

CASE STUDY

Apprenticeships - a regional approach



Julian Newberry (pictured above) is the chair of a Sustainability and Transformation Partnership sub-group collaborating on procuring apprenticeships across a whole area and range of organisations. Possibly the first group to work in this way, we caught up with him and his colleague James Orpin-Wright to find out more.

1. Where did the group originate from?

The Sustainability and Transformation Partnership apprenticeship sub-group was originally formed on the back of the formation of the Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Partnership (BNSSG STP). Falling under the Local Workforce Action Board strand it promotes apprenticeships as a way of developing and retaining staff in the region's health and care sector.

"It is a key way for organisations to develop closer working partnerships and start to develop a system-wide approach to education in the health and care sector."

2. Who is involved?

The group was formed by the members of the Sustainability and Transformation Partnership, as well as other organisations interested in building apprenticeships into their workforce development strategy across the region. It was also partly driven by the requirements of the apprenticeship levy that was introduced in May 2017 and the new apprenticeship standards, as a way for organisations to learn and react to the new requirements together. The organisations involved in the group range from large acute trusts to small GP practices, with everything in between, covering both NHS, public sector and private sector organisations. From the outset the group aimed to be inclusive to all within the STP.

3. What is it like to chair or be involved in a system-wide approach like this?

The levy and apprenticeship have been a catalyst for change and partnership working within the region. The levy has driven the agenda and the new standards focused our efforts. This group has been a real positive force for change and is regularly praised and highlighted as an excellent example in other groups of successfully getting organisations to work together to achieve common objectives. The core membership of the group are all driven by the same desire to implement and establish apprenticeships within their organisations and promote them as excellent career pathway opportunities to aid retention and progression.

“It has been a pleasure working in this group and I feel that we have made real progress in creating good working relationships and an open discussion around how to improve education in the health and care settings for the region. Key to the role is setting of clear objectives which we monitor and measure.”

4. Which apprenticeships have you already procured and which are you now working on?

As many organisations were already delivering, or had already procured lower level apprenticeships (such as Healthcare Support Worker, Business Admin etc) our attention turned to the higher apprenticeships. To date we have jointly procured Advanced Clinical Practitioner (Level 7), Chartered Manager Degree Apprenticeship (Level 6), Senior Leader Master’s Degree Apprenticeship (Level 7) and Nursing Associate (Level 5), with cohorts due to start from May 2019 onwards. We are currently promoting and recruiting for these apprenticeships at the moment.

5. What next?

Our next priorities are Registered Nurse Degree Apprenticeship (Level 6), Operating Department Practitioner (Level 6), Finance/Accountancy (Levels 3, 4 and 7), Leadership and Management (Levels 3 and 5), Project Management (Level 4), as well as procuring some of the most popular lower level apprenticeships to ensure a wide range of providers are available for organisations to choose from to maintain a responsive high quality competition and delivery.

“We are also working towards creating a pilot group for a rotational healthcare apprenticeship across

different sectors, with the view of creating well rounded employees who have an understanding of the wider sector.”

6. How did you work out the apprenticeship figures and agree them between the different organisations?

As the apprenticeship agenda is relatively new to most organisations in the group, our first issue has been getting support from organisations to back apprenticeships and agree to employing them in larger numbers and at higher levels. This is still an ongoing project, but we are definitely gaining momentum, and our figures for the first half of 2018/19 have shown a 25% increase in the numbers of apprenticeship starts across the group. However, there is still a long way to go before apprenticeships are fully embedded into the culture of all organisations.

Achievement



25%

increase in number of apprenticeship starts

To ensure that everyone is happy with what is being procured we set up procurement groups with representation from a range of different organisations to ensure all voices are heard. Establishing potential numbers for the Advanced Clinical Practitioner (ACP) tender took several attempts, whilst organisations tried to establish potential internal interest and workforce. Members needed to have an internal discussion to gauge interest and to develop a common understanding of the ACP role, often with links to a cost pressure bid.

The apprenticeship group also spoke to a range of higher education institutions, before going to tender, to gauge their appetite for the pathways within the ACP standard. We will always ask for provisional numbers beforehand to ensure that demand will be met by procured courses. The procurement process is also done jointly so that all organisations can have a say in which training providers are chosen.

7. What help was available to you? And what was most useful and why?

We have had support from various areas, in particular from Health Education England (HEE) with regards to the Education and Skills Funding Agency (ESFA) and general apprenticeship queries

and from Salisbury Dynamic Purchasing System (DPS) with regards to procurement. Both of these have been absolutely invaluable resources.

“HEE have provided a really useful link between the group and the ESFA and are often able to help us understand things better, for example around the levy rules, and as a means to plugging into a national dialogue around the standards such as the Advanced Clinical Practitioner.”

8. Did you have any issues or do anything that didn't work – is there anything others can learn from you about what not to do?

Perhaps the main issue we have faced is trying to coordinate the effort across all organisations. Of course everyone who works in healthcare is already very busy, so finding time to meet, agree objectives to move forward with these projects can be challenging. During initial meetings much time was spent establishing buy-in and engagement from organisation.

Equally, building a tender can be time consuming and require much interaction to get everyone to the same the point. However, this time is worth the effort in forming a common understanding of what product we want to secure when going to market. We have a dedicated apprenticeship project manager who coordinates the effort, liaises between the organisations, prepares all documents and maintains links with external organisations and training providers. Where we have encountered issues, we have often been able to go to other STPs or organisations for advice which has been very useful.

“It would be great if this could somehow be shared on a national scale to avoid duplication of effort across STPs throughout the country.”



**James Orpin-Wright - BNSSG
STP Apprenticeship Project
Manager**

9. What is next for the group?

Whilst the group still has many procurement projects in the pipeline, it has already begun to look ahead at other ways of supporting organisations in the STP around their apprenticeship activities, ranging from promotion of apprenticeship courses, to a greater quality assurance focus to monitor the organisations we have procured within an overall governance structure.

The group is also in the initial stages of sharing quality data and establishing benchmarks around apprenticeship retention and achievement rates in order to assess the impact of an apprenticeship within the STP.

Furthermore, the group wants to develop the apprentices' learning experience and work together to grapple challenges around supporting learning education needs. The group has already run an STP session to support apprentices with dyslexia.

“There is, it seems, a need for this project to continue beyond its projected end date, as there is still much to be done to fully embed apprenticeships into the health and social care sector.”

10. What has been the best part of taking this approach?

Perhaps the most positive thing about taking this group approach has been the building of relationships and the partnership working between organisations.

“In a short amount of time we have already achieved a lot as a region, and we have enjoyed doing it! There is a sense of cohesion and purpose to the group that has enabled us to cross ‘tribal-lines’.”