

“A career, not just a job”

A cost-benefit analysis of enhancing
Maternity Support Worker
roles through utilisation of the
apprenticeship standard to implement
the Health Education England *Maternity
Support Worker Competency, Education
and Career Development Framework*

Richard Griffin, Visiting Senior Research Fellow,
Kings College London

June 2020

Contents

Executive summary	4
Recommendations	5
Approach taken	5
Setting the scene	7
Apprenticeships	10
The costs and benefits of delivering the level 3 apprenticeship	12
Conclusions	18
Appendix 1. The SHCSW Standard	20
References	22

About the author

Richard Griffin MBE is a Visiting Senior Research Fellow at King's College London Business School. An economist, his main research interests are employment and skills particularly in the health and social care sectors, widening participation and inclusive growth. He has been researching and evaluating Maternity Support Worker roles since 2008.

Acknowledgements

Thanks are due to the national Health Education England maternity team - Sally Ashton-May, Louise Morgan, Janet Flint and Danielle Upton for their support of this study, North West London's - Heads of Midwifery, the Local Maternity System - particularly Helen Maric, the area's Maternity Support Workers and especially the North West London Practice Development Midwives, led by June Mensah, the project lead, all of whom participated in this study.

Abbreviations

AO	Awarding Organisation
CCG	Clinical Commissioning Group
DPC	Direct Productive Contribution
EPA	End Point Assessment
ESFA	Education Skills Funding Agency
FPW	Fully Productive Worker
HEE	Health Education England
LMS	Local Maternity System
MSWs	Maternity Support Workers
NW London	North West London
PDMs	Practice Development Midwives
RCM	Royal College of Midwives
SHCSW	Senior Healthcare Support Worker
STP	Sustainability and Transformation Partnership

Executive summary

- The six maternity units that comprise the North West London Local Maternity System, have been working as a system to implement the new Health Education England (HEE) *Maternity Support Worker Competency, Education and Career Development Framework*. They began by creating a common job description for band 3 Maternity Support Workers (MSWs) and, with a local education provider, co-designed and began delivering the level 3 *Senior Healthcare Support Worker (Maternity Pathway)* apprenticeship standard. This study sets out an economic evaluation of the costs and benefits of implementing the HEE Framework at level 3.
- Drawing on the experience of North West London, as well as the research literature on apprenticeships and standard cost-benefit analysis methodology, this study sets out the full range of costs and benefits attributed to the implementation of the level 3 apprenticeship mapped against the HEE Framework. Distinction is made between training and post training cost-benefits. The perspective of this study is the impact on employers who bear the costs of apprenticeship training. Benefits though are shared more widely including to mothers and families and MSWs.
- Apprenticeship standards are the means by which most maternity services are likely to implement the HEE Framework for their MSWs – the majority of whom, research suggests, have not had recent access to maternity specific formal vocational qualifications.
- Employers implementing apprenticeships can adopt one of three approaches to delivery. They may fully implement the apprenticeship themselves, and as a result retain the full value of the levy (£5000 per student in the case of the level 3 standard). Alternatively, they might allow external providers to fully implement, retaining none of the levy. Finally, and probably the most likely approach, they might adopt a hybrid approach where some of the programme is delivered by employers and as a result a proportion of the levy retained. The latter is the approach taken in NW London. This study assesses each option.
- This study has identified a range of benefits of upskilling MSWs through adoption of the HEE Framework and apprenticeship. These include, improved maternal observations on postnatal wards, smoking cessation, improved breastfeeding rates, freeing of registered midwives' time through safe delegation of tasks, support for continuity of carer and reduced staff turnover. Further benefits accrue from employers working together across Local Maternity Systems including the pooling of resources and reduced workforce transaction costs. Benefits continue for as long as MSWs remain employed in their role. Employer costs include the levy fees, supervision, regrading and off-the-job training.
- There are many reasons why employers chose to train their staff including safety, acquisition of new competences and to support innovation including new models of care. This study suggests that there is a quantifiable return on investment (ROI) from implementing the HEE Framework through a linked apprenticeship standard at level 3. Whilst the exact ROI value will vary depending on local factors, (such as the pay of apprenticeships, degree of apprenticeship co-delivery and the potential for post-training regrading), this study suggests most employers might reasonably expect a return of £4 for every £1 invested in the level 3 apprenticeship standard. In the future, when new staff are recruited into career structures founded on the HEE Framework, this could rise to £9 for every £1 invested.
- This study suggests that there are clear and demonstrable benefits for MSWs, employers and service users from implementing the HEE Framework, including the return on investment and that the aspirations of HEE and partners for developing the Framework are met.

Recommendations

1. Maternity services should continue to be encouraged to adopt the HEE Framework to professionalise their MSW workforce, ensure consistency and to support workforce and service transformation.
2. Services should adopt an “end-to-end” approach to recruitment, up-skilling and progression of MSWs, and position the development of MSWs in wider STP/ICS workforce planning, including apprenticeship levy utilisation.
3. Employers should be encouraged through their Local Maternity Systems and STPs/ICSs to work together as a system and with partners to implement the HEE Framework.
4. A co-design and co-delivery approach to implementing apprenticeships should be adopted to maximize benefits in terms of levy utilisation and quality of learning.
5. Once the HEE Framework is implemented, future recruitment of new MSW staff should be into apprenticeship programmes.
6. The HEE Framework should support a widening access pathway for the existing MSW workforce into pre-registration midwifery degrees/apprenticeship.

1. The approach taken

This section describes the methodology adopted in designing the cost/benefit analysis and the limitations of the evaluation.

1.1 Introduction

This report sets out a cost/benefit impact analysis that draws on the approach adopted by the North West (NW) London Sustainability and Transformation Partnership’s (STP) Local Maternity System (LMS) to develop maternity support worker (MSW) roles across the locality, through utilisation of the level 3 *Senior Healthcare Support Worker (Maternity Pathway)* apprenticeship standard and use of the national Health Education England (HEE) *Maternity Support Worker Competency, Education and Career Development Framework* (2019a).

There are a number of different perspectives that the impact of implementing an apprenticeship programme can be assessed from, for example from the point of view of the:

- learner
- service-user
- trust
- system
- NHS as a whole.

The focus of this evaluation is the perspective of *employers*, as they bear the primary costs of upskilling the workforce. Benefits though are more widely distributed. Recognizing that the NW London apprenticeship programme only commenced in December 2019 and learners will not complete until early 2021, a *simulation* approach has been adopted in respect of potential benefits. In designing the simulation, the following sources have been drawn upon:

- Established economic evaluation methodology in respect of apprenticeships and specifically HM Treasury's guidance (2013)
- Published research on the impact of employer investments in apprenticeship training following a rapid review of the literature
- Feedback, through semi structured interviews, from NWL stakeholders and others on perceived costs and benefits.

Full costs (such as apprenticeship fees and pay) and benefits (such as improved productive contribution), solely attributable to the intervention (delivery of the apprenticeship standard) are identified and, where possible, quantified. This allows for the overall cost/benefit of the intervention to be calculated. However, it is recognized that not all benefits are readily quantifiable, even theoretically. To take one example, there is evidence (Griffin, 2012) that appropriately trained MSWs improve service user satisfaction; an important benefit also raised by stakeholder in the interviews for this research. This is clearly a significant benefit but one that it is hard to place a meaningful monetary value upon¹.

1.2 Limitations

There are limitations to this research. There is a paucity of research on apprenticeship standards, including in healthcare. There is, for example, no robust data on attrition rates for the level 3 standard. The analysis below is based on the available evidence, complemented by the views of stakeholders in NW London. As uncertainty exists and, as will be explained, a range of approaches to delivering apprenticeships can be adopted, a series of possible costs and benefits are set out – in accordance with standard economic evaluation methodology (described as “Minimum” and “Maximum” in the tables below). As already stated, the focus of this evaluation is the employer. It might be assumed that the approach adopted in NW London, and increasingly in other parts of England, will address the long-standing issues MSWs have faced such as lack of career progression opportunities, but this has not been directly assessed. A separate formative evaluation of the programme is being undertaken with the programmes first cohort to assess the efficacy of the programmes design and delivery.

1. There are ways of quantifying such benefits through contingent valuation, also known as ‘willingness to pay’, however this approach has not been taken in this study.

2. Setting the scene

This section briefly describes the maternity transformation policy developments underpinning the programme in NWL and the overall approach being adopted across the LMS to address MSW recruitment, development and deployment in a standardized way, based on the HEE 2019 MSW, Education, Development and Competency Framework.

2.1 North West London

The area covered by the NW London STP and its LMS has a population of over 2.4 million people. There are around 30,000 births a year and maternity care is provided out of six hospitals across the locality:

- Chelsea and Westminster
- Saint Mary's
- West Middlesex
- Hillingdon
- Queen Charlottes
- Northwick Park.

The population of NW London is diverse, with just over 50% of deliveries in the LMS to black and minority ethnic mothers, compared to a national average of 23.6%, and a relatively high prevalence of non-English speaking mothers. The LMS was an early adopter of *Better Births*. Whilst there has been a downward trend in birth rates across the LMS, there has been an increase in women presenting with more complex clinical and social needs. The NW London LMS has a number of workforce challenges. There are high levels of competition for staff between trusts within the LMS and neighbouring areas. A large number of midwives live more than two hours away from their workplace and services can have high vacancy and/or turnover rates.

In response to the publication in 2016 of *Better Births - the National Maternity Review* (NHS England, 2016), and the subsequent development by HEE of the *Maternity Support Worker Education, Development and Competency Framework* (2019a), alongside the wider HEE *Maternity Workforce Strategy* (HEE, 2019b); the NW London LMS agreed to adopt a common approach to the development and deployment of MSWs across the system. The area is an early adopter of the HEE Framework. The NW London LMS approach seeks to address the long-standing issues faced by the role, identified by Griffin (2018):

- Variable task deployment
- Disparate role titles
- A lack of set entry-requirements
- Inconsistent delegation of tasks
- Under-grading
- Poor access to high-quality maternity relevant formal education

A number of negative consequences derive from the above, including underutilisation, non-transferability of posts between services and frustration amongst many support workers who feel unable to progress their careers or fully deploy their knowledge and experience. The NW London LMS project seeks to address MSW recruitment, education and training 'end-to-end': starting at strategies designed to attract, particularly local people, into support worker careers, onto the development of clear progression routes into maternity degrees/degree apprenticeship, for those wishing and able to become Registered Midwives (see Table 1 for further details). An overarching objective of the

approach is to create a single “North West London job and career pathway”. This will allow MSWs to progress within and across services, improving job satisfaction and reducing employment transaction costs (through standardised approaches to education and deployment, including a NW London *Skills Passport*), as well as ensuring support staff have the right knowledge, skills and attitudes to perform their role safely and effectively.

The first phase of the NW London project has focused on band 3 MSW roles and responsibilities. The rationale is that this grade is numerically the most significant in terms of providing support to mothers and families. There is also an explicit maternity pathway within the level 3 apprenticeship standard. Finally, band 3 is likely to be the entry-point for young people completing the maternity element of the forthcoming Health Technical Level, but also for more experienced MSWs with the right qualifications it is the point at which they would enter the Registered Midwife Degree Apprenticeship or university-based midwifery degree.

A partnership approach to delivering the project was adopted across the LMS involving a range of stakeholders, including service users (MVP), MSWs, the Royal College of Midwives (RCM), HEE and local Clinical Commissioning Group (CCG) representatives. The bulk of the work has been completed by each of the six local maternity services’ Practice Development Midwives (PDMs) supported by the CCGs and HEE. The PDMs bring considerable expertise not only of education but also the MSW role. Reports of progress are made to the NW London LMS under whose governance the project sits. The specific outputs of the project are set out in Table 2, below.

Table 1: An “end-to-end” approach to career progression for MSWs

Pre-employment	Comprising: careers information and guidance strategies aimed at young people and preparation for the introduction of Technical Levels in 2021, but also strategies aimed at career changers and those most distant from the labour market in West London (such as young people with Special Education Needs and Disabilities).
Entry level	A common approach to the Care Certificate and recruitment processes.
Band 2	In the future band 2s will be primarily ‘house-keeping’ roles educated through the level 2 <i>Healthcare Support Worker Apprenticeship Standard</i> .
Band 3	Band 3s will provide support to midwives across the maternity pathway providing appropriate care to mothers and babies, once educated through the level 3 <i>Senior Healthcare Support Worker Apprenticeship Standard (Maternity Pathway)</i> . Progression pathways will exist into the Registered Midwife Degree Apprenticeship and undergraduate degree.
Band 4	Band 4s are likely to provide care and support to women with more complex needs, and specialist roles such as in public health, educated via the level 5 <i>Assistant Practitioner Apprenticeship Standard</i> . Band 4 Nursing Associates have been deployed to provide nursing skills within maternity, for instance in neonatal.

2. Focus groups were conducted with MSWs in each of the trusts prior to the full commencement of the project to gather their views and perspectives. The Maternity Voices Partnership were also engaged.

In December 2019 the apprenticeship programme was formally launched with 17 students from across NWL's maternity services. During 2020/21 the project aims to deliver the following outcomes:

- Band 4 role(s)
- Band 2 job description
- Service impact evaluation
- Deployment of the enhanced band 3 role
- Scoping theatre roles
- Widening participation into pre-registration degrees

Table 2: Project Outputs (2019/2020)

A single band 3 Job Description	A common job description was designed by the Project Group. This was endorsed by the NW London LMS, the NWL Directors of Nursing group and NW London Human Resource Managers Group. All four trusts will use this job description providing a common approach to the role's deployment. The tasks within the job description have been mapped against the HEE (2019a) <i>Framework</i> and also the RCM's <i>Role and Responsibilities of Maternity Support Worker</i> (2011) document.
A common approach to education and development	All four trusts have worked with a local education provider to design a curriculum (linked to the <i>Framework</i>) within the level 3 <i>Senior Healthcare Support Worker Apprenticeship Standard</i> . The standard will be delivered in partnership with the provider, not only allowing some of the trust's apprenticeship levy to be returned to employers but also helping ensure the clinical training is employer-led and delivered by midwives. This addresses a potential barrier – few vocational education providers have specialist trainers available. A similar approach will be utilized for End Point Assessment.
A single Skills Passport	MSWs in NW London will have a Passport that will follow them throughout their career as a maternity support worker whether at band 2, 3 or 4. It clarifies the tasks MSWs can perform after training and allows for formal qualifications the recording of learning.
Flexible working	A significant proportion of MSWs work part time. From the commencement of the project NW London wished to ensure the design of interventions addressed staff's needs to work flexibly and for the apprenticeship programmes delivery to take account of atypical working. NW London have partnered with Timewise ³ to help address these needs.
Progression Agreement	Discussions are underway with a local university to allow top performing candidates who complete the level 3 apprenticeship to be guaranteed an interview to enter their maternity degree course.

3. <https://timewise.co.uk>

3. Apprenticeships

This section describes the evidence for the impact of apprenticeships based on a rapid review of the peer reviewed literature. Whilst the literature points to a range of potential benefits, there is a paucity of research investigating apprenticeship standards, particularly in health care and for NHS support roles.

3.1 Introduction

In recent years the apprenticeship system in Britain, following publication of the Richards *Review of Apprenticeships* (2012), has undergone a fundamental change with a move away from apprenticeship *frameworks* to employer-led apprenticeship standards and the introduction of the apprenticeship levy. A growing number of apprenticeship standards have been approved in the last three years, but some very recently and others are still in development including in healthcare. The Registered Midwife Degree Apprenticeship, for instance, was only introduced in 2019 and is being delivered initially by a small number of trailblazer universities. The majority of recent peer-reviewed research into the delivery of apprenticeship standards in healthcare settings has focused on degree apprenticeships. There is little research on their use at lower education levels, reflecting perhaps the more general paucity of research into NHS support roles including MSWs. There is also little research on the impact of apprenticeship standards on staff or service delivery – at any level.

3.2 Literature review findings

A recent review of the evidence about apprenticeships by Professor Ian Kessler and colleagues of Kings College London (*forthcoming*) for the Office of Manpower Economics, identified a number of themes within the wider literature, including a concern about the quality of reporting on completions of apprenticeship programmes. A Freedom of Information survey undertaken of NHS trusts by the trade union Unison found that over a third (39%) of trusts did not record such data. For those that did report completion rates averaged 84%. Unison found that 74% of NHS employees who completed apprenticeships remained working for their existing employer, suggesting apprenticeships may have a positive effect on retention.

Reviewing the wider literature, Baker (2019a) identified factors that appear to influence apprenticeship completion rates, specifically – pay levels (too low levels appear to be a key factor driving quits), clear career information and appropriately defined job roles. Whilst not addressing health directly and focusing on degree apprenticeships Mcknight and colleagues' recent study points to the potential of apprenticeships to improve social mobility and also the benefits of partnership working:

Stakeholder buy-in across multiple partners in order to develop local strategy around the uptake of degree apprenticeships and to build a collaborative multi-agency delivery capability was essential. The University of Winchester was able to position itself as a source of regional expertise on degree apprenticeships in catalysing social, economic and cultural enrichment. Creating effective collaborations has begun to build more effective local and regional infrastructure development across teams. This starts to make best use of total resources including working with hard-to-reach young people (2019: 159)

4. Apprentices also benefit, research shows, through higher wage levels compared to those who have not trained.

Baker (2019b) focusing on the NHS, also points to the *potential* benefit of apprenticeships to improve social mobility. Reviewing the evidence from Australia, Mangan and Trendel (2016) report that the primary benefit accruing from apprenticeship training, for employers, was the creation of skilled and productive employees – a point stressed in the interviews conducted for this study. Stephen Billet (2016) suggests that, beyond occupational competence, apprenticeships may also assist wider change and innovation:

When something entirely new arises for the occupation, such as innovative technology, customer demands, ways of working and so on, individuals can utilise what they know, can do and value as they enact changing work requirements and, thereby, transform their occupational practice. (615)

Whilst Billet’s point is only suggestive, it is worth noting that *Better Births* is resulting in several changes in the way that maternity services are organised including greater personalisation and also continuity of carer. In a study that pre-dates the current apprenticeship regime, Warwick University (2012) identified a set of costs and benefits associated with apprenticeships. These are set out in the Table 3 below.

Other reviews of the apprenticeship system prior to the introduction of standards (for example BIS, 2013; NAO, 2016; Broughton, 2016 and NSAH, 2016) found employers derived benefits from introducing apprenticeships via two sources – the direct contribution to productivity the apprentice makes while learning and working⁴ but also through wider benefits such improved skills supply, corporate responsibility and improved staff satisfaction. The government estimated that for every £1 invested in a level 2 or 3 apprenticeship Framework between £26-£28 of return was generated through increased productivity.

Table 3: Apprenticeship costs and benefits

Cost	Benefits
Course fees	The relative productivity of a fully experienced worker trained within the organisation versus those recruited externally
Wages and allowances paid to apprentices	
Supervision	Better organizational fit between those trained in-house and the working practices of the organisation
Travel and other material costs	Improved retention
Administration costs, including procurement	Removal of difficulties recruiting suitably fully experienced workers from the external labour market

4. The costs and benefits of delivering the level 3 apprenticeship to implement the HEE Framework

This section sets out each of the cost and benefits associated with the organisation and delivery of the *SHCSW* apprenticeship standard, and the rationale for the cost or value of each.

4.1 Introduction

Economic evaluation assesses the quantifiable costs and benefits directly associated with an intervention, in this case the training of MSWs through the *SHCSW* apprenticeship standard (See Appendix 1 for details of the standard). HM Treasury's *Green Book* (2013) sets out standard evaluation methodology for public sector programmes, which this study follows. Whilst costs are largely, but not wholly, borne by employers, benefits are shared more extensively and over a long time period. Interviews with stakeholders including Directors of Nursing and Heads of Midwifery in NW London identified a range of benefits expected as a result of up-skilling the areas' MSWs through the HEE Framework:

- Releasing time for Registered Midwives through safe delegation of tasks
- Improved safety
- Improved functional skills⁵
- Contribution to continuity of care and continuity's associated benefits
- A more diverse and local workforce
- Improvements in breastfeeding rates
- Improvements in observations
- Increased postnatal capacity on wards and in the community
- Reduced recruitment and retention costs for employers
- Grow your own approach to pre-registration midwifery degrees and degree apprenticeships
- A more satisfied and motivated workforce
- Improved social mobility
- Productivity gains
- Improvements in public health (such as smoking cessation and vaccinations)
- Improved scope to deploy MSWs flexibly across the pathway

This section will consider each of the various elements that comprise the costs and benefits of implementing the level 3 apprenticeship standard to quantify the impact of the programme. The standard is the means by which NW London, and it is anticipated other services will implement the HEE Framework for staff who have not recently accessed maternity specific qualifications. Whilst drawing on the approach being adopted in NW London, it is recognised that employers can potentially adopt one of three approaches to apprenticeship delivery:

5. Functional skills attainment not only improves safety but also increases productivity.

1. If they are an employer-provider and have responsibility for training and on-programme assessment, employers can retain the full levy non-EPA cost. They will though need a separate contract and make payment for EPA with an appropriate agency.

In addition, employers could also:

2. Deliver part of the off-the-job training and EPA assessment themselves with an approved provider.
3. Have all of the off-the-job training and assessment delivered by an approved external provider.

Options 1 and 3 are straightforward to cost (i.e., all education costs are borne either by the employer or by the provider). Option 2 is more difficult to quantify. The ESFA allow employers and providers to negotiate a price for the delivery of apprenticeships reflecting differing contributions. In NW London, for example, PDMs are designing and delivering the clinical modules. This off-the-job training will take place on NW London hospital premises with PDMs travelling from other services to deliver (some will also be designed and delivered virtually). Delivery requires the production of materials and preparation time. The ESFA allows the following costs to be considered in negotiations:

- Tutor costs
- Administration directly related to the delivery of the programme
- Materials (non-capital) necessary to enable a particular learning activity to be delivered
- Assessment

The degree to which individual services or a LMS are willing and able to provide resources to cover the above will vary area by area; as will the outcomes of negotiations with providers. The next section considers each cost and benefit element in more detail. Distinction is made between those that occur during the training and those that are attributable once MSWs have completed.

4.2 Costs and benefits during training

The level 3 apprenticeship is completed over a minimum 18-month period. A number of costs, as well as benefits, are associated with its delivery during that time. As apprenticeship levy-payers, NHS trusts are likely to have already **procured provision** of support worker apprenticeships from approved education providers, including at level 3. This was the case in NW London. As a result, it is assumed that procurement and initial delivery organisation of the apprenticeship is not a new money cost or specific to MSW training and as a result is excluded. Table 4 sets out the initial costs and benefits - with the "Minimum" (Min) representing the lowest costs employers might face and maximum benefits probable, and "Maximum" (Max) the greatest costs and least benefits likely. In all cases costs and benefits are shown for one learner. The "Middle" (Mid) point is simply the difference between Max and Min. Costs are for individual employees and for the full 18-months of the programme.

Table 4: Costs and Benefits during training

Item	Min (£)	Mid (£)	Max (£)
Apprenticeship fees including EPA	-400		-5,000
Wages of apprentices including employers	-6,967		-6,967
Employer supervision costs	-490		-3678
TOTAL COSTS	-7,857	-11,751	-15,645
<i>TOTAL COST LESS APPRENTICESHIP LEVY</i>	<i>-7,457</i>		<i>-10,645</i>
Direct Productive Contribution	3,764		0
Wider productivity spillover gains	10,148		3,171
TOTAL BENEFITS	13,912	8,541	3,171
NET COST-BENEFIT AFTER 18-MONTHS	6,055	-3,209	-12,474

Each of the items in the table above are discussed in detail below along with the assumption adopted.

4.2.1 Apprenticeship fees including EPA

The Minimum or best-case scenario is one in which an employer is able to fully deliver the apprenticeship programme to their MSWs, therefore retaining the bulk of the £5,000 per apprentice levy. Such an employer would be unlikely however to also retain the full EPA element of funding, as Awarding Organisations (AOs) will require compensation, for example, for administering multiple-choice questions, (see Appendix 1). Even where this is the case it would be possible for employers to retain some EPA funding as they provide local midwives (or in the future MSWs) to undertake face-to-face assessments. It is assumed that in such situation's employers would pay £400 to AOs. In the Maximum scenario it is assumed that the apprenticeship is delivered at the top point of the funding band (£5,000) and wholly delivered and assessed by external organisations. Employers in this scenario retain none of the levy.

4.2.2 Wage costs whilst learning

NHS employers may pay apprentices in a range of ways: spot salaries, National Minimum Wage, existing salaries or Annex 21 of *Agenda for Change* (Alma Economics, 2019). It is assumed, in Table 4, that apprentices are paid at the band 2 minimum, which from 2020/21 will be £18,005. Wage costs are calculated for the 20% of the time the apprentices are not in the workplace but receiving off-the-job training. This does assume that all off-the-job training will be undertaken during worktime and therefore is a cost to employers, whereas it is likely some will take place in the employee's own time or during existing study days. Employers will also have to pay national insurance and other employment costs such as pensions. This study follows same approach as Alma Economics (2019) and costs this at 29.1% of apprenticeship pay. Finally, these costings assume learners work full time; whereas in reality many MSWs, like midwives, work part time⁶. It assumed that not adjusting for own-time learning and part time working – both of which would reduce wage costs, will be equivalent to costs associated with allowances such as unsocial hours, which have not been included in the salary costs.

4.2.3 Supervision

The Department of Health and Social Services (2019) compensates health care employers who provide students placements through the Education and Training Tariff. Whilst the Tariff does not apply to NHS apprentices or support worker training, it may be used as a proxy to represent the *potential* additional costs for employers incurred including management and supervision costs. The current non-medical Tariff value is £3,270. This represents nearly four weeks of a band 7s time, which seems disproportionate for this level of learning, particularly given the support provided by the education provider in the workplace. For this reason, the Minimum is shown as 10% of the full tariff, and the Maximum as 75%.

4.2.4 Other potential costs

Other costs associated with delivering an apprenticeship are:

- Travel costs for learners
- Recruitment and selection costs

In NW London the decision was made not to subsidise the travel costs of learners (who will travel between hospital sites for classroom learning), although all apprentices in London benefit from reduced *Transport for London* travel costs. The focus of this evaluation is employer-costs and it is assumed that any travel costs associated with training will be borne by the learners not services.

Apprentices, as discussed above, will be recruited from the existing workforce or as new recruits to the organisation. The costs associated with recruitment from the existing workforce are less than externally recruited staff. Existing employees will not, for example, require an induction and will have already had DBS checks and occupational health checks. Education providers will also undertake a recruitment role to ensure that trainees meet the necessary academic standards to complete the programme. It is assumed that recruitment and selection costs are encompassed within the fees and planning costs.

4.2.5 Total costs

Table 4 above sets out a range of total costs from £7,857 to £15,645 and a mid-point of £11,751. There is a difference of 50% between the Minimum and Maximum costs - reflecting the benefit of delivering as much of the programme 'in-house' as possible. Given that the levy is charged regardless of apprenticeship delivery or not, costs are also shown excluding the levy fee (range £7,457 to £10,645).

6. Five of the seventeen MSWs on the first cohort of the NWL apprenticeship programme work part time.

4.2.6 Direct productive contribution benefits

As MSWs are employed and working for 80% of the time they are apprentices, benefits will accrue to employers during the period of training. These direct productive contributions (DPC) can be quantified. Economists calculate DPC as the difference between the pay maximum of the grade for the role the apprentice is being trained for (called the Fully Productive Worker (FPW) rate) and the pay they currently receive whilst training, adjusted for the proportion of the tasks and duties apprentices are actually able to undertake⁷. It is assumed in this study that for MSWs the FPW is the maximum of band 3, which in 2020/21 will be £21,142. Two further assumptions are made for this evaluation about the pay of the apprentices when they are studying. The Minimum (i.e., best case⁸) scenario is that the apprentices are employed at the minimum of band 2 (£18,005 in 2020/21) and the worst case (in terms of benefits) is that they are already employed at band 3 and so potentially no additional productive contribution is made (£0). Allowances have not been included.

4.2.7 Wider productivity (spillover) gains

A range of wider benefits accrue to employers as a result of apprenticeships beyond the apprentice's direct contribution (see section 4.1, above for examples). Economic evaluation seeks to place a single value of these "spillover" gains. The method used is to firstly identify the wage premium enjoyed by apprentices compared to non-apprentices. A study for the Social Market Foundation (Broughton, 2016) found that someone completing a level 3 apprentice had earnings 16% higher than a comparable person without the qualification. Once this figure is identified an uplift is applied. HM Treasury (2013) suggests that such wage premiums be increased by 200% to identify the total value of spillover, whilst the NAO (2013) have suggested a more cautious uplift of 125%. The Minimum (best case) scenario in Table 4 assumes a 16% premium and 200% uplift, and the Maximum (worse case) scenario a premium of 8% and uplift of 125%. Spillover gains are based on £21,142 (band 3 from 2020/21).

4.2.8 Total Benefits

This simulated evaluation suggests that employers will enjoy benefits during training ranging from £13,912 to £3,171, as a result of implementing the level 3 programme. As mentioned above spillover benefits will continue for as long as employees remain in post.

4.2.9 The net cost-benefit during training

This cost benefit impact analysis simulation has produced a range of possible costs and benefits, ranging from a net benefit *during training* of £6,055 to a net cost of -£12,474, with midpoint of -£3,209 net cost over 18-months. This range reflects the different approaches to delivering and assessing the apprenticeship and paying apprentices that can be taken. It is unlikely that any single employer will find themselves at either extreme.

7. The graduated pay ranges set out in Annex 21 in *Agenda for Change* reflects this.

8. The actual best-case scenario from an employer point of view to maximise DPC is that apprentices are paid at the National Minimum Wage. Whilst there are examples of this in the NHS (Kessler et al, *forthcoming*) they are few and as most NHS apprentices are existing employees' band 2 is used as the minimum pay rate.

4.3 Post training costs and benefits

There are employer costs and benefits that will accrue and flow post training. These are set out in Table 5 below. They will remain for the duration of the apprentices' employment in their substantive post and if the apprentice remains in NHS employment, the training will benefit their future employer (and more widely the NHS). Calculations in Table 5 are based on a six-year time horizon – the average duration MSWs currently remain with one employer (Griffin, 2018)⁹.

Table 5: Post training costs and benefits based on six years employment

Item	Min (£)	Mid (£)	Max (£)
Regrading band 2 to band 3	0	-5,415	-10,830
Productivity gain (spillover)	60,888	39,957	19,026
Net gain	60,888	34,542	8,196

4.3.1 Regrading

On the employer cost side of the analysis in Table 5, there may be the need to re-grade band 2s to band 3 following training. This cost will only accrue for *existing* employees and where there is no vacancy to fill at band 3. In the NW London programme some of the first MSW apprenticeship cohort have been recruited to band 3 vacancies but paid at band 2 whilst they train (this represents an additional saving to employers). Given the duration of the apprenticeship and wider turnover rates it is likely that band 3 vacancies will occur for band 2s¹⁰, however it is assumed in Table 5, for the Maximum scenario, that this is not the case. In 2020/21 the minimum of band 2 will be £18,005 and the minimum of band 3 £19,737 (a £1,332 difference). The maximum of band 2 will be £19,737 and the maximum of band 3 £21,142 (£1,805). Costs in Table 5 are based on £1,805. The Minimum position assumes no regrading's take place.

4.3.2 On-going productivity gains

As mentioned, spillover gains will continue for as long as employees remain in post. A wider aspiration of the NW London LMS is to 'grow' more of their own registered midwives, with some MSWs progressing from the level 3 apprenticeship into the Registered Midwife Degree Apprenticeship. This will help to address, over time, some of the area's wider workforce challenges, as well as contributing to workforce and service transformation and ensuring the workforce is more representative of its local community (which has been shown to improve health outcomes). There are likely to be other wider societal benefits such as improved social mobility. Table 5 sets out for six years the spillover gains from the Minimum and Maximum scenarios in Table 4. This provides a range from £60,888 to £19,026 (mid-point £39,957).

9. This might be an underestimation as there is consensus that one benefit of apprenticeship training is improved retention

10. In the future recruitment is likely to be directly into the SHCSW standard and on completion into band 3. NWL are planning how a job pathway can, for example, be designed for the forthcoming Health Technical Level into the SHCSW standard/band 3.

4.3.3 Net cost-benefit

This simulation shows in Table 5 a 'best case' (Minimum) scenario of a net gain for employers, over a six-year period, of £60,888 per apprentice and a worst case (Maximum) net gain of £8,196 per apprentice, with a midpoint of £34,542. In both cases there is a positive return on investment, over time.

5. Conclusion

This evaluation draws insights from the NW London LMS early adoption of the HEE (2019a) *Maternity Support Worker Competency, Education and Career Development Framework* and implementation of the level 3 SHCSW apprenticeship standard, as well as the wider research on the impact of apprenticeships. The evaluation provides an indication of the potential costs and benefits associated with this and suggests implementing the Framework will provide employers with a significant return on investment – particularly those who co-design and co-deliver with an education provider.

Looking more widely creating a standardized approach to MSW career development and progression, as the Framework does (based on the acquisition of formal qualifications through the level 2, 3 and 4/5 apprenticeship standards), will deliver a broad range of benefits for:

- MSWs who will have clear job descriptions and career pathways
- Midwives who will be able to safely delegate appropriate tasks
- Mothers and their babies who will be supported by well-trained MSWs with a defined role in the maternity team
- The system as whole who will be able to more fully utilize the knowledge and skills of MSWs to help transform services including through introducing new models of care.

This evaluation suggests that the benefits of implementing the Framework will outweigh the “costs” as well as addressing the wider service and workforce job and career issues MSWs have long faced, such as underutilisation of the role. Based on the “best case” scenarios set out in Tables 4 and 5 above, for every pound invested in the level 3 SHCSW apprenticeship employers make they could receive nearly £9.50 in return. Taking a more conservative approach – based on the Middle scenario employers can expect a return of £4 for any £1 invested. Employers more towards the “worst case” scenario in the simulation are likely to be those who have not addressed appropriate deployment and grading of MSWs.

In the future it is anticipated that new MSWs, perhaps via Technical Levels, will be directly recruited into career structures grounded in the Framework’s competencies and associated apprenticeships. This will remove any additional costs associated with regrading issues which are a product of the historical development of the MSW role.

Whilst this evaluation has only considered the level 3 apprenticeship, previous assessment by the author for HEE (Griffin, 2016), suggests a net gain for employers from implementing apprenticeships at Assistant Practitioner levels and, as described in Chapter 3, there is evidence for returns from implementing level 2 apprenticeships.

The Framework – the first of its kind in the NHS – also addresses many of the issues identified in the 2013 Cavendish Review of health and social care support worker education and Lord Willis’s (2015) review of nursing education and development, both of which called for the design of education and training frameworks for support workers. Indeed, the main motivation for implementing the Framework in NW London has not been to realise a return on investment (the apprenticeship levy is levied whether training is commissioned or not), but rather to help transform service delivery up consistently up-skilling the MSW workforce. A NW London Director of Nursing set out the LMS’ motivation for adopting the Framework and implementing the apprenticeship across the LMS:

This will allow us to move to a fully qualified workforce, who have a career not just a job. They will deliver safer, more compassionate and empathetic care to women. They will be valued and motivated...a happier workforce means happier mothers.

Appendix 1

The Senior Health Care Support Worker Apprenticeship Standard

The SHCSW apprenticeship costs £5000 including EPA and lasts for 18-months. Apprentices completing the programme acquire a level 3 diploma worth 65 academic credits in total of which 45 credits are mandatory units and 20 credits optional units. At least 37 of the credits achieved must be at level 3 (30 of these are achieved within the mandatory units – so at least 7 credits of the optional units must be at level 3).

Mandatory Units

1. Promote communication in care settings
2. Promote effective handling of information in care settings
3. Promote personal development in care settings
4. Promote person-centred approaches in care settings
5. Promote equality and inclusion in care settings
6. Promote health, safety and well-being in care settings
7. Responsibilities of a care worker
8. Duty of care in care settings
9. Safeguarding and protection in care settings
10. The principles of infection prevention and control
11. Causes and spread of infection
12. Cleaning, decontamination and waste management
13. Understand mental health problems
14. Understand mental well-being and mental health promotion
15. Study skills for senior healthcare support workers

For the optional units, learners can undertake any of the units listed in the qualification. In particular these include units that have been written specifically for MSWs:

Maternity Support - Optional Units

1. Provide advice and information to enable parents to promote the health and well-being of their newborn babies (level 3, 3 credits)
2. Care for a newborn baby (level 3, 4 credits)
3. Support parents or carers to interact with and care for their newborn baby (level 3, 4 credits)
4. Anatomy and physiology for maternity support workers (level 3, 2 credits)
5. Develop and agree individualised care plans for babies and families (level 4, 5 credits)
6. Support individuals with feeding babies (level 3, 4 credits)

Optional units that are also available include:

1. Administer medication to individuals and monitor the effects (Level 3, 5 credits)
2. Supporting individuals with loss and grief before death (Level 3, 2 credits)
3. Support individuals who are bereaved (Level 3, 4 credits)
4. Obtain a client history (Level 3, 3 credits)
5. Prepare individuals for healthcare activities (Level 2, 2 credits)
6. Support individuals undergoing healthcare activities
7. Service improvement in the health sector (Level 3, 3 credits)
8. Maintaining quality standards (Level 2, 2 credits)

End Point Assessment

EPA for the SHCSW standard comprises the following elements:

- a multiple choice and short answer questions test
- an observation
- an interview (supported by learning journal)

The observation and interview will need to be undertaken by an occupationally competent, approved and trained assessor, who has not been involved in the delivery of the programme

References

- Alma Economics (2019). *Apprenticeships*. HEE (unpublished)
- Baker, D. (2019a) "Post-levy apprenticeships in the NHS – early finding *Higher Education and Workplace Learning*" *Higher Education and Workplace Learning*, Vol 9 (2) Available from: <https://www.emerald.com/insight/content/doi/10.1108/HESWBL-10-2018-0114/full/html>
- Baker, D. (2019b) "Potential implications of degree apprenticeships for healthcare education" *Higher Education and Workplace Learning*, Vol., 9 (1) Available from: <https://www.emerald.com/insight/content/doi/10.1108/HESWBL-01-2018-0006/full/html>
- NHS England. (2016) *Better Births: Improving outcomes of maternity services in England*. Available from: <https://www.england.nhs.uk/publication/better-births-improving-outcomes-of-maternity-services-in-england-a-five-year-forward-view-for-maternity-care/>
- Billet, S. (2016) "Apprenticeships as a mode of learning and a model of education". *Education and Training*, Vol 58 (16), pp., 613-628
- BIS. (2012) Evaluation of Apprenticeships: Employers, BIS Research Paper 77 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/32305/12-813-evaluation-of-apprenticeships-employers.pdf
- BIS. (2013) Employer Investment in Apprenticeships and Workplace Learning: The Fifth Net Benefits of Training to Employers Study, BIS Research Paper 67 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/32306/12-814-employer-investment-in-apprenticeships-fifth-net-benefits-study.pdf
- Broughton, N. (2016) *The value of apprentices: beyond wages*. Available from: <http://www.smf.co.uk/wp-content/uploads/2016/06/Social-Market-Foundation-The-value-of-apprenticeships-beyond-wages-FINAL.pdf>
- Cavendish C. (2013) *The Cavendish Review: An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings*. Department of Health. Available from: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/236212/Cavendish_Review.pdf
- Department of Health and Social Care. (2019) *Healthcare Education and Training Tariff: guidance*. Available from: <https://www.gov.uk/government/publications/healthcare-education-and-training-tariff-2019-to-2020>
- Griffin, R. (2012) *Building Capacity to Care: An evaluation of LSBU's MSW Foundation Degree*. London South Bank University/NHS London
- Griffin, R. (2016) *The impact of investing in apprenticeship nursing standards*. HEE (unpublished)
- Griffin, R. (2018) *The deployment, education and development of Maternity Support Workers in England. A scoping report to HEE*. King's College London and RCM. Available from: <https://www.rcm.org.uk/media/2347/the-deployment-education-and-development-of-maternity-support-workers-in-england.pdf>

- Griffin, R. (2019) "Maximising the contribution of maternity support workers (MSWs) in North West London". *British Journal of Healthcare Assistants* Vol 13 (11). Available from: <https://www.magonlinelibrary.com/doi/abs/10.12968/bjha.2019.13.11.549>
- HEE (2019a) *Maternity Support Worker Competency Education and Career Development Framework*. Available from: <https://www.hee.nhs.uk/our-work/maternity/maternity-support-workers>
- HEE (2019b) *Maternity Workforce Transformation Strategy*. Available from: <https://www.hee.nhs.uk/our-work/maternity/maternity-workforce-transformation-strategy>
- HM Treasury (2013) *Green Book: appraisal and evaluation in central government*. Available from: www.gov.uk/government/publications/the-green-book-appraisal-and-evaluation-in-central-government
- Kessler, I, Bach, S and Griffin, R. (2020) *Report on NHS Apprenticeship Leads Survey*. Office of Manpower Economics (unpublished)
- McKnight, S., Collins, SL., Way, D and Iannotti. (2019) "Case study: establishing a social mobility pipeline to degree apprenticeships". *Higher Education, Skills and Work-Based Learning*, Vol. 9 (2). Available from: <https://www.emerald.com/insight/content/doi/10.1108/HESWBL-01-2019-0012/full/html>
- National Audit Office (2016) *Delivering value through the apprenticeship programme*. Available from: <https://www.nao.org.uk/report/delivery-value-through-the-apprenticeships-programme/>
- National Audit Office (2012) *Adult Apprenticeships: Estimating economic benefits from apprenticeships – Technical Paper*. Available from: <https://www.nao.org.uk/report/adult-apprenticeships/>
- National Skills Academy for Health. (2016) *Apprenticeship information for employers*. Skills for Health
- Royal College of Midwives. (2011) *The Role and Responsibilities of Maternity Support Workers*. Available from: <https://www.rcm.org.uk/media/2338/role-responsibilities-maternity-support-workers.pdf>
- Richard, D. (2012) *Richard Review of Apprenticeships*. Available from: <https://www.gov.uk/government/publications/the-richard-review-of-apprenticeships>
- Willis P. (2015) *Raising the bar: Shape of Caring: A Review of the Future Education and Training of Registered Nurses and Care Assistants*. HEE. Available from: <https://www.hee.nhs.uk/sites/default/files/documents/2348-Shape-of-caring-review-FINAL.pdf>

