

# White Paper:

## AT-Learning™ Future-Proofing LMS Purchasing Decisions in the National Health Service (NHS)



### Executive Summary

Contrary to conventional wisdom, implementing a Learning Management System (LMS) is not a technology decision - it is primarily a business decision, central to management issues like leadership, change management and risk management. The importance of having an LMS is underlined by central government's decision to launch the National Learning Management System project - but can Chief Executives, Chief Financial Officers, Chief Operating Officers and HR Directors be sure the functionality of their selected LMS delivers what their organisation needs?

Moreover, while an LMS is an essential requirement of modern NHS training departments, failure to invest in the right LMS could result in poor data management, inaccurate monitoring of training attendance and incorrect workforce planning. Each of these scenarios has significant risk and cost implications for the organisation:

#### 1. Regulatory reporting obligations

Healthcare organisations are required to file robust, accurate data on mandatory training completions for Standards for Better Health and Clinical Negligence Scheme for Trusts (CNST) returns. The right LMS can help the organisation identify the employees who need to complete mandatory training and track the employee's progress through that training programme. With automated report generation tools, it can also enable the organisation to produce accurate, up-to-date data at the click of a button, thus helping the organisation to fulfil its regulatory obligations and better manage risk.

#### 2. Data management

An efficient LMS can take the human error out of data management. If the organisation builds course calendars on a simple spreadsheet, administers course bookings in a separate database, logs completions on another, and generates Learning and Development communications from yet another system, there are numerous ways in which human error can creep in. In contrast, administering all these functions in one feature-rich LMS ensures that relevant data is maintained and can be manipulated as required, without it being corrupted. So many business decisions are based on or influenced by HR data, from capacity planning (as the number and type of staff will determine the number and type of patients capable of being treated), to budgeting (estimating future salary costs), to shift-planning, to prioritising education and training, that assuring HR data quality must be a management priority.

#### 3. Workforce planning

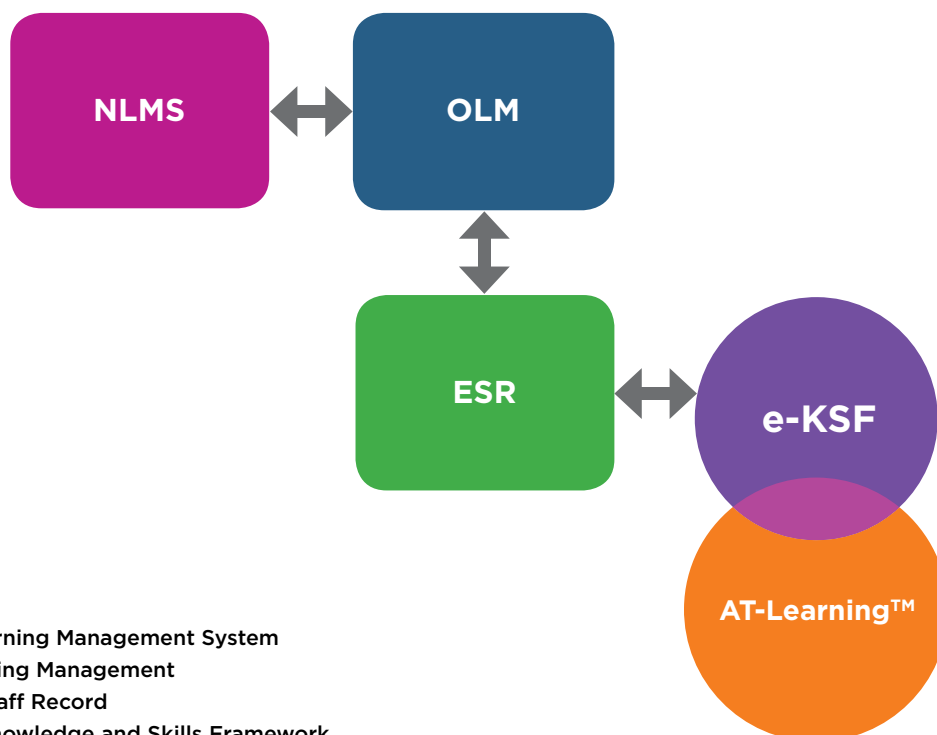
Healthcare providers need to ensure they have the right staff in place to support their customers' needs, community requirements and NHS strategy. Through combining the information available through a good LMS with links to the Electronic Knowledge and Skills Framework (e-KSF), management are able to compare the skills and competences of the staff currently at their disposal and model how the composition of the workforce needs to change in the short, medium and long term. For example, an ageing population requires more geriatric nursing specialists. Combining employee records on e-KSF with LMS data helps the organisation to identify the employees who can be retrained to meet future needs and manage the significant risk implications arising from employees not having received the correct training.

A good LMS can help reduce the administrative burden, improve organisational planning and efficiency, ensure compliance and enable focused, effective HR expenditure. As with any core IT purchase, the Board will want the system to be in place for a long time, so the organisation can maximise its return on investment. Yet organisations face changing needs and challenges on a regular basis. So how can management know that they are investing time, effort and money in a solution that is flexible enough to last? And is it possible to future-proof their investment?

The following white paper aims to deliver a better understanding of learning management needs within the NHS, how changes in the NHS can affect the efficacy of an LMS and the comparative benefits of the most commonly used LMSs within NHS organisations. Moreover, it aims to offer guidance to those tasked with procuring LMSs, regarding the pros and cons of different types of LMS and the questions buyers should put to potential providers.

## The NHS Learning and Development Environment

A number of HR/Learning and Development systems co-exist within the NHS IT environment. The most high-profile – Electronic Staff Record (ESR) and e-KSF – fulfil quite distinct roles; rather than being interchangeable, together they can help healthcare organisations plan and work more effectively. ESR typically supports the management of HR and payroll activities, whereas e-KSF sets out the skills and knowledge NHS staff must have in order to perform their jobs to the correct standard, and so is critical for workforce planning, personal career development and staff evaluation. As can be seen from the diagram below, there are bi-directional links between ESR and e-KSF, meaning senior executives do not need to worry about whether or not the two “speak” to each other. Both systems also link to associated Learning Management Systems. In the case of ESR this is Oracle Learning Management (OLM), an LMS originally designed for the corporate market that has been rolled out to the NHS. By contrast, AT-Learning™ was designed to complement and be fully integrated with e-KSF, and to address the specific needs, reporting and administrative requirements of healthcare organisations and their internal and external clients.





## Making the Right Choice

Selecting the right LMS may appear to be a simple matter of functionality or cost, or a function of both, but this affords a very simplistic evaluation of a potentially powerful and complex business tool. In fact, executives and managers need to consider a number of different factors in making the purchasing decision. There is an opportunity to utilise a well-designed LMS as a management tool to inform decision making and to strengthen the organisation's business relationships within the wider healthcare community. For example, many NHS organisations provide training and training administration and management on behalf of non-NHS organisations such as GP Practices and dental surgeries. A web-based LMS can offer remote, secure access to those external clients and to external training providers and partners, helping trusts develop fuller relationships with other organisations within the health economy. The organisation needs to undertake a pragmatic analysis of its needs, looking at the training environment, the required functionality and whether the LMS is a solution that can deliver long-term benefits. Management also need to take a realistic look at the total cost of ownership, including personnel costs.

## Appropriate Training Environment

**First, management need to identify the learning environment currently present in the organisation - and the learning environment that is required to meet the organisation's needs going forward. Normally, this will be one of three distinct environments.**

### The Three Main Types of Learning Environment:

**Legacy systems:** Simple database or spreadsheet-based booking systems, or older stand-alone Learning Management Systems. The traditional enterprise resource planning (ERP) vendors initially offered training administration and scheduling modules as bolt-on to their core systems. These drew heavily on their resource scheduling approach, applying it to instructor led training (ILT). Since then ERP vendors have found it difficult to shake their reputation of viewing LMSs as simple bolt-on. At the same time, educational LMS providers (mainly built by universities) dealt primarily with e-Learning, using conflicting programming languages and standards.

**Pros:** Staff are normally accustomed to using the system

**Cons:** Administration -intensive; concentrates only on the administrative aspect of Learning and Development; difficult to link into other personnel systems; lack of interface with main public sector IT systems, e-KSF/ ESR; no automated reporting.

**Virtual Learning Environment:** Educational LMSs, or virtual learning environments (VLEs), are designed for academic environments. In educational institutions, courses tend to be fairly long (weeks to months) with deferred benefit. A VLE is designed to support such curricula and often offers a high degree of learner interaction – such as online forums.

**Pros:** A good solution for intensive, more academic learning requirements

**Cons:** Not developed specifically to manage the administration of a large number of different types of learning intervention; unable to deliver regulatory reporting features; developed with an educational rather than an NHS organisational focus; lack of interface with main public sector IT systems, e-KSF/ ESR.

**Learning Management System:** In corporate training (including the public and private sector), the learning model is completely different. Most courses tend to be shorter (hours to days), designed to deliver immediate benefit around job functions and objectives. The user is likely to complete a number of different courses, potentially on very different subject areas. Therefore a completely different set of processes need to be supported, which require corporate LMS like AT-Learning™ to offer a high degree of automated administrative functions, integration of tasks for different departments and organisational needs, risk and management reporting, e-Learning and self-service provision.

**Pros:** LMS help to manage the huge administrative burden of organising and managing a variety of training interventions; they can also enable self-service – an increasingly popular way of enabling NHS employees to manage their own learning and career development needs; they can enable automated logging of learning intervention outcomes, either instructor-led or e-Learning, where results can be registered automatically against the employee's record.

**Cons:** Traditionally has not been as quick to offer learner community functions, but this is changing. Corporate LMS have not normally been developed with specific sectors in mind, so may not meet the particular needs, culture and language of the NHS. NHS organisations should evaluate their own specific needs to see whether NHS-specialist LMS offer a more appropriate solution.

## Evaluating Your Organisational Needs

So in the modern NHS, it is clear that an LMS environment offers the right mix of benefits; but (particularly if the organisation is changing from a legacy or VLE environment to and LMS) this is a major decision that calls for a careful assessment of the organisation's needs. It is important to match real, "case use" organisational requirements to the particular LMS on offer. No matter which LMS is adopted, it will change the way learners, course providers and HR/learning and development staff operate. There are significant differences, even in the two LMS that are most closely aligned with ESR and e-KSF – Oracle Learning Management and AT-Learning™ – that will significantly impact usability, functionality and the level of human resource required to operate the system.



## AT-Learning™ and Oracle Learning Management

### What Are The Differences?

Criteria/Solution	AT-Learning™	Oracle Learning Management
<b>Product and Provider?</b>	AT-Learning™ - LMS purpose-built for the NHS by ikonami, a specialist provider of technology to healthcare providers.	OLM - LMS to record training activity included as part of ESR by Oracle, the global IT provider.
<b>Development cycle and process?</b>	Development by Democracy™ methodology provides a more secure, user-centric evolutionary approach where the LMS development path is driven by the user community. Iterative software upgrades, several times a year.	Standard corporate development cycles and processes.
<b>Cost?</b>	Standard yearly fee, includes set-up, training, support, regular software upgrades and membership of active online and offline AT-Learning™ user community; commitment to delivering value on an ongoing basis.	Free until 2014; unclear thereafter.
<b>Utilises terminology the user will recognise, to aid user-friendliness?</b>	Yes, because AT-Learning™ has been developed for this audience.	No, the terminology is more corporate than public sector e.g. a training session is termed an “offering”.
<b>Links to key NHS information systems?</b>	e-KSF - Yes - AT-Learning™ is the only LMS completely integrated with e-KSF, with an automatic, bi-directional link.  ESR - Yes - Interfaces with ESR via e-KSF.	e-KSF - no link to e-KSF, so users have to use two separate systems to record developmental reviews and record staff training and development.  ESR - Yes - OLM is included with ESR.
<b>Ability to update the Personal Development Plan on the employee’s e-KSF record?</b>	Yes - the data is updated automatically.	No - that information must be updated separately.
<b>Developed as an Administrative tool?</b>	Yes - enables the user to quickly and easily create a course, generate learning management documentation (e.g. attendance lists, certificates, reports) and so on.	Yes, enables the user to create courses and generate simple reports.
<b>In-built email facility?</b>	Yes - individual and group communications may be generated and disseminated at the click of a button, both by email and surface mail. In real time.	No integrated emailing facility - correspondence has to be generated on an individual basis outside of the LMS.
<b>Enables in-depth reporting (including ad hoc requests)?</b>	Yes - a number of reports may be generated for different audiences and the integrated business intelligence tool used to deliver ad hoc reports.	No - data needs to be analysed outside of the LMS in a separate business intelligence tool.
<b>Enables secure access for internal and external Training Providers?</b>	Yes - AT-Learning™ may be accessed by all relevant internal and external parties in the organisation’s network. As such, AT-Learning™ supports the provider / commissioner model.	No.
<b>Enables self-service booking?</b>	Yes.	Yes.
<b>Development environment facilitates e-Learning provision?</b>	Yes - SCORM 2004 compliant; will load and play e-Learning developed to the most recent standards and older e-Learning; SCORM 2004 is likely to increase in uptake to be the common standard in e-Learning for several years to come.	Limited - SCORM 1.2 compliant; users will find that e-Learning developed to SCORM 2004 standards now and in the foreseeable future is not compatible but older e-Learning can be loaded and played.
<b>Means of ensuring HR information on the LMS is up to date?</b>	Through e-KSF’s link with ESR.	Through link with ESR.

## AT-Learning™ & OLM – Key Efficiency Metrics Identified by a Primary Care Trust

A Primary Care Trust (PCT) commissioned an internal report comparing AT-Learning™ and OLM, to determine which system was most appropriate for the Trust’s Continuing Professional Development (CPD) and Training Department. The Trust calculated the length of time it took to complete four common tasks on each LMS then estimated the number of times that task was likely to be repeated over the course of a year. The results showed that these key processes were completed significantly faster using AT-Learning™, to the extent that it is possible to save three weeks of an employee’s time on an annual basis, just on these four tasks.

**In busy NHS organisations with thousands of end users, this will have significant implications for the level of human resource required to administer the LMS.**

Task	OLM	AT-Learning™	Time difference	Frequency	Time difference
Booking a learner	84secs	53secs	+31 secs	12,000	+103hrs
Correspondence (Did Not Attend)	209secs	80secs	+129secs	1,000	+35.8hrs
Creating a course	211secs	76secs	+135	250	+9.3hrs
Marking attendance	54secs	35secs	+19secs	2,500	+13.1hrs

**Disclaimer:**

This study is an internal analysis carried out by an ikonami client, and ikonami Limited makes no representation, warranty or claim as to the accuracy or completeness of the information in this study. Any views, opinions or recommendations expressed here are not endorsed by ikonami Limited and, to the maximum extent permitted by law, ikonami Limited shall have no liability in respect of this study and/or its contents to the reader of this document or to any third party.

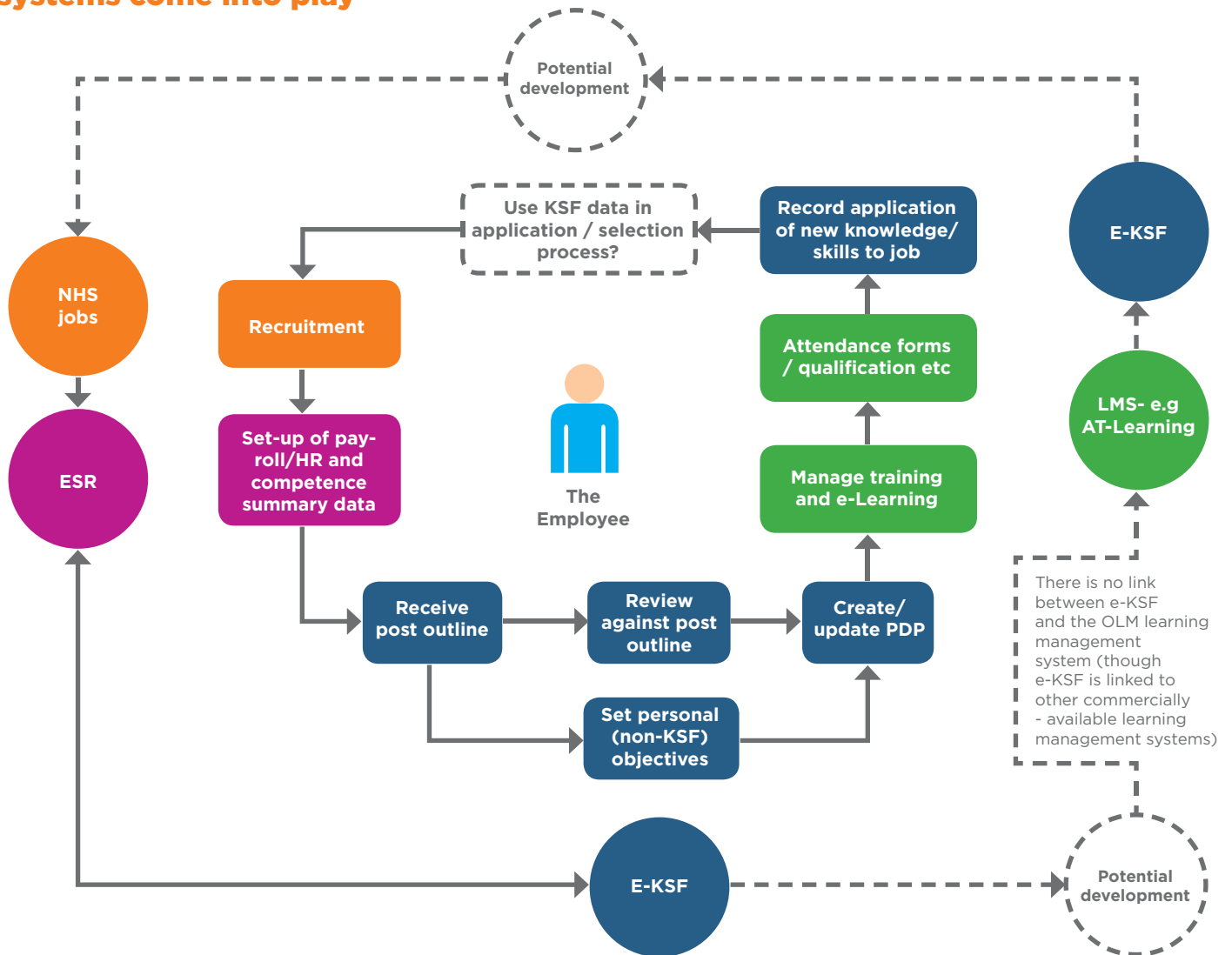
It is recommended that the authorised recipients of this study carry out their own independent evaluations and/or comparisons. The tools referred to in this document were assessed by ikonami’s client in 2007 and the competing suppliers may have changed the product’s features and functions or its services and policies since this document was prepared.

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## Putting NHS IT Systems And LMS Like AT-Learning™ In The Context Of The Employee Life Cycle

The following schematic illustrates basic elements of the NHS employment cycle on the inner circle, and the corresponding elements of key systems the NHS uses to support this employment cycle on the outer circle. While by no means exhaustive, it does illustrate that a Learning Management System is integral to an employee's progress within the organisation. The LMS helps to ensure that the employee's training needs are managed effectively and that the employee's progress is recorded correctly and that data fed into the Personal Development Planning tool in e-KSF.

### The employee life cycle and where the technical systems come into play



## Practical tips on how to implement an LMS

The key challenge to implementing an LMS is driving user uptake. Non-mandated systems implementations need to be resourced, managed and run in particular way. Without experience in implementing such situations, it is very easy to spend considerable sums driving systems uptake, whilst ignoring more critical implementation issues. In ikonami's considerable experience, a number of key strategies have been critical to managing costs and delivering success:

Allowing users to drive the development process gives them early ownership, therefore reducing implementation costs. Through such joint collaboration efforts an LMS provider like ikonami is able to develop its knowledge of learner issues and challenges, influencing development priorities. This ensures that users receive a system that fits their needs, and does not require them to adapt their processes and working practices. A modular, flexible, SaaS LMS like AT-Learning™ is constantly evolving as the learner organisations evolve.

When looking to implement an LMS, the buyer needs to consider its risk tolerance. This is particularly important given the pace of change in the LMS market. Many public sector organisations, especially in healthcare, have been burnt by fast growing, typically US vendors who did not deliver as they grew rapidly.

Many are now choosing to reduce risk by working with more conservative UK providers who truly understand their domain. As such, there is no substitute for references. The market is still young, and management should be careful in picking a proven provider, so they are not overseeing the first enterprise wide deployment by a provider who does not understand healthcare, the Department of Health or the NHS.

ikonami's successful track record in the NHS is mainly down to agility, quick response, fast implementations, value for money and a willingness to integrate to third party solutions.

## 'Greening Government ICT'

Another key consideration in public sector IT purchasing decisions is the government's "Greening Government ICT" regulations. This sets out ambitious targets for the reduction of resource consumption and the minimisation of carbon footprint from IT use within the public sector. Strategies that will serve to reduce the environmental impact of an LMS include:

**Software as a Service (SaaS) implementations:** With SaaS implementations, the same software and systems support a number of different organisations, efficiently and securely. This reduces the number of servers and communications links necessary to support the total number of LMS across the NHS, so reducing the carbon footprint of implementing a stand-alone LMS.

**Automated features and functions:** The more administrative tasks are automated within the functionality of the LMS, the more efficient it is from an operational and an environmental perspective. AT-Learning™ clients switching from legacy environments have noticed dramatic reductions in the amount of paper used in training course administration. Moreover, implementing a system that requires fewer clicks to complete key functions means reduced resources are needed to operate the LMS, both from an energy perspective and from the perspective of staffing levels. If more staff are needed to operate the LMS, that has knock-on energy usage and cost implications – from salary costs, to the impact of running another PC, telephone etc for an additional member of staff.

**System efficiency – including more targeted training interventions, self-service and integrated e-Learning – reduces wastage:** the link between e-KSF and AT-Learning™ ensures the individual's training schedule is designed to fit their actual needs, leading to reduced levels of wastage such as: the energy and resources required to organise the employee's attendance at a training course of no benefit to them, and the energy and resources required to support that employee's participation at that course – transport, heating, lighting, printed course materials or giveaways. There are obvious environmental benefits in offering e-Learning (no need for transport to the training venue, or running a training room) and in the employee selecting the right training interventions to meet their personal needs.

Indeed, by developing the right skills and competences, the employee is likely to perform more efficiently which in turn is likely to have positive benefits on their carbon footprint, as their activity is likely to be more targeted and effective.



## Considering total cost of ownership

In many cases when looking at total cost of ownership (i.e. taking into account all costs, including hidden costs such as time of people involved in managing the system and the resources required to support them), non-LMS, and non- NHS specialist LMS are more expensive. Incremental costs are likely to be incurred in trying to tailor the solution to meet organisational needs, integrating the LMS with existing systems and in higher staffing costs, as the system requires more effort to fulfil required functions.

Moreover, if there is not a clear upgrade path, the organisation risks purchasing a system that will become obsolete as NHS operational and reporting requirements change, reducing efficiency and requiring additional capital expenditure within a short timeframe.

There is also an organisational cost in not having an LMS that is fit for purpose, at a time when there is a debate within the NHS, about how best to use scarce resources to meet patient needs. For example, looking forward the NHS needs more staff trained and experienced in geriatric medicine, in order to cope with an ageing population. An LMS that is fully integrated with e-KSF enables senior management to focus on having the right staff with the right knowledge and competences. Public sector healthcare organisations need systems that will help them plan and train their workforces in order to meet the needs of today and tomorrow in the most economical way.



## Why Is ikonami Different?

**ikonami differs from other LMS providers on several key points.**

First, ikonami develops software and systems specifically for public and private sector healthcare organisations, rather than a generic corporate LMS. The company's solutions are designed to meet the needs of this community and to integrate with the NHS's IT strategy – ikonami are specialists, not generalists.

Second, ikonami focuses on a Development by Democracy™ methodology that enables a user-centric, evolutionary approach to software development. The functionality that the AT-Learning™ user community wants most is normally included in the next software release, ensuring that ikonami's solutions meet real user needs and are exceptionally useable.

Third, as the developer of e-KSF, ikonami is a trusted provider to the NHS. This means ikonami has a greater understanding of the national NHS IT infrastructure, and the need for LMS systems to support the increased focus on competence as well as learning.

Fourth, as a Software as a Service (SaaS) systems provider, ikonami offers modular software that can be deployed and customised easily during the implementation phase, depending upon the priorities of the organisation. Where functionality does not match exactly with the organisation's requirements, as identified during the needs analysis phase, ikonami is able to build something bespoke to bridge the gap. As a specialist in the sector, the company has already encountered and

addressed many of the issues that arise from NHS LMS interventions.

Fifth, the company's approach is to take full responsibility for delivery through proactive project management in partnership with the customer, ensuring that risks are jointly shared and mitigation approaches developed in an open and honest manner. For example, ikonami does not sell in a static product; the company will create bespoke AT-Learning™ report formats and undertake other bespoke development work to meet specific client needs. The foremost objective is always to deliver a solution that works for the customer.

Finally, ikonami's experience of delivering e-KSF enabled the company to develop a reusable LMS-specific method for rolling out AT-Learning™ to large user bases. As such, it is tried and tested yet adaptable; a key feature of ikonami's LMS implementation approach is to think 'process first, system second'. As a system provider, not a product vendor, ikonami is able to focus on identifying the client's mission critical processes, helping the client to identify the processes that must remain the same and those that can be made more efficient through managed change. It is then possible to identify how the solution can meet those needs and how it should be rolled out within the organisation. A side benefit of this approach is that it is possible to build a roadmap of requirements, which when prioritised can be used to direct future development / customisation activities.

## Conclusion: Seven Questions to ask an LMS vendor

There is a huge discrepancy between the usability and effectiveness of different LMS. To ensure the organisation is making a cost-efficient and future-proof choice, the following are the types of questions that need to be addressed in the decision making process.

### 1. Does the LMS integrate with e-KSF?

People are a key asset of any public sector healthcare organisation, so managing staff development is a management priority. Related to this is the blurring of talent management and learning management functionality as competency management is becoming central to the NHS – and the LMS that serve NHS staff. e-KSF has an objective setting and review module to accurately record appraisal information and help determine personal development plans, and the Department of Health has recommended that this should be used to appraise NHS staff. In fact, NHS Scotland and NHS Wales have made it compulsory to conduct appraisals using e-KSF.

Having a competency framework (e-KSF) underpinning the LMS provides a demonstrable link between learning needs and training conducted and in turn a mechanism for measuring the success of learning interventions. AT-Learning™ is the only LMS that is fully integrated with e-KSF; in addition, there is an interface from AT-Learning™ to the data from ESR, via the data transfer link between e-KSF and ESR. ESR sends e-KSF staff demographics (name, department, occupational code, pay band, assignment, etc), which is then sent from e-KSF to AT-Learning™, meaning that staff information is always up to date. Additionally, all AT-Learning™ learning activities booked (e-Learning, courses, etc) are available on the e-KSF personal development plan (PDP) and AT-Learning™ automatically updates the employee's PDP on e-KSF when training completions are logged on AT-Learning™.

**Integration with e-KSF will support individual staff and organisational development needs.**

### 2. Does the LMS support SCORM 2004 e-Learning content?

e-Learning is developing rapidly and there are several successful instances of e-Learning being used in healthcare. R-ITI (Radiology – Integrated Training Initiative), the biggest single subject e-Learning resource (approximately 700 hours) is one prominent example. As e-Learning increasingly gains traction in healthcare, it is important that the latest standards are adopted to ensure future compatibility. Failure to do so will result in incompatible content, unexpected conversion and / or adaptation costs, lack of user buy-in due to problems in accessing or running content and so on. SCORM 2004 is the latest standard for e-Learning, allowing a simple 'plug and play' approach to selecting and consuming content. While some NHS systems use the obsolete SCORM 1.2 standard, new (particularly external) e-Learning content is being developed to SCORM 2004.

**Compliance with SCORM 2004 standards will help to "future proof" the LMS.**

## AT-Learning™: Working in the wider health economy

AT-Learning™ is widely used in public and private sector healthcare organisations and it is now the preferred LMS for organisations in NHS Wales. Customers have found a key benefit is the ability to provide cost-effective access to AT-Learning™ to external suppliers and clients. As sourcing patterns in the NHS continue to change and become more flexible, the requirement for an LMS that can accommodate secure third-party access across the wider health economy will only increase. Some key data illustrating the level of client organisation activity on AT-Learning™ is as follows:

Total AT-Learning™ clients: 63

Total number of bookings created via AT-Learning™ by all Trusts in the first 8 months of 2009: 778,631

Total number of learning interventions offered via AT-Learning™ up to August 2009: 25,350

Total number of client organisations (GP practises, Pharmacies and other third party service providers to PCTs) whose staff have been booked onto courses by PCTs via AT-Learning™: 4,154 (up to August 2009)

### 3. Is it possible to run CNST (Clinical Negligence Scheme for Trusts) reports and ad hoc reports with a few clicks?

Many organisations delegate responsibility for CNST audits to the training department. Given the fact that most organisational data is less than perfect and held in different places, many training managers struggle to centralise and then rationalise the data for reporting purposes. The LMS should have powerful reporting engine, providing you with organisational intelligence and also data for external auditing bodies

A well implemented LMS for healthcare – like AT-Learning™ – will make CNST reporting more effective with minimal use of resources. The LMS can capture data from different users at the point of entry, leaving the training department to run reports meeting CNST auditor requirements. Negative reporting, clearly identifying who has not been on training, is something that many LMS's struggle with but this has been addressed in AT-Learning™.

AT-Learning™ also has a large suite of standard reports, developed in consultation with the company's NHS user groups and kept up to date as formats required by auditing bodies change. Many standard reports are generated with just two keystrokes; others allow the user to add their own criteria (for example a date range, staff group or department). Most include interactive drill-downs, to allow the user to focus on specific areas of interest and ikonami also creates bespoke reports on request.

**Automatic CNST reports, negative reporting capabilities and flexible ad hoc report generation help the organisation to manage risk and fulfil its regulatory obligations.**

### 4. How easy is it to customise the LMS to the organisation's needs?

While healthcare organisations broadly need to operate to similar standards and use similar technology to meet common needs, there can be significant variations in the geographical or organisational set-up which require the LMS to be customised. An entirely web-based LMS is intuitive to use, and can be accessed remotely to common standards of operation and security, meaning that implementation can be as rapid and efficient as possible. In addition to e-KSF and ESR, bespoke links can be created to other internal systems. AT-Learning™ is an example of an LMS that can be used in both central administration and self-service modes, allowing for a phased implementation of full employee self-service. In addition to maintaining information about the individual staff member, resource and trainer management modules help manage classroom training effectively.

**Every organisation has slightly different needs – the Board need to appoint a provider who is willing to make sure the solution fits perfectly.**

### 5. Was the LMS designed with healthcare in mind, or is it a retro-fit?

Many LMS have been designed with corporate or academic environments in mind, and then sold into the NHS. They have not been developed as a natural evolution of the NHS's personal development planning processes, nor do they use NHS terminology or reflect NHS culture. This serves to increase the barriers to acceptance and use, and lengthens the amount of time it takes for every new user to become familiar with the system. As many organisations move towards self-service and greater use of e-Learning, such drawbacks have an increasingly negative impact. Because AT-Learning™ has been developed specifically for NHS requirements, customers find it is quick to implement and gain acceptance.

**A sector-specialist LMS will meet NHS needs better, gain acceptance more quickly and generate greater benefits for the organisation through efficiency, time and cost savings.**

### 6. What is the provider's commitment to keeping the LMS relevant to NHS needs?

If an LMS is more generic in nature, and is used across a number of different sectors, the future development path is likely to also be more generic, and potentially not very timely. Similarly, it is unlikely customers in the NHS will have much say in future development plans and so will not be able to influence the functionality that is developed. By contrast, ikonami's Development by Democracy initiative concentrates on putting users and their needs first. AT-Learning™ clients collectively select the development priorities for the next version of the LMS software which, thanks to ikonami's SaaS model, can be rolled out as soon as the upgraded software has been developed and tested.

**Future-proofing a technology investment is as much about selecting a vendor with real commitment to continuous service and technology improvement as to the current technological capabilities of the LMS.**

### 7. Are upgrades included in the license fee or are they charged as an additional cost?

If a Trust has to pay additional fees for upgrades to its LMS, that inevitably increases the total cost of ownership. Most LMS vendors sell upgrades to their system and users have little or no say in the prioritisation of upgraded features. By contrast, AT-Learning™ system upgrades are included in the license fee and the user community is involved in prioritising the functionality to be introduced or amended in the upgrade path.

**For more information on ikonami and AT-Learning™, visit [www.ikonami.com](http://www.ikonami.com) or call 0207 016 9770**

## Future-proofing your investment – What The Board Needs To Know

As with any purchasing decision, the Board will need to be sure that its investment in a new Learning Management System is worthwhile in the short, medium and long term. So what can Chief Executives do to future-proof their investment in learning technologies?

**1. Look to the future of the NHS.** No-one can tell exactly what the future holds, but mandatory training is increasingly important in raising standards in the NHS and competence has become a key issue. This is underlined by the rollout of employee profiles on e-KSF, which now provides the benchmarking information against which NHS staff should be assessed. To deliver the most accurate management information on current skills within the organisation and support better workforce planning for the future, an LMS should come with integral interfaces to e-KSF.

**2. Ensure the architecture is scalable** so it can support e-Learning throughout the organisation. A key NHS strategy is also to make available a greater degree of core training via e-Learning, to help employees gain necessary levels of competence. Therefore, the LMS should provide access (and log results) to local and nationally available e-Learning content.

**3. Consider more general technological changes.** As the internet moves from being a platform, to being THE platform, more LMS' will be offered as software as a service (SaaS). These web-based systems are beginning to change the economics of the market, signalling a shift towards a subscription model rather than a one-off software acquisition cost, lower licence fees, more flexibility and greater integration with third party systems. The SaaS model provides a likely idea of expenditure in the short, medium and long term and enables more rapid delivery of software upgrades. The Board needs to ask whether the LMS under consideration fits this model or is a legacy system.

**4. Remember there is no such thing as a free lunch.** If LMS software is bundled with other systems and deemed to be “free”, it is likely to be generic technology that will generate add-on costs in one of two ways: either the organisation will spend time and money integrating it with other key systems, or it will not quite fit organisational systems and processes, reducing the level of functionality available to users and/or requiring users to expend greater effort and take more time to perform key tasks. Moreover, such software may not be prioritised for further development, and so is less likely to meet new management information or functionality needs in a timely way – if at all. The Board needs to know that its LMS provider is committed to updating its solution on a regular basis, to ensure it keeps step with changes to NHS strategy. More importantly, The Board needs to consider whether the vendor will always supply the LMS for free; the introduction of charges at a later point will have a knock-on impact on longer term financial projections and budgets.





## About Ikonami

**ikonami is a provider of bespoke learning software systems for government, independent healthcare and other organisations seeking learning and development efficiency.**

ikonami was founded in 1999 and originally provided project management consultancy to help organisations exploit the benefits of technology. In response to client demand, ikonami evolved into a full-service technology company that combines its specialised software offerings with a variety of service capabilities, including full Learning Process Outsourcing (LPO). This is currently the fastest-growing area in the training sector, increasing by 32% per annum compared to 6% growth in overall training spend.

ikonami's solutions enable its customers to increase productivity and performance, align resources more closely with business goals and maximise and manage human capital. Millions of people benefit from ikonami's offering, through deployments such as the National Health Service's Electronic Knowledge and Skills Framework (e-KSF).

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