Healthcare Apprenticeships

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North East London- ELHCP

Apprenticeship Development

"Hearts and minds in services need to accept that apprentices are the way forward."

January 2018

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Executive Summary

1. This project report has been produced by Skills for Health (SfH) for secondary and specialist care providers in the East London Health and Care Partnership (ELHCP) footprint and is the culmination of a project to support an apprenticeship programme for workforce development in NHS Trusts across North East London (NEL).

2. Apprenticeships are important for all employer groups. The apprenticeship agenda is a central plank of government policy, including a new funding and delivery mechanism introduced to grow the number of apprentices across England. This report provides a full account of policy and practice issues relating to the development of an apprenticeship strategy and makes recommendations for a series of actions and initiatives.

3. The report recognises that for all NEL partners there are individually and collectively challenges around the apprenticeship agenda, notably balancing how to utilise the apprenticeship levy each has to pay toward apprenticeship training to the best effect. This agenda requires creative and thoughtful consideration of where the gaps are in the existing workforce and if and how recruitment, retention, turnover and vacancy concerns can be addressed through developing more good quality apprenticeship opportunities together with effective workforce transformation.

4. The report goes on to make recommendations for how the NEL partnership can address strategically the current challenges associated with implementing apprenticeship requirements. It proposes a joint approach to developing apprenticeships, in particular roles; and considers how joint procurement activity with education partners could work collaboratively in a new structure. It asserts that a partnership approach, sharing strategic aims and agreeing shared deliverables and quality monitoring procedures will facilitate a high-quality outcome.

5. The principal strategic aim of this project is to inform and support an increase in the range and number of apprenticeships available across NEL for workforce sustainability through effective recruitment, retention and progression utilising apprenticeships.

6. This apprenticeship development project does not stand-alone. It aligns with a number of other plans, including the East London Heath and Care Partnership (ELHCP) plan that recognises local providers will need to adapt service models, and ensure workforces are supported and trained to deliver services in new ways, flexing organisation priorities to embrace a new approach to planning and contracting services. ELHCP can only achieve this through the further development of integrated health and social care systems.

7. There are at least 20 active partners in the ELHCP, making for a diverse and varied context. Within this complex stakeholder landscape each employer must consider why they should engage with this apprenticeship agenda. While there are clear benefits for all stakeholders, given the complexity of the relationships between these stakeholders, there are challenges that require the reconciliation of different interests and the careful consideration of costs and benefits.
8. The report acknowledges a well-designed apprenticeship system is attractive to potential candidates whether as entry to employment, or for personal development or progression within

their chosen career. This can create value for employers, not just by creating new efficiencies in the system, but also by being able to recruit engaged and committed apprentices as part of an investment in the future workforce that can improve retention and turnover within Trusts.

9. Apprenticeships can contribute to the wider local health economy through effective service provision and local employment and assist NHS organisations widen participation, address issues of diversity in the workforce, and support local action for improving community well-being. A focus on recruitment into apprenticeships for local people in communities living in localities near to service providers can also support improvements in the socio-economic conditions of communities. NEL can support the prevention agenda by increasing participation in local services by young people and adults as well as improving employability and employment outcomes for individuals and families.

10. The rationale for the partnership approach is to ensure the most efficient and effective use of resources locally to deliver the training of both new and existing staff through new and existing apprenticeship standards and together fill workforce gaps in current and future provision of services. There is recognition that partners are at different stages of readiness to address this agenda. There is a perceived potential to expand apprenticeship numbers across clinical roles and where there are particular roles that are hard to recruit to.

11. SfH undertook an analysis of workforce data supplied by the five partners to establish a baseline and provide a snapshot of significant workforce issues that are influencing wider workforce planning within organisations. In addition, an online survey with Apprenticeship Leads within the five NHS Trusts was undertaken. The survey provided an initial baseline and overview of recent apprenticeship activity, in order to explore the barriers to and opportunities for apprenticeship expansion.

12. The baseline revealed some significant data to contextualise where apprenticeships can fit within workforce plans. Across the five NHS Trusts there are approximately 33,000 staff employed and as all of the Trusts are levy payers this amounts to a significant pot of money available for training apprentices. A crude target for across the NEL partners is for 800 apprentices. As there is a funding cap for each level of apprenticeship training, the numbers who could be trained utilising the levy will vary: the less the apprenticeship training costs the more could be put through the training.

13. To make best use of the levy, the Partnership needs to balance requirements in terms of patient and service need, against the cost of the salary to employ the apprentice and the levy available to pay for training. It is estimated that current vacancies across NEL partners for Level 2 clinical support roles total more than 400, whilst Level 2 administration are estimated at over 150. These vacancies, at these levels, therefore represent a significant opportunity for organisations to achieve their apprenticeship target. However, concerns exist about ensuring quality of care and services with such a potentially large increase in apprenticeship numbers.

14. The apprenticeship landscape is changing very quickly, with new standards and endpoint assessments being approved. All health-related apprenticeship standards can be found at

Healthcare Apprenticeship Standards Online. The portfolio of apprenticeship roles available is growing, and approvals for standards are continually being processed. The status of some of the standards indicates that recruitment to some new roles may need to be medium to longer-term aims of partners although this is a changeable state. The status of relevant standards for this project is outlined in APPENDIX 7.

15. One advantage of many of the clinical and non-clinical apprenticeship standards that have been approved is that role development could be undertaken to develop a wide range of teams and services. Opportunities exist for developing priority areas to help fill current gaps in the workforce, using available apprenticeship standards across both clinical and non-clinical roles. Examples for short-term developments include healthcare assistant roles, trialling nurse degree roles, and adapting business administration and customer service roles for non-clinical tasks that can ease the workload of clinicians.

16. It is acknowledged that there is a need to balance the challenges, costs and benefits of apprenticeships. The challenges relate to the cultural context and the willingness of organisations to support a strategy. Development of an apprenticeship 'culture' requires a significant set of 'management capacities' within employer organisations that allow them to make effective use of apprentices. The administrative load associated with the management and delivery of an apprenticeship strategy is considerable and it must be planned for to accommodate the recommendations within this report.

17. Some specific areas that require explicit financial consideration relate to the HR issues associated with employing apprentices and include:
    - Managing time out for training
    - The contribution of apprentices to productive work in the care settings
    - The apprentice's wages
    - The cost of trainers and mentors
    - The context in which the apprenticeship is provided
    - The procurement process with education and training organisations to provide the training and End Point Assessment of the apprenticeship

18. Whilst some of the costs associated with training are the same as for any other employee, the cost-benefit balance for apprenticeship development requires more skilled supervisors and trainers to make apprenticeships profitable for an employer. The analysis of costs should:
    - Acknowledge benefits may be non-financial, e.g. a more flexible, efficient and productive workforce and contribution to organisations' corporate social responsibility
    - Take into account the costs of paying salaries
    - Consider how and where the apprentice can fill gaps in the workforce
    - Relate activity to the local labour market; how difficult it is to find skilled recruits
    - Manage the risk that fully-trained employees might be poached by other employers
    - Consider the effect of an apprenticeship on retention of staff.

19. Apprentices must have a contract of employment, which is long enough for them to complete the apprenticeship programme, and have a job role (or roles) that provides them with the

opportunity to gain the knowledge, skills and behaviours needed to achieve their apprenticeship. The Apprenticeship standard suggests a time for completion. Pay rates for apprentices should be considered within the National Living Wage and the National Minimum Wage frameworks. In recent weeks, HENCEL have drafted guidance for partners across the footprint for a shared apprenticeship policy in the hope of developing a common agreement on pay and conditions within the STP. This will be of interest to partners and may provide a good benchmark and a starting point for discussions for partners to work within. An illustrative costing and HENCEL recommendations are outlined in APPENDIX 8.

20. Partners raised concerns about the quality of the training offered by education and learning providers commissioned to provide this. Particular concerns relate to registration on the ESFA register of providers not currently providing assurance of quality and, in particular, the role of Further Education Colleges in NEL. The impact of increasing clinical apprentices on the quality of care of patients was a further consideration. The level of demands on supervisors and mentors was also raised in this context. This supports the call for a unified approach to quality assurance.

21. The London Heath and Social Care Devolution Memorandum of Understanding[1] was signed and launched 15.11.17. However, there are a number of workforce commitments, including one specific to the use of the apprenticeship levy:
'Working with national partners and through the London Workforce Board to ensure that employers within an integrated health and care workforce can take advantage of the opportunities offered by the apprenticeship levy. Consistent with the national policy to enable transfers between employers by 2018, this will include the ability to transfer funds between individual employers within an integrated health and care system. Together with the delegated HEE transformation and development funding, this could enable integrated training and workforce development'.

Also announced in December 2017 - from April 2018, ESFA will allow levy-paying employers to transfer up to 10% of their levy funds to other employers using the apprenticeship service. They will be able to transfer funds to any employer and will have to agree the apprenticeships that are being funded by a transfer with the employer receiving funds. Employers receiving transferred funds will only be able to use them to pay for training and assessment for apprenticeship standards.

[1] London Central Government and National Health and Care Partners. London health and Social Care Devolution. Memorandum of Understanding. November 2017. https://www.london.gov.uk/sites/default/files/nhs_hlp_memorandum_of_understanding_report_2017.pdf Accessed 20.11.2017

Recommendations

1. Partnership Innovation and Creative Approach

Partner organisations should actively participate in the City and East London Excellence Centre (CELEC), using the EC as the conduit to develop a shared Strategic Delivery Plan that includes a bold and innovative vision for developing routes through clinical and non-clinical apprenticeship pathways.

Identified areas of work to deliver this recommendation

- Partner organisations should collaborate as active members of the CELEC Regional Advisory Group to develop a shared Strategic Delivery Plan. This should include the identification of opportunities for practical education and training collaborations, learning resource development and sharing, which will reduce costs and avoid expensive duplication of activities, as well as promoting high quality apprenticeship development provision to meet the needs of the wider healthcare sector.

- The strategic delivery plan should promote a common approach to the development and implementation of progression pathways for apprentices.

- Utilise the CELEC to explore the need and funding opportunities for an Apprenticeship Programme Manager (APM) who would be responsible for the strategic delivery plan, development and implementation in agreement with all partners.

- CELEC activities should be coordinated with other activities underway led by HEE and HENCEL.

- Apprenticeship leads within the partner Trusts should continue to meet, building on the joint work with HEE and HENCEL. This group could also form part of the CELEC network as the basis of a continuing forum for sharing information and dialogue to support future planning.

- Create a shared marketing strategy to market apprenticeships, highlighting careers in NHS organisations and progression pathways through apprenticeships that are open to young people and adults from the local area.

2. Workforce Intelligence and Planning

Regular review of workforce data across the partnership on recruitment, retention and vacancies to establish and further develop the collective business case for introducing more apprenticeships as a means to support effective workforce planning and to select staffing areas with the potential for specific targeting of apprenticeships development.

Identified areas of work to deliver this recommendation

- Apprenticeships should be integrated into organisational workforce plans as part of a clearly identified supply route to facilitate sustainability of the workforce.
- Ensure that the Apprenticeship lead forum has a standing agenda item on the apprenticeship standards as they become available, and the information is shared within organisations so that apprenticeships are considered for all appropriate vacancies.
- A collaborative approach to pre-employment programmes as a route into apprenticeships within the local workforce should be fully utilised.
- Workforce intelligence and planning information should be shared and collated to inform discussions and support decisions about the numbers of apprenticeship roles to be commissioned across the partnership.
- Consideration should be given to the development of an apprenticeship dashboard to monitor achievements against agreed targets.
- Identify clear progression and role development opportunities across the partnership for support workers at Bands 2,3 and 4 using the new apprenticeship standards. This should include primary care support workers.
- Develop a common approach to bridging learning to enhance support worker progression from entry through to registration.
- The use of a specific standard and single education provider across the footprint where appropriate for role training.

3. Develop Collaborative Agreements, Recruitment, Pay, Terms and Conditions

Partners should agree on a sole recruitment process and the level of pay that apprentices will receive for different standards used in clinical and non-clinical roles. Subsequently, partners should develop and adopt a common approach to recruitment, contractual and employment terms and conditions and managing apprentices, with a central focus on recruiting local people to posts.

Identified areas of work to deliver this recommendation

- Develop a Memorandum of Understanding agreed and signed by each partner, for a common framework identifying the parameters for the recruitment, pay and conditions for apprentices. (Consideration should be given to adopting the HENCEL Apprentice Pay Policy that has been developed and agreed to support this in North Central London).

- Agree, map and implement a common recruitment process for apprenticeships at different levels, with preference given to recruiting to posts from local communities.

- Develop a Memorandum of Understanding for managing the potential flow of resources to allow levy-paying employers to transfer funds to other employers e.g. using the apprenticeship service to transfer funds to smaller employers in the supply chain, and apprenticeship training agencies. (Levy-paying employers will initially be able to transfer up to 10% of the annual value of funds entering their apprenticeship service account).

4. Delivery and Quality Assurance

A partnership approach (NEL and TST) to developing and delivering apprenticeships at scale using existing standards with an initial focus on non-clinical administration roles and clinical support worker roles underpinned with a strategic regard to quality assurance should be adopted.

Identified areas of work to deliver this recommendation

- In the short term, the recruitment of healthcare support workers and customer service apprentices would both offer opportunities to local people and enhance the careers of existing staff. There is also scope to utilise a number of leadership and management apprenticeship standards across both clinical and non-clinical roles within the current workforce.

- In the medium-term, use of the Nursing Associate and Assistant Practitioner (Health) apprenticeship standards should figure in workforce redesign plans. Shared learning from the evaluation of the HEE Nursing Associate pilot should influence approaches. Future Physician Associate Apprenticeship roles could also become a feature of medium term developments.

- In the longer term, consideration to pilot a full cohort of Registered Nurse Apprentices from across all NEL partners using an agreed university provider, and pending agreement of NMC approval of transition from the 2010 nursing standard to the 2018 nursing standard and its implications for the nursing degree apprenticeship standard. The partnership should consider extending this pilot to include TST to develop a programme for supporting primary care services[2]. However, the financial implications of Registered Nurse Apprenticeships need to be fully considered as these apprenticeships are required to be supernumerary.

- Develop enhanced relationships with local Training Providers to improve quality, especially with local Further Education Colleges and Higher Education Institutions.

- Develop a shared approach to the development of existing staff in Trusts as mentors and supervisors. This will build on existing activity/staff development provision but ensure a focus on apprenticeships across all learning levels and recognise the differing capabilities of apprentices at varying levels.

- Concerns about the quality of training, the support requirements for apprentices in the workplace and the review and evaluation of the different apprenticeships should be coordinated by the CELEC RAG.

[2] Discussions around the pilot for the Nursing Degree Apprenticeship are underway with a proposed start date of September 2018. There has been engagement with Primary & Secondary Care employers across NEL. A questionnaire to HEI's has gone out to secure a provider. However, many London universities have not bid for Non-Levy funding so will only be able to deliver to Levy payers moving forward.

- If any other roles are required that do not currently have an agreed Apprenticeship standard and is one that has not yet been considered for development, the partnership could explore submitting an apprenticeship proposal.

5. Working Together with Providers & Social Care to Develop Integrated Apprenticeships (rotational posts)

Trusts, TST providers and CEPN hosts should develop integrated care apprenticeships building on learning from existing developments for new workforce roles, to support care across patient pathways from hospital to community.

Identified areas of work for consideration to deliver this recommendation

- Develop a cohort of integrated care apprentice roles, supported by all the partners, with common agreement on how and where the roles could be best utilised, and the support systems required for developing individuals involved. These should be developed in the context of Care Closer to Home and Out-of-Hospital care and feature on the workforce planning agenda as the Accountable Care System develops.

- The development of integrated roles should build on the learning from prior developments; for example, City and Hackney have had a successful (80+) programme of apprenticeships in primary care.

Introduction, context and methodology

This project report has been produced by Skills for Health (SfH) for secondary and specialist care providers in the East London Health and Care Partnership (ELHCP) footprint. Its purpose is to support the apprenticeship programme for workforce development in NHS Trusts across North East London (NEL). The project is underpinned by the originating North East London Sustainability and Transformation Plan (STP) 'Collaborative Approach to Apprenticeships Programme' Plan supplied by Andrew Attfield (Barts Health NHS Trust).
The acronym NEL is used throughout the report to refer to the main partners involved, namely:

- Barts Health NHS Trust (Barts)
- Homerton University Hospital NHS Foundation Trust (Homerton)
- Barking, Havering and Redbridge University Hospitals NHS Trust (BHR)
- East London NHS Foundation Trust (ELFT)
- North East London NHS Foundation Trust (NELFT)
  Plus Transforming Services Together

A similar report has been produced for the Community Education Provider Networks across the Transforming Services Together footprint. These two reports are distinct and separate, but the concept of partnership and alignment within the ELHCP is pivotal to the overall success of the apprenticeship programme and its potential impact for all stakeholders. The reports should therefore be used in conjunction with each other.

The strategic aim of this project is to inform and support an increase in the range and number of apprenticeships available across NEL for workforce sustainability though effective recruitment, retention and progression utilising apprenticeships. The report provides:

- An assessment of the current position in relation to apprenticeships across the NEL organisations.
- An understanding of the barriers that currently exist to exploiting the opportunities that are identified and what will be required to overcome the barriers in both the short and longer term.
- Description and mapping of potential career pathways utilising apprenticeships at different levels to aid retention and recruitment issues.
- A specific scrutiny of Nursing apprenticeships and pathways, the support workforce, business and administration and leadership and management roles.
- Links to the existing workforce/apprenticeship strategies/analysis and opportunities to use apprenticeships to recruit and retain staff and address other workforce issues: this includes reference to occupations that are hard to recruit into and where workforce planning and refocusing of roles will alleviate these shortages.
- An evaluation of the potential to collaborate across NEL and with TST.

Methodology

The research for the project took place between May and October 2017. The production of the report has involved:

- Desk based research of national policy
- Desk based research on the local context
- Scrutiny of current and emerging Apprenticeship standards
- Primary research
    - Baseline information on apprenticeships in the five partner NHS Trusts
    - Workforce data from NHS Electronic Staff Record (ESR) relating to each Trust's workforce management and planning
    - A Focus group with apprenticeship leads considering administration and leadership and management apprenticeships
    - An internal meeting of staff from departments in Barts Health
    - A meeting of HR Directors (HRD) from the 5 Trusts
    - Individual interviews with selected stakeholders

A full list of consultations is provided at APPENDIX 4

Structure of the report

This report is in five sections plus appendices:

Section 1 Full explanation of the background and context of the Apprentice Development Project, including the identification of relevant stakeholders;

Section 2 Workforce analysis and explores the different apprenticeship opportunities that might inform future strategy

Section 3 Different approaches to developing apprenticeships to reflect local needs Section 4 Considers issues to do with employing and managing apprentices; Section 5 outlines recommendations for NEL.

The project has involved a significant review of national/local drivers and policy influencers to inform the recommendations. Supporting information that informed the research is therefore provided in the **APPENDICES**:

1: Local health and social care initiatives
2: Significant health economy concerns in North East London
3: Stakeholders in the NEL Apprenticeship Development
4: List of consultations
5: Apprenticeship funding bands
6: Standards Approval Process
7: Summary of the current status of Apprenticeship Standards
8: Illustration Comparing Salary Costs for HCSW Apprenticeships
9: Example of progression pathway (Clinical)

10: Current status of London HEI apprenticeship provision (Sept 2017)
11. Appendix 11 Apprenticeship Data Scenario Modelling

Section 1: Context for the report

Apprenticeships: The current apprenticeship system

Apprenticeships are not new, but, in their revised and extended format, are at the cornerstone of learning and skills policy. Following an extensive reform programme after the Richards Review of Apprenticeships, they are seen by government as a significant way of addressing skills shortages and improving productivity across all sectors by, essentially, providing "off the job" training, alongside a "real job". The overall principle of the Apprenticeship programme is to incentivise employers to recruit apprenticeships, providing employment with skills training.

The coalition government manifesto of 2010 aimed to have achieved 3 million apprenticeship starts by 2020. The Government set a target of 3 million new apprenticeships by 2020 and in the 2015 Queen's Speech and the Welfare Reform and Work Act 2016 placed an obligation on the Government to report annually on its progress towards meeting this target, which remains in place.

Public sector employers with a headcount of more than 250 are expected to achieve a target of 2.3% of the workforce being apprentices. The target is set at 2.3 per cent of headcount and measured as an average across the reporting period 2017/18 - 2020/21 inclusive. This will be recorded on 31st March each year and the annual report will include plans to meet local targets set within the local context. A significant driver is for employers to consider how apprenticeships can become part of wider workforce development plans. In the NEL partnership all NHS Trusts will be required to set their own target, and this will go hand in hand with the apprenticeship levy, as discussed below.

What are apprenticeships?

Apprenticeships are a structured programme of training, consisting of paid employment and learning. They give people the opportunity to experience working for an employer, learn on the job, build up knowledge and skills, and gain recognised qualifications within a specific occupation or skills area. An apprentice should therefore be defined as falling into one of more of the following categories:

- Someone in a newly created role or
- Someone in a job role that has changed and requires the post-holder to develop new knowledge and skills following, for example, a restructure or a job evaluation
- Any age, as there is no age restriction
- Undertaking a degree as part of the apprenticeship without incurring any fees

An Apprenticeship programme:

- Must include the development of transferable skills
- Must differentiate new training and tasks in the case of an existing member of staff in an organisation
- Is not simply a training programme: it requires sustained and substantial skill and competency development that will lead to progression and should be developed over an acceptable time frame.

Quality Assurance

Apprenticeships are now designed to bring enhanced quality assurance by giving them the same legal treatment as degrees and the term “apprenticeship” protection by law. The new Apprenticeship programme is centred on standards. Apprenticeships are targeted at individual sectors. Employer groups known as Trailblazers develop the standard which specifically identifies the required the knowledge, skills and behaviours required for the job. The standards can be developed at any Level of learning from 2 to 7. During the programme, the apprentice must demonstrate that they have met each area of the standard culminating in an independent End Point Assessment.

The Institute for Apprenticeships (IfA) has been established to quality assure apprenticeship standards and provide advice on funding. The process from submitting a proposal for developing a trailblazer to approval for delivery of the standard is fairly complex as the trailblazer goes through 3 gateways for approval. A diagram illustrating the process is in APPENDIX 6.

The funding of apprenticeships

The way that Apprenticeships are now funded marks a significant shift in policy. The new apprenticeship legislation set up a levy scheme designed to facilitate employers to create apprenticeship places. Employers who pay into the levy fund need to ensure they take advantage of it to pay for training that brings new ways of working and fills skills gaps. Full details, are regularly updated, and are provided by the Department for Education (DfE). In summary, the DfE funds off-the-job education and training, while employers take responsibility for the supervision and training of apprentices during their work placements.

The Apprenticeship levy came in on 6th April 2017. Money is taken from employers with a salary commitment of at least £3 million by HMRC based on 0.5% of the wage bill following a £15,000 allowance. This money can be reclaimed if it is spent on apprenticeships. All the NHS Trusts in NEL pay the levy. Partners in TST will generally not pay the levy as they employ smaller numbers of people. However, if they employ apprentices they will make a 10% contribution to the apprenticeship costs and government will make a 90% contribution. This is significant for the GP practices working across the primary care landscape and has some implications for future collaborations for utilising apprenticeships in support of workforce reforms that integrate across primary, community and acute care organisations.

The IfA also oversees the Apprenticeship Service, the digital interface to services, designed to support the uptake of apprenticeships. The service will help employers by providing an account to access funding, select apprenticeship types and training providers.

A summary Step-by-Step guide to the Apprenticeship service for levy payers is available from Skills for Health. Health Education England (HEE) has a well-developed policy for supporting the development of Apprenticeships and Health England North Central and East London Health (HENCEL) has developed a Toolkit with a range of resources that are helpful for service providers to download and use.

Employers may be sceptical that the levy is a tax on the business, but there is some evidence from the OECD that, when reviewing the costs and benefits of apprenticeships, consideration should include the need to be take account of the cost of apprenticeship training, how tight the labour market is, how difficult it is to find skilled recruits and the risk that fully-trained employees will be poached by other employers. One of the significant features of the new apprenticeship policy is that although it relates to a training post, because there will be an expansion of a wide range of clinical and non-clinical roles, existing staff, as apprentices, will be able to access the training offered. The levy approach *can* be beneficial as the training subsidy provides employers with the option of controlling the workforce areas they want to fund the training in. This is, however, an important issue and will be referred to in Sections 2 and 3.

Funding Caps

All apprenticeship frameworks and standards are placed within a funding band that sets an upper limit and caps the maximum amount that is allocated to an individual apprenticeship. The funding system includes a set of 15 funding bands that range from £1,500 to £27,000. The Funding Bands are listed in APPENDIX 5**.** Further details of the actual roles that may be considered are provided in Section 3 of this report.

East London Health and Care Partnership Plan

The ELHCP plan is an active programme of work that incorporates a range of different policy initiatives both nationally and local to London. Reference to these are outlined in APPENDIX 1 and include the national Five Year Forward View, London focussed plans such as Healthy London, the London Workforce Strategic Framework and specific primary care policies such as Transforming Primary Care. Specific health concerns influencing partner services are summarised in APPENDIX 2. Ongoing initiatives and test beds including Vanguard, Devolution and Place-based Care innovations are noted.

It is recognised that there are existing local collaborations for the development of three Accountable Care Systems – City and Hackney ACS; Waltham Forest East London (which includes Waltham Forest, Newham and Tower Hamlets) ACS and Barking and Dagenham, Havering and Redbridge (BHR) ACS, These initiatives involve NEL partners and future workforce planning may involve reviewing and developing the workforce to support an increase in integrated health and social care services and transformed community and social care teams, with a particular focus on Out-of-Hospital Care. Discussion of these developments is not explored further here, but the opportunities for utilising new apprenticeship standards to support any future workforce transformations for ACSs should be considered.

The ELHCP plan outlines proposals for changes to estates, to service provision and the workforce. A Local Workforce Action Board (LWAB) has been established to deliver the workforce plans for the partnership.

The plan recognises local providers will need to adapt service models, and ensure workforces are supported and trained to deliver in new ways, flexing organisation priorities to embrace a new approach to planning and contracting services. The current workforce is not sufficient to meet the challenges of growth in demand and system transformation. Workforce transformations are needed to respond to changing service specifications with a key aim to encourage and train staff in working across integrated health and social care systems.

The development of more apprenticeships in acute, primary and community health and care services will be one contribution to ease the growing pressures on services and could help address some of the five key priorities identified in the ELHCP plans to transform the workforce including: retention of existing staff; promoting NEL as a place to live and work; workforce integration to support new models of care; whole systems organisation development and primary care transformation.

The rationale for the partnership approach is to ensure the most efficient use of resources locally to deliver the training of both new and existing staff through new apprenticeship standards and together fill gaps in current and future provision of services.

Stakeholders in NEL apprenticeship developments

There are at least 20 organisations that are active partners in the ELHCP. For the purpose of the Apprenticeship development project, significant partners are illustrated in Diagram 1. APPENDIX 3 provides a more detailed list of stakeholders.

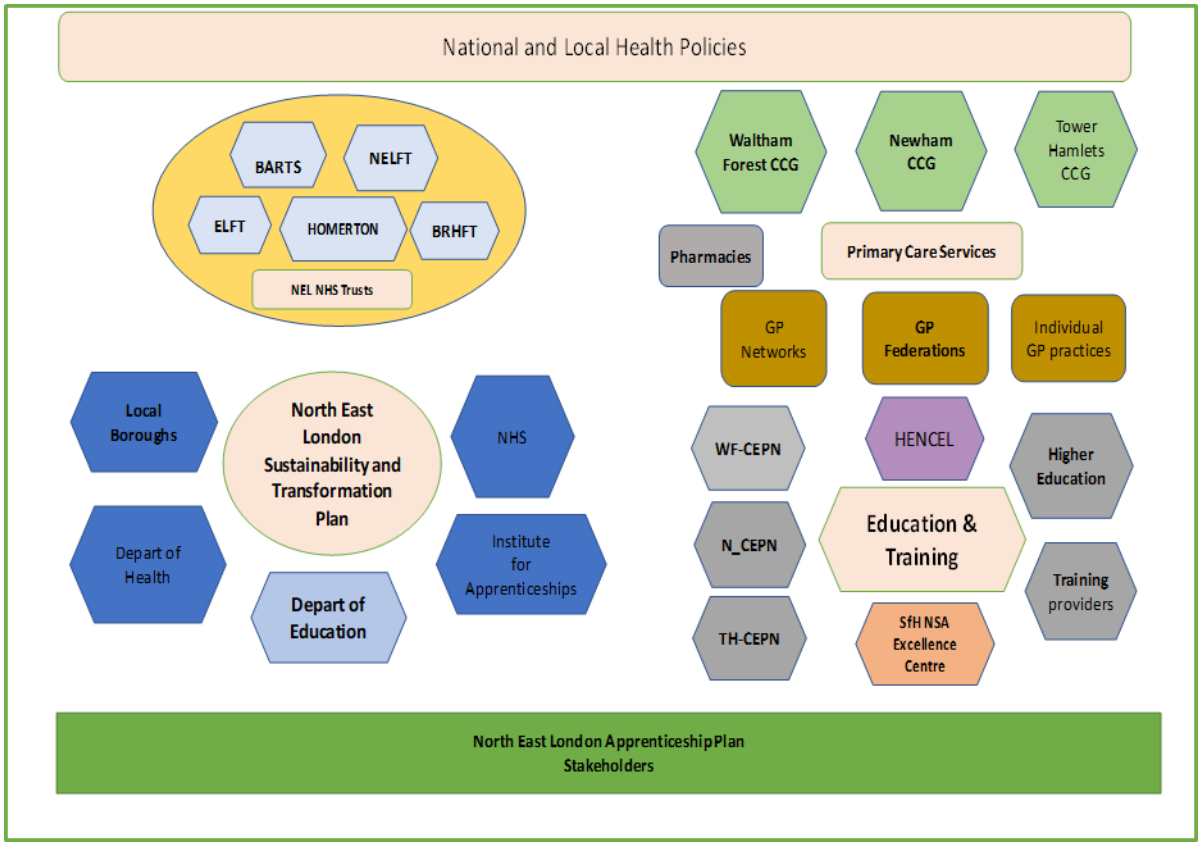

Diagram 1: A map of some of the key stakeholders in the NEL_TST Apprenticeship Development Project

Local communities and widening participation in health and care services

Within the complex stakeholder landscape of ELHCP, employers need to consider why they might engage with the apprenticeship agenda. While there are clear benefits for all stakeholders, given the complexity of the relationships between the employers themselves, training/education providers, the apprentices, other employees/team members and patients/service users, there are challenges that require the reconciliation of different interests and the careful distribution of costs and benefits.

A significant benefit from a well-designed apprenticeship system is its attraction to potential candidates as an entry route to employment, for personal development, or progression within a chosen career. The additional value for employers is in having an opportunity to recruit engaged and committed local people who can contribute to the local health economy. Apprenticeships have a role in the widening participation agenda and could be used to develop a pipeline for the future workforce.

A recent internal report for the LWAB, emphasises the importance of recruitment of local people to mitigate risks around staff retention and the benefits in addressing concerns around diversity and language barriers for patients, but also the socio-economic benefits to local organisations of increasing employment and skills within communities, and the potential impact on the prevention agenda, improved awareness of the health and care system, and support for the well-being agenda within communities in the longer term. Similar, activity is being supported by Care City and the link between the apprenticeship agenda and requirements for improving community health and well-being should be recognised.

The NEL apprenticeship programme can build on the work already underway in individual Trusts and TST partners supported by EHCLP, in promoting not only good careers advice within schools and colleges but also with community and employment careers advisers to support improvements in employment readiness and employment rates. There is evidence within the NEL footprint that Trusts are already managing their health strategy in alignment with the Talent for Care agenda and this features as a coherent workforce planning strategy to recruit and retain support staff (Get in Get on Go Further). (See Section 2: Apprenticeship strategies)

Progression pathways through apprenticeships can provide non-traditional routes to higher level professional registered roles within organisations, and can demonstrate to both young people and adults the opportunities for stepping into health services, transition points, and places for further development and new workforce roles that can be achievable by those previously held in lower-skilled jobs in the workplace. An illustration of progression pathways is in APPENDIX 9.

Summary

The apprenticeship agenda is taking place within the context of other initiatives influencing stakeholders' workforce development.

The national apprenticeship policy, with its radical changes and new initiatives, offers an opportunity to reflect, take stock and plan what aims and aspirations may converge.

There are opportunities across the North East London footprint for apprenticeship developments that will contribute and respond to service plans for addressing the local health economy and community needs.

Section 2: Workforce Analysis, challenges and opportunities

Workforce Data and Survey responses

In June 2017 SfH undertook an analysis of Electronic Staff Records (ESR) data supplied by the five partners to establish a baseline and provide a snapshot of significant workforce issues that are influencing workforce planning within organisations. (The data was amended slightly in September 2017. A summary document is available separately and has been distributed to all partner leads.[3])

In addition, an online survey with Apprenticeship Leads within the five NHS Trusts was undertaken. (This activity was also replicated with partner CEPNS for the TST report.) The survey provided an initial baseline and overview of recent apprenticeship activity in order to explore the barriers to and opportunities for apprenticeship expansion in the short to medium term.

Since the survey, apprenticeship leads across the partnership have provided more contemporary comments on progress for this project and, information has been exchanged at subsequent steering group meetings. Skills for Health also attended a ELHCP sub-group of HR Directors (HRD) and their observations are included in the following analysis.

[3] Skills for Health (2017) Baseline Workforce Data North East London STP, September 2017, Version 4 0917

Apprenticeships within NEL: baseline information

Each NHS Trust was asked to provide in-depth workforce data relating to the overall size and shape of the current workforce. Data collated included workforce size, vacancies, recruitment, retention and plans for future workforce change. There was a 100% response rate from leads identified by the project sponsor, although the depth of data provided by organisations varied.

The data gathered provided a base from which to explore organisations' workforce planning issues in relation to their roles as Apprenticeship Levy payers. Headcount workforce numbers can be used to create a crude estimate of the target for each organisation based upon 2.3% of headcount as required to meet public sector targets. (Table 1)

	Headcount	FTE
Barts Health NHS Trust	15,367	14,255
Barking, Havering and Redbridge University Hospitals NHS Trust	6,436	5,874
East London NHS Foundation Trust	5,283	-
Homerton University Hospital NHS Foundation Trust	3,782	3,464
North East London NHS Foundation Trust	-	4,016
Estimated Total		27,609* (+5,000)= Approx 32,609

Table 1: Total Workforce size of NEL partners

*Limitation in data provided

The estimates based on workforce count provide organisations with a basis for target setting and building on prior experiences of recruiting apprentices. As can be seen from Table 2, the numbers will require a considerable effort from all partners. All providers indicated that they would be increasing numbers of apprenticeships as noted in Table 3.

	Headcount	2.3% Target
Barts Health NHS Trust	15,367	353
Barking, Havering and Redbridge University Hospitals NHS Trust	6,436	148
East London NHS Foundation Trust	5,283	121
Homerton University Hospital NHS Foundation Trust	3,782	87
North East London NHS Foundation Trust	6086	140
Total		849

Table 2: Estimated Apprenticeship Target Numbers for NEL partners

	12 month target	24 month target	36 month target
Barts Health NHS Foundation Trust	Circa 355	Circa 355	Circa 355
Barking, Havering and Redbridge University Hospitals NHS Foundation Trust	150	150	150
East London NHS Foundation Trust	Circa 200	Circa 200	Circa 200
Homerton University Hospital NHS Foundation Trust	no target set yet	no target set yet	no target set yet
North East London NHS Foundation Trust	140	140	140

Table 3: Individual Trust targets for apprenticeship recruitment over 3 year period 2017-20

The survey confirmed that all members of the partnership have been offering apprenticeships over the 12 months to July 2017. The fewest number was in North East London NHS Foundation Trust (with 38 starts), the largest was 125 in Barts Health. It is clear from the benchmark figures that targets for the number of apprenticeships to be delivered represent a significant challenge and will require a consistent, structured approach in order to be achieved.

It is important to examine data on recruitment, retention and vacancies to establish a business case for introducing more apprenticeships as a means to support workforce planning. It enables the selection of staffing areas to examine the potential for targeting apprenticeship development. The workforce data review highlighted key areas across the partnership.

First, recruiting apprentices will not compensate the loss of experience resulting from retirements in most cases, but a medium to longer term replacement strategy utilising apprenticeships could feature in workforce plans. Returns identified staff numbers in the over 55 years age range. Across the Trusts, workforce groups with high levels of ageing workforces included:

- Administrative and Clerical Staff, Band 3 and above
- Nursing and Midwifery Staff, high retirement rates are in Bands 7 and above in most organisations, but Barts Health appears to have a spike in Band 5 Registered Nurses
- ST&T Staff, Bands 8a and above
- AHP Staff, Bands 7 and above
- Clinical Support Staff
- Maintenance and Work Staff, although overall FTE is low

Second, key findings on vacancies and turnover indicated that:

- Vacancy rates varied from 12% in two organisations to 20% in one organisation
- Of organisations that provided vacancy data each have more than 1,000 FTE in current vacancies
- Organisations identified a range of registered clinical posts that were difficult to fill
- Turnover provides some indication of where there could be retention issues, or it could provide an opportunity to grow the number of apprentices by converting posts to apprenticeships when they become vacant.
- Turnover is, however, unpredictable and there are no guarantees that there will be leavers in the areas of the organisation that can best support apprenticeships. Turnover rates range from 12% to 18%.
- Planned workforce changes being planned indicated modest growth in the short term, focused mainly on registered clinical staff.

This collated information will help the partnership to identify collaborative areas for development of apprenticeships. The importance here is to ensure that recruiters understand the range of apprenticeship standards, as they become available, so that such apprenticeships are considered for every appropriate vacancy within an organisation. For example, Clinical Support Workers (Nursing and Therapy Support) on Agenda for Change Pay band 2: it is unlikely all of this demand could be met through apprenticeships, but Table 4 provides a context for any joint decision-making.

	Current Vacancies FTE	Leavers FTE (12 months)	Planned Workforce Growth FTE	Total Workforce Demand Estimate FTE
Barts Health NHS Trust	**138**	**130**	-	**268**
Barking, Havering and Redbridge University Hospitals NHS Trust	**150**	**120**	**18**	**288**
East London NHS Foundation Trust	**-**	**60**	-	**60**
Homerton University Hospital NHS Foundation Trust	**-**	**85**	-	85
North East London NHS Foundation Trust	**118**	**-**	**-**	**118**
Estimated total				**819**

Table 4: Data indicating workforce demand for Support Workforce AfC Band 2 posts across NEL

Apprenticeship strategies

At the time of the survey, only two organisations (Barts Health and North East London FT had a bespoke apprenticeship strategy but over the intervening months organisations have developed their internal coordination and planning. Any organisational strategy involves input from key personnel across departments such as HR, Finance, workforce planning, learning and development as well as an apprentice development lead, to ensure the coordination to manage the training funds effectively; there is some evidence that bringing such personnel together to discuss internal plans is happening, although there are still barriers identified to implementing strategies with full organisation support.

The BHR apprentice team have now established an apprenticeship steering group with all stakeholders within the Trust participating. Apprenticeships are now embedded in business plans with buy in from clinical leads who think the apprenticeship route is a great way to attract, recruit and build career structures through clinical care.

There is more coherent communication about apprenticeships happening across Barts Health, particularly as interest is growing in the potential for offering clinical apprenticeships such as the Registered Nurse apprenticeships, which require similar support to the pre-registered nurse trainees, and involve more internal departments such as the educational academy. A recent internal workshop involving the apprenticeships lead and officers, director and deputy director of Barts Health Education Academy, finance officers, careers and schools and college outreach, explored some of the issues around recruitment and workforce planning. The current apprenticeship strategy is held within the public health department but there is recognition that this may need to move across the organisation to link with workforce plans overall.

At Homerton, there is no formalised structure as yet to develop and manage an apprenticeship strategy. One post-holder (recently appointed) assumes responsibility for apprenticeship development; this is now being aligned with the workforce strategy and retention strategy. The team involved report that they are being stretched by the new system, but the Trust does see apprenticeships as a priority and there is an ongoing recruitment campaign for apprenticeships. As with other Trusts, where vacancies at Bands 2-3 are being recruited to internally, the host department is encouraged to make the role an apprenticeship and must discuss with the recruitment officer why it should not be an apprenticeship. The Trust also sees work experience for school-age learners as a viable route into apprenticeships.

The nature of the service provided by each Trust has implications for how apprenticeships can be introduced into the service. In ELFT, a mental health and community services provider, there is an apprenticeship coordinator in the workforce development department. Learning and development sits within human resources, so communication is not an issue. An apprentice development group has been in existence for a year now to develop a broad strategy about how apprentices should be embedded within the Trust: this has sponsorship from the director of human resources. There is a strategic intent to identify apprenticeships across inpatient and community services, as well as a commitment to investigate the feasibility of converting vacancies to apprenticeships. Some of the posts offered up have been a challenging “fit”, especially within community services. Many staff work autonomously and remotely, so the levels of support needed for apprentices are not there.

There has therefore been heavily reliance on administrative and clerical apprenticeships and the conversion of existing inpatient posts. To date ELFHT has been offering apprenticeships to existing staff in order to embed the concept.

At NELFT, no one senior manager appears to be taking overall control and there is no dedicated post to manage the apprenticeship process. Apprenticeship activity to date has been in non-clinical roles and clinical support services. There is now an emerging interest in exploring opportunities within nursing and therapeutic roles. So, there is some appetite for apprenticeships, but currently there is no scope for mentoring and no training partner in place.

Apprenticeships to support recruitment

All respondents have indicated the advantages of utilising apprenticeships to help with recruitment into the services. For example:

- In Barts Health, which has its own policy of recruiting to lower banded roles from the local community using their 'Community Works' programme, departments are encouraged to convert the vacancy into an apprenticeship where possible to support this.
- Further, as part of the 'Healthcare Works' programme delivered by Barts Health Trust's Public Health Team, the National Skills Academy for Health City and East London Excellence Centre is playing a growing role in working with schools and colleges to bring previously unaware/unengaged young people into the Trust to find out more about careers and progression opportunities. The aim is to highlight the opportunities for local jobs for local people.
- NELFT have a long-term plan for career progression for HCSWs to compensate for reduced numbers going into nursing. A scrutiny of their workforce profile notes a significant underrepresentation of the under 20s age group: younger people could be a target group and create a progression pathway from entry point to Band 2 and into nursing.
- Homerton and ELFT both have an age restriction; they focus more on providing *work experience* for young people. The work experience route could provide a pathway into apprenticeships from school and college.

Where partners are developing their outreach activities with schools and colleges, joint activity on marketing and working with training providers to develop Traineeships could feature as progression pathways into Healthcare Support Worker apprenticeship development. Joining up activity for schools' work experience monitoring and planning as discussed at the project steering group and sharing the evaluation of developments such as Barts Health new work with Mulberry UTC would be helpful to this agenda.

Organisational barriers to apprenticeship development

Embedding the development of apprenticeship roles and routes into workforce plans and obtaining internal buy-in has proved problematic for most of the organisations. A number of barriers and concerns have been shared:

- Apprenticeship management systems and their maturity vary across the partners. Historically, apprenticeships have been lower level non-clinical posts and have been managed by Learning and Development teams, or in the case of Barts Health, the Public Health Team, all outside of existing standard HR structures. In BHR the nursing team is not yet involved (though does support) the management of the pilot Nursing Degree apprenticeships as the apprenticeship team has taken responsibility for organising the programme.

- Stakeholders have stated apprenticeships are not yet embedded as a key supply route in workforce plans. More emphasis will need to be placed on opportunities to reconfigure and introduce new roles that can be supplied from current and new apprenticeships being developed to create sustainability. For example, to best utilise the skills and competences of the new nursing associate role, reconfiguration will be required. However, HR Directors have suggested the more pressing issues around salaries and productivity loss should be prioritised above workforce planning.

- There is particular concern about the salary costs of higher level apprenticeships. For example, Registered Nurse apprenticeships will have two requirements, firstly the apprentice will be employed but because the role is Nursing and Midwifery Council (NMC) regulated, they will be required to be supernumerary for their training. This will mean that Trusts will have a new burden of paying salaries when previously for pre-registration training they only provided the placement and support in partnership with the HEI. It has been expressed by staff in Barts Health that the funding band associated with the Registered Nurse apprentice does not cover the full cost of the training and support provided by the Trust. *("It is not cost-neutral"*). A similar situation may occur with the Nursing Associate apprenticeship role although the apprenticeship is still awaiting the outcome of a Department of Health consultation on professional standards and regulations. BHR have recruited 5 nurse degree apprenticeships and are employing these as Health Care Support Workers with the training delivered as a work-based learning programme. It has been suggested that a model employed by the Open University may be of interest to organisations.

- Varying approaches and agreements exist on Apprenticeship salaries across the partnership - most have been utilising AfC Annex 21. The issue of a common approach to salary costs may be resolved if all organisations adopt the HENCEL advice.

- Concern has been raised about the unwieldy and time consuming procurement process for contracting with training providers, which may support the case for outsourcing the management of the apprenticeship agenda to a third party.

- Supervisory and mentoring capacity are considered a major challenge. There is concern that registered staff already supervise and train significant numbers of trainees at all levels within the organisation and adding another group will place these staff under more pressure. For example, in Barts there are 800+ pre-registered nursing students, and 1,000+ junior doctors requiring supervision plus more recently the NAs and PAs.

- The poor quality of training provision is sighted as an issue. Survey responses suggest all partners are using private training providers, three using FE colleges for some elements but none reported using in-house training provision or other NHS suppliers. Information about the training providers is shared across the partnership but all, including HR directors, noted that local FE colleges (FECs) are not able to provide the quality training required. It was expressed that, in the past, FECs have been a source for recruitment and if they are unable to deliver apprenticeships when these become the accepted recruitment pipeline, the links may be broken. It was recognised that FECs do have good relationships with their local communities so there is value in keeping links healthy.

- The issue of patient safety[4] has been highlighted as a concern in relation to increasing numbers of clinical apprenticeships. Issues for some of the community and mental health providers about staff autonomy and lone working have also been raised as barriers.

- The Partnership HRDs expressed a view that the challenges presented by the increase in numbers of apprenticeships required to achieve the 2.3% head count levy target, issues about perceived loss of productivity while apprentices are training, and apprenticeship employee salary costs are together magnifying concerns.

- Some clinical managers have shown reluctance to consider converting role vacancies into apprenticeships citing they need staff that can 'hit the ground running'. It has also been suggested divisional managers may not have an understanding of the apprenticeship agenda and have therefore not engaged.

- Existing and ongoing apprenticeship standards are not necessarily meeting partner organisational need. Standards are slow to be approved and with the nursing associate (NA) apprenticeship there are also concerns about the impact of regulation. There is also reluctance to be involved in trailblazers where a standard does not exist.

- There is concern about the recruitment and development processes required with increasing numbers of apprenticeships. The recent HEE guidance on apprenticeships strategy does go some way to assist with this. However, NELFT have suggested that there is a place for an independent organisation to manage the recruitment and training elements and then work in partnership with the Trust to create the progression routes through clinical pathways.

[4] A counter argument is also shared that for a Band 2 HCA role that requires no previous experience or qualifications who will be put through a defined training programme there is no greater risk to patient safety by recruiting apprentices than those who have come from non-healthcare related background and will do the Care Certificate.

- Some department/divisional leaders are concerned that they will recruit, and develop apprentices, particularly at the higher levels, and then lose these staff to other recruiting organisations (to the primary care sector in the case of PAs).

Apprenticeship Data Scenario Modelling

SFH has completed high-level apprenticeship implementation data scenarios based on the workforce data provided by NEL partner organisations that fed into the Baseline Workforce Data Report September 2017. This was only possible with the BARTS, NEL and BHR data provided.

The scenarios look at different hypotheses to increasing apprenticeship numbers using the workforce data alone, across targeted areas of HCA (AFC bands 2&3), Assistant practitioners (AFC band 4), Admin and clerical (AFC bands 2-6) and registered nurses (AFC bands 5-7). The scenarios were based on total workforce demand estimates (FTE) as well as current workforce (FTE) as a baseline. An understanding of trust priorities, transformation plans and readiness to expand apprenticeship numbers is required to build more meaningful scenarios.

The scenarios are intended to demonstrate how altering the numbers of apprenticeship starts effects achievement of the public-sector target, the workforce costs (and savings where identified) and the utilization of the levy.

The scenarios:

- Highlight hypotheses that exceed the organisational public sector apprenticeship target.
- Demonstrate cost savings that can be released by employing new recruits into band 2 and 3 clinical support and administration and clerical apprenticeship posts.
- Highlight the additional workforce salary costs associated with the Nurse Apprenticeship, as this apprenticeship is required to be supernumerary which may bring in the question of affordability.
- Highlight the numbers of apprenticeships required to fully utilise the levy. This will always be variable based on the mix of different apprenticeships required and the associated funded band and length of apprenticeship.

The scenario models can be found in Appendix 11

Summary

- **All organisations have some experience of delivering apprenticeships across a range of clinical and non-clinical areas and have identified how further development of some roles**

could occur. For those organisations that have a target, the expansion represents a significant increase in apprentices compared to the numbers delivered in the previous 12 months

- **Expanding apprenticeship numbers is being driven by factors that include the Apprenticeship Levy, existing skills gaps, recruitment difficulties and positive experiences of apprentices in the workplace**
- **Organisations are likely to offer apprenticeships to new and existing employees, the estimate of the proportion of apprenticeships offered to new employees varies from 20% up to 75%**
- **The clinical apprenticeship standards of most interest across all organisations are: Healthcare Support Worker, Assistant Practitioner (Health), Nursing (Degree), Registered Therapists and Healthcare Science Associate. The non-clinical apprenticeship standards of most interest across all organisations are; Management and Leadership, Business Administration, Customer Service and IT Professions**
- **There are many barriers highlighted by partners to the current use of and expansion of apprenticeships, the most consistent being: the availability of finance to support the salaries of apprentices; supervision concerns, supporting learning in and out of the workplace; and safely supporting large numbers of apprentices in clinical areas**
- **Barriers related to organisational infrastructure include the lack of internal strategy or plan for managing the salary costs of apprenticeships, being able to adequately identify vacancies within the organisation that could be filled with an apprentice and the difficulties with building up the infrastructure required to adequately support greater numbers of apprentices in the workplace**
- **Scenarios demonstrate cost savings can be released by employing new recruits into band 2 and 3 clinical support and admin and clerical apprenticeship posts (for the duration of the apprenticeship), and that workforce salary costs associated with the Nurse Apprenticeship bring in the question of affordability**

Section 3 Developing apprenticeships to meet local need: potential approaches

The apprenticeship landscape is changing very quickly, with new standards being approved and endpoint assessments being agreed on a regular basis. There has been a change to approval criteria for standards leading to delays, with concern expressed in the sector that the agreement process for assessment plans following approval is too lengthy[5]. In the academic year 2015-16, there were 509,400 apprenticeship starts, of which just 0.2% were degree apprenticeships. One issue may be that there are 240 standards still in the pipeline and the greater scrutiny that is being applied by the Institute for Apprenticeships is likely to slow down the process of approval. Juggling development of apprenticeships that take account of the timeframe for standards approval and requirements for utilising the levy is challenging NHS organisations.

Taking into account the snapshot from both the surveys and the focus groups, the tables in APPENDIX 7 **r**eflect the lengthy process of readiness for delivery relating to the Apprenticeships of interest for NEL: Correct as of November 2017.

Current plans for developing roles

Staff interviewed after the workforce survey indicated an understanding of how much levy each organisation is paying and the implications for setting targets for recruitment of apprentices. Most organisations recognise they will not meet the targets set for the first year.

BHR for, example, will pay in £1.3 million and acknowledge that in the early stages will not be able to spend what it pays in, but they have set targets within the divisions for how to spend the levy. The indicated target is 150. Barts Health strategy indicates a target of 355 and have a plan for about 180 this year. Homerton's current levy pot is £800,000: the aim is to commit £250k this year. Levy spend for ELFT is £1.2 million, and they have a target for 90 posts this year but even if all 90 apprenticeships are taken up, there will be a shortfall. Currently operational groups are fleshing out how the levy might be used. There is an aspiration to spend as much they can of the current annual allocation. In NELFT although the levy pot is around £1 million, there are no full plans available as to how to manage this.

[5] http://feweek.co.uk/2017/06/09/employers-slam-inordinately-long-development-time-for-apprenticeship-standards/

Table 5 below indicates some of the roles being planned as apprenticeships by the partners. It is important to be aware that the levy pot represents money to spend on training apprentices, and not an indication of the number of apprentices to recruit. Balancing the two targets will be crucial and challenging.

	Apps Target 2017-18	Clinical Apprenticeship Roles under development (Numbers indicated if available)	Non-clinical
Barts Health NHS Trust	355	• Health Care Support Workers (AfC pay bands 2 and 3) • Perioperative Support Worker • Registered Nurse Apprenticeships • Registered midwives and AHPs Apprenticeships	• Business Admin (e.g. Customer Services) • Estates & Facilities • Pharmacy •
Barking, Havering and Redbridge University Hospitals NHS Trust	150	• Health care support workers (AfC pay bands 2 and 3) • Maternity Support Worker (10) • Registered Nurse Apprenticeships (5)	• Pharmacy • Admin and clerical • Leadership &Management ILM
East London NHS Foundation Trust	90	• HCSW-Health and social care roles (AfC pay bands 2 and 3) • Psychological well-being practitioners • Nursing associate	• Leadership and management • Business administration • Project management
Homerton University Hospital NHS Foundation Trust	no target shared	• Degree level apprentices (clinical or non-clinical), Nursing Roles	• Administrative apprenticeships
North East London NHS Foundation Trust	140	• HCSW (AfC pay bands 2 and 3)	• Administration

Table 5: Indicators from respondents for apprenticeship role development in short term

In the medium-term, organisations may wish to review new standards as they come on line, including Nursing Associate, Occupational Therapy, Advanced Clinical Practitioner, Pharmacy Services Assistant, Customer Services Specialist, Facilities Management, IT Support and Physicians Associate. There was less interest shown in the following standards that are currently in development; Podiatrist, Clinical Coder and Cleaning & Support Services Operative.

All the partners have been involved in the HENCEL pilot of Nursing Associate (NA) with Barts Health as lead partner, and the Physician Associate (PA) role pilot. A significant issue is how the roles can be developed to support future developments within the organisations. For example, integrated health and social care and out of hospital care roles to support the Accountable Care system and changing workforce and service transformations. Partners have indicated there is some appetite to work with primary care services to develop these roles.

Diagram 2 below summarises the potential apprenticeships standards that could provide opportunities for NEL partners as potential areas for further development. (Where directly related apprentice standards are not available, or level of apprenticeship has not been specified, alternatives are suggested.)

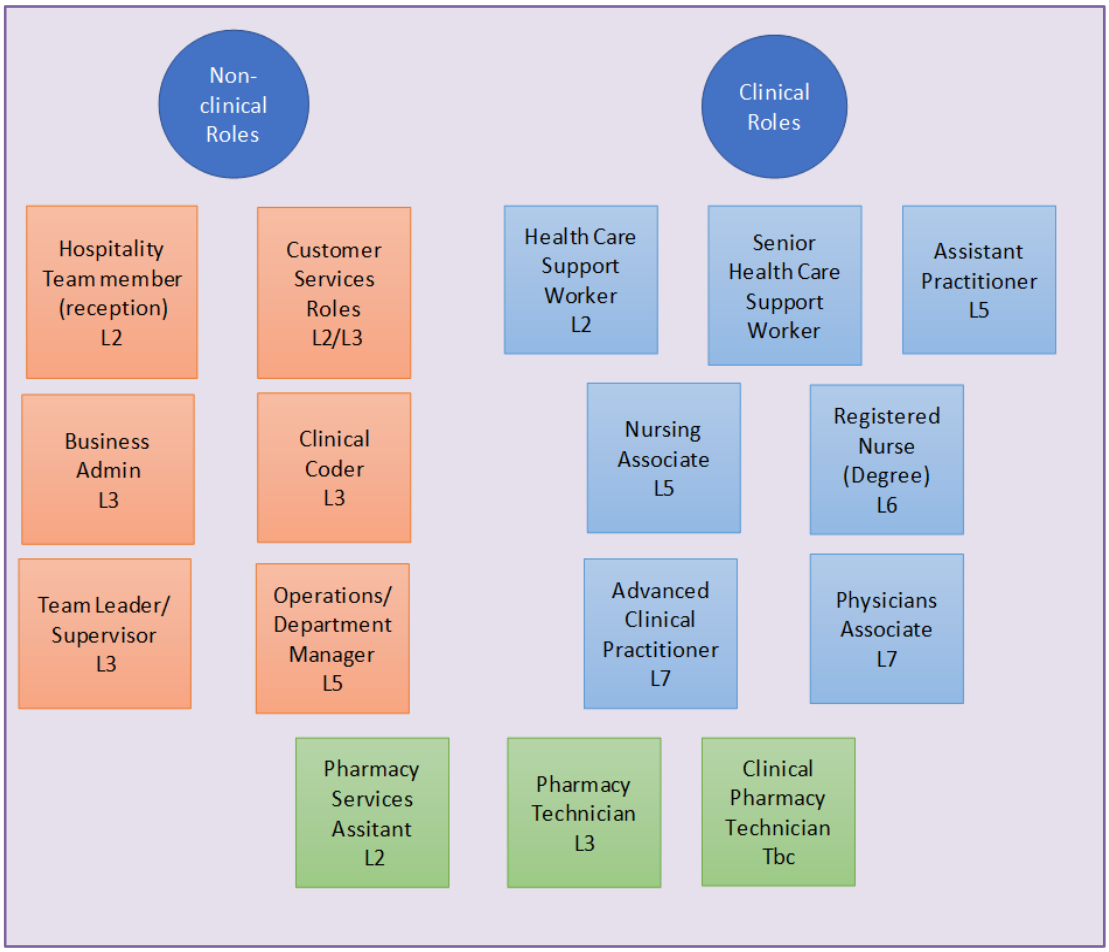

Diagram 2:

Summary of potential Apprenticeship roles of benefit to NEL

Clinical Roles and associated learning and development

The support workforce

There is increasing evidence that the support workforce, when effectively developed, can bring added value to teams working in NHS Trusts and in community and primary care settings. Following the Cavendish review and the Francis report, organisations have been developing the support workforce, particularly through the development of the Care Certificate. The opportunities presented by the development of new care standards underpinning apprenticeships bring the support worker role back into focus.

Skills for Health has made a good case for developing a talent pipeline through the support workforce from entry through to level 5. SfH suggested significant improvements for services when developing the support workforce as identified in case studies highlighted in the report. These included:

- Improving patient safety and quality of care
- Improvements to workforce and staff retention
- Improved processes and working practices
- Potential financial and productivity improvements as a result of the above

The newly piloted Nursing Associate role and planned apprenticeship standards provide incentives for reconfiguring workforce teams and utilising higher level skills and competences more effectively to meet patient needs. This agenda is supported by HEE in the Shape of Caring Review and reinforced in an evidence review for the development of the Nursing Associate role, where the King's Fund noted significant issues still to consider when planning for the support workforce. Some examples of effective support worker roles featured in recent case studies to support the re-shaping of the workforce agenda put together by the Nuffield Trust .

Although the focus of the King's Fund recommendations was on the new NA role and considered regulation, the review presented some key messages to inform NEL partners collaborating to help address all local services:

- Roles can provide high-quality care when introduced as part of a planned workforce strategy, with the evidence strongest for community and task-focused roles.
- There is little consistency of banding, training or role definition for existing intermediate roles, which have developed largely on an ad hoc basis.
- The blurring of role boundaries is a key issue for both staff and patients. Any new approach requires a clear scope of practice and job description for these roles to overcome this, as well as a consistent approach to training
- Creating these new roles will not be sufficient to help current support workers move towards registered roles (including helping health care assistants to become registered nursing) unless other barriers to graduate training are addressed.

For this project, partners need to understand that all support worker roles should be underpinned by effective learning and development that provides a pathway to develop higher level skills and route ways into more senior registered professional roles. This progression can feature as a Talent for Care strategy for all partners. The apprenticeships available for Support Workers include standards for clinical and non-clinical healthcare or therapeutic tasks underpinned by learning and development from level 2 through to higher education level 5:

- Healthcare Support Worker level 2
- Senior Healthcare support worker Level 3
- Assistant Practitioner (Health) Level 4/5

A significant feature of the Healthcare support worker standards from level 3 upwards is that they can be applicable within a range of healthcare settings and can be placed in a number of professional settings, including adult nursing support, maternity support, theatre support, mental health support, children and young people support and allied health profession – therapy support. Each pathway provides direction to specific learning programmes that address the area of work and, significantly, provide the underpinning learning and experience for the individual worker to progress to a registered practitioner role when entry criteria are met.

Assistant Practitioner roles have been developed by health and care organisations for some time and from the workforce survey for this project there is evidence they are being utilised by partners. However, the limitations of the data do not make clear how, and in what areas, or the numbers involved. APs can be used across specialised health care in nursing or therapeutic support. They have a more in-depth understanding about factors that influence health and ill-health (for example, anatomy and physiology and roles are often developed to meet a specific area of need such as catheterisation, wound care and discharge planning). They are also employed in integrated care roles in mental health or community care.

The development of these apprenticeships would be of benefit to partners looking to develop the workforce to support the integrated care agenda. APs are usually employed on AfC Band 3-4 and the role is underpinned by Level 4-5 higher education programmes such as the FdSc in Healthcare provided by London South Bank University.

Healthcare Support Worker apprenticeships can be offered to existing staff in post if they are capable and ready to progress their careers and/or provide an entry point for new recruits. As such they can bring immediate benefits to NEL.

The partnership could maximise this opportunity by agreeing salaries for support worker apprenticeships, for sharing their plans for developing and/or increasing support worker numbers and for taking a shared approach to commissioning the learning required for the different roles. Sharing how apprenticeships are being developed, how the staff are deployed in different parts of the workforce and how the support worker roles once in post beyond their training are evaluated, could be a significant feature of NEL partnership working.

Nursing Pathways

All the partners have indicated their interest in developing apprenticeships through nursing pathways, particularly as recruitment of registered nurses is currently a challenge. The Workforce Data survey provided in June 2017 gave a snapshot of estimated vacancies for registered nurses in 3 partner Trusts (Table 6). It should be noted that in the case of Barts Health it has been reported that these numbers will have changed since the survey as there has been a long-term campaign to recruit international nurses and this is now bringing in new staff, which is having an impact on registered nurses available.

	Registered Nurse Vacancies FTE (%)		
	AfC Band 5	AfC Band 6	AfC Band 7
Barts Health NHS Trust	**575 (22%)**	**200 (15%)**	**115 (13%)**
Barking, Havering and Redbridge University Hospitals NHS Trust	**375 (36%)**	**40 (7%)**	**4 (1%)**
North East London NHS Foundation Trust	**195 (31%)**	**146 (18%)**	**47 (11%)**

Table 6: Estimates of registered nurse vacancies in identified Trusts, June 2017

However, the point here is that there is a demand for registered nurses and posts are hard-to-fill. It is recognised that higher level apprenticeships at level 4 and above will *not* be substitutes for registered nurses. However, developing support worker roles through apprenticeships gives an opportunity to reshape the nursing care service to develop competences within the team that could help to take pressure off the registered nursing staff. There is a need for a period of reflection and focussed skills analysis to make this work effectively. The Skills for Health approach is to work from the place of patient needs and is summarised in the following diagram.

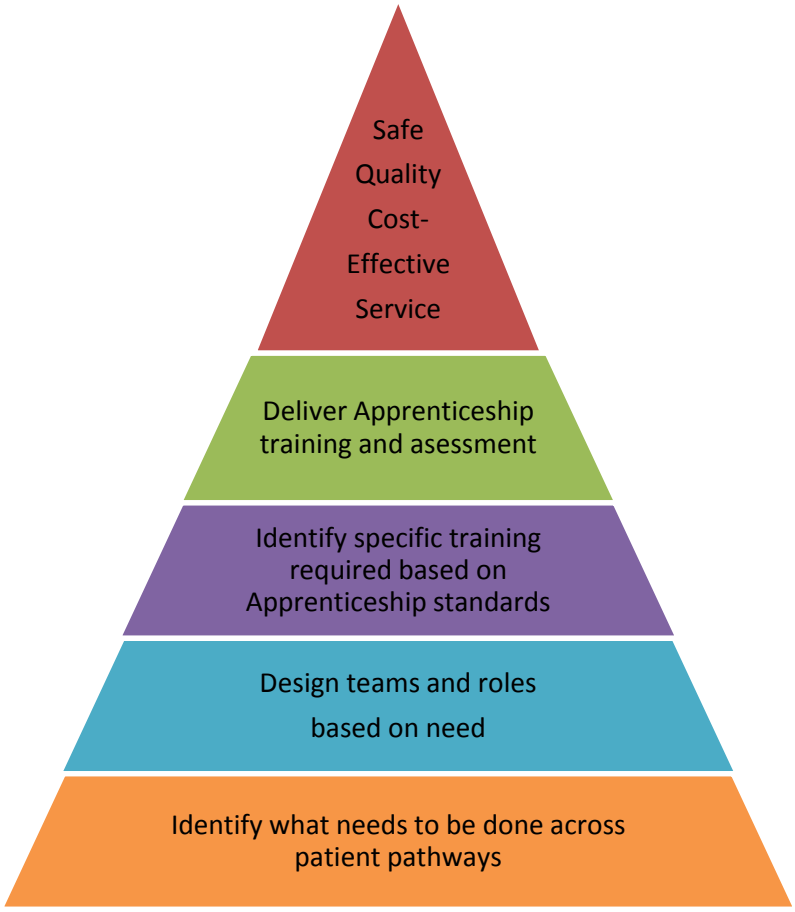

Diagram 3: Stages for reshaping the workforce team to include apprenticeships

Nursing Associate apprenticeship

This NA apprenticeship role is under development and is therefore a medium-term initiative. All partners have been involved in the HEE commissioned NA pilot, so have an understanding of how the role is being developed and where it is being utilised most effectively. However, it is unclear from this research how these roles will be embedded following the completion of the apprenticeship, as there appears to be variable commitment to converting the pilot posts to employed staff across the partners. For some Trusts the requirement to embrace the workforce transformation required to embed these new roles into the workforce as part of a workforce planning process has not happened.

A further delay affecting any decision-making about implementing this apprenticeship role relates to the Department of Health consultation on NMC regulation of the role, which will completed in December 2017. Until this issue is resolved it is anticipated that this apprenticeship will be delayed. In addition, there are ongoing concerns that regulation may include posts being supernumerary, which creates tension around their deployment, as noted earlier. Nevertheless, the Nursing Associate role could provide a way for reshaping the workforce and creating new caring roles. The standard for the apprenticeship indicates the role will provide nursing care in and across a wide range of health and care settings. The Nursing Associates will work independently, and with others, supporting registered nurses in the assessment, planning, delivery and evaluation of care.

Registered Nurse (Degree) Apprenticeship

Recent discussions with Trusts indicate that some are recognising where the opportunities for developing Registered Nurse (RN) Degree Apprenticeships are and, for example, BHR has taken a tentative step into developing Nurse Degree Apprenticeships from September 2017. It has developed a relationship with Anglia Ruskin University (ARU) to deliver 5 Registered Nurse (Degree) Apprenticeships. This Approved Education Institution (AEI) has a good reputation for delivering nursing degree programmes through a work-based learning route. It has been in a first round of HEIs to deliver Degree Apprenticeships and offer routes into child, adult or mental health nursing. The model of approach could be one that other organisations can adopt, particularly as more universities enter as providers of this education route. The second phase of the Degree Apprenticeship Development Fund managed by HEFCE includes Greenwich and Middlesex Universities.

There are a number of issues that employers will consider when deciding to employ a RN Degree Apprentice:

- The programme is generally untested, although the standard has been developed in line with Nursing and Midwifery Council (NMC) Standards for pre-registration training and development and it has been agreed that the role will be regulated. NMC standards are prescriptive and the apprenticeship requirements will look similar to work-based employer-sponsored education routes already in place.

- As the role is regulated employers need to find a balance between requirements as employers of apprentices (up to a minimum of 30 hours) and as NMC regulated training providers. In the traditional programme student nurses are supernumerary in the workplace requiring 4,600 hours of learning over a minimum of three years, split 50:50 between theory and practice in clinical areas. The NMC state supernumerary status to mean that the student will not, as part of their programme of preparation, be contracted by any person or body to provide nursing care. This means the education component of the nurse training requires the trainee to be a student (not an employee) and that learning takes place in the classroom, on varied placements and with varied experience. The apprentice is an employee although 20% of their training is “off-the-job”.

- It is suggested that the Degree Apprenticeship will be completed in 48 months, which may create some flexibility within the training programme for employers to gain more productivity from the Support worker/apprentice role.

- Universities have delivered the work-based learning (WBL) route for Degree nurses for some time. A commonly cited model is provided through the Open University but, as BHR has found, ARU offer this route. In these cases, the route is for people already employed by the organisation and gaining career progression offered through a work-based learning route. A recent Council of Deans discussion paper noted that employers have usually backfilled the posts of WBL when they have taken time for theoretical study.

- Healthcare students will be allocated a mentor when working in a practice area. Mentors will supervise and assess skills and professional behaviours and provide feedback. BHR have allocated 2 mentors to its five Degree apprentices. How this will work when numbers increase will have to be considered including for the partners the training of the mentors themselves.

- BHR had a full selection day for existing support workers to assess their readiness for the limited RN Degree apprenticeship roles. For five roles it had over 40 internal applicants. It had a stringent entry criteria and interview process, the outcome of which was that many of the applicants were not considered to be at the appropriate level for entry to the RN training. This presents an issue for Trusts to consider when creating progression routes for their own staff. It is important that they meet entry criteria for higher education programmes and many support workers do not reach the required qualifications for this level of learning, even if they have good work experience on the job. Therefore, there should be a recognised programme of learning to support English and Maths entry level requirements plus evidence of critical learning skills development. The SFH Bridging programme provides such learning as do other Access to HE or HE Certificate programmes. One way the partnership could support these routes is to have clarity on accepted criteria for RN courses in partnership with HEIs and where and how such levels of learning can be achieved to support progression including the use of Accredited Prior Learning (APL) arrangements.

- The fact that BHR has chosen ARU (not a local HEI) as the training provider for the RN Degree apprenticeships illustrates how the model gives employers flexibility when choosing their training provider. It is probable that the preferred provider is an institution that employers have established relationships with and who is registered as an approved provider by both NMC and on the RoAPT. However, the model does give employers some freedom to choose and commission and provides an opportunity for creating new contracts with their providers. The current status of local HEI provision for apprenticeships as identified by HENCEL is in APPENDIX 10.

As employers become more secure with their experience and understanding of the apprenticeship model then they may become providers themselves of RN degree apprenticeships, particularly as a 'grow your own' policy for progressing existing staff. Staff shortages and hard to fill posts can influence an approach to recruitment that considers a place for apprenticeships of all levels, bringing providers a choice of roles that will best support the workforce and finances of the employing organisation. The route to registered nurse may not always be the priority option, although this may be an issue for the longer term.

The routes and options for progressing through apprenticeships to RN are illustrated in APPENDIX 9.

Physician Associate Apprenticeships

Pilots of the new Physician Associate (PA) roles are underway across the ELHCP. The focus groups indicated interest in the role. Converting the role into an apprenticeship is at an early stage of development and it is expected the approval process will pick up pace towards the end of the year.

Comments in the focus groups indicated that there are requirements for more trial and evaluation of the new PA roles as there is a cultural change required by patients and staff before full approval of the role can be made.

The learning gained from rotational placement models being trialled as part of both the nurse associate and physician associate pilots could benefit future apprenticeship development.

Psychological Wellbeing Practitioner Apprenticeship

A trailblazer development is underway for this new apprenticeship standard designed to support the improvements required for service users to access psychological therapies. The role is not proposed as a degree apprenticeship but is at level 6. ELFT are on the trailblazer group for this standard which may be of interest to other partners.

Non-clinical roles

There was some concern expressed by partners in the focus groups that there is no Level 2 Business Administration standard being developed to replace the current framework. The ESFA have recently stated it has no plans to withdraw the Level 2 Business Administration framework but does not go as far as stating it will replaced with a standard at present. Existing Level 2 apprenticeships could provide the structure for developing required roles in the interim include:

- Business Administrator standard at Level 3
- Customer Service Practitioner at Level 2
- Hospitality Team Member at Level 2 (which includes Reception duties)

The important aspect of these standards is that they allow for flexibility in developing specific job titles relevant to the area of work.

Leadership and Management apprenticeships for clinical and non-clinical roles

Leadership and management apprenticeship standards are developed across employment sectors but provide opportunity for professional accreditation from LMI and CMI and can be underpinned by learning within the context of employment. The standards for Operations/Departmental Manager and Team Leader apprenticeships may be of interest for developing practice managers and supervisors. For example, at a recent HENCEL event, UCL Hospitals shared an internal proposal for supporting applicants aspiring to ward sister/charge nurse positions to be recruited to a Level 5 Operations/departmental manager apprenticeship. This provides for the creation of a new clinical leadership workforce role that can bring benefits to a department while utilising an apprenticeship standard funded through the levy.

Medical secretary (AMSPAR) qualifications can form a part of the apprenticeship. A Senior Leader (Master's Degree) apprenticeship (Level 7) linked to CMI/LMI qualifications has also been developed and is awaiting final approval.

Integrated Health and Care roles

Integrated health and care services are an ongoing feature of the work of local Trusts, particularly through the Vanguard sites, and as part of the development of the Accountable Care systems. These may present an opportunity for further development of Integrated Health and Care roles to ease pressures on acute and community health services and provide more responsive patient facing roles. While there are challenges (complexities of partnerships, the time and resources needed to support the apprentices and arranging rotations and sourcing placements), the potential of such roles is supported by HEE and there is evidence of successful pilots across the country, with a high concentration in London. Skills for Care have trialled integrated H&SC roles and further information relating to a local authority initiative across City and East London boroughs is available from Skills for Care.

A joint venture between NELFT and the London Borough of Barking and Dagenham promoting innovation in health and care is Care City and these new approaches to Place-based Care may encourage the demand for apprenticeships in roles for new approaches to care delivery that may emerge.

Learning from the experiences of managing the Nursing Associates and Physician Associates pilots with regard to rotations between providers for integrated care roles will require a strategic approach by the partnership, for example, drawing up a clear Memorandum of Understanding and having senior manager sign off of these.

HEE working across North Central East London has developed a three -tiered Care Navigation competency framework, which describes the core competencies for people providing care navigation across a wide range of health, social and voluntary care sectors. It may be that the Senior Healthcare Support Workers apprenticeship standard would provide an opportunity for such roles, should the clinical competencies be required within them. At this time, there is no clear guidance. Such roles do exist however and East London Foundation NHS Trust (ELFT) employs integrated health and social care navigator roles as well as Homerton and Barts. These roles tend to be non-clinical but the new apprenticeship frameworks provide an opportunity to rethink the roles where more direct clinical skills are needed.

The care navigator role may be developed as a degree apprenticeship too as in the latest round of HEFCE funded Apprenticeship developments there are plans for an Integrated Care Navigator Degree apprenticeship in the West Midlands involving Wolverhampton, Birmingham City and Coventry Universities and Black Country Partnerships for Care. The important point here is that there is an opportunity for deploying an innovative approach to role development.

Summary

The portfolio of apprenticeship roles is growing and approvals of standards for these are at variable stages in the process.

Opportunities exist for developing priority areas that can fill current gaps in the workforce using the standards on the shelf across both clinical and non-clinical roles

Examples for short-term developments include:

Health Care Assistant

Adapting Business Administration/ Customer service

Leadership and management across both clinical and non-clinical roles

Section 4: Managing and employing Apprentices

Cost-Benefit Balance

There are challenges associated with managing an apprenticeship strategy, including costs of salaries and setting up the structures and systems. Development of an apprenticeship 'culture' requires a set of 'management capacities' within employer organisations that allow them to make effective use of apprentices.[6]

Some specific areas that require financial consideration relate to the HR issues associated with employing apprentices:

- Managing time out for training
- The contribution of apprentices to productive work in the practices
- The apprentice's wages
- The cost of trainers and mentors
- The context in which the apprenticeship is provided, (the characteristics and size of the organisations as well as regulation and NHS statutory and mandatory requirements).

Some of these costs associated with training are the same as for any other employee. The cost-benefit balance of apprenticeships may require more skilled apprentice supervisors and trainers to make apprenticeships profitable for an employer. The analysis of costs to practices should:

- Acknowledge benefits may be non-financial. E.g. A more flexible and efficient and productive workforce and potential contribution to organisations' corporate social responsibility
- Take into account the costs of paying salaries
- Consider how and where the apprentice can fill gaps in the workforce
- Relate activity to the local labour market; how difficult it is to find skilled recruits?
- Manage the risk that fully-trained employees might be poached by other employers
- Consider the effect of an apprenticeship on retention of staff

With regard to retention, there is some general evidence that an apprenticeship can create loyalty between the employer and the apprentice in post-training employment.

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[6] Kuczera, M. (2017), "Incentives for apprenticeship", OECD Education Working Papers, No. 152, OECD Publishing, Paris.
http://dx.doi.org/10.1787/55bb556d-en

The most recent government evaluation on apprenticeships indicated that apprentices are often with the same organisation 12-18 months after the apprenticeship and this can be enhanced with the opportunity not only for employment but also providing progression opportunities to higher level skills training.

Assessing NEL capacity to deliver apprenticeships

It is important to contextualise the aspirations for the project. Any appraisal of the current situation will take into account key threats and weaknesses within the partnership approach as identified within the report, particularly to address the different levels of organisational readiness and engagement.

A partnership review that can be used by partners is to take a SOAR approach that identifies the Strength, Opportunities, Aspirations and Results of the project. This appreciative inquiry approach is a strategic planning framework that focuses on the strengths of the project and identifies results that all stakeholders can share. Based on findings to date the table below identifies some key issues:

Strengths	Opportunities
• Commitment to cooperate • Data analysis tools being developed within the partnership that can be shared as collaborative information • Evidence of successful use of apprenticeships and examples of good practice to draw upon • Good knowledge of local health economy and socio-economic drivers	• Sharing costs and other liabilities • Establish worthwhile career opportunities through collaboration, use of rotations etc. • Use partnership to demand and secure appropriate learning and development opportunities • Work with local authorities and other providers to develop integrated care roles • Use existing models (for example across mental health providers) for approaching rotations and shared apprentices

Aspirations	Results
• Become employers, individually or collectively, supporting apprenticeships for training and development of staff • Implement a collaborative apprenticeship strategy to meet organisational needs • Make an impact on the local health economy, reflecting the values of providers • Use apprenticeships for recruitment and retention of staff in key areas of need to benefit local service users and patients • Create new approaches to developing multi-disciplinary team working • Develop new approaches to health and social care integrated roles • Become employers of choice for local people	• Meet a target number of apprenticeship starts across the partnership over 3-year period • Set targets and achieve number of local people employed post-apprenticeship into quality jobs • Developed and retained a talent pool of people working at different levels in different roles to fill skills gaps and improved retention • Progression opportunities identified, and a talent pipeline followed • Marketed success stories • Create target number of new integrated roles working across the partnership • Create structured and measurable approach to managing apprenticeships across the NEL partnership

Apprenticeship Pay, Terms and Conditions

Contract of Employment

Apprentices must have a contract of employment, which is long enough for them to complete the apprenticeship programme, and have a job role (or roles) that provides them with the opportunity to gain the knowledge, skills and behaviours needed to achieve their apprenticeship. The Apprenticeship standard suggests a time for completion.

On completion, an apprentice should remain with their employer where a job opportunity continues to exist. Where this is not possible, they must be supported to seek alternative opportunities.

Apprenticeship agreements form part of the apprentice's contract of employment as well as for the learning aspects. Apprenticeship agreements must include a statement of the skill, trade or occupation for which the apprentice is being trained. Apprenticeships for job roles within the scope of the Agenda for Change agreement will normally be employed on contracts incorporating the NHS Terms and Conditions of Service Handbook.

Government guidance (England) states all apprentices must be offered the same conditions as other employees working at similar grades or in similar roles. This includes:

- Paid holidays
- Sick pay
- Any benefits offered, such as childcare voucher schemes
- Any support offered such as coaching or mentoring

All apprenticeship standards must include a minimum of 20% off-the-job training. This does not necessarily mean that apprentices must attend college, or be away from the employer's premises, but they must undertake some sort of training/development activity away from their day-to-day job, in order to learn and practice their skills and knowledge. Strategies to manage this requirement will be needed, in terms of backfill and ensuing patient safety. The partnership may wish to develop a consistent approach to this.

Apprenticeships are a learning route to achieve a recognised qualification, but they are not a qualification in themselves. For example, a nursing degree will be the same qualification whether gained via higher education, or through an apprenticeship.

Traineeships

In the NEL area, where education achievements are low, and unemployment is high, especially among people under 25 years, some people may not immediately be capable of fulfilling a job role, and an apprenticeship will not be suitable. An alternate approach is to put them on a traineeship to provide underpinning basic skills and employability development as a stepping stone into an apprenticeship. Employers will work closely with training providers in supporting such individuals by providing access to work placements. The traineeship is considered an education and training programme with work experience. The funding for these varies according to the age of the individual. There is no contract of employment and trainees can be paid on the basis that they are undertaking work experience. Traineeships also have the potential to provide a pipeline to support recruitment to hard-to-fill vacancies and can be a significant feature of a Talent for Care policy. An illustration of the costs of a traineeship is included in APPENDIX 8**.**

Apprentice Salaries

Pay rates for apprentices should be considered within the National Living Wage and the National Minimum Wage frameworks.

These are the current rates for the National Living Wage and the National Minimum Wage.[7] The rates change every April.[8]

Year	25 and over	21 to 24	18 to 20	Under 18	Apprentice
April 2017	£7.50	£7.05	£5.60	£4.05	£3.50

[7] The minimum wage a worker should get depends on their age and if they're an apprentice. The National Minimum Wage is the minimum pay per hour almost all workers are entitled to. The National Living Wage is higher than the National Minimum Wage - workers get it if they're over 25.
[8] https://www.gov.uk/national-minimum-wage-rates

The government's national apprenticeship website notes apprentices are entitled to the **apprentice rate** if they're either: Aged under 19 or Aged 19 or over and in the first year of their apprenticeship.

NHS Apprenticeships

The NHS has considered fair pay for apprenticeships. The NHS Staff Council has reached agreement and joint guidance covering the pay and conditions of apprentices under Agenda for Change. [9][10]

Example 1:

An apprentice aged 22 in the first year of their apprenticeship is entitled to a minimum hourly rate of £3.50

Apprentices are entitled to the **minimum wage** for their age if they both:

- Are aged 19 or over
- Have completed the first year of their apprenticeship

Example 2:

An apprentice aged 22 who has completed the first year of their apprenticeship is entitled to a minimum hourly rate of £7.05

The apprentice must also be paid for time spent training or studying for a relevant qualification, whether this is while at work, attending a college or training organisation.

From April 2016, employers are not required to pay employer **National Insurance Contributions** for apprentices under the age of 25 on earnings up to the upper earnings limit.

The key features of the agreement are:

[9] https://www.unison.org.uk/news/article/2017/07/apprentices-protected-new-pay-guidance/
[10] http://www.nhsemployers.org/news/2017/07/apprenticeships-in-the-nhs-staff-council-guidance

- Apprentices should be employed on Agenda for Change contracts;
- Pay should be determined in accordance with the Agenda for Change agreement section on trainees in the NHS;
- Shorter apprenticeships should have a job description that goes through job evaluation, while higher apprenticeships over several years can apply percentages of the band maximum for the job role they are working to qualify for;
- The absolute minimum that can be paid under this part of the AfC agreement is the 25yrs+ national minimum wage in England, Wales and Northern of £7.50/hour;

The NHS Terms and Conditions of Service Handbook Annex 21 (previously Annex U) sets out the options for the pay and banding of trainees.

Annex 21 paragraph 4 states that application of a percentage of the qualified band maximum cannot be applied if it would take the starting rate of pay for any trainee below the rate of the main (adult) rate of the National Minimum Wage. It should be noted that the Agenda for Change agreement does not make provision for age related pay rates. It is acknowledged that Primary Care providers have the option of paying Agenda for Change pay and conditions. In reality many have moved away from this; however the details provided above demonstrate agreed good practice.

In recent weeks, HENCEL have drafted guidance for partners across the footprint for a shared apprenticeship policy in the hope of developing a common agreement on pay and conditions within the STP. This will be of interest to partners and may provide a good benchmark for primary care providers to work within. In general salaries are bieng proposed that are 70% of the top of the AfC pay rate.

Illustrative examples of salary costs of apprentices

The salary costs of apprenticeships need to be considered in comparison with recruitment costs for established or new staff roles. In APPENDIX 8 salary costs are illustrated for employing **Health Care Support Workers**. The figures here have been developed by Skills for Health and are based on the NHS Employers Service Handbook. The figures are based on the recruitment of staff members at Band 2 and Band 3 comparing these with the alternative models for employing Apprentices, taking into account national guidance on the minimum wages and the Living wage. In primary care employees may not be recruited onto NHS Agenda for Change pay bands and this is taken into consideration in the examples. The **recent HENCEL guidance is also included to see how salaries at 70% of the top of a pay band plus London weighting are calculated**.

The costs are worked on a 37.5hour week, including 20% on-costs of employment to the organisation over 52 weeks, which is the training period for a Level 2 Apprentice. This does not include any unsociable-hours' payments, National Insurance and NHS Pension contributions. Other additional costs not illustrated but should be taken into account include:

- High Cost London weighting adjustment
- Other non- pay benefits offered by the employer e.g. Childcare Vouchers, travel vouchers

The need for rigorous workforce planning in developing an apprenticeships strategy cannot be overemphasised. In terms of the apprenticeship levy funding, the salary and training costs need to be carefully considered. For example, training two Assistant Practitioners at Level 5 will cost as much as training eight Level 2 Health Care Support workers, so it is important to explore costs as well as numbers and this can be done through a very detailed workforce development strategy based on roles and potential vacancies.

Financial support for employing apprentices

In considering how levy and non-levy paying organisations can support apprenticeship development, the parallel TST report noted the majority of GP practices across TST will not pay the levy. In effect, non-levy paying employers will share the cost of training and assessing their apprentices with government - this is called 'co-investment'. This is a similar situation for any levy-payer who develops apprenticeships and does not use levy funding which may be more relevant for one-off roles within specialised working areas in the NHS Trusts. The scheme in effect should be considered as an opportunity to access subsidies for training the workforce. From May 2017, organisations pay 10% towards to the cost of apprenticeship training and government will pay the rest (90%), up to the funding band maximum.

From April 2018, the ESFA plan to allow levy-paying employers to transfer up to 10% of their levy funds to other employers using the apprenticeship service.

They will be able to transfer funds to any employer and will have to agree the apprenticeships that are being funded by a transfer with the employer receiving funds. Employers receiving transferred funds will only be able to use them to pay for training and assessment for apprenticeship standards.

There are additional incentives employers should take into account when reviewing their options for the role apprenticeships could help fill:

- There will be an incentive for the employers if they recruit a young person aged 16-19. This will be a minimum of £1000 and there will also be additional funding to pay for their training. Smaller employers that recruit 16-19 year olds will not have to make any contribution to the Apprentice's training. Larger employers will contribute 10% of the cost of the Apprenticeship training. The government will contribute the rest of the cost (90%). The payments will be made directly to the training provider.
- This would also apply to 19-24 year olds who were formerly in care or who have an Education and Health Care plan.
- Providers will receive an additional £600 for training on a framework an apprentice who lives in the top 10% of deprived areas (as per the Index of Multiple Deprivation), £300 for any apprentice who lives in the next 10% of deprived areas (the 10-20% range), and £200 for those in the next 7% (the 20-27% range). This may be applicable in Tower Hamlets and possibly Newham as outlined in the Department for Communities and Local Government 2015 Indices of Multiple Deprivation reviewed in the London datastore, and therefore should be promoted in those areas.

Career Progression and Training Providers

The apprenticeship should be considered as a stepping-stone onto a career pathway. An example summarising potential progression routes through a clinical health route is in APPENDIX 9**.** This model is based on an example outlined by a partner organisation and illustrates how clinical support workers can progress to registered practitioner or non-clinical personnel may eventually progress into clinical roles.

When setting up an apprenticeship, it is important that employers select and establish effective and constructive working relationships with a training provider, either a local further education college, higher education institution or an independent provider. Employers can commission training providers to help provide the underpinning knowledge and/or qualifications required to support career progression.

The National Skills Academy for Health have a directory of providers but partners in NEL have developing knowledge of quality assured providers who should be on the approved ESFA register of apprenticeship training providers (RoATP). Where employers are also employer-providers they also need to consider their obligations as part of the Ofsted quality system

It is important to consider what to expect from a training provider and to remember that the employer is the commissioner of the service i.e. the provision of off the job training for the apprentice.

Some partners have expressed a wish for an agency that can take the responsibility of managing apprenticeships away from the Trust. One such model includes utilising an **Apprenticeship Training Agency**(ATA). This option of working with a third party or creating an ATA could be attractive for some NEL partners. The National Skills Academy for Health runs an Apprenticeship Training Agency, which supports employers who are considering taking on an apprentice. The service is available for employers across the health sector – large or small. However, there are financial considerations to be considered in setting up such approaches and SfH recommend partners interested in this approach undertake further research with the Employment and Skills Funding Agency.

Section 5: Recommendations

The recommendations have emerged from the research and take into account the complex and multifaceted nature of the partnership. They acknowledge that there are divergent agendas and different operating contexts. The recommendations are arranged thematically:

1. Partnership Innovation and Creative Approach
2. Workforce Intelligence and Planning
3. Develop Collaborative Agreements, Recruitment, Pay, Terms and Conditions
4. Delivery and Quality Assurance
5. Working Together with Providers and Social Care to Develop Integrated Apprenticeships (rotational posts)

These offer a baseline for further negotiation and development and can be found in full at the front of this report behind the Executive Summary.

Appendices

APPENDIX 1: Local health and social care initiatives

The STP references a range of influences on the local area. London has exceptional health and social care challenges and this has been recognised by the development of the Healthy London Partnership formed in April 2015, in response to the NHS Five Year Forward View (FYFV) and the London Health Commission's report Better Health for London to improve health services and deliver changes to health in the capital. Specific health concerns identified as priorities for action are outlined in the STP. These socio-economic and well-being indicators require changing responses from local health and social care services and form the core of how services are delivered and available and the workforce implications associated with transformations.

In response to FYFV, the London Workforce Strategic Framework has been produced. This is a collaborative workforce transformation programme involving London's clinical commissioning groups (CCGs), NHS England (London Region) and Health Education England, through the Healthy London Partnership has provided a focus for workforce transformations.

The 2017 Five Year Forward Next Steps report outlined key changes required for specific work groups, not least the development requirements for staff progression such as those in the support workforce and the introduction of flexibility in the training and employment of nursing staff. Flexibility of roles will be required to meet any changes in places of work and the shape of health care in local communities. The emerging apprenticeship routes into health services has been recognised and supported. Ambitions in the STP reflect these requirements.

Specifically related to primary care Transforming Primary Care in London: A Strategic Commissioning Framework has been developed by the London Primary Care Transformation Board and Collaborative partners and outlines the requirements for primary care teams to work in new ways in support of a population health model with other health, social, mental health, community and voluntary organisations. This aligns with the TST Strategy and Investment Case with its 3 clusters of Care Close to Home, Strong sustainable Hospitals and Working Across Organisations. The Health Education England Primary Care Workforce Commission 2015 report into the future of primary care identifies that recruiting more doctors, nurses and allied health professionals although required, may not be the most effective or cost-effective way to provide some types of care in primary care settings. The suggestion was for reviewing the place of new roles working in primary care settings such as physician associates, healthcare assistants and possibly paramedics.

Initiatives emerging from the FYFV to trial new models of delivering services within and across health and care services are influencing service delivery in local provision. The apprenticeship programme is peripheral to these, but any development could be incorporated into workforce changes as a result of these initiatives. These include the development of Vanguards and 2 of these have been funded in the North East London area: Tower Hamlets Together is a partnership that includes commissioners and providers of acute, community, mental health, social care and primary health services, including partners in the apprenticeship initiative.

The GP federation involved comprises 37 General Practices in Tower Hamlets. Tower Hamlets Together is coordinating new approaches to care; the Barking and Dagenham, Havering and Redbridge System Resilience Group vanguard looking at the efficiency of sharing communication systems to transform local urgent and emergency care services, removing barriers between health and social care and between organisations. The learning from this vanguard in local Foundation Trusts may influence content of new education programmes for staff.

A further initiative developed by CCGs in London include pilots of new Devolution models for integrating health and social care services and these are underway within the NEL footprint including: Hackney: a health and social care integration pilot, aiming for full integration of health and social care budgets and joint provision of services and Barking & Dagenham, Havering and Redbridge a pilot to develop an Accountable Care Organisation, where primary and secondary care are more closely linked and patient pathways are redesigned. Both BHR and NEFLT, acute care provides, are partners in these local initiatives.

Apprenticeship development that could support integrative initiatives between primary and community health services and social care providers may be relevant here and recent findings of activities supported by Skills for Health and Skills for Care may be of interest. A partnership of 4 LAs, (City of London, Hackney, Newham & Tower Hamlets) supported by the Skills for Care Area Officer, have worked together to develop a collaborative health and social care apprenticeship programme, using the former framework model. The LAs pooled their resources and expertise to offer an infrastructure that enabled social care employers in the area to employ an apprentice (from their local area) for the first time. The training element was delivered by Tower Hamlets local authority who had several years' experience of training social care apprentices and were able to use their SFA contract to fully fund the training with the City using theirs to fund the training for the over 25s. The training has rotated around the boroughs with venues being supplied by the partners.19 Apprentices were recruited by 6 employers & started in early March 2013.

A further project relating to innovation in health and care is Care City, a joint venture between NELFT and the London Borough of Barking and Dagenham. Again partners

within the footprint of this project are involved in these initiatives and these new approaches to Place-based Care may encourage the demand for apprenticeships in roles for new approaches to care delivery that may emerge.

APPENDIX 2: Significant health economy concerns in North East London

- Demographic changes including
    - An anticipated growth in the local population of 6.1% in five years and 18% over 15 years.
    - Population highly mobile, with residents who frequently move within and between boroughs.
    - Deprivation (five of the eight STP boroughs are in the worst Index of Multiple Deprivation quintile).
    - Estimates suggest differentially high growth in ethnic groups at increased risk of some priority health conditions.
    - Significant health inequalities across NEL and within boroughs, in terms of life expectancy and years of life lived with poor health, diabetes, dementia and obesity all disproportionately affecting people in poverty.
- Well-being:
    - NEL has higher rates of obesity among children starting primary school than the averages for England and London and generally high rates of physically inactive adults.
    - An increased risk of mortality among people with diabetes in NEL and an increasing 'at risk' population. The proportion of people with Type 1 and Type 2 diabetes who receive NICE-recommended care processes is variable. Primary care prescribing costs are high for endocrine conditions (which includes diabetes).
    - Cancer screening uptake is below the England average and emergency presentation is 5% higher than the national average.
- Mental Health
    - Ageing population, continuing work towards early diagnosis of dementia and social management
    - Access to Psychological Therapies (IAPT) variable
    - Issues relating to Acute mental health
    - There is a low employment rate for those with mental health illness.

APPENDIX 3: Stakeholders in the NEL Apprenticeship Development

The Apprenticeship agenda forms one element of the workforce development plans identified in the NE London Sustainability and Transformation Plan. The STP involves:

- 5 NHS Trusts (Barts Health; Barking; Havering and Redbridge University Hospitals; Homerton University Hospital FT; East London FT; NELFT) providing both hospital and community services across the locality and
- Local CCGs in Barking and Dagenham; City and Hackney; Havering; Newham; Redbridge; Tower Hamlets; Waltham Forest.
- Local Authorities covering the area are also involved: City of London; Barking and Dagenham; Hackney; Havering; Newham; Redbridge; Tower Hamlets; Waltham Forest.

For this collaborative apprenticeship development project, the NEL NHS Hospital Trusts and the CCGs covering Tower Hamlets, Newham, Waltham Forest and their associated Community Education Provider Networks are key stakeholders.

Health Organisations (Acute and Community	Services provided	London Borough
Barts Health NHS Trust	St Bartholomew's Hospital (Barts) Local and specialist services for the treatment of cancer, heart conditions, fertility problems, endocrinology and sexual health conditions.	City of London
	The Royal London: teaching hospital providing local and specialist services; children's hospitals; dental hospital, stroke and rental units.	Tower Hamlets
	Whipps Cross Hospital: A large general hospital with a range of local services.	Waltham Forest
	Newham Hospital: district hospital with innovative facilities such as its orthopaedic centre	Newham
	Mile End hospital & Community services: a shared facility in Mile End for a range of inpatient, rehabilitation, mental health and community services	Tower Hamlets
East London Foundation Trust,	Mental health services from three former community trusts in Tower Hamlets, Newham, The City and Hackney. Community health services provider	Newham Tower Hamlets City of London Hackney
North East London Foundation Trust	Provides an extensive range of integrated community and mental health services for people; Emotional Wellbeing Mental Health Service for children and young people across the whole of Essex.	Barking & Dagenham, Havering, Redbridge and Waltham Forest; South west Essex areas of Basildon, Brentwood and Thurrock
Homerton University Hospital NHS Trust	General health services at hospital and in the community with staff working out of 75 different sites.	Hackney
Barking Havering and Redbridge University NHS Trust	King George Hospital in Goodmayes and Queen's Hospital in Romford. (Also serve clinics across outer north-east London and run some services from Barking Hospital.)	Havering Barking and Dagenham Redbridge

The Transforming Services Together (TST) in partnership with Barts Health NHS Trust.		
Waltham Forest CCG	GP, Primary Care	Waltham Forest
Newham CCG	GP, Primary Care	Newham
Tower Hamlets CCG	GP, Primary Care	Tower Hamlets

There are additional stakeholders who have an interest in the workforce developments in the North East London area including:

- Health Education Central and North East London (HENCEL)
- Local Education institutions and training providers such as Bromley and Bow
- Higher Education institutions including South bank university, City University
- Community Education Provider Networks related to the three TST partners but also CEPN in nearby communities such as those in City and Hackney CEPN
- The Capital Nurse network within the Healthy London initiative
- Skills for Care
- Local authorities
- Skills for Health National Skills Academy Excellence Centre

There is also a range of stakeholders within the TSTs with whom engagement is critical. These include:

- Senior managers/GPs/business owners
- Front line staff who might be involved in managing/supporting and/or mentoring apprentices
- Pharmacies
- Service users
- Voluntary and statutory service providers and referral agencies
- Community centres

APPENDIX 4: List of consultations

Contributors to this report have included partners from the ELHCP involved in the collaborative apprenticeships development and other stakeholders who have contributed to information on local and national policy. The list here is not exhaustive:

TST partners		
Gareth	Noble	Waltham Forest CCG
Toyin	Ajidele	Waltham Forest CCG
Ruth	Amertey	Waltham Forest CCG
Loretta	Okoh	Waltham Forest CCG
Christina	Anderson	Waltham Forest CCG
Naila	Hassanali	Waltham Forest CCG
Saleema	Abdin	Waltham Forest CCG
Ekramul	Hoque	Tower Hamlets (TH) CEPN
Elaine		Practice Manager, TH
Shaheena	Begum	Reception manager, TH
Liz	Delauney	Newham CCG
Anna	Byers	Newham CCG
Nessa	Khoyrun	Newham CCG
Shuhela	Hannan	Newham CCG
Moshin	Patel	Newham CCG
Prenotti		Practice manager, Newham
NEL partners		
Andrew	Attfield	St Bartholomew's Hospital (Barts)
Debbie	Dzik-Jurasz	Barts
Lois	Whittaker	Barts
Liam	Slattery	Barts
Kevin	Garay	Barts
Basit	Abdul	Barts
Maureen	Finneran	Barts
Sadia	Ahmed	Barts
Sultan	Wahid	Barts
Daniel	Waldron	Homerton (University Hospital Foundation Trust)
Natalie	Moyanah	Homerton
Jill	Sluman	Homerton
Alan	Wishart	Barking Havering & Redbridge University Hospital Trust
Jennifer	Garvey	BHR
Jennifer	Stone	BHR
Sandra	Drewett	East London Foundation Trust (ELFT)
Chris	Tyson	ELFT
Princess	Kabba	ELFT

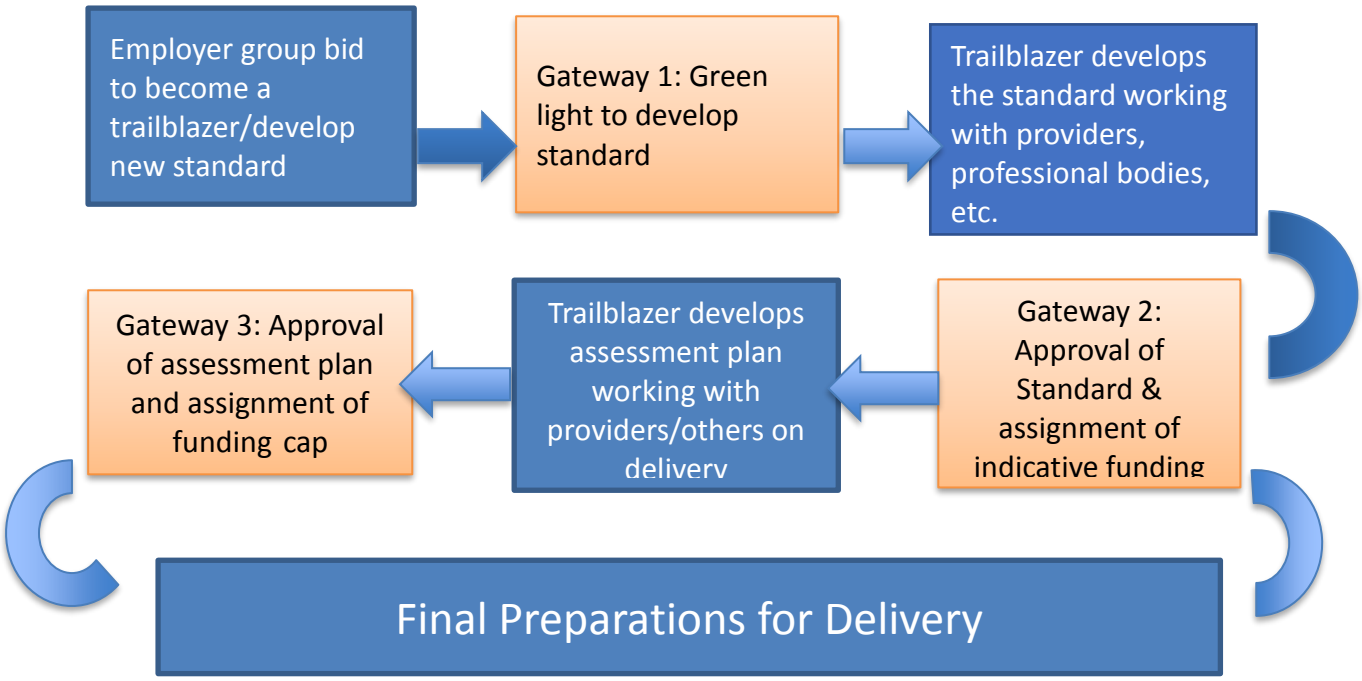
Bob	Champion	North East London Foundation Trust (NELFT)
Neera	Dhir	NELFT
Angie	Singer	NELFT

Health Education England North Central London		
Lucy	Hunte	HEE
Jenny	Halse	HEE
Other		
Ali	Rusbridge	Skills for Care
Ben	Derham	Education & Skills Funding Agency
Jan	Parfitt	Skills for Health
Lorraine	Yeomans	Skills for Health
Lynn	Atkins	National Skills Academy for Health
Angelo	Varetto	Skills for Health

APPENDIX 5: Apprenticeship funding bands

Number	Band limit	Number	Band limit
1	£1,500	8	£6,000
2	£2,000	9	£9,000
3	£2,500	10	£12,000
4	£3,000	11	£15,000
5	£3,500	12	£18,000
6	£4,000	13	£21,000
7	£5,000	14	£24,000
		15	£27,000

APPENDIX 6: Standards Approval Process



APPENDIX 7 Summary of the current status of Apprenticeship Standards

Role	Level of learning	Apprenticeship Funding Band	Current Status November 2017	Comments
Clinical Roles				
Health Care support worker	Level 2	Band 4	Approved for Delivery	Clinical (with non-clinical tasks) support role. Can be adapted and advertised to meet specific jobs across every healthcare discipline. Usually Band 2 on AfC pay system. Progression route to Level 3 and/or pre-registered nursing learning programme
Senior Health Care support worker	Level 3	Band 4	Approved for Delivery	More experienced support worker, Carries out a range of clinical and non-clinical healthcare tasks, under direct/ indirect supervision of the registered healthcare practitioner. Usually Band 2/3 on AfC. Progression to AP role or direct to Pre-registration nursing.
Assistant Practitioner	Level 5	Band 10	Approved for Delivery	Assistant Practitioners work at level above Healthcare Support Workers and have more in-depth understanding about factors that influence health and ill-health (e.g. anatomy and physiology). Can take on specialist responsibilities such as assisting in total patient assessment, coordination of care (including referrals to other practitioners) and higher clinical skills such as catheterisation, wound care and discharge planning. Can progress to Reg Nursing sometimes with APEL. Usually Band 4 on AfC.
Nursing Associate	Level 5	Band 11	Approved for Delivery	The Nursing Associate is a highly trained support role to deliver nursing care in and across a wide range of health and care settings. The skills and knowledge for the role are taken from the Nursing Associate Curriculum Framework (HEE, 2017). Role can

				be specialised to meet needs. Usually Band 4 on AfC. Progress to Registered Nurse (APEL).
Registered Nurse (Degree)	Level 6	Funding Band 15	Approved for Delivery	The apprenticeship follows the route to becoming a Registered Nurse. The programme is approved by the Nursing and Midwifery Council (NMC) with standards comprising a common core of skills and knowledge. Further local information on piloting the role to be confirmed but training programmes are expected to commence in 2018
Psychological Wellbeing practitioner	Level 6	TBC	In development	The Trailblazer group led by Essex Partnership University NHS Trust, developing the apprenticeship standard for Psychological Wellbeing Practitioner. The employer led group is joined by several university colleagues, NHS England and the British Psychological Society and includes ELFT
Physician Associate	Level 7	TBC	In development	Physician Associates are medically trained, generalist healthcare professionals, who work alongside doctors and provide medical care as an integral part of the multidisciplinary team. Physician associates are dependent practitioners working with a dedicated medical supervisor, but are able to work autonomously with appropriate support. Pilots of Physician Associate roles are underway in the NEL area. However, the Apprenticeship standard for this new role is at an early stage of development with further information on the standard expected soon.
Advanced Clinical practitioner	Level 7	TBC	In development	Advanced Clinical Practitioners are non-medical practitioners operating at a level beyond the level and scope of their registered status and typically becoming competent in areas that have traditionally been the remit of medical practitioner. Role provides

				opportunity for delivery high level practitioner tasks across 24/7 health care delivery model.

Pharmacy Roles				
Pharmacy services assistant	Level 2	TBC	In development	An additional research project is being undertaken to assess demand for these roles. Development awaiting outcome of General Pharmaceutical Council review of standards. The role of pharmacy service assistant is seen as helpful to patients and to ease pressure on GPs, especially when working with patients with chronic health conditions and who require support with medicines.
Pharmacy Technician	Level 3	TBC	In development	Clinical Pharmacy Technician role awaiting outcome of General Pharmaceutical Council review of standards. Will be embedded in patient facing clinical pharmacy services across all settings and sectors.
Clinical Pharmacy Technician	TBC	TBC	Being explored. Proposal submitted.	The Clinical Pharmacy Technician role will be embedded in patient facing clinical pharmacy services across all settings and sectors. Play a fundamental role in enhancing information flow along patient pathways. [11]

[11] http://psnc.org.uk/sheffield-lpc/wp-content/uploads/sites/79/2013/06/EOI_23-pharmacy.pdf

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Non-clinical Apprenticeships				
Hospitality team member	Level 2	Funding Band 7	Approved for delivery	This is a generalist but adaptable standard that could be beneficial in a busy GP practice. The role is very varied and hospitality team members tend to specialise in an area, such as receptionist.
Hospitality supervisor	Level 3	Funding Band 7	Approved for delivery	Hospitality supervisors work across a wide variety of businesses providing vital support to management teams and are capable of independently supervising hospitality services such as front office supervision.
Business Administrator	Level 3	Tbc	Standard approved, assessment plan in development	Business administrators have a highly transferable set of knowledge, skills and behaviours that can be applied in all sectors. The role may involve working independently or as part of a team and will involve developing, implementing, maintaining and improving administrative services. Tis role can be adapted for any setting/organisation. The focus groups identified that some practices employ staff as Medical Assistants, and Patients Assistants and this standard could cover these needs
Customer Service Practitioner	Level 2	Funding Band 6	Approved for delivery	Another generic role that could be adapted to suit primary/community requirements. Also at Level 3. Core responsibility to provide high quality service to customers which will be delivered from the workplace, digitally, or through going out into the customer's own locality- cover a wide range of situations and can include; face-to-face, telephone, post, email, text and social media.
Clinical Coder	Level 3	Tbc	In development	The focus groups identified the need for better-developed clinical coding roles. There is a level 3 apprenticeship role developed – information on the proposal which provided a summary of the role which is to abstract, analyse, translate and data enter Clinical Coding on patient records in

				accordance with National and International Coding Standards, and Trust guidelines.
Leadership and Management				
Team leader/supervisor	Level 3.	Funding Band 7	Approved for delivery	A team leader/supervisor is a first line management role, with operational/project responsibilities or responsibility for managing a team to deliver a clearly defined outcome. A generic role for supporting, managing and developing team members, projects, planning and monitoring workloads and resources, delivering operational plans, resolving problems, and building relationships internally and externally.
Operations/Departmental Manager	Level 5	Funding Band 9	Approved for delivery	An operations/departmental manager is someone who manages teams and/or projects, and achieving operational or departmental goals and objectives, as part of the delivery of the organisations strategy. They are accountable to a more senior manager or business owner. Generic role for all sectors but knowledge, skills and behaviours needed will be the same. Key responsibilities: creating and delivering operational plans, managing projects, leading and managing teams, managing change, financial and resource management, talent management, coaching and mentoring.

APPENDIX 8: Illustration Comparing Salary Costs for HCSW Apprenticeships

Table provides an illustration comparing Salary costs for Health Care Support Workers employed under a variety of contracts

Job Role	**Health Care Support Worker** (HCSW) **AfC Band 2 point 2**	**Senior Health Care Support Worker** (SHCSW) **AfC Band 3 point 6**	**Health Care Support Worker (Not on AfC conditions)** Aged 21-24 yrs.+ **National Living Wage**	**Health Care Support Worker** (Not on AfC conditions) Aged 25 yrs.+ **National Living Wage**	**Apprentice HCSW** (16-18yrs) or (19+ in first yr. of training) **National Apprenticeship rate**	**Apprentice HCSW** 25yr + **National Living Wage**	**Trainee (AfC)** (up to 12 months prior to completion of training: 75 per cent of the pay band maximum of the fully qualified rate- **adjust for age**) Standard Recruitment Band 1 Point 2 **(75%)**	**Apprentice HCSW** Paid at 55% of top of Band 2 Pt 8 **Local Example (55% of £18,157)**
Hours per week	37.5	37.5	37.5	37.5	37.5	37.5	37.5	37.5
Standard Recruitment	£15,404.00	£16,968.00	£13,747.50	£14,625.00	£6,825.00	£14,625.00	£11,553.00	£9,986.35
On-costs 20%	£3,081.00	£3,394.00	£2,750.00	£2,925.00	£1,365.00	£2,925.00	£2,310.60	£1,997.00
Annual Salary	**£18,484.00**	**£20,362.00**	**£16,497.50**	**£17,550.00**	**£8,190.00**	**£17,550.00**	**£13,863.60**	**£11,982.00**
Hourly pay	£9.48	£10.44	£7.05	£7.50	£3.50	£7.50	£7.11	£6.14

Weekly pay	£355.50	£391.58	£264.38	£281.25	£131.25	£281.25	£266.61	£230.42

Additional Costs to be taken into account include:

- High Cost London weighting adjustment
- Other non- pay benefits offered by the employer e.g. Childcare Vouchers, travel vouchers;
- National Insurance adjusted for age
- All employees including Apprentices included in NHs Pension Scheme requiring employer Contributions

HENCEL Shared Apprenticeship Policy Proposal: Illustrated

Apprentice Salary

2017/2018				
	Basic Max Point	70%	HCAS	LLW
Band 2	£18,157.00	£12,709.90	£4,200.00	£19,012.50
Band 3	£19,852.00	£13,896.40	£4,200.00	£19,012.50
Band 4	£22,683.00	£15,878.10	£4,536.60	N/A
Band 5	£28,746.00	£20,122.20	£5,749.20	N/A

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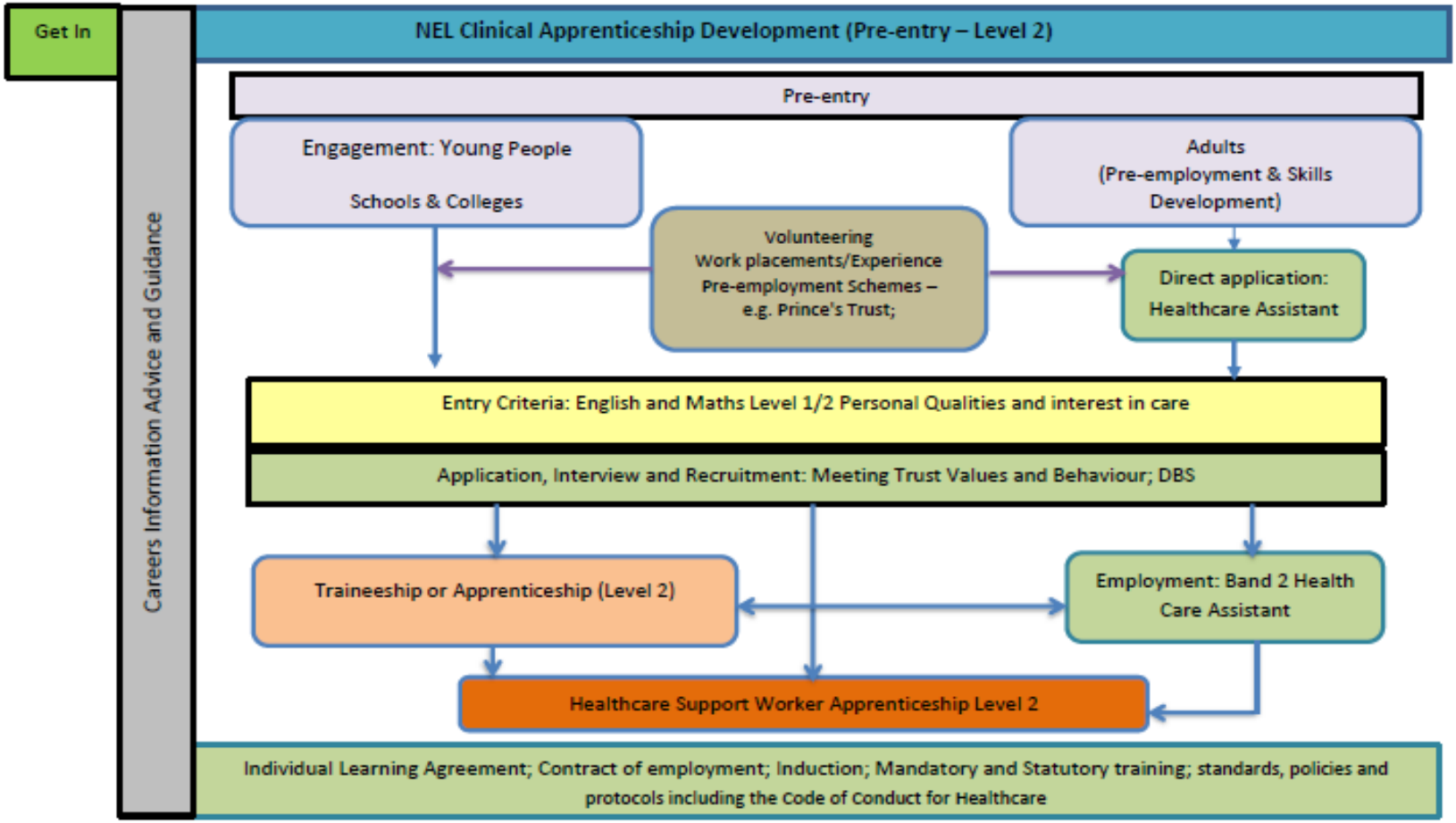
70% of Band + HCAS			LLW Difference					
					Per week	Per hour	LLW Hour	LLW Weekly
Band 2	£16,909.90		-£2,102.60		£325.19	£8.67	£9.75	£365.66
Band 3	£18,096.40		-£915.60		£348.01	£9.28	£9.75	£365.66
Band 4	£20,414.70		£1,402.20		£392.59	£10.47	£9.75	N/A
Band 5	£25,871.40		£6,858.50		£497.53	£13.27	£9.75	N/A

APPENDIX 9: Example of progression pathway (Clinical)



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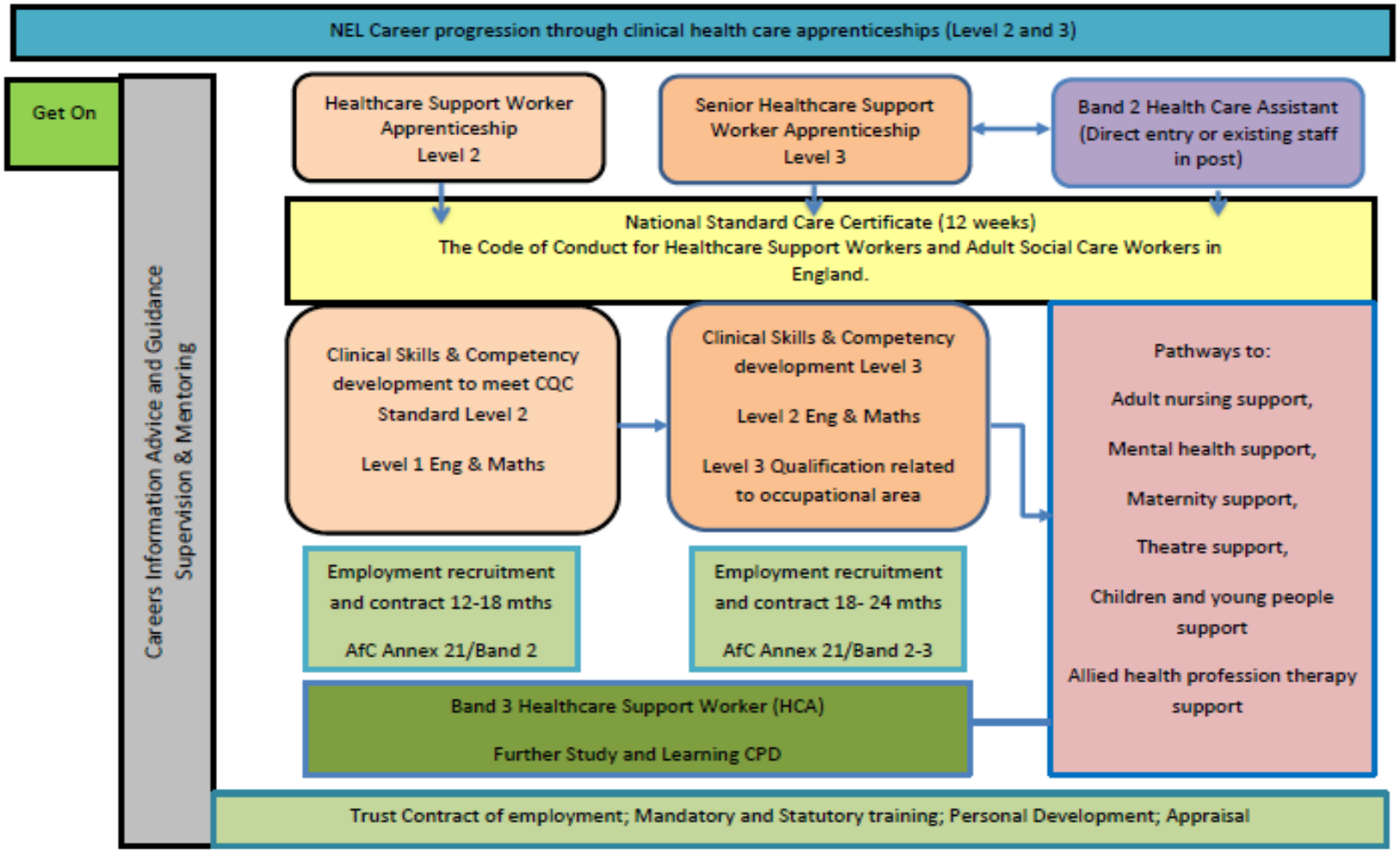

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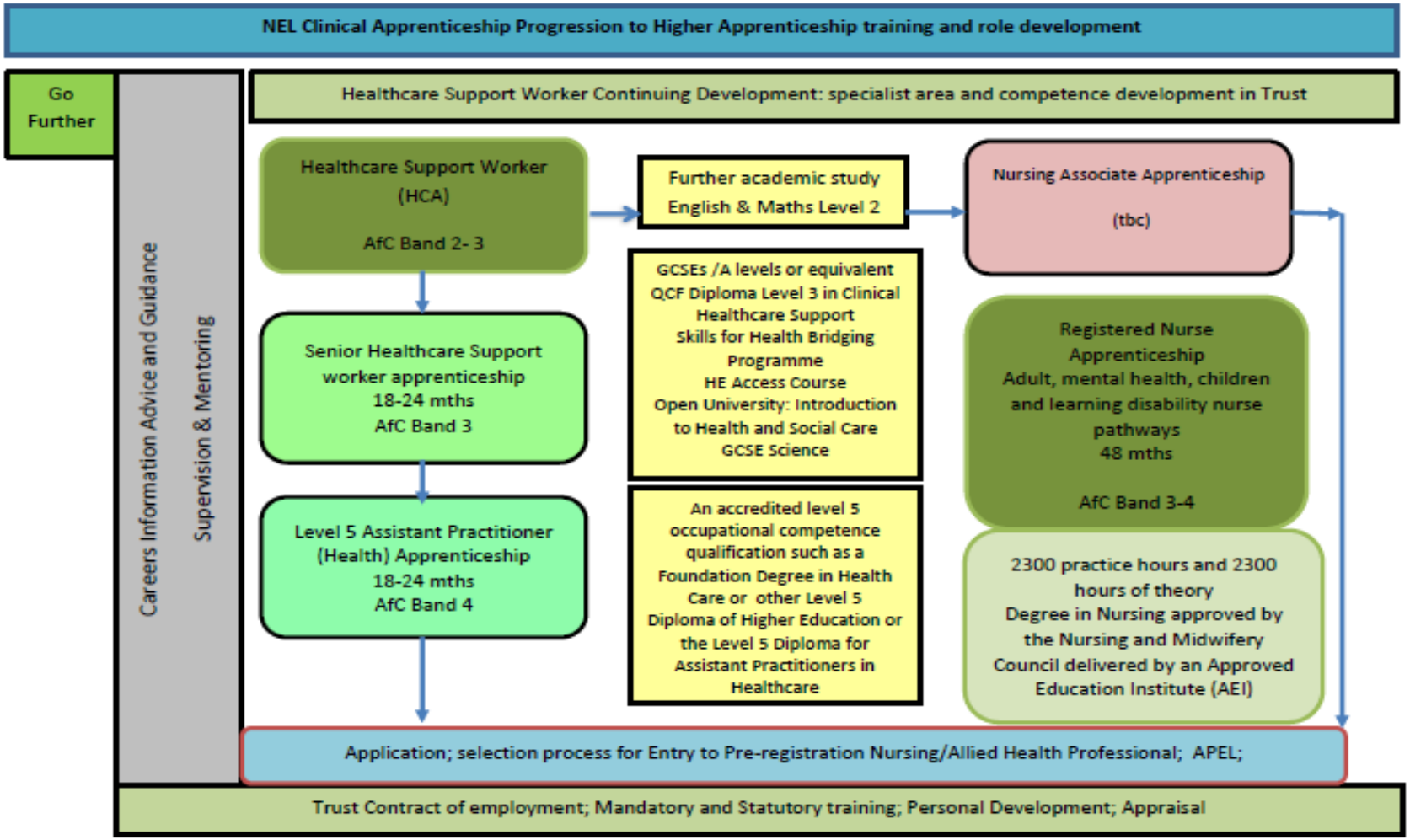

APPENDIX 10: Current status of London HEI apprenticeship provision (Sept 2017)

	Apprenticeship offer				
HEI	**Level 2 – HCSW**	**Level 3 - SHCSW**	**Level 5 – Assistant Practitioner**	**Level 5 – Nursing Associate – Expected approval Sept/Oct**	**Level 6 – Register nursing**
London South Bank	intake 30.10.17 – applications via link ex – closing date august and then 10 times a year as needed	Not offering Little interest from stakeholder.	intake 30.10.17 – applications via link ex – closing date august and then 10 times a year as needed	as soon as we can post standard publication as ready for delivery	Planning for Sept 18
Middlesex	Not offering	Not offering	Not offering after the 2017 cohort we will only be offering the Nursing Associate	From January 2019	March 2019 Also planning to offer a two year apprenticeship on our transition routes.
City	Not offering	Not offering	Not offering	As part of early Implementation of New NMC standards – following development of a new integrated programme – Summer 2018	
Hertfordshire	Not offering	Not offering	Planning for a validation in time to commence a cohort in Jan/Feb 2018.	As soon as standards and EPA are approved and available.	Jan/Feb 2018, subject to validation and viable cohort size. Seeking to validated - all four fields of nursing.
University of East London	Not offering	Not offering	Not offering	Not offering	Not offering

Appendix 11 Apprenticeship Data Scenario Modelling

SFH has completed high-level apprenticeship implementation data scenarios based on the workforce data provided by NEL partner organisations that fed into the Baseline Workforce Data Report September 2017. This was only possible with the BARTS, NEL and BHR data provided.

The scenarios look at different hypotheses to increasing apprenticeship numbers using the workforce data alone, across targeted areas of HCA (AFC bands 2&3), Assistant practitioners (AFC band 4), Admin and clerical (AFC bands 2-6) and registered nurses (AFC bands 5-7). The scenarios were based on total workforce demand estimates (FTE) as well as current workforce (FTE) as a baseline. An understanding of trust priorities, transformation plans and readiness to expand apprenticeship numbers is required to build more meaningful scenarios.

The scenarios are intended to demonstrate how altering the numbers of apprenticeship starts effects achievement of the public-sector target, the workforce costs (and savings where identified) and the utilization of the levy.

Below can be found three work books containing each set of Scenarios developed.

Barts Apprenticeships Workforce Data Scenarios

BHR Apprenticeships Workforce Data Scenarios

NEL Apprenticeships Workforce Data Scenarios