Supporting Apprenticeships in the Health Sector

A briefing report for trade unions

More Information

This report has been produced as part of a project about trade union support for apprenticeships in the workplace, which was led by the joint health unions and funded by Skills for Heath. There is a short version of this report available as a PDF on the Get Better Skills website and can be downloaded here:
www.getbetterskills.co.uk

For more information about the project contact
tony@getbetterskills.co.uk

For the full specification for standards in England go to
www.apprenticeships.org.uk/Partners/SASE.aspx

For information about the Qualifications and Credit Framework and the new qualifications replacing NVQs go to www.tinyurl.com/5sklkds

Useful national trade union contacts:
www.unionlearn.org.uk
www.unison.org.uk
www.rcm.org.uk
www.rcn.org.uk
www.unitetheunion.org
www.gmb.org.uk

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Introduction

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Apprenticeships are a growing success story. The previous Labour Government invested in them, improved their quality and made them a priority for public services including the health sector. The Coalition Government transferred £150 million in May 2010 from the Train to Gain budget to support apprenticeship growth and will boost spending on adult apprenticeships by £250m a year to fund a further 75,000 apprenticeships by the end of the three year Spending Review period. In addition the Chancellor announced in his March 2011 budget a £180m package for a further 50,000 apprenticeships, with the aim of helping young people into work or training.

Introduction

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As part of its response to the National Apprenticeship Advisory Committee report 'Making apprenticeships an important and sustainable part of the health sector workforce- final report ' published in November 2010, the Department of Health made £10m available to Strategic Health Authorities to support increased numbers of apprentices, as well as support training and employment costs of additional administration and infrastructure. Report available at: www.tinyurl.com/2vxttjf

Strategic Health Authorities are continuing to fund apprenticeships in the current financial year.

Until the late 1990s apprenticeships were in the doldrums with only 65,000 apprentice starts, low completion rates and a reputation for poor quality. Today that reputation is being transformed with apprenticeships increasingly restored to their historic position of being the byword for high quality learning and the way into a good career.

By 2009/10 there were 279,700, apprenticeship starts, with completion rates climbing to 73% and in 2010/11 there were more than 380,000 adult apprenticeship starts – far in excess of the Government's aspiration to deliver 50,000 additional apprenticeships in that year.

- In 2010/11 there were 380,000 people starting an apprenticeship, compared to 160,000 in 2001/2
- Planned to rise to 400,000 a year by 2014
- About 40% of Apprentices are aged 16, 17 or 18 when they start
- 60% are aged 18+ when they start
- In 2000 – 70% of starters did not complete their Apprenticeship programme
- In 2010 – 70% + of starters will successfully complete their programme

The previous Government set a target of 5,000 new apprenticeship starts across the health sector in England to be achieved by the end of March 2010, and despite starting from a low base this target was exceeded with over 8,000 apprenticeship starts recorded. Apprenticeships continued to be embedded in the health sector following the target achievement, with all Strategic Health Authorities and many Trusts seeing them as an important new addition to their learning and development tool box. The Apprenticeships, Skills, Children and Learning Act 2009 (enacted in 2011) guarantees full or partial funding for anybody who finds an employer that will offer them an apprenticeship from 2013 and the health sector will be a significant provider of opportunities for them. Apprenticeships are not age restricted and it is worth noting that of the 8,000 plus new starts in the health sector mentioned above most were existing staff and around 50% of these were in the 25+ age group.

Why have apprenticeships found such renewed popularity? For the apprentice they provide a better development and learning opportunity than stand alone NVQs did and they also have the great advantage of being able to 'earn as you learn.' Apprentices who are new recruits get access to a worthwhile career while being able to apply their theoretical learning to their new skills in practice in the workplace. On top of that, the terms under which the apprentice is employed and undertakes learning are underpinned by legal standards, giving the apprenticeship a higher status than other learning programmes.

For employers, apprenticeships are an additional means of plugging emerging skills gaps and shortages, renewing an ageing workforce and bringing on new staff and new leaders in tune with the way they do things. For unions, apprenticeships provide learning and development for existing members as well as the opportunity to support a growing cohort of new entrants to the workforce –some of who could become the next generation of union activists and leaders.

Apprenticeships are still new to a lot of us in the health sector, so this briefing is for all those in health sector unions who have a role to play in ensuring apprenticeships are sustained over the longer term as the high quality learning and career opportunities they need to be. The briefing is an introduction to these new style apprenticeships together with some ideas for Union Learning Representatives (ULRs), other branch officers, and paid union organising and education staff, to consider what they could be doing to support apprenticeships. It is an easy to read accessible reference with information about apprenticeships, some frequently asked questions, challenges to some myths and signposting you to other more detailed information, resources and guidance.

This briefing has been produced by the joint health unions nationally and the whole project is funded and supported by Skills for Health- the Sector Skills Council for the health sector. The project applies to England only. Arrangements for apprenticeships in Scotland, Wales and Northern Ireland are different to those in England and are emerging at the time of writing.

What is an Apprenticeship?

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It is often stated that nursing cadets are health service apprentices. But is this true? How do we know what counts as an apprenticeship so far as Government funding and quality standards are concerned? And just how much flexibility do employers have in designing an apprenticeship to meet their needs?

What is an Apprenticeship?

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What constitutes a high quality, standards based apprenticeship in England is laid out clearly in the Specification of Apprenticeship Standards in England (SASE) published in January 2011 and available at: www.tinyurl.com/62jjpam

These standards are legally underpinned by the Apprenticeships, Skills, Children and Learning Act (2009) which also requires, under Section 32, that apprentices are employed.

Apprenticeships are made up of a number of mandatory qualifications and various quality standards which together contribute to an apprenticeship framework. All new apprentices starting an English apprenticeship framework since the 6th April 2011 need to comply with the standards. On successful completion of the prescribed qualifications and related components within the Framework, Apprentices will then be awarded their Apprenticeship Certificate. SASE sets out three categories of apprenticeship frameworks at intermediate (level 2), advanced (level 3) and higher apprenticeships (levels 4 & 5). What is legally required in all apprenticeship frameworks at these three levels now includes:

- A competence qualification and a separate technical knowledge qualification

Or

- An integrated qualification which combines competence and technical knowledge elements

Apprentices who are still completing an apprenticeship before or beyond the 6th April 2011 will have their framework treated as though it is SASE compliant and therefore eligible for a completion certificate.

These qualifications must be underpinned by National Occupational Standards, approved by the relevant Sector Skills Council for inclusion within an Apprenticeship framework and be included on the Qualifications and Credit Framework (QCF); unless the framework specifies a Higher National Certificate(HNC), or Higher National Diploma(HND) or Foundation Degree(FD) without a QCF credit value. HND and FD qualifications are subject to additional criteria for inclusion in a higher apprenticeship framework (see the SASE document). In addition frameworks must:

- Specify the number of QCF credits that an apprentice must attain – the minimum is 37 credits for intermediate, advanced and higher level apprenticeships, unless the higher apprenticeship framework includes a higher education qualification without a QCF credit value

For information about the Qualifications and Credit Framework and the new qualifications replacing NVQs go to www.tinyurl.com/5sklkds

- Include Functional Skills qualifications in Mathematics and English (or have achieved their equivalences prior to commencing their Apprenticeship) and if relevant, Information and Communications Technology at appropriate Levels. Existing Key Skills qualifications will run parallel to functional skills until September 2012

- Include Employee Rights and Responsibilities (ERR), which cover employment rights, health and safety, equality and diversity and knowledge about progression routes available. Understanding of the role of trade unions and professional bodies can feature here

- Cover Personal Learning and Thinking Skills (PLTS), which are- independent enquiry; creative thinking; reflective learning; team working; self management, and effective participation

- Have a minimum number of 280 Guided Learning Hours (GLH) which will be a mix of 'on the job' and 'off the job' training, with a minimum of 30% of the total or 100 hours whichever is greater, done as 'off the job' learning. All GLH have to be delivered within contracted hours.

In addition, all frameworks should indicate progression routes into and beyond the framework.

Each Sector Skills Council is working with the National Apprenticeship Service (NAS) to develop higher apprenticeship frameworks. There are currently no health sector specific Higher Apprenticeship frameworks although there are a number of Foundation Degrees, some of which could be considered for inclusion as an integrated qualification combining both competence and knowledge elements, if evidenced as being SASE compliant. In partnership with the Department of Health, Skills for Health are in the process of developing specific health Higher Apprenticeships in a number of areas including acute care support, maternity support and rehabilitation support.

For the list of Higher Apprenticeships under development go to www.tinyurl.com/afoonline

In parallel, the Department for Business, Innovation and Skills is developing guidance on how to set out progression routes from apprenticeships into the professions. The idea is to speed up the numbers of health specific higher apprenticeship frameworks available by building on what has already been developed in

the sector, mainly Foundation Degrees designed to train assistant practitioners. To have its Foundation Degree included as part of a SASE compliant higher apprenticeship framework, a University has to demonstrate that the Foundation Degree is underpinned by National Occupational Standards (NOS), is 50% competence based and 50% delivered through on the job training.

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Under Section 16 of the ASCL Act new Apprenticeship Frameworks can be developed by Employers or Education providers where no provision currently exists and its requirement evidenced against Sector wide workforce need, with Skills for Health, in its role of a Sector Skills Council acting as an Issuing Authority. Trade Unions could work with employers to develop new frameworks where gaps are identified.

For union reps the SASE provides a very useful checklist of mandatory standards against which to benchmark the quality of apprenticeships delivered in the workplace.

What Frameworks are There?

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Most of us think of apprenticeships as relating to crafts and trades, like plumbing, engineering or carpentry, and as being solely for the young, so not very relevant to the health sector. In fact, most recent apprenticeship starts were taken up by existing staff over the age of 25, and there are over eighty apprenticeship frameworks in use in the health sector supporting over 100 occupations.

What Frameworks are There?

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The numbers of apprenticeship frameworks available is expanding all the time. The full range of frameworks suitable for use in the health sector is available at: www.tinyurl.com/afoonline

These cover 100 health sector job roles as diverse as anatomical pathology technicians, chefs, clinical information staff, cleaners, health care assistants and maternity support workers. General occupational areas where external frameworks are suitable for use in health care include:

- customer service and call centres
- IT
- Construction and Engineering
- Administration, Finance and Management
- Transport and Vehicle Maintenance
- Estates

The table also names the body which 'owns' the specific framework and indicates developmental work already underway, or needed where there is a lack of fit for purpose qualifications.

Health sector specific frameworks

The health sector specific frameworks currently available and issued by Skills for Health at April 2011 are below:

Health (Allied Health Profession Support) Level 3
www.tinyurl.com/hahpsl3

Health (Blood Donor Support) Level 3
www.tinyurl.com/hbdsl3

Health (Clinical Healthcare Support) Level 2 & 3
www.tinyurl.com/hchsl23

Health (Dental Nursing) Level 3
www.tinyurl.com/hdnl3

Health (Emergency Care Assistance) Level 2
www.tinyurl.com/hecal2

Health (Healthcare Support Services) Level 2 & 3
www.tinyurl.com/hhssl23

Health (Maternity & Paediatric Support) Level 3
www.tinyurl.com/hmpsl3

Health (Optical Retail) Level 2 & 3
www.tinyurl.com/horl23

Health (Pathology Support) Level 3
www.tinyurl.com/hpsl3

Health (Perioperative Support) Level 3
www.tinyurl.com/hpsl32

Health (Pharmacy Services) Level 2 & 3
www.tinyurl.com/hpsl231

Health and Social Care Level 2 & 3
www.tinyurl.com/hascl23

Health and Social Care Apprenticeships containing the new QCF Health & Social Care Diplomas and related technical knowledge qualifications at levels 2 and 3 are owned jointly by Skills for Health and Skills for Care, although Skills for Care and Development will be issuing them.

Apprentices must undertake the qualifications and related components prescribed within the Framework including specific qualifications to gain the underpinning knowledge they need. All QCF certificates and diplomas are regulated stand alone qualifications in their own right, are recognised by employers, and delivered by learning providers. These qualifications are based on national occupational standards (NOS) which have been developed by employers within the sector. QCF qualifications provide learners with the opportunity to present work based evidence to demonstrate via assessment, that they have acquired the practical skills and knowledge- or competences- required to carry out the job role effectively. The range of health sector apprenticeship frameworks available means that employers can introduce apprenticeships across a wide and varied range of health sector job roles.

Level 2 and Level 3 apprenticeships commonly take one and two years to complete respectively.

Which Age Groups are Eligible for an Apprenticeship?

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Previously most Government funding available to meet apprentice training costs was targeted at the 16 - 18 and 19 - 25 age groups. But apprenticeships can be undertaken by new and existing staff in the 25 + age group and this is boosted by the Government's commitment to increase funding for adult apprenticeships with a focus on advanced apprenticeships at level 3- the so called skilled technician layer of workers.

Which Age Groups are Eligible for an Apprenticeship?

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Over 50% of the 8000 plus new apprenticeship starts last year in health were adult learners like Nicki Francis who is quoted in the box below and already take advantage of apprenticeships locally and many more would join them- if there were funding available. The details of funding amounts and eligibility are subject to frequent change but the underlying principle is that for apprentices aged under 19 when they begin their apprenticeship the government will pay all of the training fees, for older apprentices (19+) the government will pay about half of the fees and expect employers to pay the rest. For up to date funding information go to www.apprenticeships.org.uk

Hefce (Higher Education Funding Council for England) may be involved in funding if the framework contains a Foundation Degree.

School students in the 14 to 16 age group can also undertake a young apprenticeship in health. These consist of study plus work placements typically into a variety of occupations in a hospital trust. These may be in pharmacy, administration or in clinical areas. There is no legal age restriction for young people providing direct personal care. The below 18 years exclusion rule is just a myth–or the result of local cultures and decisions- which might need to be challenged. Skills for Care have published useful guidance on managing young workers which is available at www.skillsforcare.org.uk/news/

That said, it is a legal requirement for employers to carry out a risk assessment for each work placement (or task for employed apprentices) covering the suitability of exposing a young person to the very personal aspects of care, and

Personal Statement
Regarding my Apprenticeship

My name is Nicola Francis, administrator in the learning and education department at Luton and Dunstable Hospital NHS Foundation Trust.

I successfully undertook an apprenticeship in business and administration (NVQ 3) with an external course provider during 2010. The method of collecting evidence by 'e-portfolio' using photographs and verbal information uploaded from dictaphone was much better for me as there was less time spent collecting my evidence compared to my NVQ 2, which was all 'hard' data collection.

I hadn't really been in education for about 10 years, therefore I had to undertake key skills in maths (my weaker subject) and communication (including English), and I felt rather daunted by this. It was the maths I found hard, but I got great support from my assessor and I managed to get through it.

Part of the apprenticeship was to work towards a technical certificate. This tested my knowledge of the modules that I have chosen. My assessor looked at my job and the skills I was performing and mapped them against the competencies within the NVQ 3 award. One area that we found I had not done before was presentations. As part of my communication keys skills, I was required to give a ten minute presentation to my manager and assessor and although initially I felt overwhelmed, once I had done it, I felt really good and confident. I feel I would be able to do another presentation again with confidence. In fact, my assessor said that my presentation was 'one of the best she had seen.'

Since undertaking the apprenticeship last year, I have found that I have become more assertive at work and I am able to give my ideas and point of view now. The apprenticeship has also meant that I am slightly more organised in my private life too. My role has also developed, I now co-ordinate 42 apprenticeships within The Luton & Dunstable Hospital NHS Trust. I was chosen because I had been through the process and therefore had an insight into the way that the course provider runs their course. I know which paperwork is needed and able to book rooms for assessment. I previously struggled with maths, but this has greatly improved.

In the future, I am hoping to develop my leadership and management skills and I hope to take further education to support this, i.e. another apprenticeship or higher qualification.

I am really pleased that I took the apprenticeship last year. I would recommend it to anyone. The e-portfolio really helped in making collecting evidence easier, and I now tell lots of people about the benefits of it. Lots of individuals think it is too hard, or demanding if they have a family, or, that they are too old. I can tell them that this is not the case. I have a family and I am in my mid thirties. I have been successful and I advise them that they can be too. Overall, it's been really positive, I can't fault it. You are never too old.

Which Age Groups are Eligible for an Apprenticeship?

on the basis of the assessment decide the appropriate parameters of personal care provision the young apprentice should provide based on their emotional maturity, competence and the dignity of the patient.

For more information about risk assessments go to www.hse.gov.uk/

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Nearly 5000 young apprentices have completed their frameworks since the programme was first piloted in 2004 and it is estimated that there are currently around 1500 young apprentices on programme in health care. Sadly young apprenticeships will get no further government funding after 2012. Despite this they still provide an excellent opportunity for health care organisations to build links with local schools and create a route for young people into a health care career. Trade union members and their families can play a key role in promoting and encouraging young people into health care careers via the young apprenticeship scheme.

Who Does What in Apprenticeship Delivery?

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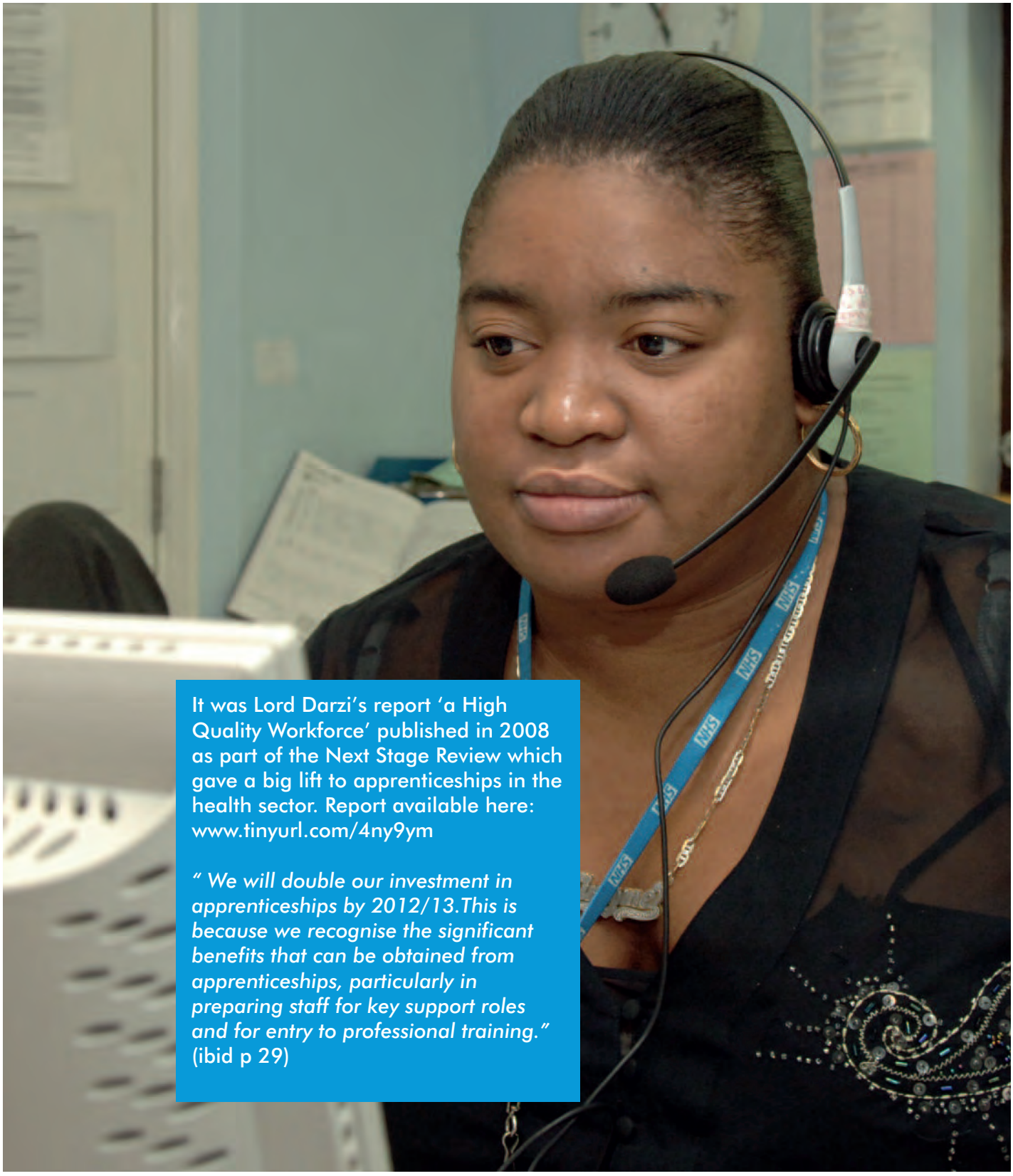

It was Lord Darzi's report 'a High Quality Workforce' published in 2008 as part of the Next Stage Review which gave a big lift to apprenticeships in the health sector. Report available here: www.tinyurl.com/4ny9ym

" We will double our investment in apprenticeships by 2012/13.This is because we recognise the significant benefits that can be obtained from apprenticeships, particularly in preparing staff for key support roles and for entry to professional training." (ibid p 29)

This commitment to invest led directly to the allocation of £25 million of Government funding for Strategic Health Authorities in 2009/10 to support Trusts in delivering their share of the 5000 target in England, and this has undoubtedly raised the profile of apprenticeships in the sector. But perhaps more significantly in the longer term, Lord Darzi located apprenticeships directly within the clinical career framework and progression into pre – qualifying training thereby encouraging a more strategic view of apprenticeships as high quality development opportunities with relevance to clinical areas, alongside estates, facilities and administration. The Department of Health set up an Apprenticeship Steering Group and commissioned Skills for Health to develop an apprenticeship strategy for the health sector. This group included representatives from the national health trade unions. The group asked Strategic Health Authorities (SHA) to appoint apprenticeship 'leads' to ensure that their own regional level strategies help Trusts to increase their apprentice starts. The stretching target of 5000 new starts by the end of March 2010 was exceeded as a result of this work.

It is important to note that the Government envisages the abolition of SHAs by April 2013. Its consultation document on workforce development and education commissioning envisaged health care providers taking an increased responsibility for commissioning education and undertaking workforce planning. Liberating the NHS: Developing the healthcare workforce-Workforce planning ,education and training is available at www.tinyurl.com/37mzkn2

The document also proposed that health providers combine into local employer education and training networks to manage education commissioning and strategic workforce planning across health economies. More detailed proposals about how this will work are available at www.dh.gov.uk. In partnership with Trusts and learning providers, trade unions will need to make sure that local employers and education and training networks commission apprenticeships in sufficient numbers to supply workforce and service design needs.

Skills for Health has the crucial role of issuing apprenticeship frameworks. A wealth of information, tools and useful employer guidance on all aspects of apprenticeship delivery has been produced and this is available at www.skillsforhealth.org.uk/apprenticeships

The National Apprenticeship Service (NAS) was launched on 1st April 2009 and is currently restructuring as part of the wider Skill Funding Agency. The new NAS will be in place by October 2011 and its key functions will include:-

- End to end responsibility for all aspects of the apprenticeship programme and service in England
- Focused Area teams who work with key partners and stakeholders to stimulate and support demand from employers and suitably qualified young people and adults
- A comprehensive marketing and communication strategy to increase employer and apprentice engagement and enhance the apprenticeship brand
- Consistent, high quality, support for large employers which enables their increased engagement and investment in apprenticeships
- A new, streamlined and responsive service for smaller businesses
- Apprenticeship Vacancies, a web based service where employers can advertise their apprenticeship jobs
- Comprehensive national plans to grow apprenticeships in priority areas including Advanced and Higher Level Apprenticeships, under-represented groups and in key growth sectors.

NAS is part of the Skills Funding Agency which manages the allocation of apprenticeship funding for training providers and large employers.

The NAS has a dedicated team of staff working at national level and in 12 area teams across the country to deliver these services with some of these working with the health sector. The NAS sees the health sector as a high priority as Richard Marsh, former Head of Apprenticeships, explains:

"The Health Service has become a very important provider of apprenticeships opportunities. Many health organisations have benefited from the employment of apprentices and their local communities from the opportunities apprenticeships in the Health Service present."

Each NAS area is a useful source of advice about funding and other support. Trade union workplace reps are encouraged by NAS to meet with their area or national contacts and talk to them about the best way of building a working relationship.

Learning Providers

Although much of apprenticeship training is 'on the job' in the workplace, there will be some learning provided 'off the job' and away from the

working environment. Apprentices often go to the local Further Education (FE) College or other learning provider to undertake this learning. However, some health sector employers with suitable facilities can provide the training themselves or work in a partnership with specialist learning providers to deliver the functional skills or higher education parts of the framework. The case study from Kings College Hospital in the box below illustrates some of the advantages of this method. Funding to support the delivery costs could then be accessed from a variety of sources.

If you would like more information about the Kings College Hospital education centre or their in house approach to assessment please contact Sandra Seed at sandra.seed@nhs.net

Learning providers have a key role to play in the quality of learning and learner support provided to the apprentice so it is important for employers and union learning reps to have a close working relationship with teaching staff to:

- Agree on the right apprenticeship
- Identify funding
- Make sure the learning provider is delivering the right qualifications at the right level to suit the learner's need and that provision is not skewed to meet their income and performance targets
- Agree a training plan with the apprentice and link this to their KSF Personal Development Review and Plan
- Ensure that recruitment procedures are free from discrimination
- Ensure a safe working environment and make sure risk assessments are undertaken
- Revise the learning curriculum and delivery mode to suit local needs
- Ensure that supervisors are aware of and supportive of the apprentice
- Feedback information to the employer
- Manage the training delivery and ensure that mentoring and other learner support is effective
- Ensure that the apprentice does not experience harassment or bullying
- Ensure that SASE standards are being met – including time to complete learning and portfolios
- Work together to iron out any day to day problems that arise

Employers' Role

Employers are critical to the delivery of a high quality apprenticeship. Despite Government funding and other support available to offset some of the training and support costs, an apprenticeship is still more expensive than a standalone competence based certificate or diploma (formerly NVQ) because more components are delivered. That is why it is so important for health sector employers to

Kings College Hospital
NHS Foundation Trust

Sandra Seed is the QCF and Vocational Centre manager and she explains the advantages of having the Trust's own assessment centre on site to deliver their apprenticeships.

"For example we are providing level 2 apprenticeships in nursing and midwifery. We have devised a role for them in a more junior supportive role to our band 3 Maternity Support Workers. The head of midwifery took some persuading to get involved but being able to provide their basic training locally in the education centre here helped. Usually when we recruit we have more mature people coming forward but we wanted to get into the younger end of the market which would allow us to train them and grow our own in the way we wanted them. So they are very clear about Kings values. We are also able to do assessments internally using our own assessors. Previously the assessors of the external learning provider were coming in every now and again. So how can you consistently observe if that individual is working to the required national standards when you are just arranging to come in at a specific time and date? With us doing it in house candidates can be observed on a daily basis by the ward staff they are working with and this provides us with that consistency of practice. The beauty of it is that we are delivering the full apprenticeship framework in house, which means we control the quality of the apprenticeship programme and it will be in line with all of the other vocational training that we still do in house and to the standard we want it to be."

understand the business case for their investment in apprenticeships and realising the higher return on that investment over the longer term of an apprenticeship compared to the return on a certificate or diploma. It is also clear that apprenticeships will help employers fulfil their requirements under the Quality, Improvement, Innovation and Prevention (QIPP) agenda by:

- Improving the quality of care delivered
- Ensuring that learning is relevant and delivered flexibly to support multi-skilled staff
- Introducing young people into the workforce and energising the team with new ideas and by reassessing existing work methods
- Offering a chance to rotate roles, improve capability, and cover absence
- Assisting in succession planning and plugging gaps in the workforce

Anita Esser Head of Wider Healthcare Teams Education at Southampton University Hospital Trust explained how the apprenticeships support the Trust's QIPP objectives:

"Apprenticeships do support the QIPP agenda in terms of both quality and productivity because people become more effective in their job role and are able to deliver more and understand why they are delivering their service. In clinical areas for example they deliver better care more effectively while staff in admin are better able to prevent errors in data entry and improve customer care"

In addition, apprenticeships for existing staff provide learning opportunities that will help meet the commitments to staff skills development enshrined in the NHS Constitution.

The NHS Constitution is available at www.tinyurl.com/ye3bfz5

Apprenticeships could also help employers fulfil the Government's employer pledge initiative the future which encourages employers to address their skills needs and raise their investment in learning and skills for all employees. For more information on the employer pledge go to www.ukces.org.uk/

Because apprenticeships are well structured learning programmes and underpinned by standards they provide a more rigorous approach to recruitment, induction and training, thereby providing clearer progression pathways, as Rhonda Fusco, the CPD nurse at East and North Hertfordshire NHS Trust explains:
"The apprentices have a more structured pathway. Before we started this apprenticeship project we were working in a very ad hoc way with recruitment. The cohorting of apprentices and the standardisation added value to people's roles because they were being treated in an equal way and the process was much clearer. There is now a proper career pathway. So if you are just starting in your first job in health care as an apprentice you could see a future with us. The level 2 apprentice can go onto a level 3 apprenticeship and if you feel you want to go further then there is the assistant practitioner role at band 4. It's your choice. You can also stay as you are and that's fine. But we as a Trust are very keen to grow our own staff. We also need to be able to cope with the move to all graduate nursing and tap into new markets. So we've moved from an ad hoc to a standardised approach."

Apprenticeships can also help Trusts meet their social responsibility objectives. Kevin Garay the practice facilitator/apprenticeship lead at Bart's and the London, explains how apprenticeships help the Trust build links with the local community:

"This is a programme where nobody loses. In our district we've got high youth unemployment and lots of people with no working experience. For managers it's better to have somebody with the vitality of youth. And we've got a pretty good cross section of people. In the Bangladeshi community females are not quick to engage in health care for lots of cultural reasons and we are trying to break down those barriers. One of our managers gave a talk on the local Bangladeshi radio station. She was on with an Imam and explained that healthcare is not a taboo profession for anybody. So apprenticeships tick all these boxes."

More information about the Bart's and London outreach programme is in the box below.

It is also important for employers to ground their apprenticeship investment in effective and strategic workforce planning so that apprentices are recruited to fill emerging gaps and skills shortages in the workforce, or to support new roles at pay bands 3 and 4, and that successful apprentices have posts to apply for once they have completed their framework. Although this is a challenge in the current climate of redundancies and redeployments, it will not usually be an effective use of Trust time and resources if an apprentice successfully completes their framework but discovers that there is no post available for them to apply for.

That said there are some examples of programmes where employers will provide workplace experience apprenticeship placements for 16-18 year olds – these are generally in business administration as part of

the Trust's social responsibility objectives.The apprentices are aware that this is unlikely to provide employment on completion. This is not ideal but has provided the young person with an improved CV which improves their job prospects considerably. In the East of England the Strategic Health Authority encourages this approach in some circumstances as Jenni Saunders, the SHAs Pre-Professional Lead explains:

"In the East of England the preferred approach is substantive employment opportunities on appropriate NHS pay rates but various models have been applied as the diversity across the East of England requires different solutions, including examples of cohorts of 16-18 year olds at Cambridge University Hospital and James Paget which have offered opportunities on the apprenticeship rates and have been successful in attracting local young people to undertake a "work place experience" apprenticeship to improve their chances of securing permanent employment within their local community as they will gain additional skills and nationally accredited qualifications. East and North Herts Hospital have provided the opportunity for apprenticeships of any age on fixed term contracts, paid on Agenda for Change appropriate bands. There is no guarantee of employment at the end of the fixed term contract but any vacancies which arise are open to these staff to apply. This has proved a very successful approach to providing opportunities to people new to the NHS."

There are a number of employment models for apprentices available and some of these are described in a document titled Annex B: Characteristics of local models available on the Skills for Health website. Annex B is available at www.skillsforhealth.org.uk

National unions prefer a model whereby the apprentice is employed directly by the Trust rather than an agency, is paid the going rate for the job (which may include the application of Annex U of the Agenda for Change national agreement for new entrants), and guaranteed at least an interview for a fulltime post either on completion of the apprenticeship or before, if an appropriate post becomes vacant and is advertised. Annex U can be found at www.tinyurl.com/nhsemployers. It states that apprentices who are fully employed should receive an increasing percentage of the qualifying post rate.

Although it is often said that Annex U application is prohibitively expensive and acts as a deterrent for employers, there are many examples of Trusts who do apply Annex U, because it makes good business sense to do so. As Anita Esser explains:

"The Trust works in partnership with the unions around the development of staff in Bands 1-4. At SUHT, staff side have agreed to the Trust recruiting apprentices to some (not all) Band 2 vacancies. Using this approach some inexperienced individuals from the local community will have an opportunity to gain access to a job that the normal recruitment process would exclude them from. The apprentice will be recruited into an existing

Barts and London
Apprenticeship Outreach Programme

The Trust has a successful apprenticeship programme for existing staff with about 90 staff completing their frameworks in a year with the majority of these being advanced apprenticeships. In addition the Trust is recruiting theatre apprentices from young people in their mid to early 20's from the local community which means many of them are of Bangladeshi origin because of the demographics. They are recruited by a local authority community employment officer based in the Trust. Up to two thirds of candidates did not make it to the interview stage because they could not meet the key skills standard required. These candidates are referred to Tower Hamlets College who provide free courses to develop key skills. After the course they can come back and be retested for the programme.

The learning is provided by UH Ventures which is part of the University of Hertfordshire with all the modules designed for theatre practitioners under a level 3 health apprenticeship with a pathway in operating department support.

The Trust pays the apprentices £100 per week for the first four months of training; £120 per week for the second four months and £150 per week for the final four months.

Each apprentice is brought in to fill a vacancy in a substantive post. There are more vacancies available than the numbers of apprentices being recruited from the local community and these other posts are filled with experienced people on a band 3 so they work alongside each other. At the end of successful completion of their apprenticeship they will fill the substantive post permanently and be paid as a Band 3 theatre practitioner.

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vacant post on Annex U on a 12 month fixed term contract. If they complete the apprenticeship and meet the other requirements of the post by the end of the fixed term contract they are able to be retained permanently in that post."

Nationally, unions recognise that there are circumstances where locally unions may agree that Annex U poses challenges to apprenticeship growth and make agreements locally which are agreeable to all parties, including the apprentice. For example, the application of Annex U to existing staff undertaking an apprenticeship would mean a cut in wages, and this would be an obvious deterrent, so Annex U should not be applied to existing staff. Some Trusts have agreed with unions that there should be a training post on a fixed term contract available for an externally recruited young apprentice, with this training post paid at the adult minimum wage, and with an interview for a job guaranteed. At the time of writing the minimum wage for apprentices is £2.50 (April 2011). The minimum wage for 16-17 years is £3.64. For 18-20 years the rate is £4.92 and for workers aged 21 and over the rate is £5.93. This is the rate that should be used to calculate pay entitlement under Annex U. For the latest rates go to www.tinyurl.com/33uejgb

In the health sector the minimum wage for young adults and the national minimum wage for apprentices cannot be used under Annex U. There are also excellent schemes being developed which bring hard to reach disadvantaged 16 years olds into a health apprenticeship on a supernumerary basis, but which would not run if Annex U rates were applied. Finally, it is possible that Annex U application could lead to a situation where an apprentice is being paid more than an existing member of staff who is asked to mentor them, and this could lead to resentment. So there are likely to be variations locally. The important thing is that local variations are agreed between employers and staff sides and that workplace union negotiators are fully aware of union guidance and Annex U.

The employer's role also includes:

- Developing a corporate vision for apprenticeships as high quality development and fast track learning and career progression firmly grounded in workforce planning - with a post available on completion or earlier if a vacancy arises for which the apprentice can apply or be matched
- Employing the apprentice on the going rate for the job – agreed with staff side
- Working in partnership with the staff side to agree if and how Annex U should be applied
- Providing a contract of employment and ensure that there is an agreement between the employer, apprentice and learning provider which covers arrangements for learning, including the time to learn, and pay and conditions
- Ensuring that recruitment and selection procedures are free from discrimination, challenge job segregation and encourage recruitment from disadvantaged communities
- Ensuring there is a training plan in place - linked to the Knowledge and Skills Framework (KSF) reviews and plans where this is used
- Providing a safe and healthy working environment
- Ensuring team leaders and supervisors understand what the apprenticeship is all about and what they need to be doing to support it
- Being aware of the SASE and making sure these standards are met and applied in the framework
- Agreeing satisfactory access and resources for the learning provider to undertake learning and assessments, as well as putting in place effective liaison with mentors and supervisors.

The Union Role

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Trade unions are keen for staff in pay bands 1 to 4 to have more opportunities to develop themselves and their careers via learning. They also want to attract young people into the healthcare workforce. Apprenticeships for young people and adults can provide these groups of staff with additional high quality learning and development opportunities across the health sector.

The Union Role

Although trade unions should be working together with Skills for Health, employers, local education and training networks and the NAS to devise and deliver a joint apprenticeship growth strategy, they also have their own specific and unique contribution to make in terms of encouraging the growth of apprenticeships. This unique trade union contribution includes:

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At Workplace Level

- Encouraging employers to support apprenticeships as part of future workforce learning and development strategy
- Training union learning representatives to support apprenticeship growth
- Promoting apprenticeships as part of ambassador networks encouraging other health organisations to take up apprenticeships
- Promoting apprenticeships which tackle job segregation , and reach out to the disabled and Black, Asian and Minority Ethnic (BAME) communities
- Encouraging employers to invest in fully employed apprenticeships, as opposed to programme led or agency led models, so as to maximise quality and increase the chance of a full time job on completion of the apprenticeship
- Ensuring that apprenticeships are embedded within the Knowledge and Skills Framework (KSF) – both the core and specific dimensions and Personal Development Reviews and Plans
- Ensuring that apprentices enjoy competitive pay and conditions and effective health and safety standards in the workplace
- Recruiting apprentices and organising local apprentice support networks together with them

At Regional Level

- Facilitating membership involvement in the co-design of new and enhanced apprenticeship frameworks
- Contributing a trade union perspective to policy development and implementation, nationally, regionally and locally, via the range of existing partnership bodies and learning networks – including local employer skills networks

In the workplace unions should consider putting apprenticeships on the agenda of joint negotiating bodies and any workplace learning forums or working groups set up to discuss learning and development issues for pay bands 1 - 4. If one does not already exist trade unions should propose setting up a joint working group to devise an apprenticeship strategy across the organisation to address:

- Apprenticeship pay and conditions and job opportunities
- Health & Safety
- The business case for apprenticeships
- Equal Opportunities – including recruitment and selection procedures
- Impending gaps and skills shortages or creation of new band 4 roles in the workforce which apprenticeships could help fill and support
- Advice and Guidance for potential apprentices
- Outreach to schools and communities to attract apprentices into health careers
- Learner support for apprentices including coaching and mentoring
- Quality and relevance of the learning – incorporating the SASE standards
- How apprenticeships fit into frameworks for career and learning progression
- Encouraging Union Learning and other Branch Representatives to undertake training about apprenticeships either jointly with employer staff or separately according to need
- How Branch Officers,joint staff sides and Union Learning Representatives can work together to effectively cover both the bargaining and learning aspects of apprenticeships

Hannah Middleton is staff side secretary and UNISON Branch Secretary and Equality Officer at East and North Hertfordshire Trust and she sums up the reasons why unions should get involved in education and development and apprenticeships:

“Branches need to ensure that they are involved in all areas to do with education and development - including apprenticeships. This involvement can be used as a tool to organise and grow a future generation of union members and activists as well as providing our future workforce.

The Union Role

Partnership working around education and development can only be meaningful when there is commitment from both sides. Partnership working must have commitment from the Board and operates in practice via the partnership forum and our workforce planning groups.

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The NHS is going through enormous reconfiguration and cost cutting and this often means that education bears the brunt of cuts. This must not be allowed to happen if we are to have a workforce that is skilled in all areas of care and service delivery. If unions get involved they can ensure that there is that commitment to apprenticeships and that they are planned properly through all the stages of the apprenticeship so that the skills apprentices achieve lead to full time employment in the future."

At the regional level paid union organising staff with a health sector patch should consider:

- Participating in training or other events aimed at raising union awareness about apprenticeships
- Ensuring that apprenticeships are included in Social Partnership Forum(SPF) agendas plus any sub groups of SPFs or employer based working groups set up for the learning of staff in pay Bands 1-4
- Ensuring that apprenticeships are commissioned by local employers and delivered in partnership
- Encouraging employers to support the high quality vision of employed apprenticeships
- Encouraging employers to engage with and invest in apprenticeships
- Encouraging union branches to engage with apprenticeships and provide them with bargaining and other support and advice

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How to deliver a good apprenticeship?

- Apply Annex U of Agenda for Change to the recruitment of apprentices who are new entrants. Any local variations to Annex U , for example to bring on groups of disadvantaged young people or not applying Annex U to existing staff, should be agreed with the staff side;

- Avoid using Apprenticeship Training Agencies by ensuring that apprentices are employed by the health provider and are integrated into their operational teams with posts planned for them to apply for on completion of their framework. An Apprenticeship Training Agency (ATA) is an employment agency for apprentices. It directly employs and manages individuals who undertake their apprenticeship with an approved training provider whilst being hired out to host employers. The ATA outsources the training activity for the apprenticeship to training providers

- Involve unions in any scheme using a Group Training Association approach, which may be advantageous for spreading the administrative burden of apprenticeships or providing work placements and dedicated learner support across a health economy or local employer network of skills. A Group Training Association (GTA) is a not for profit organisation providing support on accessing and managing training for a group of employers to encourage their involvement in apprenticeships and share some of the administrative, logistical and financial requirements. The GTA offers support for the apprentice who is directly employed by the health sector employer. For more information on GTAs and ATAs go to www.unionlearn.org.uk/initiatives/learn-3564-f0.cfm

- Undertake risk assessment of apprentice posts, such as when young apprentices are working in clinical areas;

- Check that the recruitment and selection process does not exclude disadvantaged groups and actively encourages both females and males to consider non traditional areas for their apprenticeship such as young women going into plumbing and young men into caring roles. Use apprenticeships to reach out to people from excluded local communities and bring them into a health care career;

- Ensure that funding is available to provide posts that successfully completing apprentices can apply for via effective workforce and business planning;

- Build apprenticeships into learning and career progression routes which enable apprentices to progress with exemption into pre – qualifying or other higher level education and training – if they want to;

- Deliver apprenticeships in partnership with trade unions by including apprenticeships in workplace learning agreements and including them on the agendas of relevant negotiating committees and /or workplace learning or social partnership forums;

- Use the SASE to check that apprenticeships delivered in the Trust are compliant;

- Ensure that effective learner support is in place with mentors identified and trained in their role; line managers are briefed and supportive; arrangements for study time and portfolio completion are clear ;each apprentice has a personal development plan, and an informal apprentice peer support network is available

Why Apprenticeships? - The Business Case

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Recommendation 10 of the National Apprenticeship Advisory Committee proposes that the business case for Health Sector Apprenticeships should be developed with the cost savings benefits used to promote apprenticeships to employers. Many of the UKs leading companies, including British Gas, Compass Group PLC, BT and BAE Systems invest heavily in apprenticeships because they 'pay their way'.

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Sir Roy Gardner, as Chairman of the Apprenticeship Ambassadors Network (AAN) and Compass Group plc, wanted robust evidence about the impact of apprenticeships on the bottom line:

"I wanted to commission a robust piece of research where we could make a stronger business case for Apprenticeships by looking at not only the benefits but also the costs and more importantly the return on investment. Most employers appreciate that there is a cost implication in training but what we are more interested in is when we will see the investment pay off."

The research conducted by the University of Warwick Institute for Employment Research (IER) demonstrated that across the seven sectors studied, where significant investment by employers is nurtured, the returns to employers are significant. The study found that although wage costs will be greater than apprentice productivity whilst training, those costs are quickly recouped post training as wages will be less than the workers output. For example, the study found that for a Business Administration apprenticeship the pay back will take less than 2 years and for an IT apprenticeship less than 1 year. The study also highlighted the additional benefits of apprenticeships as including:

- Increased productivity and quality of work
- A more innovative workforce
- Reduced staff turnover
- A better fit between employee skills and organisational requirements
- Skilled young recruits to replace an ageing workforce
- Developing a pool of potential future managers
- Less expensive than recruiting from the external labour market

The NAS has now commissioned the University of Warwick to undertake a health sector study using similar methodology.

A further study conducted in February 2008 by Populus on behalf of the now defunct revealed:

- 77% of employers believe apprenticeships make them more competitive
- 76% say that apprenticeships provide higher overall productivity
- 80% feel that apprenticeships reduce staff turnover
- 83% of employers rely on their apprenticeships programme to provide the skilled workers they need for the future
- 66% believe that their apprenticeships programme helps fill vacancies more quickly 59% report that training apprentices is more cost-effective than hiring trained staff, with 59% believing that apprenticeships lead to lower overall training costs and 53% feeling they reduce recruitment costs
- 41% say that their apprentices make a valuable contribution during their training period, while a further 33% report that apprentices add value within their first few weeks – or even from Day One

For more information about these studies go to:- www.apprenticeships.org.uk.

In support of the study findings, BT has calculated an annual net profit of more than £1,300 per apprentice when compared to non-apprentice recruitment for the same positions. For British Gas, the net cost of apprenticeships in domestic natural gas maintenance and installation is £38,000 but British Gas knows that the benefits of apprentices over the longer term outweigh this cost.

In the health sector, the Royal College of Midwives (RCM) supports the case for Maternity Support Worker (MSW) apprenticeship programmes by citing a number of potential benefits including:

- A more rounded learning experience than NVQs provided ,with additional theoretical underpinning and key skills development in English and Maths for example
- Local recruitment and development using workers from the local community or existing workforce
- Provision of tailored clinical support knowledge and practice, functional skills and other competences that allow staff to effectively support qualified midwives
- Provision of an effective development route for existing staff
- Provision of a potential recognised career pathway for new staff with limited formal education but with talent and enthusiasm which could lead them onto the pre-qualifying degree course and registration
- Provision of an opportunity to spread innovative approaches to service delivery by designing apprenticeships to suit a range of roles
- Training staff to a high standard where a new role is developed or an existing role expanded

Case Study

Southampton University Hospitals Trust

Southampton University Hospitals NHS Trust (SUHT) provides services to some 1.3 million people living in Southampton and South Hampshire, plus specialist services such as neurosciences, cardiac services and children's intensive care to more than 3 million people in central southern England and the Channel Islands.

The Trust is also a major centre for teaching and research in association with the University of Southampton and partners including the Medical Research Council and Wellcome Trust.

Every year its 7,500 staff:

- treat around 112,000 inpatients and day patients, including about 50,000 emergency admissions
- see approximately 375,000 people at outpatient appointments; and
- deal with around 110,000 cases in the emergency department.

Of those 7,500 staff, approximately 2000 are in pay bands 1 to 4. Turnover in these Bands 1 to 4 posts averages out at around 12 % per year. In 2010/11 the Trust supported 111 people to undertake an apprenticeship within their job roles. Examples include Health NVQ level 3, H&SC Level 2, Pharmacy Level 3, Business Admin Level 2& 3, and Customer Care Level 3. Of these apprentices 25 new recruits have come to the Trust since January 2010 who were unemployed or economically inactive young people in the 19 – 25 years old group and were recruited via the Southampton Skills Development Zone (SSDZ), of which the Trust is an active partner. The majority of these young people have been retained in substantive posts at the end of their apprenticeship. The remaining apprenticeship places are filled by existing Trust Staff.

The training programmes have been delivered either through the Trust's NVQ Centre or through working in partnership with local colleges. Strong support from the Trust's CEO together with staff and managers' commitment to and support of this work, means that the Trust had more people start apprenticeship training than any other NHS organisation in South Central Strategic Health Authority.

External funding of the apprenticeship programme flows to the Trust's NVQ Centre through a sub contract with Southampton City College (for the clinical apprenticeship programmes) who hold a Skills Funding Agency contract for apprenticeships. Additional funding comes from South Central Strategic Health Authority with the Trust also investing some of its own resources in the programme by funding some of the NVQ Centre costs. The Trust sees the business case for continuing this investment as being about:

- Creating a system of pathways which are inclusive, flexible and enable even people with no experience to get started in a Trust career and progress. Apprenticeships fit comfortably into these pathways
- Workforce planning and design. Despite tough financial times there is still turnover in key posts which the Trust still needs to fill. Apprenticeships are an ideal way of filling these vacancies with staff training to fulfill the precise role requirements
- Apprenticeships enable managers to influence and contextualise the design of the training- so they get the staff with the skills and aptitudes they need and managers can see the return on investment for themselves
- Building on the success of the SSDZ project the Trust plans to use Annex U of Agenda for Change for new inexperienced recruits to pay a growing percentage of salary as training is completed and save money on wage costs
- Being an employer of choice and enhancing reputation with the local community and also meeting the Trusts social responsibility objectives
- Improving staff retention, reduce turnover and recruitment costs
- Meeting the quality and productivity objectives the Trust has under QIPP as apprentices both become more effective in the job and improve patient care, and help staff in admin to prevent errors in data entry and improve customer care
- To underpin the business case with hard evidence of the effect apprentices have on quality and productivity, the Trust will be undertaking systemic impact evaluation of the apprenticeship programme.

See the RCM website for information about MCW Apprenticeships:
www.tinyurl.com/6l5rthu

Denise Linay, Royal College of Midwives employment relations advisor explained what apprenticeships mean for the midwives:

"Midwives have always relied on support workers to deliver high quality care to mothers, babies and their families. The RCM believes that apprenticeships , if introduced appropriately can be an effective means of raising skill levels and knowledge of Maternity Support Workers (MSW), whether they be existing staff or new recruits."

Despite the reduction of central funds to support apprenticeships in the health sector, Southampton University Hospital Trust justifies its continuing investment in apprenticeships as, Anita Esser explains:

"We've always known that there can be high turnover in the lower pay bands, particularly when there is competition from local private and other employers. There will always be people leaving some essential posts but you will want to retain those positions within the organisation. So apprenticeships are one vehicle for recruitment and provide an option which can be built into substantive posts much more effectively than trying to create supernumerary type training post where the funding has to be found, and where the individual may get their qualification but employers may not have a job role available at the end of their training. Far better to bring them into an existing vacancy and support them through paying an increasing percentage of the salary as they progress through the course, because you end up with an employee you know, who you want to keep, and who you can afford because the posts for them already exist in your department workforce establishment."

Some first steps for trade unions to consider

Regional Level

- Find out what the NAS, Skills for Health , education commissioners and any employers regional skills networks are doing about apprenticeships and what funding and support is available
- If the regional Social Partnership Forum has not had a discussion about apprenticeships and trade unions consider including this on the next agenda, and as a first step suggest holding a regional workshop using a partnership model to raise awareness and begin joint action planning
- Consider developing Social Partnership Forum sponsored best practice guidance for employers and unions to use regarding the delivery of high quality apprenticeships in partnership
- Engage with emerging employer education and training networks across local health economies and encourage these to invest in learning for pay bands 1 to 4 in general and apprenticeships in particular;

In the Workplace

- Find out who the Trust apprenticeship lead or training lead is and what apprenticeships are being delivered or planned to be delivered;
- Propose holding a joint staff side employer awareness raising and action planning workshop organised on a Trust or health economy basis as appropriate
- Include apprenticeship strategy on the agendas of Joint Negotiating and Consultation Committees, and other learning or social partnership forums set up in the Trust
- Facilitate the organisation of local apprentice peer support networks and recruit apprentices into the union
- Review any workplace learning agreements to ensure they adequately cover apprenticeships and related issues such as:
- Compliance with SASE
- Quality and relevance of learning
- Learner support and mentoring
- Pay and Conditions
- Health & Safety
- Equal Opportunities issues
- Employment models & Outreach models
- Workforce planning and identifying posts for apprentices on completion
- Business case and funding.

Glossary of Terms

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Agenda for Change
The Agenda for Change is a pay and conditions system for all non-medical staff working in the NHS. The system allocates posts to set pay bands, using the Job Evaluation Scheme and is designed to:

- deliver fair pay for non-medical staff based on the principle of 'equal pay for work of equal value'
- provide better links between pay and career progression using the Knowledge and Skills Framework
- harmonise terms and conditions of service such as annual leave, hours and sick pay, and work done in 'unsocial hours'.

Annex U
The NHS has a wide range of people described as trainees working and studying within its services. The arrangements set out below describe how those trainees employed by the NHS should be dealt with under the Agenda for Change arrangements. Paragraph 2 (iii) applies to trainees such as apprentices who enter the NHS and undertake all their training as an employee. Typically these staff develop their knowledge and skills significantly during a period of time measured in years. Given the significant change in knowledge and skills during the training period the use of job evaluation is not appropriate. Their pay should be determined as a percentage of the pay for qualified staff as follows:

(i) up to twelve months prior to completion of training: 75% of the pay band maximum of the fully qualified rate;
(ii) more than one but less than two years prior to completion of training: 70% of the pay band maximum of the qualified rate;
(iii) more than two but less than three years prior to completion of training: 65% of the pay band maximum for the qualified rate;
(iv) more than three years from completion of training: 60% of the pay band maximum for the qualified rate.

Check bullets

Starting pay for any trainee must be no less than the rate of the main (adult) rate of the National Minimum Wage.

Apprenticeship Agreement
The ASCL Act enacted in March 2011 refers to the introduction of an Apprenticeship Agreement. The introduction of the Apprenticeship Agreement between an employer and an apprentice has been delayed to allow more time for employers and training providers to prepare for its introduction and to ensure that the prescribed form which the Agreement must take is proportionate for business in terms of the cost implications. For the latest information on this go to the National Apprenticeship Service website www.apprenticeships.org.uk

Apprenticeship Certificate
The issuing of a statutory completion certificate will apply to all apprentices (including both publicly and privately funded) who complete a recognised Apprenticeship framework on or after the 13th April 2011. The new certificate will be of a single national design and will be issued by the Alliance of Sector Skills Councils. The Act also introduces a single charging policy for all completion certificates. The maximum cost that can now be charged for issuing an original Apprenticeship completion certificate is £25 or the actual cost (whichever is lower).

Apprenticeship Frameworks
An apprenticeship is made up of a competence qualification (what you need to do), an underpinning knowledge qualification (what you need to know), functional (or key) skills, personal learning and thinking skills (PLTS) and employee rights and responsibilities (ERR). Additional legal requirements for each framework are given in the Specification for Apprenticeships in England (SASE).

Apprenticeships, Skills, Children and Learning Act 2009
The ASCL was enacted in 2011 and makes provision about apprenticeships, education, training and children's services.

Apprentice Training Agencies (ATAs)
ATAs are specifically designed to support employers who wish to take on an apprentice but are unable to in the current economic climate. The distinctive feature of the ATA model is that it is the ATA who acts as the apprentice employer and who places them with a host employer.

Completion Rates
The numbers of learners who successfully complete their course.

Comprehensive Spending Review
The Chancellor presented the Government's Spending Review on 20 October 2010, which fixes spending budgets for each Government department up to 2014-15.

Employee Rights and Responsibilities (ERR)
All Apprenticeship frameworks are required to include coverage of the 9 national outcomes in relation to ERR. Every apprentice is required to demonstrate that they know and understand:

- Employer and employee statutory rights and responsibilities under Employment Law
- Apprentice's rights and responsibilities under the Disability Discrimination Act
- Relevant equalities legislation
- Health & Safety
- Employer's duties and responsibilities

Representative bodies such as trade unions can also be covered under ERR.

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Foundation Degrees
Foundation Degrees are higher education qualifications that combine academic study with work-based learning. Designed jointly by universities, colleges and employers, they are available in a range of work-related subjects. In the health sector they are often used to underpin the knowledge and skills required by assistant practitioners. They are usually two years long.

Functional Skills
Functional Skills are practical skills in English, Math's and Information and Communications Technology (ICT).They are a new set of qualifications available to all learners aged 14 and above (although it will be possible to take them at a younger age too).

Functional Skills are not just about knowledge in English, Math's and ICT, they are also about knowing when and how to use the knowledge in real life situations.

Group Training Agencies (GTAs)
Group Training Associations were originally set up in the 1960s to train on behalf of groups of employers, using funds contributed by them through a statutory training levy and with assistance from the relevant Industry Training Boards (ITBs) to purchase capital and equipment. Whilst GTAs have evolved over time in many ways including coverage of a much wider sector spectrum, they can still be defined by their core characteristics:

- A training organisation governed by representatives of (usually subscribing) employers
- A company limited by guarantee and registered charity reinvesting all surpluses
- A training provider whose curriculum is centred on apprenticeships for the sector including health.

Guided Learning Hours
The SASE states that the guided learning requirement in an apprenticeship framework is for a minimum of 280 guided learning hours, of which at least 100 hours or 30 per cent - whichever is the greater - must be delivered off-the-job and clearly evidenced.

Higher Apprenticeships
Higher Apprenticeships work towards work-based learning qualifications such as NVQ Level 4 or more likely in the health sector towards an integrated competence and knowledge-based qualification such as a Foundation Degree at academic Level 5.

Knowledge and Skills Framework (KSF).
The Knowledge and Skills Framework (KSF) is a competence framework to support personal development and career progression within the National Health Service (NHS) in the United Kingdom. It applies to all staff except board members, doctors and dentists. The Knowledge and Skills Framework and the development review process is about lifelong learning and introduces a system of annual development reviews. It is designed to create development opportunities for all staff. Everyone should have their own Personal Development Plan (PDP) – developed jointly in discussion with their manager or reviewer, and everyone should have an annual development review. The NHS Knowledge and Skills Framework is designed to ensure that staff are supported so that they can be effective in their jobs. It also gives them opportunities to progress and develop through their time working in the NHS.

Learning Agreement
A learning agreement is a signed agreement between employers and unions to provide learning and development opportunities for staff. These vary from workplace to workplace and can range from short-term learning partnership agreements where the employer offers training facilities and time off for learners for specific union led courses, or they can be about a broad commitment to support and encourage lifelong learning including facilities for Union Learning Representatives.

National Apprenticeship Service (NAS)
The National Apprenticeship Service (NAS) has end to end responsibility for Apprenticeships in England. The NAS has been designed to increase the number of Apprenticeship opportunities and provide a dedicated, responsive service for both employers and learners including an online web-based matching service bringing employers with apprenticeship vacancies together with potential apprentices.

NHS Constitution
The NHS Constitution establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. All NHS bodies

and private and third sector providers supplying NHS services are required by law to take account of this Constitution in their decisions and actions.

National Occupational Standards (NOS)
National Occupational Standards (NOS) are statements of the standards of performance individuals must achieve when carrying out functions in the workplace, together with specifications of the underpinning knowledge and understanding required.

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National Vocational Qualifications (NVQ)
A National Vocational Qualification is a 'competence-based' qualification. This means you learn practical, work-related tasks designed to help you develop the skills and knowledge to do a job effectively. NVQs are based on national standards for various occupations.

Personal Learning and Thinking Skills (PLTS)
Personal Learning and Thinking skills (PLTS), in conjunction with English, Math's and ICT Functional Skills, cover the areas of competence that have been identified by employers as valuable. Integrating these skills into the framework will provide learners with a platform for employability and further learning. PLTS are:

- team working
- independent enquiry
- self-management
- reflective learning
- effective participation
- creative thinking

The location of PLTS, whether in a qualification or elsewhere, and how achievement is to be evidenced will be specified within the Framework.

Progression Routes
An apprenticeship framework must specify the progression routes into the framework and the progression opportunities open to a person who has completed the framework. It must specify the avenues of career progression including those through training with sector employers and/or through further or higher education.

Qualifications and Credit Framework
The new qualifications framework for England, Wales and Northern Ireland, the Qualifications and Credit Framework (QCF), has been available since 1 January 2011. Certificates and Diplomas have replaced the Health and Health & Social Care suite of NVQs.

Qualifications Frameworks
The Qualifications and Credit Framework (QCF) contains vocational (or work-related) qualifications, available in England, Wales and Northern Ireland. These qualifications are made up of units that are worth credits. You can study units at your own pace and build these up to full qualifications of different sizes over time. Units and qualifications also range in difficulty, from entry level to level 8.

The Framework for Higher Education Qualifications (FHEQ) has been designed by the higher education sector, and describes all the main higher education qualifications. It applies to degrees, diplomas, certificates and other academic awards granted by a university or higher education college (apart from honorary degrees and higher doctorates).
The FHEQ broadly corresponds with levels 4 to 8 of the Qualifications and Credit Framework, in terms of the demands the qualifications place on learners.

QCF Credits
Each unit has a credit value, which represents how long the learning element of that unit will take to complete. One credit represents 10 notional hours of learning. Qualifications will be made up of a combination of mandatory and optional units. The credit and units required to complete a qualification are identified using the rules of combination. An Award has 1-12 credits; a Certificate 13-36 credits and a Diploma 37 or more credits

Quality, Innovation, Performance and Productivity (QIPP)
QIPP is a large scale transformational programme for the NHS, involving all NHS staff, clinicians, patients and the voluntary sector and will improve the quality of care the NHS delivers whilst making up to £20 billion of efficiency savings by 2014-15, which will be reinvested in frontline care.

Sector Skills Councils
Sector Skills Councils (SSCs) are recognised by Governments throughout the UK as the independent, employer-led organisations which ensure that the skills system is driven by employers' needs. SSCs aim to boost the skills and productivity of their sector's workforce. They gather sectoral Labour Market Intelligence (LMI), a vital evidence base for skills development. Through influencing the development of qualifications and apprenticeships, SSCs have a major impact on the delivery of publicly and privately funded training throughout the UK.

Social Partnership Forum
The national Social Partnership Forum brings together NHS employers, trade unions and the Department of Health to discuss debate and involve partners in the development and implementation of the workforce implications of

policy. Each Region also has a Social Partnership Forum administered via the Strategic Health Authority.

Social Partnership Model of Learning
A social partnership model of learning at a local level brings together managers, staff and staff organisations to discuss debate and involve partners in the development and implementation of learning. A social partnership model of learning is founded on the core principles of partnership working which are:

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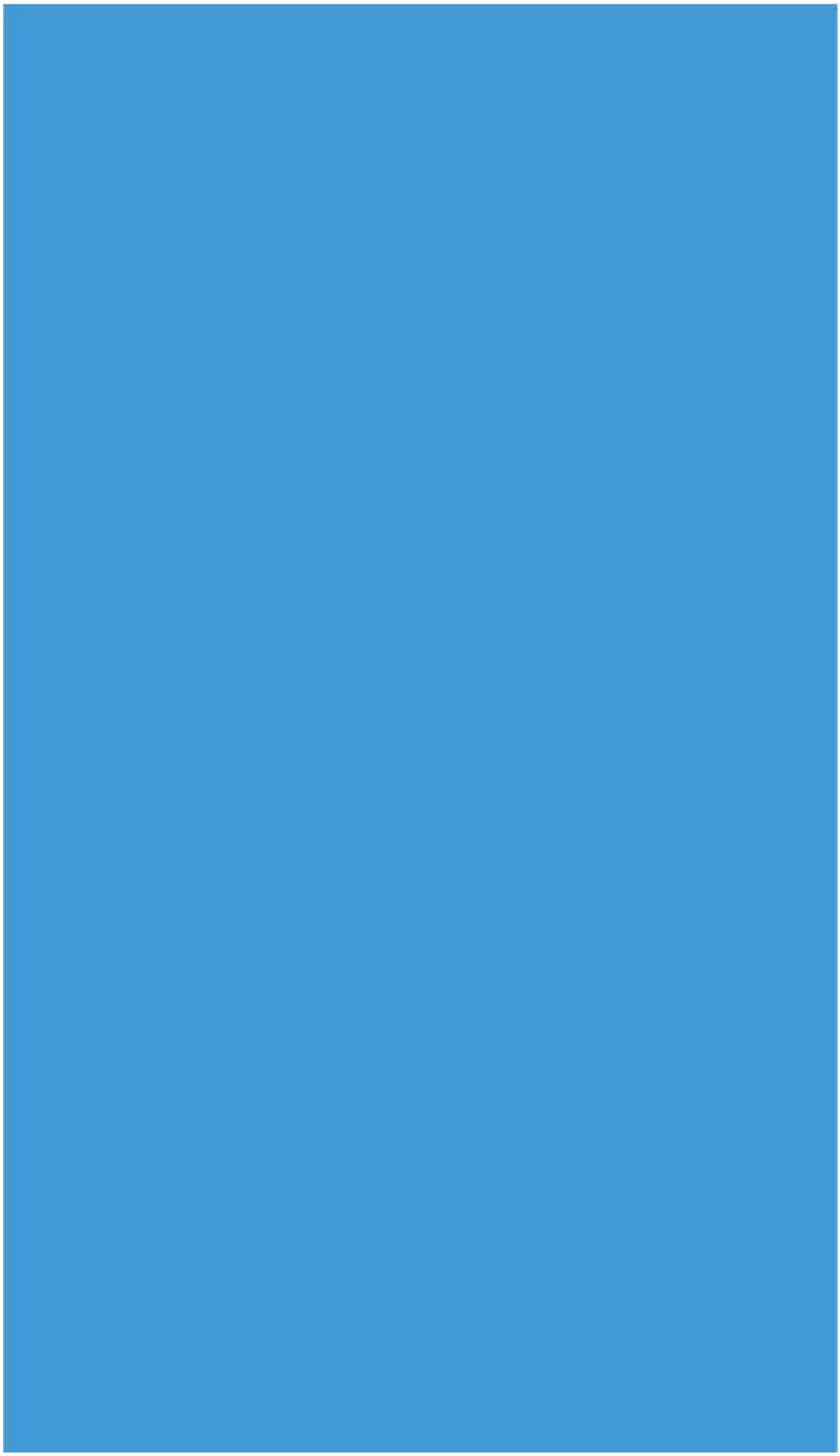
- trust and mutual respect
- openness, honesty and transparency
- top level commitment
- positive and constructive approach
- commitment to work with and learn from each other
- early discussion – no surprises
- confidentiality when needed.

Using a social partnership model is an effective way of engaging staff in improving quality outcomes and self development through learning.

Specification for Apprenticeship Standards in England (SASE)
The SASE sets out the minimum requirements to be included in a recognised English Apprenticeship framework and compliance with the SASE will be a statutory requirement of the Apprenticeships, Skills, Children and Learning (ASCL) Act.

Train to Gain
The government's Train to Gain service ended on 31 July 2011. The programme helped English businesses invest in training. Although the service has closed, funding has been allocated so that learners who started their training prior to 31 July 2011 can complete their course. The closure of the service was announced in the government's skills strategy, Skills for Sustainable Growth, published in November 2010. See the Business Innovation & Skills website:
www.tinyurl.com/6ymle8v

Union Learning Representatives (ULRs).
The Union Learning Representative (ULR) is a type of union activist and has been instrumental in raising interest in training and development, especially among the lowest skilled workers and those with literacy and numeracy needs. ULRs have statutory rights to give them the time and support they need to encourage learning in the workplace.

Young Apprenticeships
The Young Apprenticeship programme is open to 14-16 year olds who are interested in careers in the Health, Social Care or Early Years sectors. Over two years these apprentices will spend 50 days in the workplace. The rest of the time they are at school as normal. By the end of the two year period they will have a real insight about working in the health sector. The programme allows young people to work towards a nationally recognised, vocationally related qualification, and still carry on with their mainstream education.