Commissioning eLearning Resources in the NHS

key principles and guidance

Produced by the NHS Strategic eLearning Leads Group

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Audience

This guidance is intended for everyone with a role or responsibility in commissioning or purchasing eLearning for the healthcare workforce in England, whether considering investment of public, professional membership or charitable funds at national, regional or local level.

Scope

A commonly used definition of eLearning is 'learning facilitated and supported through the use of information and communications technology' (JISC, 2010). This embraces an increasingly wide range of activities, including learning via mobile devices and social networks. Although the principles contained in this document have wider application in these contexts, the guidance is primarily focussed on commissioning of eLearning modules designed for access by computer, whether for 'standalone' self-paced learning or for use as part of locally designed 'blended learning' including, for instance, face-to-face training and/or classroom or online group discussion.

Further help and advice

This guidance has been developed by members of the NHS Strategic eLearning Leads Group, who can provide further support as required:

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1. Introduction

The effective use of technology enhanced learning (TEL) has been identified as a key priority in supporting the development of the healthcare workforce. In recent years, NHS organisations have gained considerable experience in developing and deploying eLearning programmes, but the anticipated benefits of these have not always been fully realised.

The use of robust commissioning processes, informed by a common set of principles and criteria, is essential to ensure that investment in technology-enhanced learning results in high quality resources and effective outcomes.

This document summarises good practice from lessons learned to date. It is designed for use by all those with a responsibility or role in commissioning eLearning developments for use in health service settings, whether large or small scale, and whether commissioned nationally, regionally or locally, by a single organisation or by a collaborative.

2. The Framework for Technology Enhanced Learning

In 2011, the Department of Health published a Framework for Technology Enhanced Learning (Department of Health, 2011). This emphasises that technology used as part of a learning solution for the benefit of patients should:

- be patient centred and service driven
- be educationally coherent
- be innovative and evidence based
- deliver high quality educational outcomes
- deliver value for money
- ensure equity of access and quality of provision.

The Framework includes several recommendations relating to the commissioning of eLearning:

- **Recommendation 3**: Those purchasing technological solutions to support learning should undertake regular review to ensure that they continue to meet clearly defined patient and service need, support the health and social care workforce in their specific learning objectives, and provide value for money.
- **Recommendation 9**: Healthcare, social care and education providers should work collaboratively to share resources, to maximise their purchasing power and increase opportunities for multidisciplinary and inter-professional training across the entire care pathway.
- **Recommendation 10a**: A national register covering e-learning modules, simulation scenarios and toolkits should be maintained to provide the facility to search for existing tools or projects in development.
- **Recommendation 10b**: Healthcare, social care and education providers, either individually or working collaboratively, should search the register before developing or procuring any new technologies to support learning to reduce duplication and secure value for money.
- **Recommendation 11**: Content to support e-learning on computers or mobile devices should be developed according to agreed technical standards to ensure easy access across different learning management systems.

3. Establishing the appropriate level for commissioning

Commissioning of eLearning in the NHS in England takes place at a variety of levels, which greatly increases the risk of duplication. Programmes and modules are commissioned nationally by the Department of Health and other national public and professional organisations, regionally by Strategic Health Authorities and collaborative partnerships, and locally by NHS Trusts and other local organisations.

'Liberating the NHS: developing the Healthcare Workforce' highlights the need to "do at national level only what is best done at national level – leaving maximum opportunities for flexible, local implementation and innovation" (DH, 2012).

Since development of high quality eLearning is not inexpensive, and is often designed to meet commonly shared learning needs, commissioning of eLearning may be best commissioned at national level, whether by a single organisation or by a collaborative.

However, high quality, innovative developments are often initiated at regional and local level. It is recommended that national commissioners of eLearning should consider the availability of relevant regional or local products and, if fit for purpose, consider brokering wider use of these before progressing with separate developments.

4. Establishing what already exists

The need for commissioners of eLearning at all levels to identify what already exists or is in development, and to consider the opportunities for sharing and re-using content, cannot be over-emphasised. The NHS eLearning Repository (www.elearningrepository.nhs.uk) is a useful starting point.

5. Engaging and confirming demand with service

It is essential that there is an employer demand statement for any eLearning resource that is being proposed. This statement should be developed through an effective and auditable engagement process and should evidence:

- The rationale and value for the proposed development, as understood and expressed by service organisations.
- The expectations and priorities of service organisations for the nature, design and delivery of the resource.
- The identities of the organisations and stakeholders supporting demand and development of the resource.
- A clear communication and dissemination strategy.
- Opportunities and mechanisms for direct involvement by representatives from the targeted learner group, at proposal, review and evaluation

stages.

- The commitment of organisations and subject matter experts to their involvement in informing, testing and evaluating the resource being developed.
- Agreement by organisations of the benefits they expect to be achieved through the resource, and their commitment to involvement in validating whether these benefits are realised.

6. Criteria to consider when evaluating potential commissions

The following are essential:

6.1 STRATEGIC FIT

- The proposed development must be aligned to an agreed clinical vision, strategic or operational priority.
- Where possible, the proposed development should align to a defined care pathway and /or promote and meet broader workforce competencies.

6.2 RETURN ON INVESTMENT

Consider:

- Whether eLearning is an appropriate choice of format to meet the defined educational need, and whether it will be used alone or as part of a blend.
- The size, type and distribution of the learner audience: given the production and maintenance costs of high-quality learning, it is important to be sure that the number of potential learners, with means to access the learning, is sufficient to justify the investment.
- The funds and resources required for effective development and delivery of the proposed eLearning— whether to buy or build, develop from new or adapt existing. Consider the backfill costs for subject experts and the initial and ongoing support required for trainers, learners and administrators.
- The expected life span of the resource. Think about the amount/frequency of updating likely to be needed to ensure the it remains up-to-date, and the resources required for this.
- The means to enable access to the resource, and, if required, to track learner progress, results and completion. Can platforms already in use by employers and learners can be deployed? Consider employer preferences and reporting requirements, as well as individual convenience and reporting requirements.

6.3 INTELLECTUAL PROPERTY AND LICENCE CONSIDERATIONS

Early consideration must be given to Intellectual Property Rights (IPR) of the proposed eLearning, as this can have a significant impact on the costs of development and the extent to which eLearning can be shared. This includes the IPR attached to the text, assets and images to be used within the resource, as well to the end product.

It is good practice to ensure that the IPR attached to NHS-funded eLearning is retained by the NHS, and where possible, that the content can be shared across the wider health sector, under Creative Commons Licence (see Appendix 3). Where this is not possible or practical, the limits to access and sharing must be clearly stated.

7. Best practice development

This section highlights aspects of best practice eLearning development to include in commissioning specifications.

A key reference document is E-learning in the Health Sector: Some Key Quality Principles (Skills for Health, 2011). Co-produced by Skills for Health and the NHS Strategic eLearning Leads, this includes a set of principles to inform and evaluate the quality of eLearning for healthcare.

The following aspects should also be considered at the commissioning stage:

Curriculum alignment

Consider the potential for utilising the proposed resource to meet recognised healthcare education providers' curriculum/CPD provision.

Mapping to competence and performance frameworks

Where relevant to the needs of the target audience, map the learning outcomes of the proposed resource to competence frameworks in use within the NHS and wider healthcare sector, such as National Occupational Standards, the NHS Knowledge and Skills Framework , the new UK Core Skills and Training Framework, and/or performance standards such as Care Quality Commission Essential Standards of Quality and Safety.

Accreditation

Consider seeking endorsement or accreditation by a relevant professional, regulatory or statutory body. This will typically require production of evidence to demonstrate compliance with the accreditation criteria, but may add value to the resource for learners and employers, and will be more easily achieved if considered at the planning stage.

Localisation of resources

Where resources are designed to meet common service needs, the development of generic content will encourage widest use and support standardisation of practice. However, consider whether it is possible to include the facility to localise resources as required by individual organisations, for instance by including organisational branding and attaching relevant local policies and information resources, as this can significantly assist local adoption.

Multi-disciplinary learning

Relevance of content to the defined target audience is paramount, but, where possible, developments should be commissioned with the expectation that they will support inter-professional learning, and designed (or be capable of being repurposed) for use by a multi-disciplinary teams.

Where a resource is developed for a uni-professional audience, provide a clear statement of justification.

Promotion and implementation

It is vital that these aspects, which include trainer support and learner support, are considered and agreed at the commissioning stage. Highlighted in section 3 above (and covered in more depth in the E-learning in the Health Sector: Some Key Quality Principles) the failure to scope, agree and identify resource for these aspects at the commissioning stage could adversely impact on delivery of objectives and return on investment.

Evaluation and success measures

The commissioner should be clear about the success measures that will be applied to judge the effectiveness of the proposed development, and the type of post-deployment evaluation that will be required. This may include analysis of usage data, learner satisfaction, assessment of competence, impact on practice, and/or time/cost savings. Responsibilities and timescales for evaluation should be clarified.

Technical standards

All eLearning commissioned for NHS audiences must as a minimum meet SCORM standards (so that it can play and track in any learning management system) *and* the technical standards required by ESR OLM (see Appendix 1). Other essential technical considerations relate to the computers likely to be used by NHS learners. These are covered in the sample template in Appendix 4, and include supported screen resolution, browsers and operating systems, required plugins, audio and video functionality, as well as organisational firewall considerations.

Hosting and platforms for delivery

The specification should clarify where the eLearning content will be hosted, and which system or systems will be used to enable access to the resource.

As the ESR OLM National Learning Management System (NLMS) is currently the main channel for delivery of eLearning across the NHS, provision of access via NLMS, and compliance with standards in Appendix 1, should be regarded as the *minimum* requirement.

Commissioners should also, however, note the wider range of platforms and access systems that may be in use by learners and employers within the target audience. Both learners and employers have requirements in relation to access to and tracking/recording of eLearning; making learning available via additional or unsupported routes will have time/cost implications. It is desirable to test in advance with a range of stakeholders that the proposed access/delivery routes will be acceptable.

Looking to the future, there is no doubt that system-wide *interoperability* and *flexibility* will be essential to the widespread adoption of technology-enhanced learning in the NHS. Commissioning should encourage innovative solutions to the interoperability challenges faced by the NHS.

Metadata tagging

To promote shared awareness of eLearning developed with public funds, and to help reduce waste and duplication, descriptions of all eLearning programmes, modules and assets developed for use in the NHS should be added to the NHS eLearning Repository, so that potential learners, educators and commissioners can discover, preview and if appropriate download these for adoption or adaption. The eLearning Repository supports Dublin Core metadata standards, key features of which are described in Appendix 2.

8. Support for the commissioning process

An expectation of the Framework for Technology Enhanced Learning (Department of Health, 2011) is that each Local Education and Training Board (LETB) will have a local strategic lead who will be able to offer advice on commissioning eLearning developments, and be aware of similar developments and/or opportunities for co-production. Meanwhile, members of the NHS Strategic Learning Leads Group can provide this support (see p2).

It is hoped that when Health Education England and the LETBs are fully established, there will be processes in place for prioritising and funding developments that are potentially of wide interest. However, given the numbers and types of organisation seeking to commission or sell eLearning to healthcare organisations, it is important that systematic and informed approaches to commissioning and procurement are used wherever possible.

Appendix 4—a sample business case template—and Appendix 5—a sample eLearning specification template– are provided as examples of forms which may be used to support systematic processes. Both have been developed by NHS Yorkshire and Humber, and proven to work well in practice.

Finally, Appendix 6 outlines the process by which eLearning commissioned and developed at regional or local level can be promoted to wider audiences and, where appropriate, adopted for wider use. All those commissioning or developing eLearning which could potentially be promoted to wide health sector audiences, are advised to liaise with a member of the Strategic eLearning Leads Group to ensure that new resources are added to the NHS eLearning Repository, and discuss whether it they could also added to the National NLMS eLearning Catalogue.

REFERENCES

Department of Health (2011), A Framework for Technology Enhanced Learning
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_130924

Department of Health (2012), Liberating the NHS: Developing the healthcare workforce
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_132076

Skills for Health (2011), E-learning in the Health Sector: Some Key Quality Principles
http://www.skillsforhealth.org.uk/about-us/news/launch-of-the-quality-framework-for-e%11learning/

Appendix 1

Minimum technical standards for eLearning via ESR

Information relating to the latest technical standards and set up requirements to enable eLearning via ESR within your Organisation can be found on the ESR Support Web site at: http://www.esrsupport.co.uk/nlms/

Specific documentation for IT/Network professionals can be found at: http://www.esrsupport.co.uk/nlms/doc/IT.html. These documents will assist in ensuring all local PCs and networks are configured to enable ESR and eLearning to work correctly. In addition a simple IT Checklist is also provided to enable eLearning to play correctly via OLM.

The support web site also contains a PC checker which identifies the configuration of the local PC and has help information against each item to enable the user to find out more regarding the recommended versions of software. To use the PC checker click the following link: http://www.esrsupport.co.uk/nlms/pccheck.html

Appendix 2

Adding descriptions of eLearning to the NHS eLearning Repository

It is straightforward for NHS staff to register as users of the repository and add descriptions of eLearning content, whether complete or in development, although the Strategic Library Leads can provide assistance if required.

In line with other learning object repositories, the eLearning Repository uses Dublin Core metadata to describe eLearning content. The mandatory fields collected for each learning object record are currently:

Title	dc:title
Description	dc:description
Contributor/creator	dc:contributor
Publisher	dc:publisher
Rights/licence	dc:rights; cc:licence
Coverage	dc:coverage
Date	dc:date
Format	dc:format
Keywords	dc:subject
Identifier/URL	dc:identifier

Appendix 3

Creative Commons Licences

Commercially developed eLearning programmes traditionally carry 'all rights reserved' licences, but Creative Commons licences are increasingly favoured within NHS and higher education settings. These allow commissioners and/or creators of eLearning content to retain copyright whilst also allowing others to copy, distribute, and make some uses of their work — at least non-commercially.

Commissioners of NHS-funded eLearning are encouraged to consider one of the following types of licence:

Attribution-NonCommercial
CC BY-NC

This licence lets others modify and build upon your work. Their new work(s) must also acknowledge you and can only be used non-commercially.

Attribution-NonCommercial-ShareAlike
CC BY-NC-SA

This licence lets others modify and build upon your work non-commercially, as long as they credit you and licence their new creations under the identical terms.

Attribution-NonCommercial-NoDerivs
CC BY-NC-ND

This license only allows others to download your works and share them with others as long as they credit you: they can't change them in any way or use them commercially.

For more information about Creative Commons licences and their use see http://creativecommons.org/licenses/

Appendix 4

Sample business case template

Title of business case

This should be succinct, specific and relates to the sponsoring organisation.

Audience

A clear statement of the target audience(s), including projected numbers.

Problem statement /opportunity statement

A problem statement should be given to clearly indicate why the proposed eLearning business case is required. This should also include what organisational/learner problems will be addressed with the proposed development.

Background

The relevance of the business case should be supported with a short background section. Identify the national and local priorities/strategies driving the need for the proposed development and indicate how these will be supported by the proposed development.

Rationale for development

This section requires a thorough assessment of the problem/issue/opportunity to be addressed by the business case. It needs to indicate what processes are currently in place and would be affected/enhanced by any proposed eLearning development. It should include details of a range of other approaches/options that could be used to address the needs identified.

A clear justification must be given to support the recommended option against the available options proposed within the business case. This recommendation must be objective and well supported. Confirm here that a search has been undertaken to ensure that there is currently no eLearning in existence or in development that would address the needs identified.

Proposal

This section briefly details the eLearning solution/approach to be used. This needs to indicate the proposed target audience, the overall design and delivery platform for the proposed resource.

List of deliverables that will be delivered through the business case

These are the outputs that will result from the implementation of the proposed eLearning development.

Costs

Many business case proposals for developments in the NHS are unrealistic in terms of proposed costings, or fail to give a detailed breakdown of costs. This information is vital for appraisal of the business case and therefore requires careful preparation.

Benefits analysis

The benefits analysis section should clearly specify the benefits that will be derived from the development. These benefits should be articulated for patients, organisations and the NHS & social care workforce.

Anticipated Return on Investment projections should be provided. This assessment should also include the expected quality improvements that the resource will support.

Risks

It is important the business case identifies the risks that might be generated by either undertaking or not pursuing the proposed development. Wherever possible risks must be quantified and objective. It is important to check the relevance and the reality of any potential risks with those who will be required to implement any project. For each identified risk, state measures that can be taken to reduce the risk.

Promotion and implementation

This section should explain how the resource will be promoted and implemented, and demonstrate that consideration has been given to communication strategies and provision of support that may be required by organisations, trainers and learners.

Timescale

This section requires an overall indication of the expected timeframe for development and implementation of the eLearning resource. The emphasis should be on determining realistic and achievable timescales. The expected time to deployment should be clearly stated.

Evaluation and success measurements

This section should clearly indicate the key success measures that will be applied to judge the effectiveness of the development, the methods of evaluation that will be used, the groups/individuals who will be involved in the process, and overall responsibilities.

Appendix 5: Sample eLearning specification template

1. KEY INFORMATION:	
Project Title:	
Project Description:	
Date:	
Form Initiated by:	
On behalf of:	

2. PROJECT KEY STAKEHOLDER(S) CONTACT DETAILS:	
Contact Name:	
Trust / SHA:	
Contact telephone number:	
e-mail address:	

3. ADDITIONAL KEY CONTACT DETAILS:	
Name/Title	**Contact Details (Trust, email address, phone number, role in project)**

4. PROCUREMENT DETAILS:	
Approximate Available Budget:	
Invoice Address:	
Will a Purchase Order be provided?	**Yes** ☐ **No** ☐

5. PROJECT DETAILS:	
Summary of Project Purpose: Please provide an overview of the purpose of the project. What are the objectives? Is there any additional off line study?	
Project Name: Please provide a name for the project.	
Target Audience: Please define the target audience for the learning materials (e.g. Consultants, Nursing Staff, Clerical Staff etc.)	
Rationale for the Project: Please indicate rationale for project including any potential cost savings.	
Learning and delivery methods: Please state whether it will be stand-alone e-learning or blended learning.	
Learning Outcomes? State what the learning outcomes will be.	
Timescale: What is the target date for the delivery of this project e.g. when are the materials required for pilot? When are the materials required to go live? Stipulate dates for building first draft, providing feedback, producing pilot etc.	
Anticipated duration of learning: What is the anticipated duration of the resulting learning materials e.g. how long do you expect the course to take to work through?	
Subject Lead(s): Please nominate the lead Subject Matter Expert (SME) – e.g. the person who will be advising with regard to the detailed content and the learning objectives. Please provide name, Trust details and a contact telephone number and e-mail address. There should also be a minimum of 2 other SMEs from other Trusts within the region who will feedback to the lead SME.	
Project Lead: Please state the project lead for the programme.	

6. CONTENT DETAILS:	
Number of Modules: Please indicate how many individual modules you think this programme will be comprised of.	
High Level Content: Please list the anticipated high level content of this learning programme ideally by module if there are multiple modules. Example: Infection Control covering: Hand Hygiene, Standard Precautions and Aseptic Techniques.	
Availability of Content: Please indicate the status of the content at this time e.g. much of it exists in PowerPoint or Word format, content has been written or content has still to be created.	
Nominated Contacts for Content: Who will be tasked with providing the supplier with the content and reviewing scripted content prior to development of the tool? Please provide contact details including name, email address and phone number.	
Prior knowledge: Are there any competencies or prior knowledge required before undertaking the programme?	
Assessment (1): Is there a requirement for assessment? If yes, please provide detail i.e. assessment per module or per programme, number of anticipated questions.	
Assessment (2): Is there a required pass mark. Does the user need to achieve a pass mark to continue.	
Accreditation: Will the programme be accredited or do you want it to have the potential to be credited by a relevant qualifications body?	
Use of Images: Can you provide specific photographs or illustrations to support the nature of the content?	

Use of Video (1): Is video deemed a requirement and if so do you have existing video? Do you have the means to capture video or will the supplier be required to capture the video content? Please provide details of any anticipated video elements:	
Use of Video (2): Is there a constraint on the inclusion of video media?	

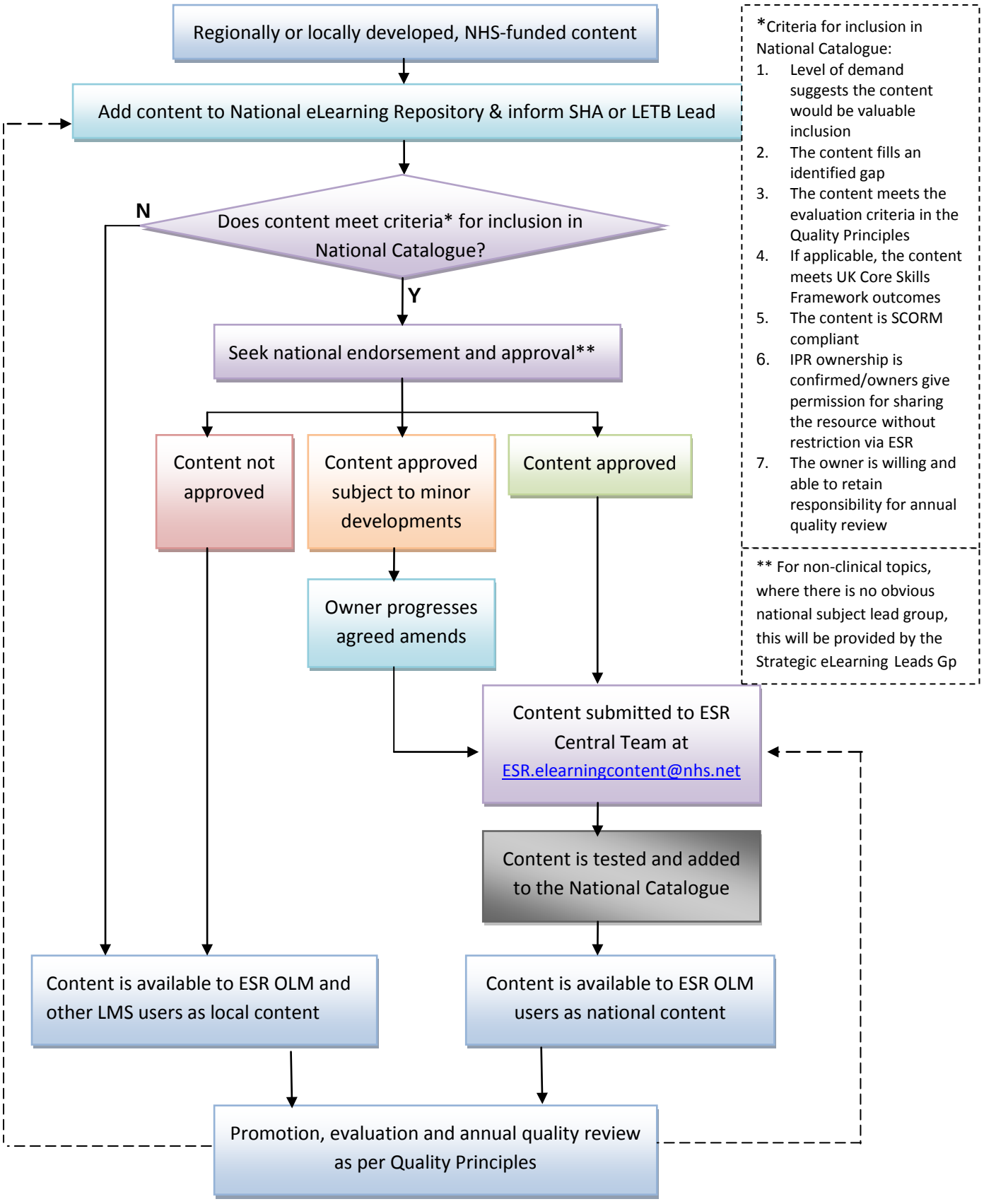
7. TECHNICAL DETAILS:

Key IT Contact Details:	
Learning Management Platform: (e.g. on which system will the learning be played – NLMS, Moodle, etc, and what standard will it support).	E-learning modules must be SCORM compliant and support should be available to ensure scores and user activity is tracked to the databases correctly, and if not, changes made to the modules. Refer to the A-10000 document which details specifically which SCORM/AICC tracking variables are supported by the National Learning Management System and which are not. Programme testing and integration is required.
Hosting of Content:	Hosting should be via the NHS eLearning Repository or regional hosting solution where appropriate. Avoid the use of third party stand alone systems if possible as these will hold your data separately from your other learner records, may not meet NHS Information Governance standards and may become chargeable in the future.
Development Tools:	Lectora is the preferred authoring tool but any tool which supports SCORM 1.2 is acceptable. Flash and Shockwave can also be used but Silverlight should be avoided as this is not included as part of the standard NHS pc build at the moment. Suppliers should provide source files to the project lead on completion of development, so updates and changes can be maintained after the project.
Browser Version:	All browsers and browser versions should be supported. Must be backward compatible to Internet Explorer version 7 which is still standard throughout the NHS.
Operating system:	Windows XP and above should be supported as well as Apple OS X (Snow Leopard).
Monitor Size:	The materials will be developed to run on a 1024x768 monitor (minus browser chrome) = **960 x 680**, although please consider delivering the learning materials responsively so they will work on a range of devices including smartphones and tablets.
Use of Audio (1): Is audio deemed a requirement in the form of a voice over? If so please state whether you would want to provide audio local voice, use a professional voice over artiste or whether the provider/developer is required to source a voice? Please provide details of any anticipated audio elements.	

Use of Audio (2): Is there a constraint on the inclusion of audio media e.g. availability of sound cards, file size?	
Other Constraints: Are there any other known constraints that the provider/developer needs to be aware of in this instance e.g. overall file size?	File size and video size should be kept to a minimum to deal with the NHS bandwidth restrictions. Video should be streamed rather than downloaded where appropriate.
Accessibility Standards: All Learning needs to be developed so it meets with W3C, RNIB and BS8878 guidelines.	Use of audio and video must include transcripts for accessibility. All images to have alternative text, etc.
Brand Guidelines (1): What are the brand guidelines associated with this project. Will it bear a specific Trust logo, SHA branding or a generic brand. If more than one Trust is involved does the developer need to use different branding per Trust.	
Brand Guidelines (2): Please provide contact details for queries relating to logo availability, corporate branding.	
Future upgrade: Provide information on future upgrade plans e.g. who do you want to do the content update, the provider/developer or yourselves as the Lead Organisation?	Suppliers should provide source files on completion of the project to enable NHS developers to perform updates to content in the future.
Metadata: Please provide basic level of metadata including key words and creation date, so the programme is searchable.	Full metadata (keywords, title, description, author) to be included to enable searching through the repository.
Intellectual Property Rights and Copyright:	The NHS to own the IPR and copyright of all learning materials produced and have full unhindered rights to distribute the learning materials freely and openly through the eLearning Repository and other channels under a creative commons licence.

8. ADDITIONAL DETAILS FOR THE PROVIDER:	
Date for submission of spec: State the date you would like the developers/providers to return their proposal document.	
Resources available: Make it clear what resources you can make available to the provider/developer during the implementation.	
Evaluation of spec: Provide explicit instructions on how the proposals will be evaluated (e.g. cost, innovation, originality, previous success).	The proposals will be evaluated against the evaluation matrix provided.
The Provider should include the following information in their proposals:	
Proposed Programme: In preparing responses the provider should demonstrate how their proposal will support the objectives of the programme and give an indication of the proposed creative design that best suits the intended learning aims, target audience and mode of delivery.	
Capacity: The provider should confirm their capacity to deliver the project by the required date and indicate a contingency plan to deal with slippage to ensure the project is delivered by the expected completion date.	
Flexibility and Out Sourcing: The provider should demonstrate any in-built flexibility to deliver variations to the plan as required and identify out sourcing arrangements and how these will be managed.	
On-going costs: The provider should document on-going costs as well as any customisation, integration above and beyond the purchase price. Ideally, minor changes to text, etc. should be able to be made by regional administrators.	
Quality Assurance and Performance Management: The provider should indicate their quality assurance approaches and specifically indicate how these will be maintained within and across the project. They should also indicate the arrangements they will put in place to ensure effective delivery of the project, including a test plan, communicating project progress and maintaining a risk log.	
Ownership and IPR: The provider to confirm that the NHS will have full ownership of all learning materials and access to source files.	

Appendix 6: process for adding content to the National ESR OLM (NLMS) eLearning Catalogue



Responsibilities

Owner = commissioning or developing org	Lead = SHA or LETB TEL Lead sponsor	ESR Central Team