Middlesex University London

Skills for Life in Health and Care:

A national strategy for basic and transversal skills in the health and care workforce

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Finbar Lillis has undertaken research and programme development in this area for HEE through Skills for Health, since 2013. (Lillis 2015, 2017). Finbar has an established relationship with Middlesex University and recently published a report with Middlesex on best practice in work integrated learning (WIL) for degree apprenticeships (Lillis 2018).

Middlesex University is nationally regarded as a leading innovator in WIL and has an established reputation for WIL in a number of sectors, including health and social care. Middlesex Centre for Apprenticeships and Skills both understands and acknowledges how the skills issues identified in this report impede progression into and on programme achievement in HE WIL programmes - within health and care and across other sectors.

Middlesex intends to improve the reach and understanding of HEE commissioned research in this field. And to extend that reach and understanding within universities engaged in the healthcare sector - and across other sectors where it has an interest and where similar skills issues present themselves.

Thank you to Kirsty Marsh-Hyde at Health Education England for her enthusiasm, ideas and involvement; to Professor Darryll Bravenboer and Jan Williams, Dean of Health and Education, at Middlesex for their insights and support and to Jack Lillis for his contributions on ways of sharing knowledge and skills. Thanks to all those who responded to the survey and contributed best practice examples for the report – and to the 461 people who attended skype broadcasts on July 30 and 31 2019, to listen to and comment on the draft report findings and recommendations.

NHS
Health Education England

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Executive Summary

> Poor English, maths and digital skills affect people's confidence to participate in further learning and training - which could inhibit progression at work. Those with lower levels of skills are less likely to be offered further training by employers. A better recognition of the role of English, maths, digital and other transversal skills[1] by employers, along with flexible funding and delivery models, developed in partnerships by providers and employers, are likely to be key in addressing these challenges.
>
> **Alex Stevenson, Head of English, Maths and ESOL, Learning and Work Institute**

This report presents the results of a national study conducted by Middlesex University for Health Education England.

The report recommends establishing a long-term national strategy for basic and transversal skills development in the health and care workforce; one which addresses the current 'English and maths' basic skills weaknesses within a broader, long term strategy for developing basic and transversal skills for person-centred care across all occupations at all levels.

Three factors have driven the need to act to address basic skills weaknesses in the UK health and care sector:

- The likely effect of poor adult skills in the country on the health and care sector workforce (UK Gov Office for Science 2017).
- The requirement for all apprentices at level 3 and above to have achieved or gained level 2 English and maths qualifications.
- Meeting public sector targets for apprenticeships - with a current focus in health and care on recruitment of level 5 apprentice Nursing Associates.

Meanwhile across the world, the Organisation for Economic Co-operation (OECD) and Development health workforce skills assessment for the future health workforce (OECD 2018), says that areas of competence across all health and care professions are converging, and that transversal (cross-cutting) skills are central to successful person-centred care.

Poor Adult skills in England - not just a health and care sector problem

Basic skills (and other transversal skills) weaknesses continue to impede workforce progression into and through apprenticeships in healthcare, including Higher Education (HE) Higher and Degree apprenticeships in regulated health professions. This position reflects 'internationally poor levels of adult skills in England' (UK Government Office for Science, 2017).

The NHS is the fourth largest employer in the world and the largest in the UK (Nuffield Trust 2018). As such, the level of adult skills in the health and care sector is likely to be consistent with that of the overall adult population. So, this is not a specific health and care sector issue alone, or a failure of this sector in the UK. It is an issue that health and care employers are having to face, and is perhaps the current major obstacle to developing a properly skilled modern health and care workforce.

Global increase in demand for transversal skills

Globally, models of healthcare are transforming, with 'digitalisation, wider technological changes, and the evolution of patients' needs' (OECD 2017). And as healthcare service models transform from disease centred to person-centred care, workforce skills have to respond to new requirements.

So, as well as the need to address weaknesses in basic English and maths skills which impede workforce progression, new and additional demands are being made on the transversal skills of the wider healthcare workforce (OECD 2018). This shift is acknowledged in the Government's current Mandate to Health Education England (HEE) (DHSC 2018: 9) and in skills references throughout the NHS Long Term Plan (NHS 2019). The government intention to streamline health professional regulation (DHSC 2017, 2019) has been welcomed by the Health and Care Professions Council (HCPC 2019). Whatever the wider consequences, such a move will require further examination of standards across professions, an established HCPC practice for multi-professional regulation (HCPC 2018). Such an exercise will reveal skills convergence across professions, including the presence, type and demand of transversal skills across different regulated health occupations.

There is an opportunity for employers in the sector in England to take a positive, progressive view of the place of basic and transversal skills across the whole workforce. Adopting this view will need whole organisation understanding and commitment. And could do much to remove the stigma associated with weak basic skills while tackling the issue openly, head on.

There are immediate and urgent needs to improve the basic skills of some health and care staff and (potential new recruit) apprentices

...who do not hold the minimum level 2 qualifications in English and maths required for achieving apprenticeships in health and care occupations, at level 3 and above. And an increasing demand for more complex and diverse transversal skills for person-centred care at all levels in the workforce (OECD 2018).

An enabling strategy for basic and transversal skills

What is needed is not 'another thing to do' but an enabling strategy - one which underpins and enables better clinical and technical skill development in the workforce as a whole.

Many responding to the study said that whole organisation approaches were more likely to be effective, sustainable and positive. 'Remedial' interventions were often seen as partial, short term, addressing 'deficits' in parts of the workforce, fixes to address a particular passing problem and so more difficult to sustain.

It is clear from this study that successful interventions are better served by a whole organisation commitment to understanding and addressing the urgent need to improve English and maths among would-be apprentices. And to reach that understanding, a much better grasp of the need for basic and transversal skills for successful person-centred care, across the whole workforce.

This study has generated much interest from people working in the health and care sector – mainly front-line skills workers, including tutors, organisers and their managers. They have provided evidence about progression issues for the workforce and how they have tried - and in many cases succeeded - in overcoming them. They have described what they would like to see and have access to, in a national strategy for basic and transversal skills. Their collective knowledge and skills are an asset - and a national strategy, informed by the recommended actions in this report, needs their involvement, skills and imagination.

The best practices cited in this report focus on basic and transversal skills learning. There will be many other examples of positive basic and transversal skills practice not submitted for this report and some embedded in for example, Cadet and Access to Health programmes. These should be shared in the future, through the actions set out in Section 5 of this report.

The task of creating a coherent national approach to basic and transversal skills development is a significant one. Enacting the strategy requires ownership and commitment at the highest level and HEE to become the facilitator of that strategy.

This report sets out the fundamentals of what is needed to get started.

This report is in five sections – with five goals recommended for a successful national strategy. Each section contains a summary of findings and a set of recommended actions for achieving each goal.

Methodology

Middlesex University conducted this national need scoping study (England) for HEE between May and August 2019, using an online survey (Appendix), depth interviews with survey respondents, representatives from health and care organisations and networks, Unionlearn, employers and education providers, and a review of relevant policy documents and published literature, to inform the study and this report. The project and survey were publicised through HEE and other network newsletters and websites in May and June 2019. Preliminary findings and recommendations were shared in a webinar with country wide HEE Apprenticeship Implementation Leads. Two Skype broadcasts were used to share the draft final report and recommendations with HEE Talent for Care and Widening Participation groups, survey participants and others with an interest, before the report was finalised in early August 2019.

1. In this report and its recommendations, 'Skills for Life in Health and Care' includes:

   basic skills: literacy (reading, writing, speaking and listening and in English for Speakers of Other Languages (ESOL) where needed); numeracy; basic digital literacy; basic knowledge and use of science concepts. (Hanushek and Woessmann 2015: 9,21)

   transversal skills: specific communication and learning skills: shared decision making, problem solving, task discretion, learning at work skills, influencing skills, co-operative skills, self-organising skills. (OECD 2018)

   See Section 1 for more detail.

Findings

Section 1
Which skills?

— 'Basic' and 'functional' skills were terms often used interchangeably in survey responses and interviews; their meaning (for example, what they included) often varied according to speaker.

— There is no common language used to describe basic and transversal skills in health and care.

— There is no sector wide analysis of how basic and transversal skills feature in standards and qualifications for occupational competence.

— There is no analysis of their use across occupations.

— Basic and transversal skills are clearly visible in health and care sector apprenticeship and professional standards...

— ...But they are not always explicitly identified.

The adult skills debate is dominated by ever shifting government discourses on 'basic skills'; which 'basic skills' should be learned and assessed, and whether and how they should be publicly funded. The government's position on what is included (and is publicly fundable) in basic skills and what 'basic' means, can shift and has shifted over time. Currently, for example, revised Functional Skills curricula and qualifications are in place from September 2019 (Ofqual 2019) a new 'Essential digital skills framework' has emerged (UK Gov 2018) and results from a consultation on English for Speakers of Other Languages (ESOL) (House of Commons Library 2018) are expected to lead to a new policy announcement in autumn 2019. Each of these could be regarded as a 'basic skill'.

The terms 'basic skills', or 'functional skills' were most often used in survey responses to talk about literacy and numeracy and the ways these skills are defined and constrained by government qualifications, curricula and funding mechanisms; and or, as a term for the specific English and maths qualification requirements for apprenticeship achievement, at different levels.

Transversal skills are clearly visible in health and care sector apprenticeship and professional standards (SFH 2018) but there are no free-standing transversal skills qualifications and they are not separately funded, though one or more transversal skills are arguably required for demonstrating competence in every health and care occupation.

Section 2
Who has these skills in the workforce?

— Employers /providers are discovering basic skills weaknesses at choke points in the process of recruitment and or selection for higher/degree apprenticeships.

— This indicates that not enough is known about basic skills weaknesses in the support workforce **before** they reach these choke points in the system.

— A lack of individual skills profiling data may lead employers to offer what they can, (whatever is on offer) which may or may not coincide with what staff individually need.

— There is a gap between 'large data sets' available – what is known about adult skills across OECD countries, including England - and 'small data' - what is known about the basic and transversal skills of individual people in the health and care workforce.

— The bigger picture: 'literacy and numeracy levels in the UK compare poorly internationally and ...there is considerable variation in proficiency across nations and regions within the UK' (UK Government Office for Science 2017). Older workers and migrants do not alter this picture. Younger people in England aged 16-19 have weaker basic skills than in other OECD countries.

— Available large data could be used and interrogated to help inform a national strategy which recognises regional and local differences; to evidence skills policy development or to advocate change; to enable useful comparisons across boundaries, of all kinds.

— The health and care sector in England could take a lead on new approaches to skills assessment, oriented around those skills converging across professions, judged essential for person-centred care. This would place basic and transversal skills at the centre of workforce skills assessment – and given international evidence of the 'convergence' of these skills and their centrality for person-centred care – this would make perfect sense.

Skills for Life in Health and Care

Section 3
Whole organisation learning

- Case studies in this report (Section 4.4) show how a whole organisation commitment has enabled employers to reach all staff with basic skills needs, encouraging non-apprentices to come forward and develop their skills too.
- Where the whole organisation was committed to say, free maths and English learning across the whole workforce - there was success.
- Where provision was piecemeal and reactive, there were problems.
- Positive suggestions are made by survey respondents for a whole organisation approach to digital skills development; the need to involve management in developing their transversal skills; standardising the transversal skills offer to all staff across the trust and for HEE to adopt whole organisation learning itself.
- Whole organisation learning is needed – and this includes HEE.

Section 4
Progression issues: finding solutions

Issues:

- Difficulty in meeting apprenticeship 'English and maths' requirements
- Failure to get onto an apprenticeship for those without qualifications
- The length of time it takes to get apprentices through English and maths programmes
- The double demands on apprentices of simultaneous basic skills and clinical skills learning - alongside personal and social commitments outside work
- Poor literacy reported - as much as maths
- Almost all respondents reported a lack or absence of the basic skills qualifications in English and maths required for entry to and completion of apprenticeships for different occupations - at level 5 (Advanced Healthcare Practitioner, Nursing Associate) and level 6 (Registered Nurse, Midwife).
- 'English and maths' dominated the reports of skill weaknesses in this study, but other basic and transversal skill weaknesses were highlighted – particularly digital skills and documentation writing skills.
- While the attention given to improving maths skills is perhaps better reported, there were serious issues resulting from poor literacy in equal measure, reported for this study.

Solutions:

Despite the scale of the task, there was a welcome willingness to take on development of a long-term strategy among those who engaged with the study. There are unsurprisingly, few short-term fixes available that work, but there was interest and enthusiasm in the sector for taking a much more strategic and positive approach to interventions, viewing these as positive for the whole workforce in developing their skills and promoting better patient care.

- 67 examples of best practice were submitted and used in the report
- 8 case studies are included in report
- Success factors in all 67 best practice examples are identified
- Impact measures and risks are identified
- Skills assessments should include and go beyond, English and maths skills.
- Risks identified included: Insufficient time (for learning); no time (to replace staff while learning); no funding to meet costs (of staff taking time out); absence or a lack of commitment from their management and the whole organisation.
- Most survey responses showed that employers were not on top of current education policy developments. HEE could facilitate access to specialist intelligence, analysis and resources.
- Positive impact - All the measures suggested depend upon employers having tools and processes, for systematic gathering of baseline data about skills across the workforce. (Section 2)
- Useful, adaptable examples of practices from outside the sector were submitted. These and others should be explored for applicability inside the sector. Work with 'outside' organisations with a shared interest – particularly those with a public sector brief - will be key to growing new ways of working and accessing specialist expertise.
- Ideally, employers (as education providers or contractors) would create or contract provision which contains all of the 'success factors' outlined in this section of the report.

Section 5
Sharing knowledge and skills

- The 80 survey respondents are potentially the first members of a new network, coming together positively to develop and share their knowledge and skills about how to make basic and transversal learning happen effectively.
- There are cost effective ways to share learning now, and HEE should take advantage of these to facilitate knowledge and skills exchange in the sector, starting with the potential network of practitioners that responded to this survey.
- Many survey respondents asked for new ways of working together:
  - to access the means to share knowledge, expertise and experience
  - to learn from others about how to develop a whole organisation approach
  - about how to develop capacity to design and deliver new ways of teaching and learning
  - to get access to tools they can use for holistic skills assessment and monitoring of progress
  - input on learning how to organise and develop basic and transversal skills imaginatively
  - access to the right learning resources – for online and face to face learning
  - for ways of using mentoring and peer learning to encourage mutual support and throughout – a means of working within and across institutions to do this.

This report has set five goals and recommends actions to achieve them. **Section 5** suggests cost effective ways of taking the next step, which will involve HEE in adopting new practices in teaching and learning using methods that may be new to some in the organisation and sector. Sharing knowledge and skills online is not a solution in itself – methods and technology can work poorly, the subject matter can be dull and badly communicated or irrelevant – but platforms and methods now available are cost-effective, user-friendly and capable of doing as much and more than is possible using traditional methods.

With reliable and easily understood means to share learning online, face to face learning and networking can be used when appropriate and needed and not be the only option. 461 people attended two skype broadcasts on the draft findings and recommendations for this report. Even with a limited platform we reached many people who would not have attended or even been invited to a face to face meeting – costs would have made such a meeting impossible.

2. HEE skype broadcasts July 30/31 2019.

Skills for Life in Health and Care

Five goals:

1. Develop and share a common understanding and language for describing basic and transversal (cross-cutting) skills for person-centred care. Explain how these skills are integrated with clinical and technical skills to offer effective person-centred care.
2. Gather baseline data about the possession of these skills across the workforce and a system for monitoring and recording their ongoing development.
3. Commit to a whole organisation understanding of how basic and transversal skills are used across occupations and roles at all levels, and a whole organisation approach which supports their learning and ongoing development.
4. Ensure health and care employers have access to and control of resources and education provision that teaches and supports development of basic and transversal skills for health and care.
5. Facilitate networking between health and care employers and education providers, to share knowledge and best practice in the learning and development of basic and transversal skills.

These five recommended goals are in order and interdependent.

So to achieve goal 4 - determine what resources and education provision are needed to support basic and transversal skills development -

We need to know:

- **Which skills** we are talking about (Goal 1)
- **Who has these skills** in the workforce and which skills need development (Goal 2)
- **That the whole organisation understands why** and how these skills are needed and used across its workforce and is committed to act (Goal 3)
- **What best practice we are looking for**, where to find it, and how to learn from and share it internally or externally (Goal 5).

A set of actions is recommended to help achieve each goal.

Project plan

Each of the five goals could be regarded as ‘workstreams’ in an overall project plan. And recommended actions to achieve each goal regarded as tasks within each workstream.

Section 1

Which Skills?

Which skills?

Section 1

is about identifying **which basic and transversal skills are needed** for person-centred health and care.

Section 2

is about how to find out **who has these skills** in the workforce.

Section 3

is about **whole organisation commitment** and access to learning these skills.

Section 4

is about **progression issues and finding solutions from best practice**, with learners, practitioners and managers in health and care.

Section 5

is about how to share knowledge and best practice in basic and transversal skills, within a health and care employer Skills for Life in Health and Care network.

Goal 1

Develop and share a common understanding and language for describing basic and transversal skills for person-centred care. Explain how these skills are integrated with clinical and technical skills to offer effective person-centred care.

Actions:

1.1 Adopt a title for the national strategy:

"Skills for Life in Health and Care: a national strategy for basic and transversal skills in the health and care workforce" and include basic and transversal skills as defined in this report (1.6)

1.2 Create a competence framework of basic and transversal skills for person-centred care, across health and care occupations.[3]

In this section:

3. Supporting national level efforts to design health workforce skills surveys ...we [OECD]encourage the countries to design and implement skills assessment surveys which are adapted to the local health system and policy concerns...This would help to validate the key hypothesis that it will be possible to identify a common competency framework with shared skill sets across different systems and different categories of health workers. (OECD 2018)

1.1 Key Findings

- 'Basic' and 'functional' skills were terms often used interchangeably in survey responses and interviews; their meaning (for example, what they included) often varied according to speaker.
- There is no common language used to describe basic and transversal skills in health and care.
- There is no sector-wide analysis of how basic and transversal skills feature in standards and qualifications for occupational competence.
- There is no analysis of their use across occupations.
- Basic and transversal skills are clearly visible in health and care sector apprenticeship and professional standards...
- ...But they are not always explicitly identified.

The adult skills debate is dominated by ever shifting government discourses on 'basic skills'; which 'basic skills' should be learned and assessed, and whether and how they should be publicly funded.

The government's position on what counts (and is publicly fundable) as a 'basic skill' and what 'basic' means, can shift and has shifted over time. Currently, for example, revised 'Functional Skills' curricula and new qualifications in English and maths are in place from September 2019 (Ofqual 2019); a new digital skills framework has emerged (UK Gov 2018); and a government strategy on ESOL (House of Commons Library 2018) is in the pipeline for Autumn 2019. ICT is also included in Functional Skills but is quite different in detail and demand from the skills included in the government's 'digital skills' framework. Tracking how these terms (or labels) are used by government and understanding their precise meaning at any given time, can be difficult and confusing.

In survey responses for this study, the terms 'basic skills', or 'functional skills' were most often used to talk about literacy and numeracy, usually as they are defined and constrained by government qualifications, curricula and public funding.

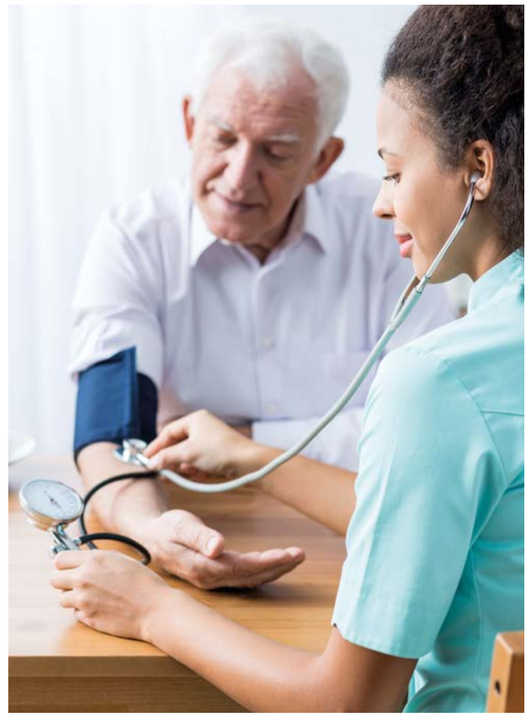
Basic and transversal skills are visible in health and care sector apprenticeship and professional standards (HCPC 2015, 2018, Skills for Health 2017). One or more basic and transversal skills are required for demonstrating competence in every health and care occupation. (OECD 2018)

But there is a difference between the type and level of 'basic skills' government expects the whole 'school leaving age' population to achieve and what basic and transversal skills might be required for competence in a particular occupation.

There is of course, a significant overlap between school leaving age basic skills qualifications and the basic and transversal skills required for occupational competency. But they are not the same. You do not need to be proficient in trigonometry to be a Midwife for example, but achieving a GCSE maths grade 4 qualification would require it.

Survey respondents made intelligent and thoughtful observations about basic and transversal skills needs and uses in occupations in the sector, informed by their own experience and practices. These were similar to those found in a study of how transversal skills are used by nurses and healthcare support workers at work (Skills for Health 2017). But there is no common language for or an explicitly shared understanding of these skills and how they are used across the sector.

Sections 1.2 – 1.4 are a brief guide to the origins and uses of some terms used to describe basic and transversal skills



1.2 What are ‘basic skills’ and ‘functional skills’?

Basic Skills, in England, have since 1998, been generally understood to be skills in numeracy and literacy (sometimes, though not always, including ESOL). Attainment of these skills, through qualifications equivalent to GCSE grades 4+ has been associated with an increasingly vocationally focussed education policy since 1998. (Bynner 2017).

Internationally, **Universal Basic Skills** are baseline level 1 of performance on the PISA[4] scale:‘…elementary skills to read and understand simple texts and master basic mathematical and scientific concepts and procedures…’ (Hanushek E., Woessmann, L. (2015: 9,21). Low’ or ‘weak’ basic skills in this report, are those below this threshold.

‘Functional Skills’ are essentially, qualifications (FSQs) offered at different levels (to level 2), with prescribed ‘subject content’, assessment and examination regimes and sets of rules for their public funding. In England, ‘Functional Skills’ replaced the term ‘Basic Skills’ in 2010 – which replaced ‘Key Skills’ in 2001. Functional Skills are English, maths and information and communication technology (ICT) but not Science. Other terms are used in the other countries of the UK and Northern Ireland – ‘Essential’ or ‘Core’ (ETF 2015: 5) and are described differently.

1.3 What are ‘transversal’ skills? How do transversal skills relate to clinical and technical skills?

Transversal skills are ‘generic and not job-specific’ (OECD 2018). ‘Transversal skills are those typically considered as not specifically related to a particular job, task, academic discipline or area of knowledge but as skills that can be used in a wide variety of situations and work settings (IBE 2013).’

‘In the broad context of healthcare, **transversal skills** are necessary for the effective application of clinical/ technical skills and knowledge. From the perspective of the on-going transformation of health services delivery, transversal skills are the key enablers of the transition away from a disease-centred clinical care delivery approach toward value-based and personalised models of care…

… [through] consultations with experts and stakeholders as well as the review of the existing competency frameworks and skills assessment instruments across different categories of health workers, we found a remarkable convergence of the functions and types of skills required to provide person-centred care.’ (OECD 2018)

‘Examples of transversal skills, grouped by source, include

- on-going care and decision making for patients with acute or chronic illnesses or complex social conditions across the continuum of care;
- practice-based learning and improvement, situational awareness, communication and teamwork, advocacy and leadership, systems-based practice;
- communication with patients, confidentiality, consent and guardianship, responding to diversity;
- support during loss and bereavement, domestic violence, legal and ethical issues in the care environment;
- professionalism, clinical governance, risk management, quality improvement, teaching and mentoring, professional evaluation;
- and interpersonal skills, managing aggressive behaviour in a team or with patients, conflict resolution, stress and fatigue management.’ (OECD 2018)

4. PISA: Programme for International Student Assessment.
5. The draft final report recommendations were shared and tested in 2 skype broadcasts on July 30th and 31st 2019 with c.200 participants attending.

1.4 What are ‘Skills for Life’?

Skills for Life was the name given in 2001 to the government’s national strategy for improving literacy, numeracy and ESOL (DfES 2001). The strategy lasted until 2013. The term has partially re-emerged in the government’s new digital skills framework, to describe a context for using ‘essential’ digital skills ‘for work’ - additional to its described digital skills ‘for life’. (UK Gov 2018).

1.5 A name for the national strategy?

The title or ‘brand’ should be simple, distinctive to the sector and capable of lasting. The recommendation is to use the report title:

“Skills for Life in Health and Care”

And

“A national strategy for basic and transversal skills in the health and care workforce”

As a descriptive strapline.

What is as important is being clear about which skills are included in the skills set and communicating that concept through the brand and brand understanding.

1.6 Which basic and transversal skills should be included in ‘Skills for Life in Health and Care’?

We used a simple metaphor in testing the findings and recommendations for this study[5] -

a single box - labelled ‘Skills for Life in Health and Care’ which holds two skill sets:

- Basic skills: in literacy and numeracy (reading, writing, speaking and listening), knowledge of and use of basic science concepts, basic digital literacy, and ESOL where needed.
- Transversal skills: in applied communication and learning skills, including shared decision making, problem solving, task discretion, learning at work skills, influencing skills, co-operative skills, and self-organising skills.

1.7 Identifying basic and transversal skills required for person-centred care, across health and care occupations

Basic and transversal skills are essential for the effective application of clinical and technical knowledge in person-centred care, and are described and included in 'knowledge, skill and behaviour' requirements in apprenticeship standards, and in standards for regulated health and care professions. However, there is no explicit recognition of their cross-cutting 'transversality', level (relative demand), commonalities or differences, within and across all standards for occupations and professions in health and care.

The government intention to streamline health professional regulation (DHSC 2017, 2019) has been welcomed by the HCPC (2019). Whatever the wider consequences, such a move will require further examination of standards across professions, an established HCPC practice for 'multi-professional regulation' (HCPC 2018), designed to identify 'Common standards and processes (wherever possible and appropriate) ensuring consistency of approach across multiple professions.'

Such an exercise will reveal skills convergence across professions, including the presence, type and demand of transversal skills across different regulated health occupations.

Mapping and levelling basic and transversal skills across health occupations[6] would help to make them much more visible, their importance to occupational competence more explicit and would show:

1. How basic and transversal skills are described across apprenticeship and professional standards.
2. How basic skills underpin development and use of other transversal skills (in communication and learning skills).
3. How basic and transversal skills are used alongside clinical and technical skills in successful person-centred care.
4. The level of 'challenge, complexity, and autonomy' expected in using each skill, as expressed in each standard.

And could:

5. Be used as a competence framework for basic and transversal skills self-assessment within and across teams in the health and care workforce, at all levels (OECD 2018)
6. Be used as a reference point for curriculum and pedagogy – within and across health and care occupations.
7. Be a reference point for recognising prior learning (RPL) at entry points, for ongoing progression and continuing professional development (CPD).
8. Encourage and enable mobility across roles and occupations in health and care.

Adopting a tested methodology to create a competence framework would help set boundaries for the task and limit the level of detail. A high level, general analysis across occupations would be a very useful first step. Established practices should inform and shape a methodology designed to identify convergence or commonality of basic and transversal skills. For example, HCPC practices for multi-professional regulation (HCPC 2015, 2018) and the contribution of the Society and College of Radiographers to developing and trialling The European Diploma in Radiography (EFRS, EBR 2019). There will be other practices in the sector (and practitioners with experience) to call upon which identify 'commonalities' across occupations and or geographical boundaries.

Credit level descriptors (SEEC 2019) could be used as a tool to map 'visible' basic and transversal skills in and across relevant apprenticeship and professional standards. The SEEC[7] descriptors have been used successfully for comparable tasks in different sectors (SEEC 2019) and include level descriptors from level 3-8, bridging the FE / HE divide from FE level 3 learning to HE learning at levels 4-8. How these skills are taught and or used in practice could be investigated using self-assessment tools (Skills for Health 2017, OECD 2018).

6. Reference points for defining and identifying skills within the set include: standards for regulated healthcare occupations; relevant apprenticeship standards; FE and HE curricula for health and care occupations; Nursing and Midwifery English language requirements (NMC 2019); HCPC English language proficiency requirements (HCPC 2019); the government's digital skills framework (UK Gov 2018); Functional Skills content (DfE 2018a,2018b) and Functional Skills qualifications (Ofqual 2019); the government's new national strategy for English Speakers of Other Languages (ESOL) in England (UK Gov 2019); Core skills statutory and mandatory training (Skills for Health 2019); Care Certificate (HEE 2019); Essential Skills Framework Wales (Qualifications Wales 2019) ; the European Qualifications Framework (EQF) (Cedefop 2019).
7. SEEC is a consortium of universities and HE providers working together to advance the use and practice of academic credit, widening access to learning.

Section 2

Who has these skills in the workforce?

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Section 1

is about identifying **which basic and transversal skills are needed** for person-centred health and care.

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is about **whole organisation commitment** and access to learning these skills.

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is about how to share knowledge and best practice in basic and transversal skills, within a health and care employer Skills for Life in Health and Care network.

Goal 2

Gather baseline data about the possession of these skills across the workforce and create systems for monitoring and recording their ongoing development.

Actions:

2.1 Use 'large data' to contextualise and inform plans and actions at regional, local and employer level.

2.2 Use the analysis generated by recommendation 1.2, in designing (or adapting) a basic and transversal skills profiling tool for the whole organisation workforce.

2.3 Identify which basic and transversal skills are developed through formal programmes and practice, across occupations.

2.4 Measure progressive development of basic and transversal skills within and across occupations, from recruitment onwards.

2.5 Use the monitoring process to examine how basic and transversal skills are used, developed and maintained after qualification/registration.

2.6 Use a range of measures to examine impact of basic and transversal skills development on quality of care, the personal well-being of staff and productivity

In this section:

2.1 Key Findings

— Employers /providers are discovering basic skills weaknesses at choke points in the process of recruitment and or selection for higher/degree apprenticeships.

— This indicates that not enough is known about basic skills weaknesses in the support workforce before they reach these choke points in the system.

— A lack of individual skills profiling data may lead employers to offer what they can, (whatever is on offer) which may or may not coincide with what staff individually need.

— There is a gap between these 'large data sets' available – what is known about adult skills across OECD countries, including England - and 'small data' - what is known about the basic and transversal skills of individual people in the health and care workforce.

— The bigger picture: 'literacy and numeracy levels in the UK compare poorly internationally and ...there is considerable variation in proficiency across nations and regions within the UK' (UK Government Office for Science 2017). Older workers and migrants do not alter this picture. Younger people in England 16-19 have weaker basic skills than in other OECD countries.

— Available large data could be used and interrogated to help inform a national strategy which recognises regional and local differences; to evidence skills policy development or to advocate change; to enable useful comparisons across boundaries, of all kinds.

— The health and care sector in England could take a lead on new approaches to skills assessment, oriented around those skills converging across professions, judged essential for person-centred care. This would place basic and transversal skills at the centre of workforce skills assessment – and given international evidence of the 'convergence' of these skills and their centrality for person-centred care – this would make perfect sense.

2.2 Health and care workforce skills levels likely to reflect those of adults in the general population

'In England, '9 million people struggle with basic quantitative reasoning or have difficulty with simple written information' (Małgorzata, et al. 2016: 9).

It is essential to see the health and care sector difficulties in this context, to understand what is currently happening to recruits and to Nursing Associate training programmes, for example. Low adult skills were the backdrop to concerns about HEIs restricting access to vocational programmes (Skills for Health 2017). And successive prior reports show that the issue of low adult skills is longstanding:

Poor results of 'Skills for Life' surveys conducted by Government (DfES 2003; BIS 2011); and more recently, the OECD report (Małgorzata, et al. 2016) on adult skills (in England); studies of attitudes and understanding of English and maths skills and qualifications among employers (ETF 2015); the relationship between low and high skills, future productivity and well-being in 'Future of skills and lifelong learning' (Government Office for Science, 2017):

'literacy and numeracy levels in the UK compare poorly internationally and there is considerable variation in proficiency across nations and regions within the UK',

Other OECD evidence is helpful for dispelling possible assumptions, about older workers, migrant workers and Higher Education Institution (HEI) students' basic skills,

'The presence of migrants does not significantly alter the overall picture' of English and maths skill levels among adults in England (Małgorzata, et al. 2016: 27).

Older sections of the population in England (aged 55-65) have similar levels of basic skill to the same age group in other countries, while 16-19 year olds are 'lagging badly behind.' (Małgorzata, et al. 2016: 10, Fig. 1) (Government Office for Science 2017: 32)

1 in 10 HEI (degree) students have weak English and maths skills – i.e. below RQF[8] level 2 (Małgorzata, et al. 2016: 52, Fig. 3.1), rising to 1 in 5 among those with or pursing level 4 and 5 qualifications (inside and outside HEIs).

What survey respondents and interviewees said about basic and transversal skill weaknesses in the workforce is largely consistent with these international and national analyses.

2.3 The large and small data gap

But there is a gap between these 'large data sets' available – what is known about adult skills across OECD countries, including England - and 'small data' - what is known about the basic and transversal skills of individual people in the health and care workforce. Employers appear to find out that there are basic skills weaknesses in the workforce at choke points, on routes into and through apprenticeship, and in skills weaknesses showing up in earlier non-apprenticeship programmes leading to professional qualification - and sometimes even after qualification (SFH 2017). Some employers are attempting

8. See https://www.gov.uk/what-different-qualification-levels-mean/list-of-qualification-levels for an explanation of qualification levels in qualification frameworks, in the UK and elsewhere.

to address these weaknesses sooner and across the whole workforce, with some success (see Section 4). But it is unclear from the study, how much employers know about:

- the state of play of individual basic and transversal skills at recruitment
- what their staff themselves know about their basic and transversal skill development needs
- whether and how baselines and progress are measured
- and whether they (employer and worker) have an ongoing plan using a system for monitoring skill use and development.

2.4 Firefighting to meet tight timescales and targets – finding out skills weaknesses too late

Measuring impact requires some before (baseline), during and after (impact) analysis. Responses from some employers suggest this is missing:

> "[I'd like to see the] workforce having improved English and Maths skills (difficult to measure without a before and after screen), improved digital skill set (again difficult to measure).

Given basic skills weaknesses are widespread and recognised as a serious block to apprenticeship entry and achievement, many employers are finding out about basic skills weaknesses too late, at choke points in apprenticeship recruitment and progression:

> "Not having the required entry requirement - my Maths and English grades delayed me further in my introduction for the course, making me feel like I had failed before I even began to start my study.
> **Health Care Support Worker applying for an apprenticeship**

Not enough is known about basic skills weaknesses in the support workforce before they reach these choke points in the system.

In the survey, employers trying to address basic skills weaknesses at these choke points, where they found apprenticeship entry, progression and or achievement is or is likely to be blocked, tended to:

- Filter out applicants without English and maths qualifications required for apprenticeship completion
- Use online diagnostic assessment tools to identify the potential apprentice's level of basic skills
- Use whatever provision (on line or face to face) they can access, to address basic skills weaknesses.

These strategies are adopted with different degrees of success and where apprentices' skill levels are low (Entry levels to level 1), employers found there was no possibility of them entering programmes at higher levels (4+) without adequate and longer-term learning support and preparation.

Ideally, employers would have:

- adequate skills profiles of existing support workforce staff/new recruits to be able to plan learning programmes and 'pathways'
- be able to offer provision sufficiently far ahead to give new apprentices the time they need to develop basic skills and gain the necessary qualifications.

But time for basic skills development is squeezed: many existing staff and new applicants need more time to learn and more support than is available, even after diagnostic assessment; many (though not all) HEIs are pushing the issue back to employers.

But if it is true that employers /providers are discovering basic skills weaknesses at choke points in the process of recruitment and or selection for higher/degree apprenticeships, it also perhaps indicates that not enough is known about basic skills weaknesses in the support workforce before they reach these choke points in the system. This lack of early and ongoing skills analysis then compounds the problem: it takes time to develop basic skills and there are few short-term fixes for those who really do need to learn basic concepts of 'quantitative reasoning' and how to 'read simple written information' - and bear in mind that level 2 FSQs demand much more than this. Such learners are in a quite different position from those able to prove through diagnostic assessment that they already have most of the required level 2 skills. Where employers recognised this, and put policies and provision in place to address these weaknesses earlier in potential apprentices, and across all staff in the organisation, their efforts paid off. Whole organisation commitment to developing basic skills across the whole workforce produced visibly positive results. (See for example, Section 4.3 case study 1).

2.5 Poor analysis can skew action

There is also a danger that emphasis on skill weakness in one area masks weaknesses in other skill areas (Skills for Health 2017, Malhotra 2019). While the attention given to improving maths skills among some employers is to be welcomed, there were serious issues resulting from poor literacy in equal measure, reported for this study. Taking action on maths does not need to diminish in any way – there is much to do. Weaknesses in English (and in ESOL for many) may be more difficult to identify and address, with fewer off the shelf products available to employers for the purpose - but this should not skew individual skills analysis and the planning of actions for improvement. A lack of individual skills profiling data may lead employers to offer what they can, (whatever is on offer) which may or may not coincide with what staff individually need.

2.6 Bridging the large and small data gap – what data to use and what to collect?

Available large data should be used and interrogated to help inform a national strategy which recognises regional and local differences; to evidence skills policy development or changes; to enable useful comparisons across boundaries, of all kinds. Regional variations are significant but clearly identifiable, from analysis of large data (UK Government Office for Science 2017). Regional analysis should be used when planning national action on literacy and numeracy in the health and care sector.

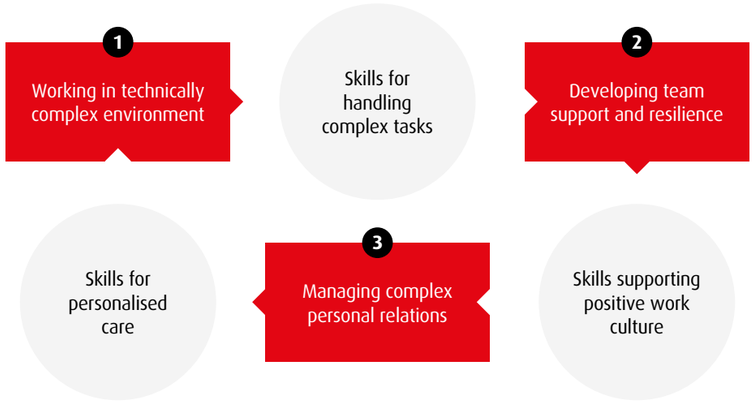
Large data sets, for example produced from the 38,000 responses to the Skills for the Future learning survey (UNISON 2019) will no doubt produce invaluable results (anticipated release September 2019) - in this case, from the self-assessment of learning and skills by UNISON members themselves.

'The Health Workforce Skills Assessment: Supporting health workers achieve person-centred care' (OECD 2018) responded to an emerging mismatch within and across countries between skills and competency frameworks and future skills required for person-centred care. To address this mismatch the OECD advocates the use of skills assessment tools which:

- Broaden the policy relevance [of skills assessment tools] - beyond qualification and regulation
- Focus on skills for person-centred care, and involve patients, families and communities - from design to evaluation
- Build on the convergence of skills requirements across professions and health systems.

Instead of playing catch up, the health and care sector in England could take a lead on new approaches to skills assessment, oriented around those skills converging across professions, judged essential for person-centred care. This would place basic and transversal skills at the centre of workforce skills assessment – given the international evidence of 'convergence' of these skills and centrality for person-centred care – this would make perfect sense.

Transversal Skills for the Future Health Workforce (OECD 2018)



Section 3

Whole organisation learning

Whole organisation learning

Section 1

is about identifying **which basic and transversal skills are needed** for person-centred health and care.

Section 2

is about how to find out **who has these skills** in the workforce.

Section 3

is about **whole organisation commitment** and access to learning these skills.

Section 4

is about **progression issues and finding solutions from best practice**, with learners, practitioners and managers in health and care.

Section 5

is about how to share knowledge and best practice in basic and transversal skills, within a health and care employer Skills for Life in Health and Care network.

Goal 3

Commit to a whole organisation understanding of how basic and transversal skills are used across occupations and roles at all levels, and a whole organisation approach which supports their learning and ongoing development.

Actions:

3.1 HEE should adopt a whole organisation learning approach to understanding, using and developing basic and transversal skills within HEE.

3.2 HEE to encourage health and care employers to take a positive, progressive view of the place of basic and transversal skills across the whole workforce and using best practice examples, offer guidance on how to develop whole organisation learning.

In this section:

3.1 Key Findings

Case studies in this report (Section 4.4) show how a whole organisation commitment has enabled employers to reach all staff with basic skills needs, encouraging non-apprentices to come forward and develop their skills too.

Where the whole organisation was committed to say, free maths and English learning across the whole workforce - there was success.

> At UHB we have run several 12 week programmes for maths and English (2 hours per week) as well as fast track intensive days to enable staff to pass their maths and English L2 Functional Skills. This enabled them to go onto Nurse Associate apprenticeships or foundation nursing/theatre practitioner degrees. Due to the numbers we also have partnerships with 2 local colleges to access AEB [Adult Education Budget] funding for staff. Both colleges send tutors to teach on site. In addition we have 2, on-site (part time) functional skills tutors. One to teach apprentices and one for nurse associate programmes. All other staff access the in-house college classes.
>
> **Louise Kear, Functional Skills Tutor (Lead), University Hospitals Birmingham**

Where it was piecemeal and reactive, there were problems.

> Current staff may have difficulty attending maths and English classes due to different policies in different departments, i.e. some can attend during work time while others cannot.

Positive suggestions are made by survey respondents for a whole organisation approach to digital skills development; the need to involve management in developing their transversal skills; standardising the transversal skills offer to all staff across the trust and for HEE to adopt whole organisation learning itself.

3.2 Whole organisation learning is needed – and this includes HEE

Observations came from learning programme/ development staff and strategic managers, many closely involved in recruitment and training. They said:

We need:

- A real drive to make English and maths mandatory and to ensure everyone can speak English and use numbers in everyday settings and workplace. It will break down barriers and would attract more people to apply for health and social care roles.
- Positive (not negative) messaging from/ to employers and key managers
- [basic skills learning to be] part of a pre-employment process if tackling recruitment. Must use a whole organisational development process to tackle existing staff skills across the board.
- An open door learning where anyone at any level can immediately access English and maths tutoring and not just lip service - so this means the top level would need to be seen to be engaging in these skills too, not just the lower level.
- Awareness raising and workforce development to help staff in all roles - and particular management roles - understanding the benefits of good transversal skills.
- To ensure that there is provision available for staff at all bands, whether clinical or non-clinical and across all services in health and social care
- To standardise the provision and access to transversal skills across NHS trust.
- A dedicated member of staff in the organisation to oversee strategy and monitor progress of all staff

These suggestions depend upon an understanding of which skills are needed, who has them in the workforce and systems for learning and monitoring progress from recruitment onwards. Key to whole organisation learning is a dedicated staff member to oversee the work and an understanding within the management of the organisation of the value of these skills to the whole workforce.

There is an opportunity for employers in the sector in England to take a positive, progressive view of the place of basic and transversal skills across the whole workforce. Adopting this view and taking actions to make it happen will need whole organisation understanding and commitment. And could do much to remove the stigma associated with weak basic skills while tackling the issue openly, head on.

Improving basic and transversal skills will produce positive results for health organisations – not only reducing risks to patient safety from individual learning - but in understanding how this new learning impacts on the learning and performance of the whole organisation. Whole organisation learning means taking positive results and applying them to improve practice. (WHO 2007)

HEE has an important role to play in helping employers make this happen and adopting whole organisation learning practices itself – in how it understands, uses and develops basic and transversal skills within its organisation and how it promotes and shares whole organisation learning in the sector.

Section 4

Progression issues: finding solutions

Progression issues: finding solutions

Section 1

is about identifying **which basic and transversal skills are needed** for person-centred health and care.

Section 2

is about how to find out **who has these skills** in the workforce.

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is about **whole organisation commitment** and access to learning these skills.

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Section 5

is about how to share knowledge and best practice in basic and transversal skills, within a health and care employer Skills for Life in Health and Care network.

Goal 4

Ensure health and care employers have access to and control of resources and education provision that teaches and supports development of basic and transversal skills for health and care.

Actions:

4.1 Use analysis of best practices to develop guidance and resources to help employers:

- plan and deliver high quality basic and transversal skills provision
- assess risks and impact of interventions

4.2 HEE should track and share analysis of current policy developments in FE and HE as these will directly affect health and care employers' workforce development plans.

In this section:

4.1 Key Findings

Issues:

- Difficulty in meeting apprenticeship 'English and maths' requirements
- Failure to get onto an apprenticeship for those without qualifications
- The length of time it takes to get apprentices through English and maths programmes
- The double demands on apprentices of simultaneous basic skills and clinical skills learning - alongside personal and social commitments outside work
- Poor literacy reported - as much as maths

Almost all respondents reported a lack or absence of the basic skills qualifications in English and maths required for entry to and completion of apprenticeships for different occupations - at level 5 (Advanced Healthcare Practitioner, Nursing Associate) and level 6 (Registered Nurse, Midwife).

'English and maths' dominated the reports of skill weaknesses in this study, but other basic and transversal skill weaknesses were highlighted – particularly digital skills and documentation writing skills.

While the attention given to improving maths skills is perhaps better reported, there were serious issues resulting from poor literacy in equal measure, reported for this study.

Solutions:

Despite the scale of the task, there was a welcome willingness to take on development of a long-term strategy among those who engaged with the study. There are unsurprisingly, few short-term fixes available that work, but there was interest and enthusiasm in the sector for taking a much more strategic and positive approach to interventions, viewing these as positive for the whole workforce in developing their skills and promoting better patient care.

- 67 examples of best practice were submitted and used in the report
- 8 case studies are included in report
- Success factors in all 67 best practice examples are identified
- Impact measures and risks are identified
- Skills assessments should include and go beyond, English and maths skills.
- Most survey responses showed that employers were not on top of current education policy developments. HEE could facilitate access to specialist intelligence, analysis and resources.
- Positive impact - All the measures suggested depend upon employers having tools and processes, for systematic gathering of baseline data about skills across the workforce. (Section 2)
- Risks identified included: Insufficient time (for learning); no time (to replace staff while learning); no funding to meet costs (of staff taking time out); absence or a lack of commitment from their management and the whole organisation.

Useful, adaptable examples of practices from outside the sector were submitted. These and others should be explored for applicability inside the sector. Work with 'outside' organisations with a shared interest – particularly those with a public sector brief - will be key to growing new ways of working and accessing specialist expertise.

Ideally, employers (as education providers or contractors) would create or contract provision which contains all of the 'success factors' outlined in this section of the report.

Section 5 recommends drawing on best practices to develop guidance and resources and suggests ways to do so.

4.2 Basic skills weaknesses in the workforce

Survey respondents consistently described:

- functional or basic skills weaknesses in the workforce, particularly among those in the support workforce;
- the failure of applicants to gain entry to or struggling to achieve basic skills qualifications in parallel with clinical training, on learning programmes
- a lack or absence of the basic skills qualifications in English and maths required for entry to and completion of apprenticeships for different occupations - at level 5 (e.g. Advanced Healthcare Practitioner, Nursing Associate) and level 6 (e.g. Registered Nurse, Midwife).

Staff recruited from the existing workforce for Nursing Associate training/apprenticeships for example, were often found to have weak basic skills at application for apprenticeship; these basic skills weaknesses were not always previously recorded.

> We can only shortlist 50% of candidates for the Nursing Associate programme due to [lack of] maths and English qualifications
> **NHS Foundation Trust**

Observations about other basic skills weaknesses were also made by many respondents: evidence of poor digital skills:

> I really only struggle with some IT skills.
> **Dental Receptionist**

> I find many staff struggle with IT and I often help staff with access.
> **Practice Educator**

And there was concern about second or other language speakers' skills, and the consequences for development and or demonstration of other basic skills:

> Many HCSWs and nurses or aspiring candidates have qualifications from overseas and need help and guidance to achieve GCSEs or functional skills prior to entering university for further study. They may have maths skills but if their English language is limited then they struggle with the more complex maths questions and fail their tests.
> **Project Nurse, Nursing Development and Education**

Poor literacy skills also impeded professional development:

> [HCSWs] struggle with in-work assessments and CPD so are not progressing.

4.3 HEIs and progression

Section 2.4 explores how many employers are finding out about basic skills weaknesses too late, at choke points in apprenticeship recruitment and progression. This is having consequences down the line, as new level 3 and above apprentices without basic skills qualifications are finding out:

> What is needed in a national strategy is... making sure you have clear pathways and do not roll anything out until you have the correct foundations in place to carry staff forward.
> **Level 5 Apprentice**

In some areas, most HEIs now require apprenticeship applicants to have appropriate English and maths qualifications on application, before they are admitted as apprentices. Apprentices at level 3 and above are legally required to achieve these qualifications during their apprenticeship, not as a condition of entry. HEIs (and some employers) defend this position, concerned that achieving appropriate English and maths qualifications alongside clinical training is burdensome and a key factor in early drop out.

> the university we work with for this, refuses to accept students unless they have level 2 functional skills before they start.

This decision by HEIs is no doubt shaped by attrition rates and perhaps, perceptions of, or interpretations of, regulatory requirements (Skills for Health 2017) but in either case, this pushes the issue of who teaches basic skills back down the pipeline, to health and care employers.

Barriers to progression in the healthcare workforce are not entirely attributable to weak basic skills; there are practices that continue to make it difficult for workers to progress into nursing (OU 2019) and into HE vocational health programmes in general (SFH 2017). Changes in culture and practice (recognition of the comparable value of non-traditional qualifications by some HEIs, for example) have to be addressed directly with HEIs and their networks, through collaboration opportunities which can build trust (for example, Action 1.2) and networking recommendations in Section 5 of this report, as well as through those recommendations made by the Open University (OU 2019).

In the immediate term many employers are having to find solutions themselves with or without HEI involvement.

> This [requirement] is blocking progress for HCSWs into qualified roles. We need HEIs to operate the apprenticeship as per the standard and provide Functional Skills development as part of the apprenticeship rather than using it to block entry to the course.

Not all universities have taken this position and approach however an some are providing basic skills teaching on programme. (see 4.3, case study 5)

This generally dismal picture of basic skills weaknesses standing in the way of apprenticeship progression may not even be the whole story; apprenticeships and basic skills qualifications requirements have brought this issue to the fore. What we know about levels of basic skills in HE levels 4/5/6/ graduates in England (ref OECD Section 2, Skills for Health 2017) suggests there are likely to be basic skills weaknesses across the workforce.

There is light at the end this tunnel. Many examples were submitted for the study, of successful practice in the sector, where employers are facing up to the problem and successfully addressing these quite profound challenges.

4.4 Finding solutions – learning from best practice

Best practices in the sector could help shape high quality education provision, showing how to overcome problems, stimulate innovation and characterise success.

The **8 case studies** that follow, illustrate examples of potentially 'scalable and sustainable' successful practice. Each have a number of 'success factor' practices, some in common with other examples.

Best practice: Case study 1

University Hospital Southampton NHS Foundation Trust

Simone Walker, Programme Lead for Widening Participation, Work Experience, Functional Skills, Skills for Practice Facilitator, Career Support Training, development and workforce.

'We have been working with a local college since 2014, to deliver inhouse training for Functional Skills. These were initially set up as half day per week sessions for each level (1&2), 1:1, for additional learning requirements and 1:1 for ESOL. We now deliver Functional Skills twice per week on a 9 week rolling programme, to ensure we support ALL staff to progress - these skills may have hindered them previously. We have a good working relationship with the college and have an allocated college staff member on site 4 days per week, to ensure we are meeting needs.'

How is this funded?

'For apprentices, this is funded by the [Apprenticeship] Levy. The college then invoices the Trust. For Trust staff not on an apprenticeship, the college draw down the funding directly...'

And does 'ALL staff' mean any staff employed by the Trust, as well as potential apprentices?

'Yes, all staff have access to study Functional Skills'

Impact?

'We have had far more learners on our apprenticeship programme who have gained the Functional Skills qualifications prior to commencement of the apprenticeship. For those that didn't manage to achieve this, they were supported to gain during their apprenticeship.

Feedback from managers has shown that staff attending Functional Skills as personal development, have put this into practice, and have become more confident at work.'

Case study 1: success factors

- Local Partnership with FE College
- Provision in the workplace
- Dedicated college staff member
- A rolling programme
- English maths and ESOL offered and additional 1:1 learning support
- All staff eligible
- Time out for learning
- Funded through Levy (apprentices) and Education and Skills Funding Agency (ESFA) AEB (other staff)
- Apprentices gain Functional Skills qualifications
- Improved confidence of staff

Best practice: Case study 2

Southport and Ormskirk NHS Trust

Victoria Kearney, Apprenticeship Lead

'Staff are given the opportunity to access support in both maths and English and are able to complete recognised qualifications. These can be offered as stand-alone qualifications, allowing the learner to take their time to complete. E-learning packages are available for those who are unable to attend classroom sessions.'

Which staff?

'English and maths qualifications are open to all staff. Staff have the option to attend sessions at the workplace or at a local college. Functional skills up to level 2 is fully funded via government funding streams.'

Impact?

'There has been a positive uptake and staff as a result are now able to apply for development opportunities having satisfied entry requirements. Being able to evidence recent learning can also support applications for apprenticeships or secondment opportunities.'

Case study 2: success factors

- All staff eligible, learning at their own pace.
- E-learning and face to face sessions
- ESFA funded
- Provision In the workplace
- Wider progression benefits for support workforce
- Staff gain Functional Skills qualifications

Best practice: Case study 3

Worcestershire Health and Care NHS Trust

Ally Middleton, Clinical Project Manager (Nursing Associate), **Liz Faulkner** Head of Workforce Transformation.

'Aspiring to Care' is a one day workshop delivered by a Registered Nurse (Teacher) in order to support HCSWs who are thinking about a higher level apprenticeship in health care. The course is delivered to groups of up to 15 to allow for facilitation of group discussion and questions. The course is supported by a one-off funding from Health Education England.

The course... allows interested staff to attend from a range of sources including Primary Health Care, NHS Trusts and the voluntary or independent sector... [so far] to 80+ staff. The course content is built around leading change and adding value, and includes exploring own experiences to look at... how they can use reflective practice skills to develop their current skills and apply these going forward to decide about future career/education opportunities.'

Case study 3: success factors

- Introduces higher/degree apprenticeships – through self-assessment of skills and interests
- Support workforce staff have time out to consider options
- Offered to staff from different employers across the sector in the local area
- Builds on own learned experience and uses existing reflective practice skills
- Guides staff towards making their own informed choices

Best practice: Case study 4

University of Wolverhampton

'Working with employers - NHS and independent organisations to pipeline plan and prepare support staff to complete English and maths at level 2 prior to commencing a nursing associate programme. Offering on line English and maths support and resources that provide the opportunity for [NA, AHP, RN] apprentices without English and or maths at level 2, to gain them during their HE programme.'

Case study 4: success factors

- HEI partnership with employers
- Planning ahead
- Functional Skills provision offered and qualifications offered during the HE programme
- HEI with capacity to teach basic skills

Best practice: Case study 5

HEE North London

Dawn Grant, Project Lead, Support Workforce Development, North London.

'In 2016 Education Leads and Health Care Support Workers in North West London co-designed a study programme for Support Staff called The Higher Development Award.

'The course was developed for Support Workers to....."be the best and acknowledge their potential". Evaluation (Malhotra 2019) found that the Higher Development Award has proven what can be achieved when Health Care Support Workers are empowered to take on new responsibilities, new ways of working and thinking, with their potential and capability unlocked and enabled.'

Key findings were:

- Improved patient focused care, patient and client advocacy
- Demonstrable leadership skills acquisition for HCSWs at the point of care
- Facilitated quality improvement through small scale projects
- More confident practice and self-efficacy
- Improved HCSW [Health Care Support Worker] capability

'100+ learners have completed the award; a local partnership emerging which may expand its reach; involvement of FE and HEI in partnership could facilitate progression into HEI vocational programmes.'

'We included the Functional Skills Level 2 qualification in the programme for the last 2 cohorts which started earlier this year. It has had a mixed reception- varying ability and the different learning styles of those completing it means once again there is certainly no one solution to addressing the learning needs of each individual.'

Case study 5: success factors

- Provision in the workplace
- Individualised learning
- Basic and transversal skills learning embedded in leadership skills learning
- Dedicated staff
- Time out for learning
- Improved staff confidence
- Better practice in care and leadership

Best practice: Case study 6

Skills for Health Bridging Programme, Poole Hospital NHS Foundation Trust

Carol Flynn, Widening Participation Lead/Apprenticeship Programme Manager; Skills for Health; OCN London.

'The Skills for Health Bridging Programme [on offer since 2015] develops the study skills that motivated and capable healthcare support workers need to prepare, progress and succeed in all health-related vocational programmes in Higher Education. (Skills for Health website 2019).

'Four centres have registered 166 and certificated 148 learners, in London and the south coast, to date. A hospital Trust in the South West of England has recently 'signed up.' (OCN London)'

'Poole Hospital NHS Foundation Trust deliver the programme in house, with our own trainers. The learners do have to attend in their own time usually and we run it on an evening - around three hours per session. There is no cost for those who are our own staff as I pay for it from my budget. However, we recently have supported some external learners and we have charged £275 to cover costs.'

'18 people have completed the programme to date; 9 have gone on to start their Registered Nurse degree; 2 have gone to on the Occupational therapy course; 1 is on the Operating department practitioners programme; 1 is on an Assistant Practitioners foundation degree programme; 1 is on the Trainee Nursing Associate programme; 2 deferred their [HE] applications, 1 was unable to pass functional skills to enable progression; 1 has had a baby. We have 15 further learners to register with OCN London. (Carol Flynn)'

'Learning outcomes from the Bridging Skills qualification have been incorporated into the Level 3 Diploma in Healthcare Support and the SHCSW apprenticeship standard amended accordingly. The Learning outcomes are incorporated into the Promote Personal Development and Study Skills for Senior Healthcare Support Worker units. A website for a self-sustaining Bridging Programme has been designed and put in place - including FAQs and 2 videos: 'A quick guide' and 'How to put the Bridging Programme in place', targeting healthcare employers, HEIs, and FE providers.'

'18 HEIs publicly agreed to accept Bridging Programme applicants (Level 3 Diploma in Healthcare Support Plus Bridging Programme level 3 qualification (16 credits). However, most HEIs added preconditions of their own to these requirements – qualifications in one or more of maths, English, and science. (Skills for Health 2019)'

Case study 6: success factors

- Local partnership
- Basic and transversal skills developed in health and care contexts
- Leads to a national qualification
- Direct route into HE programmes
- Staff selected have high achievement rates
- Funded by employers

Best practice: Case study 7

North Bristol NHS

Ryan Lloyd, Lead for Functional Skills and Traineeships

'Functional Skills learners at the Trust are: a) those on an apprenticeship who can't prove they have Functional Skills qualifications (i.e. no certificate), b) those on an apprenticeship with a low Functional Skills level & c) those not on an apprenticeship who want to upskill.'

'Learners are all put through the 'bskb' diagnostic assessment and encouraged to do two modules under their own steam before they start the formal, class-based learning. They are encouraged to supplement the classes with bskb as much as possible.'

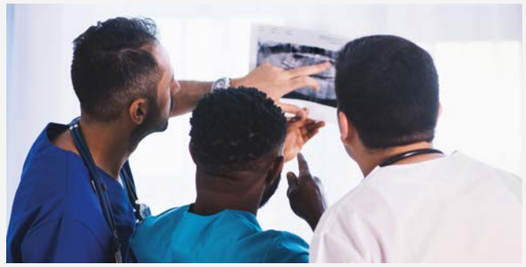
'They also offer a range of paper resources for those who don't own their own device and/or are not online. This is only a handful of people but it is important to not forget them.'

'The Trust staggers subject learning, so learners do not do everything at once, e.g. maths is completed before English is attempted.'

'Drop-in sessions are every Friday, lead by one of a team of 3 teachers. The drop-in sessions are primarily for learners who are likely to need more support (e.g. someone who came in at entry level 1) to supplement their other classes.'

Case study 7: success factors

- Diagnostic assessment linked to online and face to face learning
- Support for different learning needs
- Provision accessible to all staff
- Paper resources for those without digital devices/easy online access
- Staggered subject learning
- Weekly drop-in sessions for those who need most support
- Staff selected have high achievement rates
- Funded by employers



Best practice: Case study 8

Health Education England, North

Ben Park, Contract and Data Performance Manager

The HEE Apprenticeship Hub in the North have been working in conjunction with a number of providers to offer up to level 2 Functional Skills in English and Maths to NHS employees. These are fully funded via Adult Education Budgets or the European Social Fund.

To date, over 50 learners have attended with a success rate of 93%. Learner feedback shows that:

- 71% of learners feel that attending these course(s) has increased their performance in their current role.
- 100% of learners feel that these courses have benefited them professionally.
- 88% of learners felt that as a result of attending these course(s), they felt more confident in applying to new positions such as a higher band role or NHS apprenticeship.

The offer has been widely circulated to NHS trusts across the North and we [HEE] continue to support it. We have seen an increased demand for this from Primary Care to get potential Nursing Associates onto programme.

Learner feedback was collected via anonymous online surveys from those that attended training, this was then published into a report and fed back to the HEE senior management team and the provider.

Case study 8: success factors

- HEE proactive in a partnership with providers and employers
- Reaching Primary Care
- Satisfaction data collected from learners and shared with providers and HEE
- High achievement rates
- Funded by the AEB and European Social Fund (ESF)
- Improved confidence and improved performance encourages mobility

Other best practice examples producing additional success factors

> East London Foundation Trust is running a functional skills pilot in one of our community services to identify staff career aspirations and whether a lack of English and maths is holding staff back from achieving them. We have appointed a Functional Skills Coordinator to liaise directly with HEE, Providers, Learners and Managers to raise awareness of the value of functional skills, organise assessments, commission relevant training and provide a wide range of support and resources aimed at developing these skills in the workforce.

> We designed and implemented interview skills and preparation sessions to support our existing workforce. This was based on findings from interviews last year where supporting statements and performance at interview were poor.

> Sharing information locally about providers of Level 2 functional skills, and disseminating widely to all staff. Setting money aside to pay for staff registration onto otherwise free programmes. Incorporating functional skills attainment into career development pathways for all staff in non-professionally registered roles, as one of the foundations for progression and development. Dedicating a member of the Education Service to monitor take up of programmes and promote amongst staff and managers.

> Intensive summer school support prior to entering HE.

> National Numeracy [Challenge] work, functional skills now part of apprenticeships, drop in sessions outside of work hours from FE providers both on work site and in areas such as Costa coffee.

> We are running on site classroom/blended learning sessions to enable people to develop their skills and get them ready for the NA or RN apprenticeship. This is beginning to build a pipeline and support people to develop, which has a positive impact on engagement and retention.

> '...in house programme on offer to enable Functional Skills development and pathway into further education routes; we offer the Care Certificate as part of RQF Level 2 apprenticeship'

> 'Provision of in-house training, supported by managers and co-ordinated by us. Also having a clear succession plan and routes to becoming a registered nurse.'

> We provide formative feedback prior to all academic assessed written work. We also assess their written patient documentation as part of ongoing assessment at University and on practice placement, with detailed feedback provided.

Additional success factors identified from best practice examples:

- Preparation and confidence building: summer school with HEI used as prior to HE programme start; online numeracy programmes to develop maths skills and confidence – anytime anywhere.
- Sharing local intelligence between employers about Functional Skills providers and provision.
- Dedicated member of staff in the organisation to oversee strategy and monitor progress of all staff.
- Raising awareness of the value of functional skills, organising assessments, commissioning relevant training, providing a wide range of support and resources aimed at developing these skills in the workforce.
- HEI partnership with employers to tackle potential higher / degree apprentice basic skills needs in good time.
- Integration of Functional Skills and Care Certificate learning for all staff that need it.
- Recognise and address transversal skills weaknesses at work and on placement (e.g., improving interview skills and statements, reviewing patient documentation).
- Succession planning to take account of support workforce staff moving on to HE level apprenticeships.

Best practice outside the sector

The survey asked respondents to provide or point to any examples of best practice they knew of from outside the sector - a few suggestions were made, which included:

- The Recognition of Prior Experience and Learning (RPL) platform developed by the College of Policing aligned with SEEC Credit Level Descriptors.
- Online resources, including: Unionlearn assessments, National Numeracy Challenge, BKSB, Skillwise (BBC), Princes Trust programmes, BMAT and UCAT clinical aptitude tests (past papers)

4.5 Success factors summarised

Ideally, employers (as education providers or contractors) would create or contract provision which contains all of the 'success factors' outlined so far and summarised below, as well as other practices shared through future activities outlined in Section 5

Employer planning

- HEE proactive in partnerships with employers, providers and adult skills funding sources
- Diagnostic assessment linked to online and face to face learning
- Sharing local intelligence between employers about Functional Skills providers and provision
- HEE reaching all employers – including Primary Care
- Preparation and confidence building: summer school with HEI used as prior to HE programme start; online numeracy programmes to develop maths skills and confidence – anytime anywhere
- Satisfaction data collected from learners and shared
- Succession planning to take account of support workforce staff moving on to HE level apprenticeships

HE provider partnership

- HEI partnership with employers tackle potential higher / degree apprentice basic skills needs in good time.
- HEI with capacity to teach basic skills
- Functional Skills provision offered and qualifications offered during the HE programme
- Direct route into HE programmes

FE provider partnership

- Local Partnership with FE College
- Dedicated college staff member
- A rolling programme
- Funded through levy (apprentices) and ESFA (other staff)
- Paper resources for those without digital devices/easy online access
- Staggered subject learning
- Weekly drop-in sessions for those who need most support

Learning at work with employer support

- English maths and ESOL offered and additional 1:1 learning support
- E-learning and face to face sessions
- Integration of Functional Skills and Care Certificate learning for all staff that need it.
- Provision in the workplace
- Time out for learning
- All staff eligible, learning at their own pace
- Support for a range of different learning needs

Whole organisation learning gain

- Dedicated member of staff in the organisation to oversee strategy and monitor progress of all staff
- Raising awareness of the value of functional skills, organising assessments, commissioning relevant training, providing a wide range of support and resources aimed at developing these skills in the workforce.
- Recognise and address transversal skills weaknesses at work and on placement (e.g., improving interview skills and statements, reviewing patient documentation).
- Apprentices gain Functional Skills qualifications
- Staff gain Functional Skills qualifications
- Improved confidence of staff
- Wider progression benefits for support workforce
- Better practice in care and leadership
- Improved confidence and performance to encourage mobility

Learning from practice outside the sector

Useful, adaptable examples of practices from outside the sector were submitted. These and others should be explored for applicability inside the sector. Work with 'outside' organisations with a shared interest – particularly those with a public sector brief - will be key to growing new ways of working and accessing specialist expertise.

4.6 Planning high quality provision

The survey asked respondents to say what should be included in a national strategy, how to measure the impact of their suggested actions and to outline the possible risks to success.

The actions suggested emphasised planning ahead:

- skills profiling linked to clear career guidance and pathways
- avoiding short term fixes
- teaching skills rather than 'teaching to the test'
- embedding basic and transversal skills learning into other training
- building bridges into HE
- succession planning.

Guidance and resources for employers should include and address all of the suggestions made below for planning high quality provision. Section 5 looks at how this could be done.

A Plan ahead - and go for high quality provision

- Improve access to high quality careers advice including careers clinics for all staff, workforce planning to start before young people leave school, horizon scanning to ensure education and training is future proof, mapping of current staff skills to understand what is required, work with other countries to agree standards.
- Use individual assessment and learning plans; make links with the National Care Certificate and embedded learning into scenarios and workbooks; interface with social care support workers as there is flow of people in both directions.
- Recognise that there are no quick fixes for this. These skills take time to learn and if we want to improve practice we should beware of short courses which teach to the test and don't build skills. Offer a range of support to gain the skills and qualifications including online, face to face, evening classes etc and study leave.
- Create clear pathways - and do not roll anything out until you have the correct foundations in place
- Succession plan, to take account of support workforce staff moving on to HE level apprenticeship

B Skills assessments connected to career pathways - from recruitment onwards

- Move to an asset-based approach - assessing what is required for the job profile - rather than relying on qualifications.
- Spell out what these skills are, minimum standards/ competencies around them, how people can work towards achieving them, what the outcomes will be.
- Adopt a tiered approach to [describing] transversal skills, creating a framework with an initial tier for level 1 to 3 and a second tier for level 4 to 8.
- Recognise and address transversal skills weaknesses at work and on placement (e.g., improving interview skills and statements, reviewing patient documentation).
- Develop career pathway routes and describe the support available. If English or maths support is required, take a clear approach to how we can support and assess.
- Provide dyslexia assessment free for staff seeking to progress.
- Introduce higher/degree apprenticeships – through self-assessment of skills and interests
- Build on own learned experience and uses existing reflective practice skills
- Guides staff towards making their own informed choices
- Develop staff internally in organisations to be able to educate and assess staff.

C Programmes designed to suit staff - not the other way around

- Provide high quality face to face learning - supported by online apps.
- Programmes to be offered in a year round rolling programme.
- Provision to be offered in the workplace - with face to face and E-learning sessions.
- Provide time out of work for learning.
- Have a dedicated provider [and or Trust] staff member on site.
- Provide a programme of support for those not ready to take or meet functional skills qualification requirements. Take a graded approach to avoid losing people.
- Provide support for those with additional learning needs.
- Provide more specific and useful guidance around where to source resources to get up to speed/ practice, how to take a test, how to retake the test, how to be certificated to the right level. If this can all be done online great, or otherwise more notified/ planned short courses at different locations with prompt response and action would be ideal.
- Provide up to date database of where individuals can increase their skills in these areas.
- Ensure support workforce staff have time out to consider their options.
- Encourage different employer staff to access provision across the sector in the local area.

D All basic and transversal skill learning to be contextualised in health and care

- Ensure application of skills is in the context of healthcare and the types of communication, calculations and data entry are relevant to healthcare roles - at whatever level is needed - in ESOL, language skills, maths, communication, digital skills, writing, reading and relationship building and provide additional 1:1 learning support.
- Provide digital skills learning for all staff – do not assume younger workers have great digital skills – the skills they have are not necessarily transferable.
- Teach digital skills where staff learn to adapt to SystmOne[9]/ EMIS[10] or any other programme used within primary care, hospitals and other settings.
- Train staff in CV drafting, making a successful job application, and interview skills.
- HEIs to target development of skills such as literacy and numeracy and 'transversal' skills in nursing courses.
- Integrate basic skills learning into Care Certificate learning for all staff that need it.

E Online resources

- Promote use of the HEE Functional Skills toolkit to employers.
- Provide free web-based teaching tools to employers for numeracy and literacy and systems that can assist those with English as a second language.
- Provide E-notes, pocket guides, real champions in the skills areas, and promote literacy skills - speed reading worked well for us - and maths, cooking on a budget.
- Provide online learning with YouTube clips - with other languages in text

9. https://en.wikipedia.org/wiki/SystmOne
10. https://en.wikipedia.org/wiki/EMIS_Health

F Viable funded provision

- Provide guidance on sourcing and commissioning relevant provision, via funding streams such as the ESFA Adult Education Budget, other sources of skills funding and/or direct employer investment in training.
- Build on and make best use of local FE College responsibility and expertise.
- Ensure there is funding to support the delivery of these programmes – the levy (apprentices) and ESFA AEB (other staff).
- Offer cross sector programmes - we have a lot of staff - but over time the need may reduce and gaining larger cohorts may best be done across the sector (to ensure a sustainable approach).
- Put greater pressure on colleges to provide short courses for free.

G Bridge building into HE

- Employers to create partnerships with HEIs to tackle potential higher / degree apprentice basic skills needs in good time.
- Explore scope for recognition of previous learning and competency documents, for self-assessment and clinical competency (such as with reference to the SEEC Credit Level Descriptors).
- Employers and FE to offer bridging programmes to prepare learners for academic study.
- Employers and HEIs to work on preparation and confidence building: summer school with HEI used as prior to HE programme start; online literacy and numeracy programmes to develop English and maths skills and confidence – anytime anywhere.

4.7 Positive impact - indicators

The survey asked 'What criteria would you use to judge the success (positive impact) of your ideas for a national strategy?'.

All the measures suggested depend upon employers having tools and processes, for systematic gathering of baseline data about skills across the workforce.

Most suggested that skills assessments should include and go beyond, English and maths skills.

> A range of outcomes measures would be possible - these could include qualifications achievements, but should extend beyond these to capture the full impact. Participation in relevant formal and informal learning should be captured too. Longer term outcomes, such as in work progression could be captured through longitudinal follow up, drawing on learners' progression data - e.g. into new roles, better contract, higher pay. Wider outcomes such as increased job satisfaction, self-efficacy could also be measured through validated tools.

> Review the pool that staff are drawn from - age; educational ability and then success to gain apprenticeship; clear career paths through the talent for care workstream showing how people transition successfully into roles.

Baseline data about the basics

> Scoping numbers of potential healthcare workers who do not possess English and maths at level 2 would be a starting point, then over a 1,2,3 year period re-scope to evaluate completion numbers.

Language skills

> Particularly with English: that there are fewer communication breakdowns or mistakes made due to a lack of understanding of what is required.

> Positive feedback from practice areas regarding handovers/record keeping, more people accessing course they wish to do and overseas nurses successfully completing the NMC [Nursing and Midwifery Council] registration process.

Maths

> Passing of assignments and calculation papers, assessments in practice of documentation and drug calculations.

Mobility

> Increased job mobility especially in Bands 1-4, but also at Band 5 level. Increased interest in the Nursing Associate role (plus less attrition during programme), Increased confidence in existing skills and abilities, increased cultural diversity in applications to study for roles at Band 4/5 level especially from the mature workforce.
>
> **Head of Professional Education, Learning & Development, University Hospital Foundation Trust**

Retention

> Reduction in attrition from selection process resulting in a bigger supply of staff being prepared for roles, if in house really waking up to inclusivity and diversity of staff needs and career pathway.

> Reduction in qualifications failure and staff attrition rates.

> Reduced turnover due to increased confidence and capability. Reduction in failure rates and retakes of skills assessment. Increased uptake of digital learning.

Data input from the workforce

> Data tracking of user access, midpoint and end point learner voice surveys, tracking a user's future employment through surveys (by email). Success rates in Functional Skills exams. Set targets for success rates and applicants to courses which can all be tracked numerically.
>
> **Functional Skills tutor, University Hospitals Trust**

Sharing data and analysis with staff at all levels

> Discussion/email/ being allowed to take part in ideas growth and implementation.

4.8 Risks

Many of the positive actions suggested by survey respondents constituted improvements and changes to existing practice. There is no doubt however, that these changes will involve staff time and energy, as well as expertise and commitment to achieve. There is a clear role for a dedicated staff member to oversee and make the strategy work across the organisation – the job should not be added to the existing responsibilities of already pressed staff. The benefits to the employer are articulated in this report and include better access to ESFA funding, improved quality of provision, better recruitment and retention of apprentices, and the beginning for some, of a whole organisation approach to learning and the benefits that flow from that.

Survey respondents repeatedly identified these risks:

A. Insufficient time (for learning)

B. No time (to replace staff while learning)

C. No funding to meet costs (of staff taking time out)

D. Absence or a lack of commitment from their management and the whole organisation

Other risks identified:

Short termism

> The resourcing needs to be long term and not 1-2 years of an initiative. HEE needs to provide direction and resourcing in a timely fashion to support integration into workforce plans... Failure to support effectively will see our staff left behind as we progress into the digital age and have an impact on patient care.
>
> **Apprenticeship Lead, NHS Foundation Trust**

Low self-esteem and poor experiences of formal education

> Cost of setting up and communicating such a resource and encouraging completion. One of the key learning points in my role with trainee nursing associates and nursing associate apprentices who do not possess English and or maths qualifications to enable them to develop their careers into nursing is often low self-esteem and not just a fear of maths for example. Developing a positive self-image as a support worker is challenging with many having been established in their HCSW roles for many years + anxiety of academia.
>
> **University Head of Apprenticeships**

> It is challenging for staff to gain release time from clinical areas. In addition, staff may be afraid to admit they experience challenges with numeracy and literacy. They may also find it difficult to discuss with family, friends and work colleagues. Dependent on previous experiences, staff may find the formal classroom scary and therefore the setting needs to be more relaxed and we need to use different teaching styles to support their education.
>
> **Head of Multi Professional Education, NHS Trust**

Multiple risks

> Cost and time to implement...Management of the online system and programme as a whole...Finding qualified and motivated Functional Skills tutors...
> ...Trusts working collaboratively...Risks of students being "lost" in system...Future tracking difficult and relies on past students completing surveys.
>
> **Functional Skills tutor, University Hospitals Trust**

4.9 Current and upcoming policy opportunities and risks in FE and HE (in England)

Most survey responses showed that employers were not on top of current education policy developments – and this is not surprising. The position is often complex, shifting and in need of some interpretation for employers and their staff with an interest, both in influencing policy at national and local levels and in securing what employers need and should expect from FE and HE providers.

HEE should facilitate access to specialist intelligence, analysis and resources, particularly where government invests in these, through public and trusted charitable organisations and where there is a mutual interest in using those resources to build the basic and transversal skills of the health and care workforce.

Augar review of post-18 education

There are 'pros and cons' for the recommended strategy in the Augar Review of Post-18 Education (DfE 2019). At the time of writing (July 2019), it is too early to say how the Augar recommendations will play out. Opportunities and risks in the Augar Review recommendations (relevant to this study and report) include:

— 'Restoration of adult entitlement to free tuition for their first full Level 2 and 3 qualifications.'

Potentially, this would allow health and care staff to freely access level 2 and 3 programmes and qualifications designed for preparation for entry to higher/degree apprenticeships.

— 'Withdrawing financial support for foundation years attached to degree courses.'

There are currently no figures for the number of foundation year students who progress into health and care vocational degree (apprenticeship) programmes but this withdrawal would cut off one potential route for people wishing to enter a Nursing Associate or other vocational health apprenticeship programme at university.

— 'Funding for Level 6 and above apprenticeships should normally be available only for apprentices who have not previously undertaken a publicly-supported degree.'

This would negatively impact on people seeking entry to health occupations through degree apprenticeships who already hold a 'publicly funded degree' in another subject/ vocation. Such a move would also create a major barrier for health and care employers meeting public sector apprenticeship recruitment targets and limit opportunities for them to be able to recruit the workforce they need.

Digital Skills

'More than half of UK employees (53%) do not have the digital skills needed for work. 54% of the population uses the internet to work, a 15% increase since 2018 (47%)'. (Lloyds Consumer Digital Index 2019).

> The…team help staff with their IT access requests and have supported senior management with some IT applications.
> **Practice Development Midwife**

Digital skills are not (explicitly) required as a basic skill, for apprenticeship achievement. Survey respondents did refer to Digital skills and said what was needed:

> Digital Skills, a course that helps improve [workers and apprenticeship] candidates' IT skills, so they can adapt to System1 / EMIS or any other programme used within primary care/ hospitals, etc.
> **Health care support worker, Primary Care**

> Support for adult learners who are not computer literate, to achieve the required competencies in digital skills'
>
> ICT support for clinical staff Apprentices and non-Apprentices'
> **Apprenticeship & Vocational Development Manager**

The education policy position on digital skills has recently shifted. From 2020, learners aged 19 and will be fully funded to achieve basic digital skills, through the ESFA Adult Education Budget (AEB).

The government's 'Essential digital skills framework' (DfE 2019) and recent 'National standards for essential digital skills' (DfE 2019) itemise 'essential' digital skills for life and work.

Incorporating digital skills into the HEE 'Skills for Life' strategy needs to take account of the new framework and standards and the opportunities these offer health and care employers to upskill staff. The framework is at Entry and level 1 only but could provide a baseline reference point for minimum digital skills across the whole workforce.

There is no neat dividing line between basic and transversal digital skills – and evidence for the survey suggests that there are now greater demands on the workforce to use more complex digital skills, and to operate and use different digital applications across occupations and at all levels. Digital skills education provision must respond to these developments and be tailored to the changing demands of the health and care workplace.

ESOL

> Learning and Work Institute research into the progression of people whose first language is not English into apprenticeships suggests there are a number of barriers which inhibit progression. In many industries, bi- or multi-lingual staff can be an asset (and one case study example suggested this is particularly relevant in care settings). However, the lack of tailored English language support to meet the English requirements in apprenticeships can mean that people find it difficult to be accepted on to a programme, or into employment as an apprentice.
> **Alex Stevenson, Head of English, Maths and ESOL, Learning and Work Institute**

In survey responses a lack of ESOL provision was regarded as a major issue but there were few direct suggestions about what to do. Employers are offering ESOL provision (see case studies in Section 4.4) but no specific ESOL best practice examples were offered. This does not mean good practice is not happening.

Health and care regulatory body language proficiency requirements for 'overseas qualified staff' are not addressed in this report, though there is evidence that overseas qualified staff may take up posts as HCSWs and present with ESOL learning needs.

> 'Many London HCSWs' and nurses or aspiring candidates have qualifications from overseas and need help and guidance to achieve GCSEs or functional skills prior to entering university for further study. They may have maths skills but if their English language is limited then they struggle with the more complex maths questions and fail their tests.

A national (government) strategy for ESOL in England will be published in Autumn 2019. There is hope, given responses to government consultation (Integrated Communities Strategy Green Paper, Summary of consultation responses and Government response, February 2019) that the need to provide ESOL for those at work will be addressed in the strategy.

ESOL has to be included in an integrated HEE Skills for Life strategy, but there appears to less confidence among employers about what needs to be done and how to act, compared with maths, for example. 'People whose first language is not English' form a significant part of the workforce but they are not homogenous in their language learning skills or needs, and may have overseas qualifications in health and care and be working in the support workforce.

Other current policy developments

This blog post summarises the volume of policy developments and consultations taking place at the time of writing:

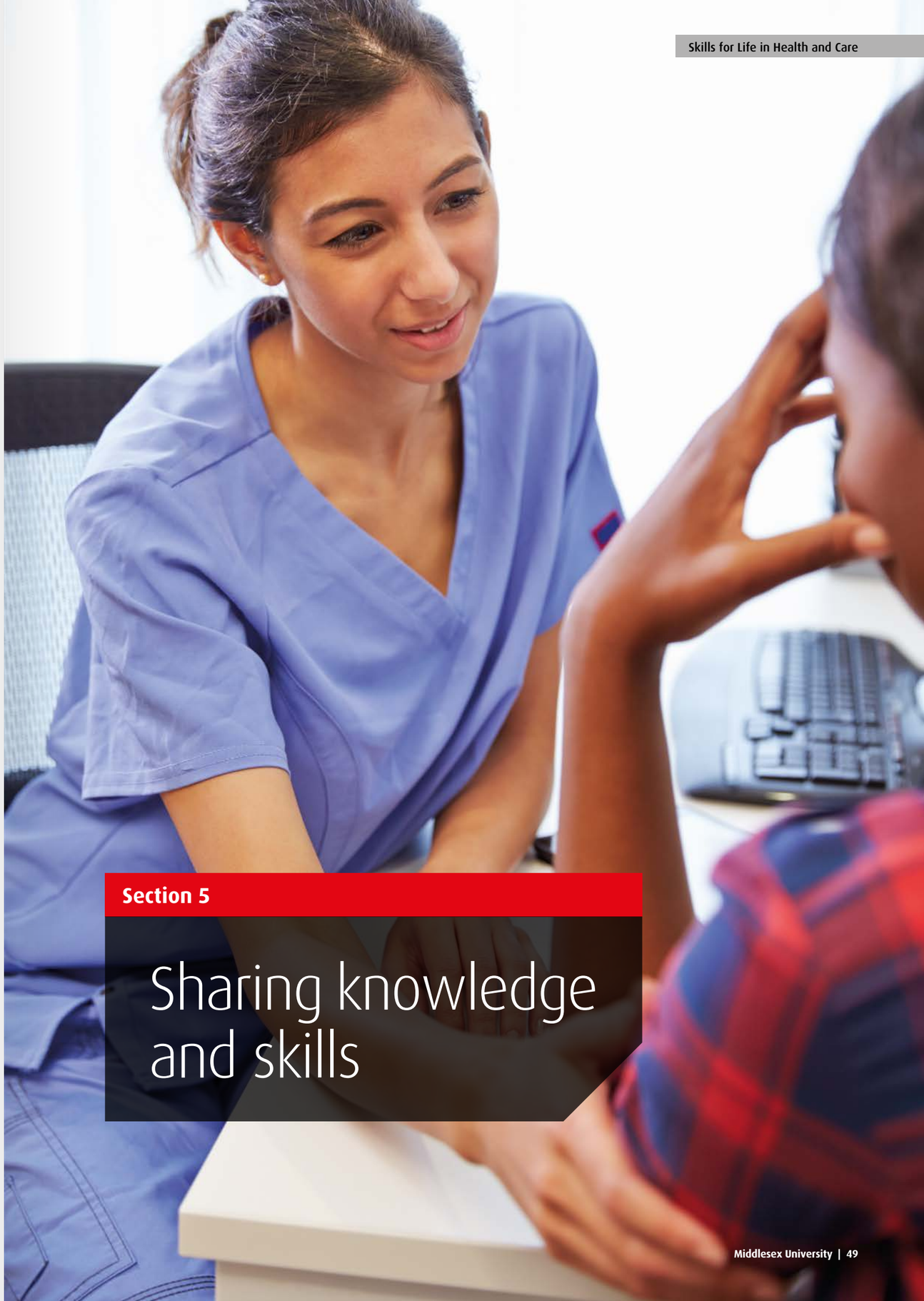
'If you are a UK adult educator, you are probably a bit taken aback by the sheer number of current inquiries into lifelong learning. The Liberal Democrats and Labour Party both have their own inquiries, another is being led by the college sector, and the House of Commons Select Committee on Education has just announced its own study of adult skills and lifelong learning. And these come on the heels of a variety of high level reports in the past couple of years.

No wonder that some of us are inquiry-weary... So I hesitate, if only briefly, before urging you to respond to the Centenary Commission on Adult Education.' (The Learning Professor, June 2019)

Access to policy expertise and resources

There are complex issues needing specialist expertise if HEE is going to develop a responsive and successful Skills for Life strategy. There no easy fixes for some the issues described in this subsection – but there is expertise available – trusted and sometimes already funded by government – that could help. HEE should work with key national organisations and networks to support the improvement of basic and transversal skills in the health and care workforce, to ensure the sector benefits from government investment in adult basic skills teaching and learning. This could include working with:

- The Learning and Work Institute – on ESOL pathways for progression for health and care apprentices; on improving English, maths and digital skills learning at work with healthcare employer-providers
- Unionlearn – on using basic and transversal skills case studies of 'what works' practice in healthcare settings and involvement in the partnership work above.
- The Council of Deans of Health – on HEI admission issues and how these might be addressed; on sharing (and informing) best practice in addressing English and maths admissions issues; on sharing emerging thinking and forward strategy for the identification of transversal skills for person-centred care, to take soundings from HEIs on the approach and implications as they see them.
- Education and Training Foundation - support and resources for access to professional development for Health and care employer provider staff.
- NHS employers – on involvement in the partnership work above.



Section 5

Sharing knowledge and skills

Sharing knowledge and skills

Section 1

is about identifying **which basic and transversal skills are needed** for person-centred health and care.

Section 2

is about how to find out **who has these skills** in the workforce.

Section 3

is about **whole organisation commitment** and access to learning these skills.

Section 4

is about **progression issues and finding solutions from best practice**, with learners, practitioners and managers in health and care.

Section 5

is about how to share knowledge and best practice in basic and transversal skills, within a health and care employer Skills for Life in Health and Care network.

Goal 5

Facilitate networking between health and care employers and education providers, to share knowledge and best practice in the learning and development of basic and transversal skills.

Actions:

5.1 Establish a network - starting with the 80 respondents to the survey - to develop and share their skills and learning about how to make basic and transversal skills learning happen effectively.

5.2 Explore relatively cost-effective ways to share learning now-to facilitate knowledge and skills exchange among those with an interest in the sector, starting with the potential network of practitioners that responded to the survey for this study.

In this section:

5.1 Key Findings

This study has generated much interest from people working in the health and care sector – from front line skills workers, including tutors, organisers and their managers, as well as apprentices and would-be apprentices. They have provided evidence about progression issues for the workforce and how they have tried - and in many cases succeeded - in overcoming them. They have described what they would like to see and have access to, in a national enabling strategy for basic and transversal skills. Their collective knowledge and skills are an asset and a national strategy, with the long list of recommended actions in this report, needs their involvement, skills and imagination.

Examples of successful practice have been selected for the report from those submitted – there are no doubt many more successful practices that could be shared. One key task for the national strategy is to find creative new ways to extract and share learning from best practice, among those with a mutual interest.

A key aim should be to close the gap between testing actions and sharing improvements widely, HEE facilitating practitioner exchange - using active 'real time' analysis of effectiveness, and using as many mechanisms as are (effective and cheaply) available to do so. This section suggests practical ways to do this.

- The 80 survey respondents are potentially the first members of a new network, coming together positively to develop and share their knowledge and skills about how to make basic and transversal learning happen effectively.
- There are cost effective ways to share learning now, and HEE should take advantage of these to facilitate knowledge and skills exchange in the sector, starting with the potential network of practitioners that responded to this survey.
- Many survey respondents asked for new ways of working together:
  - to access the means to share knowledge, expertise and experience
  - to learn from others about how to develop a whole organisation approach
  - about how to develop capacity to design and deliver new ways of teaching and learning
  - to get access to tools they can use for holistic skills assessment and monitoring of progress
  - input on learning how to organise and develop basic and transversal skills imaginatively
  - access to the right learning resources – for online and face to face learning
  - for ways of using mentoring and peer learning to encourage mutual support and throughout – a means of working within and across institutions to do this.

This report has set five goals and recommends actions to achieve them. This section suggests cost effective ways of taking the next step, which will involve HEE in adopting new practices in teaching and learning using methods that may be new to some in the organisation and sector. Sharing knowledge and skills on line is not a solution in itself – methods and technology can work poorly, the subject matter can be dull and badly communicated or irrelevant – but platforms and methods now available are cost-effective, user-friendly and capable of doing as much and more than is possible using traditional methods. With reliable and easily understood means to share learning online, face to face learning and networking can be used when appropriate and needed and not be the only option. 461 people attended two skype broadcasts[11] on the draft findings and recommendations for this report. Even with a limited platform we reached many people who would not have attended or even been invited to a face to face meeting – costs would have made such a meeting impossible.

The following sub-sections are intended to help HEE consider ways it can kick start actions to achieve the goals in this report.

11. HEE skype broadcast July 31 2019.

Sharing knowledge and skills

5.2 Communications

HEE should reframe the national 'adult skills problem' positively: the NHS is an employer which provides and improves basic and transversal skills for staff, including apprentices;

> Make Health and care as a sector where people want to apply for jobs – employment where people can progress, learn, and grow.
> **Social Care Manager**

Basic and transversal skills should be seen as:

- skills which help to bond teams to work more effectively
- skills that everyone needs - to keep up with technological and social change, regardless of educational attainment or status.

5.3 Skills for Life in Health and Care Network

HEE should establish a Skills for Life in Health and Care Network. The 80 survey respondents could be invited to become members, along with any others in the sector (and associated with the sector) with an interest. The goal of the network is to:

- Facilitate networking between health and care employers and education providers, to share knowledge and best practice in the learning and development of basic and transversal skills.

HEE should act as facilitator of learning for the network, developing high level positive messaging and using the methods outlined in this section to oversee and the sharing of knowledge and skills.

12. MOOC – Massive Open Online Course

5.4 Using a dedicated webinar platform

HEE should use a dedicated webinar platform to:

Offer regular open access to knowledge sharing and expertise, allowing network members to contribute, present and share practices, and evaluate these systematically. A webinar can be specialised, local, regional or national and can be used and as an online tool for both informal and structured learning. Webinars can be open or closed (invitation only) and used to:

- Share practices outlined in this report interactively with network members
- Canvass network views on what resources and high-level guidance they feel needed
- Share basic and transversal skills resources and information that is already available
- Bring in and share specialised expertise from outside the sector – in for example, planning ESOL provision, developing Digital Skills provision, skills profiling, using diagnostic tools, accessing ESFA AEB funding, reviewing and choosing online learning resources.
- The right webinar platform would also allow HEE to:
  - Ask questions of registrants in advance of any webinar
  - Poll participants on actions or views during the webinar
  - Use video and infographics
  - Attach documents to share during the webinar
  - Automate post webinar evaluation
  - Produce analytics on participant reaction
  - Evaluate reactions to the webinar and ask participants follow up questions
  - Produce reports on any of the above in a useful, shareable format

5.5 HEE should commission MOOCs

HEE should commission MOOCs in areas of specific interest in response to network suggestions and requirements. Universities and other education providers can develop MOOCs[12] relatively cheaply and these can be shared via learning platforms or freely using YouTube or Vimeo, for example. MOOCs can also be developed from edited sections of recorded webinars.

5.6 Visualising the network and skills for life in health and care

Brief audio-visual introductions to the network are useful for those new to the network itself: what the network goals are, who is involved, and how it operates. Video/infographics are also useful for describing and explaining subjects of interest.

For example:

- the Skills for Life concept of what constitutes basic and transversal skills
- fictional narratives of real staff in different roles and levels, including apprentices, explaining what basic and transversal skills are needed and used in doing their job and why, alongside examples of how basic and transversal skills are learned.

5.7 Newsletters

HEE should create a network newsletter, briefing for example, on new relevant policy developments and sharing practices. The opportunity for comments and feedback should be included in further newsletters, helping to build a feeling of membership and collective endeavour.

5.8 Guidance documents

One now traditional approach to offering support is to produce online guidance documents. These should be produced for network members after canvassing opinion on what might be useful. Guidance documents could take the form of downloadable 'guidance sheets', to avoid delays in production of a whole 'guide', and to stay relevant on specific questions, concerning funding or diagnostic assessment, for example. They could more easily be targeted at different sections of the network (managers, programme leaders, tutors and apprentices) and be used as handouts, flyers and checklists, as required.

5.9 Learning resources

HEE should consider purchasing licenses for network members, for:

- Skills assessment tools
- Diagnostic assessment
- Online learning resources

5.10 'Slack' – sharing knowledge and skills directly across the network

Webinars are a 'one to many' means of sharing skills and knowledge. HEE would have to organise and schedule webinar series in advance – and organising webinars properly takes time and resources, though the benefits can be significant.

However, network members need to be able to communicate and work with each other directly.

HEE could facilitate use of a platform for the network, such as 'Slack'. HEE could control membership, act as moderator and allow free exchanges of questions, ideas, knowledge and skills between members.

Slack users could also put up questions at any time and HEE could schedule live sessions to pick up and answer these.

Slack would also be useful for:

- Mentoring
- Sharing workstream tasks at national/ regional/local network level.
- Forums for interest groups to share thoughts and ideas on actioning goals in this report.

NOTE: to avoid security issues, both webinar and Slack type platforms could be accessible via the web, rather than requiring software download.

5.11 Website

HEE should use its existing Skills for Life website as a 'shop window' for the network, concentrating on providing useful links and offering downloads for any visitor.

5.12 New ways to test ideas across the network

The Skills for Life in Health and Care network could be used to introduce quite different ways of working.

One tendency in this study was for employers/providers to show an attachment to a particular practice that worked in one setting and suggest it be replicated across the country. This is understandable when a practice adopted in one setting appears to work well. However, the practice of linear replication is often centralised, slow and can be expensive, especially where it does not always work.

'Crowdsourcing' involves a network of practitioners and learners trying out different practices simultaneously using shared criteria to review and feedback.

So, for example:

- HEE might offer access to a number of online learning packages to employers and their staff for a limited period to review and feedback to HEE before purchasing a license
- Network members may share different ways of involving all staff in a maths taster session and assess which works best for them.

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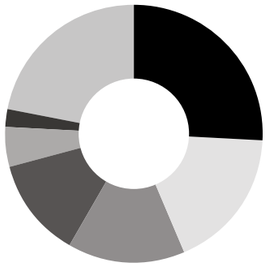
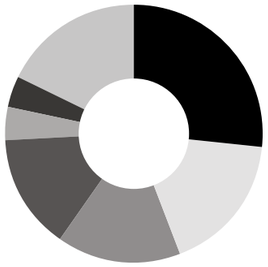
Appendix

Survey questions



What best describes the area you work in?

- Research and/or teaching - **25 (26%)**
- Clinical - **17 (17.7%)**
- Human Resources - **14 (14.6%)**
- Strategic planning and policy - **12 (12.5%)**
- Administration - **5 (5.2%)**
- Executive team - **2 (2.1%)**
- Other - **21 (21.9%)**



What best describes your role? You can tick more than box.

- A manager leading preperation to work programmes (including appreticeships) for your organisation - **26 (26.8%)**
- A senior leader responsible for the organisation's strategy and policy - **17 (17.5%)**
- A practitioner delivering preperation for work programmes (including appreticeships) for your organisation - **15 (15.5%)**
- A researcher or teacher/trainer - 1**4 (14.4%)**
- An officer working within a central department - **4 (4.1%)**
- An apprentice/student/trainee - **4 (4.1%)**
- Other - **17 (17.5%)**

5. How are weaknesses in English and maths - and in other transversal skills - impeding entry or progression into these (and other) healthcare professions? You may wish to make some general points in the first box below.

5a Health and social care support worker

5b Registered Nurse

5c Registered Midwife

5d Nursing Associate

5e Other role or profession, please specify and say how

6 We are interested in any small or large scale examples of good practice which have had or are having a demonstrable impact on progression and performance in the and social care workforce. Can you outline or point to examples of good practice which are helping to overcome these weaknesses?

6a Do you know of relevant practice and products available or in development outside the sector, that could be adopted / adapted for use in the health and social care sector?

7 What do you think should go into a HEE national strategy for the development of transversal skills? We would welcome ideas that are scalable, sustainable and cost effective and address one or more of the full range of transversal skills - including language literacy, maths, communication and digital skills

7a What criteria would you use to judge the success (positive impact) of your ideas?

7b What do you think are the risks or obstacles to your ideas being successful?

8 Would you be willing (in principle) to provide further information about your responses? Your personal privacy will be protected, on the same terms as outlined in the introduction to this survey.

Notes

Notes

Find out more

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