



A report of an evaluation  
of the NHS South West  
Joint Investment Framework

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on behalf of the NHS South West Joint Investment Framework Board

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2Gether NHS Foundation Trust  
Avon and Wiltshire Partnership NHS Trust  
Cornwall Partnership NHS Trust  
Devon Partnership NHS Trust  
Dorset County Hospital NHS Foundation Trust  
Dorset Healthcare NHS Foundation Trust  
Gloucestershire Hospitals NHS Foundation Trust  
Great Western Hospitals NHS Foundation Trust  
Great Western Ambulance Service NHS Trust  
NHS Bath and N.E. Somerset  
NHS Bournemouth and Poole Teaching  
NHS Bristol  
NHS Cornwall and Isles of Scilly  
NHS Devon  
NHS Dorset  
NHS Gloucestershire  
NHS North Somerset  
NHS Plymouth  
NHS Somerset  
NHS South Gloucestershire  
NHS Swindon  
NHS Wiltshire  
North Bristol NHS Trust  
Northern Devon Healthcare NHS Trust  
Plymouth Hospitals NHS Trust  
Poole Hospital NHS Foundation Trust  
Royal Cornwall Hospitals NHS Trust  
Royal Devon and Exeter NHS Foundation Trust  
Royal National Hospital for Rheumatic Diseases  
Royal United Hospital Bath NHS Trust  
Salisbury NHS Foundation Trust  
Somerset Partnership NHS Foundation Trust  
South Devon Healthcare NHS Foundation Trust  
South Western Ambulance Service NHS Trust  
Taunton and Somerset NHS Foundation Trust  
The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust  
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University Hospitals Bristol NHS Foundation Trust  
Weston Area Health NHS Trust  
Yeovil District Hospital NHS Foundation Trust

Further copies of this report are available from:  
<http://www.dayinthelife.org.uk/jifevaluation.aspx>

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## Executive Summary

1. In July 2007, Strategic Health Authorities, Skills for Health and the Skills Funding Agency, (formerly the Learning and Skills Council) agreed a Joint Investment Framework (JIF) to provide funding for development of staff in NHS Agenda for Change (AfC) banding 1-4. The JIF was a three year agreement to invest up to £5million in each Strategic Health Authority Region in England (Section 1.1).
2. In NHS South West, dedicated Strategic Health Authority funding was centrally distributed to each NHS organisation in the South West. Organisations accessed Skills Funding Agency funding through a Train to Gain contract held by NHS Devon on behalf of South West NHS organisations and through Train to Gain contracts held by external education providers. Skills Alliance Groups in three geographical areas: Devon and Cornwall; Dorset and Somerset; Avon, Gloucestershire and Wiltshire supported the implementation of the JIF. A Joint Investment Framework Board was established to oversee the initiative (Section 1.2).
3. Key aims of the JIF in the South West were to achieve better skills, learning and qualifications to improve patient care and the delivery of services and to ensure the development of staff in bands 1-4 becomes a mainstream activity (section 1.2).
4. The JIF Board worked with the University of the West of England, Bristol, to assess the impact of the JIF and to identify effective practices in supporting learning and development for staff in bands 1-4. The evaluation utilised the NHS Staff Survey to explore the learning environment for all staff and for bands 1-4 in NHS organisations. The findings are reported under Kaplan and Norton's (1996) Balanced Scorecard quadrants: service improvement (customer); finance; learning and growth; internal business process (Section 2).
5. It is difficult to use the NHS Staff Survey as a source of information about bands 1-4 as publicly available reports on organisations do not provide analysis of data by AfC banding. Nevertheless, between 2008 and 2009, the Surveys indicate some improvement in learning opportunities for bands 1-4 (Section 3.1.1)

6. Skills Funding Agency and NHS Devon data show that since 2007 staff in bands 1-4 have undertaken more than 1,865 qualifications funded through Train to Gain/Skills Funding Agency. NHS South West funding has supported over 6,000 learning interventions. The flexibility of the Strategic Health Authority funding has enabled organisations to support short and non accredited courses as well as learners and qualifications not eligible for Skills Funding Agency funding. It has, however, been difficult to identify accurately the number of learning interventions and learners supported through the JIF as the Skills Funding Agency does not have a mechanism to track learning according to employer (Section 3.1.2).
7. The availability of dedicated funding has raised organisations' awareness of the learning and development needs of bands 1-4. JIF funding has improved in-house learning provision through improving provision of information, advice and guidance, improving assessment practices and raising teachers' qualifications. Staff learners report positively on learning provision. Nevertheless learners' comments identify unmet demand, a possible consequence of raising expectations (Sections 3.1.3 and 3.1.4).
8. Staff learners and their line managers report that learning has led to an increased understanding of their role, increased knowledge and understanding about their activities, increased confidence, improved communication skills and a greater focus on the needs of the patient/customer. Changes in skill levels amongst support staff can improve productivity as well as the quality of patient care (Section 3.1.5).
9. Managing the NHS Devon Skills Funding Agency contract was challenging because NHS organisations lacked understanding of Skills Funding Agency processes. Similarly, Skills Funding Agency processes are focused on the Further Education sector, with the emphasis on the learner and do not take account of employer needs. Nevertheless, to date, £565,000 has been allocated to support bands 1-4 staff learners through the NHS Devon contract. The JIF has also led to organisations accessing Skills Funding Agency funds through commissioning education from external providers with Train to Gain contracts. In the early stages, Business Link Skills Advisers (formerly Skills Brokers) supported the commissioning process. Through the JIF initiative, £1.3million Strategic Health Authority Multi-Professional

Education and Training (M-PET) funding has been allocated to bands 1-4 in each of the three years (Section 3.2.1- 3.2.4).

10. Sharing experiences within the Skills Alliance Groups has promoted awareness of value for money in education commissioning amongst NHS organisations (Section 3.2.5).
11. Skills Alliance Groups have also facilitated the development of learning communities amongst organisations in the sub-regions and promoted partnership working between NHS organisations and between JIF stakeholders. The JIF provided a catalyst for discussion and collaboration and has raised the profile of Skills for Health, National Apprenticeship Service, Business Link and the Skills Funding Agency amongst NHS organisations (Section 3.3.1).
12. The Skills Alliance Groups have also raised intelligence and understanding about working in partnership with external education providers. Individual organisations have established strong partnerships with external providers through collaborating to develop bespoke awards to meet the needs of the NHS (Section 3.3.3).
13. Staff learners report personal gains from learning and development including improved knowledge and understanding, an ability to reflect on their roles and work, feelings of self worth, a love of learning and opportunities for career progression. Some band 3 staff report an interest in gaining more recognition for their skills and interest in continuing development and opportunities (Section 3.3.4).
14. The Strategic Health Authority has changed its approach to commissioning continuing professional development, inviting tenders to meet the needs of all the workforce, bands 1-9. This change will ensure meeting the development needs of bands 1-4 becomes a mainstream activity (section 3.4).
15. Exposure to the expectations of the Skills Funding Agency has led to in-house providers managing their own learning provision more effectively. Improved monitoring and changes in assessment practices have led to more timely completions, enabling learning and development departments to support more learners. Nevertheless, the availability of assessors in clinical

settings remains a challenge for in-house providers and there is room for improvement in relation to data entry on learners' records (Section 3.4.1).

16. The Strategic Health Authority's approach to allocating funds in the second and third year of the JIF has emphasised the importance of learning supporting patient pathways. This approach has promoted alignment of learning and workforce planning (Section 3.4.2).
17. The JIF initiative has improved the quality of the learning environment for bands 1-4 as evidenced by some data from the NHS Staff Surveys, raised quality standards for in-house learning provision and increased awareness of bands 1-4 development needs at organisational and regional level. Staff learners and line managers report improvements in the quality of service user experience through developments in staff skills and knowledge (Section 4.1).
18. The JIF has supported innovations in learning provision to support innovations in service delivery, for example through Assistant Practitioner roles and the introduction of Apprentices into the NHS (Sections 3.4.2 and 4.1).
19. The JIF has supported improvements in productivity through increasing training opportunities for bands 1-4, thereby releasing their potential through increasing their competences and understanding of their own role. Raising the level of key skills amongst support workers improves the ability of workers to create a safe environment for care and prevent untoward events. The JIF has also helped organisations improve the effectiveness of their learning provision and commissioning (Sections 3.1.5, 3.4.1 and 4.1).
20. In the South West, the JIF successfully met its aims. Organisations have increased their awareness of the development needs of the support workforce and have taken responsibility for meeting these needs. The JIF has helped the Skills Alliance Groups to forge strong partnerships across NHS organisations and raised awareness of external funding sources and key agencies such as Skills for Health (section 4.2).
21. Current policy changes create uncertainty about future sources of funding to ensure the development of the whole of the workforce is a mainstream activity. The White Paper *Equity and Excellence: Liberating the NHS (DH 2010)* does not acknowledge the importance of bands 1-4 in the continuing



development of the NHS workforce and service delivery. The successful development of support staff to take on new roles at band 4 is essential to developing a flexible workforce capable of responding to the demands of workforce redesign. The JIF initiative has made visible the potential and productivity of staff in bands 1-4 (Section 4.2, Section 5).

# 1. The Joint Investment Framework

## 1.1 Background

In July 2007, Strategic Health Authorities, Skills for Health and the Skills Funding Agency (formerly the Learning and Skills Council) agreed a Joint Investment Framework (JIF) to provide investment in National Health Service (NHS) Agenda for Change (AfC) banding 1-4, as part of the Government's wider strategic agenda to improve the skills of the nation. It was a three year agreement to invest up to £5 million in each region in England, brokered by Skills for Health. The JIF built on earlier Department of Health initiatives such as the National Health Service University (NHSU), which sought to address the lack of investment in learning and development for staff on grades 1-4, and on the Skills Funding Agency's experience of matched investment initiatives as part of Sector Compacts. The National Director for Widening Participation, in his first report to the Department of Health in 2006, identified that 40% of NHS staff are qualified only at National Vocational Qualification level 2 and noted 'this cannot be viewed as a satisfactory state of affairs in a sector that depends so heavily upon the effective development and application of knowledge' (Fryer 2006 p.17). A key 2006 Department of Health policy document *Our health, our care, our say: a new direction for community services* noted:

*'The NHS and social care sectors spend more than £5 billion annually on training and developing staff. Only a small fraction is targeted at staff working in support roles – the least qualified don't get the opportunity to participate in learning and development....It is not acceptable that some of the most dependent people in our communities are cared for by the least well trained' (DH 2006)*

## 1.2 The Joint Investment Framework in the South West

The development of the JIF in NHS South West coincided with the merger of three Strategic Health Authorities (South West Peninsula; Dorset and Somerset; Avon, Gloucestershire and Wiltshire) into NHS South West. In NHS South West, in April 2010, 49,748 staff (40.9% of the workforce) were employed in band 4 and under. Amongst administration and estates staff 15,312 (62.7%) were in band 4 and under and amongst nursing and midwifery staff, the percentage was 20.7%.

In 2007 the newly formed SHA held the responsibility for operationalising the JIF. To promote networking and sharing of good practice around training and development,

NHS South West established Skills Alliance Groups (SAGs) in each of the three geographical areas:

- Devon and Cornwall;
- Dorset and Somerset;
- Avon, Gloucestershire and Wiltshire.

These groups built on existing informal local networks. In Devon and Cornwall, for example, the former South West Peninsula Strategic Health Authority had already gained a contract for delivery of Train to Gain funding. (Train to Gain has been the mechanism for directing government funding to employee training). The success in gaining the contract was based on the established National Vocational Qualifications Centres in NHS organisations and matrix accreditation<sup>1</sup> for information, advice and guidance through the Royal Devon and Exeter NHS Foundation Trust. In addition, prior to the introduction of the JIF, NHS South West, with funding support from Skills for Health and the Skills Funding Agency, had commissioned a comprehensive training needs analysis for bands 1-4. Although staff academic achievement level could not be confirmed, the analysis demonstrated the need for investment to support service delivery.

A main task for any Region implementing the JIF was to identify the mechanism for accessing dedicated Skills Funding Agency funding and distributing dedicated Strategic Health Authority funding. Skills Funding Agency funding could be accessed through Train to Gain contracts held by NHS organisations or external providers. Hence the Strategic Health Authority invited Devon PCT (now NHS Devon) to take on a Skills Funding Agency JIF contract on behalf of the NHS organisations in the Region, building on the experience of the South West Peninsula Strategic Health Authority contract. To encourage devolved and shared responsibility for the Skills Funding Agency JIF contract, Principal Organisations were identified within each of the SAGs:

- NHS Devon (Devon and Cornwall);
- NHS Dorset (Dorset and Somerset);
- North Bristol NHS Trust (Avon, Gloucestershire and Wiltshire).

The Strategic Health Authority established a service level agreement with the Principal Organisations to implement the JIF Skills Funding Agency contract. The SAGs became an important vehicle for implementing the JIF and implementation of the JIF became a significant catalyst for the development of the Skills Alliance

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<sup>1</sup> The matrix standard is the national quality standard for any organisation that delivers information, advice and/or guidance on learning and work, developed by the Government and the Guidance Council

Groups. SAGs promoted ownership of responsibility by the employers for operationalising the JIF and for the development of staff in bands 1-4 amongst the 40 NHS organisations in NHS South West. Organisational ownership was a key aim of the Strategic Health Authority.

In the first year, Strategic Health Authority JIF funds were distributed directly to each individual organisation on a pro-rata basis, according to the numbers of staff employed in bands 1-4. The JIF agreement became the lever for securing dedicated funding for bands 1-4 from the Multi-Profession Education and Training (M-PET) budget. In the first year of JIF funding, Strategic Health Authority funding supported infrastructure development costs in order to help organisations meet the quality standards for learning provision expected by the Skills Funding Agency. Whereas some organisations had well established Learning and Development departments, others required infrastructure investment. The Strategic Health Authority also provided administrative costs for the Principal Organisations to support the demands of managing a Skills Funding Agency contract.

In years 2 and 3, to access Strategic Health Authority JIF funds, organisations were asked to submit plans for use of the funding for approval. Organisations were expected to align learning and development to strategic service needs, notably the development of care pathways in priority areas. In years 2 and 3 JIF funding also supported workforce needs, through developing apprenticeship programmes. The flexibility of Strategic Health Authority funding (which, unlike Skills Funding Agency funding, is not restricted to approved qualifications) also allowed individual learning needs to be met and supported development of specific clinical competences not covered by approved qualifications.

When the plans for JIF implementation were agreed, key partners (Skills for Health and Skills Funding Agency) co-funded a JIF manager whose brief would be to support the success of the NHS Devon JIF Skills Funding Agency contract by working with the Principal Organisations and the learning provider Trusts hoping to access the JIF Skills Funding Agency funds. Unfortunately the JIF manager took long term sick leave in 2008 and a key resource, who would have played a supportive liaison role, was lost. As they evolved, the SAGs took on some of the functions of the manager role. In the early stages of the JIF, the Strategic Health Authority worked with the Business Link Skills Adviser network to increase the Business Link Skills Advisers' understanding of sector needs. Business Link Skills Advisers subsequently worked

with NHS organisations to help them conduct training needs analyses to identify the academic level of the workforce. They also offered support in identifying training provision and funding streams to support appropriate training.

The Strategic Health Authority established a JIF management group to assist implementation and a JIF Board to monitor operational activity and provide strategic guidance. The JIF Board was established in Autumn 2007 and met with full membership in February 2008. Membership of the Board included representatives from the key partners (Strategic Health Authority, Skills for Health, Skills Funding Agency), from the Principal Organisations, (representing NHS organisations), Trade Union representatives, and a representative from Business Link.

The key partners identified the following aims for the model of the implementation of JIF in the South West:

- to ensure that NHS organisations took responsibility for the development of bands 1-4
- to ensure the development of bands 1-4 becomes a mainstream activity within the NHS
- to improve relationships and develop strong partnerships between key agencies
- to raise awareness and profile of Skills for Health, occupational standards and the National Qualification Framework across NHS organisations
- To increase Train to Gain investment in the NHS

The NHS South West also shared the main broad aims of the JIF, identified by the Mckinnon Partnership (2008) as to achieve:

- better skills, learning and qualifications to improve patient care and the delivery of services
- a major health sector contribution to improving the skills of the nation.

## 2. The Evaluation of the South West Joint Investment Framework

In 2009 the JIF Board invited the University of the West of England, Bristol to work with the Board to evaluate the JIF in the South West.

The aims of the evaluation were:

- To assess the impact of JIF investment on organisations and staff, with specific reference to the impact on the Quality, Innovation, Productivity and Prevention initiative
- To identify effective practices in utilising JIF investment and in supporting learning and development for staff in bands 1-4

The Balanced Scorecard (Kaplan and Norton 1996) is used as a framework for presenting findings and the text draws attention to evidence of relevance to the Quality, Innovation, Productivity and Prevention initiative. The evaluation's broad aims have been addressed through the following activities:

- Profiling NHS SW organisations as learning environments for all staff and for staff in bands 1-4 at two points in time (November 2008, November 2009), utilising publicly available data from the NHS Staff Survey. Following the recommendations of the Mackinnon Report (Mackinnon Partnership 2008), the responses to the 6 key findings related to Staff Pledge 2 have been considered alongside two key findings related to staff satisfaction. Each Trust has been assigned a score for the learning environment for all staff and a separate score for the learning environment for staff bands 1-4 (Appendix 1).
- Case studies of use of funding and staff and learners' views in specific NHS SW organisations
- Interviews with key stakeholders (Strategic Health Authority, Skills for Health, Skills Funding Agency, Business Link Skills Adviser)
- Attendance at SAG meetings to gather information about NHS organisations' experience of the JIF.

## 2.1 Methodology

### 2.1.1 Use of metrics: Learning environment profiles

There is considerable interest in the use of metrics to evaluate the impact of investment and initiatives. Identification of key indicators that are regularly monitored can be an efficient and effective method of demonstrating the links between investment and improved outcomes. Nevertheless, as a recent Skills for Health document notes 'the literature is largely silent on examples of improved performance following investment in Widening Participation' (Skills for Health 2010a p.6). There are currently no agreed, readily available, metrics for assessing the impact of learning and development initiatives or widening participation initiatives such as the JIF. Nevertheless, the report by the Mackinnon Partnership to the Health Sector Strategic Alliance on ways of evaluating the impact of the Joint Investment Framework recommended use of specific findings from the NHS Staff Survey, particularly findings related to learning opportunities, appraisal and personal development plans and to staff satisfaction (Mackinnon Partnership 2008). Such measures are also identified as workforce indicators in a King's College, London, report on use of metrics for nursing (Griffiths et al 2008) and are also included in the Skills for Health (2010) guidance on selecting and using metrics in demonstrating the benefits of investing in widening participation.

Although use of the NHS Staff Survey in regional and national studies appears to have been limited to date, there seemed to be sufficient interest in and evidence for its use to make use of the Staff Survey appropriate in the JIF evaluation. Raleigh et al (2009) analysed responses to the 2006 NHS Inpatient and Staff Surveys and found that managerial support was positively associated with patients being treated with respect and dignity, although there was no significant relationship between patient experience and staff appraisal and training. The relationship between staff learning opportunities and the quality of patient care is difficult to research because of the multitude of factors affecting care delivery. Nevertheless, West et al (2006) have examined the influence of a 'bundle' of HR policies and practices on patient mortality in acute hospitals in England. Analysis of the impact of specific HR measures suggested that a sophisticated appraisal/performance management system ( $\beta - 0.262, 0.01 < p < 0.05$ ), employment security ( $\beta - 0.188, 0.01 < p < 0.05$ ) and Investor in People status (an indicator of the emphasis on learning and development) ( $\beta - 0.208, 0.01 < p < 0.05$ ) had stronger associations with mortality than other measures. In line with the logic of this research, we developed a 'score' to denote the quality of the

learning environment, derived from a range of Key Findings from the 2008 and 2009 NHS Staff Survey, thus facilitating an overview of Trusts in the Region and providing a means of monitoring change over time.

Two learning environment scores have been derived for each Trust in NHS SW, one for all staff, and one for staff grades 1-4. The scores are derived from Key Findings 11-16 (relating to Staff Pledge 2) and 2009 Key Findings 34 and 35. Appendix 1 explains the scores more fully and also highlights the limitations of the 'proxy' measures used to calculate the learning environment score for grades 1-4. The comparison between 2008 and 2009 learning environment scores are presented in Appendix 2.

### **2.1.2. Case Studies of individual organisations**

The aim of the case studies was to provide information about use of JIF funding in different types of Trusts, providing staff development support in different ways (e.g. through in-house provision or through contracts and partnerships with external providers) and to consider the impact of JIF funding on the organisation, managers, staff learners and on the service provided. The 2008 learning environment profiles were initially used to select a range of organisations to invite to participate in the evaluation as case studies. Six organisations participated in different ways. The evaluation had ethical approval from the Faculty of Health and Life Sciences Research Ethics Committee, University of the West of England. Sources of information from organisations include:

- Publicly available information about the Trust (e.g. website; Trust Board papers; NHS Staff Survey reports; work and career website [www.dayinthelife.org.uk](http://www.dayinthelife.org.uk))
- Interviews with learning and development department staff and managers
- Interviews with line managers, external providers and a Business Link Skills Adviser
- Questionnaires from staff learners (12, NVQ Business and Administration; 10 NVQ Health and Social Care, 14 level 4 learners)
- A focus group and an interview with staff learners

In this report, data from the case studies inform the overall findings. Additional data from NHS organisations were gathered through Skills Alliance Group meetings. This includes responses from 23 organisations concerning 1) funding for bands 1-4 development and 2) responses to the question: 'If you did not have SHA and Skills Funding Agency JIF funding, what wouldn't you be able to do?'



### **2.1.3. Interviews with key stakeholders**

Members of the JIF Board were also interviewed about their involvement with and responsibility for the JIF, their views about the learning provision for bands 1-4, the impact of and key success measures for the JIF in the South West and their thoughts about the sustainability of developments. JIF Board papers also inform the report.

## **2.2. Balanced Scorecard**

The Balanced Scorecard is used as a framework for presenting findings. The Balanced Scorecard is an established Human Resource Management approach to monitoring change in an organisation across a range of indicators, to ensure outcomes are measured in a 'balanced' manner (Kaplan and Norton 1996). The four quadrants captured in the scorecard are normally described as 'financial'; 'customer'; 'internal business' and 'learning and growth' but can be variably defined and labelled for specific purposes. For the purpose of the JIF evaluation, 'service improvement' has replaced the term 'customer'. In the healthcare context 'customer' can be seen as referring to patient related outcomes, however it has not been possible to gather information from patients/service users as part of this evaluation and the design of the study would not allow any causal links to be made between different patient outcomes and investment in staff learning opportunities. Nevertheless, staff learners have identified outcomes for patients and these are reported under the heading 'service improvement'. In addition, as the 'customer' benefiting from the JIF investment is the band 1-4 staff learner the learning environment profiles and the range and quality of learning provision are reviewed under this quadrant.

The findings of the evaluation are reported under the Balanced Scorecard quadrants as indicated:

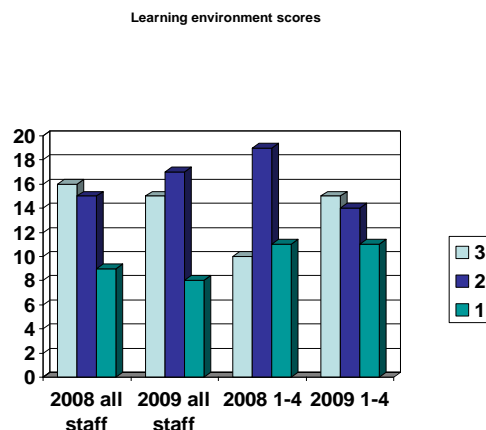
<p style="text-align: center;"><b>Service improvement (customer)</b></p> <p>Change in Trust learning environment for staff grades 1-4</p> <p>Increase in learning provision</p> <p>Improvement in learning provision</p> <p>Staff learners' perceptions of learning opportunities</p> <p>Impact of learning on care services and on patients</p>	<p style="text-align: center;"><b>Learning and growth</b></p> <p>Partnership working between stakeholders and between NHS organisations</p> <p>Development of Learning and Development departments in organisations</p> <p>Partnerships with external providers</p> <p>Staff learners' personal gains/growth</p>
<p style="text-align: center;"><b>Finance</b></p> <p>Increase in Skills Funding Agency/Train to Gain funding supporting NHS staff through NHS Devon Skills Funding Agency contract</p> <p>Increase in Skills Funding Agency funding through external providers</p> <p>Increase in SHA and employer funding for bands 1-4</p> <p>Financial audit/awareness more robust</p>	<p style="text-align: center;"><b>Internal Business Process</b></p> <p>Skills Pledge signed Training needs analysis in place CPD contract</p> <p>Improvements in management and monitoring of own learning provision, leading to improved completion rates</p> <p>Closer alignment of learning and workforce planning</p>

### 3. Findings

#### 3.1 Service Improvement

##### 3.1.1 Learning environment for bands 1-4

In both 2008 and 2009 staff responses to questions concerning learning and development opportunities in the NHS Staff Surveys showed that staff in grades 1-4 had more negative views of their Trust as a learning environment than the overall staff group. For example, in 2009 administrative and clerical staff in all Foundation Trusts were less likely than the staff group as a whole to report that they had received relevant training, learning and development in the past 12 months. Discrepancies ranged from 9% to 30% fewer positive responses. Nevertheless the inequities in experience varied across organisations and some Trusts (scoring '3') had a relatively positive learning environment for these staff groups. Between 2008 and 2009 15 of the 40 NHS organisations improved their learning environment score for bands 1-4, 10 organisations achieved a lower score than in 2008 and in 15 organisations the score remained the same (see Figure 1, below). By 2009 the NHS Staff Survey results suggested that in 15 organisations (five more than in 2008) band 1-4 staff views of the learning environment were similar to the views of the staff group as a whole; in 11 organisations in 2009 (as in 2008) the views of bands 1-4 were considerably more negative.



**Figure 1: Changes in learning environment scores 2008-2009**

Despite the limitations of the 'proxy' measures for bands 1-4 and the limitations of the learning environment 'score', it is possible to suggest that the Staff Surveys indicate

some improvement in the quality of the learning environment for staff in bands 1-4 during the JIF initiative. It is important to note that the full impact of the JIF will not be realised until the 2010 and 2011 surveys have been completed. In Trusts that have improved, a range of results have led to the change in score. These include an increase in appraisals completed and training accessed amongst maintenance and ancillary workers, a greater increase in appraisal and PDP completions amongst non line managers than line managers, an increase in positive responses to all Key Findings amongst administrative and clerical staff. (See Appendix 2)

In NHS Dorset the learning environment for all staff in 2009 scored 3, the highest grade. This was a significant improvement since 2008. In 2008 the Key Findings responses were below average for the type of Trust. Only 38% of the staff felt there were good opportunities to develop their potential at work, compared with the national average of 48% for PCTs with Mental Health and/or Learning Disability services. Only 22% reported having a well structured appraisal. A report on the Staff Survey presented to the Trust Board in July 2009 identified action taken to improve the staff experience. Actions included developing local actions around the staff pledges, championed through simpler and more engaging appraisal arrangements. The 2009 survey demonstrated significant improvement in staff experience of appraisal and development. Since 2008 responses improved in 7 out of the 8 Key Findings contributing to the learning environment. 45% of all staff reported feeling there were good opportunities to develop their potential and 39% reported having a well structured appraisal. The Trust was in the best 20% of similar Trusts for 5 Key Findings. In addition, whereas in 2008 the Staff Survey suggested that the learning environment for staff grades 1-4 was markedly less positive than for all staff grades, in 2009 the discrepancy between responses for these groups of staff and the staff as a whole reduced. There were considerable increases in positive responses from maintenance and ancillary workers, with 33% reporting a well structured appraisal in the past 12 months, compared to only 3% in 2008.

### **3.1.2 Increase in learning provision**

#### **Skills Funding Agency provision**

JIF funding has led to a significant increase in learning provision for a wide range of staff in bands 1-4. Information collected through the Skills Funding Agency (from the Train to Gain database) concerning Skills Funding Agency funded learning for NHS staff in the South West until April 2009 shows that in the first eighteen months of the JIF initiative, 722 qualifications had been supported (see Table 1). These qualifications were provided either through the NHS Devon JIF Skills Funding Agency contract or through contracts held by external providers, notably Further Education Colleges. These figures represent a minimum and are based on tracking funded

qualifications to employer. The NHS organisations are not confident that all funded learning undertaken by their staff has been tracked through the Train to Gain database. The Train to Gain database does not routinely record information about employer or staff grade, hence it is not possible to gain accurate information and gathering the data that is available is time consuming. It has not been possible to update this information beyond April 2009 due to lack of resources to examine individual learner records to determine staff grade and employer.

<b>Qualifications supported by Skills Funding Agency Funding</b>	<b>2008 – April 2009</b>
NVQs in Health and Social Care/ NVQs in Health	300
NVQ Customer Service	81
NVQ Business Administration	60
NVQ Cleaning and Support Services	115
NVQ Management/Team Leading	37
NVQ Housekeeping	11
Certificate in Adult Literacy	61
Certificate in Adult Numeracy	57
Total	722

**Table 1: Skills Funding Agency Funding (through NHS Devon contract and other providers) for qualifications for NHS staff 2008- April 2009**

The NHS Devon contract has supported 683 qualifications up until the end of July 2010 (see Table 2, below).

Level	Year				Total Level
	06-07	07-08	08-09	09-10	
2	20	96	128	17	261
3	19	174	173	56	422
Total by year	39	270	301	73	683

**Table 2: Qualifications supported by the NHS Devon Skills Funding Agency contract**

## Department of Health (M-PET) funded provision

A Skills for Health report on the training needs and educational provision for staff in bands 1-4 in the South West, completed in 2010, estimates that since the launch of the JIF, the JIF funds and monies from the Department of Health have supported over 6,000 learning interventions, including the 4000+ shown below. Additional learners also accessed accredited training on an opportunistic basis.

	2008-9	2009-10
<b>Level 1 accredited learning</b>	144	4
<b>Level 2 accredited learning</b>	279	195
<b>Level 3 accredited learning</b>	613	390
<b>Level 4 accredited learning</b>	97	2
<b>Apprenticeships</b>	159	728
<b>Other non accredited learning</b>	861	806

Source: Skills for Health (2010b) *Training needs and educational provision for staff in bands 1-4 in the South West: Final report*. Report to the Employers' Council, South West

**Table 3: Learning funded by Strategic Health Authority**

Whereas the Train to Gain funding supports learners meeting set criteria following specified qualifications, notably NVQs, the more flexible Department of Health/Strategic Health Authority JIF funding has paid for a wider range of courses. These include short and non accredited courses and additional qualifications supported through the workplace and in-house training departments, as well as qualifications and learners not eligible for Skills Funding Agency funding. Hence the range of learning opportunities supported through the *combined* funding include:

Literacy, language and numeracy; study skills; communication skills; customer care; European Computer Driving Licence; assertiveness; managing violence and aggression; personal effectiveness; English for speakers of other languages; NVQs in management and other management courses, including team leading. Level 4 Diploma for Leadership and Management. A1 assessors course

Business and Administration NVQs levels 2 and 3; minute taking; record keeping; medical terminology; switchboard skills; supply change management; IT apprenticeships; accountancy

NVQs in transport; electrical apprenticeships; heating and ventilation apprenticeships; waste management; NVQs for porters; BICS level 1 cleaning science; housekeeping; decontamination, level 3 (new award)

Nursery NVQs and apprenticeship; pathology level 3; health diagnostics NVQ; audiology and physiotherapy university modules for support workers; end of life care; grief; peri-operative support; laboratory technician apprenticeships; Certificate in Community Mental Health; Learning Disability Award Framework courses; Assistant Practitioner development course from Further Education College, encompassing level 4 health and social care award.

Some learning initiatives, notably those at level 4 support innovative responses to skill shortages by developing new roles such as the peri-operative support worker.

**Gloucestershire Hospitals NHS Foundation Trust** has been able to provide the following courses every year through the JIF funding:

Cleaning NVQs (58)  
Porter NVQs (10)  
Transport (carrying and delivery) NVQs (20)  
Business and Administration NVQs levels 2 and 3 (20)  
Customer Service (5)  
Switchboard (6)  
Supply Chain Management 2,3,4 (11)  
Pathology level 3 (7)  
Health Diagnostics NVQ (5)  
Peri-operative support workers NVQs (6)  
Nursery NVQ and apprenticeship + university modules  
Electrical apprenticeship  
Heating and ventilation apprenticeship  
Health and social care NVQs and apprenticeship  
Waste management NVQ  
Workshops in minute taking; end of life care; grief; violence and aggression; personal effectiveness; assertiveness; communication  
European computer driving licence  
Audiology and physiotherapy university modules

JIF funding has improved partnership working with Further Education providers, the county council and with independent provider.

**Royal Cornwall Hospitals NHS Trust** reported that all the following training would not have occurred without the JIF funding:

Supervisory management level 3 for Hotel Services managers (28)  
Decontamination Level 3 (new qualification) (15)  
NVQs level 3 in Health (256)  
Support services Level 2; Cleaning level 2 – completion rates improved to 12-15months  
88 apprenticeships in team leading (level 2); supervisory management (level 3); Business administration (administrative and clerical staff previously had no provision); accountancy foundation.

Organisations at the Skills Alliance Groups were clear about the importance of JIF funding in increasing learning opportunities for the targeted staff groups and raising awareness of their needs:

*'We probably wouldn't have asked so many questions in the organisation about the training needs of bands 1-4 staff, whereas we now identify this group separately in our learning needs analysis and therefore probably know more and provide more to meet their needs than we would have done'*

*'Without the SHA emphasis on the Skills Pledge and without the JIF/Skills Funding Agency funding the training requirements of support services and administrative staff would still not have been on the agenda of many acute Trusts'*

### **3.1.3. Improvement in learning provision**

The JIF has provided a focus for identifying the learning needs and improving the learning provision for bands 1-4. Accessing funding through the Skills Funding Agency JIF funding involves meeting Ofsted quality standards for information, advice and guidance and learning provision. Awareness of Skills Funding Agency requirements has led to a sharper focus on education staff qualifications, on assessor training needs and on information, advice and guidance. Trusts have raised the quality of literacy, language and numeracy support and assessment; improved provision of information, advice and guidance; improved progression and completion rates.

Improvements in the quality of learning provision during the JIF initiative are reflected in the 2010 self assessment report prepared by NHS Devon, as Skills Funding Agency contract holder and presented to the JIF Board in July 2010. Key strengths of the providers are identified as:

- High retention rates for all Train to Gain contract activity
- Excellent programme delivery, creative activities to suit a range of learning styles
- Functional skills assessments to identify development needs built into NVQ programmes
- Numeracy embedded into NVQ 3 programme
- Monthly monitoring processes in place to ensure candidate progress and to identify apparent problems



- Diverse range of skills development through the use of identified competencies to meet the needs of a wide range of job roles and develop the future workforce
- Strong links with clinicians to ensure effective delivery of clinical skills programmes
- Comprehensive induction to ensure basic skills are assessed and candidates are conversant with NVQ process and evidence gathering
- Comprehensive provision of Information, Advice and Guidance
- Annual celebration of candidates' achievements

A key factor supporting programme delivery has been the introduction of a robust teaching observation policy, based on peer review. Trusts accessing the JIF contract use a lesson observation pack. Assessments of observations are criteria based and comprehensive, supporting identification and discussion of strengths and weaknesses. At the start of the JIF, organisations were in different starting places in relation to quality assurance mechanisms. The first year of Strategic Health Authority funding supported quality improvements. Sharing experiences through SAGs has raised and standardised practice.

Areas for improvement in the quality and productivity of provision and in managing the Skills Funding Agency contract were identified in the self assessment report as data entry on learners' records and difficulties ensuring timely completion.

#### **3.1.4. Staff learners' perceptions of learning opportunities**

Questionnaires returned from three groups of staff studying in separate organisations provide an insight into staff learners' perceptions of learning opportunities in their organisations. One group has undertaken or were completing NVQs in Business and Administration and another NVQs in Health and Social Care/Health. The majority (75%) of learners were either very satisfied or satisfied with the learning opportunities available to them and thought the opportunities for grades 1-4 were either very good or good. Two learners (one completing level 3 NVQ in Business and Administration and one completing level 3 NVQ in Health) were dissatisfied with a perceived lack of opportunity to develop further.

Concern about restricted development opportunities for bands 3 were also reported in questionnaires completed by a third group of 14 learners from two organisations following the Higher Professional Diploma (HPD) for Trainee Assistant Practitioners.

The organisations do not have access to JIF funds to support the HPD but the views of these experienced learners are relevant here. Five respondents noted that demand outstrips supply at level 3. One commented '*There is no recognition of the skills we have gained from levels 1, 2 and 3 and training opportunities are few and far between*' (04002). This comment illustrates the demand for continuing development from staff completing level 3 vocational qualifications.

Two learners completing NVQs in Health perceived their learning opportunities were restricted because of their work patterns. One worked nights and the other worked in the 'pool'. Providing learning opportunities for these staff groups remains a challenge. The comments are further evidence of unmet demand despite the considerable increase in learning opportunities through the JIF.

### **3.1.5. Impact of learning on services and on patient care**

Learners' views on the impact of their learning on services and patient care were gathered through questionnaires. Learning and development staff and line managers were also able to provide examples of the impact of learning on service provision.

Eight of the 12 Business and Admin learners and nine of the ten NVQ Health respondents thought their learning had an impact on patient experience. The NVQs had increased their understanding of why they do what they do, helped them understand their role in the team and increased their confidence, which led, in turn to greater confidence in patient communication. The productivity of the workforce can increase when support staff increase their range of competencies.

Comments from care support staff included:

*"able to undertake observations on patients now" (T3002)*

*"The patients have more confidence in you when you look after them" (T3008)*

*"they are more assured of my ability because I am more confident and this shows to them" (T3003)*

Comments from Business and Admin learners noted that role analysis and an increased focus on the customer can increase both quality and productivity.

*“by analysing my job role and performance, I have given a lot more thought to my part in customer service, and the general patient experience” (T1003)*

*“More confidence in my work and able to convey information more clearly with patients (T1001)*

Higher Professional Diploma learners, training for Assistant Practitioner roles, emphasised the impact of their increased knowledge through level 4 study on patients and the service provided. Their comments illustrate the empowering effect learning can have on staff members. The staff learners felt able to change practice within their work area.

*‘After doing health and safety have managed to change two things at work by giving written evidence’ (04003)*

*‘Know what rights the patient is entitled to, as well as myself’ (04010)*

Learning and Development staff and other managers identified the positive impact of learning on patient care deriving from a combination of improved confidence and improved communication skills. Examples quoted included:

- A Healthcare Assistant (HCA) completing an Open College Network programme who reported a new understanding of the importance of clinical observations which led to her taking a patient’s pulse before recording blood pressure. Realising the patient’s condition was deteriorating she had the confidence to report her observations to the registered nurse.
- A Healthcare Assistant reporting increased understanding of and attention to observations important for pressure area care, thereby improving patient comfort.
- In mental health, improved communication skills and confidence amongst learners on the Certificate in Community Mental Health has led to positive engagement between support staff and mental health service users.

In all these examples, a further advantage of enhanced roles for support workers in quality patient care is that the support staff skill development could enable professional staff to give more attention to their own responsibilities. Changes in skill

levels amongst support staff can improve productivity as well as the quality of patient experience.

Somerset Partnership NHS Foundation Trust evaluated the impact of customer care training (supported by Strategic Health Authority JIF funding) through a 'mystery shopper' exercise. Service users conducted the evaluation, which demonstrated improved performance in reception staff customer care.

## **3.2. Finance**

### **3.2.1. Increase in funding through the Devon PCT contract**

Implementing the JIF through the NHS Devon Skills Funding Agency JIF contract has been challenging both for NHS Devon (and the Principal Organisations managing the contract) and for NHS organisations seeking to gain Skills Funding Agency funding for the learners undertaking courses in NHS Learning Centres. The complexity of the rules about learner and programme eligibility; progression; documenting and monitoring learners' activity (for example) made it difficult to ensure compliance with Skills Funding Agency audit and quality requirements. This complexity and the burdensome nature of the systems of performance management have been widely recognised and the Department for Business Innovation and Skills is currently consulting on the future direction of skills policy (Department for Business Innovation and Skills 2010).

Initially, some NHS organisations perceived the JIF contract as an opportunity to gain external funding for learning activity they already provided. Sixteen organisations identified learners they thought would be eligible for Skills Funding Agency funding in the early stages of JIF. 14 organisations chose to participate in the contract and have received funding. In some Trusts, the decision not to participate was due to managers' prior negative experience of the complexity of Skills Funding Agency funding.

From the standpoint of a Trust with its own NVQ Centre, running awards eligible for Skills Funding Agency funding, the perceived difficulties in gaining Skills Funding Agency funding included:

- The Skills Funding Agency processes are Further Education focussed, with the emphasis on the learner. This emphasis conflicts with employers' concerns with the outcomes of learning as well as the learners' experience. The Skills Funding Agency processes do not take into account employers' needs.
- Skills Funding Agency paperwork is different from that of the awarding body (e.g. City and Guilds)
- Skills Funding Agency requires separate sets of documentation for provision of Information, Advice and Guidance, Induction and provision of learning programme. Hence many forms are required, which all require signatures. In some Trusts learners were dispersed over a wide geographical area, making it difficult to retrieve signed documents from learners
- Skills Funding Agency requirements relating to induction and IAG are already met by the responsibilities of the Trust as an employer of the member of staff. Further provision for staff as learners was a duplication of effort
- Information required for financial audit was requested at short notice and was difficult to provide quickly
- Guidance about necessary documentation was not always clear
- Strict funding criteria (first level 2 and level 3 funding for employees who do not hold a full level 2 qualification) did not meet the needs of the sector. Focused training is necessary in the care sector, irrespective of prior qualification
- The funding model does not recognise the work involved in supporting candidates who do not complete due to personal circumstances
- Delay in transfer of funds to organisations led to uncertainties and difficulties planning provision for bands 1-4

From the standpoint of NHS Devon, the challenges of managing the contract include:

- Organisations lacked understanding of the Skills Funding Agency's responsibilities and processes and many organisations were unable to give time and resources to gaining knowledge about the funding system.
- Some organisations did not have robust systems for monitoring learners' progress
- Skills Funding Agency funding criteria and requisite documentation changed frequently.
- Skills Funding Agency processes do not take account of employers' needs
- Skills Funding Agency only give a few days notice before undertaking an audit

Nevertheless, to date, through NHS Devon Skills Funding Agency contract, over the 3 years of JIF funding, £565,000 has been allocated to NHS organisations to support band 1-4 staff learners in the NHS.

### **3.2.2 Increase in funds through external provider Train to Gain contracts and Apprenticeship contracts**

Over the period of the JIF investment, there has been a substantial increase in Skills Funding Agency funding supporting learning in the NHS in the South West. In some areas, notably in Dorset, proactive support of a Business Link Skills Adviser in the early stages of the JIF led to organisations commissioning education from external providers with Train to Gain contracts and hence accessing Skills Funding Agency funds for their staff learners.

In the initial stages of JIF funding, in 2007/8, NHS Dorset worked with a Business Link Skills Adviser to conduct a Training Needs Analysis amongst staff grades 1-4. The Business Link Skills Adviser ran roadshows for staff in grades 1-4 to encourage awareness of learning needs across the organisation and within GP practices. Individuals were asked to complete a qualifications return. The 40% response provided information for the Trust to plan development, As there was very little response to the qualification return from catering staff, the Business Link Skills Adviser advised on a process of commissioning relevant training. The Skills Adviser supported the Trust in preparing a tender document, advised on a selection of colleges to send the tender to and sat in on the interviews. This advice supported the Trust in developing a more business like approach to meeting training needs both through working with external training providers and through providing in-house NVQs. The Business Link Skills Adviser was proactive in ensuring external providers come into the workplace to support and assess learners in bands 1 and 2. Hence, through Business Link Skills Adviser support the JIF initiative encouraged greater NHS use of Train to Gain funding through contracts with external providers. To support partnership working with providers, NHS Dorset appointed a part-time Learning and Skills Partnership Manager to take a liaison role.

Skills Funding Agency monitoring systems for Train to Gain are based on collecting information from the Individual Learner Record, which does not collect information on an individual's employer or the learner's NHS pay band. Hence it has been difficult to provide the JIF Board with accurate information about the volume of Skills Funding Agency funding supporting band 1-4 learners in the Region, or the nature of the learning being supported.

### **3.2.3. Strategic Health Authority funding for bands 1-4**

Strategic Health Authority funding has been provided centrally and devolved to individual organisations. Funding has been distributed every year in accordance with the JIF agreement. The JIF initiative enabled M-PET funding to be allocated to Bands 1-4 for the first time. A total of £1.3 million was allocated in each of the three years. The Strategic Health Authority has a learning and development agreement with each NHS organisation, monitored through quarterly reports and an annual visit. The Employers' Council, chaired by Skills for Health, is the accountable body for the JIF funding overall.

### **3.2.4. Employer funding for bands 1-4**

Employer funding on staff grades 1-4 is difficult to track. Employers support bands 1-4 learning and development in different ways. These include:

- Dedicated posts for vocational training, particularly through the salaries of NVQ centre staff. Plymouth NHS Trust, for example, has a dedicated senior post, a Multi-professional Support Worker Education Lead.
- An overall learning and development budget held by the Learning and Development Department.
- Dedicated funding for bands 1-4 within an overall budget.
- Funding support through Directorates within an organisation.

Support for accreditation of learning has mainly come through JIF funds. One response to a question about non JIF funding at Skills Alliance Group meetings noted that the JIF initiative encouraged prioritisation of support worker development: '*JIF guaranteed development opportunities for bands 1-4 as a priority over the past 3 years and enabled the continued provision of NVQs and LDQs to bands 1-4*'. Without the JIF initiative, in many organisations, very little funding would have been available for the development of support staff.

One Trust, however, did have dedicated funding for bands 1-4 prior to the JIF but this had been removed in the light of the JIF budget. Such dedicated funding may be hard to regain.

### **3.2.5. Financial audit and awareness of value for money**

Senior learning and development staff interviewed during case study data collection have all identified that the sharing of experience within the Skills Alliance Groups and the experiences with the NHS Devon contract have led to greater attention to value

for money in relation to own provision and that of external providers. Organisations have been able to negotiate around costs with external learning providers and they have recognised their collective power when sharing information about the terms of agreements with Further Education Colleges.

Some Trusts restructured their learning and development departments and closed their own NVQ centres at the early stage of the JIF initiative, recognising that external providers with Train to Gain contracts could meet their needs. If Train to Gain funding is not available to NHS learners when JIF funding ceases, recreating in-house provision will be a challenge.

### **3.3. Learning and growth**

#### **3.3.1. Partnership working between stakeholders and between NHS organisations**

Stakeholders and learning and development staff all identified improved partnership working as directly attributable to the successful implementation of JIF through the Skills Alliance Groups and through the JIF Board. There are now stronger relationships between the Strategic Health Authority, Skills for Health, National Apprenticeship Service, the Skills Funding Agency, Business Link and the Association of Colleges. The JIF has acted as a catalyst for NHS organisations to work together in Skills Alliance Groups, sharing intelligence about learning providers, policy changes, and funding sources.

NHS acute Trusts in the Devon and Cornwall Skills Alliance Group have a long history of collaboration. The JIF initiative consolidated and broadened collaboration within the SAG, bringing in Partnership Trusts and PCTs. The organisations are working together to develop clinical apprentices. Whereas Trusts are already experienced in delivering NVQs in Health, the Apprenticeship framework requires the delivery of a Technical Certificate and functional skills in addition. The NHS organisations are working together to develop a model for the delivery of the Technical Certificate and functional skills. Strategic Health Authority JIF funding is being used to support this activity. If successful in identifying a way of supporting clinical health apprenticeships, the organisations will consider making a collaborative bid for a National Apprenticeship Service contract.



The Skills Alliance Groups provide an excellent networking opportunity to learning providers and for other stakeholders. Representatives from one organisation noted

*'The Skills Alliance Group has been an invaluable source of information, advice and support from colleagues. I feel it is becoming more effective and would hate it to disappear'.*

Business Link Skills Advisers attending Skills Alliance groups also reported positively on the impact of JIF as follows:

- *Working in partnership has helped both NHS and Business Link to engage learners and achieve learners' targets*
- *JIF has helped NHS clients understand the role of Business Link Skills Advisers, including their role as impartial adviser in dispute resolution with providers and in arranging provider presentations*
- *JIF and Skills Alliance Groups have led to sustainable relationships between NHS organisations and Business Link Skills Service.*

A representative of the National Apprenticeship Service commented on the impact of JIF:

*'The SHA funds have supported the development and take-up of Apprentices within the South West. Their financial support and prioritisation of the Apprenticeship route has been fundamental to the success of the initiative'.*

Hence the JIF has helped education providers move away from a provider led to an employer led approach and has raised awareness amongst education providers about the needs of the sector. The JIF has provided a networking forum for all parties to exchange ideas and raise awareness.

The JIF has successfully raised the profile of Skills for Health amongst NHS organisations in the South West. At each Skills Alliance Group meeting, participants have received information about developments at Skills for Health and new resources have been distributed. NHS organisations use Skills for Health resources and provide feedback on developments.

The Royal Devon and Exeter NHS Foundation Trust has used Skills for Health resources to support the development of Assistant Practitioner (AP) roles. The Director of Learning and Development has worked with managers interested in developing AP roles, using the Skills for Health *Six Steps Methodology to integrated Workforce Planning* <http://www.skillsforhealth.org.uk/workforce-design-development/workforce-design-and-planning/tools-and-methodologies/six-steps-methodology.aspx>

Skills for Health has also produced *Core Standards for Assistant Practitioners* published in 2009 and available on the Skills for Health website <http://skillsforhealth.org.uk>

Partnership working at strategic and organisational levels empowers all partners to feel able to meet the challenges of supporting bands 1-4 in the South West. There is now greater dialogue between NHS organisations and Further Education. Organisations are more astute in purchasing and commissioning provision, demonstrating their ownership of the responsibility to develop bands 1-4.

### **3.3.2. Development of Education and Training in Organisations**

The Principal Organisations in Dorset and Somerset and in Avon, Gloucestershire and Wiltshire, as well as other Trusts delivering their own NVQs, have used SHA JIF funding to support their own education staff to gain adult learning qualifications that enable them to become members of the Institute of Learning.

In NHS Dorset, education staff reported positively on their own learning experiences (undertaking the awards Preparing to Teach in the Lifelong Learning Sector (PTLLS) and the Certificate in Teaching in the Lifelong Learning Sector (CTLLS). Staff were given time to attend courses and appreciated the benefits of listening to and learning from PTLLS and CTLLS students working in different sectors. This prompted reflection on own practice and led to changes in approach to planning and delivering sessions. One member of staff has also undertaken a work based assessor programme (Dyslexia Awareness, Support and Screening) with the British Dyslexia Association. The training will enable her to start a screening and support service and she has devised a referral form for use by staff learners and managers.

JIF funding has enabled many Trusts to increase expertise in and focus on assessment of learning needs for staff learners and exposure to the Skills Funding Agency's expectations around provision of information, advice and guidance (IAG) has improved the in-house provision in this area.

North Bristol NHS Trust NVQ centre has demonstrated that it meets the Matrix quality standards for information advice and guidance and gained accreditation. The Matrix standard is the national quality standard for any organisation that delivers information, advice and/or guidance on learning and work, developed by the Government and the Guidance Council. The assessment process identified two strengths: the well-defined starting process for NVQ clients from initial interview and assessment to Study Skills and Process Days and the NVQ Centre web pages which include a visual flow chart of the Learner Journey and processes involved at each stage. The assessment of learners involves thorough review of key skills (language, literacy, numeracy and information and communication technologies). Subsequently, coaching forms an important element of preparation of study.

Availability of Skills Funding Agency funding for Skills for Life courses has also prompted improvements in Skills for Life support within organisations. NVQ Centres include Skills for Life assessment in preparation and induction for NVQ learners.

### **3.3.3. Partnerships with external providers**

The JIF contract and the consequent discussions in Skills Alliance Groups have also raised the level of intelligence and understanding about working with external providers. Individual organisations have established strong partnerships with external providers, collaborating over the development of bespoke awards in which Trust staff deliver knowledge based sessions that are particularly relevant to the Trust's priorities and policies.

*Plymouth Hospitals NHS Trust has used Strategic Health Authority funding to develop a highly successful bespoke training programme for administrative staff to develop a programme for Business and Administration apprentices. The programme illustrates good practice in partnership working with external learning providers. The apprentices undertake NVQs level 2 and 3 in Business and Administration. The success of the programme has been celebrated in the Trust's staff magazine Cascade (Summer 2009) and mentioned in the HR report to the Trust Board in December 2009.*

*Planning the programme involved cross-mapping the competencies the Trust requires (utilising the KSF) alongside the NVQ competencies. Learning units were selected to support Trust key drivers and initiatives and selection of units also takes into account individual job roles.*

*The programme is delivered in partnership with external learning providers, selected through an open process whereby providers are invited to put forward proposals to the Trust. Utilising a range of providers helps identify a gold standard for programme delivery to work towards. The Trust delivers dedicated training sessions as well as work-based training. The partner organisations provide assessors and work with individual learners on their assessments.*

*Learning and development staff and the external providers shared their understanding of the characteristics of positive partnerships in interviews. They identified key factors such as:*

- Open two way communication*
- Liaison person in each organisation*
- Regular meetings*
- Mutual understanding and knowing what works for each other*
- Knowing how learning provider fits in with values of employer*
- Monthly updates on learners. Employer responsive to issues*
- Sharing good practice – giving each other suggestions*
- Always actioning what needs doing*
- Central management within Trust to support quality standards*
- Joint induction*
- Shared pastoral support of learners*
- Shared celebration of success*
- Efficient electronic updating systems*

*One example illustrating partnership working arose when an assessor recognised that staff showed limited knowledge about health and safety in the work area. The Trust was able to fill this gap by providing appropriate training. The NHS Staff surveys confirm the impact of this liaison as in 2008 only 53% of administrative and clerical staff reported receiving health and safety training. In 2009, 71% reported receiving such training.*

Learning and development staff interviewed from other Trusts would add a few additional points to the above list of successful partnerships:

- service level agreement with the training provider;
- understanding and establishing mutual trade-offs in relation to funding;
- positive relationships between the learning and development team, workplace manager and external provider staff.

### 3.3.4. Outcomes for learners

When asked what they had gained from undertaking an NVQ, 11 of the 22 NVQ questionnaire respondents referred to their increased confidence. Gaining confidence in their role and gaining confidence because of increased competence were frequent answers. Gaining knowledge and skills were also frequently mentioned:

*"...better knowledge and understanding of others and Trust policies" (T1001)*

*"I loved learning and expanding my medical knowledge" (T3006)*

*"I have been able to teach myself how to work within a timescale and work to a work plan" (T1008)*

Skills gained included reflecting on their roles and work and learners reported achieving "self worth" and insight into their own strengths.

One health care assistant gained a love of learning

*"I love learning...its very interesting learning more and building up my skills" (T3007).*

Administrative and clerical staff learners were more likely than health care staff to identify that their success in the NVQs had led them to want to apply for more senior posts and *"to progress and look for something more challenging"*(T1009).

Nevertheless, in NHS Dorset, 10 care staff learners whose development at bands 2 and 3 was supported by JIF have now progressed to higher education, undertaking professional programmes.

Band 3 staff undertaking the Higher Professional Diploma as preparation for Assistant Practitioner roles also reported considerable gains in confidence, knowledge and understanding and demonstrated their willingness to take on more responsibility. In addition they were keen to gain *'recognition for my increasing skills and knowledge'* (04002) and sought opportunity to move to a band 4 post.

*'Hopefully it will open doors and allow opportunities to advance to a level 4 worker, which I feel would reward myself and recognise the work I already do' (04013)*

The responses from these band 3 staff illustrate their interest in continuing development and opportunities for progression.

### **3.4. Internal Business Process**

Within the first year of JIF funding, all NHS organisations had signed the Skills Pledge and many had undertaken a training needs analysis, providing a baseline from which to prioritise and provide development opportunities for staff bands 1-4. A recent analysis of training needs and provision in the South West, intended to inform the JIF process for 2010/11 onwards has been conducted by Skills for Health. This provides a detailed, but not complete picture of a rich variety of external and in-house learning provision as well as significant gaps (Skills for Health 2010b).

The most significant change in internal processes is the SHA's change in approach to commissioning the Region's Continuing Professional Development contract. Commissioning for the 2011 contract now covers the whole NHS workforce, from staff grades 1-9. This change brings learning and development for staff grades 1-4 into the mainstream, giving their needs parity with staff grades 5 and above. Although the CPD contract cannot cover first level qualifications the change in approach to CPD commissioning signals the importance of the non registered and non clinical workforce to NHS organisations and to external providers.

#### **3.4.1. Changes in management and monitoring of in-house provision**

Exposure to the expectations of the Skills Funding Agency has led to in-house providers managing their own provision more effectively. Changes include improved and more consistent paperwork, more regular monitoring (e.g. three monthly questionnaires to learners and a traffic light system to highlight potential difficulties with a learner's progress), more administrative support, more structured programmes including set assessment dates, better use of action plans, increased investment in in-house assessors, including peripatetic assessors. Such changes have led to improved completion rates and have increased the capacity of NVQ centres.

NHS Dorset Learning Centre changed its assessment strategy in the light of Skills Funding Agency expectations about completion dates. Prior to the JIF, the Learning Centre had worked with 3 different end dates for NVQs: 12months, 18months and 2 years. Learners were allocated an end date dependent on scores on numeracy and literacy tests completed *after* commencing the NVQ. JIF funding has supported in-house Skills for Life courses and the Learning Centre now assesses basic skills prior to commencing on an NVQ. The Learning Centre has introduced submission dates for units and increased assessor support by appointing a peripatetic assessor. The peripatetic assessor helps progress assessments and provides one to one support when ward based assessors are not available. This helps provide an equitable service and has improved progression rates.

Nevertheless the availability of assessors in clinical settings remains a challenge for in-house providers. Learners report that the lack of availability of assessors is the main barrier to their progress. Difficulties could be to do with the organisation of ward work, the workload and staff movement within the organisation.

*“Having opportunities to spend time with assessor when working on a busy ward” (T3006)*

*“Having to arrange shifts on the ward with my assessor – not always able as shifts she worked were sometimes fully staffed” (T3001)*

*“My assessor only works part-time. I rarely see her and when I do I do not get much support”(T3009)*

*“My assessor has moved work area. I find times hard to catch up with her’ (T3010)*

The challenge of ensuring timely assessment when using own staff as assessors is a main reason for organisations working in partnership with external providers, who provide the assessors. Nevertheless the advantages of in-house provision for learners who lack confidence in themselves as learners were strongly articulated by learning and development staff.

### **3.4.2. Alignment of learning and workforce planning**

The Strategic Health Authority’s approach to allocating Strategic Health Authority JIF funding has facilitated closer alignment of learning and development and workforce planning. After the first year of the JIF, the Strategic Health Authority asked organisations to complete a pro-forma identifying how JIF funding would be spent to support service level priorities, particularly through learning and development in support of role development aligned to the care pathways. Plans are discussed and agreed with each organisation.

Interviews with staff in organisations confirmed the success of this approach. The full benefits of this approach have not yet been realised as the allocation of the final year funding was completed in June 2010. Nevertheless organisations are clear about the potential released through developing and motivating bands 1-4 staff. A response from Dorset Healthcare University NHS Foundation Trust concerning what the organisation would not be able to do without JIF funding illustrates this enthusiasm:

*'Overall we wouldn't be able to continue prioritising and ensuring development for these staff and allowing them to take responsibility for their role and work, improve quality of care and continuous improvement and idea generation. JIF funds development of bands 1-4 to support service delivery to modernise pharmacy provision in mental health'.*

Organisations recognise the wider workforce gains of staff development, noting the increase in uptake of NVQs has *'helped staff feel more valued, improved retention and recruitment and has increased standards of care. However this has been difficult to "measure" due to other initiatives (e.g. in infection control, tissue viability)'*. JIF funding has also supported development of *'soft skills that have had a huge motivational benefit'*. Such skills and benefits are also difficult to measure.



Examples of workforce alignment are illustrated below:

Dorset Community Health Services, (the provider arm of NHS Dorset) has used SHA JIF funding to support mental health nursing assistants in completing the in-house Certificate in Community Mental Health (a course which is not approved for funding through Skills Funding Agency) in order to release their untapped potential within the care team. The course covers such topics as access to services and mental health law, which is not provided by other training. Staff learners have gained confidence and skills in communicating with service users. This enhanced competence in communication skills brings the confidence to develop clinical skills, such as wound care, phlebotomy and taking ECGs, Support staff are then able to take on activities that can release registered staff to spend more time on therapeutic work, in line with 'releasing time to care' and 'productive mental health' agendas. Senior clinical staff participate in delivering the support staff training, ensuring they fulfil their own continuing professional development requirements as well as support learners who are given time to complete the course. The Professional Head leads by example by teaching on the course. Providing training opportunities has made a difference to recruitment. The service now has no recruitment or retention issues.

Plymouth NHS Trust has used SHA funding to develop a bespoke programme to support movement to band 4 for theatre support workers, through completing NVQs level 2 and 3 programmes and additional bolt on specialist units designed for staff to become either a level 4 assistant scrub practitioner or (more rarely) an assistant practitioner in anaesthetics. Assistant scrub practitioners can scrub for a pre-defined list of procedures. The programme is run in partnership with City College, Plymouth but SHA funding has been used to support members of theatre staff to become work-based assessors by taking the City and Guilds A1, D23 and D33 courses. In the contained area of theatres it has been possible to develop sufficient staff as assessors, thus ensuring a sustainable programme for development for support care staff.

Northern Devon Healthcare NHS Trust, in order to develop the potential of staff in support roles provides Institute of Leadership and Management (ILM) courses. The organisation is accredited to deliver ILM level 3 qualifications in leadership and management for first line managers. SHA JIF funding supports delivery of *Leading a Team Effectively* for staff in bands 3 and 4. They study alongside professional staff in higher bands. The learning units are flexible, enabling the organisation to tailor content to the current issues and Trust priorities. Delivery is through distance learning and taught days in the Trust. Leadership training for bands 1-4 supports workforce engagement, diversity and redesign.

## 4. Summary

### 4.1 Contributions to the Quality, Innovation, Productivity and Prevention initiative

There has been a significant improvement in the **quality** of the learning environment for bands 1-4 across NHS organisations. This is evidenced by:

- Improved learning environment scores
- Greater understanding of needs and more focused provision, supported by training needs analysis
- Organisational commitment demonstrated by signing Skills Pledge
- Strategic Health Authority commitment demonstrated by change in approach to commissioning continuing development for the workforce
- Raised quality standards for in-house learning provision through development of education staff, improved information, advice and guidance, support for and availability of assessors
- Improved quality monitoring systems

The **quality** of service user experience has improved through developments in staff skills and knowledge. Support staff communication and relationships with patients have improved.

The JIF has supported **innovation** in approaches to staff support and in ways of developing staff to take on new roles, such as Assistant Practitioner roles. Staff learners have contributed to **innovations in care delivery** by initiating change. The JIF has supported the introduction of Apprentices into the NHS, which brings a new approach to recruiting and developing the workforce.

The findings indicate ways in which increased investment in training has an impact on **productivity**:

- The increase in training opportunities for staff in bands 1-4 releases their potential and improves their productivity through increasing their competences, time management and reflective and focused understanding of their own role
- The JIF has helped organisations ensure the effectiveness of their learning provision and commissioning. Improved information, advice and guidance ensures learners' needs and readiness for development are assessed.

Changes in approaches to managing assessment increases the speed of completion of qualifications and hence improves efficiency

- Organisations are able to provide more training through informed negotiations with external providers and through accessing external funds.
- Improved relationships and partnerships amongst key agencies responsible for education and training improves effectiveness.

Contributions to the **prevention** agenda are less obvious, nevertheless raising the level of key skills (language, literacy, numeracy and in information and communication technologies) amongst the support workforce improves the ability of workers to create a safe environment for care and hence helps prevent untoward events. An improved knowledge base leads to greater attention to physical assessment, preventing deterioration in patients' condition and promoting patient safety. Improved communication and relationships between staff and service users again contributes to a safe environment and prevention of adverse events.

#### **4.2 Key outcomes related to aims**

The findings suggest that in NHS South West, the JIF initiative successfully met its aims.

- **To ensure that NHS organisations took responsibility for the development of bands 1-4**

The Strategic Health Authority JIF funding has been managed by individual organisations and has been used creatively and flexibly to meet needs.

Although relatively few organisations have chosen to participate in the NHS Devon Skills Funding Agency JIF contract, the JIF initiative has, through the involvement of Business Link Skills Advisers and sharing experience in SAGs, increased NHS use of external vocational training and external funding. The funding has raised organisational awareness of the importance of developing the support workforce. It *'raised profile of the importance of this group of staff in the organisation in terms of number/skills amongst managers'*. Learning and Development leads have focused their attention on the staff group and improved the quality of provision:

*'The project has caused us to start to focus on the learning and development needs of all staff in bands 1-4. The Skills Funding Agency JIF has, indirectly, led to a sharper focus on quality issues related to NVQ provision, for example Literacy,*

*language and numeracy, information advice and guidance, assessor training needs, pace and progression'.*

The changing economic and policy and political climate over the period of the JIF funding has posed considerable challenges for learning and development leads. Nevertheless, organisations are owning the complexity of the problem, as the following comment illustrates:

*'We previously (pre-JIF) had a bands 1-4 budget which does not now exist. We have altered the shape of our department in that we do not now (due to JIF and Skills Funding Agency) run a City and Guilds accredited NVQ Centre. If the funding stops our band 1-4 training activity would stop. We would be forced to internally present the bid/costings to our management board to decide the amount allocated (if any). Learning and Development department will have to invest time in examining how money can be sourced or how competencies' can be assessed at a different cost e.g.: in-house non accredited modules/units covered outside of an accredited framework at a reduced cost'.*

In fostering NHS organisations' willingness and ability to take responsibility for the development of all staff, the JIF has helped prepare organisations for the future. The White Paper *Equity and Excellence: Liberating the NHS* makes it clear that employers will have 'greater autonomy and accountability for planning and developing the workforce' (DH 2010 p.40). Education and training commissioning will be aligned locally and nationally with the commissioning of patient care.

- **To ensure the development of bands 1-4 becomes a mainstream activity within the NHS**

The learning environment scores suggest that in some Trusts, bands 1-4 now experience more equitable learning opportunities in comparison with bands 5-9. This may mean band 1-4 development is becoming a mainstream activity in some organisations. Nevertheless the results of the analysis of the NHS Staff Survey must be treated with caution. The proxy measures for bands 1-4 do not adequately capture the experiences of care support staff. Furthermore, metrics can be used to identify associations between factors but not causation. Staff satisfaction and intention to leave are likely to be as much affected by external factors as by the internal environment. The JIF began before the current recession and ends in a period of significant cuts in public services. These

external factors are likely to affect responses related to satisfaction and intention to leave.

A further difficulty with the metrics used to create the scores is that some of the Key Findings are subjective assessments of experience. For example KF11 reports on staff feelings about opportunities to develop their potential, KF34 reports on staff satisfaction and KF35 concerns staff intention to leave the organisation. Subjective views can be influenced by complex factors and changes in subjective metrics need to be viewed with caution. Staff views about opportunities, for example, can be affected by changing staff expectations. In this evaluation, staff learners' questionnaire responses indicate that band 3 staff may be less satisfied with learning opportunities for their grade than staff on lower bands. Changing expectations by improving provision may be reflected in lower scores in the Staff Survey Key Findings because providing opportunities can raise expectations and lower satisfaction. Hence Staff Survey results may suggest a deterioration in the learning environment when in fact opportunities have increased. Nevertheless the desire for further opportunities amongst band 3 staff highlights the importance of providing continuing development for the entire workforce.

The most significant evidence of mainstreaming is the change in the approach to commissioning continuing professional development. The NHS South West has made it clear through the CPD tendering process that development is for all of the workforce, bands 1-9. It is disappointing that the White Paper *Equity and Excellence: Liberating the NHS* (DH 2010) does not take the opportunity to emphasise the importance of developing the whole workforce in order to ensure the success of the Quality, Innovation, Productivity and Prevention initiative (Farrar 2009). The White Paper's emphasis on 'professional ownership of the quality of education and training' (DH 2010 p.40) and on professional leadership suggests that support staff development needs may have been overlooked.

- **To improve relationships and develop strong partnerships between key agencies**

All contributors to the evaluation noted that relationships amongst NHS organisations and between the NHS and external agencies have improved. The JIF has been a catalyst and the Skills Alliance Groups the vehicle for improved

communications and information sharing. Organisations have greatly valued *'Skills Alliance meetings which are so useful and information to network and compare what everyone else is doing'*

The abolition of the Strategic Health Authority will test the strength of alliances amongst the NHS organisations. The Strategic Health Authority has provided financial support for Skills Alliance Group meetings. Networking opportunities will become the responsibility of the organisations themselves.

- **To raise awareness and profile of Skills for Health, occupational standards and the National Qualification Framework across NHS organisations**

The JIF initiative has provided the opportunity, through the Skills Alliance Group meetings, for the resources developed by Skills for Health to be shared and debated by NHS organisations. Organisations have used the resources to help develop their own workforce and organisations have shared their experiences in jointly planned dissemination and networking events. Hence JIF has promoted effective partnership working between Skills for Health and NHS South West.

- **To increase Train to Gain investment in the NHS**

The JIF Skills Funding Agency contract managed by NHS Devon has, to date, supported 683 learners who would not have undertaken study without the Train to Gain funding. Without the JIF funding training departments in some NHS organisations, notably those with small training departments participating in the NHS Devon contract, would not have been able to maintain their activity.

Managing the contract has been challenging and it is now recognised that contract management and quality assurance (of financial and learning and development processes) required more managerial support than was anticipated. Some NHS organisations required support to develop paperwork and monitoring processes, support that was beyond the responsibilities and capacity of the NHS Devon team. Nevertheless, the Strategic Health Authority allocated infrastructure funding to NHS Devon in the first two years to support management of the contract. Although the need for a JIF manager to support the contract across the Region was identified at the outset and an appointment made, the post holder's absence on sick leave meant key activities had to be

covered through different mechanisms. The Skills Alliance Groups became key vehicles for disseminating information about the contract and for sharing good practice.

Despite the challenges involved in maintaining the Skills Funding Agency contract, the participating organisations consider it has been a valuable learning experience. In both Devon and Cornwall and in Avon, Gloucestershire and Wiltshire there are ongoing discussions about the possibility of an NHS organisation securing a future contract with the National Apprenticeship Service. North Bristol Trust has already submitted a Pre-Qualification Questionnaires in order to be eligible to respond to an appropriate tender if one becomes available.

The future of Train to Gain funding is currently uncertain. It is likely, however, that the Coalition Government's skills funding policy will emphasise the importance of employers and employees meeting the costs of education and training, particularly in large organisations such as NHS Trusts. Government funding may not be available.

- **Better skills, learning and qualifications to improve patient care and the delivery of services**

Staff learners report on their own learning and skill development and the impact of their learning on service delivery and patient care. Their self assessments are confirmed by staff who support and manage them. The learners report increased confidence, a wider range of competences, improved communication skills and a clearer focus on service user and patient experience. Band 3 staff preparing for Assistant Practitioner roles reported on their willingness to take responsibility to change practice. Nevertheless, some level 4 learners also sought more recognition for their skills and knowledge and reported in a focus group discussion their view that not all qualified staff understood or accepted their trainee assistant practitioner role. The Assistant Practitioner role is seen as key to the future flexibility of the workforce. Developing support staff to deliver care in domains previously within the remit of registered practitioners is central to changing skill mix, particularly since the Assistant Practitioner may transcend professional boundaries. A recent (June 2010) South West Strategic Health Authority report 'Assistant Practitioner Roles' indicates that it is widely accepted that changes in skill mix (due to all graduate commissions for pre-

registration nurse education) will involve the development of Assistant Practitioner roles.

Across the Region, there are varied approaches to supporting learners for level 4 roles, including in-house provision and externally provided Foundation Degrees. Lack of clarity around the role (and appropriate and cost effective training) inhibits development of the Assistant Practitioner role. This evaluation suggests that such lack of clarity and lack of recognition of the role can negatively affect the learners' experience. It also highlights staff views about the importance of continuing development opportunities for band 3. Widening participation to learning can create a motivated workforce, but raised expectations can also lead to dissatisfaction. Successful provision of band 4 opportunities is important to individual staff as well as in fulfilling the productivity potential of workforce redesign and changes in skill mix.

- **A major health sector contribution to improving the skills of the nation**

The increased volume of training activity since the start of the JIF is evidence of the health sector's contribution to raising skills in the South West. The JIF funding will continue to support individuals and organisations until August 2011. Hence it is still too early to assess the full impact of the initiative. Nevertheless, to date over 7,800 learning interventions have been supported through JIF funds. Learning and development leads in the NHS organisations widely acknowledge that without the JIF initiative much of this learning would not have taken place. Measuring the increase in learning provision is problematic (and the stated figures are likely to be an underestimate) because the Skills Funding Agency does not have a mechanism to map learning by employer. This is particularly important for the health sector, in which a wide range of occupational groups beyond health (e.g. business and administration, catering and cleaning) receive funding support for learning, but may not be visible in data about health sector employers.



## 5. Conclusion

The evaluation confirms that, in NHS South West, the aims of the JIF initiative have been met. The development of bands 1-4 is becoming a mainstream activity in organisations throughout the Region and learning opportunities for support staff have increased. The JIF has contributed to the Quality, Innovation, Productivity and Prevention initiative (Farrar 2009).

Nevertheless the gains made are vulnerable at a time of uncertainty and change. It is disappointing that the White Paper *Equity and Excellence: Liberating the NHS* (DH, 2010) does not emphasise the importance of widening participation in learning and development in order to improve NHS productivity. In emphasising the importance of health professional leadership in education as well as in care provision, the White Paper can appear to ignore the importance of support staff.

The evaluation has made a serious attempt to use the NHS Staff Survey to consider the impact of the JIF. The exercise confirms that the use of metrics in workforce research remains underdeveloped. The use of 'proxy' measures for staff grades 1-4 as well as the use of subjective measures are obvious weaknesses in the learning environment scores. Nevertheless, a learning environment score could be developed for use in more stable economic and political times if it could be based on more accurate data about staff grades. Routine presentation of the staff survey results by staff band would be valuable for those responsible for widening participation to development opportunities. The evaluation has also revealed the difficulties using Skills Funding Agency data to map learning by employer. Improving such mechanisms will be important in future co-investment systems.

## 6. Next Steps

- The future development of a flexible, skilled workforce for the health care sector depends on the availability of learning opportunities across all staff bands, disciplines and organisations across health, social, voluntary and independent sectors. Learning should be inclusive and responsive, involving carers and service users, enabling the workforce to develop flexible and accessible services. Staff in bands 1-4 are central to the future of the service. The South West model of commissioning continuing professional development (CPD) for the whole workforce will be an important driver for an inclusive and flexible approach.
- The health sector requires accessible, relevant learning around competencies, skills and practice to meet individual and service development needs. A blend of qualifications and non accredited learning will be necessary to support workforce development. In 2011 commissioning for the CPD contract will enable such provision. It will be important for future commissioning processes and co-investment funding models to continue to facilitate accessible and employer responsive provision.
- At a time of financial and organisational uncertainty, it is important to look beyond budgetary cuts and recognise the importance of investment in learning and development at a time of change. The impact of emerging recommendations around co-investment from individuals and employers on lower paid health sectors workers should be monitored (Banks 2010).
- The Joint Investment Framework initiative in the South West helped promote partnership working across health organisations and across health and education sectors. Partnership working has improved organisational intelligence and mutual understanding. In future, the promotion of learning and development agreements across organisations and sectors will become integral to successful service design and development. In NHS South West, implementing the Joint Investment Framework has facilitated partnership working and created diverse business opportunities for NHS organisations and for training providers.

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## Appendix 1

### Learning environment scores

To support the evaluation of the JIF, a method of reviewing staff views of Trusts as learning environment has been devised. A 'score' denotes the quality of the learning environment. This is derived from a range of Key Findings from the NHS Staff Survey, thus facilitating an overview of Trusts in the Region and providing a means of monitoring change over time.

Two learning environment scores have been derived for each Trust in NHS SW, one for all staff, and one for staff grades 1-4. The scores are derived from Key Findings 11-16 (relating to Staff Pledge 2) and Key Findings 32 and 33 (34 and 35 in 2009)

Key Findings used in developing the scores

KF11	percentage of staff feeling there are good opportunities to develop their potential at work
KF12	percentage of staff receiving job-relevant training, learning or development in last 12 months
KF13	Percentage of staff appraised in last 12 months
KF14	Percentage of staff having well structured appraisals in last 12 months
KF15	Percentage of staff appraised with personal development plans in last 12 months
KF16	Support from immediate managers
KF32 (34)	Staff job satisfaction
KF33 (35)	Staff intention to leave jobs

The score for all staff is assigned according to the Trust's responses in relation to the average scores for all similar Trusts in England (3=above average; 2= average; 1=below average). The staff survey reports do not analyse data by staff grade hence a proxy measure has been devised for staff grades 1-4 by calculating the difference between the responses for staff in occupational groups in which grades 1-4 predominate (e.g. administrative and clerical and maintenance and ancillary) and all staff and the difference between scores for line managers and non-line managers. Across the region, approximately 90% of all responses from the identified occupational groups are more negative than the staff as a whole and similarly, responses from non-line managers are more negative than line managers. The cumulative differences range from -33 to - 300+. Using these proxy measures, Trusts with relatively little difference between staff groups 1-4 and all staff responses (120 and below) are scored 3; Trusts with a difference of 121-200 are scored 2 and Trusts with a discrepancy of 201 and above, score 1).

#### Limitations of the 'proxy' measures

An obvious limitation of the proxy measures for staff grades 1-4 is that support staff working with professional groups are included in the Staff Survey reports under professional categories and hence the feedback from care support staff about learning and development opportunities cannot be considered alongside the feedback from the registered workforce. (Some Trust reports do provide additional information that identify registered staff separately but as this is not consistent across all Trusts this information has not been examined).

## Appendix 2: South West NHS Organisations: Learning environment scores 2008 and 2009

NB: 3=above average/relatively positive

2008 scores have been recalculated to match 2009 questions

Grey highlights indicates improvement 2008-9

Dark grey indicates lower score in 2009 than in 2008

Organisation	Learning environment All staff			Learning environment Grades 1-4		Notes
	2008	2009		2008	2009	
<b>Acute (specialist)</b>						
Royal National Hospital for Rheumatic Diseases	2	2		3	1	Discrepancy in appraisal scores between line managers/non line managers
<b>Acute Trusts</b>						
Dorset County Hospital NHS Foundation Trust	2	2		2	3	Borderline change.
Gloucestershire Hospitals NHS Foundation Trust	2	1		3	3	
Great Western Hospitals NHS Foundation Trust	1	3	Increase in appraisals (not in training)	2	2	
North Bristol NHS Trust	3	2	Decrease in support from managers and staff satisfaction.	1	2	Appraisal and training for M&A improved
Northern Devon Healthcare NHS Trust	3	3		2	2	
Plymouth Hospitals NHS Trust	3	1	Significant drop in Staff Pledge 2 responses	3	3	
Poole Hospital NHS Foundation Trust	3	3		1	1	
Royal Cornwall Hospitals NHS Trust	2	1	Despite improved scores, remain below average on 6 Key Findings	3	3	
Royal Devon and Exeter NHS Foundation Trust	3	2	More average scores for staff as whole group.	2	1	Line managers appraisals and PDP increase more than non line managers
Royal United Hospital Bath NHS Trust	3	2	Increase in scores that	2	2	

			are below average for type of Trust		
Salisbury NHS Foundation Trust	3	3		2	3
South Devon Healthcare NHS Foundation Trust	2	2		1	1
Taunton and Somerset NHS Foundation Trust	2	3	Increase in 7 out of 8 key Findings.	2	3
The Royal Bournemouth & Christchurch Hospitals	3	2	Decrease in support from immediate managers. Score in bottom 20% for appraisals completed	1	2
University Hospitals Bristol NHS Foundation Trust	3	3		1	2
Weston Area Health NHS Trust	1	2	Improved score for intention to leave (all staff).	2	3
Yeovil District Hospital NHS Foundation Trust	3	3		2	1
<b>Mental Health/Learning Disability Trusts</b>					
2Gether NHS Foundation Trust	3	3		2	1
Avon & Wiltshire Partnership NHS Trust	1	2	increase in 5 out of 8 scores for all staff.	2	3
Cornwall Partnership NHS Trust	2	3	Increase in 6 out of 8 for all staff, 7 out of 8 for A&C.	2	3
Devon Partnership Trust	1	1		3	3
Dorset Healthcare NHS Foundation Trust	2	1	Minimal change but moved from above average to average on KF12,13 &15	2	2
Somerset Partnership NHS Foundation	3	3		1	3

Trust				
<b>PCTs with Mental Health/Learning Disability</b>				
NHS Dorset	1	3	Increase in 7 out of 8 Key Findings for all staff.	1 2 Large increase in appraisals etc for M&A staff.
NHS Plymouth	2	2		3 2 Fall in A&C appraisals and support
NHS South Gloucestershire	2	2		1 1
NHS Swindon	2	3	Significant improvement in appraisals and management support. In lowest (best) 20% for staff intention to leave	2 1 Improvements for A&C staff not as great as improvements for all staff, hence discrepancies increase as scores rise
Torbay Care Trust	3	3		3 2 Lower scores for A&C and M&A and for non line managers
NHS Wiltshire	1	1		1 3 All scores for A&C and M&A staff and for non line managers have improved
<b>Primary Care Trusts</b>				
NHS Bath and N.E. Somerset	2	2		2 2
NHS Bournemouth and Poole Teaching	1	3	Significant improvement in Staff Pledge 2 responses	3 2 Larger improvements in line manager responses than no-line manager responses
NHS Bristol	3	2	Minimal change but staff more likely to intend to leave.	2 1 Large drop in positive responses from A&C staff.
NHS Cornwall & Isles of Scilly	3	2	Significant fall in appraisals and support from line managers	3 1 Fall in scores for A&C, M&A and non-line managers. Some scores for line managers increase
NHS Devon	1	1		2 3 Benchmarked against PCT with Mental Health in 2009. (no difference) M&A scores improved in 2009
NHS Gloucestershire	1	1		1 2 A&C and M&A appraisals and PDPs increased
NHS North Somerset	2	2		1 1

NHS Somerset	2	2		2	2	
<b>Ambulance Trusts</b>						
Great Western Ambulance Service NHS Trust	2	2		2	3	Missing data – hard to calculate
South Western Ambulance Service NHS Trust	3	3		3	3	



## Appendix 3

### Joint Investment Framework Board: Membership

Amanda Shobrook	Strategic Health Authority (Chair)
Bill Adshead	Skills Funding Agency
Jonathan Evans	Skills for Health
Ray Byfield	NHS Devon
Simon Mills	NHS Devon
Alison Cox	Business Link Skills Service
Dorothy Fogg	Unite
Helen Cole	Trade Union Congress
Jane Hadfield	North Bristol NHS Trust
Roz Simpson	NHS Dorset
Suzanne Priest	NHS South West

### Skills Alliance Groups: Membership

#### Avon, Gloucestershire and Wiltshire Skills Alliance Group

Anthea Aristotelous, NHS Bristol  
Lucy Bates, Gloucestershire Hospitals NHS Foundation Trust  
Cathy Barrett, North Bristol NHS Trust  
Jenny Chen, Royal United Hospital Bath NHS Trust  
Kim Clements, North Bristol NHS Trust  
Karen Dumain, NHS Bristol  
Petra Freeman, Avon and Wiltshire Partnership NHS Trust  
Bryn Gaskill, Great Western Ambulance Service NHS Trust  
Nicola Green, Great Western Hospitals NHS Foundation Trust  
Sue Gray, North Bristol NHs Trust  
Kim Hacker, North Bristol NHS Trust  
Jane Hadfield, North Bristol NHS Trust  
Amy Hanson, Weston Area Health NHS Trust  
Angela Hayday, NHS Wiltshire  
Chris Joyner 2Gether NHS Foundation Trust  
Lisa Layton, Weston Area Health NHS Trust  
Gillian Key, University Hospitals Bristol NHS Foundation Trust  
Kathy Kiessler, NHS Gloucestershire  
Annmarie Llewellyn, Avon and Wiltshire Mental Health Partnership Trust  
Diana Low, NHS North Somerset  
Susan Manser, Gloucestershire Hospitals NHS Foundation Trust  
Vanessa Ongley, Great Western Hospitals NHs Foundation Trust  
Janine Osmond, Salisbury NHS Foundation Trust  
Carol Read, Salisbury NHS Foundation Trust  
Dave Richardson, Business Link Skills Adviser  
Andrew Riches, NHS Bath and North East Somerset  
Nuala Ring, NHS Gloucestershire  
Kate Roberts, Great Western Hospitals NHS Foundation Trust  
Maggie Rogers, NHS South Gloucestershire  
Jenny Rosalie, Great Western Hospitals NHS Foundation Trust  
Ruth Thomas 2Gether NHS Foundation Trust  
Paul Tinkler, University Hospitals Bristol NHs Foundation Trust  
Heather Toyne, University Hospitals Bristol NHS Foundation Trust  
Fiona Vallis, NHS Wiltshire  
Mary Viner, North Bristol NHs Trust  
Diane Walsh, NHS Swindon  
Pauline Wilding, NHS Swindon  
Jan Williams, Royal National Hospital Rheumatic Diseases

### **Devon and Cornwall Skills Alliance Group**

Darren Allcorn, Northern Devon Healthcare NHS Trust  
Ruth Bardell, NHS Cornwall and Isles of Scilly  
Bev Bracegirdle, Torbay Care Trust  
Vera Byfield, Royal Devon and Exeter NHS Foundation Trust  
Ray Byfield, NHS Devon  
Debbie Campaigne, Devon Partnership NHS Trust  
Andrew Cox, Northern Devon Healthcare NHS Trust  
Richard Daulton, National Apprenticeship Service  
Collette Davies, NHS Plymouth  
Soraya Freeman, Business Link Skills Adviser  
Bev Glanville Geake, Torbay Care Trust  
Sarah Hockey, Plymouth Hospitals NHS Trust  
Becky Holden, NHS Cornwall and Isles of Scilly  
Mandy Johnson, Plymouth Hospitals NHS Trust  
Diana Lobb, Business Link Skills Adviser  
Helen Lynch, Royal Cornwall Hospitals NHS Trust  
Susan Martin, South Devon Healthcare NHS Foundation Trust  
Alison May, Cornwall Partnership NHS Trust  
Simon Mills, NHS Devon  
Dorothy Orr, NHS Plymouth  
Sinead Partridge, Devon Partnership NHS Trust  
Gail Richards, Northern Devon Healthcare NHS Trust  
Debbie Waters, Cornwall Partnership NHS Trust  
Christina Quinn, Plymouth Hospitals NHS Trust

### **Dorset and Somerset Skills Alliance Group**

Louise Chiles, Business Link Skills Adviser  
Carol Flynn, Poole Hospital NHS Foundation Trust  
Becky Garnett, Yeovil District Hospital NHS Foundation Trust  
Tina Jackson, Dorset County Hospital NHS Foundation Trust  
David Halliwell, South Western Ambulance Service NHS Trust  
Di Halliwell, Poole Hospital NHS Foundation Trust  
Jess Henry, Somerset Partnership NHS and Social Care Trust  
Anne Hiscock, NHS Dorset  
Marie Honnor, National Apprenticeship Service  
Jenny Knight, Yeovil District Hospital NHS Foundation Trust  
Debbie Matthewson, Yeovil District Hospital NHS Foundation Trust  
Penny Martin, Taunton and Somerset NHS Foundation Trust  
Barbara Moll, NHS Bournemouth and Poole  
Isabel Palmer, National Apprenticeship Service  
Gemma Partridge, NHS Somerset  
Wendy Powell, Taunton and Somerset NHS Foundation Trust  
Jo Phillips, Dorset Healthcare NHS Foundation Trust  
Jo Ridgway, Taunton and Somerset NHS Foundation Trust  
Lizzie Ryan, South Western Ambulance Service NHS Trust  
Jan Ryan, The Royal Bournemouth and Christchurch Hospitals NHS Foundation Trust  
Roz Simpson, NHS Dorset  
Victoria Suter-Alexander, NHS Dorset  
Nicola Tutton, Dorset County Hospital NHS Foundation Trust  
Romy Wrangham, NHS Somerset  
Linda Wyatt, Dorset County Council