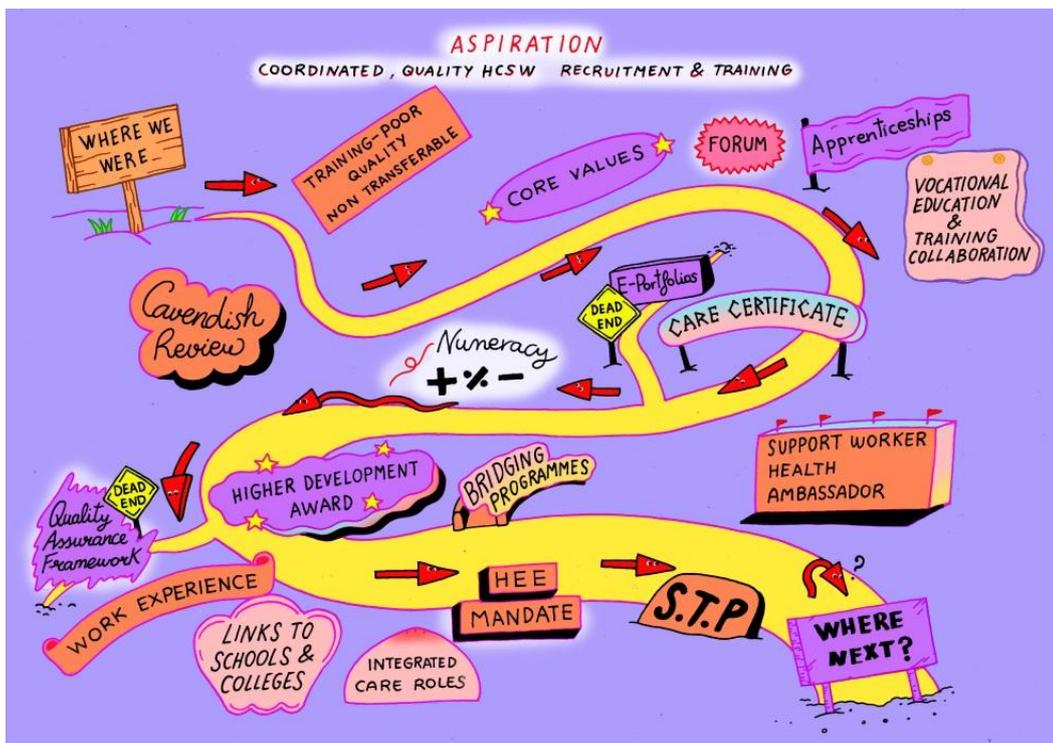


# Evaluation of the Talent for Care strategy in Health Education England working across North West London

## 2016



Mary Somerville

February 2017

## **Terms of Reference**

In April 2014, Health Education England working across North West London (HEE NWL) contracted with The Institute of Vocational Learning and Workforce Research (IVLWR) to project manage and deliver a programme of activity to deliver sustainable solutions and efficiencies to deliver national workforce policy around support worker education and development in the region.

This report summarises the activity, and it is written with the intention of bringing together achievements, initiatives, challenges and learning from everyone involved. The author of this report led the project management and delivery of one element of the programme (Get In), leading to an unavoidable conflict of interest, and so objectivity and impartiality has been ensured by consultation with and supervision from Professor Ian Kessler, Professor of Public Services Policy Management at King's College, London throughout the production of the evaluation to help ensure the application of high research standards

## **Summary**

This report outlines the policy context and activity undertaken by the IVLWR team during 2014 and 2015, with a detailed focus on each work stream delivered in 2016. As the team move into 2017, the common outcomes and strands of learning are summarised, along with new and enduring challenges in raising the profile of the support workers in NW London, and enabling them to meet their potential to provide excellence of care and to progress their careers.

The report captures progress against each of the individual objectives of the project - most of which were achieved in the timeframe. Of equal importance, it should be noted that firm foundations have been established in this area which will ensure effective development of the unregistered workforce in the future.

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## **Executive Summary**

### **Background**

There are approximately 54,000 healthcare staff in North West London, of which 15,600 are in bands 1-4. In the first and only national policy for development of support workers, Camilla Cavendish identified the necessity to train and support this staff group to deliver high quality care. The resulting Talent for Care Framework has enabled employers and educators to begin this process.

This evaluation report summarises the evidence of activity and evaluates the impact of a complex and multifaceted project which aims to implement and embed the Talent for Care Framework in North West London. The evaluation was completed between October and December 2016 as the project reached the end of its second phase of activity. There are nine overarching aims of the work, each with specific objectives and outcomes;

1. An increase in the number of NHS apprenticeship starts to 615 by April 2016
2. Establishing a formal NWL employer-led vocational education and training collaboration
3. A quality assurance framework applicable to health and social care
4. An increase in the number of support workers using e-portfolios
5. Piloting of the Higher Certificate
6. Implementation of study skills bridging programmes to widen access into pre-registration degrees
7. Design of health and social care support roles to support independence outside of hospital (this has been extended to include domiciliary care workers)
8. Strategies and tools to assess and improve numeracy levels including in general practice
9. A "Get In" strategy increasing the number of traineeships, ambassadors, work experience opportunities and links with schools and colleges

The Talent for Care team worked across all NHS Trusts in the region, and engaged with a wide range of other stakeholders, building partnerships and resources to support employers to develop their support staff workforce.

### **Findings**

The findings of the evaluation will inform the planning and delivery of the third phase of activity for the team, and it is anticipated that the report will highlight achievements and raise awareness of the levels of support and resources available to individual employers as they implement Talent for Care at a local level.

There is evidence of creative innovative impact which reflects the excellent team work and strong leadership, which has enabled members to adopt a cooperative and collaborative approach, innovate and support local activity and share expertise across the three threads of "Get In" "Get On" and "Go Further".

All of the activities captured in this report have been achieved in an environment of constant policy and political change. This has impacted on the nature, shape and speed of delivery of the project, demonstrating a responsive and adaptable approach as various factors impact on

the initial plans for activity. Tangible impact measures include increased apprenticeship starts, collaborative delivery of Care Certificate training, recognition as an Excellence Centre, school and college engagement, monthly newsletters and the development of the Support Worker and Primary Care Forums.

## **Recommendations**

1. The team needs to improve connectivity with the economic regeneration agenda; taking note of data sources of areas of deprivation or educational inequality - for example Joseph Rowntree Foundation. This will ensure that individuals are inspired and supported to contribute to the NHS workforce in the future.
2. The team can build on crossover areas between the different work streams, for example, schools engagement and apprenticeship development, or incorporating Health Ambassador training into the Higher Development Award.
3. The wider body of employer representatives need to work together to source and support training providers of the highest calibre.
4. Tools and resources need to be widely and easily available to all partners to support and encourage activity.
5. Workforce and service delivery needs to be more closely aligned at a strategic level.
6. The implementation of the VET collaboration needs to be prioritised to increase sign up to the Partnership Pledge and start the process of integrating and influencing the activities in Phase Three.
7. The implementation of the STP will need input and support from the VET and Support Worker Forum, so these links need to be set up at an early stage to ensure that these groups are influential and innovative.
8. The Primary Care Support Worker Forum needs to meet regularly and become influential and innovate ideas and developments for support staff in primary care.
9. The team can facilitate and support the implementation of the "Get In" agenda, such as work experience and Health Ambassador policies and structured programmes
10. The team can facilitate and support employers to identify the potential benefits of innovative development and transformation of support worker roles
11. A report and action plan needs to be created which outlines the needs and challenges faced by the Support Worker workforce in Maternity, non-clinical and in Community roles.
12. Planning for Phase Three needs to include engagement with those trusts who have not been as active in Phase Two (particularly Community Healthcare Trusts) and partner organisations in the third sector.

## Glossary of Abbreviations

<b>BIS</b>	Department for Business Innovation and Skills
<b>CCG</b>	Clinical Commissioning Group
<b>CEPN</b>	Community Education Provider Network
<b>CQC</b>	Care Quality Commission
<b>DfE</b>	Department for Education
<b>FE</b>	Further Education
<b>GP</b>	General Practice/General Practitioner
<b>GPN</b>	General Practice Nurse
<b>HCA/HCA's/HCA's</b>	Healthcare Assistant(s)
<b>HDA</b>	Higher Development Award
<b>HE</b>	Higher Education
<b>HEE</b>	Health Education England
<b>HEE NCEL</b>	Health Education England working across North Central East London
<b>HEE NWL</b>	Health Education England working across North West London
<b>HEE SL</b>	Health Education England working across South London
<b>HCSW</b>	Healthcare Support Worker
<b>IAG</b>	Information, Advice and Guidance
<b>IVLWR</b>	Institute for Vocational Learning and Workforce Research
<b>LETB</b>	Local Education Training Board
<b>LMC</b>	Local Medical Committee
<b>MECC</b>	Making Every Contact Count
<b>NSAH</b>	National Skills Academy for Health
<b>SME</b>	Small or Medium Enterprise
<b>STP</b>	Strategic Transformation Plan
<b>TfC</b>	Talent for Care
<b>UKCES</b>	United Kingdom Commission for Employment and Skills
<b>VET</b>	Vocational Education Training

## Methods

A mixed methods methodology approach was employed to summarise and review the large amount of information available from a wide range of sources. The following methods were deployed:

- telephone interview
- face to face interviews
- focus group discussions
- review of documentation
- an online survey
- attendance and observations at events

The aim was to capture as much information and evidence of impact as possible within the timeframe of the evaluation (October - December 2016).

Consultation with a range of people including members of the project delivery team, learning and development leads in the trusts, other members of staff at a range of levels of responsibility, and with senior management staff in trusts contributed to findings, although opportunities for broader consultation was restricted by the availability of staff due to workload pressures and long term sickness.

## Introduction

### North West London

HEE NWL is one of 13 local offices of Health Education England, covering the London Boroughs of Hillingdon, Harrow, Hounslow, Ealing, Brent, Kensington and Chelsea, Hammersmith & Fulham and Westminster. The region has 11 NHS trusts, 8 Clinical Commissioning Groups and over 400 GP practices serving a population of over 2 million people. There are currently approximately 54,000 healthcare staff of which 15,600 are in bands 1-4 (all staff not just HCA)

(Source: HEE NWL Business Intelligence team 2016)

London North West Healthcare NHS Trust,  
Imperial College Healthcare NHS Trust,  
Chelsea & Westminster Hospital NHS Foundation Trust,  
West London Mental Health Trust,  
Royal Brompton and Harefield NHS Foundation Trust,  
Royal Marsden NHS Foundation Trust,  
Hillingdon Hospitals NHS Foundation Trust,  
Central and North West London NHS Foundation Trust,  
Central London Community Health Care NHS Trust,  
Hounslow and Richmond Community Healthcare NHS Trust

## Policy background

The 2009 and 2013 Francis reports on the failures of care at the Mid Staffordshire NHS Foundation Trust produced 290 recommendations to improve care standards. Those relating to support staff included the introduction of a registration system (Francis: 2013 recommendation 209) a code of conduct for support workers (recommendation 210) and common training standards (Francis: 2013 recommendation 211). A Code of Conduct was developed and published by Skills for Health and Skills for Care in May 2015.

Following publication of Francis the government commissioned Camilla Cavendish to undertake a review of health and social care support staff education and development. The 2013 Cavendish Report called for a more capable, structured and qualified support workforce to drive up standards of patient care. Camilla Cavendish proposes that Health Education England should develop a “Certificate of Fundamental Care” and a “Higher Certificate of Fundamental Care” and that the CQC should require healthcare assistants in health and support workers in care to have completed the Certificate of Fundamental Care before they can work unsupervised. (Cavendish:2013)

Similar outcomes should be noted from the Berwick review of 2013 which focused on issues of patient safety. Berwick states that employers need to “*foster wholeheartedly the development of all staff*” and create an ethic of learning in organisations” (Berwick: 2013:4).

In 2014, Health Education England published its Talent for Care (TfC) Framework, as part of Framework 15. This outlines a training and development strategy to raise the status and maximise the contribution to quality care by the healthcare support workforce.

Talent for Care encompasses a number of themes – recruitment (Get In), retention (Get On) and progression (Go Further). An element of this framework is the Partnership Pledge - a commitment between HEE, employers and trade unions which recognises a commitment to deliver the strategic intentions and create real opportunities for staff working in support roles. It is closely aligned to the HEE Widening Participation Strategy, published in 2014 (Health Education England 2014).

There have been two HEE Mandate documents (2014 and 2016), both of which have called for healthcare employers to deliver “...*high quality, effective, compassionate care*” by “*developing the right people with the right skills and the right values*” (Health Education England 2014)

The Shape of Caring Review, (Raising the Bar) led by Lord Willis was published in March 2015. This was led by Lord Willis and it focused on how the NHS can ensure that the education and training of registered nurses and care assistants is fit for purpose. The recommendations encourage the widening of access routes into nurse education for care assistants, and action to increase the value of the care assistant role (Willis. 2015)

All of the above emphasise a renewed focus on transforming the NHS into a “learning organisation”, where healthcare workers constantly strive to improve their skills and knowledge. A frequently quoted statistic is that 60% of patient contact is spent with HCAs, and yet this group only benefit from 5% of the overall NHS training budget. (UNISON 2016:3).

From its creation HEE NWL has had the development of NW London's support workforce as one of its key strategic objectives.

The North West London Workforce Transformation Strategic Plan 2016 – 2021 (STP) outlines a workforce strategy to be managed by the Workforce Transformation Delivery Board. Four workforce priorities that cut across all five STP delivery areas are given. These are:

1. Workforce planning and addressing workforce shortages
2. Recruitment and Retention
3. Workforce transformation to support new ways of working
4. Leadership and Organisational Development

More specific references in this document link to the support worker agenda, for example the fact that recruitment and retention is a costly and local problem in London, particularly in primary care support worker roles. The STP refers to the creation of local health and social care vocational networks, further rolling out of the Care Certificate, piloting Higher Care Certificate, providing clear and effective development/career progression pathways to aid retention and reduce attrition and apprenticeships for reception/HCA staff. Thus the STP and TfC objectives for 2016 and 2017 are strategically aligned and complementary. (North West London Sustainability Plan 2016).



Figure 1. Key policy since 2010

## **Delivering a Talent for Care Strategy in NW London.**

Partnership between HEE NWL and IVLWR formally began in April 2014 with a one year Service Level Agreement to deliver national workforce policy to meet the local support worker workforce needs. Further funding has enabled the team to build on progress and embed partnership working through 2015 and 2016 and into 2017 in order to deliver national workforce policy such as Talent for Care, meet local workforce needs linked to service demands, and to deliver sustainable solutions and efficiencies.

The aim of this evaluation report is to bring together an impact and activity summary for each objective and to identify cross cutting themes and points for future learning which can increase sustainability and future impact of interventions in the future.

This work has been delivered in a number of phases, Phase One to April 2015, Phase Two to the end of 2016 and Phase Three commencing around the time of this report at the beginning of 2017.

Professor Ian Kessler has written two reports which are directly relevant to this review. In 2015, he conducted an evaluation of what is referred to as Phase One of the project. He also conducted a national evaluation of Talent for Care, in which he noted some LETB's had devolved structures to support the framework (by funding posts in trusts) whilst others (citing HEE NWL as an example) have a more centralised approach.

Kessler also examined the comparative levels of financial provision by HEE local offices, stating that in all areas as, the level of dedicated expenditure is low with a national average of 2% of the total spend on this staff group who deliver the majority of direct care. (2016:44).

## **Governance and Reporting to HEE NWL**

For Phase 1 a specific oversight board was established to oversee the projects. From Phase 2 onwards progress was reported to the HEE NWL Healthcare Support Worker Forum (for secondary care projects), Primary Care Forum, presentations made to HEE NWL's Strategic Advisory Council and formal progress reports made. Regular meetings have been held with senior HEE NWL staff and the Deans of Healthcare Education; Kathryn Jones, around developments in secondary care, and Catherine O'Keefe to report on primary care progress.

### **Phase One 2014-2015**

The Phase One project objectives were to:

1. Deliver the Care Certificate
2. Design and implement a quality assurance framework for vocational learning
3. Design and implement new support worker education programmes
4. Engage stakeholders for example by establishing the Health Care Support Worker (HCSW) Forum and producing regular newsletters
5. Deliver a new study skills bridging programme
6. Increase apprenticeship starts
7. Undertake an independent formative and summative evaluation of the project
8. A review of HEE NWL funded foundation degrees
9. A review of the training needs of therapy assistants
10. Gathering of base line data and the organisation of events to engage employers, schools and local colleges in respect of the 'Get In' element of Talent for Care

## 11. Raising awareness amongst employers of the wider Talent for Care objectives including the Partnership Pledge

An end of project report was provided to HEE NWL which demonstrates how each of the above has been met, and the project activity was positively evaluated in an independent review by King's College London. (Kessler 2015)

Numerous elements of Phase One have continued into the later phases of the activity, for example quality assurance and apprenticeship development along with the monthly meetings of the HCSW Forum, and production of newsletters. Other elements such as Get In and identification of training needs of different HCSW groups have progressed into Phase Two, building on the first phase of activity. Across all three phases IVLWR staff have supported the HEE NWL team by attending national HEE and other meetings and in gathering reporting data.

### **Phase Two 2015-2016**

The opportunity to build on the initial activity in Phase One was based on a Strategic Investment Fund bid submitted by Hillingdon Hospitals NHS Foundation Trust on behalf of the region's trusts and primary care partners. It had the following initial objectives:

1. An increase in the number of NHS apprenticeship starts to 615 by April 2016
2. Establishing a formal NWL employer-led vocational education and training collaboration
3. A quality assurance framework applicable to health and social care
4. An increase in the number of support workers using e-portfolios
5. Piloting of the Higher Certificate
6. Implementation of study skills bridging programmes to widen access into pre-registration degrees
7. Design of health and social care support roles to support independence outside of hospital (this has been extended to include domiciliary care workers)
8. Strategies and tools to assess and improve numeracy levels including in general practice
9. A "Get In" strategy increasing the number of traineeships, ambassadors, work experience opportunities and links with schools and colleges
10. The project is independently evaluated

This phase of activity is reviewed in detail in this report, it is not a target driven strategy, but more about developing the concept and strategic approach to create an embedded culture which considers the education and development of support workers to be part of the core agenda, not an additional element to the provision of care in NW London.

The approach taken by the delivery team is a groundbreaking one as the delivery team does not sit within one trust or directly as part of HEE NWL. This provides an element of autonomy and objectivity of approach. The team utilised learning from Systems Integration theory (where change is required across complex and disparate parts of an organisation) and Organisational Change theory (where change is created through series of small wins). The support worker agenda is only one of many pressures within the sector - sometimes partners

can feel 'weighed down' by the many and complex challenges around them, and a sense of growth and creativity has been achieved by supporting pockets of activity and celebrating progress to disseminate learning and embed models of delivery across the region.

In 2016 a national evaluation of Talent for Care was carried out by researchers from King's College, London on behalf of Health Education England. (Kessler, Bach and Nath 2016.) The evaluation team engaged with trusts and stakeholders using interviews, case studies, surveys and attendance at meetings.

Key findings from the report include;

*Our survey suggested that there was a clear appreciation of TfC amongst senior managers, raising the profile of HCSWs at the trust level. (Kessler et al 2016:10)*

and

*Over two third of our respondents agreed or strongly agreed that TfC had increased the profile of HCSWs at their trust. (Kessler et al 2016:11)*

The authors of the report use an interesting set of terms to analyse the impact of the strategy.

- **Traction** to describe the "hold" of the agenda amidst the crowded priorities and pressures at senior management level
- **Coaxing** to describe the introduction and nurturing of new concepts and initiatives;
- **Influence** to describe the way in which the strategy has changed the support worker agenda  
and
- **Recalibration** to note the changes in distribution of funding from LETBs towards the support worker training and development requirements

A survey was completed by employers in NHS trusts and elements of this survey have been replicated as part of this evaluation with the intention of making a comparison of the local responses to national findings. This is reviewed in section 11.

## 1.0 Increasing the number of NHS apprenticeship starts to 615

This element of the project has been managed and delivered by a dedicated Apprenticeship Lead in post from May 2016. This work has formed part of the delivery programme and so is parallel to the other activities involved in the implementation of the Talent for Care Framework in the area.

### Programme Objectives:

- Deliver 80 apprenticeship starts through the Local Medical Committee (LMC) programme with Communities Into Training and Employment (CITE)
- Increase apprenticeship starts in trusts
- Assist HEE NWL to meet apprenticeship target
- Produce a comprehensive NWL apprenticeship strategy
- Support Hammersmith & Fulham and Harrow CCGs to commence 60 clinical apprenticeships
- Raise awareness of apprenticeships amongst general practice staff including of Trailblazers
- Identify demand for a Care Navigator apprentice Trailblazer

### Evidence source

Written reports, desk research, face to face interviews, review of documentation.

## 1.1 Policy context

The policy background for this area of activity is encompassed within a number of strategic drivers. Over the last two years there has been an emphasis on apprenticeship development as the dominant driver as part of the bigger shift in UK skills policy. The Phase 1 activity did not include apprenticeships. It was added to Phase 2 to ensure a sufficient focus to meet the target.

The 2014 Five Year Forward View identifies the need to respond to training needs of the existing and future workforce. In 2015, Talent for Care strategic intention six is to

*“Double the number of HEE funded or supported apprenticeships by March 2016 and establish an NHS Apprenticeship offer to rival the best in the country.” (Health Education England 2014:7)*

More recently, the 2016 Enterprise Act gives the government targets on public sector apprenticeship numbers supported by the Health Education England Mandate for April 2016 to March 2017 which highlights significant emphasis on this agenda, seeking to

*“...continue to support flexible methods for entering training and employment, including:*

- *influencing the development of a coordinated menu of new apprentice standards in the NHS by identifying a list of six to ten priority standards by June 2016*
- *leading on healthcare-related apprenticeships as part of the Trailblazer process, supporting the establishment of Trailblazer groups by the Autumn, liaising as appropriate with NHS employers and the Department for Education*
- *actively look at all opportunities to make the Apprentice Levy a route by which more NHS training and ongoing development will be utilised laying the foundations for the Levy's introduction in April 2017*
- *achieving 19,000 new apprentice starts in healthcare in 2016/17*
- *preparing relevant NHS bodies to meet their public sector apprentice target” (Department of Health.2016)*

The policies outlined above, combined with the introduction of the Apprenticeship Levy which will significantly affect all NHS organisations, aiming to fund three million apprenticeships in the UK by 2020 have all fed into the NW London Sustainability and Transformation Plan.

## **1.2 Activity**

During the period to June 2015, the team identified the need for support for employers in the area and produced simplified guidance around the business case. A local apprenticeship strategy was developed in 2016 which can be accessed [here](#). This sets out four key objectives

- *To raise awareness and prepare NHS Services, covered by HEE NWL, for apprenticeship implementation to meet workforce planning and development needs, public sector targets and the apprenticeship levy*
- *Create Networks across NHS Services covered by HEE NWL to support shared development, understanding and resources in apprenticeships*
- *To explore the development of a HEE NWL federated approach to apprenticeship delivery under the government's direction of travel that encourages employer delivery of apprenticeships*
- *Develop, contribute and implement apprenticeship policy through stakeholder relationship management both across London and nationally*

One work stream involved the identification of providers of Apprenticeship programmes in General Practice. Funding was provided to the Local Medical Committee and a provider CITE (Communities Into Training and Employment) for delivery of programmes in NW London. It was agreed to deliver a level 3 Clinical Healthcare Apprenticeship using Lifetime Training. Eleven students started the programme in June 2016 and it was anticipated they should complete by December 2017. Three candidates have not continued on the programme. The apprenticeship consists of the Care Certificate (which all candidates have completed,) a level 3 Diploma, and functional skills attainment at level 2. Challenges have been faced throughout the programme including identifying trainers and assessors who have GP experience, capacity within the workplace to release the learners to attend the teaching days and a number of the students changing employment; however they have managed to stay on the programme within their new roles. There are two future cohorts

which are planned for Hillingdon and Ealing during 2017. Identification of a high quality training provider with sufficient capacity is inhibiting the wider roll out of the programme.

In Hammersmith and Fulham, Lifetime Training was contracted to work with an employer group to develop and deliver a level 5 Bridging Programme for support workers. Numerous issues around capacity and resourcing by this provider have led to the failure to deliver the programme, and this has now been subsumed into the curriculum for the Nursing Associate programme.

In six CEPN areas "Support the Support Worker" events were facilitated between May and October 2016. The days were open to any HCSW working within the locality. Over 200 HCSWs attended the sessions which were designed to discuss roles and responsibilities, understand the challenges faced by HCSWs in their workplace and inform this workforce of all of the career opportunities and career pathways opening up to HCSWs, including Ambassadors, Care Co-ordinators, Care Navigators, apprenticeship standards including the Nursing Associate and the proposed Registered Nurse standard, and Physicians Associates. All HCSWs (and any GPNs Practice Managers who attended) were informed about the Care Certificate and signposted to GP specific resources.

One aspect of these meetings was to undertake a training needs analysis exercise for this part of the workforce. The findings were shared with the quality team at HEE NWL, reported to NHS England and discussed within the HEE NWL Primary Care CEPN meetings. It was agreed that CEPNs would actively encourage every HCSW in GP in NWL, irrespective of length of service, to undertake training to complete the Care Certificate in order to standardise an identified minimum level of training and this programme commenced in October 2016. To date over 300 HCSWs in GP have undertaken this training and it is expected further cohorts will commence in 2017.

HCSW forums are now held regularly in most of the CEPN areas and are being increasingly well attended, 3 CEPNs have joined to co-host a tri-borough meeting and support is given to keep the HCSWs up to date with National initiatives. A finding of the work has been evidence of total confusion around the roles and boundaries of HCSWs in general practice. A programme is in place to offer the Care Certificate to all HCSW's in primary care settings; this will roll into phase three of the Talent for Care implementation programme during 2017. It is hoped that this will become part of a level 2 apprenticeship programme delivery.

Loo Blackburn has been a member of the National Trailblazer group for development of the standards at levels 2, 3 and 5.

**Care Navigator role** has been developed in HEE SL & HEE NCEL. Work is continuing to define and standardise this role and identify the training required. There was a person in post on secondment to develop this role, but no information has been provided to date.

### **1.3 Outcomes**

An initial target of 615 apprenticeship starts was set for the period 2015/ 2016.

The team measures progress towards these goals by undertaking a monthly review of data uploaded by employers onto the National Apprenticeship Monitoring database. Financial

support to each employer is given along with the offer of support and advice to help trusts develop strategies focussed to meet local workforce needs and these targets.

Year	Target	Actual	Comment
2014/15		171	Data not available
2015/16	615	746	This increase is partly due to data drawn from Health & Social care organisations holding NHS contracts delivering apprenticeships and data obtained from dental pharmacy and GP providers.
2016/17	723		Quarter 3 data shows 262 Apprenticeship starts

#### 1.4 Issues, Challenges and Barriers

Identified challenges of building strategic acceptance, resourcing and policy development in trusts have remained a focus of this element of the work and evidence is emerging of progress as the key deadlines approach in 2017.

Additional challenges for development of apprenticeship programmes include building links into schools and colleges, weak careers advice, and parents' assumptions and perceptions that apprenticeships are best for lower achievers. These perceptions also affect existing staff going on an apprenticeship programme.

Barriers to progress include the pace of development and release of national standards; some are very slow in being agreed and released which holds back the pace of delivery at local level. In addition, there are difficulties in obtaining access to data from Health and Social Care settings holding NHS contracts who deliver Apprenticeship programmes.

In addition, employers are at a point of waiting for the levy to start so are holding back apprenticeships until they can draw down funding, as well as a lack of quality training providers and higher education readiness to engage with this agenda are identified challenges.

In the national evaluation report, Kessler et al (2016) reported three challenges in Apprenticeship delivery

- **Funding challenges:** this focuses on the resources needed to support an apprentice, including the set up and running costs.
- **Practical challenges:** finding sufficient qualified assessors, staff release for training, capacity to support the apprentice.
- **Labour market challenges:** maintaining competitiveness of apprenticeship pay rates and the capacity of trusts to retain qualified apprentices.

These challenges are reflected by the experiences in NW London described above.

## **2.0 Constructing a NW London employer-led vocational education and training collaboration**

### **Programme Objectives:**

Building on national policy and research which recognises the benefits of employers not only leading vocational education design and commissioning but also collaborating (for example through joint training) the aim is to;

- (1) Sustain existing partnership working between trusts
- (2) Extend partnership working into primary care and wider stakeholders and
- (3) Place partnership working on a more formal footing.

### **Evidence source**

Written reports, face to face interviews, review of documentation and surveys.

## **2.1 Policy context**

The concept of employers working together to design and deliver training is rooted in the 2013 Employer Ownership of Skills pilots. This was a joint initiative between BIS, DfE and UKCES giving employers the opportunity to apply for funding to take ownership of the skills, training and development within their organisation. More recently, both Talent for Care and Cavendish have reinforced the need for employer-led training development. A rationale, established by the Richards Review, for introducing the Apprenticeship Levy was that it allowed employers to lead the design of standards.

## **2.2 Activity**

Prior to 2014, there was no formal collaboration between employers in NW London to share expertise and work collectively to build a support worker training and development strategy. The publication of the Talent for Care Framework and the requirement to implement the Care Certificate led to some initial meetings, known as the Care Certificate Implementation Group which then developed into the Healthcare Support Worker Forum. The aim of this work stream is to further develop these partnerships into a more formal Skills Alliance, or Vocational Education and Training Collaboration (VET) which will embed the activity of the Forum and raise the profile of the work within Health and Social Care employers in the area.

Kessler (2015) stated that 20% of North West London Trusts had signed the Pledge with national average of 40%. By the end of Phase Two, this figure has doubled to 40%

The impact of strategic engagement with this group will be the raised awareness and engagement at board and senior management level, which will enable the group to develop policy, and build collaboration and partnerships across the area and sectors.

In 2015 the National Skills Alliance for Health (NSAH) commenced an initiative to develop a number of Skills Excellence Centres, focused on support role development. A NWL bid was

submitted which included general practice and social care employers and was successful, however following an initial set of discussions with NSAH led by Hillingdon Hospitals Trust and IVLWR it was agreed with the Academy that the NWL Excellence Centre would be 'paused'. This was to allow the NSAH's Board to reconsider the contractual requirements and make them more applicable to a partnership of employers (the other Excellence Centres comprised a single trust). Renewed discussions are scheduled for start of March 2017.

This journey has been significant in that all ten trusts worked collaboratively to develop their vision which has resulted in increased momentum and partnership working across the group.

## 2.3 Outcomes

The activity in this area falls into three areas, the VET collaboration, the Support Worker Forum and the more recent Support Worker Voice group.

**Vocational Education and Training Collaboration** The VET will be a more operational body which can bid for funding for activity to support the HCSW agenda and also to support the work of the Support Worker Forum by developing resources such as an online resource bank. A Memorandum of Understanding has been drawn up and is in the process of being adopted by employers.

The project team, working with trusts organised and held a series of 'road shows' in hospitals around the region. These were aimed at support staff, registered staff and managers and contained a range of materials designed to raise awareness of Talent for Care. The project has also produced material including PowerPoint presentations that trusts (and others) can use at induction events.

**The Healthcare Support Worker Forum** continues into Phase Three with representatives from the secondary care sector. A similar group for primary care is planned for 2017 following two pilot meetings in 2016. This group is seen as one of the pillars of the structures put in place to support and develop support workers in the region. The group initially met every month, and now meets every two months.

In April 2016, a survey of Forum members was undertaken with a 53% response rate. The main responses were

- 77% of respondents reported the meetings as "Very useful" with one comment made *"Invaluable networking and sharing and looking to link with similar in primary care"*
- An equal split between respondents for meetings to be held bi monthly or 6 weekly
- Chair for the meetings should be undertaken by members of the group on a rotational basis
- All day meetings preferred and central London venue is easiest for members
- Involvement of other organisations and staff groups to be invited, including Union representatives
- Other suggestions made include

*"The forum is an essential part of the delivery of the project going forward. Information sharing and progression of the project. Think we*

*need to start doing some tangible work together to start a real network of education and training sharing.”*

and

*“These meetings are very necessary with the changes that are currently taking place to the HCA role. I do feel that it is too Nursing focused and Midwifery, ODPs and Therapies should have more input and access to this group.”*

The agreed Terms of Reference for the Forum states

*“The NWL Health Care Support Worker Forum comprises trust and other Learning and Development Leads and partners and aims to promulgate best practice, knowledge exchange, inform and support decision making in the sector particularly in respect of secondary and community care.”*

One of the main activities of the Forum is provide a vehicle for the sharing of national and local information in this ever changing landscape. A range of speakers have presented at the Forum, from within NW London as well as national leads from HEE. Attendees at the Forum are usually learning and development leads, and it has been identified that there are challenges with the dissemination of information within trusts- for example, sharing information and communicating enthusiasm and inspiration with colleagues in human resources departments.

Attendees value the opportunity to discuss, network and undertake collaborative activity as partnerships grow and strengthen. It has been identified that the Forum is very “nursing” focussed and a wider range of representation and content is needed as the group become self managing in Phase three. All survey respondents reported that they (or a colleague) attend this group.

Tangible outcomes from this networking is demonstrated by the HEE NWL Support Worker newsletters – produced bi-monthly in 2016, and the development of specific resources as well as raising awareness of the national HEE resources available. The team designed a tool to allow employers to access all necessary information about Talent for Care at a single point. This was developed primarily as an assessment and planning tool for organisations to understand the strategy and deliver within each of the standard sections. It is broken down into manageable areas and the tool is interactive – taking the reader to the best resources and/or suggestions on this topic. It also highlights the importance of signing the Partnership Pledge. The evaluation survey asked respondents which resources they had accessed and five had used this resource. This has been HEE approved and can be viewed [here](#) For 2017 the Forum will continue to bring sector leads together with more emphasis on work based projects. Strategically the Forum collaboratively identifies common areas of concern and collective working.

## **Support Worker Voice**

This group has been brought together during 2016 and it has been instrumental in developing a network for Support Workers in the sector. They have been involved in shaping the HEE NWL Higher Development Award and, as links with the Healthcare Support Worker Forum become stronger, it is anticipated that this group will shape the future agenda. The emphasis going forward will be further embedding the group in 2017 and initiating their involvement in shaping a career/IAG resource. A flyer has been developed for Support Workers to describe and encourage their commitment to the network. The distribution list of attendees is now at over 80. The next step is to formalise the network within organisations by raising awareness of the aims of the group and the value it will bring to attendees and the NWL support worker community.

### **2.4 Issues, Challenges and Barriers**

**The Vocational Education and Training Collaboration** will need to maintain a high profile in order to become established. This is an ongoing challenge in the context of continual policy development, funding pressures and service demands.

**The Support Worker Forum** needs to move towards self sufficiency and self governance. The Primary Care Forum may be seen as an additional demand on leaders who have demanding jobs, but the learning and experience from the existing Forum will hopefully inspire and encourage activity and partnership working in this area.

**The Support Worker Voice** has potential to develop into an effective and invaluable source of inspiration and creativity which will feed into the groups described above. The challenge for success of this group is to enable support workers to be released from their workplace for an activity which may not be seen as training, and to encourage participation of the support workers so that coordinators can capture the thoughts and ideas of participants.

### **2.6 Conclusion**

Both groups are crucial to maintaining the dialogue around this fundamental part of the workforce. It is a key area affecting the future workforce and so each group needs to have an influential voice in how this agenda is taken forward in NW London, supported by the national policy but being delivered in a meaningful way. The need to embed the profile and skills development of support workers continues.

All of the activity described above has been central to the momentum of many of the strands of this strategy. The perception that all trusts (not just acute services) can work in a cooperative and mutually supportive manner has stimulated creativity and a corporate vision for the support worker workforce.

### **3.0 Designing a quality assurance framework for VET**

Quality Assurance is critical to every element of the Talent for Care strategy (and HEE education policy more generally), and is inherent in every strand of the project, including the Care Certificate, Higher Development Award and Numeracy pathways.

As an integral part of the introduction of the Care Certificate across NWL during 2014 and 2015, it was decided that a quality assurance process should be in place for all support worker vocational training and education. Quality needs to be measured and sustained across teaching and delivery as well as assessment.

During 2016, the team endeavoured to identify a robust and accessible model to use.

#### **Programme Objectives**

Design, develop and implement a quality assurance process for all training activity for support workers across NW London. This will meet the need for standardisation and allow portability of the qualification across the area.

#### **Evidence source**

Written reports, face to face interviews, review of documentation and surveys.

### **3.1 Policy context**

Numerous reports including the 2016 Sainsbury Report (Report of the Independent Panel on Technical Education) have highlighted the need for robust quality assurance in vocational training and education programmes. Nigel Whitehead in his review, described quality design and delivery as the 'golden thread' through vocational learning.

The HEE Care Certificate Operational Group is tasked to oversee further development of the qualification, including the issue of quality assurance.

In addition, the Institute of Apprenticeships will be launched in April 2017. The Institute will be the external quality assurance body for all apprenticeship programmes.

### **3.2 Activity**

The initial objective was that a quality assurance process would be designed and piloted in partnership by Central and North West London NHS Foundation Trust (CNWL), Central London Community Healthcare NHS Trust (CLCH) and Hounslow and Richmond Community Healthcare NHS Trust, (HRCH). Following development, the plan was for the programme to be rolled out across the region. These trusts have worked collaboratively in the past to design and deliver a rotational Care Certificate programme which is currently being internally evaluated and quality monitored.

The Skills for Care Endorsement Framework provides a quality assurance process for delivery of the Care Certificate in social care settings. The group decided to look at adaptations needed to use in their settings, run a pilot and then roll out to other employers in the area. As this process progressed, it became increasingly obvious that it was not appropriate for this part of the sector.

Currently the majority of trusts delivering the Care Certificate and other programmes have their own internal evaluation tools and quality assurance processes, so the need for a standardised tool is not proven.

Health Education England working across North Central and East London (HEE NCEL) have produced a quality assurance framework. This is currently being scrutinised by the HCSW Forum group who will decide whether to adopt this in 2017.

### **3.3 Outcomes**

During 2016, there has been some useful initial consideration of this issue, and local development is now paused as the Support Worker Forum considers national initiatives around this area.

### **3.4 Issues, Challenges and Barriers**

The policy landscape in this area is changing rapidly. Most significant has been the Apprenticeship Levy and associated policy framework including the creation of the Institute of Apprenticeships. The growing dominance of apprenticeships as the method of delivering VET means that the rationale for a stand alone VET QA framework no longer stands. Any framework must align with the still emerging QA system for apprenticeships. The Forum is discussing how this might apply in NW London.

### **3.5 The future**

A link into Apprenticeship development is important as there is a need to ensure quality and standardisation of programmes as more programmes are developed and delivered, particularly when being delivered by external training providers. In his 2016 evaluation of Talent for Care Kessler noted that one LETB was funding a team of assessors to maintain quality and standardisation across HCSW education programmes.

The development and adoption of a quality framework is part of an opportunity to develop a suite of resources to support delivery of programmes, which can be shared across the partners. It is hoped to develop an online repository of resources for use across the sector in 2017.

A current evaluation of the Care Certificate by the University of Nottingham will also feed into this area of development. Additionally the HEE Care Certificate operational group and sub group are also considering issues around quality assurance.

### **3.6 Conclusion**

The process of debate and discussion about this issue has in itself raised the profile and importance of the need to maintain quality throughout the planning, delivery and assessment of all training programmes for support workers. As national policies move forward and new initiatives emerge, the HCSW Forum will provide a vehicle for consideration and adoption in NW London.

## 4.0 Increasing the number of support workers using e-portfolios

It is widely accepted that learners who use e-portfolios benefit by enhanced learning and personal development alongside the additional advantages of a more transferable and sustainable way of storing evidence of learning. Where assessors and tutors are geographically separated from learners (for example those based in community healthcare settings), there is the added advantage of all parties being able to access the work in progress and communicate more easily. However, some learners are not very skilled with using IT systems, and so for them, an e-portfolio becomes an additional burden to learning.

**Programme Objectives:** To develop an e-portfolio which will be used by all support workers in NW London for completion of the Care Certificate and potentially for all education and training activity.

An additional objective was added in 2016 which was the creation of a common general practice “Skills Passport” for HCSWs.

### Evidence source

Written reports, face to face interviews, review of documentation and surveys.

## 4.1 Policy context

The 2015 Shape of Caring Report recommendations 7 and 8 are that a skills passport or e-portfolio should be developed. In its response to the paper, HEE stated that they would “identify best practice across its local offices, ways to establish models similar to a skills passport and explore how these can best be developed and adapted to a skills portfolio for care assistants so that core training can be standardised and staff have a record of training to progress to new roles or develop new skills”. (Health Education England 2015:10).

## 4.2 Activity

In 2014, a contractor was brought in to develop an e-portfolio tool. The first version was piloted and evaluated by a partnership of trusts (Central and North West London NHS Foundation Trust, Central London Community Healthcare NHS Trust and Hounslow and Richmond Community Healthcare NHS Trust).

Following feedback, the contractor agreed a programme of changes, with a draft version launched in May 2016. There are enduring difficulties with access to the portfolio by Internal Verifiers, whilst the lead assessor and learner can access the tool. This means that standardisation of the portfolios is not currently possible, and the team is waiting for further refinements by the developer.

Hillingdon Hospitals NHS Foundation Trust currently hold a licence from the contractor to use their programmes, so this was extended to enable login for primary care staff undertaking the Care Certificate to use the e-portfolio GP workbooks, but this has not been as user-friendly or indeed useful as anticipated, so learners are currently using hard copies.

Loo Blackburn has designed and developed a similar tool for primary care reception staff, which will be piloted in 2017, potentially with a different IT partner.

### **4.3 Outcomes**

The process of debate and discussion about this issue has in itself raised the profile and importance of the need to maintain quality throughout the planning, delivery and assessment of all training programmes for support workers. As national policies move forward and new initiatives emerge, the HCSW Forum will provide a vehicle for consideration and adoption in NW London.

### **4.4 Issues, Challenges and Barriers**

There have been concerns expressed about the sustainability of an e-tool in the long term. The tool currently sits on external servers, and it will need to be moved in the future, which will require identified funding to host a site and monitor effectiveness.

### **4.5 The future**

The development and implementation of an e-portfolio continues to be an aspiration for the future. Monitoring of work being done by the HEE Care Certificate Operational Group with “E-learning for Health” needs to be ongoing and employers could pilot a national model if the opportunity arises in the future.

### **4.6 Conclusion**

There is a unanimous desire across all providers to move towards the use of e-portfolios, but the reality of developing a system which is fit for purpose is a huge challenge which has not been achieved in 2016. During 2017, monitoring of national and other regional developments can feed into further provision in NW London. Ongoing effort will be needed to resolve these outstanding issues in 2017.

## 5.0 Piloting of the Higher Certificate

### Programme Objectives

Pilot the Higher Certificate through a trust/GP task and finish group and promulgate the outcomes.

### Evidence source

Written reports, face to face interviews, review of documentation and surveys.

### 5.1 Policy context

The Cavendish Report identified that some support workers will want to further their learning to build on the Care Certificate and reach their full potential. The report states

*“A “Higher Certificate of Fundamental Care” should also be developed, linked to more advanced competences to be developed and agreed by employers. The Department of Health should hold HEE and Skills for Care to account for ensuring that there is step-change in the involvement of best employers” (Cavendish 2013:2)*

Health Education England’s response to this proposal is enshrined in the Talent for Care Framework strategic intention 5.

*“All new Healthcare Support Workers and Adult Social Care Workers to achieve the new Care Certificate, which will be introduced in March 2015; and, for those that want it, a universally recognised Higher Care Certificate” (Health Education England 2014:7)*

### 5.2 Activity

It was initially anticipated that this would be a national development and that it would be piloted in HEE NWL. This did not materialise due to the development and introduction of the Nursing Associate programme. There is the potential for a national Higher Certificate to link to the Nursing Associate and potentially the Nursing Apprenticeship programmes.

Meanwhile, there was a local demand for some learning opportunities for HCSW’s who have completed the Care Certificate, so it was decided to develop a programme with an emphasis on leadership, communications and other non clinical skills for this group.

A number of consultation and development events were facilitated in order to scope the elements of the programme, and partnerships have been developed to design a multi-organisational delivery of the programme. The first pilot commenced during 2016 with 13 HCSWs due to complete the programme in June 2017. A second cohort will start in April, with seven HCSWs already signed up from a range of roles including therapies, maternity and mental health settings.

In addition for 2017, funding has been obtained for Making Every Contact Count (MECC), an initiative to up skill the workforce at every level to encourage and help people to achieve behaviour change and make positive health choices. This objective reflects the existing learning objectives around communication skills, and numeracy, and so the two ambitions

can be delivered as part of this enhanced pathway for support workers to build upon learning from the Care Certificate.

The programme consists of attendance at nine study days and completion of five compulsory modules covering leadership, coaching, study skills, communication (MECC), service improvement project work, and numeracy and literacy development.

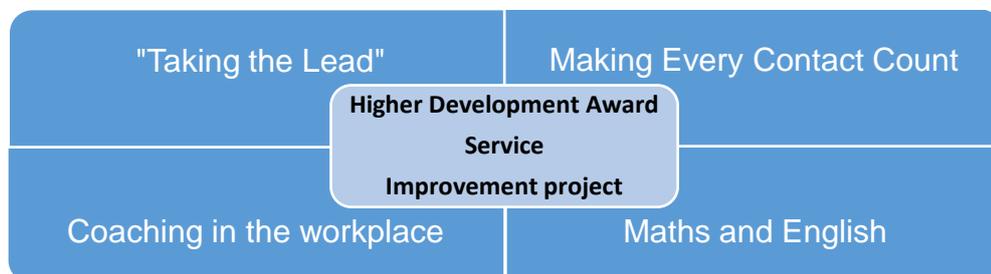


Figure 2. The Higher Development Award

### 5.3 Outcomes

The collaborative work across the Support Worker Forum and related partnerships has resulted in the development of a programme which is unique and relevant to the needs of the support workforce in the area. The involvement of HCSWs in the design of the programme has been critical to its success and the status of the programme amongst HCSWs. This is being hailed as an example of good practice nationally and HEE is interested in supporting a roll out at national level.

### 5.4 Issues, Challenges and Barriers

An evaluation of the programme for cohorts one and two is underway. A focus group will be held with participants in May 2017 to gather their views on the effectiveness of the programme. This will be followed-up three to six months after the award is completed to assess retention of learning and impact on job performance. Additionally evidence is being gathered to record whether improved numeracy skills are being applied in work settings.

### 5.5 The future

The programme design will be reviewed in light of the evaluation activities mentioned above, and the team aspire to strengthen the relevance to and involvement with HCSWs from primary care, and social care settings.

### 5.6 Conclusion

This programme is innovative and unique, providing opportunities for HCSWs to further their skills as they become more experienced. The involvement with National Numeracy programme (see section 8) also provides a vehicle to meet the basic skills needs of this element of the workforce.

## **6.0 Implementation of study skills bridging programmes to widen access into pre-registration degrees**

### **Objective**

Establish a task and finish group to identify mechanisms, including bridging programmes, to widen access into pre-registration degrees.

### **Evidence source**

Written reports, telephone interview, and review of reports and other documentation.

## **6.1 Policy context**

The Cavendish Report states

*“Good hospitals and care homes are now unable to promote some of their best assistants into nursing. This is a waste of talent which must be overcome by urgently developing new bridging programmes” (Cavendish 2013:6) and her Recommendations 7 and 8 reflect this view.*

This is further emphasised by the Talent for Care Framework Go Further objectives to promote opportunities for *“talent development for those with the potential to go further”* by developing *“Bridging programme into higher education”* (Health Education England 2014:22)

Additionally, Lord Willis in his report *“Raising the Bar”* encourages the development and implementation of bridging programmes to ease progression into degree programmes.

This element of Talent for Care is also a feature of the wider social mobility and widening participation policy landscape across the higher education sector.

## **6.2 Activity**

Widening participation into pre-registration degrees was discussed at the November 2015 HCSW Forum, which included a presentation on the HEE/Skills for Health Bridging Programme.

A workshop was held in February 2016 with trusts that wished to explore ways in which they could support their support staff who have already completed the Care Certificate and wished to apply to enter pre-registration healthcare degrees, and as a result, Hillingdon Hospitals NHS Foundation Trust and Bucks New University designed their own *“Progressive Care Certificate”* programme to prepare a group of HCAs aspiring to progress into pre registration nursing programmes. One group of seven HCAs was recruited from Hillingdon Hospital and commenced programme in May 2016. They completed a programme with emphasis on numeracy and literacy, study skills and communication, including interview techniques. Many of this group of learners do not speak English as their first language and had poor basic skills on entry to the programme. This element of the programme links into the Higher Development Award – outlined in Section 5.

### **6.3 Outcomes**

Of the seven learners in the first cohort, two have obtained places on a nursing programme, two have started Foundation Degree study and one has moved into the Higher Development Award programme (see Section 5).

The HCSW discussion undertaken as part of this evaluation was partly focussed on the issues of progression and further professional and personal development. When asked about aspirations for the future, the HCSWs noted that they would like

*“More training on the job”*

*“To continue to develop in reaching to a higher level in uni in the caring field following on from degree level”*

*“To pursue my goal as to study in nursing course for my career”*

*“At the moment I started my Foundation Degree in associate practitioner and hopefully in 2 years I will be able to complete and finish it”*

*“I wish to go further in higher education in nutrition or diabetic nurse degree”*

*“Go forward into nursing career without leaving my job”*

Whilst others were less positive

*“Feel I’ve hit a barrier, can’t develop any further”*

*“Literacy barrier to nursing”*

*“Our opinions are not heard”*

### **6.4 Issues, Challenges and Barriers**

There has been a slow uptake for the programme nationally and the increase in higher-level apprenticeships mean that there will soon be alternative means of vocationally supporting staff to enter pre-registration programmes.

### **6.5 The Future**

A second Hillingdon/Bucks cohort is planned for 2017.

### **6.6 Conclusion**

The development of the Nursing Associate and degree apprenticeships has meant the focus of widening participation in nursing will be the new apprenticeship standards. Richard Griffin attends the national HEE/Skills for Health Bridging Programme Reference Group and liaises with the Council of Deans of Health. Information continues to be circulated to trusts and general practice on national developments

## **7.0 Enhancing health and social care support roles to support independence outside of hospital**

### **Objective**

Design an enhanced health and social care support role supporting people with Long Term Conditions outside of hospital

### **Evidence source**

Written reports, face to face interviews, and review of reports and other documentation.

### **7.1 Policy context**

Lord Willis, in his report “Raising the Bar” features the NW London Whole Systems Integrated Care programme and writes

*“.....if integrated care is to be delivered, education and training must also be integrated, with learning taking place in the working environment. .... that will include members of the primary care, community care, social care and secondary care workforce. Local GP networks will drive this process, in partnership with higher education and other training providers, with the aim of seeking to develop new roles and new ways of working that focus on the needs of the local population” (Willis 2015:19)*

### **7.2 Activity**

The project team worked closely with a consortium of care homes and GP practices in Hammersmith and Fulham and Ealing. A scoping exercise was undertaken to scope training needs of support workers. This information will be used to inform programme development. The steering group included which Vanguard sites, employers and education partners.

### **7.3 Outcomes**

Following the consultation and scoping exercise described above, a funding proposal was submitted to HEE NWL in May 2016. This proposal was for programme development and involvement of partners to design and deliver training for care staff.

### **7.4 Issues, Challenges and Barriers**

Initially this programme was anticipated to be delivered at level 5 but the consultation process demonstrated that it would be more realistic to plan it at level 3 or 4 because of demonstrated weakness in this staff group with literacy and numeracy, as well as additional challenges of English being a secondary language for some staff. Scoping of the programme needs clear definition as each care setting has unique training needs.

## **7.5 The Future**

It is hoped that this programme will be linked into an existing apprenticeship standard through input into Trailblazer group. This will be led by a Skills for Care lead in this area into Phase Three.

## **7.6 Conclusion**

Initial progress has been made in this area, with the potential to further clarify the outcomes and implement the learning required during 2017.

## **8.0 Delivering strategies and tools to assess and improve numeracy levels amongst new recruits including in general practice**

### **Objectives**

With National Numeracy, design and deliver a pilot to improve numeracy skills.

### **Evidence source**

Written reports, face to face interviews, and review of reports and other documentation.

### **8.1 Policy context**

There has been a recognised awareness of the need to address the issues around poor levels of numeracy for some time. (Braddell C, Cripps J. 2009.)

The 2011 Skills for Life Survey found that 49% of the population is working at or below the level expected of a child at primary school. (BIS 2012)

These have been highlighted in the Berwick Report which states

*“The entire NHS should commit to lifelong learning about patient safety and quality of care through customised training for the entire workforce”* (Berwick 2013:24)

Talent for Care Framework promotes the need for improvements in literacy, numeracy and IT skills training for support staff.

National Numeracy is an independent charity established in 2012; they are working extensively with health and care employers. They state that support staff are taking on increasingly demanding roles taking responsibility for monitoring clinical outputs which require Level 2 numeracy skills (roughly the equivalent of GCSE A\*-C), with their research identifying that poor numeracy can lead to errors.

### **8.2 Activity**

Healthcare workers often lack the numeracy skills needed to enable them to do their jobs safely and effectively. Support staff are expected to understand fractions, decimals, ratios, and percentages, as well as understand charts, handle money, and understand weights and volumes to monitor patient care often without any training in numeracy skills (Braddell & Cripps 2009).

The team worked throughout the project to raise the profile of the importance of improving numeracy levels amongst the workforce, to provide opportunities for support workers to improve their numeracy skills, and to facilitate multi-organisational activity to link numeracy with the Care Certificate, apprenticeships and other development programmes including the Higher Development Award. During Phase Two of the programme, the team worked closely with National Numeracy representatives, both in the design and delivery of the Higher Development Award (Section 5) and in providing programmes for existing support workers.

This work stream was delivered across primary and secondary care settings, with the first step to identify the level of need in all areas of service, and this was using attitudinal surveys which looked at “maths anxiety” levels as well as achievement levels. The outcomes of these surveys provided baseline data which proved useful as evidence to drive forward the agenda into Phase Three and further develop the links with National Numeracy.

### **Primary care.**

Surveys were completed in the General Practice Support Worker Forum. The result of this has been that many General Practice Support Workers in Ealing undertook a full assessment at Ealing College, followed by a programme of study.

### **Secondary care.**

Surveys were conducted at Imperial College Healthcare NHS Trust, West London Mental Health NHS Trust, London North West Hospitals NHS Trust, and Central and North West London Healthcare NHS Trust.

## **8.3 Outcomes**

During 2016, employers within NW London have engaged with National Numeracy in a pilot exploring attitudes to Maths. The HCSW Forum has been the vehicle for raising awareness and gaining collaboration with employers and HCSWs.

The attitudinal surveys undertaken by National Numeracy identified baseline data and perceptions of the problem across NW London. 407 responses were received, and the results indicate a general trend of numeracy skills at entry level 3 to level 1. It was found that 56% of HCS's were thought to have “Numeracy related stress”, and that 86% of Managers would consider allowing HCAs to undertake numeracy training in working hours. The findings are summarised in the report “Attitudes towards Numeracy in North West London” (National Numeracy. 2016).

The initial objective was to support staff to reach level 1 standards, but as some were found to be at entry level 3, a revised objective of a five point improvement was agreed as more realistic.

The first cohort of support workers to follow the programme are still continuing with their learning, latest returns show that five learners have been reassessed, of which three have improved their score by one level. Numeracy assessment and learning is an element of the Higher Development Award (Section 5).

## 8.4 Issues, Challenges and Barriers

Barriers identified to the wider implementation of this work stream are lack of time and funding to enable staff to undertake numeracy programmes. The identification of numeracy and literacy learning needs of the support worker workforce is a multi-organisational and multi departmental issue which is often seen as outside the remit of learning or educator roles, so it can “fall off the radar” as an objective to be addressed. There are no clear pathways to approach employers to raise and maintain the profile of this learning need.

In some acute settings and more commonly general practice settings the recruitment process does not automatically include a numeracy screening or assessment, so the depth and severity of this issue is not clearly defined.

## 8.5 The future

As the team move into Phase Three of this programme, the issue of the need for improvement of literacy and numeracy will remain. The implementation and roll out of the Higher Development Award will go some way to addressing these needs, and additional opportunities will be identified, such as the potential to include some screening and support within pre employment programmes.

Partnerships can be developed with organisations such as Further and Higher Education providers, Learn Direct and Job Centre Plus, and the strategy linked to similar activity across London, such as The Capital Nurse Project,

National Numeracy is continuing to work with a number of employers in the area on an individual basis. This activity can be celebrated and shared across all employers and HCSW using the HCSW Forum and Support Worker Voice groups.

## 8.6 Conclusion

One of the key challenges continues to be the development of a long term embedded Functional Skills strategy in trusts. This would need to involve engagement from Human Resources staff at a senior level. Success requires a whole systems approach, and establishing local networks will maintain the progress made during 2016.

The survey of trusts undertaken for this evaluation showed that most respondents have been involved with the numeracy development work. One reported that they have been unable to use the National Numeracy site on trust computers. Other responses indicate a positive experience

*“My team were involved in the programme and found the tool kit really useful.”*

with wider roll out to other staff.

*“This was very interesting and highlighted the on-going issues with numeracy not only with HCSWs but RNs as well”*

## 9.0 Leading a “Get In” strategy increasing the number of traineeships, ambassadors, work experience opportunities and links with schools and colleges

### Programme Objectives:

- **Develop effective engagement with young people in schools and colleges**
  - Improving links with local further education colleges and employers
  - Organise a NHS career raising event with a NWL school for Year 8/9 students
  - Produce accessible guidance on vocational qualifications
- **Pre employment programmes**
  - Support the development and promulgation of at least one pre-employment programme
  - Promote work experience
  - Increase work opportunities for local people including young people with SEND
- **General**
  - Recruit, train and support a cohort of at least 15 support worker ‘Ambassadors’
  - Produce at least three ‘Get In’ newsletters
  - Support pan London Careers adviser event

### Evidence source

Written reports, face to face interviews, review of documentation and surveys.

### 9.1 Policy context

Both the Talent for Care national strategic framework and the Widening Participation strategy recognise the requirement to promote NHS careers to schools, colleges and local communities in order to ensure that people are aware of the multitude of opportunities to work across the sector and are inspired to find out more and progress into careers in health and social care.

The HEE Talent for Care Strategic Intention 3 states an objective to

*“Engage more staff to act as NHS Ambassadors who can promote NHS careers to schools, colleges and local communities.”*

*Health Education England (2014)*

The HEE Widening Participation strategy “Widening Participation it Matters” (2016) reflects a national drive to ensure that the healthcare workforce represents the communities it seeks to serve. This sets out five key goals, one of which is

*“...to enhance further the visibility and targeting of health careers information and advice”*

and to

*“...increase collaborative approaches in supporting widening participation initiatives, including outreach activity”*

*Health Education England (2014)*

Many people have aspirations to work in healthcare (typically medicine, nursing and midwifery), but most do not have comprehensive information about the roles or routes into these professions, and they may be heavily influenced by portrayals of these careers on the television. In addition, it is vital that employers engage with those students who may not progress into higher education and who may wish to enter support worker roles across the sector, especially via apprenticeship programmes.

Health Education England is currently finalising a School Engagement Strategy which will serve to streamline and support activity to engage with people in education. A key resource is Health Careers, and part of supporting effective advice and guidance in the education community is to raise awareness of the website, information materials, teaching resources and schools competition.

## **9.2 Activity**

This element of the programme was activated in Phase Two (2016). In Phase Three, activity will focus on progressing towards embedding the work done and widening the range of initiatives.

This is such a wide and diverse agenda that it was decided to stimulate activity in one or two areas for each objective and promulgate outcomes, along with resource packs in order to support local ownership and delivery of these activities.

The process commenced with partner consultations at the NW London Support Worker Forum, a questionnaire, meetings and a survey. There is a clear desire amongst many trust representatives to develop links with schools and colleges and run engagement events, but in almost all cases, this agenda is an “add on” to a job role and not a dedicated role.

The findings informed the design and planning of a series of pilot events, working with a variety of employers across the scope of the “Get In” agenda. The aim of these events was to support the planning implementation and evaluation of each activity, share the findings across the region, and develop resource packs which others can use to deliver similar activities in the future. The aim being to reduce the burden on staff when building links and delivering events in the future.

Kessler (2016) noted that 50% of respondents had Health Ambassador schemes, whilst we do not have data on how many North West London trusts have formalised structures for this element of activity. He also noted concerns from employers about ensuring that the “Trust messages” are communicated and highlighted the provision of Health Ambassador workshops involving trust management staff as an example of good practice by HEE NWL to ensure that the right “messages” go out.

### 9.3 Outcomes

	<b>Develop effective engagement with young people in schools and colleges</b>
<p>“Let’s Meet” events</p> <p>Engaging FE students with Health and Social Care employers</p>	<p>Three events completed. (Uxbridge, Barnet and Stanmore/Harrow). This involved more than 180 young people, 3 trusts and 4 FE Colleges.</p> <p>A resource pack has been developed in order to disseminate the idea across all employers.</p>
Resource Guide	<p>The objective of this work was to create a document to be used as a reference guide by service managers and HR teams to clarify and explain the plethora of qualifications that a college leaver may have.</p> <p>This element was attempted, but then paused in light of the many changes coming up in policy and the move towards apprenticeship models of training.</p>
School Careers day	<p>This event involved 300 year 8 pupils and was evaluated very highly.</p> <p>An evaluation report and “Resource Pack” have been circulated. As a result of this event, West London Mental Health NHS Trust shared their experiences across their workforce and have now got 30 volunteers who are keen to train to become Health Ambassadors for future events. (see below)</p>
	<b>Pre employment programmes</b>
Pre employment	<p>Initial contact with Job Centre Plus and HEE Employability Group to identify possible models for programmes for adults in the community.</p> <p>Taken into Phase Three</p>
Young People with Special Educational Needs and Disability	<p>Support offered to Project Search programme at Imperial Healthcare Trust. Supported the promulgation of their experiences with the programme through newsletters and forum presentations</p> <p>Taken into Phase Three</p>
School and College events on NHS premises	<p>Link Access Aspirations who work with selected schools and Colleges (identified by measures of social deprivation) to deliver some short programmes (1-3 days) for students interested in Medicine and Nursing. The objective being to widen their awareness of career pathways and raise aspirations into careers in the NHS</p> <p>Imperial College Healthcare NHS Trust (December 2016) and Chelsea and Westminster Hospital NHS Foundation Trust (tbc)</p>
Work Experience	<p>The August Support Worker Forum featured a presentation by Fair Train who are working across numerous NHS Trusts in other areas. This was followed by a discussion identifying the aspirations of partners to widen their work experience offer and identify how to overcome barriers faced to achieve this.</p> <p>HEE NWL data shows that 641 participants in work experience programmes across quarters 1 and 2</p>

	<b>General</b>
Health Ambassadors	Two training events completed with more than 20 support workers attending the training. Trusts involved were Imperial, LNWH, and CNWL A resource pack has been produced which will be piloted by West London Mental Health Trust in the coming months Presentation to WPSG Dec 2016
Careers advisors event (*additional to initial programme)	Ongoing meetings with Prospects regarding a pan London event for Careers Advisers in February 2017. Link with employers to source speakers and presenters.
“Get in” newsletters	Newsletters completed in February, July and November
Get In event	This event was replaced with the national People Matter event in July.

#### **9.4 Issues, Challenges and Barriers**

As the programme progressed throughout the year, it became increasingly obvious that the Talent for Care “Get In” work stream has significant overlap with the wider Widening Participation agenda which impacts on all staff, not just support workers. The programme lead identified the potential for enhancement of the programme and need for a specific Widening Participation lead to represent North West London at the Health Education England Widening Participation and Employability group meetings in order to keep abreast of initiatives in other areas and to maintain awareness of current policy and resources in this area.

Kessler (2016:13) noted that *“‘Get In’ objectives seemed markedly less likely to be mentioned as a priority than ‘Get On’ and ‘Go Further’ objectives”* and his survey identified

- *“Over two thirds of respondents had a formal work experience policy in their trust.*
- *Well over half of the respondents had a staff member in their trust dedicated to work experience.*
- *Over half of our respondents had pre-employment and traineeship schemes in their trust. “ (2016:14)*

There is no data to directly compare these findings to NW London trusts, but it is unlikely that these levels of support are being replicated in the area.

## **9.5 The future**

There seems to be a low level of interest and motivation from employers to develop activity to promote widening participation, which can be seen as an “added luxury” to other initiatives. This is probably as a result of a crowded policy field and so many demands on trust employees, where priority is given to mandatory activity. There is more interest and drive to undertake activities to raise recruitment and retention and less around diversity of the workforce.

As the programme moves into Phase Three, the resource packs which have been developed will be piloted and refined, then shared more widely in order to support local activity. Support will be offered to enable local delivery and roll out of the Support Worker Health Ambassador programme, and schools events.

The development of this work will continue by kick starting activity to support engagement between employers and students and staff in Special Education Schools, along with targeted activity to engage with Looked After Children; to investigate the opportunities to implement a pre-employment programme or sector based work academy; and to develop local education and employer hubs which will bring schools, FE, HE and employers together in local groups to promote activity and engagement.

## **9.6 Conclusion**

The objective of these activities was to stimulate interest and activity across the employers and partners in the area with a view to showcasing activity and impact, and this has been achieved.

Respondents to the survey undertaken of this evaluation demonstrate engagement with the activities described above and aspiration to continue to further develop these work streams – however it should be noted that a very low response rate was achieved and it has not been possible to explore reasons for non engagement with managers in trusts who have not been active.

## Support Worker Consultation

Two focus groups and an online survey were completed as part of this evaluation in order to identify cross cutting themes and capture any additional responses to inform the report about the impact of TfC strategy in NW London.

## Learner Case Study

An informal interview was completed with an experienced Healthcare Support Worker who is nearing the end of her apprenticeship programme. The aim of this was to capture her perspectives of the role, opportunities for development and progression and the pressures faced in this role.

I have been a Health Care Assistant for fifteen years, I am Band 3. When I started I didn't really have much training- just the induction- a few days. Since then, the mandatory days, and we have to sign up on (the online booking service) if you want training. They should put up notices for us rather than expect us to log in. I am not very good at computers, and some people miss out because they don't log in. I have learnt so many skills over the years, but the new girls who have done the Care Certificate – they say they can't be shown what to do by us who have been on the ward for years. The new staff coming in - we can help them but they could pick up on poor practice. If they see anyone doing something then they should tell us that is wrong, that they wasn't taught that on the care certificate They keep putting up new courses, but we don't always get it as sometimes there are not enough staff for us to go or it gets cancelled. Whereas before the manager would book you on, now, we do it, so you have to log in. A lot of it is for higher bands, for us its only basic things. Even though with tissue viability and dressings, I have been in the Trust so long, I have worked alongside the Nurses and doctors, and I used to do it, but now it's changed, certain criteria and so we can't do as much. I find this frustrating as I can't change a dressing if I see it is mucky, and it only gets changed when the nurse has so it make sense for the HCA to change them if they know about wounds.

I get an appraisal with my manager, she helps me and goes through what I can do but because we are so short staffed, she can't let me off to do the training, so it's a vicious circle.

Now I am doing the NVQ 3 course, I started it last year and I did it because if I ever left the NHS I can apply somewhere else to prove what I've done. We have study days and a tutor who comes to the ward- she is lovely and very nice. It's the only time I've been assessed in all fifteen years. The study days are very interesting.... very good. They have a Facebook group where they put up the resources and you can ask questions. It's really good, but I've found it hard with the family, grandchildren and the job. There is a lot of studying to it. We have the maths and English tests next month and I am so scared, although I have gone over the stuff, I know I will freeze and I get quite anxious my mind goes a blank, and I've convinced myself when it comes that I will not do it.

The computers are easy for some of the younger girls, but a lot of us can't get onto the websites. I know the basics with computers but we need more help, not everybody has the computer skills, when I have to send the work in I get someone to send it, upload it. I can't do that. It's quite nerve wracking really- I've done this job for fifteen years, what happens if I don't pass it?

Sometimes I feel valued, at other times I'm just a number, because more and more being put onto healthcare (assistants) to do the work even though you're not getting the help. My line manager values us and supports us, but she is under pressure too.

In the future I want to help out other HCA's; I do my job with compassion and treat them as if they are my own family. A lot of the other staff- they just do the job. There is so much pressure, so I want to show others that they need to give the patient's time and communicate with them

## **Focus Group One- Members of the HCSW Forum Groups**

A focus group was completed with members of the Healthcare Support Worker Forum. There were 18 representatives from a range of trusts across NW London and NCEL as this was part of a joint event. Most were learning and development or bands 1-4 leads.

Responses indicate that the group is valuable because of the opportunity to network and share ideas and challenges, and to gain information as described below.

*“... it brings it all together, I was aware of Get On and Go Further, but this has brought it all together with Get In and Widening Participation and increased the profile”*

It was also reported that the existence of the Forum and the experience of the meetings helps representatives to gain an awareness of how other organisations support and raise the profile of support workers. The fact that trusts are working together seems to enable forum members to share the issues with more impact when they disseminate information within their organisations. One member said that

*“..the HENWL investment has raised the profile and driven activity forward developing a culture of cooperation and support.”*

*“...being a SW lead can be a very isolated role (I’m a small cog in big wheel) and the forum and links to each other provides support and enables innovative ideas”*

## **Focus Group Two – Support Worker Voice**

26 HCSWs from community, primary and acute services completed a questionnaire and participated in facilitated discussions.

46% (12) had heard of Talent for Care, with some clear definitions such as

*“It is a programme design to develop new and existing healthcare support worker”*

Almost all respondents thought that opportunities for doing apprenticeships are increasing, but none of the group had experience of an apprenticeship programme.

All respondents had heard of the Care Certificate with definitions such as

*“It is a course which helps support workers to expand knowledge of care, policies legislation etc” and*

*“15 standards of care” and*

*“15 standards must be completed they reflect basic health care duties such as compassion duty of care equality”*

*“It is a framework to standardise all healthcare workers and should be transferable form employer to employer”*

Most reported a positive experience of completing the Care Certificate, although some stated that the programme was “aimed at home care staff so unworthwhile [sic]”

The impact on practice was generally described positively.

*“More confident, developing my career better informed about my job my responsibility”*

*“It has helped me to understand my role better and deliver quality of care in person centred approach to improve my way of communication and escalation of patient need”*

## Online survey

An online survey sent to all Learning and Development Leads, members of the Healthcare Support Worker Forum and all members of the Directors of Nursing Group and the Human Resource Directors group via HEE NWL coordinators. There was a four week period for completion and a reminder was issued to all invitees ten days prior to the closure of the survey. Despite this, only nine responses were received. Although this is disappointing, the responses were rich in content and offer an insight into the impact of the Talent for Care implementation strategy activity as well as intelligence about the future opportunities to further embed the strands of activity to build a stronger more valued healthcare support workforce in the future. However it must be noted that responses are, by definition, from those who are aware of the strategy and motivated to support this work.

The nine responses were from five trusts (one mental health service and four acute trusts); respondents were Learning and Development Leads (7), HR Director (1) and Apprenticeship Lead (1). Where relevant responses are reported in the appropriate section of this report and a summary of remaining responses is given below

- All respondents had heard of Talent for Care
- Three reported that they had set up a Talent for Care working group (two trusts)
- Eight out of nine respondents (four out of five trusts) have run a HCSW celebration event or conference
- Eight out of nine respondents covering all five trusts report that Talent for Care has been discussed at Board level.
- Six report that they are aware of a Talent for Care implementation plan (four trusts)
- Three trusts report awareness of a policy to monitor progress of the implementation (4 respondents answered “no” and 2 “don’t know”)
- Six reported they have a written learning and development strategy covering the whole workforce, and a written strategy for HCSW development but these responses were from all trusts, so some responses of “no” or “don’t know” are inaccurate, indicating a lack of awareness of a strategy within the organisation

To what extent do you agree or disagree with the following statements? (only majority response shown. (9 responses)

In my organisation, training and development of healthcare support workers (HSWs) is rarely discussed at our board meetings.	5 Disagreed
We still have a considerable way to go in implementing the agenda set out in Talent for Care.	6 Disagreed
The support from HEE NWL in the last year has been effective in assisting us develop of support staff.	5 Agreed
Given the pressures currently faced, there is little scope to take forward the Talent for Care agenda in a meaningful way.	7 Disagreed
Support staff development is seen as less important than it was a year ago.	5 Disagreed
We are already well ahead of the Talent for Care agenda.	4 neither agreed nor disagreed
We have worked closely with other healthcare providers to deliver the Care Certificate.	4 Agreed
Apprenticeship delivery rather than Talent for Care is now the primary means of developing support staff.	4 neither agreed nor disagreed

In taking forward the agenda on the training and development of the Healthcare support workforce *at your organisation*, how much importance do you attach to the following issues?

The recruitment of more young people as healthcare support workers (HSWs).	6 thought this important
The recruitment of a more ethnically diverse support workforce.	7 thought this important
Providing more work experience opportunities for those in your community.	6 thought this important
Creating more Health Ambassadors	6 thought this important
Increasing the number of apprentice start-ups and completions.	5 thought this very important
Establishing clear career pathways for HCSWs into the registered Professional roles.	5 thought this important
Offering HCSW's in-role training opportunities additional to mandatory training.	5 thought this very important
Establishing more Assistant Practitioner (and other Band 4) roles.	4 thought this very important and 4 thought this Important
Establishing clear career pathways for HCSWs through from pay bands 1 to 4.	4 thought this very important and 4 thought this Important
Ensuring the effective implementation of the Care Certificate.	7 thought this very important

In both the King's College national survey and this smaller local area survey, respondents were asked to rate the three highest priorities of the list above. In the national survey, the priorities were

- Increasing the number of apprentice start-ups and completions.
- Establishing clear career pathways for HCSWs through from pay bands 1 to 4.
- Ensuring the effective implementation of the Care Certificate.

In the local (more recent) survey the three highest priorities were

- Increasing the number of apprentice start-ups and completions.
- Establishing clear career pathways for HCSWs through from pay bands 1 to 4.
- Ensuring the effective implementation of the Care Certificate.
- Establishing more Assistant Practitioner (and other Band 4) roles.

(Joint third rating).

This shows that the local picture is reflective of the national findings, with possibly a higher priority given to Assistant Practitioner roles

## Conclusions

In the first and only national policy for development of support workers, Camilla Cavendish outlined her vision for raising the profile and value of support workers so that they can meet their potential to deliver quality care. She said that many HCAs feel *undervalued and overlooked*, whilst Thornley (1997) described this workforce as *invisible*. The questions for this evaluation are whether HCSW in NW London have started on a journey from feeling undervalued to one where they are valued and supported more fully? Has this undervalued and invisible workforce changed its perception of status and maximised the contribution to quality care?

This is a complex and multidimensional agenda, within an ever changing landscape of policy developments and service pressures. The evidence of creative innovative impact and attitudinal change reflects the excellent team work and strong leadership that has begun the process of raising the profile of the support workforce to move towards organisational structures which maximise the potential of support staff who have a key (and often unrecognised) contribution to make to the delivery of high quality care. Kessler, in his review of the project in NW London described the project as “the source of go-to support” (2015:7), and there is evidence that this role has not only continued but strengthened over the year.

In addition, the team has shared expertise by attending meetings and celebration events, and by specialist expert input into workshops and strategic development groups.

This evaluation was conducted in a short time frame as the team enter the third year of the programme, so at best this report provides a snapshot of activity and impact, there are no points of reference to the level of activity or interest or investment in the support worker agenda prior to 2014, so no measure can be made to a baseline. Tangible impact measures include increased apprenticeship starts, collaborative delivery of Care Certificate training, recognition as an Excellence Centre, school and college engagement, monthly newsletters and the development of the Support Worker and Primary Care Forums.

All of the activities captured in this report have been achieved in an environment of constant policy and political change, which has impacted on the nature, shape and speed of delivery of the project, demonstrating a responsive and adaptable approach as various factors impact on the initial plans for activity. In some cases, this has enhanced the work done by the team and in other cases it has restricted progress. Some objectives are quite broad and this flex has allowed adaptability as the year has progressed.

Cavendish raised the importance of engagement with line managers as key to Support Worker development (2013:8.5.1). This is not a thread which is evident in this programme to date and can be developed in Phase Three.

The Support Worker Forum meets many objectives and there is strong evidence of value and impact for those who attend. However, it is not necessarily the right people there as the breadth of the agenda requires input and engagement from a range of staff with different responsibilities (for example human resources staff, apprenticeship leads, work experience, and learning and development staff).

Kessler et al conclude that healthcare providers were required to deal with immediate pressures whilst also being expected to consider and plan important longer term implications for workforce management.

*A national policy interest had pushed the Care Certificate and apprenticeship start-ups to the front of trust agendas (regardless of perceived local need). Yet at the same time, employers were being encouraged to source the 'healthcare workforce of the future' through school and community engagement, as well as developing new roles and career pathways within the context of emerging but uncertain service re-design plans. This dilemma was most clearly revealed in trusts seeking to find long term solutions to short term problems, illustrated in the use of a grow-your-own approach to deal with pressing nurse shortages. For many trusts the time and energy needed to deal with the short term agenda, left relatively little space to consider the longer term. (Kessler 2016:193)*

The authors also note the importance of ensuring the alignment between organisational and personal training needs.

A big issue for managers is the lack of capacity to address these issues alongside other demands of their roles, one response to the national evaluation was

*"We rarely get to look at re-designing and enhancing (HCSW) roles because we're generally firefighting and trying to make sure we have the establishments to provide day-to-day to care. We need time to do the development work and think strategically and time to engage with our clinical staff to help us find new ways of working and new roles, and that is quite a challenge for us." (Kessler 2016:193)*

In this evaluation, there is evidence that the work undertaken by the team has enabled these restrictions to be overcome. A cooperative and collaborative approach has enabled trusts to work together to achieve more as a group, sharing expertise and support to achieve more than as individuals. Kessler describes mechanisms used to deliver Talent for Care as including *Monitoring, Managing, Incentivising, Supporting and Innovating* - all of which are evident in the activity to date.

The underpinning of a stronger and more effective support worker agenda requires whole systems change and the "buy in" from a wide range of managers and strategists across the system, and Phase Three will provide the opportunity needed to embed this into the future building and development of the support worker workforce.

In Phase Three, some more clarity on objectives for each work stream will enable measurement of success and impact, and the mechanisms described in the Introduction of Traction, Coaxing and Recalibration will continue to build and embed this agenda. Phase 3

also places more emphasis on the design and delivery of service and workforce transformation programmes such as up skilling maternity support workers (identified as a staff group not prominent in the framework) in response to the new national maternity review (Better Births) or the prevention agenda.

It should be noted that of the NHS Trusts listed as being in NW London, some (Mental Health and Acute care) have participated in the programme to a greater extent and a lower level of activity has been evidenced with the two Community Health Trusts. This may be because they employ fewer HCSWs. The engagement with primary care has exposed an area of need which has been unrecognized in many ways and so Primary and Community Care need to feature strongly in future activity. It may be that the activity required to raise the support worker profiles and opportunities in Community Care will similarly be greater than anticipated. Despite this, innovation in Mental Health and Acute care settings needs to be continued and celebrated.

Cavendish talked about need for clear career paths, clear delegation, and addressing the blurring of roles, and low status of support workers who need to be valued, recognised and appreciated. She said we need clear national standards, recruitment by values and transferable qualifications, progression and bridging into the professions. She particularly mentioned the need for this agenda to be implemented in community care settings and this needs to be a key area of focus in Phase Three.

The 2015 survey and evaluation of the NW London healthcare support workforce identified possible 'bottom line' outcomes of this work. These were that support workers would feel more valued and have access to support for learning activities and that employer management would be *"engaging with ....HSW education and development"* (Kessler 2015:4) This report evidences the progress made in relation to this comment.

The profile of support workers needs to be raised in a positive light and another avenue to work on next year will be the relationship between the registered/ non-registered and regulated/unregulated workforce. The Support Worker Voice group can be a critical driver in developing this area of the agenda, the group can lead on resources for information sharing amongst other support workers, for example a newsletter and a regional CPD event or conference.

This has been a very ambitious programme, and the challenge for the team now is to embed the achievements to date to ensure sustainability and that the Forum and activities become self sustaining.

The national evaluation conducted by the King's College team noted that their evaluation focussed more on clinical support staff - this is reflected in both the delivery strategy and this evaluation and future work can ensure links to parallel strategies such as The Capital Nurse Project and Widening Participation activity, as well as engaging with SMEs such as care homes. Care must be taken with thinly stretched resources to cherish existing relationships to become more fruitful, and not to over burden partners, whilst building new productive relationships with community and non-clinical partners.

Support workers are a valuable and under developed resource in the sector's workforce, and this programme provides an opportunity to build on the contribution support staff make, ensuring they are valued and fully utilised to enable the NHS and social care providers to strive to meet service demands in the coming years.

The final words come from survey respondents who sum up their experience;

*“The HCSW development now feels to be high on the agenda of most Trusts and there is a clear understanding of the need to value and develop this key part of our workforce and this now feel embedded into most Trusts rather than given to one individual to take forward, which is how this has felt in the past.”*

*“The work that has taken place surrounding Talent for Care has been very valuable so far. I believe that patient care has improved in our Trust with the introduction of the Care Certificate.”*

## Recommendations

1. The team needs to improve connectivity with the economic regeneration agenda; taking note of data sources of areas of deprivation or educational inequality- for example Joseph Rowntree Foundation. This will ensure that individuals are inspired and supported to contribute to the NHS workforce in the future.
2. The team can build on crossover areas between the different work streams, for example, schools engagement and apprenticeship development, or incorporating Health Ambassador training into the HDA.
3. The wider body of employer representatives need to work together to source and support training providers of the highest calibre.
4. Tools and resources need to be widely and easily available to all partners to support and encourage activity.
5. Workforce and service delivery needs to be more closely aligned at a strategic level.
6. The implementation of the VET collaboration needs to be prioritised to increase sign up to the Partnership Pledge and start the process of integrating and influencing the activities in Phase Three.
7. The implementation of the STP will need input and support from the VET and Support Worker Forum, so these links need to be set up at an early stage to ensure that these groups are influential and innovative.
8. The Primary Support Worker Forum needs to meet regularly and become influential and innovate ideas and developments for support staff in primary care.
9. The team can facilitate and support the implementation of the “Get In” agenda, such as Work experience and Health Ambassador policies and structured programmes.
10. The team can facilitate and support employers to identify the potential benefits of innovative development and transformation of support worker roles.
11. A report and action plan needs to be created which outlines the needs and challenges faced by the support worker workforce in maternity, non-clinical and in community roles.
12. Planning for Phase Three needs to include engagement with those trusts who have not been as active in Phase Two (particularly community healthcare trusts) and partner organisations in the third sector.

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## Appendix One Review of initial project objectives showing RAG rating and comments

Area	Objective	
Apprenticeships	Deliver 80 apprenticeship starts through the LMC/CITE programme	
Apprenticeships	Increase apprenticeship starts in trusts	
Apprenticeships	Assist HEE NWL meet apprenticeship target	
Apprenticeships	Produce a comprehensive NWL apprenticeship strategy	
Apprenticeships	Support Hammersmith & Fulham and Harrow CCGs to commence 60 clinical apprenticeships	
Apprenticeships	Raise awareness of apprenticeships amongst general practice staff including of Trailblazers	
Apprenticeships	Identify demand for a Care Navigator apprentice Trailblazer	
Get In	Improving links with local further education colleges and employers	
Get In	Organise a NHS career raising event with a NWL school for Year 8/9 students	
Get In	Produce accessible guidance on vocational qualifications	
Get In	Recruit, train and support a cohort of at least 15 support worker 'Ambassadors'	
Get In	Support the development and promulgation of at least one pre-employment programme	
Get In	Increase work opportunities for local people including young people with SEND	
Get In	Produce at least three HEE NWL 'Get In' newsletters	
Get In	support pan London Careers advisors event	
Get In	Raise awareness of and engagement of the Care Certificate in general practice	
Get In	Work with practices to pilot the Care Certificate e-workbook/LMS platform	
Get In	Organise a Care Certificate "celebration" event for GP support staff	
Get In	With National Numeracy design and deliver a pilot to improve numeracy skills	
Get In	Submit a bid for ESF funds working with HEE NCEL	
Get On	Pilot the Higher Certificate through a trust/GP task and finish group	
Get On	Promulgate the outcomes of the Higher Certificate pilot	NA
Get On	Identify and commission a pilot leadership training programme	
Get On	Lead review of HEE NWL strategy in respect of foundation degrees	NA
Go Further	Establish a task and finish group to identify mechanisms, including bridging programmes, to widen access	
Governance	Ensure project deliverables are achieved including governance reports to HEE NWL	
Governance	Budget, allocate and manage project accounts	
Governance	Hold monthly team meetings	
Governance	Employ an apprenticeship admin support role	
Governance	Present to HEE NWL SAC, Assurance Board and other forums as required	
Partnership	Agree establishment of a formal NWL Skills Alliance	
Partnership	Seek funding to support partnership activity in respect support worker development in NWL	
Partnership	Investigate appropriate organisational structure for a NWL Skills Alliance	
Partnership	Obtain legal advice re-establishing a NWL Skills Alliance	
Partnership	All NWL trusts, at least three CEPNs, Skills for Care and ten social care employer to sign a MoU to establish the Alliance	

Partnership	Hold Skills Alliance launch event	
Partnership	Ensure all NWL trusts sign the Partnership Pledge	
Partnership	Ensure NWL trust HR staff are engaged with project deliverables and activities	
Partnership	Organise six meetings of the HEE NWL HCSW Forum	
Partnership	Act on outcomes of Forum member survey	
Partnership	Produce monthly HEE NWL support worker newsletters	
Partnership	Contribute to HEE NWL media including Twitter	
Partnership	Design and deliver strategies to raise awareness of Talent for Care particularly amongst support staff (road shows)	
Partnership	Working with Skills for Care improve workforce integration including education commissioning	
Partnership	Increase patient and public involvement in project planning and delivery	
Partnership	Represent HEE NWL at regional, London and national meetings	
Primary Care	Establish NWL Primary Care support worker education & development Forum	
Primary Care	Organise at least three meetings of the NWL Primary Care Forum	
Primary Care	Provide intelligence on primary care support worker development to HEE NWL	
Primary Care	Produce and contribute to communications aimed at support worker development in primary care	
Primary Care	Produce and distribute a HR toolkit for GPs employing support workers	
Primary Care	Design an enhanced health and social care support role supporting people with LTCs	
QA	Design a NWL health & social care vocational education quality assurance framework (to include evaluation)	
QA	Implement the framework in at least one local health and social care economy	

## **Appendix Two. Project Team**

**The Institute of Vocational Learning and Workforce Research in Health and Social Care (IVLWR)** is the only institute of its kind in the UK focusing on the health and social care support workforce. The Institute undertakes research, evaluation, public policy support, role and learning deployment and development, working across all occupation groups including maternity, pharmacy, and mental health, adult nursing, allied health professions, non-clinical support roles, as well as integrated roles and across health and social care boundaries and agencies.

**Richard Griffin** is Director of the Institute of Vocational Learning and Workforce Research based at Bucks New University and a Visiting Professor at the university.

Richard has over 25 years experience of support worker education and development - research, evaluation, commissioning and policy including researching widening participation. Widely published, he is an economist and has a particular interest in evaluating the impact of education and training programmes. Richard is also the Community Participation Lay Member with Waltham Forest CCG.

**Loo Blackburn** has 25 years practice nurse experience and was awarded a fellowship by Thames Valley Leadership Academy in 2014 to develop Health Care Support Workers (HCSW) training and development in long term conditions.

Loo has led the piloting and implementation of the Care Certificate in General Practice in North West London and developed resources which are being used by GPs and are widely endorsed. She is also leading pilots to develop integrated roles across GP and social care. Her work has included ensuring training providers delivering apprenticeship training in General Practice meet the employer's requirements. Loo is currently working on designing and producing a Skills Passport and progression routes for HCSW's.

**Dawn Grant** started nursing in 1981. Her career has spanned a variety of roles with her main focus being in Operating Theatre nursing. In 2008 she won the Harvard Business School Leadership award. She led and managed the Treatment Centre operating theatre suite at Chelsea & Westminster Hospital before changing her focus to the recruitment, education and pathway development of Health Care Support Workers in 2009. She is currently supporting the Band 1-4 strategy within North West London, leading on work streams including the implementation of the Care Certificate, Numeracy, Higher Development Award and the Support Worker Voice and Forum.

**Mary Somerville** is a Research Fellow for the IVLWR based at Bucks New University. Mary's professional roots lie within nursing and education. She has experience of over 30 years within the Education, Social Care and Health sectors. Mary is an experienced project manager and researcher, and much of her work has focussed on support worker training and education, particularly concerning links with the education sector and the increasingly important interface between the Health and Social Care sectors. Mary has a particular interest in building links between health and social care employers and the education sector to inspire and inform the future workforce. Mary has led on the "Get In" work stream.