CALDERDALE COLLEGE

INSPIRING LEARNERS TO SUCCEED IN LIFE & IN WORK

NHS
Health Education England

BUILDING A DIGITAL READY WORKFORCE

HEALTH EDUCATION ENGLAND REPORT

Introduction

Calderdale College prides itself on equipping its students with the skills, attitudes and behaviours that are needed for productive, satisfying and valuable employment in our society. We work hard to listen to the needs of future employers in order to ensure that our courses and qualifications are rooted in the real-life requirements of the world of work.

Many of our students are interested in or actively pursuing qualifications that fit them for work in the health and/or social care sectors and, increasingly, the digital capabilities required are becoming a real focus. This is the case at national level where there is a real drive to ensure that the digital transformation required in health and care is supported by a workforce that is digitally capable.

Led by Health Education England (HEE) and NHS Digital, Building a Digital Ready Workforce (BDRW) is a programme which aims to bring people together in a culture that recognises the need to innovate and the role of digital in that innovation.

The programme is part of a national portfolio of programmes that forms Personalised Health and Care 2020 and sits under the National Information Board (NIB). Its mission is to support everyone in the health and care sectors in England in leadership, culture change, professionalism in informatics and developing digital capabilities across the workforce. This is so that all can contribute to essential digital transformation and deliver, within their roles, the desired outcomes more quickly, easily, safely and at a higher level of quality.

BDRW has four main work streams and one of these is Digital Literacy.
This work stream is particularly focused on developing sound digital capabilities and building the confidence of people working in health and care in a variety of roles and contexts at all levels

Calderdale College has undertaken a project on behalf of the BDRW Programme to explore the needs of employers in relation to existing staff and new entrants into health and care, within NHS pay bands 2-4, and the equivalent pay levels in social care, and in engaging employers in the future digital requirements of staff in both health and care sectors.

Aims and Objectives

The overall aim of the project was to consult with employers about their current and future expectations of the workforce in terms of digital and other technologies in order to inform the work of the College.

The objectives were to undertake employer-based research including employer and stakeholder engagement; a skills audit; the production of an employer case study and a supplementary development plan based on 'The needs of employers within the health and care sector with a key focus on the development of digital literacies of bands 2-4 workers'. The expected outputs of this work would inform the future work of the College in order to:

- Identify new curricula/resources based on skills and capabilities employers require that support HEE's digital literacy framework.
- Develop new curriculum entitlement for all health and care students that similarly support and/or are aligned to HEE's digital capabilities framework.
- Introduce new flexible learning solutions developed and delivered to respond to short and medium term employer needs.
- Improve digital capabilities of students and current employees. To be measured through College progress measures.
- Improve employability outcomes and opportunities of health and care students. To be measured through College destination data.
- Introduce employers to more efficient ways of working by using digital technologies. To be measured through employer/employee feedback on impact of training on services.

This work has been supported by Health Education England as a means of contributing to the BDRW objective that, by 2020, there will be an improvement in the health and care workforce's use of data, information, knowledge and technology (via a prioritisation approach that addresses the needs of key workforce groups first)

Methodology

The research consisted of 3 components

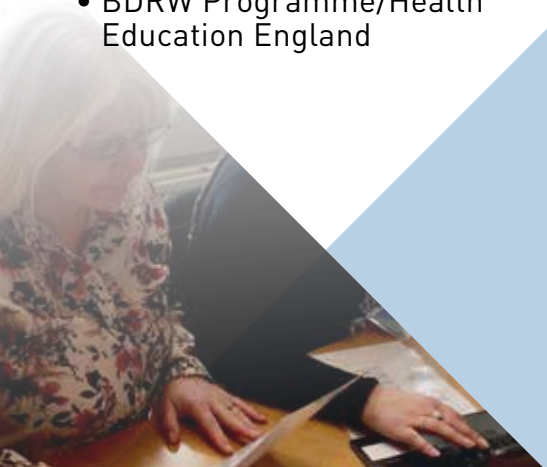
STAKEHOLDER ENGAGEMENT

In order to successfully deliver this project, Calderdale College built on its relationship with the BDRW Programme by establishing a Stakeholder Advisory Group involving:

- Skills for Health
- Skills for Care
- Calderdale MBC NHS
- Calderdale CCG
- NHS Greater Huddersfield CCG
- NHS North Kirklees CCG
- BDRW Programme/Health Education England

The purpose of the Stakeholder Advisory Group was to advise on the direction of the project in order to ensure alignment to key health and care policies and plans.

The Stakeholder Advisory Group also supported in the identification of new employers to join with the existing employers the College has links with to join the employer 'Health and Care Digital Skills Forum'.



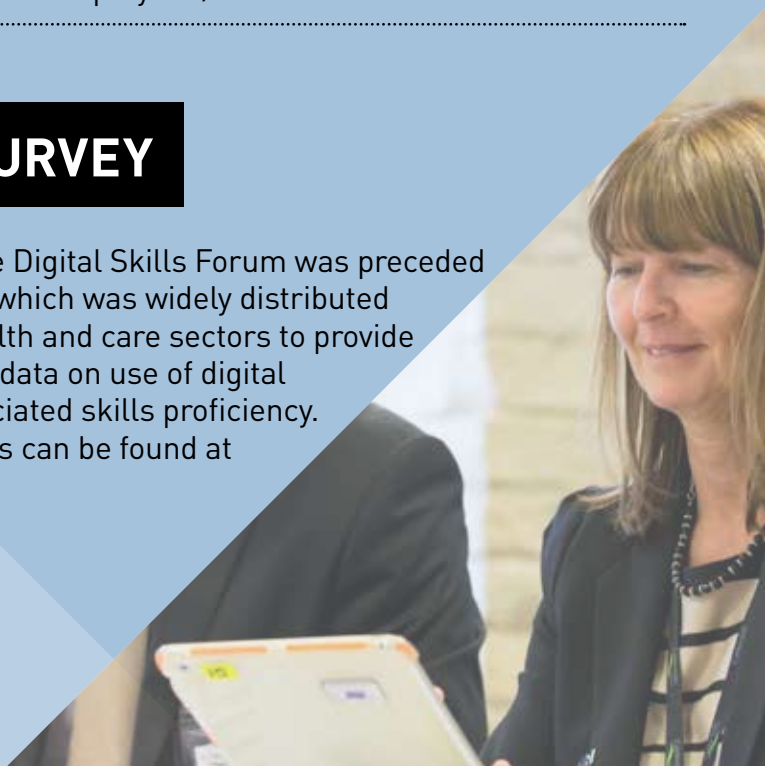
EMPLOYER FORUM

A 'Health and Care Digital Skills Forum' involving key local employers was established with the aim of identifying current and future capabilities requirements in relation to digital literacies. The work of the forum consisted of a range of interactive exercises that covered 4 main areas:

1. Identification of job roles within organisations and sub sectors
2. What digital capabilities look like for those roles/ sub sectors
3. Current and future skills requirements for those roles
4. Focus on individual employees/roles

ONLINE SURVEY

The Health and Care Digital Skills Forum was preceded by an online survey which was widely distributed across the local health and care sectors to provide rich supplementary data on use of digital resources and associated skills proficiency. The survey questions can be found at Appendix 2.



KEY FINDINGS

The key findings from discussions with the Stakeholder Advisory Group, the online survey and the Health and Care Digital Skills Forum activities and discussions have been amalgamated, cross-referenced and analysed. These are presented below.

ROLES WITHIN ORGANISATIONS

In the health care sector, pay bands 2-4 cover a huge variety of roles. Some roles are confined to these pay bands while other roles occupy these bands but extend well beyond them with experience and seniority. In the care sector, the same pay bands do not apply but for the purposes of this research, the top level of pay associated with pay band 4 in the health sector was used as a ceiling to identify roles within the care sector.

It should be noted, however, that the same role can attract very different pay given context e.g. a deputy manager of a care home with 10 residents may be in receipt of very different pay to that of a deputy manager of a significantly larger home with many residents. Employers involved in this project identified a variety of roles within their organisations that fall into the pay bands/range in scope.

ONLINE SURVEY & HEALTH AND CARE DIGITAL SKILLS FORUM

Both data from the online survey and the Health and Care Digital Skills Forum highlighted a clear divide between health and care sectors in terms of current digital capabilities.

a. It was evident that there was a greater expectation and demonstration of a wider range of digital capabilities within roles in the health sectors. In the care sector, far fewer digital capabilities were expected or demonstrated.

b. It was evident that this, in part, is due to the wide range of digital and other technologies in use in the health sector. Staff are expected to use these technologies and this requires specific skills. In the care sector, there is, in general, far less technology in use, on a regular basis and so the requirement for a wide range of specific digital skills has not been there to the same extent as in healthcare.

KEY FINDINGS FROM THE HEALTH SECTOR

Within the health sector, significant strides have been made to implement digital processes and they are part of the day to day activities for many roles. The impact of technology in terms of providing better patient care is already being felt and employers were keen to point out that much of the workforce is in daily engagement with a wide range of technologies.

Many examples were provided of specific roles and the range of digital capabilities required within these roles. The roles indicated below are not exhaustive but reflect the roles of those who completed the online survey and/or participated in the Stakeholder Advisory Group and/or Health and Care Digital Skills Forum. Other roles at pay bands 2-4 exist within the healthcare sector.

EMERGENCY MEDICAL TECHNICIAN ROLE

Use of electronic patient records (EPR), including use of touchscreen, mobile phone navigation and use of analytical skills are required on a daily basis and demand a relatively high level of technical proficiency in the context of the Digital Capabilities Framework.

This is also true of roles such as call handlers and emergency medical dispatch roles where customer service skills, alongside telephone skills and VDU and use of touchscreen equipment are required.

These skills closely align to capabilities within both the technical proficiency and communication and collaboration and participation domains in the Digital Capabilities Framework.

CLINICAL ROLES

In clinical roles, it appears that, within the lower band levels, there is less use of digital tools and therefore competence levels are not as high as within other roles currently.

This is the case in the Healthcare Assistant role where a key digital requirement involves locating digitally stored information relating to patients.

REHAB ASSISTANT ROLE

The picture for the Rehab Assistant role was very similar to described administrative roles and the use of digital tools and devices are not only used by individuals in undertaking their own activities and tasks. In addition, there are elements within the role which require assisting service users in using digital tools.

ADMINISTRATIVE ROLE

Within administrative roles, it is evident that use of digital tools and devices is an integral element of key responsibilities required on a day to day basis.

An administrator would need to be operating at least at Level 2-3 according to the Digital Capabilities Framework with specific regards to the Data, Information and Content Domain, at least Level 2 for the Teaching, Learning and Self-Development Domain and a Level 2-3 for the Technical Proficiency Domain in order to effectively undertake the role.

DIGITAL SKILLS GAPS

Although there are good examples of digital literacy competence there was evidence also of pockets within organisations within the health sector where use of digital technology has not yet become a regular requirement of roles.

Within the patient transport role, record keeping is a combination of paper based and digital and employers felt that there is currently more of a focus on softer skills such as customer service.

However, there are elements such as use of Personal Digital Assistants and the Datix system for incident reporting that are digitilised and require reasonable levels of proficiency, specifically in the Data, Information and Content Domain as well as in the Communication, Collaboration and Participation Domain.

Across all roles, there was little evidence of capabilities within the Digital Identity, Wellbeing, Safety and Security Domain. There appears to be an area of weakness with regard to confidentiality, GDPR and online safety which were identified by all the health specific employees as areas for significant development and further training.

Comments were made by employers about a lack of consistency across organisations within the NHS, meaning that those staff transferring from one organisation to another or working across more than one organisation would need to develop competence in several systems.

Another recurring theme, was the pace of change towards digital with new systems and technology being initiated on a regular basis. There is a clear desire to develop digitally and the benefits are clearly appreciated. Examples provided of working towards digital transformation were the transition to telephone triage and Skype to assess patient needs.

Employers also stressed the move towards working more flexibly in some roles (ie working from home), enabled by digital.

Linked to this desire to further digitalise working practices, there were concerns regarding access and equality of access, for example, requirements for individuals to utilise their own broadband and electricity which could present a barrier to some.

KEY FINDINGS FROM THE CARE SECTOR

Within the care sector there is a much more varied picture. Competence and confidence levels depend significantly on the extent and use of digital technology which, in turn, is dependent on both role and whether the organisation embraces technology and/or can finance it. Organisations expressed a clear desire to move towards becoming more digital, with one having a target of being fully paperless by 2025, but said that there is a wide range of barriers and challenges to achieving this These included a range of technical, financial and human factors. Some of the factors highlighted were:

- Fear of digital among staff
- Concerns about ability to provide person-centred care whilst using technology
- Staff unwillingness to change
- Lack of money
- Insufficient access to computers and other devices

One organisation cited that they had previously utilised MyClinic (a NHS system for recording patient observations) but that this was withdrawn to be updated and has not yet been reinstated.

As with healthcare, the roles indicated below are not exhaustive but reflect the roles of those who completed the online survey and/or participated in the Stakeholder Advisory Group and/or Health and Care Digital Skills Forum. Other roles at similar pay levels exist within the care sector.

CARE ACTIVITY CO-ORDINATORS

The requirement of the Activity Coordinator role is similar to that of the Care Assistant role in terms of digital capabilities in that they are also required to log in, access work schedules and use Microsoft packages at a basic level. Again, it is evident from employers that there is a disparity between what is required and the current capabilities of staff.

One employer reported that the lower levels of competence and confidence across Care Assistants and Activity Coordinators in the use of IT and digital resources within their organisation is as a result of these skills not being taught effectively at school or college. This is certainly a belief that is regularly encountered and is, to a certain extent perhaps, true. However, this often reflects a school and tertiary sector of yesteryear when there was relatively little emphasis on IT and digital capabilities.

Many of those currently in the workforce were at school during these years and have only developed certain digital capabilities since entering employment. With the pace of change, all employers now must accept the need for ongoing education and training which is essential if the health and care sectors are to maximise the benefits of digital.

As with health sector employees, Digital Identity, Wellbeing, Safety and Security were seen as areas of relative weakness and confidentiality, GDPR and online safety were identified as particular areas for development and training.

CARE HOME OWNERS

The picture with regard to the digital capabilities of care home owners was a mixed one. A minority expressed confidence in their competence for current requirements whilst most were clear that they had limited digital skills.

All recognised the pace of change and the need for digital transformation. One care home owner illustrated a number of examples of how they use technology in their working practice but suggested that this was all at a very basic level.

The owner expressed concerns, recognising their current lack of knowledge, understanding and skills, particularly pointing to their lack of awareness about the relatively basic technology they are currently using. There was a keen desire to learn more and to discover how technology, current and future, could be fully exploited to meet their organisation's needs.

CARE ASSISTANTS AND SUPPORT ASSISTANTS

For Care Assistants and Support Assistants, expectations vary enormously depending on the type and size of home and the attitude of the owner towards digitalisation. For many, a basic use of technology and digital is currently required for the role. Typically, this can involve logging on and sending emails, knowing how to use Microsoft Word, Office, Excel and PowerPoint and using online education packages.

For others, there is very little use of technology within the role. It is clear, however, that even where the role generally requires a basic level of digital capability, not all employees have the competence and confidence needed.

One employer reported staff with problems logging on and using Microsoft packages, for example, which presents real training issues for the employer. The need to train current and future staff is evident and becomes ever more a challenge given the pace at which the digital agenda evolves.

CARE MANAGERS

Care home managers demonstrated evidence of slightly higher level skills across all the Digital Capabilities Framework domains than those that work for them and in some cases, care home owners.

They appeared confident with a wide range of devices and apps particularly on social media e.g. Facebook, WhatsApp, Twitter, SnapChat, Skype. They were confident in their use of Google, online banking, using a mobile phone and computer, taking and sending pictures and being able to create a range of media e.g. documents, posters, invites etc. Most were confident in their ability to undertake online training.

CURRENT AND FUTURE SKILLS REQUIREMENTS

As part of a visioning element for the Health and Care Digital Skills Forum, Dr Victoria Betton, Founder and Director of Habitat, was invited to speak. Dr Betton is an expert in digital transformation and implementation in health and social care and was able to outline the ways in which digital is already transforming the sectors as well as pointing to future directions and potential.

In discussion, it was evident that some employers have a sound awareness of this future whilst others felt that they lacked awareness particularly in relation to the specific changes and opportunities on the immediate horizon. All welcomed the opportunity to think about the types of digital capabilities that staff need or could use currently as well as those needed for the workforce of the future.

Employers had some opportunity to examine the Digital Capabilities Framework at the forum but have all been provided with this for further and future consideration.

Employers provided those current and future skills needs which link directly to the growing demand of digitalised working practices whilst recognising that their own awareness of these was based very much on individual role, experience and context.

HEALTH CURRENT SKILLS GAPS	CARE CURRENT SKILLS GAPS
Basic/Introductory IT Skills How to undertake basic training and online training needs extended EMD time access to electronic/online CPD	**Basic/Introductory IT Skills** Confidence in use of IT
Operating Systems/Apps Knowledge of NHS IT Systems	**Operating Systems/Apps** Microsoft Office
Health & Safety/Security Knowledge of health and safety in lone and mobile working Being safe in community with a uniform and smart device	**Health & Safety/Security** Maintaining data security
	Other More skills in terms of making care home paperless- all staff to participate in that How to undertake a critical analysis of digital packages Action planning Evaluating Care

Through some of the discussions and the points highlighted above, it is clear that there are significant areas of the Digital Capabilities Framework that are relatively unknown in terms of both the lived experience of current employers and employees but also in terms of their vision of the future.

HEALTH FUTURE SKILLS GAPS	CARE FUTURE SKILLS GAPS
	Basic/Introductory IT Skills Confidence in use of IT
Operating Systems/Apps Skype	**Operating Systems/Apps** Skype, Facetime etc ECDL Use of devices Microsoft Outlook skills – email etc
Health & Safety/Security Safety and Security Professional boundaries on and offline Lone working GDPR Confidentiality & Data protection	**Health & Safety/Security** Managing remote working Safe storage – data protection
Other Appraising digital tools for use in practice and with patients Finding and appraising resources to share with patients Telephone triage (using Skype) enhanced Telephone triage skills, using all resources and Multi-tasking Telemedicine	**Other** Improved use of productivity tools that already exist e.g on line calendar, planning activities Remote working use of right device in the right environment Use of IT software to achieve paperless goals Manage more responsibility in a timely way Remote supervision Assistive technology with sleeps/ waking nights Technology could reduce available staff hours – managing job chats and ensuring we still meet contract of employment New ways of organisation – software and dashboards

Successive national reports, most significantly The Wachter Report, show that our health and care workforces need to develop a much wider range of digital skills, attitudes and behaviours if we are to maximise the benefits of digital for all individuals.

RECOMMENDATIONS AND NEXT STEPS

Impact of current and future skills gaps analysis on curriculum design and development.

Calderdale College has clear and ambitious plans for its health and care provision which is detailed in the college's strategic plan and which will be implemented in its entirety by 2020.

Alongside new and existing qualifications which will best equip our students to effectively gain long term employment into the sector, the College aims to ensure that wider skills development is integral with a strong focus on digital capabilities.

A significant number of students who participate in health and care related programmes at Calderdale College aspire to progress into job roles which sit within NHS pay bands 2-4 and their equivalents in the care sector.

Initial work undertaken to develop the Health and Care curriculum has resulted in the development of a unit, 'Understanding the Use of Digital Technology in Health and Social Care Settings', which is delivered to Health and Care students.

The unit is aimed at those who are interested in, or new to working in health and social care. It provides the knowledge required to understand the use of digital equipment, particularly care planning and preparation for switching to digital recording. Furthermore, it is particularly pertinent to the duties carried out by Care Assistants where inputting and recording essential health information onto digital care plan formats is or will be required in the future

The unit includes the following:

- Understanding digital care planning in health and social care settings.

- Understanding what blood pressure is and how to record it properly using a digital sphygmomanometer cuff.

- Understanding other 'normal' physiological measurements of the human body.

RECOMMENDATION

Ensure that curricula are developed that see digital capabilities, as identified by employers, HEE and the Digital Capabilities Framework, are embedded in college curricula.

The information gathered during this project on current and future skills needs will be used to further develop the College's curricula offer in order to ensure that the College has curricula that meets the current and future skills needs of employers, as identified by them and by the HEE Digital Capabilities Framework, and fully prepares students for the world of work.

TRAINING FOR EMPLOYERS

Alongside curriculum development, the college is building a training offer for employers.

The work undertaken to date clearly demonstrates an appetite for training which is shaped around current and future skills needs.

Training that draws on employers' own experiences and requirements are vital. The intelligence gained from employers and our national partners whilst delivering this project will be developed to ensure that our training offer is responsive to employer, regional and national needs.

A greater knowledge and understanding of the national Digital Capabilities Framework is key to ongoing employer support for existing and future employees and the College will continue to promote the framework with local employers.

RECOMMENDATIONS

1. Build a training offer for local employers.
2. Promote the Digital Capabilities Framework to local employers.

TRANSFERABILITY

A direct benefit of the work undertaken as part of this project, is the intention to share methodology, resources and findings with other colleges and training providers for use in development of their curriculum offers. This will be achieved via CPD and sharing best practice sessions.

RECOMMENDATIONS

1. Publish project methodology, resources and findings.
2. Organise best practice sessions for colleges and training providers.

DISSEMINATION

This report and its findings will be shared with the stakeholders and employers who contributed at a project end dissemination event.

This event could also be used to explore further detail on the information gained and look at prioritising skills needs and establishing areas of further support required from the College. Where possible, care and health employers could be linked together in order that they can provide peer to peer support and share best practice.

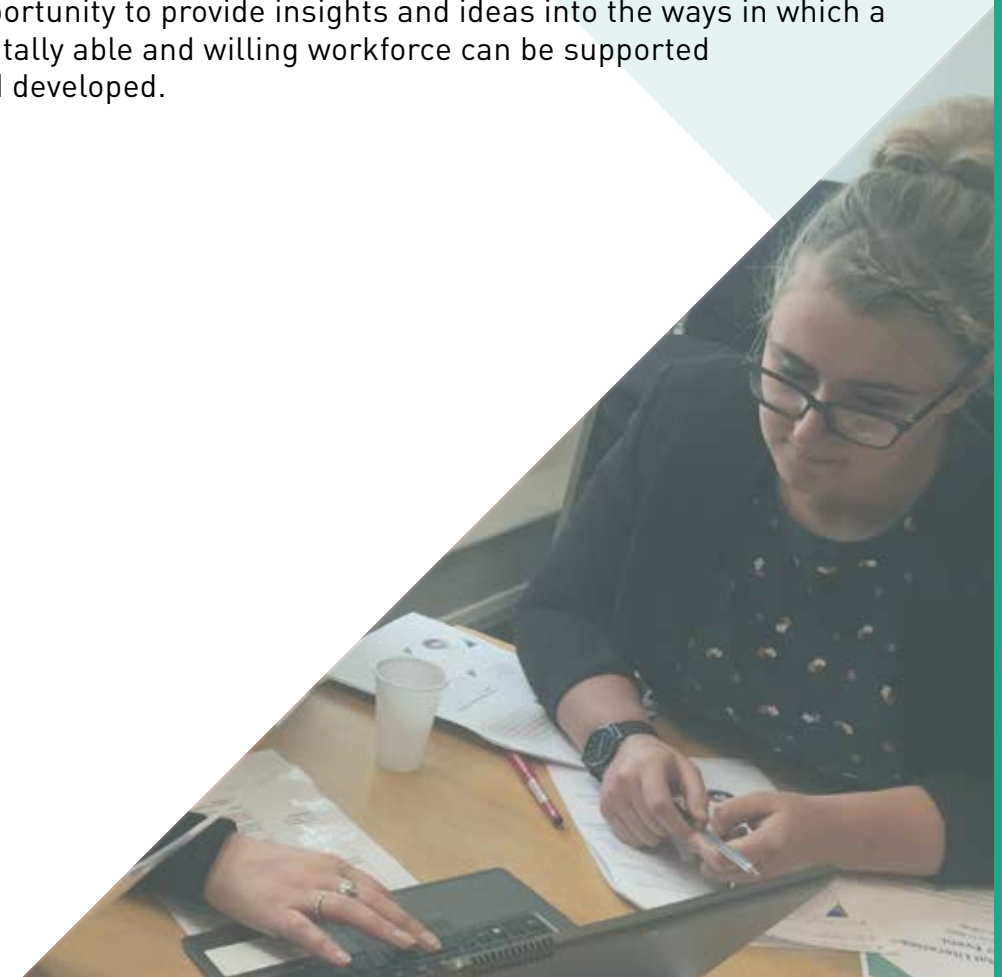
RECOMMENDATION

1. Distribute report to all stakeholders and employers.

BUILDING A DIGITAL READY WORKFORCE

The findings from this project feed into the work of the BDRW programme with data helping to shape the outputs of the programme going forward.

BDRW continues to undertake listening and stakeholder projects in order to provide the workforce, employers and employees with the opportunity to provide insights and ideas into the ways in which a digitally able and willing workforce can be supported and developed.



Conclusion

The project has demonstrated clear expectations from local employers and national organisations that the College (as with other education providers) equip students with the digital capabilities that they will require in work in the health and care sectors.

Employers recognise that, with the pace of change, digital skills are quickly outdated or superseded, however they require those attitudes and behaviours outlined in the Digital Capabilities Framework that enable employees to continually learn, adapt and work flexibly with digital and other technologies.

The project has also shown clear differences between the health and care sectors with a more extensive range of digital capabilities being demonstrated in the healthcare sector than in the care sector. The reasons for this are complex.

All employees and employers involved in the project recognise the need for digital transformation and recognise the benefits this can bring in terms of care. It was emphasised by many that digital should always be used to support better care and to allow for more human interaction rather than less.

The Digital Capabilities Framework and the full range of skills, attitudes and behaviours that it encompasses remains unfamiliar to most employers. A greater understanding of the breadth of knowledge and understanding across the full range of domains is needed if the potential of digital is to be realised through the education and training of current and future staff.

Roles within health and care can no longer be seen to require digital to be merely 'bolted on'. Digital must be seen as integral to all roles and the College sees itself as having a key role in supporting the development of future workers in health and care that fully appreciate this.

APPENDIX

The roles within the specific organisations can be broken down between Health and Care as follows:

HEALTH	CARE
Bands 2-4	**Bands 2-4***
Domestic	Deputy Care Home Manager (small home)
Catering staff	Head senior care worker
Van Driver	Care assistant
Gardener	Support worker
Maintenance	Senior support worker
Librarian	Coordinator
Rehab Assistant	Trainer
Health Care Support Worker	Office administrator
Administrator	Finance manager
Medical Secretary	Domiciliary care worker
Porters	
Pharmacy technician	
Emergency medical technician	
Emergency medical dispatcher	
Patient transport technician	
Call handler	
Pharmacy technician	
Audio visual technician	
Dental nurse	
Theatre support worker	
Estates officer	

APPENDIX

HEALTH	CARE
Above Bands 2-4 or no banding	**Above Bands 2-4***
Volunteers no banding	Care home owner
Senior domestic staff	Care home manager
Senior catering staff	Service area manager
Clergy/Pastoral Care	Registered manager
Senior van driver	Directors
Senior gardener	Care delivery manager
Senior maintenance	Nurse
Librarian	
Senior administrator	
Nurse	
AHPs	
Doctor	
Consultant	
Pharmacist	
Senior emergency medical technician	
Community First Responder (Volunteer)	

*Within the Care sector, there is not a banding system equivalent to the Health sector therefore, for the purpose of this report this has been estimated based on job levels but this may differ between organisations.

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