Sunderland Nursing Apprenticeship Consortium - Case Study

A consortium of Trusts in the North East have developed an innovative Nursing Apprenticeship programme in partnership with the University of Sunderland.

Background

The main driver was that the Trusts were each losing, on average, up to 100 registered nurses per year due to retirement, relocation etc. As employers, they recognised that developing the existing support staff was the right thing to do. When the apprenticeship levy was introduced the organisations recognised the opportunity this presented and planned a mix and match model of supporting students via the traditional BSC and seconded routes, and to launch the degree level apprenticeship for mental health & LDD. They now have plans in place to begin to meet their registered nursing workforce needs by 2021 and some Trusts will be in a break-even position shortly after this. The University of Sunderland will have two intakes per year for the nursing apprenticeship and the calibre of candidates has been incredibly high.

Employer Led Model

Apprenticeships are supposed to be employer led but sometimes this is not the case and models are inflexible. The Trusts believe their model has been achieved by extensive negotiating with a proactive and receptive Higher Education Institution (HEI) and agreeing the learning models and the introduction of an exciting new role of the Apprentice Educational Supervisor in Practice (AESIP) which is integral to the success of the programme.

The Trusts agree they have learnt a lot but still have more to learn and the apprenticeship model is very different and unique but a fantastic opportunity. The employers have committed to ongoing steering groups for the governance between the HEI and consortium.

This governance consists of 2 layers with an operational group to deal with the day-to-day implementation and then the main steering group with representatives from all the employers and the HEI to manage quality and the transition to the new version of the apprenticeship standard. The Steering Group also agreed the job description and key duties and responsibility for the AESIP role who are employed directly by the HEI. The AESIP’s are all very experienced registered nurses in their specific field and the ethos is to return to the traditional Master/Apprentice role where the apprentice learns from the master who has already acquired those practical skills and knowledge in practice over a number of years.

AESIP’s view

One of the things that sold this role to me was that we would have input in not only the development of this new role but also of this brand new programme and that the important thing was that we had the clinical skills to support the apprentices to become the nurses we needed in our organisations and also the nurses we need moving forward. I wanted to positively use the experience I had gained as an LDD nurse to develop the future workforce.

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and to make the programme better. We might be new to these roles academically, but we are not new clinically. Over the years we have all seen Healthcare Assistants (HCAs) who would make excellent nurses with care and life experience but couldn’t progress for a variety of reasons usually financial. The apprentices are coming with that experience and they really want this opportunity.

The delivery model is integral to the programme, but the business case and costs differ from organisation to organisation and each individual Trust is operating and feeding in to it differently according to their own needs which makes it very unique. It is unlikely that you will get every employer in a consortium to agree how they second people, their terms and conditions or what they look for in staff and nor should they have to which makes this such a bespoke employer led model.”

Jennifer the Lead from Sunderland University believes the key success factors are flexibility and the organisation that is required to make sure that anyone that is seconded into the apprenticeship was employed in their base area but still have the opportunity to go off and do experiential learning to meet the Nursing and Midwifery Council (NMC) standards for the supernumerary practice areas. So whilst being employed is one of the key things, we recognise that the supernumerary practice must also be incorporated into the model.

Meeting the NMC Standard and Apprenticeship Standards is a challenge as well as enabling the apprentice to still have contact with their employer to achieve NMC competence. The model also incorporates stretching competence so the apprentices take the Knowledge, Skills and Behaviours (KSB) they are learning into their supernumerary practice area and build on that.

They also then achieve competence in different areas and take this back to their base area so they are stretching competence as an apprentice all the time. We recognise that the NMC standards are also being stretched with the support from the AESIP’s and a practice supervisor nominated in their base area and in the supernumerary practice area. They may be employed by the HEI, but they support the apprentices in the workplace. It is a senior lecturer role, but they have the credibility on the ground as they are not from purely academic backgrounds and have extensive experience in their relevant field.

She goes on to say that the reason this model has taken off is because it meets the needs of the employer. Anything away from the work base area is classed as off-the-job learning and evidenced in the HEI documentation. The apprentices attend university 1 day per week but also attend conferences, study days etc. and have an off-the-job sheet to capture all examples via their E-portfolios.

The Apprenticeship Standard KSB’s are also mapped into the NMC standards and the programme can be adapted as new partners come on board without compromising quality or standards. Each Trust in the consortium has facilities to support candidates through their Functional Skills and ensure they are prepared and there is an agreement in the collaboration to host each other’s placements. They also have set their own minimum length of service as an entry requirement.

“Every employer we have spoken to asks how we can afford it in terms of cost and backfill – the very simple answer is we can’t afford not to! A business case went to the board with the costs associated with agency and bank nurses and registered nurse vacancies. In the first 2 years it is equal but by year 3 we will break even. Workforce planning is key to this and not just around numbers anymore but in terms of pathways. LDD for example and the number of HEI’s who have stopped offering this. The business case also included some start-up costs and NTW wanted every apprentice to be loaned a laptop. Very few ward-based support workers get access to a PC to do some work. This is a small enabler.” said Gail from Northumberland Tyne & Wear NHS Foundation Trust

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Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) have 22 Nurse apprentices on programme across all of their Trusts and are planning to work with more HEI’s so are developing a more strategic approach as to where they can generate apprentices from and ensure the HCA workforce has got the necessary requirements such as functional skills to apply for the programme. They are looking at workforce planning and engaging with potential students but also heads of service to make sure they are ready to support the apprentices.

South Tyneside & Sunderland NHS Foundation Trust (STSf) have had a huge amount of interest and believe it is a fabulous opportunity for staff internally. They wanted to have the apprenticeship as an option/route as many staff, for a variety of reasons, wouldn’t have been able to access the traditional route. Whilst keen to have an internal progression route for our HCA workforce, we do not envisage numbers increasing as it is not a viable financial option when we can meet our recruitment needs from traditional programmes.

This last point illustrates the flexibility of this programme in that each employer can pick and choose how it uses the opportunities.

The Apprentices

“I came into the Trust as a Band 2 as I had no experience of care and moved up to a Band 3 role after a year to move into a different service. I was waiting for an opportunity like this. I always knew I wanted to be a Mental Health registered nurse, but I couldn’t afford to go to university at this time of my life. To get onto the programme was a challenge, the standard was very high. 102 people were interviewed but it was an opportunity that was too good to miss. I knew as a healthcare assistant and a nursing assistant I could give more. NTW supported me to do my L3 Health & Social Care and I completed my L2 Functional Skills. I work in forensic services as my base ward and I am released to go to university one day per week and am on supernumerary placements. Academically it has been the biggest eye opener as I had not been in education for quite a long time, but the support is fantastic. Going from a L3 diploma to a L6 degree is also massive.” said April Robson

As well as an innovative programme the consortium agreed a new rapid station interview process which is speed interviewing and consists of 4 panels which are academic, employer, written and a roleplay/clinical situation panel. The idea is that candidates rotate through the panels in groups of 4 and are asked 3 or 4 questions and the panels then come together to score.

All the questions asked were the same across all Trusts. The interview process has been so successful they are considering rolling it out for other areas of recruitment in the Trusts.

Sharon Bladen who was a mental health assistant for 28 years prior to starting the apprenticeship says of the interview process:

“I liked that we had different stations and it did bring out the skills and knowledge that we already have. I thought I had failed and that nerves had got the better of me, but I was successful and here we are today!”

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The apprentices feel that the way their programme is delivered is very high quality and comparatively they feel very confident compared to traditional students. The university believes that if you get the foundation right at the beginning of a programme and that every student is supported and allowed to develop the existing knowledge they have, they will be successful.

Sharon says she would never have been able to fund a degree herself.

“I am a carer and a single parent with 2 children with additional and mental health needs and this is about giving something back. Now is my time, my youngest is nearly 18 and now I have new role to pursue. I definitely think having experience as a healthcare worker puts you in a really good position to apply for the course as you already have the values and caring skills and can now learn to be a nurse. If I had gone the traditional route without any experience I would have been blown away.”

Another one of the apprentices Natalie Jefferson fell pregnant at 16 then went to college to do a childcare course and then an evening course to get a degree before getting a role on the bank at the Trust. She is supporting 4 young children and has had a challenging start to the course but the support package in place has ensured she can continue.

The apprentices are supported on a pastoral and academic level and can access the full traditional student resources of the HEI. There is also an extensive support network back at the employer sites too. The support is also there from peers too, the apprentices from across the Trusts have all gelled together and are recognising the benefits of working with apprentices from across different settings and fields and harnessing the skills and experience they bring.

“If that is not the basis in 5/10 years’ time of integrated care systems with registered nurses of the future then what is?” said Gail from NTW

We are proactive, and we have listened to what the employers wanted and what they didn’t want was a 3 year traditional nursing degree badged as an apprenticeship. They wanted something very different. We would consider wider national delivery as long as it doesn’t compromise on quality. The model is only part of the success of the programme and the employer mindset and willingness to collaborate is key. It has to be done in partnership or it doesn’t work. We are embedding the future governance of the steering group to take this forward and the collaboration between the HEI and the Trusts is paramount because you have to negotiate with wards for supernumerary placements etc. and manage their base ward employer’s expectations. It is not a quick fix now but a longer-term solution to workforce developments. Practice supervisors are informed and supported by the HEI’s and AESIP’s. We also recognise that planning is vital and we have a 5 year tracker for placements so we know where any potential hotspots are and can plan accordingly. We also have January and July intakes to avoid the traditional BSC intakes and the academic year to level load the placements.”

Sunderland University say the majority of their staff have come from practice into HE.

Advice for other people considering the apprenticeship

“Aspire to be whatever you want to be and go for it. You will get there as the support is in place and it is an opportunity that can’t be missed. When I started the course back in January, I couldn’t find my way around my phone let alone a computer, but they are skills I have learnt from fellow apprentices in the classroom.” said Sharon

“You have to have passion and determination. Every week I was leaving university thinking I can’t do this, but I truly believe that as a registered nurse I can deliver and have more of an impact on care. I have 20 years left of my working life to build on and deliver really good person-centered care as that is what we are being taught.” said April

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This pioneering programme is evaluated at every stage and includes evaluation of delivery and the views of the apprentices too. They don’t have a base line to compare it with as it is all so new but the learning will be invaluable.

“It is early days for the programme but it is nice to think that potentially we will be trailblazers for changing the culture of nursing is quite an accolade to have.” said Jennifer from Sunderland.

Gail from NTW points out that future cohorts can speak to current candidates to tell them how the course really is so they are fully prepared and apprentice April confirms that the traditional students are jealous of their opportunity and say when they go on placement they wish they could have done that and been paid to learn.

Gail goes on to say “in the North East we have been pragmatic in our approach to the apprenticeship programme and the financial implications have been overtaken by the critical shortage of nurses. The term apprenticeship has meant a huge culture shift where people recognise apprenticeships are not just for young people. That is not unique to the NHS but culturally across the British public. Also don’t let NHS infrastructure get in the way of what you need to do, for example procurement or workforce processes and find your way through it. My thoughts were don’t tell me how I can’t do it tell me how I can! The organisations have all learnt from each other too and shared best practice and tips.”

She concludes by saying “we know we can’t tie people into contracts after completing their apprenticeships but what we have done is appeal to the individual so they understand the investment we are making in terms of levy spend and salary and that we are supporting them at the beginning of their professional life so they want to stay with us.”

The apprentices are recognizing this and have all discussed how privileged they are to be part of this exciting programme and that it has massively increased their loyalty to their Trust, and they would all sign a contract if it was permissible under ESFA funding rules.

The Trusts would all like to eventually extend the programme to new recruits but as Gail from NTW says “we have a duty to our own staff to develop them first, but candidates can still come in on a L2/L3 apprenticeship and progress that way”. The cohort’s ages range from 19 to early 50’s and the mean age is 35.

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The Employer Consortium – Northumberland Tyne & Wear NHS Foundation Trust (NTW) South Tyneside & Sunderland NHS Foundation Trust (STSF) Tees, Esk and Wear Valley NHS Foundation Trust (TEWV) & Newcastle Hospitals

The Sunderland Team and AESIPS