch all” to ensure any themes, concerns and experiences had been shared. Thematic analysis of these responses indicates the perceptions of staff was a significant factor in awareness and access in terms of staff role, staff group and contract type which would mean you are not eligible for the funding,

“For some training opportunities – if you are not are permanent member of staff – may not be given the opportunity to access. Perception or actual?” (P1.3)

Participants to the Focus Groups were not excluded from taking part in the questionnaire.

Questionnaire

52 respondents answered 13 questions (N=52) (Appendix Three). Participants were required to confirm they qualified to be in the sample group before commencing the questionnaire. A series of demographic questions were asked at the end of the questionnaire to establish the staff position and engagement in existing development processes established in the Trust. These were as follows:

Highest Formal Qualification	Responses	
None of the above	0.00%	0
Less than GCSE	1.92%	1
GCSE (or equivalent)	28.85%	15
A Levels / Level 3 NVQ / Apprenticeship	32.69%	17
Foundation Degree / Level 4 NVQ / Higher Apprenticeship	9.62%	5
First Degree (BA / BSc, etc) Level 6 NVQ	13.46%	7
Master's Degree / Level 7 / Post-Grad qualification	13.46%	7

Figure 10: Highest formal qualification

Only 13 out of 52 respondents had a professional qualification, and which required a revalidation. However, 82.69% (43) had completed an appraisal in the previous 12 months. There were only 4 that had not had an appraisal within the organisation, and a further 9.62% (5) that had waited longer than 12 months.

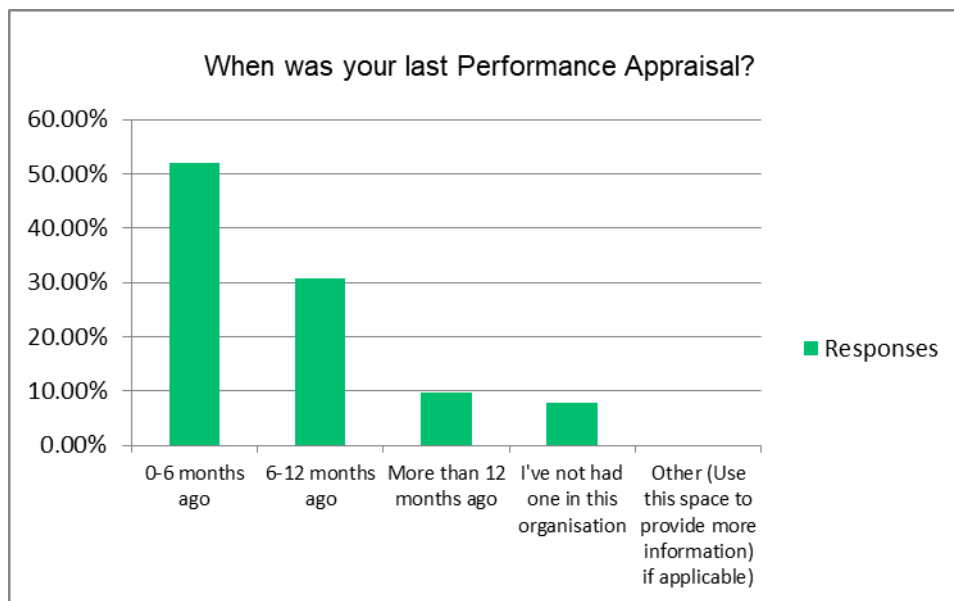


Figure 11: Questionnaire Question 11

More than half of participants, 55.77% (29) were not aware that there was funding available to support training, learning and development for non-clinical staff.

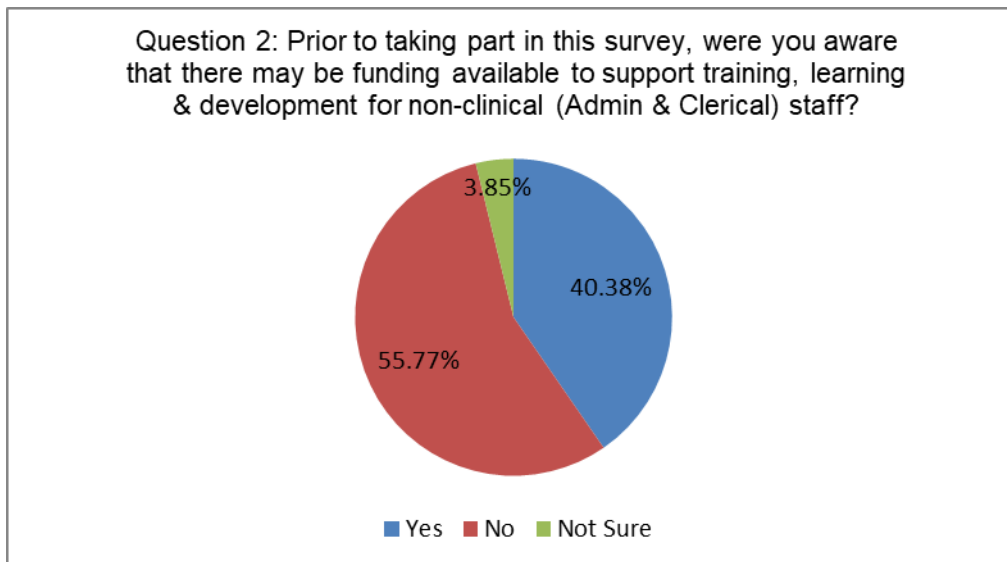


Figure 12: Questionnaire Question Two

57.69% (30) participants had accessed some form of Learning and Development within the preceding five years, or since joining the Trust. However, only 29% (13) had accessed training which could be directly attributed to the HEE Funding.

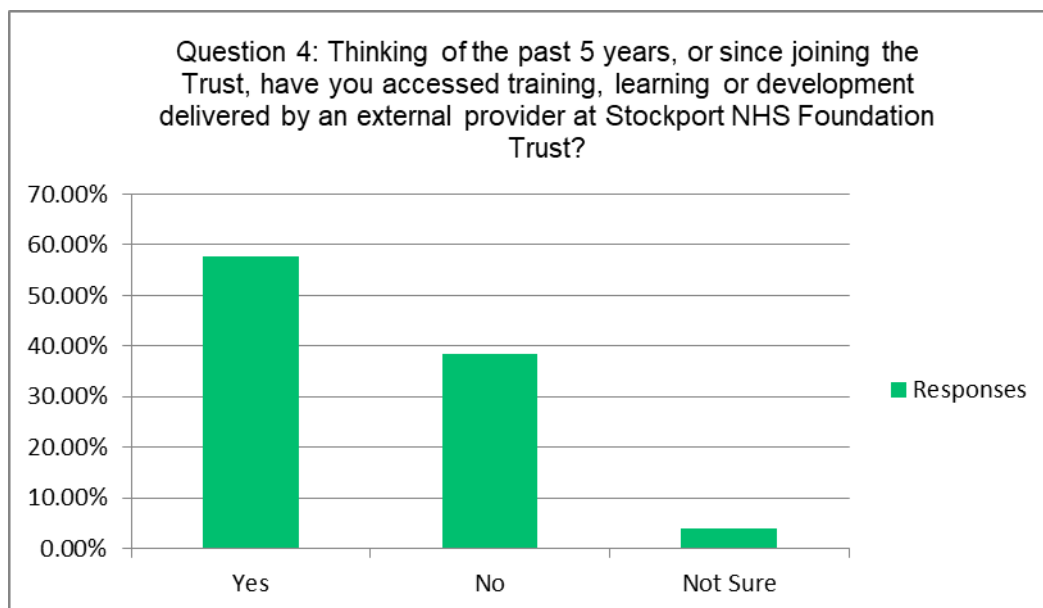


Figure 13: Questionnaire Question Four

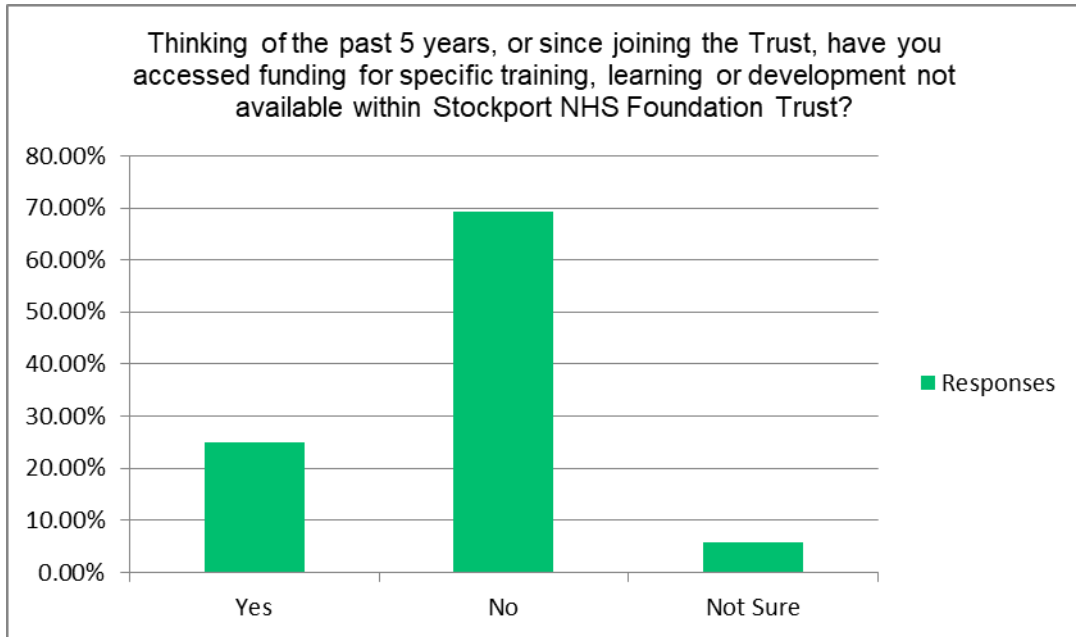


Figure 14: Questionnaire Question Five

69.23% (36) participants have not accessed funding that can be specifically attributed to the funding received from HEE; 25% (13) have accessed funding.

When asked whether training had a positive impact on the way they worked, 17.31% (9) stated “a great deal” 9.62% (5) said “a lot” and 17.31% (9) confirmed “a moderate amount” Most significantly, 46.5% (24) stated not at all.

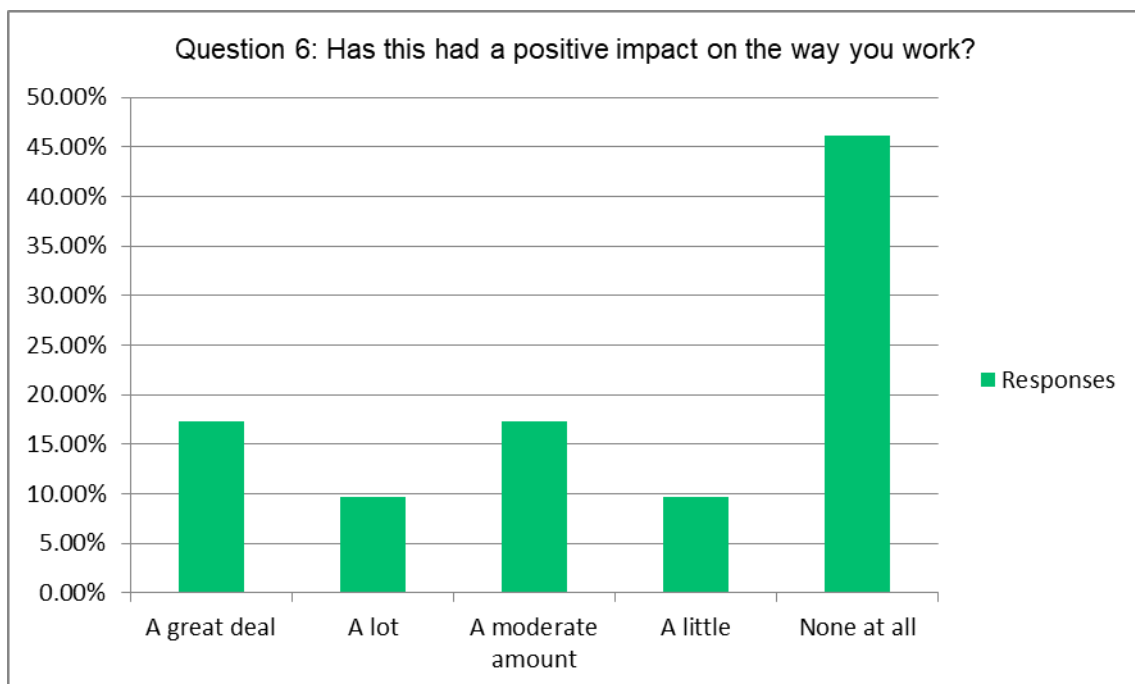


Figure 15: Questionnaire Question Six

75% (39) of participants indicated they were “likely” or “very likely” to remain in a role that provided access to funding.

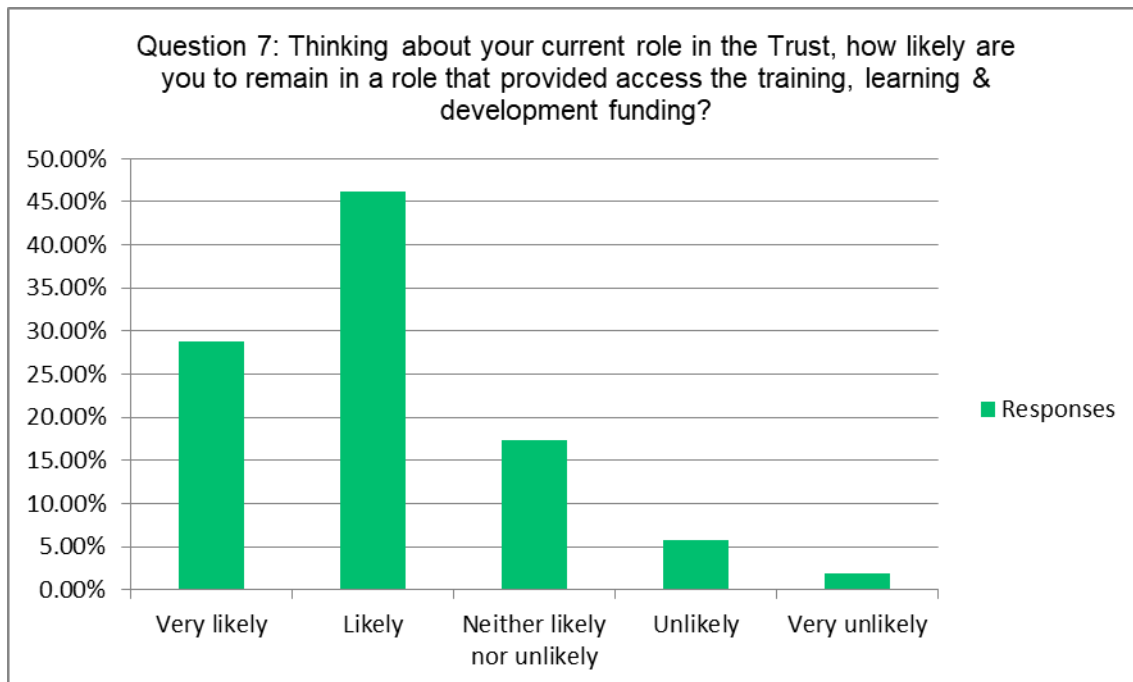


Figure 16: Questionnaire Question Seven

The main barriers to accessing the funding were too much work (44.23%, 23) or not enough support (32.76%, 17.)

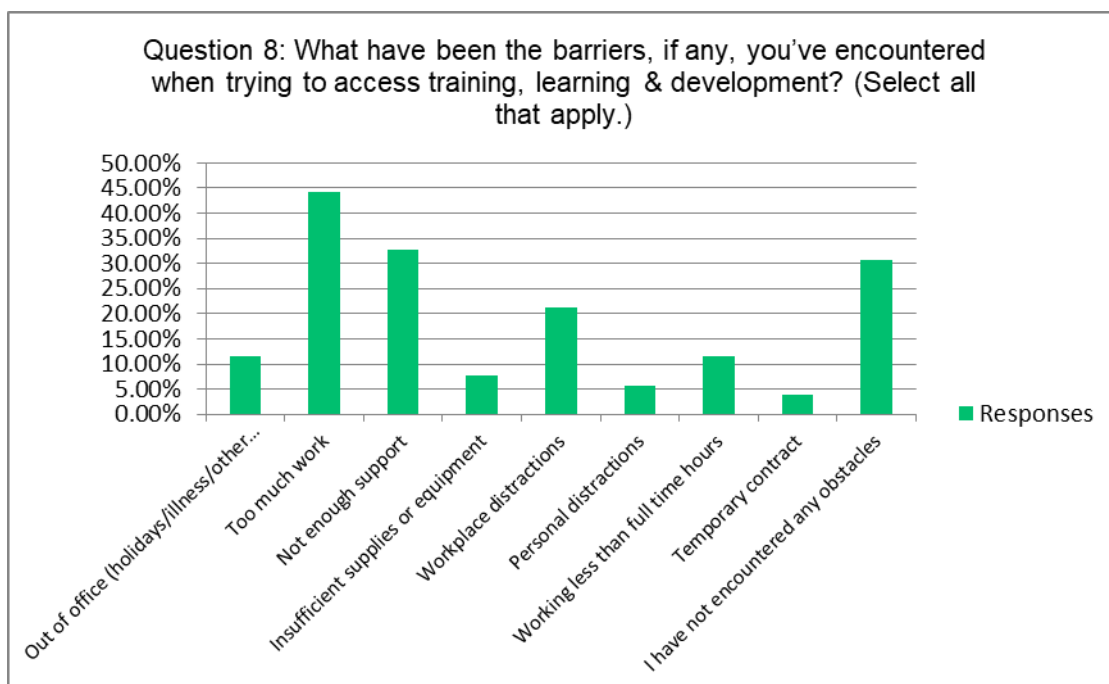


Figure 17: Questionnaire Question Eight

Question 9 asked participants to select what they have accessed and would like to access; there was also a “Not Applicable/Not for me” option. The three most popular responses were Leadership Skills 28.84% (15). Face to Face Training course 28.84% (15) and Mentoring and on the job support with a joint rate of 26.92% (14) each.

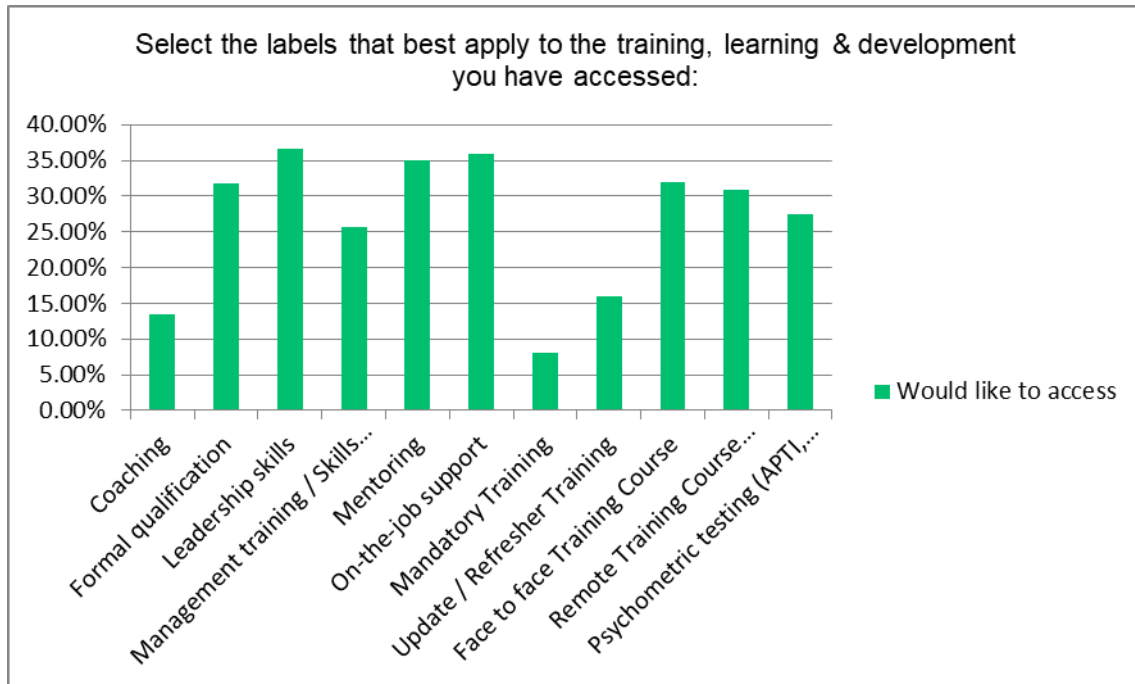


Figure 18: Questionnaire Question Nine

Chapter Five: Discussion

In this chapter, a thematic analysis will examine the key themes collected from the data. This will then be considered through the theoretical framework of Kirkpatrick's Model of Evaluation (1952) and Harris & Short's Workforce Development Perspectives (2007). I will then return to the literature review and empirical study data to address any similarities, differences and gaps in the logic before beginning to draw final conclusions.

Thematic Analysis

The themes identified through analysis of the collected were lack of awareness of the funding and its role, the impact of Manager Awareness and subsequent consequences and then finally the positive impact of the funding on individuals. These themes were then compared against the themes from the Literature Review to inform conclusions and recommendations. Template Analysis, Discourse analysis and conversational analysis are alternative methods of data analysis however these were not applicable to the study due to my requirement to gather themes from both qualitative and quantitative methods in my mixed method model.

Theme: Positive Impact on Individuals

When asked whether training had a positive impact on the way they worked, 17.31% (9) stated "a great deal" 9.62% (5) said "a lot" and 17.31% (9) confirmed "a moderate amount." This is a significant proportion of respondents and demonstrates how Level 2 and 3 of Kirkpatrick's Model of Evaluation (1952; 2016) is achieved. Further evidence can be sought by measuring learning against expected outcomes. This was echoed in both the Focus Group and Rose, Moore & McKie (2020). Rose et al showed how learners were able to apply work-based learning through use of reflection. Taken together, these studies indicate how work-based learning positively impacts individuals and workplace performance. The benefits of work-based learning are a key perspective of Workforce Development (Harris & Short, 2007) therefore the research indicates that HEE funding is contributing to this.

Theme: Lack of awareness of funding and it's role

Focus Group and Questionnaire participants highlighted the lack of awareness in non-clinical staff that HEE funding was available. 55.77% (29) respondents were not aware, which is supported by comments from the Focus Group; one questionnaire respondent said they felt like an “after-thought” Thurgate (2018, 2020) and Attenborough (2019) described the self-assertiveness required to successfully implement workplace learning. This leads me to question whether employees that are engaged should enquire as to the sources of development within an organisation, and actively act to participate in it.

Rayton (2012) described how employees that have had access to development are going to stay longer in their roles, therefore in order to engage and retain these individuals, the Trust must make them aware of the HEE Funding and it's role. 75% (39) of participants indicated they were “likely” or “very likely” to remain in a role that provided access to funding therefore I can deduce that retention would improve if a greater percentage of staff at the Trust had access to HEE Funding. Employee Engagement is multi-faceted and not one perspective will contribute to improve Employee Engagement independently. Respect (Harvard Business Review, 2018) either owed or earned, is one such factor. The ability to access learning & development is a significant contributing factor, especially in the NHS workforce with less than 1% pay increase, limited capacity for advancing themselves outside of the workplace.

During one focus group, individuals indicated a temporary contract prevented them from accessing Learning and Development opportunities. Due to this indication, I included “temporary contract” as an option in question 8 however only 3.55% (2) respondents identified this as a barrier. There was no question to identify whether the sample were on temporary or permanent contracts therefore there is a shortfall in the data that has been collected to understand whether this is an established barrier or an isolated incident based in individual perception.

Theme: Manager Awareness & subsequent considerations

Line managers were highlighted as barriers in both Focus Group and Questionnaire. The questions did not ask for further investigation as to why this would be the case, therefore working on the hypothesis that managers lack awareness in the same way

that participants lacked awareness, there is a requirement to share information relating to the HEE funding.

In order to take action on this information, there is likely to be a significant resource demand to communicate the message to over 1,000 non-clinical staff and their line managers. e-HR Systems growing in use, with HR Professionals being asked to provide more complex data analysis on their workforce. Kettley & Reilly (2003) identified this growing reliance on systems to perform some HR functions. More recently, Hesketh (2014) commented on the use of data analytics in HR and the CIPD. 21 HR Jobs of the Future paper. Communicating messages to large organisations could be supported by a workforce development system driven by automation and potentially Artificial Intelligence.

Literature Review

Eastman (2013) and Rose et al (2020) described the use of reflection in the practical application of work-based learning. These findings help to understand how on-the-job learning can be more impactful to individuals accessing HEE funding. The practice and skill of critical reflection is also commonplace in many apprenticeships, specifically in the study by Rose, et al (2020). Managers, named as a barrier to accessing funding in my study, which is contradictory to Rose et al (2020) and a factor that should be actively addressed in recommendations.

Crawford-Lee (2018) highlights the significance of work-based learning for the advancement of social mobility. In the demographic questions for my questionnaire (Figure 10) 63.46% (33) participants did not have a Bachelor's degree. Together, these studies indicate that employer participation is key to the success of developing programme for work-based learning over longer periods (as Apprenticeships will be at least 12 months in duration.)

Kirkpatrick's Model of Evaluation (1952; 2016)

The study has referred to Kirkpatrick's Model of Evaluation throughout, and the table below assembles where each level of analysis is addressed.

Level	Theoretical perspective	Analysis
Level One:	Individual immediate	Out of scope for this study due to the

Reaction	reaction to the learning intervention.	variety of interventions paid for by the funding at hand
Level Two: Learning	Individual able to indicate that they have acquired new knowledge, skills and/or attitudes as a direct result of the learning intervention	<p>Focus groups respondents detailed how specific interventions had contributed to their ability to succeed in their current, role, how it was specific to their needs and had given them a specific skill, knowledge or qualification.</p> <p>44.23% (23) of participants indicated the learning had had a positive impact on their work.</p>
Level Three: Behaviour	Individuals can apply what they have learnt to their workplace	<p>Focus groups respondents detailed how specific interventions had contributed to their ability to succeed in their current, role, how it was specific to their needs and had given them a specific skill, knowledge or qualification.</p> <p>44.23% (23) of participants indicated the learning had had a positive impact on their work.</p>
Level Four: Results	The organisation can measure tangible outcomes as a result of the learning interventions at a strategic level	<p>100% of focus group participants indicated they would remain at a Trust that gave access to this funding; specifically those that had utilised the funding detailed benefits to their role in the larger organisational context.</p> <p>75% (39) of participants indicated they were more likely to stay at an organisation that provided access to training, learning & development</p>

		funding.
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Figure 19: Adapted from Kirkpatrick (1952; 2016) Evaluation of HEE Funding

Key trends

Following analysis of the themes from data collected, in comparison to the literature review, the key trends have been identified:

Employees that actively engage with work-based learning can describe the benefits of this in their day to day role

Corroborated by Eastman (2013) and Rose et al (2020) and my study, that when questioned participants were able to describe the ways they had benefited from receiving the learning intervention – even where they were not directly aware of the source of the funding.

Low levels of awareness of the role & utility of HEE funding for non-clinical staff

The most significant finding to emerge from this study was the low level of awareness of the HEE funding, and in particular it's role and utility for non-clinical staff.

Significance of the role of Line Managers

Non-clinical staff will remain at the Trust longer if they have access to funding; however 32.69% (17) said they did not have enough support when trying to access training, learning and development. In addition, the awareness of Line Managers and support was identified as a key theme of the Focus Groups, as this was a key relationship that participants needed to consider when engaging in training, learning and development.

Gaps in this research

Various converging themes within this study have indicated that Line Managers are a key relationship in the development of staff. This is echoed in both the data collected and by the literature review. A perspective that is missing from this research, therefore, is the voice of the Line Manager within the Trust. The invitation to describe their role and indicate their awareness of HEE funding would have given greater depth to the understanding of role and utility of HEE funding. This would be a fruitful area for an additional study. It is unfortunate that the study did not include this, most

likely limited by the resources and time available to conduct data collection and interpret the findings.

Workers with temporary contracts were highlighted during the Focus Group as being at a disadvantage in comparison to permanent members of staff. Upon further questioning via the questionnaire, no significant theme emerged. In the wider economic context, this may not be the case with other employers. The relationship may be significant in the future as the national trend with zero hours contracts in the gig economy leads to more workers taking on project based roles (CIPD, 2020). It is worth noting that all policy development will need to equally support permanent and temporary workers to allow temporary contracts to becoming more ethically and morally used to support changing demands of the workforce.

Notwithstanding these limitations, a detailed thematic analysis of the data and literature review has enabled conclusions to be drawn in relation to the role and utility of HEE funding at Stockport NHS Foundation Trust. Conclusions and improvements are made within the existing frameworks (Burrell & Morgan, 1982); I will not suggest radical change as I am keen for recommendations to have applications in practice in the short, medium and long term.

Chapter Six: Conclusion

The aim of this current research was to critically analyse the role and utility of HEE funding for non-clinical staff at Stockport NHS Foundation Trust through evaluation of the learning the funding provides and using Kirkpatrick's Model of Evaluation (1952).

The study provides the first comprehensive assessment of the role and utility of HEE funding for non-clinical staff. Although based on a small sample of participants (N=18; N=52) working at an integrated NHS Trust, the methodology can be easily replicated and scaled up to increase the validity and generalisability of the results.

Grounded Theory (Glaser & Strauss, 1967) uses a comparative method, by looking at the same problem or theory in another organisation. This would add credibility to the industry and community perspective in Harris & Short (2007) Workforce Development perspective model.

This study has gone a large way towards enhancing our understanding of the way in which HEE funding can improve Trust performance by questioning participants whether they would remain at an organisation that provided this funding; 75% of participants stated they would.

The study has identified many shortcomings for non-clinical staff in existing systems and processes in the allocation, role and utility of HEE Funding at the Trust, and so a natural progression is to address these via a series of robust recommendations. A toolkit of "what works" that can be shared with other organisations to influence policy and promote consistency for opportunities, which may reduce the number of staff leaving for other organisations outside of the NHS, again supporting the perspective of Workforce Development (Harris & Short, 2007).

The research itself has limitations, such as the voice of the line manager which is missing and therefore restricts the application of recommendations to some extent. However, as Learning and Development manager, I will have fundamental role in implementing changes to improve this for the overall benefit of non-clinical staff; this will also have a positive impact on clinical staff due to improved retention, more consistency of support which will subsequently improve patient care.

Workforce Development is multi-faceted; training, learning and development is just one perspective (Harris & Short, 2013) which one can be advanced through improved utilisation of HEE funding.

For individuals, increasing explicit use of reflection can support non-clinical staff to embed the learning they have done in the workplace to mirror colleagues in clinical roles. This is supported by the empirical research in Rose et al (2020).

The organisation is duty-bound to improve the policy in place to ensure equity across clinical and non-clinical staff groups. To supplement this, a bespoke programme can be developed using the findings of this study to engage non-clinical staff in their further development. This can include: leadership development skills, mentoring and on-the-job support, to complement formal learning interventions as these were specifically highlighted by participants in the study.

In order to adopt the NHS People Plan, the Trust needs to embed a culture of workforce development. This can be addressed by me within the scope of my role and owner of the policy for the allocation of HEE funding. However, it also requires support from stakeholders such as Workforce Development Lead, HR, Recruitment, Finance and Strategic Planning. The Executive team would also be key stakeholders in any strategy developed.

Innovative changes and improvements will be required to develop this further. An organisational model for data collection, including automation, will reduce burden on individuals for best use of resources.

Managers, named as a barrier to accessing funding in my study, which is contradictory to Rose et al (2020) and a factor that should be actively addressed in recommendations.

Stockport NHS Foundation Trust, HEE and the NHS in England must evaluate the impact of the funding to protect this for future investments as this study provides evidence of non-clinical staff remaining at the Trust due to receiving HEE funding. From a political perspective, the NHS needs to invest in workforce to counter-balance the 1% pay rise awarded to its workforce in 2020.

I will provide recommendations as to how this can be improved in the future – such as using innovation and automation of Human Resource systems and strategic Workforce Development, enabling conversations with managers and building a culture of workforce development inclusive of all staff at the Trust.

Chapter Seven: Recommendations

Recommendation One: Initiate a programme of engagement with non-clinical staff and their line managers to increase awareness of the availability of HEE funding and the process for accessing

It is clear that this is a requirement at the Trust; therefore this short-term recommendation can very quickly make improvements in the Trust.

Recommendation Two: Increased use of reflective practice for individual learners (non-clinical) to embed learning into the workplace

This recommendation is presented in line with the requirement for Clinical Registrants to complete reflections as part of their revalidation.

Recommendation Three: Improved financial reporting to enable budget to be fully utilised within a financial year

Improve reporting through co-produced (Finance and Learning & Development) governance processes. Accurate data will enable Senior Leaders to be better informed and accountable for where spending is concentrated, including staff groups.

Recommendation Four: Re-write policy for HEE Funding allocation to embed HEE Star model and explicitly link non-clinical and clinical staff learning & development

Providing detailed financial analysis showing where funding is spent will make the process more transparent and allow strategic overview, particularly in relation to the staff groups that have accessed funding. The important organisational governance processes.

Recommendation Five: Automation of Workforce Development data to aid HR Data Analytics

A solution with low manual intervention can be used to collect data to inform decision making and policy development. Such a tool would lend itself to return on investment (Jack Phillips, 2006) HR Data analytics, automation and use of Artificial Intelligence has been identified as a key HR trend for 2010 (CIPD, 2020). It's application should be well planned and consulted. This would enable employees and line managers to

interact and raise awareness of the HEE funding so it can be used as an enabler for individual progression.

Recommendation Six: HEE should provide longer term budget allocation data – up to five years in line with the NHS Long Term Plan and the People Plan

Workforce Development Theory (Hall & Lansbury (2006) Harrison (1995) & Harris & Short (2014)) indicates that these are generational trends and cannot be set out and completed within one financial year, therefore HEE should change its allocation to reflect this, using the NHE People Plan as a model for doing so.

Recommendation Seven: Repeat with particular focus on staff groups / individuals with protected characteristics

The study limitations indicate that fixed term contracts may act as barriers to accessing funding. Therefore it would be reasonable to repeat the study with an alternative focus, such as Temporary staff. Furthermore, protected characteristics could also be either requested in a study duplicating this one, or used to dictate the sampling methods.

Reflection of Learning

The overall process of the Business Live Improvement Project has been a steep learning curve. Initially developing and refining the proposal, and establishing the best way to organise and prioritise aspects almost entirely self-directed has enabled me to balance my commitments and plan my time.

Throughout the module, I kept a learning diary to track how my values and beliefs changed as I expended my knowledge on the subject at hand. This was a vital tool when revisiting various aspects of the project and refining my overall conclusions and recommendations.

I was keen to research this area as I have worked with HEE Upskilling funding for over five years and I have enjoyed developing systems, processes and policies to support its allocation within the Trusts I have worked at. The majority of this has focused on operational, and some strategic management. I used this opportunity to complete a thorough literature review, developing new critical analysis skills, and expanding my knowledge of work-based learning within the NHS.

I had previously gained some data analysis skills, but thoroughly enjoyed building on these completing the data collection and refreshing existing knowledge in this area. In particular, it was gratifying to hear the experiences of employees sharing how learning had improved their day-to-day work, skills and knowledge. Especially when I knew I would be able to make changes in practice where there were gaps identified.

The process of producing an extended written piece of work has been challenging, but I have gained skills in critical analysis, synthesising information, referencing and drawing on professional literature to support or challenge my thinking. These skills will enable me to make decisions in the workplace, at both strategic and operational level. I am enthused to share and work with other professionals and not in isolation to bring about these changes for the benefit of the wider workforce.

I am building on a joint development plan through which I am building my skills and values to enable holistic development in my professional practice.

The production of this research project has challenged my assumptions on awareness of HEE funding. The time I spent invested in this area of my role will enable me to approach the allocation of funding in a more balanced way, without making assumptions that staff already understand what is in place. At the conclusion of this research project, I am more determined

to share information, grow awareness and inspire colleagues to do the same for the wider benefit of non-clinical and clinical staff. I also feel there is scope to re-consider the communication methods I can use to share this information and I have already begun to implement an automated Workforce Development solution with an external provider. This tool will initiate and then build an ongoing digital conversation with line managers, gather workforce data in relation to learning, workforce development and retention. This project has been driven by me and the knowledge I have gained in the past 6 months, but also over the wider MBA programme. I am optimistic that this will be a valuable tool to embed workforce development into the Trust culture.

The ability to describe an in-depth research project such as this will be invaluable to any recruitment process going forward. Unfortunately, the workplace does not allow time to dedicate to evidence-based practice to this extent, therefore being able to share this and the practical implication for use will make me an attractive commodity in the future. I would aim to embed principles of this project into future improvement projects at work. Due to this project being so closely related to my role, I feel empowered and confident to apply for jobs across the network and make reference to both the project and the improvements I will make as a result.

My behaviour is much more reflective and reflexive as a result of completing this research project. I use reflection and evidence-based practice actively in my role on a regular basis. I value the contributions of all staff and actively seek out employee's opinions rather than making assumptions that as a corporate manager I know "what works." I am much more willing to improve myself and my practice following completion of this research project. I actively adopt improvements based on research, relevant journal articles and theory that I can acquire.

Appendix

Appendix 1: Search Strategy

Search	Results	Refinements	Results
<p>“To develop understanding of the role of adult learners in the workplace, within the context of the NHS”</p> <p>2010-2021</p> <p>English Language only</p>	63 Results	<p>Removed: Nurse Education in Practice</p> <p>UK Parliament & House of Commons Papers</p> <p>Advances In Health Sciences Education</p> <p>News Bits</p>	7
<p>Employee Engagement in the NHS</p> <p>2015-2021</p> <p>English Language only</p>	1465	<p>Removed: Nurse Education in Practice</p> <p>UK Parliament & House of Commons Papers</p> <p>Advances In Health Sciences Education</p> <p>News Bits</p>	14
<p>Work-based learning in the NHS</p> <p>2018-2021</p> <p>English Language only</p>	9		

Appendix 2: Focus Group Questions

1. What is your experience of accessing Learning & Development funding?
2. Where you have encountered a barrier, how did you overcome this?
3. Where you have accessed funding, how has this influenced the way you work?
4. Have you / would you remain at a Trust that enabled you to access this funding?

5. Any other experiences you would like to share

Appendix 3: Questionnaire Questions

Role & Utility of HEE Funding

Introduction

The purpose of this survey is to gather data for my MBA Research (dissertation):

Does the role & utility of Health Education England (HEE) funding for non-clinical staff at Stockport Foundation Trust improve trust performance?

HEE funding is currently allocated via the Training Needs Analysis process, also known as : TNA, PT02 Learning & Development Fund. Further information relating to this funding is signposted at the end of this survey.

This survey should take no more than 6 minutes to complete. All responses are confidential, and will be used to inform the research paper detailed above. For more information, please contact me via email: Lindsay.Roodurmun@stockport.nhs.uk

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* 1. This survey is for non-clinical (Admin & Clerical staff) working at Stockport NHS Foundation Trust in May 2021.

Please check the box below to confirm this statement applies to you.

Unfortunately, the survey is only for these staff, therefore do not continue if you are not in the group identified above.

I am a member of non-clinical (Admin & Clerical) staff working at Stockport NHS Foundation Trust in May 2021.

* 2. Prior to taking part in this survey, were you aware that there may be funding available to support training, learning & development for non-clinical (Admin & Clerical) staff?

- Yes
- No
- Not Sure

* 3. Thinking of the past 5 years, or since joining the Trust, have you accessed training, learning or development delivered by members of the Learning & Development team (Pinewood House) or other internal colleagues at Stockport NHS Foundation Trust?

- Yes
- No
- Not Sure

* 4. Thinking of the past 5 years, or since joining the Trust, have you accessed training, learning or development delivered by **an external provider** at Stockport NHS Foundation Trust?

- Yes
- No
- Not Sure

* 5. Thinking of the past 5 years, or since joining the Trust, have you accessed **funding** for specific training, learning or development not available within Stockport NHS Foundation Trust?

- Yes
- No
- Not Sure

* 6. Has this had a positive impact on the way you work?

- A great deal
- A lot
- A moderate amount
- A little
- None at all

* 7. Thinking about your current role in the Trust, how likely are you to remain in a role that provided access the training, learning & development funding?

- Very likely
- Likely
- Neither likely nor unlikely
- Unlikely
- Very unlikely

* 8. What have been the barriers, if any, you've encountered when trying to access training, learning & development? (Select all that apply.)

- Out of office (holidays/illness/other commitments)
- Too much work
- Not enough support
- Insufficient supplies or equipment
- Workplace distractions
- Personal distractions
- Working less than full time hours
- Temporary contract
- I have not encountered any obstacles

Describe any steps you may have taken to overcome these obstacles:

* 9. Select the labels that best apply to the training, learning & development you have accessed:

	Have accessed	Would like to access	Not Applicable / Not for me
Coaching	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Formal qualification	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leadership skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Management training / Skills for managers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mentoring	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On-the-job support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mandatory Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Update / Refresher Training	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Face to face Training Course	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remote Training Course (Zoom, Teams, etc)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Psychometric testing (APTI, MBTI, Lumina Spark)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Other (please specify)

10. The next questions relate to your position in the Trust. They are optional.

Do you have a professional qualification or registration?

- Yes
- No
- Prefer not to say

11. What is the highest level of education you have completed or the highest degree you have received?

- Less than GCSE
- GCSE (or equivalent)
- A Levels / Level 3 NVQ / Apprenticeship
- Foundation Degree / Level 4 NVQ / Higher Apprenticeship
- First Degree (BA / BSc, etc) Level 6 NVQ
- Masters Degree / Level 7 / Post-Grad qualification
- None of the above

12. When was your last Performance Appraisal?

- 0-6 months ago
- 6-12 months ago
- More than 12 months ago
- I've not had one in this organisation
- Other (Use this space to provide more information) if applicable)

13. Use this space if you would like to share any further details in relation to the questions you have answered, or your experiences of training, learning & development at Stockport NHS Foundation Trust.

Further information on the HEE Funding & learning & development funding available at the Trust can be found on the [Learning & Education microsite](#).

Appendix Four: Ethics Approval

SECTION I:	
Does the project/dissertation involve work with human tissue/body fluids? If 'NO' skip to section (II)	No
SECTION II:	
Does the project involve work with animals and/or animal tissue? If 'NO' skip to section (III)	No
SECTION III	
Does this project involve any of the following: <ul style="list-style-type: none"> Recruitment of volunteers? Questionnaires or interviews? Observations of Participants? If Yes for either please complete the sections (IV)-(VI) below If No please complete section (VI) only	Yes

2

SECTION IV – RISK OF HARM AND RELATED ISSUES	
Is there any realistic risk of any participants experiencing either physical or psychological distress or discomfort?	No
Are drugs, placebos or other substances (e.g. food substances, vitamins) to be administered to study participants?	No
Is there any possible psychological risk to the researcher? (Note:- physical risks to the researcher are considered in the Risk Assessment not in this form)	No
Will participants undergo sound exposure beyond the Lower Action Level of the Physical Agents Directive?	No
Does the project require the use of hazardous substances?	No
Is the use of radiation (if applicable) over and above what would normally be expected (for example) in diagnostic imaging?	No

SECTION V – VULNERABLE GROUPS AND FINANCIAL INDUCEMENTS	
Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants?	No
Will participants fall into any of the following special groups?	
• Children (under 18 years of age);	No
• People with learning difficulties or communication difficulties;	No
• People who speak a different language;	No
• Patients or clinical populations and/or their carers;	No

• Pregnant women or research on conception or contraception;	No
• People in custody or any form of detention;	No
• People engaged in illegal activities (e.g. drug-taking)	No

SECTION VI – OTHER	
Are there any other potential significant ethical issues not covered above? If Yes , please give details below:	No
Click here to enter text.	

SECTION III: Human Subjects

Does this project involve either of the following:

- Recruitment of volunteers?
- Questionnaires or interviews?

 Yes * Yes

If **YES** for either, please complete **Sections IV & VI** below

If **NO**, please **complete section VI** only.

SECTION IV: Risk of Harm and Related Issues

Is there any realistic risk of any participants experiencing either physical or psychological distress or discomfort?

 No

Are drugs, placebos or other substances (e.g. food substances, vitamins) to be administered to study participants?

 No

Is there any possible psychological risk to the researcher?
(Note: Physical risks to the researcher are considered in the Risk Assessment, not in this form)

 No

Will participants undergo sound exposure beyond the Lower Action Level of the Physical Agents Directive?

 No

Does the project require the use of hazardous substances?

 No

Is the use of radiation (if applicable) over and above what would normally be expected (for example) in diagnostic imaging?

 No**SECTION V: Vulnerable Groups and Financial Inducements**

Will financial inducements (other than reasonable expenses and compensation for time) be offered to participants?

 No

Will participants fall into any of the following special groups?	
Children (under 18 years of age);	No
People with learning difficulties or communication difficulties;	No
People whose first language is not English;	No
Patients or clinical populations and/or their carers;	No

PART A – To be completed by Student

Full Programme Title:	MBA	Award	Select
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1. Title of proposed research project and Project Focus:

Are we investing in our non-clinical staff?

Does the role & utility of HEE Funding for non-clinical staff improve Trust performance?

This paper reports the result of an evaluation of the role & utility of HEE Funding in an integrated Acute & Community Trust in the North-West of England in 2021. A theory-informed mixed-method design was applied using (1) Review of existing research and theories of learning evaluation, including drawing comparisons to similar studies, workforce development and employee engagement (2) Focus Groups with members of non-clinical staff at the Trust and (3) electronic questionnaire. Findings indicate low levels of awareness of the funding, and makes recommendations as to how this can be improved. Where participants were aware and accessed the funding, there was clear evidence that this had improved both the individual's experience and improved retention.

2. Project Aims and Objectives:

The aim of this research is to critically analyse the role and utility of HEE funding for non-clinical staff at Stockport NHS Foundation Trust through evaluation of the learning the funding provides and using Kirkpatrick's Model of Evaluation (1955.)

Table 1: Research Objectives

Objective 1	To investigate the allocation of budget and the nature of what it is spent on, in line with the resource based approach.
Objective 2	To explore the end user perceptions in relation to value & utility
Objective 3	To develop an understanding of the role of adult learners in the workplace, within the context of the NHS.
Objective 4	To formulate a set of recommendations for practice that take into consideration the concept that work based learning can enable a workforce to be more engaged

Objective 5	To propose a framework for strategic allocation of budget that can be scaled up to support additional roles and staff groups outside the initial scope of the project.
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3. Research Methodology:

Focus Group
Questionnaire

4. Organisational Agreement (If applicable):

Click here to enter text.

5. Approaching Individuals (If applicable):

Click here to enter text.



6. How will you ensure 'informed consent' is gained from anyone involved in the research?

Individuals will be self-selecting, and will be informed their involvement is voluntary. This is documented during each focus group. Individuals completing the questionnaire will be informed of this prior to beginning.

7. How will you approach data protection issues during your research?

All data will be redacted to ensure individuals cannot be identified

All data will be stored confidentially, and will not be shared with anybody outside of the research project supervision.

8. Does this project require that the researcher applies for a Disclosure Barring Service (DBS) check?

NO

If you have answered **YES** above, please cite the code and either include it as an appendix to this application or provide details below about where it can be consulted electronically.

Click here to enter text.

9. What other ethical issues should you consider when conducting this research and how will potential ethical risk/harm be avoided?

Direct reference to my employer. This may have implications should the study be shared, however it will not be shared.

Individuals that express any areas of concern can be signposted to applicable support methods within the trust such as line manager, freedom to speak up guardian, HR.

10. Does the project involve human subjects (e.g. as volunteers or to take part in interviews/questionnaires) and/or animals and/or human tissue and/or animal tissue?

YES

If **YES**, please give details:

Employees on a self-selecting basis- 18 for focus groups and 52 for questionnaire

PART B – To be completed by Supervisor

To be completed by the supervisor by ticking the relevant box. If ethics approval is granted the supervisor should give this form to the student to include in their dissertation, along with Part A. Nothing further needs to be done with the application at this point. However, if ethics approval is rejected by the supervisor they should consult with the student as to the required changes and complete Part C.

Student's Full Name:	Lindsay Roodurmun
Title of Research and Project Focus:	Are we investing in our non-clinical staff? Does the role & utility of HEE Funding for non-clinical staff improve Trust performance?
Supervisor's Name:	Dr Jonathan Lord
Data application received by supervisor:	

Ethics Approval Granted	Please send copy of form to student to include in their dissertation	<input checked="" type="checkbox"/>
Ethics Approval Rejected	If rejected please consult with student as to the required changes	<input type="checkbox"/>
Ethics Approval Referred	If supervisor has queries or concerns in relation to this application, please fill in Part C below and forward to the School Ethical Approval Panel for Taught Programmes	<input type="checkbox"/>

References

- Anderson G, Boud D, Sampson J. *Learning contracts: a practical guide* (1996) Sampson
- Aragon I, Valle R. *Does training managers pay off?* The International Journal of Human Resource Management (2013) 24 (8)
- Badgett R, Jonker L, Xirasagar S. Hospital Workforce Engagement and Inpatient Mortality Rate: Findings from the English National Health Service Staff Surveys, Journal of general internal medicine : JGIM (2020) 3465-347-, 35 (12)
- Beattie A, Bartolli B. Organisational intelligence and successful change in NHS organisations British journal of healthcare management (2020), 78-83, 26(3)
- Beevers K, Rea A, Hayden D, Learning & Development Practice in the Workplace, 4th Ed. (2019) London: Kogan Page
- Bennet H, Weiss M, Pynenburg M. Workforce development networks: community-based organizations & regional alliances. Canadian Journal of Urban Research (2000) 120, 9(1)
- Boocock R, O'Rourke R. Workplace learning and career progression: qualitative perspectives of UK dietitians. Journal of human nutrition and dietetics, (2018), 704-711, 31 (5)
- Bratton J, Gold J. Human Resource Management, 6th Edition : Theory and Practice. London: Macmillan Education (2021)
- Brown, R, Meister J, Styr C, Pring, B. HR Jobs of the Future (2020) New Jersey: Cognizant (5)
- CIPD: People Profession 2030 (2020, CIPD) <https://www.cipd.co.uk/>
- Cox E. Coaching and Adult Learning: Theory and Practice. New Directions for Adult and Continuing Education (2015), 2015(148)
- Crawford-Lee M, Wall T. Sustainability 2030: a policy perspective from the University Vocational Awards Council. Higher education, skills and work-based learning, (2018), 233-242, 8(3)

Creswell J. A Concise Introduction to Mixed Methods Research. London: Sage, 2015

DeSilets L. An Update on Kirkpatrick's Model of Evaluation: Part Two. *The Journal of Continuing Education in Nursing*, (2018) 49(7)

Devins D, Ferrandez-Berruenco R, Kekale T. Educational orientation and employer influenced pedagogy practice and policy insights from three programmes in Europe Higher education, skills and work-based learning, (2015) 352-368, 5(4)

Easterby-Smith M. Disciplines of Organizational Learning: Contributions and Critiques. *Human Relations*, (1997), 50(9)

Eastman C. The use of English literature in the context of work-based learning - a pedagogic case study. *Higher education, skills and work-based learning*, (2013), 62-72, 3(1)

Gawne S, Fish R, Machin L. Developing a Workplace-Based Learning Culture in the NHS: Aspirations and Challenges. *Journal of medical education and curricular development*, (2020), 238212052094706-2382120520947063, 7

Gino F. Can you fix a toxic culture without firing people? *Harvard Business Review*, (2018), 143-147

Harris J, Elliott I. Improving employee engagement and distributed leadership through lean systems process mapping. *British journal of healthcare management*, (2020), 1-9

Harris R, Short T. Exploring the Notion of Workforce Development. *Workforce Development* (2014) doi: 10.1007/978-981-4560-58-0_1

Hauptmann M, Rosenbach V, Klein F. *The Future of Human Resources*. Deloitte (2020)

Hayes C, Graham Y. Social interactivity as driver and digital technology as vehicle: Facilitating affective domain learning for undergraduates. *Higher education, skills and work-based learning*, (2019), 313-324, 10(2)

Kearns P. *Organisational Learning and Development*. Routledge (2014) 9(19) doi: 10.4324/9781315777320

Kirkpatrick D, Kirkpatrick W. Kirkpatrick's four levels of training evaluation (2016), Alexandria, VA: ATD Press

Knowles M. The Adult Learner (2014) Routledge 12(5) doi: 10.4324/9781315816951

Lancaster A. Driving Performance Through Learning (2019) London: Kogan Page

Leigh J, Lyons G, Houston L, Littlewood L. Health education England : workforce transformation- proposal for funding- Greater Manchester placement provider and HEI collaborative : implementation and evaluation of the synergy model for promoting effectiveness in learning in practice through coaching (Final report) (2020) Salford: University of Salford

McLean G. Continuous Improvement in International and Global HRD Research (2017) Human Resource Development International 20(5) doi: 10.1080/13678868.2016.1188585

McLellan, A. Should non-Clinical Staff Risk their life for the NHS? 6th April 2020; HSJ Online <https://www.hsj.co.uk/comment/should-non-clinical-staff-risk-their-lives-for-the-nhs/7027317.article>

Mitchell M, Courtney M. Improving transfer from the intensive care unit: The development, implementation and evaluation of a brochure based on Knowles' Adult Learning Theory. International Journal of Nursing Practice, (2005), 11(6) doi: 10.1111/j.1440-172X.2005.00533.x

Ogunleye J. Workplace learning as a linchpin of Europe's lifelong learning policy: An examination of national policies with particular reference to people with long-term mental illness. Higher education, skills and work-based learning (2013), 180-195, 3(3) doi: 10.1108/HESWBL-04-2011-0025

Pimmer C, Pachler N, Attwell G. Towards Work-Based Mobile Learning. International Journal of Mobile and Blended Learning, (2010), 2(4) doi: 10.4018/jmbl.2010100101

Rogers K. Do your Employees feel respected? Harvard Business Review (2018), 63-71

Rowe L, Moore N, McKie P. The reflective practitioner: the challenges of supporting public sector senior leaders as they engage in reflective practice. Higher education,

skills and work-based learning, (2020), 783-798, 10(5) doi: 10.1108/HESWBL-03-2020-0038

Scanlan G, Cleland J, Walker K, Johnston P. Does perceived organisational support influence career intentions? The qualitative stories shared by UK early career doctors. *BMJ Open* (2018) 8(6) doi: 10.1136/bmjopen-2018-022833

Saunders, Mark N.K, Lewis, Philip, and Thornhill, Adrian. *Research Methods for Business Students*. Harlow, United Kingdom: Pearson Education UK, 2015. Web.

Shipton H, Zhou Q, Mooi E. Is there a global model of learning organizations? An empirical, cross-nation study. *The International Journal of Human Resource Management* (2013), 24(12) doi: 10.1080/09585192.2013.781431

Stephens J, Hall R, Knowles V, Stewart J. Exploring Business Skills: an innovative approach to promoting lifelong learning. *Journal of Further and Higher Education*, (1998), 22(3) doi: 10.1080/0309877980220308

Thurgate C. Making sense of the individual experience of those who undertake new role development in the workplace. *The journal of workplace learning* (2021), 259-272, 33(4) doi: 10.1108/JWL-05-2020-0094

Toma M, Blamey A, Mahal D, Gray N, Allisaon L, Thakore S, Bowie P. Multi-method evaluation of a national clinical fellowship programme to build leadership capacity for quality improvement. *BMJ open quality* (2020), 9(4) doi: 10.1136/bmjopen-2020-000978

Truss K, Soane E. Engaging the "Pole Vaulters" on Your Staff. *Harvard Business Review*, (2010) 24

West M, Dawson J. *Employee Engagement and NHS Performance*. (2012) Kings Fund.

Employee Engagement in the NHS: A Secondary Data Analysis of the NHS Healthy Workforce and Britain's Healthiest Workplace Surveys; *Rand health quarterly* (2020) 3, 9(1)

Stockport NHS Foundation Trust, Board Report (May 2021)