Evaluation of the NHS Skills for Life Programme

Final Report to SEEDA

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Contents

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Executive Summary

Introduction

1.1 The South East England Development Agency (SEEDA) commissioned SQW Limited to undertake an evaluation of the NHS Skills for Life (SfL) programme funded by SEEDA over the period 2004-2006 and which ceased delivery in 2007.

1.2 The twelve projects supported by SEEDA between 2004-2007 and evaluated in this study were varied in nature and focus, however, all had the stated aim of supporting and enabling SE NHS Skills for Life partnerships to develop sustainable provision that added value to the NHS workplace.

1.3 Each project was assessed against outputs, performance, impact and sustainability. Overall, the programme was reviewed in relation to the individual and collective impacts of the projects funded, the lessons learnt, sustainability and potential transferability to other sectors of relevance in the southeast of England.

Outputs

1.4 The programme spent the majority of its allocation (in excess of £2M). It also attracted substantial amounts of match funding, in particular from other public sector sources. Funding from the private sector was more limited. At a project level, the support provided by SEEDA supported both direct and indirect delivery of SfL and helped to build capacity at a variety of levels.

1.5 In practice, whilst some projects focussed upon innovation in relation to delivery and engagement, the primary focus was on *"demonstrating need, identifying productivity implications of SfL and laying a good foundation for future work"*. Consequently, in order for the full benefits of the programme to be felt, partners need to build on the work to date.

Performance & Impact

1.6 The programme's impact can be viewed in terms of individual projects, achievement against programme targets and impact within the sector in the region.

1.7 At a project level, performance against gross output targets has been mixed. Agreed outputs were a mixture of quantitative and qualitative measures. Some projects have delivered against agreed targets whilst others underperformed. In some instances there was a lack of clarity as to the exact nature of project targets, agreed figures and how they were to be measured.

1.8 The programme's gross outputs tell only part of the story. A key objective for the programme was to assist in capacity building, encourage sustainability and change within the sector in relation to SfL. The evaluation suggests that in a number of projects little consideration was given as to how such "unquantifiable" outputs would be agreed at project inception,

monitored and measured during the life of projects and resultant impact sustained once the programme ceased.

1.9 The programme was also undoubtedly affected by structural and organisation developments within the NHS which provided a far from stable context for the SEEDA-funded projects since 2001. Most notably, the NHS has seen two major re-organisations during this period, with implications for funding, targets, incentives continuity, staffing and organisational memory and overall impact within the institutions directly involved in the projects and the sector overall.

Good practice

1.10 A number of examples of good practice were highlighted during the programme evaluation which have a relevance both to future activities within the sector and also with the potential for transferability to other learning and skills interventions in other sectors. These are summarised below.

1.11 The ability to demonstrate the direct benefits of engaging staff in SfL upskilling to direct line managers, private contractors working within the sector etc was critically important. Projects such as Kent Guidance Consortium and WEA Workwise that were able to demonstrate the return on investment from such activities through planned beneficiary assessment and tracking found themselves able to develop a more productive and persuasive dialogue with key partners – those needed to release staff for training together with potential learners who could more easily see "what was in it for them".

1.12 The ability to "take the learning to the learner" through flexible approaches and delivery mechanisms was important in removing as many barriers as possible to participation by learners in SfL learning. Context NHS and Susses Brain Food provided examples of where this approach provided them with opportunities to engage with a wider group of potential learners than would have been the case if more traditional approaches had been adopted.

1.13 A number of projects had success in developing strategies which allowed literacy and numeracy courses to be embedded within contextualised material and so avoided any perceived stigma attached to enrolment on "a number and writing course". A variety of courses were developed amongst projects, some with direct and obvious organisational relevance such as basic confidence, dealing with difficult situations and customer care (Sussex Brain Food), team working, patient experience (Solent Skills Quest) whilst others used a more subtle approach through blending opportunities to develop new skills such as reflexology and head massage with more traditional SfL materials (Learning Together at Swale).

1.14 The ability to relate SfL issues to national health policy through the Knowledge & Skills Framework was utilised by Context NHS and Oxfordshire Skills for Health as a lever through which to engage and give sectoral relevance to SfL issues, influence training decisions and provide guidance on training and development for staff. This ability to link SfL training interventions to an agreed skills policy framework gave SfL issues a "currency" and credibility for decision makers within the institutions where buy-in needed to occur.

Lessons learned

1.15   The programme encountered some key challenges in its delivery and in its ability to establish a strategic influence on the approach of the NHS Trusts involved to SfL.   Most of these challenges relate to the "nature of the beast" that is the NHS: Trusts are large organisations often employing thousands of staff, they face significant performance pressures and budget constraints and they operate within a minimum service environment limiting the ability to release staff.   However, evidence from the case studies suggests that there are a number of lessons for SEEDA to learn from the programme in terms of leading and supporting projects of this nature.   These lessons are summarised below.

1.16   The strategic focus of the programme appears to have been somewhat lost within the desire to achieve learning outputs.   The projects have sought to achieve outputs in terms of numbers of learners, this is obviously a key achievement of the programme but arguably the SEEDA funding provided an opportunity to "kick-start" a longer term programme of activity rather than simply fund learning opportunities.

1.17   In the majority of cases the organisations and the individuals leading projects were new to such grant funding programmes.   In light of this it may have been beneficial for the projects, such as 'Swale PCT' and 'Bucks Get on Board' to have received more guidance and direction during planning, delivery and evaluation.   Whilst the Learning Labs appear to have provided some opportunity to share experience they have provided little in terms of strategic guidance.

1.18   SEEDA needed to make clear from the outset how projects were expected to embed SfL into NHS institutions as well as what support they could expect from SEEDA to achieve this. This could have involved the development of a 'framework of change' which set out SEEDA's expectations of how the project would influence:

- corporate policy

- funding for SfL training

- changes in attitudes toward SfL training held by different levels of managerial staff

1.19   In designing a 'framework for change', SEEDA could have engaged key regional and sub-regional strategic NHS policy makers. This could have improved buy-in to the SfL agenda and provided valuable insights into how SfL could be best embedded into NHS Trusts and associated hospitals.

1.20   The development of relationships between SEEDA and key stakeholders could have resulted in SEEDA being able to exert more influence over strategic partners in the NHS and develop greater understanding of why SfL was not a priority for most Trusts and subsequently work with them to raise the profile of SfL and underline its importance. This could have been of real value for the projects such as 'Bucks Get on Board' and 'WEA Workwise' that have experienced difficulties in gaining representation on strategic committees and/or integration with in-house training and development departments. Moreover, this could have assisted projects in gaining greater levels of support from senior managers to stimulate improved and timely engagement from line and ward managers. Whilst 'Kent Guidance Consortium' project was successful in bringing together key stakeholders in a reference group, its continuation is

in question. The projects that have proved successful in influencing some degree of strategic shift with respect to SfL, such as 'Context NHS' and Oxfordshire Skills for Health', have achieved this, not through strategic support from SEEDA, but through having an influential project champion with experience in working with NHS institutions at a strategic level.

1.21   With a significant proportion of SEEDA funds having been used to engage and enable NHS staff to undertake LSC funded training, there is a possibility that better joint working from the outset could have avoided the issue of double counting outputs. For example, whilst 'Context NHS' should be commended for enabling over 700 learning outputs, it is unclear how many of these outputs will also have been recorded as LSC outputs. This could also have served to reinforce the message to project managers that success would not be only measured by the numbers accessing learning opportunities, but also in its ability to secure the sustainability of outputs through embedding SfL.

1.22   Joint working with the LSC could have improved the effectiveness of project delivery through knowledge sharing. The experience and knowledge held by LSC partners could have been used to improve delivery and provide increased credibility when influencing senior NHS partners. In turn, the experiences of providing training to groups which previously would not have accessed LSC funds could have provided the LSC with valuable lessons for future funding arrangements. With many projects citing the development of appropriate models of training delivery as being a time consuming and difficult task, early engagement between SEEDA and UfI/**learndirect** could have led to anticipation and exploration of, and solutions to some of these issues.

Sustainability, Transferability and Culture Change

1.23   Evaluation of the outcomes from the programme suggests that the sustainability of the projects will be variable – whilst some projects have been successful in embedding SfL activities within the host organisations others have been less successful.

1.24   A consistent theme identified throughout the evaluation and of relevance to any attempts to replicate activities and transfer good practice elsewhere is the importance of engagement at all levels within host organisations in order to encourage a change of culture with respect to skills development amongst staff – whereby investment in upskilling the workforce is seen as a key productivity intervention for that organisation rather than a "cost" and where line managers will support staff improve themselves .

1.25   One of the keys to such cultural change is the adoption of a "Whole Organisation Approach". A number of elements have been identified during this evaluation as being important to the encouragement of such an approach:

1.26   The identification of enthusiastic advocates and champions – getting support from the top-down is a key hurdle to overcome, this requires the clear articulation of the reason to invest resource and the return on those investments which in turn is aided by clear evidence of the benefits arising from previous similar interventions – either in the same sector or ones with obvious similarities.

1.27   The formation (and maintenance) of an effective steering group to provide leadership and management is critical to ensuring that project benefits are sustained once funding ceases and that a legacy is left – to continue the work and help further develop capacity. It is important that partners involved projects "walk the walk" and demonstrate a genuine commitment to the underlying principles of the intervention.

1.28   Effective marketing of the opportunities being presented by the project and subsequent communication of the benefits is integral to "selling" such activities and presenting decision makers and other key stakeholders with a compelling argument for engagement, so leading to the acceleration of changes in attitude amongst organisations and individuals.

1.29   Careful consideration of the skills required by those directly involved with the projects such as those funded by SEEDA is also important - the delivery of an agreed number of learning opportunities requires a range of skills which may be significantly different to those needed to argue for, and champion, culture change within a third party organisation. If SEEDA intends to use its funding in part to facilitate and encourage organisational "culture" then careful consideration may be required as to the skills mix needed within projects, likely resource requirements (the magnitude of the task should not be underestimated) and how SEEDA itself can support the process through activities other than the provision of funding.

1: Introduction

Purpose of the Report.

1.1   This report evaluates the NHS Skills for Life (SfL) programme undertaken by SEEDA over the period 2004-2006. Funding for these projects has now come to an end. This report provides an independent view of the individual and collective impacts of the projects funded, the lessons learnt, sustainability and potential transferability to other sectors of relevance in the southeast of England.

1.2   The projects funded by SEEDA between 2004 - 2007 were varied in nature and focus, however, all had the stated aim of supporting and enabling SE NHS Skills for Life partnerships to develop sustainable provision that added value to the NHS workplace.

1.3   We have assessed each project focusing on the following:

- outputs

- performance

- sustainability and impact

- observations and key lessons learned.

Background to the report

1.4   SQW was appointed by SEEDA in 2007 to undertake an independent evaluation of the NHS Basic Skills projects from 2004-6. The evaluation will be of particular importance in contributing to the evidence base towards SEEDA's Access to Learning Strategy. This report presents findings covering 12 projects funded by SEEDA within the health sector across the south east region.

Structure of the report

1.5   The report has the following structure. Chapter 2 considers the context, setting out the strategic, sectoral, institutional and regional back drop to the programme of intervention funded by SEEDA. Chapters 3 to 14 review specific projects, using a standard structure for each chapter covering overview and context, activities, spend and outputs, overall observations and conclusions. Chapter 15 summarises the general lessons learned from the project evaluations, Chapter 16 considers transferability, and Chapter 17 provides conclusions and recommendations. Annex A provides details of individuals and organisations consulted during the evaluation and Annex B summarises individual project and overall programme spend and outputs.

1.6 The projects evaluated include:

- Buckinghamshire Stoke Mandeville Pilot (Bucks Get on Board)

- Context NHS

- Oxfordshire Skills for Health

- Sussex Brain Food

- WEA Workwise

- Kent Guidance Consortium

- Solent Skills Quest

- Swale (Isle of Sheppey) PCT

- Isle of Wight Community Solutions (LEAP)

- IT Break into Health

- Icon Learning Centre

- Stairways

1.7 The activities undertaken within the overall Programme have been varied in nature and have encompassed a variety of activities ranging from infrastructure development and establishment through delivery of learning related to basic literacy and numeracy to awareness raising and advice sessions. As a result of this variety, it has not been possible to draw comparisons between individual projects in terms of overall outputs, however analysis of outputs at a project basis is contained within each of the individual review chapters and summarised at programme level in Annex B.

Terminology,

1.8 To avoid confusion and the clarity of usage, the term Skills for Life (SfL) is used throughout this report. This is used to cover literacy, numeracy and English language (ESOL), and is also known and referred to as "basic skills" or "essential skills".

2: Context

2.1 This section provides an overview of the context in which the projects under review have had to operate at sectoral, institutional, strategic and regional levels.

Skills for Life in the Health Sector – A Policy Perspective

Identifying the challenge

2.2 The issues around Skills for Life achieved prominence in the groundbreaking Moser Report. This identified the scale of basic literacy and numeracy requirements and highlighted the impact that they could have:

> *"…in short, for many people, limited basic skills mean serious disadvantages – at work (in fact many are unemployed), and in limiting much of what a full life can offer. Limited skills are also a brake on the economy, one of the factors – as research has repeatedly shown – underlying the nation's relatively poor productivity compared with much of Europe[1].*

2.3 The report was produced in response to the government's renewed focus on adult learning and raising skills levels. It stated that up to seven million adults in England have difficulty with literacy and numeracy, and that one in five adults were functionally illiterate, measured by not being able to find the correct page for plumbers in the Yellow Pages. Importantly, the report recognised that there could be no quick fix and that a long-term national strategy was necessary. The challenge was to address issues of both supply and demand so that there would be an improvement in the quality of provision on offer and an increase in the number of adults coming forward to take up this provision.

2.4 Accordingly, the government introduced Skills for Life, the national strategy for improving adult literacy and numeracy in England. Between April 2003 and March 2006 the government invested £1.6 billion to meet the target of helping 1.5 million adults improve their skills by 2007. The Skills for Life strategy introduced new national standards for adult literacy, numeracy, and language learning, a national curriculum within each major strand, new entry level qualifications, and new national tests.

2.5 Those in work, but who lack basic skills, face an increased risk of exclusion and spells of unemployment due to their vulnerability in the event of workforce restructuring. This is as true in the health sector as in any other, but in the NHS, the problem of a lack of basic skills is also potentially very serious in terms of patient care. It can limit an employee's ability to fully comprehend written instructions for the use of equipment or materials, and even to deal correctly with written health and safety regulations. In situations where staff support dependent patients or service users this could represent a significant risk to their wellbeing or safety.

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[1] [1] *A Fresh Start: Improving literacy and numeracy, The Report of the Working Group chaired by Sir Claus Moser*, DfEE, 1999

2.6   The NHS is also distinctive in terms of its scale, and the polarisation of skills levels. Whilst 700,000 staff (55%) are qualified at NVQ level 4, over 200,000 employees (15%) are only qualified to NVQ level 1 and below. This analysis is supported by the Skills for Life Survey (DfES 2003), which uses a broad SIC-code categorisation of the health and social care sector. The survey found that the literacy and numeracy skills of the workforce are very similar to those of the population as a whole, with literacy skills only slightly lower than the national sample. The report estimates that up to 820,000 staff in the health sector may need numeracy support and 250,000 literacy support to move beyond entry level skills.

Responding to the challenge in the NHS

2.7   In 2001 the Department of Health set out the organisation's core vision for modernising education, training, and career development[2]. The framework recognised and valued lifelong learning as an essential element of organisational performance. The document proposed an ambitious vision for developing all NHS organisations as "effective learning organisations" through making lifelong learning available for all healthcare staff.

2.8   With regards to Basic Skills, the framework noted that action to tackle literacy and numeracy gaps must form part of mainstream plans to improve education and training. Particular attention was therefore focused upon: post employment assessment to ensure all new recruits can address their learning needs through personal development plans; setting challenging NHS targets for improvement in basic skills; and monitoring progress and evaluating results.

2.9   A 'skills escalator' approach was advocated for employee career development. This meant making a "major commitment to staff who do not have a professional qualification", enabling them to achieve new skills and qualifications in order to aid progression to higher graded posts. The new approach introduced NHS Learning Accounts, which allocated up to £150 per year to non-professionally qualified staff. Employees were then allowed to spend this provision on a range of training and learning courses, including National Vocational Qualifications amongst other learning opportunities, to ensure that all staff could obtain a relevant qualification.

2.10   The NHSU was also established in 2001. Based upon the best 'corporate' universities in the world, NHSU's aim was to provide skills programmes to assist employee career development, levels of patient care, and the working lives of NHS staff. In its first full year, NHSU secured or provided learning programmes for 100,000 NHS staff. NHSU's specific initiatives on widening participation in learning included an extended modern apprenticeships scheme, a framework to support improved literacy and numeracy, an EU-funded course for NHS staff whose first language was not English, and the development of new tutor qualifications and training to support work-based learning.

2.11   In 2003, the NHS Knowledge and Skills Framework (KSF), set out in 'Agenda for Change', outlined the knowledge and skills which NHS staff need to apply in their work in order to deliver quality services. It provided "a single, comprehensive, and explicit framework on which to base review and development"[3] for all staff who come under the Agenda for Change

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[2] *Working Together – Learning Together: A framework for Lifelong Learning for the NHS*, DoH, 2001
[3] *The Knowledge and Skills Framework and the Development Review Process*, DoH, 2004

Agreement – that is everyone except doctors, dentists and some senior managers who have their own separate agreements for development review. Thus the KSF provided NHS employees with a significant tool for supporting widening participation in learning and monitoring progress.

2.12   The implementation of the KSF and the associated development review process led to organisations compiling records of individuals' current application of knowledge and skills, learning needs, and knowledge and skills gaps for effective service delivery. The result was to allow organisations to identify the development and learning needed by their staff, acquire clearer ideas of the learning and development that needs to be commissioned, and be in a better position to argue for more suitable education and training provision.

2.13   The NHS University was dissolved in July 2005 following the Government's Arms Length Bodies' Review. Underpinning the Review was a desire to devolve activity to the front line, as a result, many of NHSU's responsibilities were passed on to various host organisations across the NHS, including Skills for Health, the Sector Skills Council for the sector[4], the Strategic Health Authorities and the newly formed NHS Institute for Innovation and Improvement. The mission of the NHS Institute is to improve health outcomes and raise the quality of delivery in the NHS "by accelerating the uptake of proven innovation and improvements in healthcare delivery models and processes, medical products and devices and healthcare leadership."[5]

2.14   Skills for Health took over the delivery of the programmes and services developed by NHSU, to widen access and participation in learning. These include: Health Learning Works, a pre-employment programme which aims to prepare unemployed and other disadvantaged groups to take up employment in healthcare; Open Road, a learning initiative for 14-19 year olds to introduce and prepare them for careers in healthcare; Skills for Life and Health, supporting learning in literacy, numeracy and the English language; and apprenticeships for the wider healthcare workforce.

2.15   The Strategy Unit for Widening Participation in Learning was formed in September 2005 with the specific aim of improving access to learning for all NHS staff and especially those who are habitually under-represented in learning. *'Learning for a Change in* Healthcare' (2006) is the first report to the Department for Health and the NHS from the National Director of Widening Participation and Learning. The report provides an overview of current levels of qualifications and learning among NHS staff, with particular focus upon staff in the lowest pay bands and career grades (bands 1-4 in the NHS careers framework).

2.16   According to Department of Health data used in the report, nearly 140,000 NHS staff have accessed the Learning Accounts since their introduction in 2001, and so far, over 80,000 staff have used such funding to support the acquisition of NVQs. A Widening Participation in Learning report[6] found that in a survey of 14 Strategic Health Authorities around one in three staff in the main target occupational groupings participated in the NHS Learning Account

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[4] Established in 2002, it covers a workforce of approximately 2.2 million employees according to the SSDA Sector Skills Matrix Database

[5] http://www.institute.nhs.uk/

[6] Ian Linn (2006), "The NHS Learning Account / NVQ Funding Scheme: Findings from a survey of 14 Strategic Health Authorities"

Scheme. Further, the Learning Accounts and NVQs provision was successful at targeting those staff with either no qualifications or lower level qualifications. 17% of all participants who provided information on qualifications had no previous qualifications, twice as high as the 8% in the target population in the NHS.

2.17   However, *Learning for a Change in Healthcare* uses Labour Force Survey data to show that 5% of NHS staff have no qualifications at all, and a further 11% of staff are qualified below NVQ level 1. This equates to more than 200,000 NHS staff as completely unqualified or qualified only to the lowest level. This scenario is backed up by data from the 2006 NHS Staff Survey indicating that over 75% of staff earning over £30 per hour have received job-related education or training in the last 13 weeks, however less than 40% of staff earning under £5 per hour had received any job-related employment or training in the last 13 weeks.

2.18   *Learning for a Change in Healthcare* also notes data extracted from the DfES study of Skills for Life, which suggest around 170,000 NHS staff have literacy skills comparable to those of children leaving primary school and, among graduates working for the NHS, over one quarter have literacy skills below a good GCSE level. The figures are similar for numeracy problems, as approximately 550,000 NHS staff have numeracy skills comparable to those of children leaving primary school and over one quarter of graduates have numeracy skills below a good GCSE level.

2.19   In 2006 the National Institute of Adult Continuing Education (NIACE) undertook a listening exercise, *'Skills for Life: Voices from the NHS'*, whereby NHS learners and managers could contribute their views on literacy, language and numeracy issues. In terms of the quality of Skills for Life provision, the study found that participants wanted stronger quality assurances so that the NHS could be confident that the programmes delivered by Skills for Life Learning met the needs of the NHS.

2.20   Participants were also highly critical of the level of strategic planning. Attention was brought to the fact that participants found no evidence for baseline data, no system in place to collect output data, and no targets were set – the NHS was described as having *"its head in the sand over this."*[7] Importantly, strategic planning should extend to 5-10 year planning. Skills escalation and lifelong learning is very difficult to plan on an annual budget which is often late and not guaranteed. There was a strong consensus that funding had to be sustained and strategically planned. Funding streams should be guided by the ideal proportion of spending on staff development, not random figures *"plucked out of thin air"*[8].

2.21   The need for more joined up policy and increased partnership working is stressed by the Widening Participation in Learning Unit's, *Learning for a Change in Healthcare*. The report recommends increased efforts to promote employer/trades union partnerships in healthcare to support learning, with a particular focus upon staff on the lowest career bands. An important new Strategic Alliance for Healthcare Learning is called for at a national, regional and local level. This should consist of key stakeholders whose job it should be to secure the delivery of widening participation in learning. The composition of each level of the Strategic Alliance for Healthcare Learning should include key representatives from the NHS, trades unions and

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[7] NIACE (2006), "Skills for Life: Voices from the NHS … a NIACE listening exercise"
[8] Ibid.

professional associations, Department of Health, Department for Education and Skills, Skills for Health, the Learning and Skills Council, Universities UK, Regional Development Agencies and Local Authorities and other providers of social care.

Responding to the skills challenge in the South East

2.22   SEEDA's Corporate Plan of 2000 prioritised action to reduce low skills in the region's workforce. In recognition of the NHS's size as an employer, its importance to the region's social infrastructure, and its own commitment to workforce development at all levels, SEEDA undertook (in its 2000 corporate plan) to work with as many of the region's NHS employers as possible to raise skills levels.

2.23   Specific points worth noting with respect to the NHS are:

- around 150,000 of the NHS' 1.2 million staff are employed in the South East;

- the NHS is a major employer throughout the region. For example:

  ➢   Hampshire NHS organisations employ 36,000 people;

  ➢   Thames Valley 38,000;

  ➢   Kent & Medway 35,000;

  ➢   Surrey and Sussex some 40,000;

- a substantial proportion of the workforce is unqualified;

- each of the region's 95 trusts (since last year this is down to approximately 63 due to mergers) functions as an independent 'business' with a major impact on its local area: Oxford Radcliffe Hospitals Trust, for example employs nearly 10,000 people;

- each year NHS organisations lose about 9% of their workforce – in the South East this amounts to recruiting 13,500 employees annually to maintain existing staff levels.

2.24   It is also worth noting that whilst a significant amount of research has been undertaken across the UK to determine levels of language, literacy and numeracy attainment, there remains a lack of specific data relating to the needs of staff within the health sector[9].

2.25   A number of key strategies propose responses to the basic skills challenge in the NHS in the south east namely:

- SEEDA Fund for Basic Skills 2000-2001 – Strategy for the South East[10]

- RES 2002 – 'Building a World Class Region'[11]

- RES 2006-2016 – 'A Framework for Sustainable Prosperity'[12]

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[9] Literacy, Language, Numeracy and ICT – The way forward for Skills for Health, Skills for Health, 2006
[10] SEEDA (2000)
[11] SEEDA (2002), Regional Economic Strategy 2002-12 "Building a World Class Region"

- South East Framework for Employment and Skills Action (FRESA)[13]

2.26 In 2001, SEEDA launched a strategy to deliver Skills for Life in the workplace as an important component of delivering SEEDA's Regional Economic Strategy (RES) *'Building a World Class Region'*. The definition of Basic Skills used in the strategy is the one advocated by the Basic Skills Agency (BSA): *"the ability to read, write, and speak English and use mathematics at a level necessary to function and progress at work and in society in general."*

2.27 Prior to the strategy, a survey carried out by the BSA in 1996/97 estimated that over one million people in the South East were found to have poor literacy skills and almost one million people reported poor numeracy skills. Within the study, the figures are broken down in to three separate levels of need:

- **Low**: On the borderline of functional literacy and numeracy and could attain national standards in literacy and numeracy with relatively limited coursework or assistance.

- **Lower**: Limited literacy and numeracy skills and would need directed assistance in order to reach national standards. Difficulties in coping with at least some everyday literacy and numeracy requirements.

- **Very Low**: Severe literacy and numeracy problems. Needs intensive assistance to reach national average.

2.28 SEEDA's strategy was distinctive among RDAs (no other RDAs focused to the same extent on improving basic skills), and was developed in partnership with the BSA, Heart of England Training and Enterprise Council, Government Office for the South East (GOSE), North East Surrey College of Technology, Trade Unions, Employment Service and the then Department for Education and Employment. The Strategy had three significant elements; a marketing campaign aimed at motivating people of all ages to continue learning; a focus upon workplace learning to highlight the responsibility of employers to foster skills acquisition; and a needs analysis to gather better information on the characteristics of the millions of adults with poor Basic Skills, which may identify the obstacles and most effective incentives to learning.

2.29 The Mackinnon Partnership's 2004 *'Evaluation of the SEEDA Basic Skills Programme'* concludes that the strategy successfully managed to raise the profile of Basic Skills through engaging with a wide variety of organisations and supporting *"first-class projects in a flexible way to allow innovation."* However the report notes that SEEDA needs to work towards linking good practice to mainstream strategy and funding.

2.30 The priority of Basic Skills was continued in SEEDA's 2006-2016 RES *'A Framework for Sustainable Prosperity'*. The document places 'Smart Growth' as a key objective for the South East. Raising skill levels in the region is highlighted as a fundamental challenge in order to achieve the Smart Growth objective. The Regional Skills for Productivity Alliance (RSPA), established in response to the Government's National Skills Strategy – 21st Century Skills (2003), is singled out to have a key role in ensuring that current and future skills

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[12] SEEDA (2006), Regional Economic Strategy 2006-16 "A Framework for Sustainable Prosperity"
[13] Action South East (2002), Framework for Employment and Skills Action

provision and labour market services meet the needs of businesses. Moreover, it will have a supporting, influencing, and enabling role in delivering the skills actions set out in the RES.

2.31   'Skills for Life' is one of the seven key activities delivered by the RSPA. At the end of October 2006 the RSPA sub-group, South East Skills for Life Strategy Group, re-formed after a gap of a year. This group is made up of representatives of SEEDA, LSC, Job Centre Plus, Ufi/learndirect and GOSE and is chaired by John Parsonage (Executive Director SEEDA Learning & Skills).

2.32   The sub-group has been approved by the Regional Skills for Productivity Alliance to act as a task group of experts to come together to revisit the progress and issues currently facing Skills for Life in the region. As a short term goal, a mapping exercise is in progress to help gain an understanding of current and past investment in the region. SEEDA, with the help of the Essential Skills Unit are also getting the views of providers and essential partners surrounding Skills for Life.

2.33   An important feature outlined in the 2006-2016 RES is SEEDA's 'Skills Escalator', which seeks to effectively set the framework for future workforce development in the South East. The aim of the Skills Escalator is to join up a range of support aimed at business improvement through developing skills in the workplace. Its objective is to stimulate change in workplace culture by raising business awareness of how skills increase productivity through enabling businesses' and individuals' aspirations. The Skills Escalator will build on the existing work of the RSPA, and importantly aim to ensure that people at all levels are continually equipped to progress in the labour market.

2.34   A separate important strategy is the 2002 South East Framework for Employment and Skills Action (FRESA). The FRESA notes that up to 27% of the South East workforce had poor basic skills. Improving the region's literacy and numeracy skills is identified as a key strategy to increase the productivity of the region. The FRESA targets increased employer investment in workforce development, in particular learning and up-skilling in the workplace, and a faster, more comprehensive, response from FE/HE and other learning institutions to employer needs. Specifically business support agencies and representative bodies *must help employers influence education and training provision... the degree of engagement between employers and education and training providers must be strengthened.*

Regional Activities

2.35   Based on SEEDA's learning and skills work in the NHS between 2000 and 2003, SEEDA introduced a three year strategic vision: 'SEEDA Basic Skills NHS Business Plan 2004-2007 – Working in partnership to create an inclusive NHS workplace learning culture.' The chief aim was to support and enable South East NHS partnerships to develop sustainable Skills for Life provision "that adds value to the NHS workplace." The strategy developed an infrastructure at a regional and sub-regional level based around the Strategic Health Authorities. This combination formed a strong learning partnership of key stakeholders that were able to facilitate change. These included the LSC, National Heath Service University, NHS organisations and Basic Skills providers.

2.36   During 2004, 10 SEEDA funded projects were developed and consequently Basic Skills were being delivered in 55 of the 98 NHS Trusts in the region (20 of the 27 Acute Trusts, 27 of the 49 Primary Care Trusts, 3 of the 7 Ambulance Trusts and 5 of the 15 Mental Health Care Trusts). This equated to a potential coverage of approximately 85,000 of the region's 150,000 NHS staff.

2.37   Skills for Health has also supported numerous projects that demonstrate the NHS Skills Escalator practices, principles, and values in the South East. The 2005-06 report 'Skills Escalator Projects Evaluation', undertaken by Skills for Health, highlights the example of the Supporting Career Development project run by a partnership between Medway Teaching PCT and Medway NHS Trust. The project was designed to introduce a structured, planned, and proactive approach to career advice and guidance across the health economy. In practice, this was achieved through "developing the skills of a number of 'career champions', to develop a practical model for one-to-one career guidance, and to build an infrastructure of support to help staff develop their careers." In total, Skills for Health awarded the project £27,400.

2.38   The *'Skills Escalator Projects Evaluation'* report paints a mixed picture with regards to the success of the Supporting Career Development project run by Medway Teaching PCT and Medway NHS Trust. It acknowledges the success of equipping a group of 'champions' with the skills to offer confidential career support to staff, plus an information infrastructure with common standards, policies, and guidance. However, it notes that uptake was much lower than anticipated, thus raising questions about whether project outputs will translate in to actual demand for independent advice and support.

2.39   Current 2006-07 Skills Escalator Projects include Medway NHS Trust's 'Widening Access to Personnel Development'. The broad purpose of the project is to expand the support systems in place for employees to progress above and beyond their current roles. This is carried out through providing an in-house one-to-one enhanced guidance service, increased staff awareness about career pathways in the Trust, and extended learning and development resources for all areas within the Trust to increase accessibility to information. Significant steps to achieve this include running skills workshops and providing Skills for Life accredited diagnostic assessments.

A summary of successes and opportunities for improvement

2.40   The previous discussion has highlighted the evolution of Basic Skills both nationally, in the South East, and within the health sector. The following table summarises some of the key evidence regarding successful Basic Skills provision and areas for further improvement.

Table 2-1 : Summary of the Basic Skills evidence		
Report	**Evidence for Success**	**Issues/Opportunities for Improvement**
Widening Participation in Learning – "The NHS Learning Account / NVQ Funding Scheme: Findings from a survey of 14 Strategic Health Authorities"[14]	1 in 3 staff in the main target occupational groupings participated in the NHS Learning Account Scheme. 17% of all participants who provided	Poor data collection – 66% of NHS Learning Account type course allocations had no recorded outcomes, and 82% of the NVQ type course allocations had no recorded

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[14] Ian Linn (2006), "The NHS Learning Account / NVQ Funding Scheme: Findings from a survey of 14 Strategic Health Authorities"

Report	Evidence for Success	Issues/Opportunities for Improvement
	information on qualifications had no previous qualifications, twice as high as the 8% in the target population.	outcomes.
NIACE – "Skills for Life: Voices from the NHS"[15]	n/a	Need for stronger quality assurances to ensure programmes meet NHS needs
		Major lack of Strategic Planning – No baseline data, no targets, no idea how many employees have been assisted.
		Funding needs to be planned over longer time horizons. Annual budgets are often late and not guaranteed. Skills Escalation requires long term stable funding.
The Mackinnon Partnership – "Evaluation of the SEEDA Basic Skills Programme"[16]	Successfully raised the profile of Basic Skills, engaging with a variety of organisations, and supporting some excellent projects.	The good practice noted in the individual projects needs to be incorporated into mainstream SEEDA strategy and funding.
		Needs to be a focus to use what worked in individual situations to the implications and the building of capacity across the region for the long term.

Source: Various

Structural and organisational developments in the NHS

2.41   The NHS has provided a far from stable context for the SEEDA-funded projects since 2001. Most notably, the NHS has seen two major re-organisations during this period, with implications for continuity, staffing and organisational memory. Other important aspects of context are funding, targets and incentives.

Re-organisation

2.42   Prior to 2002, the NHS in England was organised into Health Authorities with responsibility for population health and service commissioning, overseen by regional offices (ROs) of the Department of Health. In 2001, *Shifting the Balance of Power* announced a re-organisation of Health Authorities into Primary Care Trusts (or PCTs), much smaller entities involving primary care professionals in their governance. Regional offices were to be replaced by Strategic Health Authorities as the new intermediate tier between the Department of Health and the local NHS. As a consequence, from April 2002, 302 PCTs replaced 95 Health Authorities and 28 Strategic Health Authorities replaced 9 ROs.

2.43   This structure proved cumbersome and ineffective, with most PCTs too small to commission many services effectively, manage risk or recruit staff of sufficient calibre. It also sat uneasily with the development of government offices in the regions. In 2005, yet further re-organisation was heralded by *Commissioning a patient-led NHS* which re-configured Strategic Health Authorities to match government offices and halved the number of PCTs to

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[15] NIACE (2006), "Skills for Life: Voices from the NHS … a NIACE listening exercise"
[16] The Mackinnon Partnership (2004), "Evaluation of the SEEDA Basic Skills Programme"

152. The one exception to complete coterminous boundaries between the NHS and government regions is, in fact, the South East which is split between two Strategic Health Authorities. The majority of PCTs are also now coterminous with local authorities. These changes were complete by 2006 and involved significant disruption to staff in these organisations, with many redundancies and re-deployments.

2.44   Prior to 2002, SfL would have come within the remit of Workforce Development Consortia (WDCs). These were established in 2001 to address the workforce planning, education, training and development for the NHS on a sub-regional basis, typically covering several pre-2002 Health Authorities. Following the creation of Strategic Health Authorities, which were similar in scale, the rationale of separate WDCs became questionable and WDCs were progressively absorbed, becoming Workforce Development Departments (WDDs) within Strategic Health Authorities. This process varied between Authorities in pace, degree of integration and the extent to which WDCs were absorbed whole or split.

2.45   This history was reflected locally in the South East. For example, in the east of the region, there was a unified Kent, Surrey and Sussex Workforce Development Confederation (WDC) until 2002. This then split into two new WD Departments when new Strategic Health Authorities (Surrey and Sussex, Kent and Medway) were created in 2002. Within Kent and Medway, the WDD was unable to recruit a Director and so was split between other departments. Lead responsibility for SfL ended up with the Service Improvement Department as they already led on the lifelong learning agenda. The two precursor SHAs and were then merged into South East Coast in July 2006.

2.46   These organisational changes were accompanied by a high 'churn' of staff, with variable consequences in terms of continuity. Our perception was that continuity, and consequently organisational memory, has been retained to a higher level in South Central SHA than in South East Coast SHA, reflecting the continued involvement of key individuals throughout the period since 2001. However, change was continuing at the time of our study with proposals to create a new agency called NHS Education South Central, which will absorb both workforce development department and deaneries and be responsible for everything from SfL to medical education.

Funding, targets and incentives

2.47   NHS funding for SfL is most likely to come through the Multi Professional Education and Training funding stream (MPET), which was created in 2001 through the merger of three precursor funding streams. Between 2004 and 2006, ring-fenced money for SfL was passed to Strategic Health Authorities as a component of MPET. This was used mainly for individual learning accounts and for increasing qualifications. There were specific targets attached to this funding.

2.48   In 2005/6, the NHS was facing severe financial pressures despite unprecedented increases in funding and many Strategic Health Authorities used reductions in MPET as a part of a package of measures for achieving financial balance. In Hampshire and the Isle of Wight, for example, £18m was taken out of £150m. These measures were decided upon locally, but in 2006/7, a decision to 'raid' MPET to help plug the gap in NHS funding was made nationally. At the same time, the Department of Health decided to cease earmarking streams within

MPET and to pass the funding to SHAs as a 'bundle'. The decision to 'bundle' and the decision to 'raid' were implemented together. The impact for South Coast SHA is believed to have amounted to £38m out of £250m. As part of the changes in 2006/7, virtually all central targets related to SfL (and most other MPET-funded activities) were dropped.

2.49   For 2008/9, it was anticipated that MPET budgets would be re-instated but the financial outlook remains difficult. The NHS will be expected to make a surplus in 2007/8 and the recent high levels of funding growth will come to an end from 2008/9 onwards. There is, therefore, a question as to how much of the MPET 'bundle' will be invested in workforce and development in future.

2.50   As noted, there were specific targets for SfL attached to elements of MPET until 2006. The rigorous performance management systems in the NHS would have been effective in ensuring that local NHS organisations made progress towards the attainment of targets. Instead, there will be a service level agreement between DH and SHAs related to MPET but this is not expected to be demanding and will include general commitments rather than setting hard targets. The 'annual health check' system of the Healthcare Commission includes no specific standards related to SfL.

2.51   A further outstanding question is that of the responsibility of the Strategic Health Authorities, as opposed to those of individual NHS employers, for SfL. This was under debate and unresolved at the time of our interviews.

3: Buckinghamshire Hospital Trust – Stoke Mandeville Hospital Pilot ("Bucks Get on Board")

Overview and context

Rationale for project

3.1   The 'Bucks get on Board' project sought to raise the level of basic skills held by those working at the Stoke Mandeville Hospital (SMH). The rationale for 'Bucks get on Board' was set out in the project's appraisal form[17]:

3.2   'An NHSU survey shows that almost half of the NHS professional and managerial staff and two thirds of other NHS staff have literacy skills below Level 2. Almost two thirds of NHS Professional and managerial staff and nearly nine out of ten other NHS staff surveyed have numeracy skills below Level 2'.

3.3   Within this, there was also awareness that:

- the types of training required by these groups varied considerably and would therefore need tailoring according to these needs

- that training support needed to be delivered on-site and be accessible 24/7 in order to minimise the time that trainees were taken away from work (trainees could use services on breaks, before and after shifts) and so that trainees, line managers and senior hospital staff could be encouraged to engage with the service

- in addition to providing recognised qualifications, training needed to be focused on improving competency levels in the workplace

Objectives

3.4   The original project proposal application[18] stated that:

> *'The project will provide 250 Essential Skills learning opportunities to NHS employees. The aim will be to train learners to the standard of the national test in literacy and numeracy with the hope of raising the level of each learner by at least one level of the National Core Curriculum …….Eventually, this will not only embed basic skills (training within Buckinghamshire NHS) but will also lead to a significant improvement amongst staff and the NHS as a whole, resulting in a safer and increased productive organisation'.*

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[17] SEEDA, Appraisal, form 3a, PMS No: SE 21947, April 2005
[18] SEEDA, Appraisal, form 3a, PMS No: SE 21947, April 2005

3.5   Breaking this down, the Project Manager[19] offered the following four objectives for the project:

- Embed Skills for Life within the Stoke Mandeville Hospital and the Trust

- Underpin the knowledge of employees with satisfactory levels of numeracy and literacy skills

- Offer flexible learning at a highly accessible (24/7) learning centre

- Contribute towards addressing the recognised skills shortage in the NHS and the wider workforce

Activities

3.6   The project was managed and delivered by the Workforce Development Team of 'Buckinghamshire Adult Learning' (BAC), the area's largest adult learning service provider. Whilst SMH have an internal Training and Development Unit, dialogue between BAC and the Training and Development Unit Manager concluded that BAC's track record in basic skills adult learning meant that they were the best placed to deliver Skills for Life training to hospital staff.

3.7   The project started delivery in April 2005. Staffing consisted of a part-time Project Manager (who left at the end of 2005 with the Workforce Development Team Coordinator taking on the Manager's role), a part-time tutor and administration support. Operating from a learning centre based in the Hospital, the project offered a drop in service and 24 hour access to IT learning facilities. For the first six months of operation, courses were developed around ECDL (European Computer Driving Licence), maths and literacy. In addition, through BAC being subcontracted to provide LSC Next Steps services, the tutor also provided further information, advice and guidance (IAG) around the options and support available from the LSC.

3.8   With the Project Manager leaving in the end of April 2005 and being replaced by the then Workforce Development Team Project Coordinator, the project took a different direction. It was decided that whilst the first six months of operation had been useful in engaging hospital staff and providing them with basic skills support, more focus was required on provided accredited Skills for Life (SfL) Level 1 and 2 courses that used LSC funding. Whilst the IAG provided to staff by the tutor was valued, it was decided that SEEDA funds should be directed toward encouraging staff to take-up accredited SfL courses. As a result of this change of direction and the need to channel funding into course delivery opposed to IAG, the tutor left the project in September 2006.

3.9   Since the beginning of 2006, the project has offered ESOL, IT, literacy and maths Level 1 and Level 2 SfL courses, funded by the LSC and accredited through the National Basic Skills Test. These tests are accredited through Trinity (ESOL) and City & Guilds (numeracy and literacy) in an on-site test centre. Courses are being tailored to improve the confidence and competence of staff. For example, drug calculation courses have been developed for nurses

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[19] Interview with Project Manager for 'Bucks get on Board', March 2007

responsible for IV (Intravenous) administration – whereby nurses have to achieve 100% in internal tests to continue IV responsibilities. Trainees on these courses can then take the Level 2 National Basic Skills Test in order to secure accreditation.

3.10   As well as medical staff, 'Bucks get on Board' has been working with Sodexho, who, employing more than 500 staff, are subcontracted by the Trust to provide catering services to Stoke Mandeville Hospital. Good basic literacy and numeracy skills are vital for maintaining catering hygiene and staff health and safety standards. With the consequences of breaching these standards being heightened for catering services operating within hospitals, 'Bucks get on Board' have seen Sodexho staff as a core group for targeting the services offered by the project.

3.11   Using funding from the Learning and Skills Council, Sodexho, SEEDA Skills for Life, Buckinghamshire Hospitals NHS Trust and Buckinghamshire County Council, 'Bucks get on Board' and Sodexho have developed a full portfolio of training for Sodexho staff. In order to engage staff with the full range of training on offer, 'Bucks get on Board' are running an initial engagement courses that offers to help staff 'deal with difficult people', 'make the day stress free', 'improve confidence', and to 'be a better speaker and listener'. The course, which will involve two hours a week over four weeks and will be delivered on-site by 'Bucks get on Board'. For the first time, it was reported that Sodexho are prepared to release staff during work hours and make a contribution toward training costs.

3.12   It has taken longer than was anticipated for the project to secure agreement with Sodexho over a training programme for staff. Whilst this agreement is now in place, delays have resulted in lower learning outputs than expected.

Spend and outputs

Project spend

3.13   The project was delivered over two financial years (2005/6 – 2006/7). Spend for the project is detailed below in Table 3-1.

Table 3-1 : Project financial details	
SEEDA contribution	**£50,000 (£30,000 in 2005/06 application)**
Partner contribution(s) **LSC** **Stoke Mandeville Hospital**	**£34,500** **£10,300**

Source: SEEDA Fund for Learning and Skills 2004-2005, EOI Application, SEEDA, Additional Expenditure, form 3b, PMS No: SE21947

3.14   The costs for the project were broken down as follows:

- Staffing:

  - Project Manager (20%)   £7,000

  - Lecturer x 2 (100%)   £45,000

  - Administration/finance (10%   £4,000

- Resources

  ➢ IT software   £5,000

  ➢ Stationary   £1,000

  ➢ Marketing   £2,500

  ➢ Premises (inc security and utilities)   £10,300

3.15 The SEEDA Expression of Interest form[20] completed by BAC, stated that £30,000 of SEEDA funds would be used to fund the training delivery costs required for the SMH training centre. This was to support the staffing costs of running the leaning centre, resources, marketing and to part fund (£10,500) the lectures/tutors required to deliver the training[21]. Funds drawn from the LSC would pay for the remainder of teaching costs whilst SMH covered the costs of the premises and associated overheads.

3.16 In 2006, SEEDA granted the project an additional £20,000[22] to expand the project into both Amersham and Wycombe hospitals. It was anticipated that this would involve setting up learning centres similar to that in SMH. However, progress on the rolling-out of the project has been hindered due to a lack of available space at either hospital. Whilst some training has been able to take place at both hospitals, with no dedicated space for a new learning centre, progress has been slow. At Amersham, as part of the investment in the Hospital resulting from a Private Finance Initiative (PFI) and match funding from Buckinghamshire Trust, a new learning centre has recently (April 2007) opened. It was reported that whilst SEEDA funds have been held back so that basic skills training can be delivered through the new centre, this has obviously delayed the achievement of output targets. This underspend in SEEDA funds will result in outputs being generated well beyond the end of the programme, something which will require close monitoring in order for SEEDA to capture the ongoing impact of the project.

3.17 The Project Manager stated that the project planned to employ another part-time, temporary Project Manager as part of a concentrated effort to engage more learners in basic skills training. One identified opportunity is to engage and encourage catering staff at Wycombe Hospital to take on basic learning training. However, as has been the case with Sodexho at SMH, it is recognised that it will take a considerable amount of time to build up the trust and working relationship with the sub-contracted firm (Medi-West) for the opportunity to be realised.

Performance against targets

3.18 Table 3-2 displays actual and anticipated performance. As has been discussed, whilst it is anticipated that outputs will be comfortably be achieved, the delays in progress with Sodexho, coupled with the issues surrounding rolling-out the project to Amersham and Wycombe Hospitals have meant that, to date, outputs have not been achieved.

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[20] SEEDA Fund for Learning and Skills 2004-2005, EOI Application
[21] As has been discussed, the part-time tutor left in September 2006 and was not replaced.
[22] SEEDA, Additional Expenditure, form 3b, PMS SE21947

3.19   In addition to these outputs, more detailed Level 1 and Level 2 achievement is as follows[23]:

- 10 SMH staff have taken Literacy Level 1

- 19 SMH staff have taken Numeracy Level 1

- 13 SMH staff have taken Numeracy Level 2

- 6 SMH staff have taken Literacy Level 2

- 4 Wycombe staff have taken Literacy Level 2

- 3 Wycombe staff have taken Numeracy Level 2

Table 3-2 : Performance		
Output	**Target**	**Actual**
Total Number of adults gaining basic skills as part of the Skills for Life Strategy that count towards the Skills PSA target	330 (2005/06 – 250, 2006/07* – 80)	285

*Source: SEEDA * These additional outputs were for the rolling-out of the project to Amersham and Wycombe Hospitals*

Overall observations

Sustainability & impact

3.20   Supported by a combination of Trusts funds, SEEDA underspend from 2006/07, LSC funding and funds from Sodexho, the 'Bucks get on Board' project is still in operation at SMH and Amersham and Wycombe Hospitals. Whilst a firm agreement has not been tabled, it is hoped that BAC will try and absorb any critical shortfall in funds resulting from the end of SEEDA support. That said, it has also been acknowledged that the key strength of SEEDA funds was the flexibility in which it was allowed to be spent. Using the funding to engage learners, build trust with line managers and offer taster courses along with combining this with funding from the LSC has been seen as the key underpinning reason for the project's successes. Other funds such as LSC First Steps were reported as only being able to partially fill the gap left by SEEDA funds.

3.21   The less positive impact resulting from the ending of SEEDA funding would have been reduced had the project been able to achieve its first objective of embedding SfL into SMH and the wider Trust. This, however, has not been achieved for a number of reasons:

- In the first week of the project's operation at SMH, the senior Trust and Committee member who supported the project left, meaning that the project has not had any senior management representation.

- Whilst the SMH Training and Development Unit Manager has been assigned to the project as the key strategic point of contact for the project, communication at this senior level has been reported as limited.

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[23] Provided by Project Manager – 20th April 2007

- Partnership working between the Training and Development Unit has occurred, particularly regarding accessing learners in Amersham and Wycombe, but with the Unit offering between 375-400 courses and limited resources, it has been hard for the Unit to prioritise SfL

- With the merger of Stoke Mandeville, Amersham and Wycombe Trusts, the Unit is now based at Amersham, again hindering partnership work as the project has only recently secured a presence there. It is hoped that with the opening of the Learning Centre at Amersham it will be easier for the Training and Development Unit and 'Bucks get on Board' to discuss ways of joint working.

- Reinforcing the perception that the 'Bucks get on Board' is not integrated into SMH, its training computers have never been connected to the hospital's intranet. This has also made it difficult for the project to promote its services through the hospitals online information services.

3.22 Overall, therefore, there is clearly a significant amount of work still to be done to embed SfL within the newly merged Buckinghamshire Trust and its three hospitals. However, with the more operational achievements of the project, its innovative use of various funding streams, coupled with the expertise and reputation of its parent organisation (BAC), the 'Bucks get on Board' project could well yet achieve this objective.

3.23 Finally, whilst learners complete tutor/course evaluation forms to assess the quality/usefulness of training, learners are not formally tracked to assess their progression post training. However, the fact that 55 members of staff have gained either Level 1 or Level 2 Basic skills qualifications does indicate that the project has developed a clear pathway for basic skills development.

Conclusions

3.24 The 'Bucks get on Board' project has had to operate within a difficult environment. From the outset the project has been hindered by the departure of the senior SMH champion for the project and, due to this and other reasons, the inability to secure the project's integration with SMH's wider Training and Development Unit has left the project in what appears to be a somewhat isolated position. Added to this, the project has had to work extremely hard to engage and develop a relationship with Sodexho, SMH's subcontracted catering firm.

3.25 Considering these difficulties, the project should be commended for a number key achievements:

- The project has providing accredited basic skills learning opportunities to a range of facilities and medical staff – despite the issues around Sodexho and the delays in setting up learning centres at Amersham and Wycombe Hospitals, outputs have only been missed by 45 (number of adults gaining basic skills as part of the Skills for Life Strategy that count towards the Skills PSA target). This figure, which represents 14% of the total target, will easily be achieved over the next year.

- The project has secured agreement with Sodexho to provide a portfolio of staff training and development that will involve a financial contribution from Sodexho and an agreement to release staff within working hours.

- The project has developed a pathway for basic skills development which would appear to strike the correct balance between being tailored to improve employees competence with the benefits of providing individuals with a set of accredited, recognised and transferable skills.

3.26   However, for the project to be deemed a true success, it must secure institution buy-in. The importance of SfL has to be recognised and embedded into both the three hospitals as well as Buckinghamshire Trust. Until this is achieved, the project's sustainability will always be in jeopardy and it will continue to fight uphill battles to secure relatively small wins.

3.27   The first step will be to build a stronger and more effective working partnership with the Trust's Training and Development Unit, something which should improve with the opening of the Learning Centre at Amersham Hospital. Using the Training and Development Unit as a conduit to the senior committee and Trust meetings, 'Bucks get on Board' will then need to work exceptionally hard to ensure that SfL is recognised as a key priority within an already resource strapped and wide ranging training and development agenda.

4: Context NHS

Overview and context

Rationale for project

4.1 The original rationale for the Context NHS programme was to respond to the Moser report, which highlighted that 20% of adults in Basingstoke lack functional reading and writing skills[24]. Established in 2001, by the Basingstoke College of Technology (BCOT), the project originally developed partnerships with both large private employers such as Boots Distribution as well as the North Hampshire Hospitals Trust (NHHT). However, for a number of reasons the focus of the project changed to concentrated on the NHS:

- It became apparent that the project was not going to achieve its targeted learning outputs. This led initially to an attempt to engage more firms with the project, but again this proved difficult due to the relatively small number of large companies in the area

- SEEDA's Basic Skills NHS Business Plan 2004-07[25] provided a clear focus on the NHS as a means of providing targeted basic skills support to one of the regions largest employers

- Through SEEDA funding, BCOT delivered a successful basic skills capacity building pilot in NHHT in 2003 which tested a model of a multi college/hospital partnership.

- Figures from the NHS Workforce Development Consultancy indicted that in North and Mid Hampshire and West Surrey at least 8,000 employees might be eligible for essential skills training, including IT.

4.2 Based upon the successful pilot, and in order to be coterminous with the geographical coverage of the NHS Strategic Health Authority, BCOT submitted an application to SEEDA to deliver a basic skills programme across mid and North Hampshire.

Objectives

4.3 The original project proposal application[26] stated that:

> *The project will provide 500 SfL learning opportunities to NHS employees throughout North and Mid Hampshire and North and West Surrey. These opportunities will be targeted primarily at those support workers who have few or no formal qualifications, those that may not have achieved their potential in their current role and those who feel themselves barred from promotion or training opportunities for lack of confidence in their basic skills.*

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[24] The Moser Report, 'A fresh start in improving literacy and numeracy', 1998
[25] Basic Skills NHS Business Plan 2004-07[25] – 'Working in partnership to create an inclusive NHS workplace learning culture', SEEDA
[26] SEEDA, Project Proposal, form 1b, PMS SE 20945, June 2004

4.4   The application also sets out how the project will contribute to SEEDA's Basic Skills NHS
       Action Plan:

•   Participate in sub-regional and regional groupings to co-ordinate, develop and
     disseminate NHS workplace SfL practice

•   Use the partnership model developed by FE colleges in the pilot project and appoint
     dedicated staff to work with acute and primary care trusts in mid/North Hampshire
     and North West Surrey

•   To work with all partners to develop and implement a model of workplace essential
     skills training that might be applied to other regions of the NHS in the UK

•   Contribute to regional knowledge through dissemination of research and development
     in the area of provisional/workforce development

Activities

4.5   The Context NHS programme was managed and coordinated by BCOT. This involved a full-
       time Project Manager, Project Assistant and Administrative Assistant as well as a full time
       Strategy and Partnerships Director and Learning Services Manager who both worked for the
       programme on a pro-rata basis (both 20% of their full-time posts). The 'focal partnership' that
       was established for the programme consisted of the following partners:

Table 4-1 : Context NHS partners		
FE Colleges	**NHS organisations**	**Other partners**
Basingstoke College of Technology	**Blackwater Valley & Hart PCT**	**Hampshire and Isle of Wight ESSU**
Peter Symonds College	**East Hampshire PCT**	**Hampshire and Isle of Wight NHS Workforce Development Confederation**
Cricklade College	**Frimley Park Hospital NHS Trust**	
Farnborough College of Technology	**Hampshire Ambulance Service NHS Trust**	
Alton College	**Mid Hampshire PCT**	
	North Hampshire Hospitals NHS Trust	
	North Hampshire PCT	
	Surrey Hampshire Borders Mental HealthTrust	
	Winchester and Eastleigh Hospitals	
	Winchester and Eastleigh Healthcare NHS Trust	

Source: BCOT and Partners, Application Form, 2003

4.6   A key element of the project was BCOT's engagement and close working with Lifelong
       Learning Mangers (LLMs). Funded by the Strategic Health Authority, 11 LLMs sought to
       work with assigned Hampshire and Isle of Wight Hospitals and PCTs to identify employees
       in need of basic skills training and access training opportunities. In order to assist the LLMs,
       BCOT offered them skills awareness training to help identify underlying basic skills needs of

NHS staff across different occupation levels. Working closely together, BCOT and LLMs would work to:

- Engage and enrol staff on the various training programmes offered by Context. This process involved speaking informally to potential students, undertaking individual learner assessments for essential skills and promoting the service in canteens, staff rooms and on the intranet.

- Build strong relationships with Line and Ward Managers to develop a joint understanding of issues related to staff release, an appreciation of how training will improve the competency levels of staff and, based upon this information, design courses that are both tailored to learner needs and delivered in such a way that minimises disruption to the working day

- Identify instances where Line and Ward managers may need SfL training themselves

4.7   Depending on the location of the hospital/PCT and the type of training required, BCOT would then assign an FE college to deliver the training or, if appropriate, deliver the training themselves. A key component many of the courses offered through the programme involved using IT as a 'hook' to engage learners and then embed literacy and/or numeracy into the course. In order to support this, SEEDA provided the project with capital funding to purchase e-cab, a van fitted out with portable IT equipment including lap tops. This equipment enabled Context to deliver numeracy and literacy courses through IT on-site. This was particularly useful for Hospitals such as the Royal Hampshire County Hospital in Winchester which do not have IT learning facilities.

4.8   In addition to the IT based numeracy and literacy courses, Context also adopted a wide range of other methods to identify and engage learners in basic skills training including:

- Using Health Care Assistants inductions at NHHT to assess basic skills needs and then feed those identified as having any issues into on-site Level 2 basic skills courses funded by the LSC

- Tailored courses in report writing courses, medical terminology and nurse drug calculations

- The development of a booklet to support managers responsible for implementing the Knowledge Skills Framework as part of the NHS Agenda for Change, this allowed for the development of on-the-job training courses

Spend and outputs

Project spend

4.9 The project was delivered over three financial years (2004/5, 2005/6 and 2006/07). Spend for the project in 2004/05 is detailed below in Table 4-2.

Table 4-2 : Project financial details	
SEEDA contribution	**£150,000**
Partner contribution(s) Cash **LSC drawn down funds (unspecified)** **Individual learning accounts (unspecified)**	
Partner contribution(s) In-Kind **NHS and practice employees release cost** **BCOT 20% of Strategy and Partnership Director** **BCOT 20% of Operational Manager**	**£123,520** **£106,000** **£10,320** **£7,200**

Source: Project Application form, BCOT, 2004

4.10 In 2004/05 the project received £150,000 in funding from SEEDA. Almost four fifths of this sum (77%) was required to support the Project Manager, Project Deputy Manager, Administration Assistant and Tutor. The remainder was required to support skills training not covered by LSC funds (£10,000), servicing and subscription costs for satellite and e-cab capital equipment (£8,280), replacement lap tops and servicing (£5,000), staff travel costs (£5,000), seminar/conference and dissemination (£3,000), staff training and development (£3,000) and general consumables (£500).

4.11 In 2005/06 SEEDA awarded Context another £150,000 in order to extend the programme until March 2006. This was matched with the same in-kind contributions cited for 2005/06. In 2006/07 a further £57,000 was awarded in order to enable the project to continue operation until March 2007[27].

4.12 Using the majority of SEEDA funds to engage, promote and enrol learners, and to enable flexible outreach learning facilities, the project should be seen as an example of good practice in accessing mainstream LSC funding for lower occupational NHS staff. Through combining SEEDA, LSC and Individual Learning Accounts (ILAs) funding, Context has been successful in allowing 1,264 adults to gain basic skills[28].

Performance against targets

4.13 Table 4-3 displays actual and anticipated performance. As can be observed, the project has been successful in achieving its target of providing 700 SfL learning opportunities. In addition to achievement against targets, the project has also achieved the following outputs:

- 1,264 adults gaining basic skills as part of the Skills for Life Strategy that count towards the Skills PSA target

- 157 people assisted in skills development as a result of RDA programmes

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[27] This requires clarification with SEEDA

[28] Total number of adults gaining basic skills as part of the Skills for Life Strategy that count towards the Skills PSA target

Table 4-3 : Performance		
Output	**Target**	**Actual**
Skills for Life Learning Opportunities – number of learning opportunities (3-30 hours)	700 (2004/05 – 500, 2005/06 – 200)	744

Source: SEEDA

Overall observations

Sustainability & impact

4.14 The Context Course Review and Evaluation 2006/07[29] demonstrates that:

- 51 students attended full length (24 hour) Adult Numeracy and Literacy course in 2006/07

- Almost 400 students attended a 6 hour Basic IT Skills course, this high take-up being due in part to the introduction of a new Care Record System (CRS) which Context used as the bases of the IT course

- Overall feedback from students was extremely positive

- Both the Hampshire PCT and Basingstoke and North Hampshire Foundation Trust provided letters of endorsement for the programme emphasising the value of the courses provided and, of equal importance and related to raising the profile of basic skills needs within the NHS, the fact that the IT training has *'lit fires in some very dark corners[30]'*

4.15 Building upon this last bullet point, as well as achieving high output levels the project has made tangible inroads toward embedding SfL throughout into the NHS. From consultations with the programme team and the Training Development Manager at Buckinghamshire and North Hampshire Foundation Trust it is clear that, at an operational level, dedicated full-time staff have been able to spend time building trust and relationships with line managers as well as speaking to employees about their training needs. More than this, however, the senior staff involved in the project, and in particular the Strategy and Partnerships Director, have been successful in embedding the programme into NHS systems. Indeed, as part of the introduction of Knowledge Skills Framework (KSF), Context worked with North Hampshire Hospitals Trust to develop a toolkit for NHS Managers on training and development for staff.[31] The toolkit provides guidance on how to identify learning styles, learning and development pathways, Skills for Life issues and departmental, employee and personal skills checklists.

4.16 The focal partnership developed for the Context programme is set to continue post March 2007 when SEEDA funded ended. Agreement has been secured between the Strategic Health Authority (South Central) for BCOT and its partners to continue to provide training to the regional NHS workforce. The agreement involves combining £66,900 of South Central funds with LSC Train to Gain funding in order to provide Level 2 training for 114 learners and providing Level 2 training to a further 44 learners.

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[29] Context Programme, Course Review and Evaluation 2006 – 2007, Basingstoke College of Technology
[30] Letter from John Newell, ICT Training Manager, Southampton Shared ICT Services, Hampshire PCT
[31] How to Develop Your Staff, A Guide for the Appraiser in Supporting Learning at Work, March 2006

4.17   From consultation with Basingstoke & North Hampshire NHS Foundation Trust, it is clear that Context has had an impact upon attitudes towards SfL. It was reported that BCOT worked closely with the Trust's Education and Training Manager to convince and persuade Managers of the importance of SfL and that through the KSF this change has now been embedded. Whilst it was reported that the skills assessments database being developed by the Trust for all staff has more to do with national NHS policy oppose to Context pre se, it was acknowledged that the programme has acted a real 'eye opener' into the number of staff who require basic skill development.

4.18   Despite these achievements caution is also required. It is clear that SEEDA funds have been instrumental in allowing Context to dedicate qualified staff to liaise with senior Trust Board members, hospital and PCT Lifelong Learning Managers and Human Resource Managers, as well as meet with Line and Ward Managers and potential learners. This relationship building has been seen as the key success factor of the project. With SEEDA funding ending it is feared that, whilst in the short to medium term partnership work will continue, in the absence of any resource to maintain these relationships the common understanding and trust developed as a result of these activities between BCOT and the NHS will inevitably reduce over time.

Conclusions

4.19   Context should be seen as an example of good practice for delivering SfL within the NHS. Whilst there are uncertainties surrounding the long term future of the focal partnership, the fact that it has been used as the blueprint for the partnership now delivering courses across the South Central Strategic Health Authority is evidence of the value held by the NHS for the Context programme. The project has been successful for a number of inter-related reasons:

- Through funding strategic and managerial staff the programme has been able to build relationships at several levels: Trust Board members, Training and Development Mangers, LLMs and Line and Ward Managers. Due to complex inter and intra departmental hierarchies within hospitals and PCTs, the need to understand and engage with all of these NHS staff has been paramount to being able to successfully deliver training on the ground.

- The flexibility over how SEEDA funding could be spent and its subsequent combination with LSC and ILA funding has also been an important way of keeping the costs per learner to a minimum and in selling the NHS a package of training.

- Running the programme through BCOT, an organisation with a track record and reputation for providing adult training to large public and private organisations has provided the knowledge and experience required to manage and coordinate the focal partnership

- The development of e-cab has enabled training to be delivered on-site and has allowed literacy and numeracy courses to be embedded within IT – a key hook for engaging learning who for a variety of reasons may not feel comfortable enrolling on a course that focuses purely on numeracy or literacy.

4.20   The programme now being delivered by the focal partnership on behalf of South Central is considerably smaller than the programme that was delivered over the two years of SEEDA funding. This is indicative of the fact that whilst progress has been made in raising levels of recognition of the importance to addressing basic skills needs in the NHS workforce, there is a long way to go before it can be considered as fully embedded. The Context programme has taken some commendable steps towards achieving this long term goal, but with limited future funding to maintain and develop partnership arrangements it is feared this goal may not be fully realised.

5: Oxfordshire Skills for Health

Overview and context

Rationale for project

5.1   Oxfordshire Skills for Health (OSfH) sought to offer a range of Skills for Life (SfL) learning opportunities across 11`NHS organisations. The rationale the project was based upon the growing national and regional recognition of the need to address adult basic skills issues and, in particular, basic skills within the NHS:

- SEEDA's Corporate Plan (2003-06) highlighted the need to work with NHS Trusts throughout the region to address basic skills needs

- Research by the DfES indicated that low levels of literacy and numeracy are widespread in the adult population[32]. The NHSU analysis of this research indicated similar skills levels within the NHS workforce

- Skills Insight research published in 2004 indicated the importance of intermediate skills in driving up productivity. The research notes deficiencies in generic skills (especially literacy)[33]

5.2   The Oxfordshire Basic Skills at Work (BSAW) service, part of Oxfordshire County Council's Adult Basic Skills Unit, has been in operation since the mid 1990s. Supported by European Social Funds, the BSAW service provided skills training to private sector firms and, in particular, small and medium sized enterprises (SMEs). In 2000, SEEDA started to provide funding to BSAW to deliver SfL training to large firms and SMEs across Oxfordshire. It was during this time (between 2000 and 2003) that BSAW approached Oxford Radcliffe Hospitals Trust in an attempt to engage them in the SfL programme.

5.3   Given SEEDA's strategic decision to focus on basic skills development within the NHS coupled with the track record and experience of the BSAW service, in 2004 SEEDA funded the organisation to deliver the OSfH programme.

Objectives

5.4   The original project proposal application[34] stated that:

- The project will provide 450 Skills for Life learning opportunities to NHS Employees (in Oxfordshire).These opportunities will be targeted at low skilled staff so that they gain confidence and basic skills to undertake further training and development. NHS managers and others will be included where basic skills needs are identified'

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[32] DfES (20030 the Skills for Life Survey, taken from OSfH EOI to SEEDA, 2004
[33] Skills Insight , Skills Insight Annual Skills Review 2003-2004, 2004,taken from OSfH EOI to SEEDA, 2004
[34] Oxfordshire Skills for Health– Project Proposal, PMS SE 20952, May 2004

5.5   The application also sets out how the project will contribute to SEEDA's Basic Skills NHS Action Plan:

- Build Oxfordshire County Council's capacity and expertise in workplace provision within the health service

- Participate in sub-regional and regional groupings to co-ordinate, develop and disseminate NHS workplace SfL practice

- Maintain and develop OSfH website

- Contribute through dissemination of research and development in the area of provisional/workforce development

- Support the development of NHSU policy and practice around Skills for Life and Health

Activities

5.6   The programme was designed to offer training to staff in the following organisations:

Table 5-1 : OSfH – partner organisations	
Organisation	
1. Oxford Radcliffe Hospitals Trust	**8. (Oxfordshire) NHS Professionals**
2. Nuffield Orthopaedic Centre NHS Trust	**9. Oxfordshire Learning Disability NHS Trust**
3. South East Oxfordshire PCT	**10. Oxfordshire Mental Health NHS Trust**
4. South West Oxfordshire PCT	**11. Oxfordshire Ambulance NHS Trust**
5. Oxford City PCT	
6. Cherwell Vale PCT	
7. North East Oxfordshire PCT	

Source: Project Application form, OSfH, 2004

5.7   At the heart of OSfH was the work with Oxford Radcliffe Hospitals (ORH). ORH is a teaching trust, spread over four sites and employing approximately 10,000 staff. OSfH's work at the Trust was known as the ORH Stepping Stones programme[35].

5.8   Staffing for the project included a part-time Programme Manager (2.5 days a week), a full-time Project Leader, a part time Project Leader (3.75 days a week), and four Trainers (two at four day a week and two at 3 days a week). With the project starting in April 2004 it was reported[36] that two pivotal pieces of work took place:

- Firstly, a major barrier faced by the project was that NHS managers' perception of the OSfH team was that they offered expertise in basic skills, but not service delivery. However, an NVQ course being run by ORH which was experiencing difficulties provided the OSfH team with the opportunity to prove that they understood management practice. Through helping turn the course around, OSfH gained

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[35] Taken from Oxfordshire Skills for Health, 2004-05 end-of-year summary, 2005
[36] This was based on an interview with the Programme Manager

occupational credibility as well as a reputation for basic skills training. This led to ORH working with OSfH to deliver an NVQ course in cleaning.

- Secondly, using the Health and Safety and Risk Assessment training that ORH were required to deliver to staff, OSfH supported those who required literacy and English language support in order to access the training. This, coupled with delivering basic skills training to facilities management[37] staff at John Radcliffe Hospital, again reinforced the perception that OSfH understood and could help improve management practice and workforce development.

5.9 Over the year, OSfH was involved in a wide range of activities including:

- Providing a range of contextualised training courses and programmes in: IT, ESOL, Communication Skills, Assertiveness, Counselling, Report writing/essay writing, Language for job description, Maths Skills, Study Skills, Workplace Admin and Literacy.

- Working with seven NHS organisations in 22 workplaces

- Creating an NVQ centre and delivered the new Support Services in Healthcare NVQ 2, with SfL support for candidates

- Developing and piloting a bite size ESOL, close-to-the-job ESOL programme

- Developing and delivering a programme around drug calculation for nursing staff

- Functioning as a research site for NRDC/NHSU's Maths4Life: Decisions that Count in Healthcare programme

- Disseminating its own learning locally, regionally, and nationally through participating in SEEDA Learning Labs, South East Health Summit, NHSU forums, the LSC-Unison essential Skills in Health and Social Care project and other events.

5.10 Whilst training was primarily focused within the ORH (which consists of four Hosiptals), work was also undertaken with Hospitals through the PCTs and the Oxford Ambulance NHS Trust. However, only limited amounts of activity took place at Nuffield Orthopaedic Centre NHS Trust, Oxfordshire Learning and Disability NHS Trust, Oxfordshire Mental Health NHS Trust or NHS Professionals.

5.11 In addition to developing these activities in 2005/06, the Project Proposal Application[38] form states that the project also sought:

> *'to focus on the development of cost-effective, on-the-job learning methodologies to embed Skills for Life learning into work routines and organisational cultures'.*

5.12 The need for this approach was twofold. Firstly, in order to work toward SEEDA's objective of embedding the importance of, and commitment to, SfL within the NHS, working to

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[37] Facilities management was bought in-house in 2004 but have since been sub-contracted to a facilities management firm
[38] SEEDA, Project Proposal form 1b, PMS No: SE 21952, 2004

influence management change was seen as vital as the project continued to develop. Secondly, Oxford Adult Learning Unit became insolvent in 2004/05. As a result, Oxford County Council provided financial assistance in order to allow the service to continue, but only on the proviso that the organisation turned around its financial situation over the next three years. With the service still in considerable debt at the end of 2005/06, a strong emphasis was placed on achieving full cost recovery for training programmes.

5.13 Over the following year OSfH successfully managed to develop full cost recovery programmes and support NHS Managers and staff in the adoption of the Knowledge Skills Framework (KSF). Moreover, using ESF funding and delivering courses on behalf of Further Education (FE) Colleges, the BSAW service continued to deliver courses across the NHS, Care Homes, SMEs and FE college students.

Spend and outputs

Project spend

5.14 The project received SEEDA funding over two financial years (2004/5 – 2005/6). Spend for the project in 2004/05 is detailed below in Table 5-2.

Table 5-2 : Project financial details 2004/05	
SEEDA contribution	**£156,750**
Partner contributions	
Staff release costs	**£45,475**
OCC Contribution (project management services and overheads)	**£23,420**
LSC drawdown funds (unspecified)	

Source: SEEDA Project Operational Delivery form PMS No: SE20936, 2004

5.15 In 2004/05 the project received £156,750 in funding from SEEDA. With the exception of £7,600 for travel, materials and sundries all of this funding was committed to staffing costs. In November 2004, SEEDA awarded OSfH an additional £50,000 in order to enable the project to:

> *'allow the project to more fully meet its operational potential with the development of a pilot departmental learning programme in at least one non-professional department of the NHS and the delivery of 200 extra individual learning opportunities*[39]*'.*

5.16 In 2005/06 SEEDA awarded the project a further £150,015 which would be accompanied by a further £45,345 in staff release costs and £41,580 in match funding from Oxfordshire County Council (management services and overheads). Similarly to 2004/05, this was then awarded a further £30,000 by SEEDA in March 2006. The additional funds were to made available in order to:

> *'add value to the Skills Escalator, which is to be funded by the ORH from April 2006 and the OSfH programme*[40]*'*

5.17 The Skills Escalator Centre (SEC) is virtual learning centre and consists of a partnership between ORH and Oxfordshire County Council. The SEC management group have

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[39] SEEDA, Additional Expenditure form 3b, PMS No: SE20952, November 2004
[40] SEEDA, Additional Expenditure form 3b, PMS No: SE21949, March 2006

commissioned   Oxfordshire County Council Adult Learning to facilitate the Skills Centre. Further details of this are provided below.

Performance against targets

5.18   Table 5-3 displays targeted and actual performance. As can be observed, the project has been successful in both 2004/05 and 2005/06 in achieving its target of providing 650 SfL learning opportunities and enabling 750 to gain basic skills that count toward the Skills Public Service Agreement.

Table 5-3 : Performance		
Output	**Target**	**Actual**
SfL Learning Opportunities- number of learning opportunities (3+ hours)	650 (2204/05)	709
No of adults that have gained basic skills as part of the Skills for Life Strategy that count towards the Skills PSA target	750 (2005/06)	758

Source: SEEDA

Overall observations

Sustainability & impact

5.19   As has been seen, the OSfH programme has been successful in delivering almost 1,500 basic skills learning outputs over two years. In addition to this, in 2006 the project has worked extensively with hospitals within the ORH Trust to brief Managers on the KSF and support them in its implementation. It was reported[41] that with Project Manager being a member of the ORH Training and Development Group, this resulted in OSfH being able to communicate and influence Managers who are able to make key decisions regarding training (i.e., the release of staff). Through this, and the project's work with the KSF, it was reported that Stepping Stones (as the project is known within the ORH) contributed to a definite shift in attitude toward basic skills training.

5.20   Of equal importance, however, is that OSfH have successfully managed to achieve full cost recovery for training delivered to PCT managed Hospitals in Oxfordshire. Whilst the drive for this was the vulnerable financial situation facing the Oxfordshire Adults Basic Skills Unit, the outcome has been the development of a sustainable financial model for delivering basic skills training. This has involved developing a more businesslike approach to the BSAW service which as well as full costs recovery of training has also seen a cut back in staffing levels.

5.21   In 2006, Thames Valley Strategic Health Authority allocated £125,000 to ORH for the development of non professional staff. After discussion with OSfH, ORH and Oxfordshire County Council, it was agreed that ORH would commit the funds to the development of the Skills Escalator Centre (SEC) and that would OSfH facilitate its operation. Moving away from a focus on individual learners, the SEC is more concerned with enabling access to the SEC in the ORH Trust. Through 2006 and into 2007, OSfH have been supporting ORH in a range of work with the Trust relevant to staff in pay bands 1-4.

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[41] Interview with Acting Head of Learning and Development at Oxford Radcliffe Hospitals Trust

5.22   A more detailed evaluation of the project together with identification of specific areas capable of development as case studies would be possible with assessments of individual outcomes, however, to date no beneficiary feedback has been received from the project.

Conclusions

5.23   OSfH has been seen by many as an example of good practice. The 2004/05 end-of –year summary[42] reported that the service has been reported upon in NHS magazine, referenced in the DfES revised Skills for Life Employer Toolkit, identified in research by the Institute of Employment Studies and also in a recent LSC-funded Unison Promoting Skills for Life in Health and Social Care Scoping Report. From our evaluation, we would agree that not only has the project been successful in achieving its targeted outputs it has also made progress in changing attitudes toward the importance of providing basic skills development for lower occupation staff. Whilst resources are extremely limited, the fact that ORH along with Oxfordshire County Council have come together to ensure that the capacity and experience developed by OSfH staff continue to be utilised through the Skills Escalator Centre (SEC) is a real achievement.

5.24   Overall, the reasons for the project's success are seen as fourfold:

- The reputation of the Project's Manager has been an important mechanism for the project to influence management committees, Training and Development Departments and strategic discussion with Thames Valley Strategic Health Authority and Oxfordshire County Council.

- Through a series of 'quick wins' the project has been successful in earning the trust of managers and staff through demonstrating that as well as having expertise in basic skills training, they also understand and respect the issues faced by managers

- Rather than a deliver a set of pre-developed courses, training has been contextualised in order to fit with, and balance, the needs of staff, managers and the Training and Development Departments.

- BSAW's strong connections with Oxfordshire County Council and its reputation for providing quality training to the public and private sector across the area have provided OSfH with the skills and experience required to develop a training programme which is capable of delivering training within the NHS.

5.25   The development of the Skills Escalator Centre is evidence that the project has made a valuable contribution to changing attitudes and policy towards training for lower occupational groups. Whilst national policy such as the Agenda for Change has been the driving force behind this increasing recognition of training for these groups, OSfH have provided a working example of how this can be successfully implemented. The challenge now is for the Skills Escalator Centre to secure long term funding and for the development of similar schemes across other Trusts in the area.

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[42] Oxfordshire Skills for Health, 2004-2005 end-of-year summary, 2005

6: Sussex Brain Food

Overview and context

Introduction

6.1   The Brain Food project is a partnership between Bexhill College and East Sussex Hospitals NHS Trust. The project received 3 years of funding from SEEDA to deliver embedded Skills for Life training.

6.2   East Sussex Hospitals Trust is a large acute trust comprising of two district general hospitals and two additional out-patient sites and employ approximately 5,200 staff.

6.3   In 2003 Bexhill College's newly appointed head of Basic Skills approached the Trust with the suggestion that they could collaborate to deliver basic skills provision to staff within the Trust using the opportunity offered by the SEEDA funds and existing funding available to colleges to access Skills for Life training.

6.4   The Trust has recently undergone considerable upheaval with the merger of two Trusts to become East Sussex Hospitals Trust in 2002. This merger resulted in to merger of two training departments who had been undertaking different activities the SEEDA funding and the suggestion made by Bexhill College presented an opportunity to join up activities and develop structured learning pathways for the Trust.

6.5   Whilst the proposal made by Bexhill College was attractive to the Trust it was decided that the Trust would need to undergo a mini-tendering round to ensure that they worked with an appropriate partner. Eastbourne, Hastings and Bexhill Colleges were all invited to present their suggestions for activities. The Bexhill submission was decided upon as they were willing to deliver training within the Trust premises and they suggested that the Skills for Life offer could be embedded within a range of courses including IT, CV development and assertiveness training.

Rationale for project

6.6   The rationale of the initial project was to fill the skills gaps of current NHS employees. These gaps have been identified on both a national and local level with respective targets set to feed into the SfL agenda. The need to modernise the NHS in line with the proposals set out in the 'Agenda for Change' was also highlighted. The funding also provided an opportunity to co-ordinate training activity across the recently merged Trust.

6.7   Following on from the initial funding period, Brain Food 1 the project developed two subsequent delivery stages, Brain Food 2 and Brain Food 3 which were also funded by SEEDA. These subsequent projects sought to develop the strategic approach to Skills for Life within East Sussex Hospitals Trust.

Objectives

6.8   The Brain Food Approach is described in their evaluation document[43] as being "a whole organisation approach to embedding Skills for Life with the focus being on integrating Skills for Life within existing systems, policies, processed and personnel – not creating "new". This holistic approach has developed over the lifetime of the project.

6.9   Unfortunately the original project application submission for the first stage of the project has not been available to the evaluation team but objectives identified in Brain Food 2 and 3 are summarised below:

- create corporate commitment to Skills for Life through awareness raising of the economic impact on business objectives in addressing these skills needs

- develop/refine plans and systems to embed Skills for Life at key management levels within the Trust

- provide a range of learning interventions, including, where appropriate, to deliver Skills for Life within the Trust.

6.10   The project was initially funded for 1 year in April 2003. The project then applied for further funding from July 2004 – June 2005 and August 2005 – March 2006. It is understood through consultations with the project team that the project ceased delivery in July 2006.

6.11   The project has adopted a whole organisation approach offering courses to staff across the Trust and seeking the implementation of policy and culture change at all levels.

Activities

6.12   The project seeks to embed SfL within existing systems, policies, processes and personnel. This has been achieved through the delivery of the following activities:

- Creation of effective working relationships at strategic and operational levels between East Sussex NHS Trust and Bexhill College.

- Provision of a number of taster sessions followed by a number of course roll outs.

- Introduction of a target marketing strategy throughout the organisation, particularly amongst first line managers through manager training. This was crucial to show the importance of releasing staff to attend training courses, and the positive effect this can have on targets despite the loss of staff working time.

- Creation of the Skills for Life Policy and Strategic Plan and a Trust contextualised toolkit.

- Development within the Trust of a post to facilitate the Brain Food project

6.13   The project was led by a partnership between Bexhill College and the East Sussex Hospitals Trust. Bexhill College provided the embedded training provision and awareness raising

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[43] Brainfood Evaluation (no date)

sessions and worked closely with the Trust to develop a strategic approach to embedding Skills for Life in the activities of the Trust.

6.14 The creation of the Brain Food branding was one of the early activities and the Trust and Bexhill College feel that this has been very important in achieving awareness of the project across a large multiple site Trust.

6.15 The early stages of the project covered the costs of a Skills for Life Co-ordinator post in the Trust to meet with managers and individual staff members to promote the activities and an opposite number at Bexhill College to co-ordinate and broker training.

6.16 The project began by undertaking awareness raising sessions with managers to ensure that they were able to recognise the vale of releasing staff to undertake courses. The awareness sessions sought to highlight:

- the fact that people with Skills for Life needs were able to effectively mask their issues,

- the risk that a Skills for Life deficit can pose within the NHS,

- the fact that 1 in 5 adults have a Skills for Life need meaning that over a thousand staff in the Trust would be likely to present a need,

- the responsibility that the managers have towards their staff and patients to improve the skills base.

6.17 Within the sessions the project was then able to identify the activities that the learning department at the Trust were putting in place to support managers in meeting the Skills for Life needs of their staff, presenting the skills escalator and the types of courses which could be delivered including ESOL (particularly identified as appropriate for doctors and nurses), nursing calculations and assertiveness training.

6.18 In addition to the awareness raising the project also delivered training on using a Skills for Life audit tool so that managers could work with their staff to identify their needs.

6.19 The courses were then promoted to learners by a range of methods. The Trust co-ordinator attended all department meetings and informed staff about who to contact and the benefits to them individually. The courses were embedded courses and did not used the terms literacy, language and numeracy.

6.20 The courses delivered included:

- Basic confidence

- Basic customer care

- Dealing with difficult situations

- IT skills

6.21 Initially the project utilised the LSC funded non qualification based short course funding. This enabled delivery of a relatively short course (up to 10 weeks X 1-2 hours) which then

enabled managers to plan for staff release. When LSC funding changed to only cover accredited training the project reports that it became more difficult to get managers to release staff because it was more difficult to plan how long an individual would need to attend session in order to achieve the qualification. The project management team report that the take-up of courses fell once the test requirement was introduced.

6.22 As a result the Bexhill College have worked with the Trust to secure alternative funding including some from the Strategic Health Authority to cover the provision of shorter courses.

6.23 Bexhill College has been the sole training provider and has delivered the training on Trust premises in their dedicated training rooms through tutor based face to face delivery.

6.24 A large proportion of the funding in Year One was used to cover the costs of releasing staff to undertake training. Release of staff was identified as one of the most significant barriers faced by the project particularly in light of the fact that over this period the Trust has experienced financial difficulties meaning that departments are operating under stringent financial conditions and cannot meet the cost of cover staff.

6.25 In the second year of funding SEEDA stated that the project could not continue to use the funding to cover the cost of replacement staff during training sessions. The project therefore drew upon the NHS Individual Learning Accounts (approximately £150 per person) to cover the additional costs.

6.26 At a strategic level the project secured the approval of a Basic Skills Policy for the Trust by the multi-professional Learning and Development Committee which is a sub-group of the Board and is attended by non-executive directors and executive directors of the Trust. The project secured senior management commitment to the project and policy through presentations to the Trust board and departmental managers meetings.

Spend and outputs

6.27 Over the three year implementation period, the Brain Food project has been fully funded by SEEDA and delivered by Bexhill and East Sussex Hospitals NHS Trust. The project has received £122,652 through three grants between April 2003 and March 2006. It should be noted that these figures, based upon Project Management information differ from those provided by SEEDA more recently[44].

Table 6-1 : Project financial output details	
SEEDA contribution total	£122,652
Year 1 April 2003 – March 2004	
Year 2 July 2004 – June 2005	£101,605
Year 3 August 2005 – March 2006	£21,047
Partner contributions	Unclear

Source : SEEDA PMS forms

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[44] SEEDA e-mail dated 28/2/07

6.28   Information on output targets and achievements is inconclusive. The data provided by SEEDA[45] shows that the Brainfood project delivered the following outputs:

Table 6-2 : Performance		
	Target	**Actual**
C3A Learning opportunities 3-30 hours		153
C3b Learning opportunities created & filled (30+ hrs)	Unclear due to absence of appraisal doc for each grant	58
S4 Adults receiving basic skills training		211

Source: SEEDA

Overall observations

Sustainability and impact

6.29   The project has operated at a delivery and a strategic level seeking to promote the benefit of Skills for Life to the Board, managers and individuals to secure a change in perceptions regarding Skills for Life as well as secure formal support and culture change through the establishment of policies and procedures embedding Skills for Life in the appraisal and development processes.

6.30   The project ended in July 2006, consequently, it has not been possible to speak to individuals who participated in the learning opportunities or their managers but evidence from an evaluation undertaken by the project includes feedback from individuals and managers identified a number of positive outcomes:

- Increased professional and personal confidence of training recipients. Training courses which focus on assertiveness and nursing calculations have been identified as particularly effective in improving confidence on the job and outside the workplace.

- Noticeable increases in staff productivity and performance. Improving computer skills has reduced time spent on administrative tasks and has significantly increased NHS online learning.

- Improvements in team working and communication. Provision of ESOL courses has enabled the removal of language barriers amongst staff.

- Awareness of SfL has been spread across Bexhill College and the Trust.

6.31   The Brainfood Evaluation document includes quotes from learners:

6.32   'Learning to be assertive helps with patient care as you are able to state facts clearly to patients and relatives' Anon

6.33   'It is a good course, it has made me more confident in my job and outside in my life. Now I talk with my colleagues and friends closely and before I couldn't.' Kitchen Porter.

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[45] SEEDA e-mail dated 28/2/07

6.34   "I think Nursing Calculations was a really good course. It's made me more positive about maths in general which is good because it is a big part of nursing. It has boosted my confidence to become a trained nurse.' Healthcare Assistant.

6.35   The project ceased delivery, as scheduled, in July 2006. No continuation funding for the Trusts Skills for Life Co-ordinator could be secured from internal or external sources. Throughout the latter part of 2006/07 activity has been low and the project has not actively marketed the project. The Trust has continued to experience financial constraints and at present all non mandatory training has been suspended. There is, however, evidence that the influence of the project remains with some managers reporting to the learning department that some of their staff have tapped into Skills for Life learning opportunities outside the Trust.

6.36   The Assistant Director of Learning and Development clearly identifies the added benefit of the partnership with Bexhill College. The benefits of this partnership remain evident in the current work of Bexhill College in seeking to identify additional funding streams for the Trust and working with the Trust to seek access to Strategic Health Authority funding.

6.37   Overall the Learning and Development team at the Trust feel that the project has raised the profile of Skills for Life significantly within the Trust. The Trust have now identified the need to develop a plan of how to revitalise the activities and link with the opportunities presented by Train to Gain.

6.38   Bexhill College have also benefited from the project as the work with the Trust was the first significant activity the newly formed Basic Skills Department undertook and it has enabled them to develop good practice in terms of supporting an organisation to address basic skills needs.

Good practice and lessons learnt

6.39   The second phase of this project shifted its focus from delivery of skills courses to strategic planning, with the aim of developing a model for an operational approach to be used by a range of public sector employers. Achievement of these targets has been recognised through a number of awards. In September 2004, the project won the East Sussex Hospitals Trust a national award from the NHS partners and Association of Healthcare Human Resource Management in the category of Organisational Training and Development. The project has also been highlighted as an example of good practice by SEEDA and the Health Service Journal.

6.40   More specifically, a number of key good practice lessons have been learnt:

- senior management commitment within both partner organisation has enabled decisions to be made effectively and efficiently and the project to have influence at senior levels.

- ongoing flexible learning over a period of time is more beneficial than intensive training courses which require restrictive time commitments. This allows staff to fit training around work demands.

- smaller class numbers provide the necessary learning environment in which to provide more tailored support, reducing the pressure of exposing learning difficulties to others.

- exams require more restrictive time commitments from staff which is not popular with managers or staff themselves. More flexible target measurement provides a more relaxed and supportive approach which is more likely to encourage participation. Although this approach is favourable, it is important to note that this has meant that the Trust has struggled to fund training as a result.

- sustainability remains an issue, as funding from SEEDA ended in July 2006. The Trust is currently facing deficit which has meant that only mandatory training is provided. External funding is needed to cover the costs of delivery including funding to cover the backfill costs of releasing staff for training and the post within the trust to facilitate the project (which is not currently active due to a lack of funding).

- the Trust is concerned about the perception presented by the stop-go nature of time-limited funding as it is felt that in some cases staff believe that training they valued has been stopped by the Trust.

- The individual who originally developed the project at Bexhill College was instrumental in developing the whole organisation approach to embedded Skills for Life, this individual has since left the college and set up a consultancy firm through which they are developing the model to support other NHS Trusts, Local Authorities and businesses and so providing opportunities for transferability of the approaches adopted within the project.

Conclusions

6.41   This project has effectively raised awareness of, influenced policy related to and delivered training addressing Skills for Life within the Trust. The Trust does not think that the activity undertaken would have been possible without SEEDA funding or without the partnership developed between the Trust and Bexhill College.

6.42   The Trusts current reluctance to utilise funding available for accredited training (largely due to the barriers it poses in terms of staff release cover) means that the likelihood of securing external funding for training provision is limited. Equally in light of the current financial difficulties faced by the Trust it is unlikely that internal funding will be made available for the desired short courses.

7: WEA Workwise

Overview and context

Rationale for project

7.1 The Workers' Educational Association (WEA) is the UK's largest voluntary provider of adult learning. WEA has a strong track record of working with NHS staff through UNISON's 'Return to Learn' training programme which provides public sector delivery staff who have few or no qualifications or that have been out of education for a significant period of time with the opportunity to follow five core units of study:

- Personal development and progression

- Descriptive writing and note-taking

- Research through interview

- Understanding and expressing points of view

- Using number skills in a project

7.2 Based upon this track record, and in response to SEEDA's Basic Skills NHS Business Plan 2004-07[46], SEEDA approached the WEA to discuss the potential of the organisation providing a Skills for Life (SfL) training programme to NHS staff in Milton Keynes and Reading.

Objectives

7.3 The original project proposal application[47] stated that:

- The project will provide 350 Skills for Life learning opportunities to NHS Employees (in Reading and Milton Keynes and Reading). These opportunities will be targeted primarily at those support workers whom have few or no qualifications, those who may not have achieved their potential in their current role and those that feel themselves barred from promotion or training opportunities for lack of confidence in their basic skills.

7.4 The application also sets out how the project will contribute to SEEDA's Basic Skills NHS Action Plan:

- Build WEA capacity and expertise in workplace provision within the NHS Reading and Milton Keynes

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[46] Basic Skills NHS Business Plan 2004-07[46] – 'Working in partnership to create an inclusive NHS workplace learning culture', SEEDA
[47] WEA – Workwise NHS – Project Proposal, PMS SE 20936, April 2004

- Participate in sub-regional and regional groupings to co-ordinate, develop and disseminate NHS workplace SfL practice

- Contribute through dissemination of research and development in the area of provisional/workforce development

Activities

7.5 Through its previous work for UNISON, the organisation already had a strong working relationship with Milton Keynes Hospitals NHS Trust and Milton Keynes PCT. However, in order to provide the geographical coverage required by SEEDA it was decided that the WEA – Workwise project would also encompass:

- Two Shires (Buckinghamshire and Northamptonshire) Ambulance Trust

- Reading Royal Berkshire and Battle Hospitals Trust

- NHS Direct

7.6 From a very early stage it was apparent that the project would not be able to include NHS Direct. Despite efforts by WEA, difficulties were experienced in engaging with NHS Direct, not least as many of their staff are medically qualified. Whilst these staff can still exhibit basic numeracy and literacy issues, it was decided that efforts would be better concentrated on the lower occupational groups working for NHS hospital trusts or PCTs.

7.7 The project was due to start in July 2004, but after a delay surrounding agreement of contractual arrangements between WEA and SEEDA, the project did not actually get the go-ahead until the beginning of the academic year (September). This delay was reported as having a real impact on the project's ability to recruit tutors since the most experienced and qualified tutors had already secured positions for the new academic year over the summer.

7.8 The delayed start of the project was not the only difficulty faced by the project in its early stages. Originally WEA had planned to deliver a formally accredited 30 hour SfL course over 10 weeks. However, the course involving releasing staff for half a day once a week for 10 weeks which was not well received by Line and Ward Managers for a number of reasons:

- The cost of backfilling staff who have been released for training

- A generally negative attitude toward 'low skill learning'

- Lack of understanding over the potential value of increasing levels of basic skills such as increasing confidence and competency in the workplace

7.9 As a result, the original training programme was redesigned to offer a more flexible training package of taster courses, workshops and drop-in sessions, and short (3 + hours or 6 + hours) training sessions in a wide range of areas including:

- ***Milton Keynes General Hospital NHS Trust and PCT***: Tasters (language, literacy and numeracy, dyslexia) Tutor training, SfL awareness training, SfL champions, ESOL, Nursing Calculations, Punctuation, Report writing, Minute taking, IT support,

> Knowledge Skills Framework and Personal Development Review, Skills assessment during induction, Team Building and Customer Care.

- ***Royal Berkshire Hospitals NHS Trust***: ESOL, Tutor training, SfL awareness raising, Computer software, Customer care, Restaurant training, Till training, Team building, E-admin, IT support and Learner support training.

- ***Two Shires Ambulance NHS Trust***: Mentoring Training and IT Facilitators

7.10   Table 7-1 below sets out the personnel that managed and delivered the WEA – Workwise project and their time commitments to the project. With Project Workers assigned to work within the Hospital and PCTs, over time the project was able to develop relationships with the 'middle managers' that had originally caused the project significant delivery difficulties for the reasons outlined above. As the more strategic level, WEA was able to use its connections and knowledge of working with UNISON to secure Trust Board buy-in.

Table 7-1 : WEA – Workwise personnel	
Position	**Pro portion of full time post**
Contract Manager	**Variable**
Project Manager	**80%**
Reading Project Worker	**40% from April 2005**
Reading Project Worker	**40% from April 2005**
Milton Keynes Project Worker	**80% from November 2004 – August 2005**
Milton Keynes Project Worker	**50% from November 2004 – July 2005**
Tutors and Assistant Tutors	

Source: Project Application form, BCOT, 2004

Spend and outputs

Project spend

7.11   The project was delivered over two financial years (2004/5 – 2005/6). Spend for the project in 2004/05 are detailed below in Table 7-2.

Table 7-2 : Project financial details	
SEEDA contribution	**£150,000**
Partner contributions	**£71, 250 [48]**

Source: SEEDA Project Operational Delivery form PMS No: SE20936, 2004

7.12   In 2004/05 the project received £150,000 in funding from SEEDA. With the exception of £9,000 all of this funding was committed to staffing costs. In recognition of the project's difficult start, in August 2005, SEEDA awarded Context an additional £40,000 in order to

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[48] Partner contributions costs are unclear – despite examination of data and interviews during the course of the evaluation we have been unable to clarify their origins or breakdown. It is believed that this information was provided in WEA's original EOI, but this was not present in the SEEDA project file.

enable the project to 'develop a programme that becomes part of the fabric of the Trusts[49]'. This would enable the project to operate up until March 2006.

Performance against targets

7.13   Table 7-3 displays actual and anticipated performance. As can be observed, the project has been successful in achieving its target of providing 680 SfL learning opportunities. In addition to achievement against targets, the project has also achieved the following outputs[50]:

- 184 people assisted in skills development as a result of RDA programmes

- 12 adults have gained basic skills as part of the Skills for Life Strategy that count towards the Skills PSA target

Table 7-3 : Performance		
Output	**Target**	**Actual**
SfL Learning Opportunities- number of learning opportunities (3+ hours)	680 (2004/05 – 500 (3+ hours), 2005/06 – 180 (6+ hours)	748

Source: Workwise, September 2004 – March 2006, Final Report

Overall observations

Sustainability & impact

7.14   The impact and sustainability of the project can be assessed through a more detailed focus on activities at Royal Berkshire Hospitals Trust, an organisation which prior to the project, WEA had only limited working relations with. This is summarised below:

Royal Berkshire Hospitals Trust and SfL

7.15   In April 2005, WEA – Workwise recruited two Project Workers to develop the training programme at the Royal Berkshire Hospital. The Hospital had no tradition of releasing staff for training, especially those from low skilled occupational groups.

7.16   Each working for two days a week, the Project Workers spent time liaising with Mangers to listening to their apprehensions regarding staff training, how these issues could be addressed and what types of training could improve performance in the workplace. For example, through building a strong relationship with the new Catering Manager, it was agreed that tutors could be used to train staff on-the-job in how to use new till equipment in the Hospital restaurant. This short training exercise has two effects:

- Enabled a trust to develop between the Catering Manager and the Project Workers that Workwise could deliver training flexibly and in such a way that did not hinder day to day business operations

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[49] SEEDA, Additional Expenditure, form 3b, PMS No: SE20936, August 2005
[50] SEEDA Basic Skills NHS Outputs

- Provided the Project Workers and tutors the opportunity to talk to staff in order to make a qualitative assessment of both basic skills needs and the types of training they are interested in

7.17 Following on from this, Workwise delivered ESOL and Customer care courses to 25 catering staff. Courses were delivered one hour before and after shifts. Adopting a similar approach, the Project Workers successfully managed to challenge a history of very little training support being available for Housekeeping staff.

7.18 Another example involved the identification of a Health Care Assistants (HCA) that required support with their English. After successfully delivering one on one support to the HCA through the Workwise programme, other HCAs came forward for training. This led to a series of small groups whereby 15 HCAs received ESOL training.

7.19 Whilst modest in scale, this training was very well received by the Trust. Indeed, with the both Project Workers being made redundant in April 2006, they decided to establish their own training and development consultancy (The Workplace Training Company) and have continued to provide training at the Hospital to both facilities and medical staff.

7.20 Despite this success, however, the extent to which the project has stimulated a shift in attitude toward basic skills training is uncertain. Funding for the training that is now being provided by The Workplace Training Company is being funded by Individual Learning Account funding and Train to Gain LSC funds and not, therefore, any funding from the Trust. Moreover with no senior hospital management representation for facilities staff, it is unlikely that the basic skills needs of these employees are being highlighted at Trust Board or committee meetings.[51]

7.21 The experience of WEA Workwise project at the Royal Berkshire Hospital is mirrored in Milton Keynes and the Two Shires Ambulance Trust. Indeed with respect to the latter, working with the Trust Training Officer, the project was successful in releasing technical and paramedic staff to receive SfL mentor training. The training was designed to enable more senior staff to recognise basic skills needs within their staff and then to support them in addressing their issues. However, with the Training Officer having now left the NHS to work at Warwick University and funding for the programme at an end, it is unclear whether the mentoring scheme is still in operation.

7.22 Unlike other SfL projects, WEA-Workwise found it difficult to integrate the project into the wider NHS Agenda for Change and subsequent Knowledge Skills Framework. At Milton Keynes General Hospital, the project did successfully conduct skills needs assessments for approximately 150 staff through the KSF, but generally its implementation was seen as overshadowing the project as Managers and staff were busy dealing with its implications.

7.23 From a sample of beneficiary feedback self assessment forms for a Minute Taking course, satisfaction for the course was largely positive, with only a small minority being unsatisfied. Comments on the course were as follows:

1.1   [51] Compiled through consultation with one of the Project Workers, the Learning and Development Manager at Royal Berkshire Hospital and the ex WEA-Workwise Contract Manager

- 'Excellent session, great confidence builder'

- 'Enjoyed the course and would like to go immediately and test my new skill'

- 'The course was very informative, thank you'

- 'Very informative and helpful, demystified minute taking'

Conclusions

7.24   WEA – Workwise has been successful in achieving its targeted outputs. Given the delayed start to the project and the need to completely re-design the initial training programme, this should be seen as a real achievement. The project's has provided strong evidence that dedicated qualified staff are required to listen and understand the needs of Line and Ward Managers as well as staff in order to build trust and tailor courses that meet both Manager and staff needs. Considering that it has been the flexibility of SEEDA's funding that has allowed this level of resource to be dedicated to this activity, it is highly unlikely that outputs would have been achieved without SEEDA support. This can be evidenced with the fact that before these relationships had been developed, WEA intended to implement a course which was considered as totally unworkable by NHS middle management.

7.25   Whilst the project ceased operation in March 2006, it is encouraging that the two Project Workers at Royal Berkshire Hospital are continuing to work for the Trust through their independent consultancy. This is evidence that both the training capacity built up by these Project Workers through WEA -Workwise and the relationships within Royal Berkshire Hospitals Trust are continuing to be utilised to raise the skills levels of staff within the Hospital.

8: Kent and Medway NHS Trust Skills for Life

Overview and context

8.1   The Kent and Medway Skills for Life project was designed to provide coordination and expansion of the Skills for Life Project in Kent and Medway building on the work of East Kent Hospitals Trust. The project sought to recruit support from managers for embedded Skills for Life training for their staff and work with staff to identify Skills for Life and other training needs and to broker learning provided through the LSC funding to meet the identified needs.

8.2   The project has been managed through Careers Management Kent and Medway, a founding member of the Kent and Medway Guidance Consortium (KMGC) which runs the Information, Advice and Guidance (IAG) Programme, called Nextstep. KMGC formed in 1999 after a group of likeminded people and organisations providing adult education advice joined together to form a delivery network. The 300 members of KMGC, which includes many voluntary and community organisations, have found it particularly useful to bid for projects and contracts as a single consortium.

Rationale for project

8.3   Prior to the project, there was a major concern that very little coordination existed around Skills for Life in the NHS in Kent and Medway. Provision is described as being "patchy at best and non-existent at worst with a low level of understanding amongst trusts generally as to the importance of Skills for Life within the NHS workforce"[52]. The Skills for Life initiative for the NHS in Kent and Medway developed from a six month (October 2002 – March 2003) joint LSC Profit from Learning and Workforce Development Confederation funded project "Workforce Development Basic Skill Pilot in Kent".

8.4   This original project was multi-sectoral and involved the NHS through the inclusion of East Kent Hospitals Trust. East Kent Hospitals Trust employed a Lifelong Learning Co-ordinator to enable them to take advantage of the Skills for Life training that was available. The project provided funding for a project co-ordinator supported by Kent Guidance Consortium and learning opportunities and sought to gain commitment from the Strategic Health Authority for the provision of Lifelong Learning Co-ordinators in each of the 10 Acute and Primary Care Trusts in Kent and Medway.

8.5   The project coordinator's dual role was to raise top-down demand for Skills for Life through gaining the commitment of managers, whilst also ensuring bottom-up demand through the encouragement of staff into taking up learning opportunities.

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[52] NHS Skills for Life Project Final Report, Kent Guidance Consortium, September 2006

Objectives

8.6   The SEEDA funded project sought to build upon the LSC funded project identifying the model adopted by East Kent Hospitals Trust as good practice. The project identified its overall vision as to:

> *"develop a workplace learning culture within each individual NHS organisation that fully acknowledged the issues around the Skills for Life agenda"[53]*

8.7   The project describes it approach as a whole organisation approach seeking involvement at Trust board level as well as those responsible for co-ordinating training, providing training, releasing staff for training and undertaking training.

8.8   Specifically, the project aimed to provide Skills for Life learning opportunities to NHS employees throughout Kent and Medway. The opportunities were targeted primarily at those ancillary workers who have few or no formal qualifications; however training was also available for NHS managers and medical staff when basic skills needs were identified. It was hoped that those who feel they were not achieving their potential in their present roles could access training in order to resolve a lack of confidence and remove the barriers to potential and promotion.

8.9   The Kent and Medway NHS Skills for Life project began life as a Workforce Development Basic Skills Pilot in Kent, funded by LSC and running from October 2002 to March 2003. The project evolved through further LSC Employer Training Pilot funding until SEEDA began its finance in August 2004 to July 2006.

8.10   The primary targets were those support staff that have few or no formal qualifications. Other beneficiaries included managers and medical staff where basic skills needs were identified. This could mean assistance to managers who found writing reports difficult or assistance to those medical staff who had literacy and/ or language problems due to English not being their first language.

8.11   A wide range of over 30 local partners were engaged in the project including the Kent and Medway Strategic Health Authority, NHSU, all of the Acute and Primary Care Trusts in Kent, the Workplace Basic Skills Network, SEEDA, LSC, Business Link, Kent Association of FE Colleges, Carillion and Medirest.   The Kent and Medway NHS Skills for Life Reference Group was set up to gather together all of the major stakeholders and players and a smaller Steering Group was established to inform the Reference Group.

Activities

8.12   From commencement, the project's raison d'être has been to elevate awareness of Skills for Life. Key to the success of this has been to instil the Skills for Life ethos from board level all the way through to managers and supervisors. The whole organisational approach has sought to ensure buy-in at every management level and is deemed to have been fundamental in putting basic skills on the NHS agenda and then maintaining that position of significance.

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[53] Ibid

8.13   The engagement of board level staff was essential to the aim of securing appointments of lifelong learning co-ordinators in the hospital trusts. By the end of the project there were 8 lifelong learning co-ordinators in place (from 1 at the outset of the project) three of these are funded through mainstream Trust budgets the remainder are funded via time-limited funding streams.

8.14   The project operated at two levels

   •   a strategic level - seeking to influence the perceptions and decisions of the Trust at board level through promotion of the Skills for Life agenda and support to access funding for lifelong learning co-ordinators and train them to deliver Information, Advice and Guidance (IAG)

   •   a delivery level – raising awareness of the role of Skills for Life in supporting staff to perform productively and efficiently, and supporting lifelong learning co-ordinators to working with training providers to develop courses which meet the needs of the Trust and access LSC funding.

8.15   The project faced some key barriers in delivery namely securing the release of staff to undertake training. This has been a particular issue in acute hospital trusts. Whilst managers were willing in principal to release staff, in short staffed departments where cover is essential to the running of the hospital they report that they feel their hands are tied.

8.16   The lifelong learning co-ordinators note the need to develop good relations with training providers in order to ensure that they are able to develop courses which meet the needs of the organisations and learners. One of the lifelong learning co-ordinators has undertaken IAG training funded by the project to Level 3 thus meaning that they can deliver IAG to staff in the Trust and draw down LSC funding for that provision effectively assisting in supporting the funding of their own post.

Spend and outputs

8.17   Over the two years of SEEDA funding the project received £89,250 (43%) from SEEDA and £117,818 of other public funding (total of £207,068) although the source or use of this funding is not specified in any of the project documentation and it is not clear if this was in-kind or actual funding. Funding was not uniform across years, with year two (2005-06) receiving half of the total three-year allocation.

Table 8-1 : Project financial details	
SEEDA contribution	**£89,250**
Partner contribution(s) **Other public (unspecified)**	**£117,818**

Source: Expression of Interest Application

8.18   The SEEDA funding covered the cost of the Project Co-ordinator employed by Kent Guidance Consortium, the provision of training for the Lifelong Learning Advisors in the Trusts, administrative and clerical support for the Steering Group and Reference Group and marketing and publication activities. Funding for training provision was drawn down via the LSCs Profit from Learning and Train to Gain funding streams.

8.19   In the project's initial proposal for SEEDA funding the identified targets are for 600 Skills for Life learning opportunities over the course of the three years. The SEEDA monitoring data provided to the evaluation team suggests that 326 learning opportunities (3-30 hours) have been accessed.

Table 8-2 : Outputs		
	Target	**Actual**
Learning opportunities (3-30hrs)	**600**	**326 (54%)**
Adults receiving basic skills training	**600**	**152 (25%)**

Source: SEEDA PMS Form 2a & SEEDA e-mail 28 February 2007

8.20   During consultations the project manager and partners reported that they had achieved their spend and output targets.   The SEEDA output data[54] tells a different story as detailed above. These discrepancies may warrant further examination.

8.21   In addition, the attribution of targets to SEEDA activities may be questionable given that the learning opportunities were funded by LSC and therefore should not be claimed by SEEDA, although the role of SEEDA funded interventions (ie this project facilitating access to them) is acknowledged.

8.22   The project's own final report[55] details a more in-depth set of outputs. These include the following:

8.23   555 awareness raising sessions, 10 activity reports, 6 steering group meetings and 11 reference group meetings. All of which were carried out by the project itself.

8.24   361 Skills for Life courses brokered and 190 NVQ courses. These courses have been funded through LSC's Profit from Learning and Train to Gain employer training schemes.

8.25   1,943 IAG learners and 1,365 other courses that learners have been referred on to, such as in-house training provision within their own organisation. The IAG provision has largely been delivered by the lifelong learning advisers, however where appropriate the project has provided staff to assist or provide the service.

Overall observations

Sustainability and impact

8.26   The project has not collected any quantitative evidence of impact nor is there any data available on levels of satisfaction within the target audience.

8.27   At a strategic level the project co-ordinator reports that a major success has been in establishing lifelong learning on the agenda of all of the trusts involved and the 8 advisers who are now in post. This has helped to provide a springboard for further activities.

8.28   The Reference Group for the project has continued to meet to identify issues and opportunities since the end of the SEEDA funding although its continuation is at present in question due to the departure of the current Chair from the Strategic Health Authority.

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[54] SEEDA e-mail dated 28/2/07
[55] Kent Guidance Consortium (2006), NHS Skills for Life Project Final Project Report.

Furthermore the role of the lifelong learning co-ordinators has now been included in the Strategic Health Authority plan.

8.29   At a delivery level anecdotal evidence suggests that the project has had an impact on those participating in learning. The East Kent Hospitals Trust lifelong learning advisor noted examples of housekeeping staff who had progressed on to be healthcare assistants through initially receiving Skills for Life training opportunities.

8.30   Likewise, a learner from William Harvey Hospital in Ashford, who was encouraged by the lifelong learning advisor to take part in a Basic English Level 1 course, spoke of her increased confidence from gaining the qualification. She is now enrolled on a basic maths course, and described how she feels more vocal and confident in her job and valued by her employers.

8.31   The project has also successfully engaged with a contractor, Medirest, providing catering services to East Kent Hospitals. The Trust uses a 'mystery shopper' programme to assess quality of provision and low-scoring catering facilities can have their funding reduced. Medirest offered customer care and literacy courses for staff and noticed a more motivated workforce through reduced sickness and absenteeism and greater staff retention levels they have identified the contribution of such training provision in increasing their mystery shopper scores.

8.32   There are two key aspects of the delivery of this project which have been identified as good practice and could be considered when developing an approach to Skills for Life in other sectors:

•   the "whole organisation approach"

•   delivery of bespoke training to meet the needs of the organisation and the learners

8.33   The whole organisation approach adopted by Kent Guidance Consortium is deemed by the project co-ordinator to be essential if the project is to have strategic influence over the perceptions of NHS directors, managers and wider staff. Kent Guidance Consortium are now using the same model in the delivery of a project to support the provision of Skills for Life within the recruitment and training of staff for a major new retail development on the Kent coast.

8.34   Commitment at all levels of management has found to be crucial to keeping Skills for Life firmly on the agenda. Without a whole organisational approach, that includes support from the board level all the way through to managers and ward supervisors, it was difficult to create the necessary positive changes. The project most often ran in to difficulties convincing managers to release staff in order to attend classes. It took careful planning to reorganise staff work schedules to ensure wards could operate and staff could simultaneously undertake training.

8.35   The provision of bespoke training is identified by the project co-ordinator, lifelong learning co-ordinators, training providers and learners alike as being essential to successful participation in training. In some cases this may mean the design of courses offering a carrot (e.g. reflexology) delivered before or after the Skills for Life training element or embedded training which incorporates job related issues (e.g. measuring cleaning solution ratios) or

more general related issues (e.g. confidence and dealing with people). The types of courses brokered have been at the discretion of the individual lifelong learning co-ordinators who are in turn influenced by the particular circumstances of their Trust.

Conclusions

8.36   The SEEDA funding provided Kent Guidance Consortium and partners with an opportunity to build on the work of the initial Workforce Development Skill for Life Project which highlighted the role of the lifelong learning co-ordinator within East Kent Hospitals Trust as good practice.

8.37   The project had much success in raising awareness and establishing Skills for Life within Kent NHS Trusts at both strategic and delivery levels. This is exemplified by managing to get the role of lifelong learning advisers written in to Strategic Health Authorities plans. However, in a number of cases there is no continuation funding in place for the lifelong learning co-ordinators with only 3 of the 8 lifelong learning advisors funded through mainstream budgets. The sustainability of this heightened awareness may also be at risk if there are significant staff changes at senior level. There is no evidence to suggest that the importance of provision of Skills for Life is now written clearly into the business plan's of the individual Trusts.

8.38   The project could play a greater role in encouraging advisers to think about evidencing their activities and their impacts and securing funding streams and ensuring their own sustainability.

8.39   If a clear case is to be made to support Skills for Life provision in the NHS there is a clear need for improvements in the systems and methods for collecting and measuring the impact of the project through performance indicators. It would be useful to quantify levels of absenteeism and staff retention before and after training and also provide some form of monitoring from supervisors to assess the noticeable impact of Skills for Life training on their staff.

9: Solent Skills Quest

Overview and context

9.1   Solent Skills Quest is a not for profit education business partnership, the majority of their work is with schools (work placements and industry days) and is primarily focussed on the care and retail sectors.

9.2   The original project manager is currently absent due to long term sickness which has resulted in limited detail of the project being available to the evaluation team.

Rationale for project

9.3   A representative from the Strategic Health Authority (SHA) who was responsible for meeting Skills for Life demands within the NHS in the area identified that support staff make up 53% of the NHS workforce yet benefit from only 9% of the NHS training budget. The lifelong learning co-ordinator in one of the Trusts reports that there were very significant Skills for Life needs in the Trusts but that in a lot of cases they were not recognised by the Trusts. The lifelong learning co-ordinator believes that the managers and the boards within NHS Trusts did not recognise the skills for life need within organisations or see the implications for the workplace.

Objectives

9.4   Solent Skills Quest were brought on board to project manage, liaise with the Trusts and provide a link to the college and training providers delivering Skills for Life. The project sought to raise awareness within the Trusts about the Skills for Life need and provide support to access training provision to meet that need.

9.5   Solent Skills Quest allocated funding to individual Trusts informing them that they could fund learners for short non accredited courses. Solent Skills Quest was responsible for managing the finances of the project which is noted by one of the lifelong learning co-ordinators as significantly reducing the burden on them and simplifying the project.

Activities

9.6   Much of the initial activity undertaken was to raise awareness of essential skills by delivering sessions to managers within the Trusts. The awareness sessions placed skills for life issues into the real world context e.g. incorrect timesheets and the subsequent costs of managers spending time to correct them. The sessions sought to link the issues to the objectives of the Trusts including cutting costs and improving performance.

9.7   The lifelong learning co-ordinator at Hampshire focused his delivery on embedded skills courses. The co-ordinator was allocated funding for 200 learners. Working with managers the co-ordinator identified the Facilities Management team as a need group. Facilities Management covers: porters, caterers, cleaners, security and laundry services. Across the

three Trusts that the co-ordinator was responsible for there were 280 staff in this group, meaning that 200 learners could be identified.

9.8   The Lifelong Learning Co-ordinator worked with the local colleges and the training co-ordinator responsible for the Facilities Management staff to develop appropriate courses.

9.9   The Lifelong Learning Co-ordinator was a member of the Training and Development Steering Group in each of the Trusts he represented. This representation provided an opportunity for some representation and recognition of the Skills for Life activities at Board Level.

9.10   The courses were being developed at the same time as the Agenda for Change and the Knowledge and Skills Framework (KSF) was being rolled out. The Lifelong Learning Co-ordinator, the Training Co-ordinator and the Colleges designed the courses to link with the KSF to enable learners to use the training as evidence.

9.11   Courses developed included:

-    communications skills

-    patient experience

-    team working

-    leadership skills

-    negotiation skills

-    basic IT

9.12   The first three courses were mandatory for learners who signed up and the other three were optional. The courses were delivered on Trust premises during shift periods for 1.5 hours per week.

9.13   The term 'basic skills' was not used when presenting the courses to learners, instead the courses were presented as an opportunity to undertake training that will support their KSF.

Spend and outputs

9.14   Information relating to project spend and outputs have been difficult to obtain in the absence of the original project manager and have been difficult to confirm and should therefore be regarded with some caution.

Table 9-1 : Project financial details	
SEEDA contribution	**££163,000**
Partner contribution(s) **Other public (unspecified)**	**£n/a**
Source:Solent Skills Quest	

Table 9-2 : Outputs		
	Target	**Actual**
Learning opportunities (3-30hrs)	**n/a**	**762**
Source: SEEDA		

Overall observations

Sustainability and impact

9.15   The learners responded very positively to the training.   The main impact has been a change in attitude towards training amongst staff and managers.   This has been a huge achievement as many of those targeted had previously poor experiences of learning.

9.16   Managers reported to the Lifelong Learning Co-ordinator that as a result of the training staff were more confident and willing to speak to others in the hospital including staff, patients and visitors.

9.17   The courses lasted 1.5 hours and were scheduled once a week.   Despite the short courses some problems were experienced in securing the release of staff to attend training during shifts.   Some teams were experiencing very low staffing levels making the situation very difficult for managers.

9.18   Following the end of the project the lifelong learning co-ordinator post has been cut in at least two of the Trust due to budget cuts.   The lifelong learning co-ordinator from Hampshire is now employed at Solent Skills Quests and has heard reports that the staff within the Trust are now asking for training.   This is a major turnaround in the culture within the Trusts as prior to the project many staff were reluctant to eve participate in mandatory training.

9.19   The ex-lifelong learning co-ordinator feels that more work could have been undertaken at the outset of the project to secure buy-in and commitment at board level, which may have resulted in more commitment to continuing the activity once the SEEDA funding came to an end.

9.20   In order to be successful the lifelong learning co-ordinator believes projects need to:

- be linked in with the top objectives of the organisation;

- be linked into the work of the individuals; and

- incorporate some sort of certificate to acknowledge the achievement.

9.21   Despite the effect that the project has had on the perception of learning within the Trusts Solent Skills Quest acknowledge that there is still an enormous need for skills for life training in the NHS and that in reality this project didn't touch the iceberg as it only focused on sub groups of staff.

Conclusions

9.22   Due to the absence of the project manager it has been difficult to gather details regarding this project.   However, it is clear that the funding enabled the Trusts to address Skills for Life needs amongst sub-groups of staff in a structured way through engagement with manager and learners.   The project brokered relationships between training providers, colleges and Trusts enabling effective design of courses and access to funding.

9.23   The colleges and some of the Trusts are reported to be continuing to seek to work together after the project has ceased. However, the continued relationship between training providers and Trusts appears to continue to be dependent upon individual relationships rather than strategic engagement.

10: Learning Together at Swale

Overview and context

Introduction

10.1   Swale Primary Care Trust (PCT) was the lead organisation for this project. The Trust is now known as Eastern and Coastal Kent PCT following the reconfiguration of the Trusts.

10.2   Prior to the project the Head of Learning and Development at the Trust had recognised the importance of addressing Skills for Life and also of providing learning opportunities for staff at all levels and professions to develop a learning culture across the Trust.

10.3   To this end the Trust had undertaken activity in a number of areas. The Head of Learning and Development had been working with SEEDA to develop the Skills Escalator and had worked with the Kent Guidance Consortium to facilitate access to some NVQs through Profit from Learning funds.   Within the Trust, the Head of Learning and Development, had secured a board commitment to allow all staff up to five days release per year to undertake learning opportunities of their choice.

Rationale for project

10.4   The project appraisal form cites the SEEDA Basic Skills NHS Business Plan which highlights the fact that the existing funding arrangements for basic skills provision and infrastructure have resulted in a market failure. Swale PCT were not able to access other sources of infrastructure funding (such as LSC) to develop a learning culture.

10.5   Despite the progress that had been made in recognising the needs for skills development within the Trust, there remained a need to bolster the infrastructure and resources available. The Trust acknowledged that there were sufficient courses and funding available through other routes for Skills for Life provision, but that the Trust would benefit from some-one to co-ordinate access to courses.

Objectives

10.6   The Learning Together at Swale project sought to develop the infrastructure necessary to embed a sustainable culture of workplace learning within Swale PCT's support and ancillary departments. The project anticipated that benefits would be accrued for:

- 250 domestic services, portering, reception, catering, medical record services and general practice reception staff

- the departments they work for

- the PCT and

- the local population they serve and form part of.

Activities

10.7   The project directly funded a part-time Lifelong Learning Facilitator, administrative costs and the cost of support materials.

10.8   A Steering Group was established at the outset of the project. The attendees included:

- The Head of Learning and Development

- The Lifelong Learning Facilitator

- SEEDA Project Consultant

- HR Manager

- Community Learning Advisor

- Managers from the departments targeted by the project

10.9   The Steering Group operated effectively for the first few months of the project but lost momentum as a result of staff changes during the reconfiguration.

10.10   The project also established a group of Learning Champions, who were enthusiastic members of staff who had positive experiences of adult learning. Their role was to help promote the learning opportunities throughout the Trust. They also provided an informal point of contact for members of staff who were nervous about approaching the Lifelong Learning Facilitator or perhaps wanted to ask a peer what the courses were like.

10.11   The Lifelong Learning Facilitator worked with support and ancillary managers and their staff to identify potential skills needs and potential courses. The initial response from managers was one of general enthusiasm and although some were concerned about how they would manage releasing staff for training all managers gave a strong commitment to back the project.

10.12   The initial discussions with managers highlighted interest in embedded courses with elements such as reflexology and head massage incorporated as carrots to the training which would also be beneficial to staff in their roles (in particular healthcare assistants).

10.13   The Lifelong Learning Facilitator then discussed options for courses with a number of training providers. Some of these relationships with providers were brokered by the project manager within the Kent Guidance Consortium (KGC) SEEDA NHS Skills for Life project. The KGC project provided valuable support and advice to the Swale Lifelong Learning Facilitator in the early development and delivery stages.

10.14   The project worked with local private training providers to develop training courses. The three main providers have been Management Unlimited (a Social Care Hub for **learndirect**), Kent Adult Education and WEA. The Lifelong Learning Facilitator has found the providers to be very responsive and supportive providing ideas for courses and delivering them flexibly.

10.15   Once a series of courses had been developed by the training providers the Lifelong Learning Facilitator delivered a series of awareness sessions to managers which were relatively

informal but demonstrated the need for Skills for Life and presented the courses that they were going to offer to staff. Managers were asked to inform their staff and leaflets and posters detailing the courses were distributed. The Facilitator found that it was relatively easy to "spread the word" due to Swale PCT being a relatively small Trust and consequently many people found out through word of mouth.

10.16   The Lifelong Learning Facilitator has been available in the two main sites of the PCT on a regular basis for staff to come and informally discuss learning opportunities and needs. The initial response from staff was mixed with some reluctant to commit and others very keen. However, take-up of courses grew as word of mouth has spread and staff have become more confident about acknowledging that they may have a learning need. The courses have not been presented as literacy and numeracy courses but in terms of real experiences and relating the skills developed to the work environment eg undertaking this course will assist you in interpreting instructions or increase your confidence in dealing with patient needs.

10.17   Attempts were made by the Lifelong Learning Facilitator to develop some courses around specific NHS issues. For example, the LLF Facilitator linked the Infection Control Nurse at the Trust with WEA and a 20-30 hours course entitled "Infection Control with literacy" was developed, however there was only limited (insufficient) demand for the course when first scheduled.

10.18   The facilitator and managers themselves reported difficulty in releasing staff for courses noting that this has been exacerbated as a result of the reconfiguration of the Trust and the uncertainty that these organisational changes have caused.

10.19   The courses delivered have primarily been qualification based courses. The facilitator, Learning Champions and learners consulted all reported that the inclusion of a test in the training was not a significant deterrent to learners. Whilst some learners might find the prospect a little daunting the encouragement of the facilitator enabled them to participate and then the subsequent sense of achievement far outweighed any concerns.

A learners experience

10.20   The achievement of a qualification has been very significant for some learners who had previously few or no qualifications. One learner described her poor experiences at school over twenty years ago. She had not undertaken any training, other than that which was mandatory for her job as a receptionist at the hospital. The learner visited the Facilitator after reading a leaflet about the training. They discussed the fact that she was dissatisfied in her current job and talked about her learning needs and ultimately what she would like to achieve and how she might like to develop her career. Initially an English course was identified which she reports made a huge difference to her confidence.

10.21   Passing this initial course provided such a sense of achievement that she has gone on to undertake 5 further course one of which is Level 2 NVQ in Customer Services for which she achieved a Distinction. Although she would now like to progress to take her Level 3 she is unable to because the Trust will only fund Level 3 courses for those in management positions.

Spend and outputs

Project spend

10.22   The project was delivered over two financial years (2005/06 – 2006/07). Spend for the project is detailed below in Table 10-1.

Table 10-1 : Project financial details	
SEEDA contribution 2005 / 06	**£23,620**
SEEDA contribution 2006 / 07	**£46,626**

Source:

10.23   The training has largely been funded through LSC accredited Skills for Life funding with some initial training funded via Profit from Learning.

10.24   Staff Support Funds from the Trust were also used to fund some workshops and taster sessions.

Performance against targets

10.25   The Lifelong Learning Facilitator reported experiencing difficulties and confusion when reporting outputs. Confusion arose over the double-counting of outputs with the Kent Guidance Consortium who supported some learners at Swale PCT to access Profit from Learning training. The Facilitator feels that the outputs do not reflect the achievements of the project.

10.26   There are no output data available from SEEDA

10.27   The Lifelong Learning Facilitator reports that the project has delivered the following advice support:

- approximately 70 individual advice sessions

- set up 73 NextStep advice sessions

- set up 20 Ui helpline advice sessions

10.28   Data provided by the Lifelong Learning Facilitator suggests that the Facilitator has supported 171 individuals to access some sort of training opportunity although the majority of learners have accessed more than one learning opportunity. These opportunities include courses ranging from one hour to thirty hours in length with an average training length of 10 hours.

10.29   It would appear that the data collected have not been used effectively to promote the project or the continuation of the post. The Management Unlimited representative noted that an average Skills for Life course through **learndirect** draws down approximately £1,000 - £1,200. Broad calculations based upon the quoted number of individuals supported by the project suggest that the Learning Together at Swale project could potentially have provided access to over £170,000 worth of LSC funding for staff at Swale PCT. The opportunity was available for the project to calculate the amount of funding such facilitation posts have "unlocked" in order to make the case for further mainstream funding.

Overall observations

Sustainability & impact

10.30   The post of a Lifelong Learning Facilitator would not have been possible without the SEEDA funding and as such it is unlikely that the Learning and Development Team at the PCT would have had the capacity to develop and promote courses without SEEDA's intervention.

10.31   The projects funding ended in April 2007.   The Trust unsuccessfully sought continuation funding from the Learning Skills Council and as a result the Lifelong Learning Facilitators post ended in April.

10.32   The Facilitator sought to enable staff to continue to access training opportunities by distributing course brochures and contact details of training providers throughout the departments.

10.33   One third (29%) of those accessing learning have gone on to take subsequent courses offered through the Lifelong Learning Facilitator – an impressive progression rate and a significant contribution towards the Trust's objective of becoming a learning organisation.

10.34   The Housekeeping Supervisor, who line manages 20 staff and is a Learning Champion, reported ongoing benefits of the training to her team. In addition to herself and a number of her staff progressing on to study and pass their Level 2 NVQ the confidence gained has led to most of her team undertaking the NHS online core skills tests. These tests enable staff to gain passes which will assist them in progressing through the Knowledge Skills Framework and becoming eligible for promotion.

10.35   Managers and learners consulted during the evaluation reported increased levels of confidence amongst staff following their training experiences. The Housekeeping Supervisor and Support Services Manager have both been keen to promote learning opportunities to their staff but also acknowledge the difficulties faced when releasing staff and ensuring sufficient cover.

10.36   The Head of Learning and Development acknowledges that the take-up of learning will reduce following the end of the project as there is a need for someone in post to stimulate and promote the policies and opportunities. He also acknowledges the need to support managers to access training for their staff as they are now responsible for identifying learning needs and supporting staff to address them.

Conclusions

10.37   Learning Together at Swale has been very successful in raising awareness of the benefits of learning and development and has promoted a learning culture within this relatively small PCT. The Facilitator is very highly regarded by the staff, manager, directors and training providers for her role in promoting and developing attractive courses and supporting staff into and through those opportunities.

10.38   The lack of continuation of the activity is disappointing not least to the many learners who have "caught the bug" and are interested in progressing.

10.39   The achievements of the project could have been evidenced more clearly and more effectively. This is an area where SEEDA could have been more prescriptive or provided guidance. The project has not undertaken a formal evaluation of activities. The ability of the project to evidence its success and impact and to influence external funders or internal budget holders is seriously hampered by the absence of such evidence.

11: Isle of Wight Community Solutions (LEAP)

Overview and context

Rationale for project

11.1 The aim of the LEAP Project was to increase capacity within the Isle of Wight (IoW) NHS Healthcare Trust to identify and address the essential skills needs of its staff and stakeholders. It aimed to achieve this with a programme that had 3 major strands:

- working with key members of staff to develop the in house skills to identify, screen, assess and sign post Trust staff to essential skills learning

- developing an in house model for the delivery of vocational qualifications with embedded essential skills support

- establishing a link with the major provider of off the job essential skills training on the IoW – the Isle of Wight College – to provide relevant essential skills courses

11.2 The activity itself was initiated by Community Solutions (CS), a subsidiary of Island Volunteers, a charity designed to support, develop and promote local voluntary activity on the IoW. Community Solutions has over 10 years experience of developing and delivering SfL projects on the IoW.

11.3 The organisation had worked with the IoW Trust previously on a range of projects focussing on using NHS Individual Learning Account funding to deliver NVQs to non-medical staff at the Trust and developing local capacity to meet the skills needs of IoW Trust staff. The LEAP project was proposed in order to meet the SfL needs that had been identified within the Trust and to make such provision sustainable[56].

Objectives

11.4 Specific outputs for the project were 300 SfL learning opportunities to NHS employees on the IoW. Training was also to be provided for 10 NHS Trust staff in the City & Guilds 9295 qualification to increase the capacity to assess the numeracy and literacy of staff from all departments. The learning opportunities were to be targeted at ancillary staff to enable them to gain the confidence and basic skills to undertake further training and development. No specific information was provided in the project proposal as to how tracking of future learning undertaken was to be assessed.

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[56] LEAP Project Proposal, ref PMS: SE20931, 2004

Activities

Working with key members of staff

11.5   Over the course of the Project a close working relationship developed between the Workplace Essential Skills Specialist (WESS) and two key members of the IoW Healthcare Trust Training Department: the Lifelong Learning Facilitator (LLF) and the Head of the IT Training Department. This provided a considerable amount of CPD for the Trust staff and led to the development of tools to identify and assess staff with possible essential skills needs. The WESS and Head of IT Training jointly devised a computer based assessment package for literacy/numeracy and IT skills that was related to the Core Curriculum levels. This assessment was piloted with learners just prior to the conclusion of the Project. In addition, they also worked together on ways to provide support for learners with dyslexia attending IT workshops

11.6   The WESS provided considerable tutorial support for the LLF who undertook an NVQ4 in Guidance during the course of the project and used many of the project models as the basis for her NVQ work. At the end of the project the LLF post became a permanent post at the Trust. The WESS and the LLF jointly devised a form and structure for careers interviews. This included assessment and the construction of an individual learning plan. The form and the structured interview format was trialled with 52 learners and has now been adopted by the LLF.

11.7   The WESS also wrote a short essential skills awareness course using NHS material which was delivered to key members of staff across the Trust who worked in a range of situations from personnel to frontline clinics.

Developing in-house models to embed essential skills support into vocational training

11.8   This was a key element of the Project as the Project team felt strongly that embedding essential skills within vocational training would be the most effective long term solution to raising skills levels within the low skilled sector of the workforce. Accordingly, a number of options were piloted within the course of the Project.

- The WESS acted as the assessor for a number of NVQ candidates completing non medical NVQs and provided additional tutorial support for candidates to help them structure the evidence for their portfolios e.g. how to summarise and organise information, how to understand and answer questions, how to improve their writing skills (punctuation, paragraphing, spelling, sentence construction, etc). This was successful in achieving a higher rate of completion than normally and led to 7 of the 8 candidates progressing to further qualifications. The LLF is hoping to use this model when the new NVQ for domestic staff is introduced.

- A programme was devised for supervisors and middle managers combining supervisory training with L2 essential skills e.g. a session on running meeting that also taught note taking and oral communication skills. In terms of interest this was very successful and it proved a useful way of teaching certain L2 skills.

Establishing a link with the major provider of off the job essential skill training

11.9 At the very beginning of the project the WESS and the LLF held meetings with Isle of Wight College staff the College provision and specifically offering support for learners with dyslexia responsible for essential skills provision and this strong link was maintained throughout the life of the Project. A number of activities were undertaken including:

- information about was placed in the Trust training brochure and on the Trust intranet.

- when individuals with difficulties were identified via the series of careers interviews arrangements were made for them to see College tutors

- a College tutor ran a series of Step Up communication courses on the Trust site with staff obtaining release time.

- a programme was devised and delivered by a College tutor to assess and provide ESOL support for groups of Philippine domestic staff. This was strongly supported by the Senior Supervisor of the Domestic Staff and was regarded as being successful. It encouraged a majority of the learners to continue at the end of the Project and enrol on a certificated course at the College.

Spend and outputs

Project spend

11.10 The project was delivered over two financial years (2004/5 – 2005/6). Spend for the project is detailed below in Table 11-1.

Table 11-1 : Project financial details		
	2004-5	**2005-6**
SEEDA contribution	£34,428.57	£15,571.43
Partner contributions	£13,000	

Source :SEEDA Project Proposal Form op cit

Performance against targets

11.11 The LEAP project underachieved against its targets, both in terms of the overall delivery of 300 SfL learning opportunities and also the anticipated split of learning opportunities (3-30 hours and 30+ hours)[57]. Table 11-2 displays actual and anticipated performance.

Table 11-2 : Performance		
	Target	**Actual**
Learning opportunities 3-30 hours	200	133
Learning opportunities 30+ hours	100	17

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[57] Note there is some inconsistency in the data provided for this project – both 149 and 150 SfL learning opportunities are recorded as having been achieved,

	Target	Actual
Adults receiving basic skills training of 3+ hours	300	150

Source:SEEDA

Overall observations

Sustainability & impact

11.12   Information provided relating to the sustainability and impact of the work undertaken is somewhat contradictory. SEEDA documentation[58] refers to a forward strategy encompassing an exit strategy for the project to include a sustainability strategy to be in place by October 2004. It has not been possible to obtain this document in order to examine the planned activities.

11.13   Discussions with individuals associated with the project when run by Community Solutions[59] together with information provided by SEEDA[60] indicate that elements of the work and relationships developed as a result of the project are ongoing. Work continues with Brenda Fishwick of the IoW NHS Trust, who are involved as an employer partner for the Learning Through Work project.

11.14   In addition, information provided to SEEDA[61] indicates that Community Solutions have continued to work with the Trust through Brenda Fishwick to build skills and capacity. One output that has resulted from this work is what Community Solutions consider to be a more structured approach to non clinical staff completing NVQ's with an improvement in achievement rates at the Trust have gone up accordingly.

11.15   The project has also resulted in enhanced links between Community Solutions and Isle of Wight College together with a greater engagement with the SfL agenda by the Isle of Wight College resulting in the development of enhanced capacity and a greater skills base for the delivery of SfL by the College[62].

11.16   However, earlier work commissioned by SEEDA[63] identifies a number of issues associated with the delivery of the project. This document provides a detailed appraisal of the project five months into the project and highlighted the following:

- lack of access by Community Solutions to any hospital or Trust business strategy or action plan

- "gains" from the activity for participants evaluated relatively informally through the use of course evaluation sheets and via discussions between the Lifelong Learning Advisor and a limited number of participants

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[58] LEAP Project Operational Delivery Form, PMS : SE20931, 2004
[59] Telephone discussion with Sue Burgess, April 2007
[60] e-mail and brief report provided to SEEDA by Kim Hailstone, July 2006
[61] e-mail provided by Kim Hailstone, op cit
[62] Sue Burgess, op cit
[63] SEEDA NHS Programme Activity Case Study, Alex Braddell Consultancy

- only partial alignment between the activity and the Trust's Human Resource Management systems (as assessed by Community Solutions) with variable evidence of recognition of this alignment by the Trust

- no release time for staff to undertake courses – staff wishing to attend courses were required to do so in their own time

- lack of formal measures for assessing outcomes for the project with a reliance on the opinion of the project tutor as to the value of each activity attempted via the project

- no methodology available to St Mary's Hospital (where the activity took place) to calculate return on investment for external non-clinical training

Conclusions

11.17   Overall, the project appears to have had varying success. New and effective relations appear to have developed between Community Solutions and the local FE provider Isle of Wight College and the College's capacity to respond to the SfL agenda appears to have been enhanced as a result of the project.

11.18   Similarly, work is continuing with IoW Trust who are now involved in the Train to Gain initiative and links remain with specific individuals within the Trust with whom Community Solutions continue to work.

11.19   However, the project did not achieve its anticipated targets for learning opportunities and an earlier evaluation[64] identified a variety of issues which suggest that the project was not clearly linked to the Trust's strategic or operational activities with a commensurate lack of buy-in by the Trust. This is evidenced by the failure to release staff to undertake training, lack of clear criteria for evaluating return on investment and only informal techniques for assessing the gains resulting for participants.

11.20   The project was also hindered by the absence of any articulation of, and criteria for, evaluation of project *outcomes* at the onset of the project which may have contributed to some of the issues identified relating to embedding the project within the operational and strategic activities of the Trust and St Mary's Hospital.

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[64] SEEDA NHS Programme Activity Case Study, op cit

12: IT Break into Health

Overview and context

Rationale for project

12.1   The project sought to build on the previous work undertaken by IT Break (a project which trained workplace tutors to raise SfL levels amongst low-skilled employees in Kent with the "end in mind" of making employers self sufficient in dealing with SfL needs and increasing the number of qualified SfL tutors in Kent).The focus of IT Break into Health (ITBiH) was to maximise impact by focussing on a specific area of need and responding to demand expressed by both Health Trusts and the contractors supplying services through their low-skilled workers to the Trusts.

12.2   A number of operational objectives existed for the project which are identified in an earlier evaluation report[65] namely:

- to engage non-traditional learners and encourage them to progress to further training and development

- to help employees perform more effectively at work by improving their communication, literacy and numeracy skills

- to build learners confidence to perform more effectively in the workplace

- to train workplace tutors to deliver SfL training, with the ultimate aim of making employers more self sufficient in dealing with SfL needs

- to become an integral part of NHS provision through integrating SfL into other NHS programmes and becoming part of the fabric of learning in each Trust.

Objectives

12.3   The project application form[66] identifies the following objectives:

- delivery of SfL learning to 100 employees (primarily porters, car park attendants, catering staff and cleaners)

- training for 50 workplace mentors and tutors within the Health Sector

- a comprehensive professional development programme for workplace tutors

- SfL training for 40 people from excluded groups (ie those who cannot access training in the workplace or at centres)

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[65] IT Break into Health – An evaluation report to Kent Adult Education Service, The Mackinnon Partnership, March 2004
[66] SEEDA Fund for Learning and Skills 2001-2002 – IT Break into Health Application Form

- an opportunity to share best practice with others involved in workplace SfL

Activities

12.4   The project was led by Kent Adult Education Services who had a track record of delivery of workplace SfL learning to employers throughout Kent. Specific information on the *actual* (as opposed to *planned*) activities undertaken has proven difficult to gather as the project commenced in 2001 and finished in 2004 and as a consequence monitoring procedures and documentation available are not as comprehensive as the later projects funded by SEEDA. However the documentation provided[67, 68] indicates that the following activities were anticipated:

- delivery of training via laptop computers to enable flexibility of provision in the workplace

- off-site training for workplace mentors

- development of a professional development programme for workplace tutors

- delivery of SfL training to excluded groups through accessing participants via the health service network and delivery in community locations

- sharing of good practice through events such as the Workplace Basic Skills Conference.

12.5   It is understood that these activities took place at over 20 NHS sites across Kent –significantly extending the geographical customer base from that which applied at the time of the inception of the project in April 201 when only one hospital (the Kent and Canterbury Hospital) was involved.

12.6   Feedback detailed in the Mackinnon report[69] received from across these sites refers to positive views expressed relating to the quality of provision, method and standard of delivery, usefulness of training materials and tutor's support and commitment.

12.7   These positive views are noteworthy when considered against some of the findings which also indicate that workplaces lacked adequate or guaranteed facilities to "house" IT Break training with sessions having taken place in locations including hospital canteens and an engineer's storeroom.

12.8   Similarly, feedback from learners suggested that the project suffered from a lack of skilled tutors on occasion which, together with poor communication, at times led to learners being let down.

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[67] IT Break into Health – An evaluation report to Kent Adult Education Service, op cit
[68] SEEDA Fund for Learning and Skills 2001-2002 – IT Break, op cit
[69] op cit

Spend and outputs

Project spend

12.9   The project was delivered over two financial years (2001/2 – 2003/4). Spend for the project is detailed below in Table 12-1.

Table 12-1 : Project financial details	
SEEDA contribution	**£251,683**
Partner contribution(s)	**£31,000**[70]

Source: SEEDA Project Completion Report, PMS SE 17124

12.10   Documentation provided by SEEDA[71] refers to some concern during Quarters 1 & 2 in 2003/04 which were raised with the project team over lack of strategic planning, failure to submit a business plan, failure to submit an end of year report, lack of a regular steering/management group meeting to aid the strategic direction of the project and failure to respond to specific requests from SEEDA in relation to information, monthly reporting and invoicing. The same project completion form indicates that these issues were resolved, but that a payment of £38, 286 was withheld by SEEDA for a period of time before special measures were removed.

Performance against targets

12.11   Table 12-2 displays actual and anticipated performance

Table 12-2 : Performance		
	Target	**Actual**
Learning opportunities 3-30 hours	446	222[72]

Source: SEEDA

12.12   The project failed to achieve the anticipated learning opportunities, although the exact level of the shortfall is unclear as data provided suggest some ambiguity in the final actual performance figures.

Overall observations

Sustainability & impact

12.13   The ITBiH was funded from 2001-2004. Many of the individuals originally associated with delivery of the project have since left the project, however discussions with one individual with a familiarity of the project[73] suggest that ongoing links remain with delivery partners. Kent Adult Education Service is still working with two of the hospitals involved in the project (William Harvey and Queen Elizabeth Hospitals) to support the development of capacity in SfL delivery.

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[70] This figure is quoted for 2001, it is unclear whether additional contributions were made in subsequent years

[71] IT Break into Health, Project Completion Form, PMS SE 17124, June 2004

[72] SEEDA e-mail dated 28/2/07 provides the figure of 356 learning opportunities

[73] Jacki Ward, Kent Adult Education Service, telephone discussion, 16 April 2007

12.14   The evaluation report commissioned by Kent Adult Education Service[74] makes a number of observations relating to performance and impact supported by an assessment of beneficiaries of the learning funded by SEEDA. These are covered in some detail in this original report, consequently only key points are outlined below, and the original report should be read in conjunction with this report.

12.15   Although the greatest perceived gains felt by learners were in ICT skills, those learners who responded to the survey also referred to having gained confidence in their own abilities and skills after having received training through ITBiH.

12.16   This greater confidence was supported by the views of managers both within Trust's departments and contracting companies who identified significant boost's to staff morale, confidence and ambition – either to go on to further training or new jobs that they had previously thought beyond their capability. However, it should be noted that this type of evidence was anecdotal – the project failed to identify any direct impact on retention rates or recruitment costs.

12.17   The impact of the project at an organisational level is also touched upon in the Mackinnon report where it is noted that whilst for the most part the project adhered to its remit of providing SfL and IT skills training alongside NHS and sub- contractors, it did however, also succeed in integrating SfL into non-clinical NVQ training. In addition, in East Kent Hospitals Trust, project staff also advised training managers on estimated need and the potential for SfL development in the NHS.

Conclusions

12.18   IT Break into Health has helped foster a culture of learning throughout the organisations it has worked with by offering support and encouragement to learners and potential learners. However, evaluation work commissioned prior to SQW's overall programme evaluation highlights a number of issues of relevance to future SfL projects either in the health sector or elsewhere.

12.19   Whilst the "stalking horse" approach of using ICT based training as a mechanism to address SfL needs succeeded in securing learners onto the programme, the earlier evaluation report undertaken by Mackinnon points to some mission drift, with employees higher up the skills ladder being offered training rather than the harder to reach and engage learners with the greatest SfL needs.

12.20   The attractiveness or otherwise of accreditation is variable - based upon the evaluation work undertaken by Mackinnon, evidence would suggest that whilst some employees would appear to welcome SfL accreditation, the perceived barriers associated with gaining accreditation (an additional hurdle in some peoples minds) would deter others from taking part.

12.21   The ability to deliver targets agreed at project onset may be an area for closer scrutiny given the comments regarding occasional lack of capacity during the course of the project. The consequence of this supply side failure was one of expectations not being met and occasional disappointment expressed by learners which should be regarded with some concern given that

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[74] IT Break into Health – An evaluation report, op cit

the focus of the programme was re-engagement with individuals many of whom may be expected to have "dropped out" of learning through unfavourable experiences in the past – experience from many other skills intervention programmes (eg **learndirect**) suggest that once a learner has had another negative experience, the chances of subsequent re-engagement are small.

12.22   Whilst the commissioning of a programme of evaluation encompassing beneficiary (learner) tracking has yielded some useful insights into the project's impact, there is no direct evidence of the "bottom line benefit" of the project, nor is there any evidence that criteria to assist the evaluation of these metrics were considered at project inception (or prior to this). Failure to consider and agree such criteria amongst partners at the project development stage inevitably means that any subsequent attempt at assessment can only be opportunistic and qualitative.

12.23   The degree of institutional commitment to the project would appear to be variable. Lack of appropriate premises to enable the learning to take place may be viewed against the ongoing work being undertaken by Kent Adult Education Services with two of the project's participating hospitals.

13: The ICON Learning Centre

Overview and context

Rationale for project

13.1 The need for a learning centre was identified following the creation of Fareham and Gosport Care Trust in 2002. Historically the hospital had been part of Portsmouth Healthcare NHS Trust and staff had accessed training and development opportunities through that organisation. Accessing training via the Trust led to a need to travel to Portsmouth to access adequate learning facilities and a lack of local identity in the delivery, and input to the development of, the available learning opportunities.

13.2 In response to these issues an application for funding to help support the establishment of the Icon Learning Centre at Gosport War Memorial Hospital (GWMH), Fareham was submitted to SEEDA in 2002 and a contract awarded by SEEDA[75].

Objectives

13.3 The project objectives were to :

- build a resource centre (often referred to in subsequent project documentation as a learning centre) available to all staff at Fareham and Gosport Primary Care Trust

- through the resource centre to reach other users including patients and members of the local community in partnership with local FE Colleges, user representatives and other partners as appropriate

- all ancillary staff based at Gosport War Memorial Hospital to be offered a review of learning needs with a focus on development of SfL

- the achievement of 100 learning opportunities of 3+ hours during the period of the project

Activities

13.4 A Learning Adviser was appointed for the duration of the project to act as the central focus for the project, advise on opportunities that the project offered and market the project to a range of potential user groups.

13.5 Marketing of the project was undertaken, primarily by the Learning Adviser through meetings being held to promote the resource available at a variety of locations. These locations included GWMH and a range of premises "off-site" such as GP Surgeries, dental clinic, Ward meetings and Occupational Therapy and Physiotherapy meetings at St Christopher's and

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[75] SEEDA Contract, ref SSEEDA/02/BS13/NHS6/17124 : Learning Opportunities at Gosport War Memorial Hospital

Haslar Hospitals. Meetings were also held in support areas including catering Medical Records, Estates and Facilities, Administration and Reception Groups and at learning disability homes

13.6   A resource centre was established at GWMH in June 2003 which ran European Computer Driving License (ECDL) classes throughout the day and during some evenings. Demand for the ECDL courses was high[76] with a waiting list of over 150 people. The final report for the project[77] states that "*due to this demand for ECDL, relationships were developed with Portsmouth College*", however, it has not proven possible to ascertain what these relationships were based upon, whether they were new relationships or developments of existing ones or how long lasting they were.

Spend and outputs

Project spend

13.7   The project was delivered over two financial years (2002/3 – 2003/4). Spend for the project is detailed below in Table 13-1.

Table 13-1 : Project financial details	
SEEDA contribution	£40,090
Partner contribution(s)	£10,358[78]

Source: SEEDA Contract, ref SEEDA/02/BS13/NHS6/17124

Performance against target

13.8   The Icon project's performances against targets are given in Table 13-2.

Table 13-2 Performance		
	Target	**Actual**
Learning opportunities 3+ hours	100	158
Establishment of Resource (Learning) Centre		Achieved
All ancillary staff based at GWMH to be offered a review of learning needs		No data provided

Source: SEEDA Project Completion Report, PMS SE20026

13.9   Icon achieved two of the project objectives outlined in SEEDA's project completion report, namely the establishment of the Icon Learning Centre and the achievement of 100 learning opportunities over the project period. It is not clear from the project documentation available whether the third objective, namely the provision of a learning needs analysis for all ancillary staff at GWMH was achieved.

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[76] SEEDA Final Report, ref SEEDA/02/BS13/NHS6/17124

[77] SEEDA Final Report, op cit

[78] Note that that partner contribution monetary values whilst quoted in SEEDA Contract ref SEEDA/02/BS13/NHS/17124 is not stated in the SEEDA Project Completion Report, ref PMS SE20026 and cannot therefore be verified

Observations

Sustainability & impact

13.10 The Learning Centre established as a result of the Icon project remains in use today, although what role it performs within GWMH is unclear – it is believed to now be operated by the IT Department of the hospital, but it has not been possible to obtain further information from the hospital as to its exact remit.

13.11 It is understood that the Centre also became integrated with other provision within the Community[79] and that the Centre participated in the Gosport On-line ICT Network. The objectives for this participation and the outcomes are not clear.

13.12 Whilst the Icon project achieved its target of learning opportunities, it should be noted that the majority of these were IT related – with only 29 of the 158 learning opportunities being in Basic Skills. Whilst it is recognised that part of the original rationale for the project was to make accessible more local facilities for learning, it is difficult to assess how appropriate the learning opportunities delivered were in the absence of any supporting information regarding the analysis of the learning needs of the target audience.

13.13 Similarly in the absence of any learner impact assessment it is not possible to make a judgement as to how appropriate the recipients of the learning found the courses provided to them.

13.14 It is worth noting that part of the original strategy for ensuring some degree of sustainability and development of capacity resulting from the project was affected by organisational change within the sector – reference is made to the post of Learning Adviser being kept on as part of NHSU[80] (since abolished) and that internal restructuring within the PCT during this evaluation programme also occurred making contact with those still employed within the sector with direct knowledge of the project difficult – indicative of the internal issues which well intentioned project proposals cannot anticipate at project inception.

Conclusions

13.15 The Icon project was successful in establishing a resource (the learning centre) which remains in use today. It was also over achieved in respect of another of its objectives namely the delivery of learning opportunities.

13.16 However, it is very difficult to assess the broader impact of the project. No indication is given as to how appropriate the learning delivered was to the beneficiaries or how their original needs were assessed. No evidence is provided as to what the added value was for those individuals who undertook the learning – how did they anticipate that by participating in the learning their careers/broader life experiences might be enhanced? There is no evidence that such issues were considered (on the basis of documentation) at the project proposal/inception stage.

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[79] Gosport War Memorial Hospital : Icon Learning Centre, Progress Report (undated)
[80] SEEDA Final Report, op cit

13.17 Similarly, whilst it is stated that senior staff within Fareham and Gosport PCT were enthusiastic about the project, there in no evidence as to how the project integrated with the broader objectives of the individual hospital involved or the PCT. The documentation available for review makes no reference to translating "individual" level interventions (ie learning opportunities delivered) into more pragmatic bottom line operational benefits for the host institution. Whilst this may have occurred, it is not possible to make this judgement based upon the information available.

13.18 It is also unclear whether a learning needs analysis of ancillary staff was undertaken which the Project Completion Report highlights as one of the three project objectives. This objective does not state quantifiable targets so it is not clear how this target would have been measured and monitored. It is possible that this type of activity might have assisted the project embed its SEEDA funded activities within the mainstream HR and operational activities of GWMH.

13.19 Based upon the documentation available for review it would seem that a clearer articulation of the benefits likely to flow of project participants (both individual and institutional) may have been appropriate. This, combined with the collection of clearly structured and documented monitoring and tracking data would have supported the project demonstrate longer term impact and may have supported the process of embedding the activities within the sector's institutions during a period of some significant upheaval.

14: Southampton University Hospital Trust - Stairways

Overview and context

Rationale for project

14.1   The Stairways project aimed to develop the essential skills of staff In Southampton University Hospital's Trust (SUHT). Based upon the number of staff at SUHT (7,500) and an anticipated ratio of 1:5 of staff with anticipated needs it was felt that there would be significant demand for a programme targeting SfL support. A number of activities were anticipated focussing on :

- identifying skills needs

- providing advice and guidance

- the development of learning programmes

- provision of learning opportunities on site at SUHT Southampton General and other hospital site

- the recruitment of suitably qualified and experienced staff to help achieve these objectives

14.2   The partners for the project were named[81] as SUHT, Eastleigh College, a College of Further Education centred in Eastleigh, the Workers Educational Association (WEA), Unison and MSF. The partnership was convened specifically to meet the Trust's needs for SfL development and to steer the Stairways project. Prior to the proposal application SUHT and Eastleigh College had been working together for four months.

Objectives

14.3   Documents provided by SEEDA refer to a variety of objectives for the project[82] [83] [84] [85]. The Project Completion Report identifies the following objectives:

- the creation of a drop-in resource and assessment centre based at SUHT

- the achievement of 180 learning opportunities by March 2004

- the commencement of a basic skills and key skills mapping exercise by March 2004

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[81] SEEDA Contract, SEEDA/BS13/NHS1/17124
[82] Project Completion Report, ref PMS: SE20023
[83] Stairways Annual Report, 30.04.03
[84] SEEDA Contract, op cit
[85] Stairways Project, provided by SEEDA, date unknown

Activities

14.4   A dedicated classroom was provided for the project, however this was regarded "*as being too small for traditional style teaching or group work*"[86] and *"poor"*[87].

14.5   As the project developed a number of laptops were purchased from the funds allocated to the project to allow delivery at the five sites within SUHT. These laptops were then used following the project to deliver courses within the community to a range of target groups.

14.6   At the end of the project a number of learners had completed learning opportunities delivered as a result of the project although the number of learning opportunities was lower than that anticipated in the project proposal and agreed targets.

Spend and outputs

Project spend

14.7   The project was delivered over two financial years (2004/5 – 2005/6). Spend for the project is detailed below in Table 14-1.

Table 14-1 : Project financial details	
SEEDA contribution	£170,954
Partner contributions	£42,513

Source : SEEDA Project Completion Form op cit

14.8   The project experienced a minor underspend of £195.

Performance against targets

14.9   The Stairways project underachieved against its targets, both in terms of the overall delivery of 180 SfL learning opportunities and also the anticipated split of learning opportunities (3-30 hours and 30+ hours). Table 14-2 displays actual and anticipated performance[88].

Table 14-2 : Performance		
	Target	**Actual**
Learning opportunities 3-30 hours	180	125

Source: SEEDA

14.10   In addition to performance against quantifiable targets, the project failed to achieve a basic skills and key skills mapping exercise (one of the three key objectives for the project).

14.11   Whilst the creation of a resource centre was achieved and this is recognised in the project completion report completed by SEEDA, the comments relating to its appropriateness (see paragraph 14.4) should be noted.

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[86] Stairways Project, op cit

[87] SEEDA Project Completion Report, op cit

[88] nb the achieved totals quoted in Project Completion Report PMS: SE20023 and detailed in Table 4-1 are at variance with those provided by SEEDA of 139 (e-mail from Amanda Reed dated 11 April 2007)

Overall observations

Sustainability & impact

14.12   The Stairways project was not funded beyond the end of its agreed contract period due to lack of delivery against agreed targets. From the documents examined it is difficult to identify any degree of impact against the rationale for the original intervention.

Conclusions

14.13   In addition to the lack of delivery against agreed targets a number of issues were identified of note and relevance to future activities:

- a lack of focus when the original project manager left impacted upon the ability of the project to deliver against its targets. This is likely to be a recurrent problem with short term project funding as staff inevitably begin to consider future career options as their contracts near completion. Whilst it is difficult to plan for such eventualities, consideration should perhaps be given to the "loading" of activities within any project so as to ensure that key activities are not scheduled towards the end of any project to try and minimise the impact of key staff leaving the project as it draws to a close. Proactive and detailed project monitoring by the client may help to ensure that achievement of key milestones occurs and that any necessary re-profiling of activities due to staffing changes is effective.

- the project suffered from a lack of relevant publicity to encourage staff to undertake training – clearly there is a need to promote and market activities, both to gain internal recognition of projects such as this (it should not be assumed that institutional agreement to engage with a project equates to knowledge of the project at an operational [eg Ward] level and also to support the recruitment of the target groups of learners (who are acknowledged as being hard to reach).

- the benefits of the programme were not "translated" and articulated effectively to managers within the Trust – a strategic overview of the organisation and its needs was required to enable this to happen. The consequence of this was that the project appears to have operated exactly as that – a project independent of, and partially irrelevant to, the mainstream activities of the host organisation. A consequence of this was that the project suffered from a lack of buy-in from the Trust, evidenced through a resistance of Trust Managers to commit to the programme and inadequate premises provided for the projects' classroom.

- the ability to release staff from work to attend courses was limited, this reduced the attractiveness of the "offer" – a situation exacerbated by the timing of courses which was limited to daytime only. A flexible approach to provision is required in order to maximise the potential number of individuals who could avail themselves of the opportunities offered by the project. Specifically, the ability to timetable provision at various times of the day/evening/weekend would have increased the "funnel" of potential learners and provided the project with a greater chance of achieving its

objectives and making the impact and adding the value envisaged at project inception..

15: Lessons learned

Learning from SEEDA's investment in the sector

15.1   Evaluation of the twelve projects detailed in previous chapters has highlighted the "pilot" nature of a number of the interventions funded by SEEDA in response to the need to address basic literacy and numeracy within one of the region's most significant sectors.

15.2   The activities funded have been varied in nature, both in relation to the organisational focus and geographical location.

15.3   Individually, the projects have had variable success in delivering agreed outputs. A number of findings specific to projects are explored in individual chapters. It is less easy to assess the longer term impact (outcomes) of the activities undertaken. In part this is due to the interlinked nature of the market failure that the projects were intended to address – adult literacy and numeracy deficits and the general upskilling of the workforce cannot be tackled in isolation, and any intervention funded by the public sector (of which these are a few of many) is only likely to work effectively if the interlinkages have been identified and mapped and careful consideration has been given to how to develop the "hooks" to engage all the key players who are part of the solution.

15.4   From the evidence reviewed and interviews undertaken, it appears where projects have worked most effectively, these "hooks" have been considered at the project planning stage or developed in consultation with key decision makers within the institutions where the activities have taken place at an early stage so as to ensure that the projects have had a real relevance to important stakeholders and decision makers.

Good practice

15.5   A number of examples of good practice have been identified during the programme evaluation and these are summarised below.

Relationship building

15.6   Projects have demonstrated the importance of engagement at all levels within the NHS and with private sector contractors working within the sector. Projects such as Context NHS successfully developed relationships at several levels: from Trust Board through to line and Ward managers and so managed to "navigate" the complex hierarchies within the sector, engage with key "enablers" and so deliver training on the ground.

15.7   WEA Workwise developed a relationship between its project workers and the Royal Berkshire Hospital's Catering Manager and so demonstrated that WEA could deliver training flexibly and in a way that did not hinder day to day operations, enabling the project workers to challenge a history of very little training support for some grades of staff.

Clear expectations and commitments

15.8 Sussex Brain Food's achievements were recognised through a national award from East Sussex Hospitals Trust in the category of Organisational Training & Development. The project secured senior management commitment within the Trust, in part as a result of clear expectations and commitments made by Bexhill College when invited to tender for the work and its focus on a whole organisation approach offering courses to staff across the Trust and seeking the implementation of policy and culture changes at all levels. involved in both partner organisations.

Flexibility of delivery

15.9 A number of projects experienced difficulties in securing the engagement of staff on SfL courses due to the problems of staff release – often it proved difficult to allow staff to undertake learning in work time due to staff shortages. Sussex Brain Food provided ongoing flexible learning allowing staff to "fit learning into life"

15.10 Context NHS supported flexible delivery through the provision of e-cab – a mobile learning approach which allowed literacy and numeracy courses to be delivered on-site – "taking learning to the learners" – an important hook for addressing one of the key barriers for participating in learning.

Contextualised and embedded learning

15.11 A number of projects had successes in developing strategies which allowed literacy and numeracy courses to be embedded within contextualised material and so avoided any perceived stigma attached to enrolment on a "number and writing course". Examples of courses developed included basic confidence, dealing with difficult situations and customer care (Sussex Brain Food), team working, patient experience (Solent Skills Quest), reflexology and head massage (Learning Together at Swale) and Report writing, assertiveness and counselling (Oxfordshire Skills for Health).

15.12 A number of projects identified the promotion of ICT based courses as another "Trojan horse" through which to address SfL issues. This recognised the fact that computer training courses might be a more attractive hook through which to engage individuals with SfL needs (eg Context NHS and Solent Skills Quest)

Demonstrating business benefit

15.13 Kent Guidance Consortium successfully engaged with a contractor, Medirest through adopting such an approach. The use of a "mystery shopper" approach adopted by East Kent Hospitals enabled Medirest to demonstrate clear business benefits in relation to a more motivated workforce, reduced sickness and absenteeism and greater retention levels arising from their participation in the SfL project with a consequent increase in their mystery shopper scores.

Implementation of the Knowledge and Skills Framework

15.14   The introduction of the Knowledge & Skills Framework[89] (KSF) in 2003 was utilised by Context NHS and Oxfordshire Skils for Health as a lever through which to engage and give sectoral relevance to SfL issues, influence training decisions and provide guidance on training and development for staff. The ability to relate SfL training interventions to an agreed skills policy framework gave SfL issues a "currency" and credibility for decision makers within the institutions where buy-in needed to occur.

Identified issues

Evaluation criteria and project monitoring

15.15   Overall, there is little evidence in the projects evaluated of the identification of criteria for evaluation of outcomes at project inception(s), and baseline data have been poor or lacking. In the absence of such information, evaluation of impacts is difficult or impossible. Without evidence of impact, it is difficult to see how the projects could have expected to "punch above their weight" in relation to lobbying for additional resource within host organisations or been able to make a compelling case for priority or commitment when considered against a range of competing issues within the sector (overlain by the significant organisational change experienced within the sector during the study period).

15.16   Changes to project documentation over the evaluation period have also made examination of quantifiable deliverables together with "softer" outputs problematic. Careful consideration of future evaluation requirements and review criteria and their inclusion at an early stage when discussing project concepts may be worthwhile. Similarly, clear and consistent project monitoring data is likely to make any future evaluation of similar projects easier (and would also help support internal advocacy for skills interventions based upon a clear evidence base both within SEEDA and those organisations whose behaviours it is seeking to influence).

Demonstrating benefit and securing buy-in

15.17   This situation was exacerbated by the lack of clarity about expectations for the return on investment (ROI) to host organisations. The development of ROI criteria should be an important factor when considering future interventions (such as SEEDA's current work with local government[90]) and ensuring that senior buy-in within partner organisations occurs. The demonstration of such benefits would be assisted by the inclusion of structured beneficiary tracking and assessment in future projects should be considered – many of the projects evaluated were unable to provide such information.

15.18   Buy-in also needs to occur at all levels throughout the host organisation – the programme has demonstrated that strategic commitment may not equate to operational relevance and priority and that an (over)reliance on personalities presents certain risks.

15.19   Union involvement was anticipated within a number of projects; on some occasions the ability of unions to play an active role in projects has been less than expected due to resource

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[89] The Knowledge and Skills Framework and the Development Review Process, op cit
[90] SEEDA e-mail dated 9/3/07: "Embedding Skills for Life in the local government sector"

constraints. Future projects which seek to engage with this important potential partner should recognise resource constraints and must therefore articulate a clear rationale for involvement in order to secure commitment and effective participation.

Promoting benefits

15.20   The inclusion of structured beneficiary tracking and assessment in future projects should be considered – many of the projects evaluated were unable to provide such information. Tracking beneficiaries can be resource intensive in situations of high staff churn, but the lack of such information reduces the usefulness of case study information which can serve to both promote the benefits of the project to relevant parties and help publicise SEEDA's role in supporting skills and productivity development.

Organisational and sectoral change

15.21   The programme has also worked within a sector which has experienced considerable organisational change over the evaluation period. Structures have changed, internal responsibilities have altered and staff have moved on or changed roles. This has resulted in a loss of institutional memory within some organisations which has affected the potential for sustainability of some projects (the original rationale for engagement has been forgotten or lost) and has impacted on the ability to undertake post project evaluation (data is unavailable, staff are no longer in post and the original "vision" which may not have been articulated fully in project proposals is difficult to test).

Culture change

15.22   It is understood that the projects were supported by SEEDA partly in order to support *transformational* objectives: ie encouraging cultural change in relation to SfL within organisations (arguably, this objective is more important to achieving long term benefits than the actual number of learners, which is the basis on which SEEDA's activities are most likely to be assessed). If SEEDA is seeking to use its funding (and influence) as a catalyst to stimulate cultural changes in participating organisations, then buy-in is required at all levels to ensure project delivery, "embeddedness" and sustainability. In addition, the skills and experiences of those responsible for project delivery should be closely examined – the competencies required to act as a change agent (and realistically what can be expected) are markedly different from those required of a project manager delivering SfL training.

16: Transferability

16.1   The need to maximise the investment made by SEEDA into SfL through transferring good practice (and learning from less effective practices) within the wider health sector as well as into other sectors is self evident.

16.2   Transferability in itself is an academic exercise, transferability with a clear articulation and demonstration of *relevance* is more likely to lead to take-up, resulting in the *impact* and the positive *outcomes* that SEEDA require from their significant investment in the innovative set of projects funded and reported on in this document.

16.3   The challenge is how to bring SfL into the mainstream where employers do not necessarily see it as being immediately critical. Key to achieving this is the ability to "translate" the imperative of upskilling at an individual ie personal level into a language of real relevance at the organisational level.

16.4   The emerging consensus is that an approach where SfL is central to the whole organisation (irrespective of sector) at all levels, ranging from strategic, leadership and management to delivery practice is an appropriate one. This approach – the Whole Organisation Approach (WOA) - has been supported by DfES and delivered through the Quality Improvement Agency in a series of Pathfinder Projects since 2006[91] which have just (April 2007) reached completion. It has been referred to in a number of the projects evaluated.

16.5   Many of the early lessons from the Pathfinder Projects are similar to those identified in this study[92,93]. The NHS projects funded by SEEDA together with the findings reported elsewhere[94,95,96,97,98] highlight a range of key components – necessary elements of the implementation "jigsaw" required to achieve genuine impact when developing SfL interventions and which are likely to help ensure that any future programmes focussed on SfL have a lasting impact :

-   *identified and enthusiastic advocates and champions* – getting support from the top-down is a key hurdle to overcome, clear articulation of the reason to invest resource and the return on those investments – effectively the business case for investment is critical in sustaining support and commitment. This clarity is also important in ensuring that once training and learning resources are available, managers do not feel that releasing staff is yet another issue to struggle with but instead are enthusiastic and prepared to juggle resources if necessary to enable this to happen – essentially a Whole Organisation Approach.

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[91] http://www.woasfl.org/
[92] Pathfinder – Lessons learnt summary report, available at: http://www.woasfl.org/content.asp?CategoryID=956
[93] Work has also been undertaken at Salford primary Care Trust as part of this study, but further details are not yet available
[94] Whole Organisation Approaches to Delivering Skills for Life, KPMG, 2006
[95] Army Basic Skills Provision, Whole Organisation Approach – lessons learnt, Basic Skills Agency
[96] South West Skills for Life Briefing – The Logistics Sector, LSC & SWRDA
[97] Mortons of Horncastle Case Study, Investors in People, 2006
[98] Salford Sills for Life Sector Parrnership – Unpublished review of the Salford PCT Skills for Life Programme, KPMG, 2007

- *the formation of an effective steering group to provide leadership and management where appropriate* - on occasion there has been evidence of the SEEDA funded projects either being marginalised or finding that anticipated embedding within organisations has not occurred as well as expected. The support of enthusiastic and influential individuals with an oversight of the project is important to ensure that such problems are addressed rapidly. However there are risks associated with over reliance on personalities, especially within sectors and/or businesses prone to organisational change. Hence the suggestion that steering groups should be established for all projects. Whilst it would have been difficult to anticipate the structural turmoil that the health sector experienced over the programme period, it has been evident that some projects have suffered from and continue to experience issues associated with loss of "institutional memory" as a result of staffing changes and restructuring.

- *careful consideration of the skills required by those directly involved with the project is important* - the establishment of systems to ensure the delivery of an agreed number of learning opportunities requires a range of skills which may be significantly different to those needed to argue for, and champion, culture change within a third party organisation. Realistic expectations of what can be achieved by individual projects is important from the outset of a project and if other organisational change and development skills are also required then recruitment and resourcing requirements within projects may need more careful consideration prior to project support.

- *effective marketing of the opportunities* being presented by the project and *subsequent communication of the benefits* that have arisen as a result of the intervention is important in ensuring that engagement with a project begins to "ripple out". The ability to develop case studies focussing upon organisational and individual benefits provides compelling evidence for the benefits of engagement, raises the profile of the organisations involved and is likely to assist in the recruitment of new learners to any project (evaluation of the projects detailed in this study has identified that individuals are positively influenced by personalised evidence that "it helped someone else that I know of").

- *capacity to deliver and a clear strategy for progression and continuation of learning* may also be an issue for review when considering potential transferability. Within the projects evaluated there is evidence of some disappointment on occasions amongst learners who engaged with the projects and as a result were switched onto learning only to encounter difficulties in continuing with their learning journey once the projects came near to completion. If part of the objectives of projects is re-engagement with people who feel that they have been let down by the education system in the past or have previously "switched off" learning, then it is important to have clear strategies for enabling that enthusiasm to be maintained and to progress.

17: Conclusions and Recommendations

17.1   This report has reviewed 12 projects funded by SEEDA within the health sector ranging in scale and focus and operating over varying timescales from 2001/2 onwards:

- Buckinghamshire Stoke Mandeville Pilot (Bucks Get on Board)

- Context NHS

- Oxfordshire Skills for Health

- Sussex Brain Food

- WEA Workwise

- Kent Guidance Consortium

- Solent Skills Quest

- Swale (Isle of Sheppey) PCT

- Isle of Wight Community Solutions (LEAP)

- IT Break into Health

- Icon Learning Centre

- Stairways

17.2   It has also reviewed the sectoral, institutional and regional context in which the projects operated, their rationales, activities, outputs and sustainability and impact. The focus of the work has been on the lessons learnt and potential for transferability elsewhere – both within the sector and to other target groups and sectors.

17.3   This conclusion summarises the main findings for the projects and the implications for future work in this area by SEEDA and its partners.

Impact of projects

17.4   SEEDA is to be commended for its role in helping to initiate and then support a range of innovative projects aimed to address a significant skills issue within a strategically significant sector in the South East. The projects have been notable by their variety of approach, range of partners associated with the projects and the manner in which they have been delivered.

17.5   The impact of the projects have been varied – activities have ranged from development of infrastructure through provision of advice sessions and awareness raising to direct delivery of learning opportunities to staff employed directly or indirectly within the sector (see Annex B). This makes direct comparison between individual projects inappropriate due to their differing objectives. However in many instances where it might have been possible and appropriate,

monitoring and tracking data were not collected, as a result it has been difficult for projects to provide evidence of their long term impact on beneficiaries although it has been possible to identify the benefits arising to a limited number of individuals and these have been documented elsewhere in the report.

17.6   In relation to more easily quantifiable assessments of learning opportunities delivered as a result of the programme, the collective impact of the programme in terms of its contribution to SEEDA's regional targets for SfL delivery has been difficult to assess as it has not been possible to obtain these data for the period over which the programme operated[99].

Issues for SEEDA

17.7   The review highlighted a number of issues that SEEDA may wish to consider:

- *how best to ensure that the direct impact of such interventions are captured and "translated" to different audiences* – both to encourage future engagement with any future relevant projects and demonstrate strategic added value from such activities. This may be achieved by a clearer focus on carefully constructed monitoring and tracking of activities built into projects at an early (project agreement) stage.

- *how to articulate the relevance of SfL programmes to individual businesses in productivity and competitiveness terms* -more effective beneficiary assessment resulting from monitoring and tracking will result in the ability to identify individual and organisational impact. This in turn may provide opportunities to develop case studies and promote the direct benefits of literacy, numeracy and ICT upskilling for individuals and organisations. It is worth noting that amongst the outcomes of the recent Leitch Review[100] are expectations of increased employer engagement and investment in skills together with significant increases in functional literacy and numeracy levels. Clear evidence of the bottom line benefits of investment in skills development resulting from programmes such as this will make this task easier.

- *how best to ensure that the host organisations associated with SfL projects are genuinely "on-board"* with SfL projects and do not view them as opportunistic project funding that requires little commitment to secure and that perhaps requires only marginal strategic or operational input through the project planning to delivery phases. This may be achieved through the clearer articulation of business benefits referred to in the paragraph above. It may also require a more explicit discussion (by SEEDA) with project host partners before funding is allocated to projects as to how planned activities relate to, and have been linked to, their own internal targets, delivery plans and strategies. More direct involvement of employers in skills supply to support their organisational goal is also seen as one of the key objectives for the Health Sector as laid out in its Sector Skills Agreement[101]. It may also be appropriate to consider the establishment of more formal agreements between SEEDA and participating organisations (including named partners in bids) setting out clear

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[99] SEEDA, e-mail dated 19th April 2007
[100] Leitch Review of Skills, Prosperity for all in the global economy - world class skills, HM Treasury, 2006
[101] Sector Skills Agreement for Health – Delivering a flexible workforce to support better healthcare and healthcare services, Skills for Health, 2006

responsibilities and accountability for activities over agreed timescales supported by close and regular monitoring.

- *how best to encourage and deliver cultural change within organisations* over which SEEDA has limited direct influence – what levers and incentives are available and what competencies are required of partners and SEEDA.

- *how to develop metrics for culture change* - one of the most important areas of added value that may result programmes such as the one evaluated. A change of organisational culture may be necessary to lead to a significant step-change in attainment at the lower skills levels. No single activity will lead to the attainment of this prize, however the choice of appropriate indicators and success criteria may help "plan the journey" and ensure that the region arrives at this "destination" as quickly as possible. The use of key performance indicators such as learning outputs and outcomes as a surrogate for culture change is crude and potentially misleading. Careful consideration should be given as to how to develop relevant and appropriate indicators to assist in this task.

- *the relevance of the "Whole Organisation Approach"* to any future interventions that SEEDA is associated with either as a funding organisation or as an influential partner and champion seeking to deliver a significant step change in the skills levels of individuals and businesses in the South East of England.

Annex A: Acknowledgements and Consultation List

A.1 We would like to extend our thanks to a number of individuals and organisations for their contributions and support in compiling this report (Table A-1).

Table A-1 : Contributions to the Evaluation		
Name	**Title**	**Organisation**
Mary Booth	Products Team	Ufi/learndirect
Bruce Cavalier	Senior Manager, Learning & Skills Team	SEEDA
Sheila Kearney	Research Manager	Quality Improvement Agency
Pablo Lloyd	Deputy Chief Executive	Ufi/learndirect
Sue Street	Consultant	KPMG
Trevor Field	Consultant	KPMG
Amanda Reed	Access to Learning Team	SEEDA

Source:SQW

A.2 Table A- 2 lists those interviewed as part of this evaluation. We would like to extend our thanks to those interviewees for their valuable contribution to the report

Table A- 2 : Interviewees		
Name	**Title**	**Organisation**
General		
Alex Braddell	Proprietor	Alex Braddell Consultancy
Jennifer Fenelon	Regional Director for the South East	Skills for Health
Frances Graham,	Head of Skills	Investors in People
Joan O'Hagan,	Development Officer	NIACCE
Peter Jones	Development Manager	**learndirec**t business
Malcolm Ming	Regional Performance Director	Ufi**/learndirect** South East
John Major	Workplace Engagement and Public Sector Team	Skills for Life Strategy Unit, DfES
Jane Stokes	Workplace Engagement and Public Sector Team	Skills for Life Strategy Unit, DfES
David Wylie	Access and Progression Director	Learning & Skills Council
Strategic Health Authorities		
Sara Tetley	Consultant. Organisation Development and Improvement. Clinical and Workforce Development Directorate	South East Coast SHA
Dennis Gibson	Director of Workforce and	South Central SHA

Name	Title	Organisation
	Organisational Development (acting)	A-2
Sarah Goodson	Education Adviser	South Central SHA
LEAP		
Sue Burgess		LEAP
IT Break into Health		
Jacki Ward		Kent Adult Education Department
Context NHS		
Alan Gwyer	Strategy and Partnerships Director	Basingstoke College of Technology
Jane Mossman	ex Project Manager	Basingstoke College of Technology
Maggie Donovan	Project Manager	Basingstoke College of Technology
Amanda Parry	Lifelong Learning Manager	North Hants Hospital
Elaine Pape		Winchester Adult Continuing Education, Peter Symonds College
Sheila Thorns	Training and Development Manager	Basingstoke & North Hampshire NHS Foundation Trust
Bucks Get on Board		
Jane Wells	Project Manger (Workforce Development Manager)	Buckinghamshire Adult Learning
Debbie Milne	Stoke Mandeville Training, Training & Development Administrator	Stoke Mandeville Training Development Unit
WEA Workwise		
Annie Winner	ex Project manager	Workers' Educational Association
Susan Small	Tutor	Workers' Educational Association
Stephanie Hayward	Learning and Development Manager	Royal Berkshire NHS Foundation Trust
Cath Sweet	Project worker	The Workplace Training Company
Oxford Skills for Life		
Alex Braddell	Oxfordshire Adult Basic Skills Unit	Basic Skills at Work, Adult Basic Skills Unit, Oxfordshire County Council
Grace Stone	Project Manager/administrator	Basic Skills at Work, Adult Basic Skills Unit, Oxfordshire County Council
Val Cullen	Acting Head of Learning and Development	Oxford Radcliffe Hospitals Trust
Swale PCT		
Elaine Scott	Lifelong Learning Facilitator	Swale PCT (now Eastern and

Name	Title	Organisation
		Coastal Kent PCT – Swale Locality)
Dr Henry Lee	Head of Learning and Development	Swale PCT (now Eastern and Coastal Kent PCT – Swale Locality)
Virginia Martin	Evening Receptionist (Learner)	Swale PCT (now Eastern and Coastal Kent PCT – Swale Locality)
Graham Ashmore	Support Services Manager (Steering Group Member and Learning Champion)	Swale PCT (now Eastern and Coastal Kent PCT – Swale Locality)
Alan Denton		Management Unlimited
Sheila Phillips	Housekeeping Supervisor (Learner, Steering Group member, Learning Champion)	Swale PCT (now Eastern and Coastal Kent PCT – Swale Locality)
Kent & Medway Guidance Consortium		
Chris Roberts	Lifelong Learning Co-ordinator	East Kent Hospitals Trust
Lisa Holden	Project Co-ordinator	Careers Management Kent & Medway
Hazel Allan	Nextstep Manager	Careers Management Kent & Medway
Denise Oliver	Line Manager	Kent Adult Education Services
Sussex Brainfood		
Wendy White	Assistant Director Learning and Development	East Sussex Hospitals Trust
Elissa Avery	Learning and Development Manager – Personal Development	East Sussex Hospitals Trust
Robyn Kohler	Skills for Life Manager	Bexhill College
Solent Skills Quest		
Ian Henson	Business Broker	Solent Skills Quest
Jill Lueddeke	Head of Adult Essential Skills	Brockenhurst College

Source: SQW

Annex B: Project Spend and Outputs

Table B-1 : Project spend and outputs			
Project	**SEEDA spend**	**Other spend**	**Outputs**
Bucks Get on Board	£50,000	£44,800	285 adults gaining basic skills as part of the Skills for Life Strategy that count towards the Skills PSA target
Context NHS	£150,000	£247,040	744 Skills for Life Learning Opportunities – number of learning opportunities (3-30 hours)
Oxfordshire Skills for Health	£156,750	£68,895	709 SfL Learning Opportunities- number of learning opportunities (3+ hours)
			758 adults that have gained basic skills as part of the Skills for Life Strategy that count towards the Skills PSA target
Sussex Brain Food	£122,652	n/a	153 C3A Learning opportunities 3-30 hours
			58 C3b Learning opportunities created & filled (30+ hrs)
			211 S4 Adults receiving basic skills training
WEA Workwise	£150,000	£71, 250	748 SfL Learning Opportunities- number of learning opportunities (3+ hours)
Kent and Medway NHS Trust Skills for Life	£89,250	£117,818	326 Learning opportunities (3-30hrs)
			152 Adults receiving basic skills training
Solent Skills Quest	£163,000	n/a	762 Learning opportunities (3-30hrs)
Learning Together at Swale	£70,246	n/a	Approximately 70 individual advice sessions
			Up 73 NextStep advice sessions
			Set up 20 Ui helpline advice sessions
Isle of Wight Community Solutions (LEAP)	£50,000	£13,000	133 Learning opportunities 3-30 hours
			17 Learning opportunities 30+ hours
			150 Adults receiving basic skills training of 3+ hours
IT Break in to Health	£251,683	£31,000	222 Learning opportunities 3-30 hours
The ICON Learning Centre	£40,090	£10,358	158 Learning opportunities 3+ hours
			Establishment of Resource (Learning) Centre
Southampton University Hospitals Trust - Stairways	£170,954	£42,513	125 Learning opportunities 3-30 hours
Total Programme Spend	£2,040,049		

Source: Various and detailed in previous individual project chapters