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# Executive Summary

Crossing the Bridge: Progress Report on the  
Skills for Health Bridging Programme — May 2015



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## Building the Bridge

Skills for Health has developed a unique programme to support healthcare workers who wish to progress into university health professional educational programmes in England. The Skills for Health Bridging Programme is designed to develop the study skills that healthcare learners need to progress and succeed in Higher Education.

This report explains how the Skills for Health Bridging Programme was designed and put in place in 2014–15 and sets out recommendations for action in 2015–16, to fulfil the expectations of over 200 healthcare employers who have expressed their support so far.

In combination with a relevant level 3 vocational qualification, the Bridging Programme provides another route for people in the healthcare support workforce who wish to progress into nursing and other health professional educational programmes at universities in England. Successful completion of the Bridging Programme leads to a national qualification: the QCF Level 3 Certificate in Bridging Skills for Higher Education.

In designing the Bridging Programme, Skills for Health collaborated with a range of partners, including the Council of Deans of Health (CoDH), Access and Study Skills experts in Awarding Organisations (AOs), healthcare employers and Health Education England (HEE). Skills for Health is responsible for the development, overall quality assurance and improvement of its programme, including setting out requirements for its use and approval of AOs wishing to offer the qualification. These are detailed in the [Skills for Health Bridging Programme online guide](#).

The Skills for Health Bridging Programme is intended to effect a significant change across England, in culture and practice in vocational and study skills learning, for those in the healthcare support workforce who do not have A levels or an Access to Higher Education (HE) Diploma — but who are capable of progressing to and succeeding in nursing and other health professional programmes at university.

## A standardised framework

The Skills for Health Bridging Programme sets out requirements — effectively parameters — overseen by Skills for Health, within which Bridging Partnerships between employers and providers can develop their approach.



This will help to develop a national momentum; address difficult cultural and practice issues in forming partnerships, curriculum design and delivery and progression arrangements across a diverse range of partnerships; enable Skills for Health to share successful practice and ways of overcoming problems; and ultimately ensure similar opportunities — using a consistent approach — are available to healthcare employers and their healthcare support staff, across England.

### Key features of the Skills for Health Bridging Programme:

- A national Bridging Skills programme to be implemented across England which can be customised in design and delivery within nationally set requirements.
- An alternative to the traditional means of A level and Access to HE Diploma entry into nursing and other university health professional programmes for the healthcare support workforce
- A nationally recognised qualification
- Nationally awarded UCAS tariff points
- Nationally standardised assessment decisions and qualification results
- A consistent, high standard study skills curriculum framework across providers
- Study skills learning at and for work in healthcare — with work based learning and assessment arrangements
- Increased study and employment mobility opportunities for those achieving the qualification
- Agreed national terms for the operation and use of the qualification across AOs and learning providers
- SFA funding subject to conditions which coincide with Skills for Health expectations of AOs and learning providers
- Transparent progression agreements between providers — visible to and easily understood by employers and learners



# Fulfilling aspirations for the healthcare support workforce

Within the sector, it is widely acknowledged that there are many motivated and capable vocational learners and apprentices — but some will not have had the opportunity or possess the required skills and knowledge to be able to enter and progress through nursing and other health professional education programmes<sup>1</sup>.

The Talent for Care Strategic Framework<sup>2</sup> has 'ten strategic intentions' for transforming learning for the healthcare support workforce. In The Shape of Caring Review<sup>3</sup>, Lord Willis' exhortation to consider his recommendations and consult on them reinforces aspirations similar to those in the Talent for Care Strategy<sup>2</sup> — and as he says, is intended to 'build on rather than duplicate' the 'abundance of recent reports', from his own previous report in 2012<sup>5</sup>, through Francis<sup>6</sup>, Keogh<sup>7</sup>, Bubb<sup>8</sup> and Cavendish<sup>9</sup>, all published between 2012 and 2014.

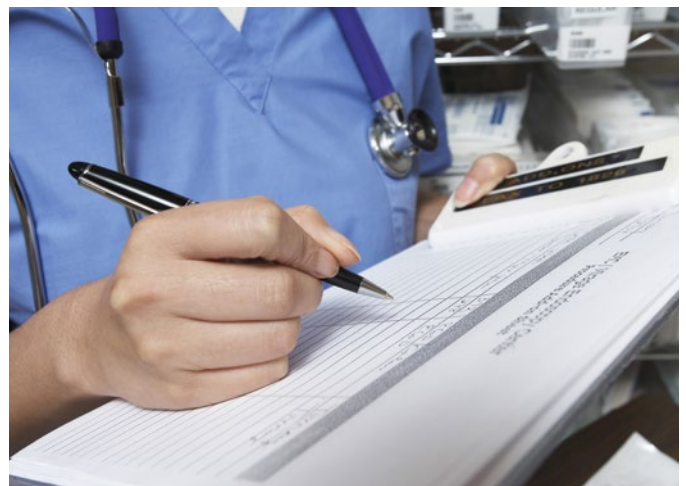
The Bridging Programme has been an undoubted success in meeting Cavendish Review<sup>10</sup>, aspirations,



*Good hospitals and care homes are now unable to promote some of their best assistants into nursing. This is a waste of talent which must be overcome by urgently developing new bridging programmes (Recommendations 7, 8)<sup>9</sup>.*

The Skills for Health Bridging Programme now offers a significant opportunity to do two things:

- Address and overcome barriers to entry to nursing and other health professional education programmes in Higher Education for many capable workers in healthcare, making a practical difference to their progression now.
- Use the recommended impact evaluation to find out how to help employers and other Bridging Programme partners to address the range of known obstacles to progression for many of their capable staff; and to collate and share some of the best ways of doing so.



1 HEE (2015) (TBP) Developing the talent: a framework to support the progression from healthcare assistant to nurse.

2 HEE (2014). *The Talent for Care Strategic Framework*. A national strategic framework to develop the healthcare support

workforce. Part of Framework 15, the Health Education England guide to action.

3 HEE (2015) in partnership with the Nursing and Midwifery Council *The Shape of Caring Review*.

4 2.Ibid.

5 Willis Commission (2012). *Quality with Compassion: The Future of Nursing Education*.

6 Francis R (2013). *The Mid Staffordshire NHS Foundation Trust Public Inquiry*.

7 Keogh B (July 2013). *Review into the Quality of Care and Treatment provided by 14 Hospital Trusts in England*.

8 Bubb S (2014) *Winterbourne View — Time For Change*

9 & 10 Cavendish C (2013) *The Cavendish Review — An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings*. Recommendation 7 'HEE and the LETBs should develop new bridging programmes into

pre-registration nursing and other health degrees from the support staff workforce in health and social care, working with Skills for Care, NMC and Skills for Health...



## Progress

Skills for Health and its partners are pleased with progress to date. Programme and qualification design were successful and put in place quickly and effectively. The employer oriented approach to roll-out has worked, drawing in Universities, FE providers and Awarding Organisations via employer interest on the ground. Open promotion by Skills for Health to employers, universities, FE providers and AOs is ensuring that all potential partners are reached. The production of a comprehensive online guide at the beginning of implementation helped partners to get as much information as they needed to get started, providing more detailed guidance to employers, providers and AOs ready to move ahead. Webinars were highly successful in reaching significant numbers of employers in a short time and in confirming interest and demand. Questions and responses from employers in follow up surveys guided Skills for Health further on design of the programme and what further guidance may be needed to implement it.

Skills for Health has begun to map emerging partnerships across England and is providing focussed support to help them put the Bridging Programme in place; the data is also being used to identify where there are concentrations of interest — and gaps; this will help Skills for Health to target information for employers and providers where it is needed most.

Skills for Health's national reach (and planning) has enabled it to support Hospitals Trusts and Practices operating individually or in regional groups; and specialist employer partnerships like Barchester Health, Hospice UK and the National Education Network for Ambulance Services, show how the Programme can be used in strategic workforce planning within and across traditional geographical boundaries.



## Risks — and how these will be addressed

The view that there is a mismatch between what is expected in teaching and learning for the Bridging Programme and common practice in delivery of vocational qualifications, has been expressed variously by employers and providers (in webinars and meetings), both in FE and in HE.

The underlying issue is perhaps a much broader one — that practice in vocational learning is often still assessment oriented and fragmented; that tutors/assessors will not have the qualifications and expertise to design and teach the Bridging Programme; that the existing mechanisms for quality assuring whether Bridging Programme curriculum design and delivery meet Skills for Health objectives are weak.

Actions recommended on Teaching, Learning and Assessment are therefore designed to address these risks by working with and supporting Bridging Programme partners to design and deliver a curriculum and learning experience worthy of the aims of the Programme — a quality improvement strategy which provides guidance on curriculum design and delivery to include:

- Information on expected staff qualifications and expertise in both study skills and healthcare vocational learning.
- Detailed curriculum design and assessment guidance — working with expert providers in FE and HE where necessary to develop these resources.
- Exemplified models of delivery alongside the level 3 VQ and post hoc for those already holding relevant VQs at level 3.

SfH will further discuss the potential development of learner support resources with the Skills Academy for Health.



## How will Skills for Health assure itself that providers are meeting minimum curriculum and guidance requirements?

- AO positions on checking staff qualifications and 'schemes of work' as part of the Centre Approval process vary. A view commonly expressed is that AOs are responsible for approval of assessment but not curriculum design. However, not all AOs adopt the same position on scrutinising provider curriculum plans and staff qualifications as part of Centre Approval.
- Skills for Health will discuss arrangements for quality assuring staff qualifications and curriculum plans with individual AOs and agree mechanisms for checking these, either through the AO or in cooperation with the Bridging Programme Partnership itself.
- Skills for Health will agree with AOs a reliable means of checking that Centres have appropriate staff and curriculum plans in place, either through the AO or Bridging Programme Partnership.
- HEIs in a Bridging Programme partnership will be expected to satisfy themselves that employer or FE Providers offering the Bridging Programme have appropriate staff and curriculum plans in place which meet Skills for Health requirements and expectations.
- Skills for Health will periodically ask AOs and or partnerships for sample curriculum plans and staffing arrangements as part of ongoing evaluation of the Bridging Programme.
- AOs are required to provide benchmark assessments as part of the Skills for Health approval process and collaborate on standardisation activity. For providers, the opportunity to engage in benchmarking their assessment practice and to contribute to standardisation could provide a useful way to come together to share best practice in their curriculum design and delivery (as well as in assessment). Skills for Health will discuss this approach with AOs who may already adopt this practice.





## Crossing the Bridge – Findings and Recommendations

The actions recommended in the table below are intended to maintain the support for Bridging Programme partnership development that Skills for Health established in 2014–15, and create a planning tool which employers and others can use to self-assess their preparedness for implementing the Bridging Programme, against the requirements set out in the online guide. This tool will also help Skills for Health identify exactly what support a Partnership needs — and provide valuable information for monitoring progress across England. Skills for Health will identify common issues and address these collaboratively with partnerships where possible, as well as identifying ways of working that improve the quality of the programme and its effectiveness in achieving its key aims.

Other recommended actions in the two most recent reports cited, are designed to facilitate progression into HE for HCAs and others. These include for example, efforts to make use of accreditation of prior learning<sup>11</sup>, for those able to evidence prior experiential or certificated learning to gain credit towards a Nursing Degree. These actions will also require the additional skills and knowledge contained in the Bridging Programme to work.

Skills for Health will also ensure that work on the Bridging Programme in 2015–16 connects to and benefits from other HEE supported work designed to improve achievement and progression among the healthcare support workforce.

<sup>11</sup> *QAA glossary*, (2015) (abbreviated): APL— The identification, assessment and formal acknowledgement of learning and achievement that occurred at some time in the past prior to entry to a course of study; APEL—experiential — occurred not in the context of formal education or training; APCL—certificated — for which the learner was awarded some form of official recognition.

# Summary of Findings and Recommendations

## 1.

### Bridging Programme Partnerships

The Bridging Programme requires a full partnership between employers and providers to work; in addition each partnership has to meet Skills for Health (and effectively) SFA requirements. Skills for Health found that each partnership was likely to be different in its size, composition, history and future objectives. Individuals in key roles within organisations played a significant role in getting Bridging Programme partnerships started.

#### **Identifiable conditions for forming successful Bridging Programme partnerships emerged between October 2014 – March 2015.**

##### **These included:**

- A successful current partnership already in place between health employer, FE and (or) HE provider centred on for example, Apprenticeships, professional training and or Continuing Professional Development (CPD) An FE provider currently offering Access to HE Diplomas for entry to university health professional education programmes, with a formal progression agreement or similar 'progression' arrangement between FE and HE provider.
- The Bridging Programme fulfils employer objectives within their workforce development plan.
- A university willing in principle to accept a combination of a level 3 vocational qualification and the Level 3 Certificate in Bridging Skills for Higher Education as meeting entry requirements for relevant health professional education programmes.
- A specialist employer network, or an England wide healthcare provider, intends to use the Bridging Programme as part of a national workforce development plan to support progression into health professional education programmes for selected existing staff.
- At least one individual in key role within one Bridging Programme partner organisation is able and prepared to initiate the development of the partnership.

### Recommendations

1. Undertake further analysis of identifiable preconditions for forming successful Bridging Programme partnerships as part of the concurrent evaluation of the Bridging Programme. (See 'Concurrent impact evaluation' below)
2. Develop a tool for employers and other partners to use in planning a Bridging Programme partnership locally, including suggestions and 'how tos' from practice to overcome obstacles.
3. Support the establishment of at least one Bridging Programme partnership in each HEE LETB area in 2015–16.
4. Establish a systematic country wide presence among HEIs for the Bridging Programme in 2015–16.

## 2. Communications, online support, promotion of the Bridging Programme

Skills for Health established a programme of support, information and guidance for the Bridging Programme in 2014–15. This included:

- Developing and maintaining an Online Guide on the Skills for Health website.
- Establishing a Bridging Programme reference group with representatives from healthcare employers, Further and Higher Education, Awarding Organisations and the Council of Deans of Health, all active supporters of the Bridging Programme, engaged in its development and implementation.
- Promoting the Bridging Programme in articles for publications, issuing press releases and gathering case studies for publication.
- Establishing an online discussion group for employers and individual practitioners, learning providers and awarding organisations.
- Running a series of highly successful webinars for healthcare employers with 300 registrations by the end of January 2015.
- Organising or attending meetings with emerging Bridging Programme partnerships or communities of interest (health employers, HEIs AOs).
- Providing telephone and email support and advice to Bridging Programme partners.

## Recommendations

5. Maintain and develop online guidance and support, including the online guide and discussion group.
6. Maintain and service the Skills for Health Bridging Programme reference group.
7. Actively promote the Bridging Programme through articles and publications.
8. Promote the Bridging Programme at selected conferences for the health sector and other relevant events.
9. Develop and run webinars to reach healthcare employers and relevant communities of interest.
10. Provide telephone and email support and advice to Bridging Programme partners.
11. Selectively organise and attend meetings with emerging Bridging Programme partnerships.



### 3 Teaching, Learning and Assessment – a summary of report findings

The learning and assessment of study skills at work in healthcare presents a new challenge.

The intention in implementing and evaluating the Bridging Programme is to focus on those specific challenges likely to be faced by AOs and providers in teaching, learning assessing or overseeing assessment of study skills being developed and acquired by learners who are principally engaged in learning at and through work, rather than through 'subject' learning. This will be of key interest in evaluating the effectiveness of the Bridging Programme over time and will be addressed in the concurrent impact evaluation (4 below).

### Recommendations

12. Work with key organisations to develop and or identify resources to build the capability of FE providers to deliver effective Bridging Programme study skills learning and assessment at work in healthcare.
13. Develop a quality improvement strategy which provides guidance on curriculum design and delivery.
14. Develop an effective quality assurance strategy which addresses staff qualifications and curriculum planning.
15. Develop or identify for use, suitable learning resources for use by Bridging Programme learners.



## 4 Concurrent impact evaluation<sup>12</sup> — a summary of report findings

One aspiration of the project is to conduct a longitudinal study of the impact of the Bridging Programme over a period of years. The largely qualitative approach<sup>13</sup> to be taken in impact evaluation of the Bridging Programme in 15–16 –outlined in the recommendations and programme of work — would contribute to a large scale impact evaluation beyond 2016.

There are a number of significant known obstacles to progression into health professional education programmes in Higher Education for HCAs and other workers in ‘bands 1–4’ of the healthcare workforce<sup>14</sup>. Implementing the Bridging Programme means encountering a wide range of these obstacles.

We know, for example, that the perceived value of Vocational Qualifications (VQs) to Universities for entry to these programmes and other factors will impact on successful entry and retention. This and other factors must be taken into consideration when evaluating the impact of the Bridging Programme on progression.

The recommended concurrent impact evaluation in 2015–16 should therefore also examine the impact on Bridging Programme learners of (for example):

- The quality of Information Advice and Guidance (IAG) for bands 1–4 staff in relation to the Bridging Programme and progression.
- Financial and personal obstacles to progression to health professional education programmes.
- How employers intend to support and then retain staff who progress into university professional health education programmes.
- Access at work to English and Maths, ESOL and ICT learning.
- Recognition of the value of vocational qualifications and the Bridging Programme in meeting university entry requirements to health professional education programmes.

Evaluation should also begin to gather information for case studies which illuminate whether and how participating universities make use of accreditation of prior learning<sup>15</sup>, for those able to evidence prior experiential or certificated learning to gain credit towards a Nursing Degree.

The Bridging Programme also addresses broader government objectives on skills development, widening participation in university and progression from work-based learning into Higher Education; evaluation of the Bridging Programme should explicitly connect to these and other relevant policy objectives.

All involved in the Bridging Programme are expected to actively contribute to its evaluation.

## Recommendations

16. Evaluate the Bridging Programme concurrently to:
- Share evidence of positive impact as it is identified in 2015–16 on outcomes.
  - Use the mechanisms outlined in Communications (above) to share concurrent results.
  - Find out how to help employers and other Bridging Programme partners to address the range of known obstacles to progression for many of their capable staff; and collate and share some of the best ways of doing so.
  - Produce a Progress Report to evaluate the known impact of the Bridging Programme between March 2015–16.

<sup>12</sup> <http://aje.sagepub.com/content/20/1/69.abstract>.

<sup>13</sup> HIND J. (2010) Additionality: a useful way to construct the counterfactual qualitatively? [<http://www.aes.asn.au/images/stories/files/Publications/Vol10No1/Additionality.pdf>] Evaluation Journal of Australia Volume 10 (1) pp 28–35.

<sup>14</sup> HEE Career Progression framework, *Talent for Care* strategy documents.

<sup>15</sup> *QAA glossary*, (2015) (abbreviated): APL– The identification, assessment and formal acknowledgement of learning and achievement that occurred at some time in the past prior to entry to a course of study; APEL–experiential — occurred not in the context of formal education or training; APCL–certificated — for which the learner was awarded some form of official recognition.

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