



*National Apprenticeship Advisory Committee:  
Making Apprenticeships an Important and  
Sustainable Part of the Health Sector Workforce*

*Final Report*

*October 2010*

**National Apprenticeship Advisory Committee: Making Apprenticeships an Important and Sustainable Part of the Health Sector Workforce- Final Report and DH Response to Recommendations**

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# National Apprenticeships Advisory Committee: Making Apprenticeships an Important and Sustainable Part of the Health Sector Workforce

Final Report

October 2010

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# Department of Health

## Response to the report of the National Apprenticeship Advisory Committee:

### Making Apprenticeships an Important and Sustainable Part of the Health Sector Workforce

Chaired by Ron Kerr

The National Apprenticeship Advisory Committee (NAAC) was created and chaired by Guys' and St Thomas' NHS Foundation Trust Chief Executive Ron Kerr, to provide advice to ministers on the best way forward for apprenticeships in the health sector in England. The group was made up of key stakeholders with expertise in the area.

The remit of the NAAC was to review the existing Health Sector work programme for apprenticeships, ensure increased delivery and establish the case for sustainability of apprenticeships going forward. The result of the work of that group is a report and set of recommendations to ministers for improvements that would develop a sustainable vision for the role of apprenticeships in the Health Sector in the medium to longer term.

The Department of Health welcomes the recommendations which support our desire for delivery of apprenticeship in the health sector in the medium and longer term and the wider government agenda. We accept the recommendations contained in the report in full and set out the recommendations and responses below.

#### **Recommendation 1**

The Department of Health (DH) should continue to support the apprenticeship infrastructure and collaborative arrangements put in place for 10/11 to sustain the Health Sector Apprenticeship.

### **Response**

DH will invest £10m in the programme for 2010/11 to support increased numbers of apprentices, support training and employment costs and additional administration/infrastructure.

### **Recommendation 2**

Skills for Health (SfH), and the other 25 Sector Skills Councils, to ensure that there are the necessary Apprenticeship Frameworks in place to meet current and emerging workforce needs.

### **Response**

DH will continue to work with SfH to deliver the necessary apprenticeship frameworks particularly at a higher level.

### **Recommendation 3**

Health Sector employers should routinely consider the option of Apprentices whenever recruiting in to jobs covered by Agenda for Change Bands 1 - 4.

### **Response**

DH will publish the National Apprenticeship Advisory Committee report and work with NHS Employers to communicate this message to health sector employers.

### **Recommendation 4**

To make best use of apprenticeships, the Centre for Workforce Intelligence (CfWI), NHS and wider health sector should integrate apprenticeships into their workforce planning and education and training commissioning.

### **Response**

DH will work with the workforce planning network, education commissioners and the CFWI to raise awareness of this work.

### **Recommendation 5**

There is a need to support the process for the health sector Apprenticeships Frameworks, across Sector Skills Councils, and ensure this leads to appropriate opportunities within higher education and career progression. This should be aligned with work elsewhere to develop the role of clinical and non-clinical support staff, including the issues of extending regulation. The process should be supported by the professional regulators, the higher education sector, with a view to maximising the potential use of APEL.

### **Response**

DH will ensure this is clearly articulated to employers and will work with the department of Business, Innovation & Skills (BIS) to maximise the APEL opportunities.

### **Recommendation 6**

SfH need to continue to explore the potential to develop level 4 Apprenticeship Frameworks, including progression routes from advanced and higher apprenticeships into higher education, building on existing work where possible.

### **Response**

DH will work with SfH, BIS, HEFCE and NAS to deliver the progression routes from advanced and higher apprenticeships into higher education.

### **Recommendation 7**

Health sector organisations should consider collaborating with other organisations, to improve their purchasing power with apprenticeship education providers and to secure economies of scale to ensure the market is managed effectively to deliver quality, sustainability and value for money.

### **Response**

DH working with the SHA National Apprenticeship leads will share good practice and look for improvements.

### **Recommendation 8**

The NHS, and where possible the wider health sector, should look to secure apprenticeship opportunities from its suppliers through procurement and commissioning exercises.

### **Response**

DH procurement should work through their infrastructures to encourage increased apprenticeship opportunities with suppliers.

### **Recommendation 9**

The Health Sector Apprenticeship brand should be promoted with the NAS branding to ensure there is a coherent and integrated marketing strategy to enable employers to recruit high quality apprentices.

### **Proposed Response**

DH will work with SfH and NHS Employers to deliver this strategy.

**Recommendation 10**

The business case for the Health Sector Apprenticeship should be developed further with good practice and cost savings benefits communicated to promote the case to employers and work to strengthen health sector employer involvement at the national top table, along with other large employers, in the apprenticeship discussion.

**Response**

DH to work with SfH and SHA leads to provide further evaluation of the apprenticeship programme.



Report to MINISTERS

**MAKING APPRENTICESHIPS AN IMPORTANT  
AND SUSTAINABLE PART OF THE HEALTH  
SECTOR WORKFORCE**

Recommendations from the  
National Apprenticeship Advisory Committee  
October 2010

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## **Introduction**

The National Apprenticeship Advisory Committee (NAAC) was created and chaired by Guys' and St Thomas' NHS Foundation Trust Chief Executive Ron Kerr, to provide advice to ministers on the best way forward for apprenticeships in the health sector in England. The group was made up of key stakeholders with expertise in the area.

The remit of the NAAC was to review the existing Health Sector work programme for apprenticeship, ensure increased delivery and establish the case for sustainability of apprenticeships going forward. The result of the work of that group is a report and set of recommendations to ministers for improvements that would develop a sustainable vision for the role of apprenticeships in the Health Sector in the medium to longer term.

## **Foreword**

### **By the Chair of the National Apprenticeship Advisory Committee (NAAC)**

In 2009/10 it was agreed that the Health Sector would make a substantial contribution to delivering apprentices in the public sector. I am pleased to announce that the health sector rose remarkably well to this challenge with 8,167 new start apprentices for the 2009/10 financial year. This far exceeds the milestone of 5,000 new starts and all should be rightly proud of this achievement. This makes the health sector the largest employer of apprentices in 09/10. Headline figures show:

- In 09/10 there was a 500% increase from 08/09 in apprenticeships new starts across the health sector ;
- Clinical and non-clinical apprentices were split broadly evenly, 44% and 56% respectively.

In terms of age profile for apprentices:

- 19% were aged 16-18;
- 26% were aged 18-24 and;
- 55% were 25 and over.

The commitment to the apprenticeship agenda has provided the health sector with a new stream of recruits from a wide range of backgrounds. This has meant improvements in widening participation and better representation of the diverse population in the communities that we serve. Through the apprenticeship programme the health sector has seen an increasing number of younger people entering employment in the sector across a wide range of clinical and non-clinical roles. This has provided many young people with a new opportunity, and in the words of one young apprentice, *“moving from unemployed to well respected”*. Not least of all, the health sector has fulfilled an important role in terms of social responsibility to their local communities, by delivering meaningful employment and impact in terms of delivering the wider public health agenda directly supporting the coalition governments vision.

Furthermore the Health Sector Apprenticeship programme has been seen by employers as an excellent way of creating a highly skilled, highly motivated and loyal workforce. In particular employers recognised the need to fulfil the potential of existing staff - around 60% of the new apprenticeships were taken up by current staff. This approach has opened up real opportunities to learning, development and career progression for those staff, which has benefited the organisation and patients by making a substantial improvement in the performance of organisations that directly supports the delivery of the Quality, Innovation, Productivity and Prevention (QIPP) agenda.

The achievement in 09/10 has generated an impetus that we need to continue to build on in 10/11 and beyond not only to deliver Apprenticeships in the Health Sector but also to support the vision set out in “The Coalition: Our Programme for Government” and the “Spending Review 2010” on apprenticeships. The NAAC was put in place to support progress in 2009/10 and consider what recommendations should be made to Government to develop the ongoing sustainability of the health sector apprenticeship agenda for the future including the benefits it can deliver. Drawing on our experience of meeting the apprenticeship ambition in 2009/10 and subsequent coalition publications we have developed a clear set of recommendations which we commend to ministers.

**Ron Kerr**

**Chair of the National Apprenticeship Advisory Committee**

## **Executive Summary**

In the NHS Constitution, the Government made pledges to all NHS staff, which included:

- the NHS will strive to give all staff rewarding jobs;
- the NHS will strive to provide all staff with access to appropriate training and development, and the support to succeed;
- the NHS will strive to provide support to all staff to keep themselves healthy and safe;
- the NHS will strive to engage staff in decisions that affect them.

The Health Sector Apprenticeship programme has been a major success in 09/10 – increasing from around 1,300 starts per year to over 8,100 starts in a year.

Since the inception of the Health Sector Apprenticeship Programme the coalition government has since set out a clear vision for apprenticeships and the value they add to society as a whole.

To sustain momentum and build on this success, the conclusions and recommendations in this report have three main themes:

- Apprenticeship frameworks must increasingly support the development of the skills and knowledge that employers require to develop the workforce in the Health Sector both now and in the future.
- The Apprenticeship programme must be delivered ever more efficiently and effectively. This can only be achieved by delivery of high quality programmes that demonstrate value for money. One of the key enablers in achieving this in 09/10 has been through local health providers being clear on their skill-mix and education needs working in partnership with those delivering the funding and training.
- The Health Sector Apprenticeship programme should be developed and marketed effectively locally to attract the very best possible candidates. The health sector offers excellent training opportunities, to support both potentially varied and highly fulfilling careers, but evidence suggests the most talented young people often do not consider the health sector for a career.

There are 10 key recommendations stemming from the report:

### **Recommendation 1**

DH should continue to support the apprenticeship infrastructure and collaborative arrangements put in place for 10/11 to sustain the Health Sector Apprenticeship.

### **Recommendation 2**

Skills for Health (SfH), and the other 25 Sector Skills Councils, to ensure that there are the necessary Apprenticeship Frameworks in place to meet current and emerging workforce needs.

### Recommendation 3

Health Sector employers should routinely consider the option of Apprentices whenever recruiting in to jobs covered by Agenda for Change Bands 1- 4.

### Recommendation 4

To make best use of apprenticeships, the Centre for Workforce Intelligence (CfWI), NHS and wider health sector should integrate apprenticeships into their workforce planning and education and training commissioning.

### Recommendation 5

There is a need to support the process for the health sector Apprenticeships Frameworks across Sector Skills Councils, and ensure this leads to appropriate opportunities within higher education and career progression. This should be aligned with work elsewhere to develop the role of clinical and non-clinical support staff, including the issues of extending regulation. The process should be supported by the professional regulators, the higher education sector, with a view to maximising the potential use of APEL.

### Recommendation 6

Skills for Health need to continue explore the potential to develop level 4 Apprenticeship Frameworks, including progression routes from advanced and higher apprenticeships into higher education, building on existing work where possible.

### Recommendation 7

Health Sector organisations consider collaborating with other organisations, to improve their purchasing power with apprenticeship education providers and to secure economies of scale to ensure the market is managed effectively to deliver quality, sustainability and value for money.

### Recommendation 8

The NHS, and where possible the wider health sector, should look to secure apprenticeship opportunities from its suppliers through procurement and commissioning exercises.

### Recommendation 9

The Health Sector Apprenticeship brand should be promoted with the NAS branding to ensure there is a coherent and integrated marketing strategy to enable employers to recruit high quality apprentices.

### Recommendation 10

The business case for the Health Sector Apprenticeship should be developed further with good practice and cost savings benefits communicated to promote the case to employers and work to strengthen health sector employer involvement at the national top table, along with other large employers, in the apprenticeship discussion.

## **Chapter 1**

### **The Health Sector Apprenticeship**

#### **Growth in Apprenticeships in the wider economy**

The Coalition Government have indicated that they want to create 125,000 more adult apprenticeships during this CSR period. Of these places, 50,000 were announced earlier in the year, supported by £250 million diverted from Train to Gain funding, and a further 75,000 more adult apprenticeships were announced in the SR statement – and this increase will be spread over the CSR period. In addition, BIS are working on a number of strategies including “Skills for Growth” and “Skills Strategy” - supporting effective development of skills in the economy. The apprenticeship work feeds directly in to support this strategy.

By way of background, over the last few years there has been a rapid expansion in apprenticeships across the wider economy. This has been mirrored in the NHS. Whilst the number of apprentices in the NHS sector in 08/09 was around 1,300, the drive in 09/10 to increase the number of apprenticeships as part of a wider public sector target delivered a total of 8167 apprentices. This has put the NHS as the largest public sector employer of apprenticeships.

#### **Historic position within the Health Sector**

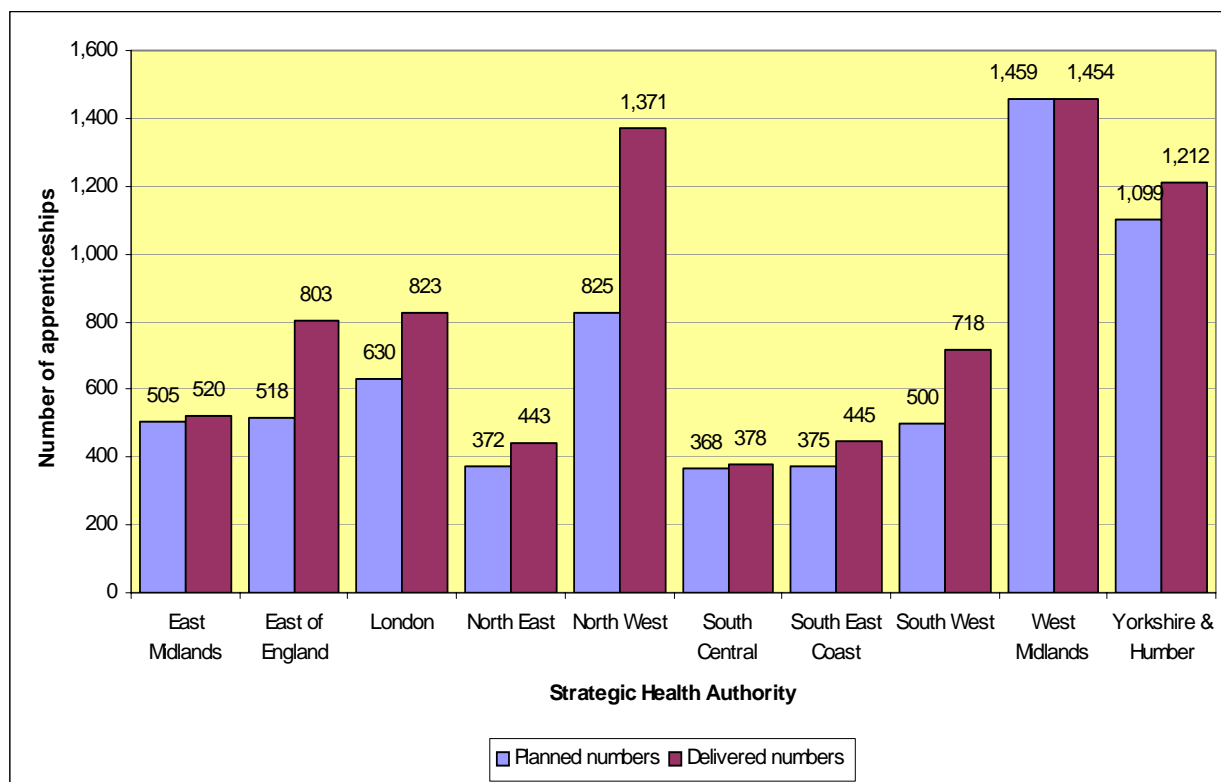
A review of the use of apprenticeships in the NHS suggested that there were around 1,300 NHS apprenticeship starts in 2008/09, with only 35% of NHS organisations participating in apprenticeships and these were predominately based in specific geographical areas - the Midlands and North. Now there is far more national spread of apprenticeships and all regions delivering increasing numbers of apprentices cover both clinical and non-clinical roles.

#### **The Health Sector Current Position**

The Health Sector has exceeded the milestone of 5000 new start apprentices for the 2009/10 financial year by delivering 8,167. One of the reasons for this success was the setting up of the Apprenticeship Steering Group, a successful collaboration between trade unions and health sector employers and the establishment of the National Apprenticeship Advisory Committee chaired by Ron Kerr – CE at Guy’s and St Thomas’s. The latest NHS figures show a huge shift from just over 1000 apprentice starts previously, which is a tremendous achievement with completion rates increasing from 50% in 2006-2007 to over 70%. The success in delivering national “buy in” has resulted in apprenticeships being available not only in traditional areas but nationwide as shown at Table 1 below.

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**Table 1**



**Conclusion**

The drive in 09/10 to deliver the 5000 milestone has left an important legacy for the future of apprentices in the health sector and three key components to successfully delivering the programme are now in place namely:

- Creation of an infrastructure within many local authorities and each SHA having an Apprenticeship Lead to drive the programme within the area;
- Apprenticeship networks, trade unions and professional bodies working together to deliver Health Sector apprentices;
- Guidance and tools developed to assist employers in identifying apprentice posts and implementing them.

**Recommendation 1**

**DH should continue to support the apprenticeship infrastructure and collaborative arrangements put in place for 10/11 to sustain the Health Sector Apprenticeship.**



## Chapter 2

### The Case for the Health Sector Apprenticeship

#### The Economic Benefit

Whilst there is limited quantitative evidence in relation to the economic benefits of an apprentice in the health sector, there is some evidence of the potential savings that health sector employers can make by employing apprentices. These are included in the case studies at Annex 1 and in the material available on the Skills for Health and NHS Employer websites. We can also draw on numerous examples of empirical evidence from the wider economy that apprentices help to improve the performance of organisations, see Table 2 below. In addition, evidence from employers and consumers detailed below also show very positive results.

**Table 2**

Apprenticeship	Cost (estimated)*	Payback (estimated)
Engineering	£28,762	Less than 3 years
Construction	£22,043	Less than 2 years
Hospitality	£4,326	Just over 1 year
Retail	£2,305	Less than 2 years
Social care	£4,359 - £7,743	In 4 years
IT	£4,500	Less than 1 year
Business Administration	£3,464 - £3,898	Less than 2 years

\*net cost at the end of the Apprenticeship

Health sector employers can model their own costs and benefits using the ROI calculator on the **Apprenticeship.gov.uk website**.

#### Employer and Consumer Apprenticeship Perspective

- 80% of those employers who employ apprentices agree they make their workplace more productive.
- 88% of employers who employ apprentices believe that Apprenticeships lead to a more motivated and satisfied workforce.
- 83% of employers who employ apprentices rely on their Apprenticeship programme to provide the skilled workers that they need for the future.
- 81% of consumers favour using a company which takes on apprentices.

#### The Capacity for Apprenticeships in the Health Sector

Using the NHS model in England as a benchmark for the health sector, the model shows that the NHS employs around half a million people in both clinical and non-clinical roles that could use apprenticeships as a method of entry or progression. Around 60,000 people join the NHS in these roles each year. It is estimated that around 60 per cent of unregistered job roles in the NHS have an associated Apprenticeship framework.

<http://www.skillsforhealth.org.uk/apprenticeships>

<http://www.nhsemployers.org/Aboutus/Publicactions/Pages/LeadingtheNHSworkforcethrough.aspx>

## National Apprenticeship Advisory Committee: Making Apprenticeships an Important and Sustainable Part of the Health Sector Workforce- Final Report and DH Response to Recommendations

It is not contentious to suggest that for organisations to maximise their efficiency and effectiveness they should aim to have the optimum mix of skills within their workforce. Feedback from employers and SHAs across the country suggests a large number of organisations are already making more effective use of skilled clinical and non-clinical support staff and many more are exploring the potential to do so to support them in delivery of the QIPP agenda.

NHS Employers discussion document 'The role of the nurse' emphasises the increasing importance of the role of the healthcare assistant and assistant practitioner; roles which are suited to the apprenticeship approach, particularly higher and advanced apprenticeships. However, higher apprenticeship frameworks do not exist yet for these roles, which would suggest the use of apprenticeships in the health sector could be increased by extending the number of health care specific frameworks. Such development having become only recently possible for level four apprenticeships under SASE (2010) arrangements.

### **The Benefits of Apprenticeships to the Health Sector**

Health sector apprenticeships support improvements in productivity and drive up the quality of care by:

- Creating a motivated and loyal workforce (link to Staff Pledges in NHS Constitution);
- Developing the skills of the workforce to meet the needs of employers, in both clinical and non-clinical areas which will reduce the growth in agency spend for administrative staff, Maternity Support Workers (MSWs) and Assistant Practitioners;
- Helping to overcome the ageing workforce;
- Improving the ability to recruit highly skilled and talented young people, which will become increasingly difficult as the number of young people falls;
- Encouraging support for developing the 60% of staff who will still be in the workforce in 10 year's time;
- Providing opportunities to spread innovative approaches to service delivery, by designing apprenticeships in a way that trains staff with a broad base of competences (ensuring flexibility to work across a range of roles) and which ultimately benefits patient care;
- Providing a vehicle to rapidly train staff to a high standard where a new role is developed, or where an existing role is expanded. Potential examples of this include health trainers and maternity support workers (MSWs), which will be a valuable source of support for new mothers and their babies.

Ensuring that, where appropriate, Apprenticeship Frameworks are clearly connected to professional education and training frameworks offers the opportunity to allow apprentices to further develop their careers. In particular, accreditation of prior experience and learning (APEL) from apprenticeships that can count towards the requirements of professional education programmes offers potential benefits through:

- Shorter professional education programmes; and,
- Creating greater career opportunities for an already motivated and loyal workforce.

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This is in line with the Government's ambition to provide access to more level 4 and level 5 qualifications, which support progression to higher education and recognise the value of practical learning.

### Wider Benefits

Providing apprenticeships is a potential win-win - improved skills and learning will contribute to achieving the Government's social aims of 'social mobility and social justice and have their own intrinsic value: enriching people's lives and bringing personal fulfilment'. It also supports communities, and will give health sector organisations the greater credibility and authority they need to deliver on much of their wider agenda (e.g. public health). There are a number of case studies included at Annex 1.

In respect of the social responsibility, research shows that education and skills policy has a direct impact on both economic well-being and social inclusion. Education is associated with lower incidence of depression, obesity, respiratory problems and lack of exercise. There is also a strong relationship between lack of qualifications and offending rates.

In the wider context, the health sector apprenticeship programme supports the Coalition Government's determination to raise skill levels and opportunities for lifelong learning amongst the whole population. It believes that it is particularly important that young people are supported to gain the skills that will enable them to obtain sustainable employment and embark on rewarding careers. The opportunity for vocationally focused learning provided within apprenticeships will have particular relevance with the introduction of compulsory education for all up to 18 years.

As a result, the Government has set out a bold agenda for apprenticeships and identified the following priorities for the Skills Funding Agency:

- A clear ladder of progression through the apprenticeship brand;
- Prioritisation of level 3 apprenticeships, but also provide access to more level 4 and level 5 qualifications, which support progression to higher education and recognise the value of practical learning;
- To support progression, and strengthen the supply of technician level skills, particularly through Level 3 apprenticeships.

In support of this, it has asked the Skills Funding Agency to deliver 50,000 additional apprenticeships and reduce the number of 18-24 year olds who are not in employment, education or training. The Spending Review 2010 further endorsed the government's position on the delivery of apprenticeships with the announcement "to increase apprenticeship funding by £250 million a year by 2014-15 relative to the level inherited from the previous government and the delivery of a further 75,000 adult apprenticeships".

### Conclusion

It is clear from the evidence that the size of the Health Sector unregistered workforce indicates that there is scope for a large number of apprenticeships, specific to the NHS for those in the NHS across Agenda for Change (AfC) Bands 1 - 4. Currently around 60% of roles in the health sector require the skills, knowledge and competences that

## **National Apprenticeship Advisory Committee: Making Apprenticeships an Important and Sustainable Part of the Health Sector Workforce- Final Report and DH Response to Recommendations**

can be developed through apprenticeships. With the proposed development of frameworks provided within the Qualifications and Credit Framework, it is anticipated that the coverage of job roles by apprenticeships will increase (potentially up to 80%).

Furthermore, the emergence of new clinical support roles, such as assistant practitioners are increasing the scope for apprenticeships. These new roles provide the opportunity to develop Advanced Apprenticeship programmes in the health sector.

There are clear benefits to the health sector, patients and social context in building on apprenticeships in current roles and developing roles.

### **Recommendation 2**

**Skills for Health (SfH), and the other 25 Sector Skills Councils, to ensure that there are the necessary Apprenticeship Frameworks in place to meet current and emerging workforce needs.**

### **Recommendation 3**

**Health Sector employers should routinely consider the option of Apprentices whenever recruiting in to jobs covered by Agenda for Change Bands 1- 4.**

## Chapter 3

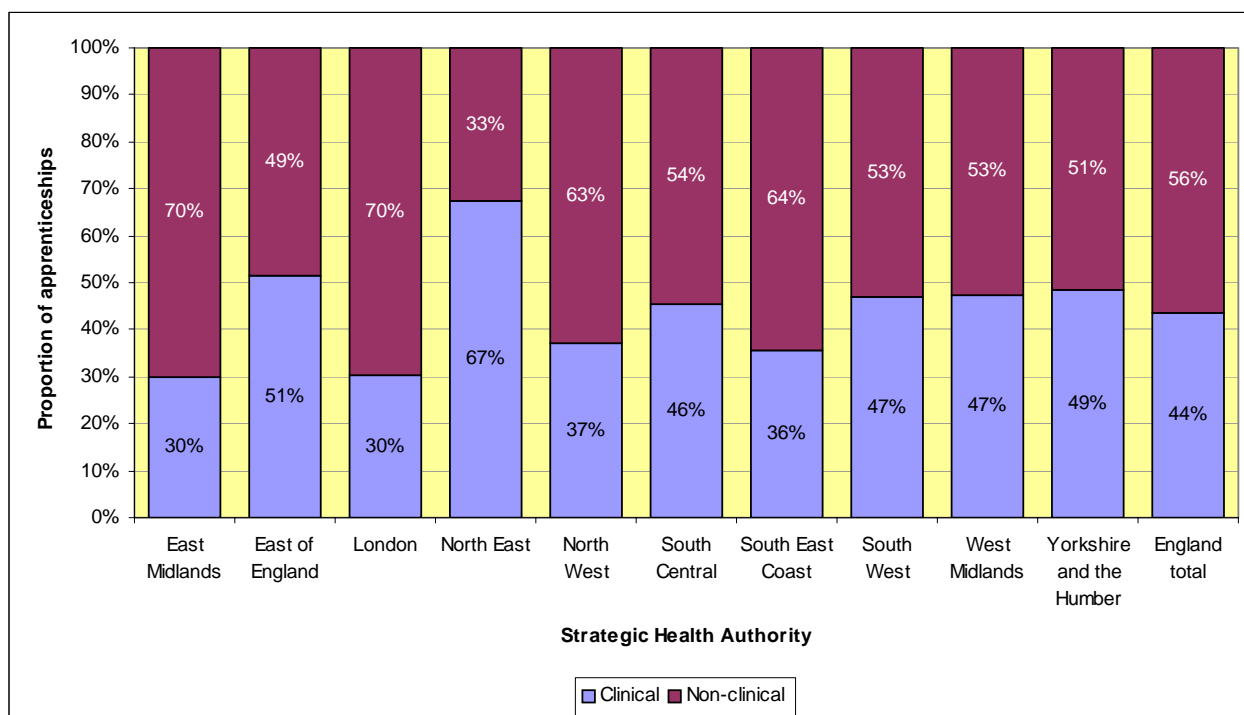
### Integrating Apprenticeships and Clinical Support Roles in to workforce planning and education commissioning

To date, little workforce planning has been directly concerned with Apprenticeships and the AfC Bands 1 – 4, although a variety of workforce planning tools and resources are available to local organisations. Many of these can be accessed online, through resources such as SfH’s Healthcare Workforce Portal and the Centre for Workforce Intelligence website. These resources range in scope from overarching workforce planning frameworks, such as SfH’s six steps workforce planning methodology, to supply and demand models and site-specific tools. The majority are intended for use in planning the medical and qualified clinical workforces (staff on AfC Band 5 and above). There are tools available to support workforce planning of AfC Bands 1-4, but none of them specifically incorporate apprenticeships.

#### Clinical Support Roles

Of the 8,167 apprentices delivered by the health sector in 09/10, 44% were in clinical roles. This is outlined in Table 3 below.

**Table 3**



However, it is clear that some employers are currently struggling to develop training programmes for some clinical support roles (e.g. MSWs, Assistant Practitioners, and scientists). This is an area of workforce development many employers are exploring as a way of delivering high quality care to meet rising demand, and at the same time maintain a control on costs. The development of a suitable apprenticeship framework will help fill these gaps.

### **Widening Participation**

We have already mentioned how employers are actively exploring ways to optimise their skill mix through the development of clinical support worker roles. Apprenticeships offer an excellent way to train staff in those roles. We know that apprentices are often loyal and motivated individuals and there is evidence that many health care support workers wish to progress into professional roles e.g. nursing. On a practical level there is a concern that as we move to degree level registration for nurses, the diversity of entrants to nursing may diminish, and even that there may not be sufficient numbers of high quality applicants to new degree programmes.

However, for both employees and employers the arrangements for accrediting prior experience and learning are often opaque.

Developing apprenticeships that, where appropriate, are clearly connected to professional education and training frameworks and describe APEL opportunities offer a way through this.

We support the UCAS review of the Tariff, the points-based system used by admissions officers to determine the suitability of qualifications for progression into higher education. The review will recognise that around 50% of UK-based applicants in 2009 applied to higher education programmes with qualifications that did not include A levels (as compared with around 32% in 1999).

### **Conclusions**

For apprentices to make a sustainable and effective contribution in clinical and non-clinical roles, organisations will need to examine how services are delivered locally and determine if and where apprentices can be appropriately deployed, including in new roles. Current trends in policy and healthcare workforce planning are likely to lead to closer consideration of the clinical support workforce at AfC Bands 1-4 and an associated increase in the number of directly applicable planning resources and tools available for local organisations to assess and redesign their workforce.

For the health sector to address the combined challenge of the current economic climate and the Quality, Innovation, Productivity & Prevention agenda successfully, it is crucial that the AfC Bands 1-4 workforce in the NHS and wider health sector workforce, including apprentices are utilised more widely and effectively.

#### **Recommendation 4**

**To make best use of apprenticeships, the Centre for Workforce Intelligence (CFWI), NHS and wider health sector should integrate apprenticeships into their workforce planning and education and training commissioning.**

#### **Recommendation 5**

**There is a need to support the process for the health sector Apprenticeships Frameworks across Sector Skills Councils, and ensure this leads to appropriate opportunities within higher education and career progression. This should be aligned with work elsewhere to develop the role of clinical and non-clinical**

**support staff, including the issues of extending regulation. The process should be supported by the professional regulators, the higher education sector, with a view to maximising the potential use of APEL.**

### **Recommendation 6**

**SfH need to continue to explore the potential to develop level 4 Apprenticeship Frameworks, including progression routes from advanced and higher apprenticeships into higher education, building on existing work where possible.**

## Chapter 4

### Promoting and Marketing Apprenticeships

There has been rapid expansion in the availability and range of apprenticeships across the health sector in the last 12 months. The infrastructure and mechanisms to support apprenticeships going forward has been developed but we need to strengthen employer engagement/ involvement at the national top table along with other large employers in the apprenticeship discussion.

A by product of delivering the apprenticeship programme is the change in attitudes of employers in recruiting young people and likewise young people now looking at the health sector for a career.

The health sector has an incredibly wide range of apprenticeship opportunities and we think they are some of the best apprenticeships in the world. Research has shown however that there are still improvements to be made in promotion and marketing namely:

- Those consulted expressed some degree of confusion around the role of an apprentice;
- Potential recruits and go-between organisations were not consistently clear about what the health sector apprentice offer is for potential recruits;
- Employer organisations struggle for clarity around funding.

The findings of the research need to be addressed to ensure that the health sector attracts the best quality of candidates, with the right mix of aptitude and attitude to fill apprenticeship roles.

#### Conclusion

The progress made to date has been excellent and there appears to be a clear shift from the health sector towards the use of apprentices. There are still cultural barriers to be addressed around employing young people and not enough young people necessarily consider the health sector as a potential future employer.

Although progress has been rapid and the signs are very positive there is a strong case evidenced by the research to ensure the progress made is sustained through promoting the business case to employers and marketing the health sector as the employer of choice to young people and existing employees.

Similarly, there is a consensus that a comprehensive marketing strategy will be needed to deliver significantly improved clarity. The marketing challenge will need to ensure there is coherent branding and messages that are flexible enough to be used to target broad audiences at national level and adaptable enough to be used by individual employers at a local level.



**Recommendation 7**

**Health Sector organisations should consider collaborating with other organisations, to improve their purchasing power with apprenticeship education providers and to secure economies of scale to ensure the market is managed effectively to deliver quality, sustainability and value for money.**

**Recommendation 8**

**The NHS, and where possible the wider health sector, should look to secure apprenticeship opportunities from its suppliers through procurement and commissioning exercises.**

**Recommendation 9**

**The Health Sector Apprenticeship brand should be promoted with the NAS branding to ensure there is a coherent and integrated marketing strategy to enable employers to recruit high quality apprentices.**

**Recommendation 10**

**The business case for the Health Sector Apprenticeship should be developed further, with good practice and cost savings benefits communicated to promote the case to employers and work to strengthen health sector employer involvement at the national top table, along with other large employers, in the apprenticeship discussion.**

## Annex 1

## Apprenticeship Case Studies

### Case Study 1

#### **NHS Nottinghamshire County**

##### **What we did and why**

NHS Nottinghamshire County identified through their 2008/09 workforce plans and from analysis of other demographic data that the organisation has an ageing workforce and that young people are under-represented. Additionally the workforce plans identified that administrative staff within the organisation required support and apprenticeships, a mostly a new venture within the NHS, was considered as a very suitable and innovative initiative.

##### **How we did it**

Working closely with the training provider Prostart, a Local Health Community (LHC) approach was developed across three NHS organisations within the county and city of Nottinghamshire. Business administration apprentices were recruited, selected and inducted using a centralised process which challenged traditional recruitment processes. Prostart, Connexions, schools, colleges and more recently NAVMS promoted the apprenticeship opportunities to ensure an inclusive process for local young people.

Minimum qualifications for selection were detailed in the job description and person specification purely as an aspiration but no applicants were rejected based on this criteria. Instead, a numeracy and literacy test was undertaken as part of the selection process as the trust acknowledged very early on that young people's qualifications often did not reflect their abilities.

Additionally, a different approach to interviewing was adopted, as typically the young people concerned had no previous employment history, experience or knowledge of the NHS. Interviews were tailored for each applicant and conducted in a friendly, less formal way to engage them in two-way communication to find out what motivated them and their areas of interest.

The organisation values and supports the apprentices in a number of ways:

- Provides a yearly appraisal and development of the Knowledge and Skills Framework (KSF) which is mapped to their NVQ;
- The Nottinghamshire Apprenticeship Forum (NAF) provides them with peer support and the necessary training, skills and support to be able to successfully apply and secure future positions within the NHS or other suitable organisations.

##### **Results and next steps**

Since March 2009, three cohorts (10-12 individuals in each cohort) of business administration apprentices and one cohort of childcare apprentices and health and social care apprentices have been recruited for the LHC. Ongoing evaluation and support is crucial to ensuring the apprentices are an integral part of the organisation.

The apprentices' line managers are invited to attend regular evaluation meetings to ensure that the centralised process works and any amendments to the programme or process can be made to ensure best practice and sustainability. They are asked to comment on the apprentices' progress, how things are going generally and the benefits the apprentices have brought to their teams and the organisation.

**See below some comments from managers within the trust:**

“Everyone in the team has embraced the concept of the apprentice”

“She is a whiz on the computer and is reliable and brings a different perspective to the role”

“Very pleased, our apprentice is excellent. Brings new young member into our team”

“Apprentice has fitted in very well, works well and feel he is an asset to the admin team”

“So glad we took an apprentice on, she has gelled really well and is now an invaluable part of the team. I really don't think we could cope without her”

## **Case Study 2**

### **NHS Bradford and Airedale and Bradford and Airedale Community Health Services**

This case study describes how NHS Bradford and Airedale and Bradford and Airedale Community Health Services developed an apprentice programme, targeting a diverse audience. The programme focused on two areas of the organisation which faced high turnover of staff.

#### **The Organisation**

In April 2009 NHS Bradford and Airedale and Bradford and Airedale Community Health Services became two organisations. They serve a population of around 500,000 people. Employing around 2500 employees, the organisations have within their boundaries, 89 GP practices, 64 NHS dentists and five private dental practices, 108 pharmacies, 64 optometry practices, six community hospitals and two diagnostic and treatment centres.

#### **What we did and why**

All NHS organisations were offered funding from the Department of Health towards costs to increase the numbers of apprentices employed, the four priority areas which attracted funding included:

- estates and facilities;
- administration;
- nursing assistants;
- health care assistants.

NHS Yorkshire and Humber lead the drive to increase the number of apprenticeships on offer in the region through partnership working with the National Apprenticeships Service and the Department of Health. NHS Bradford and Airedale including community health services worked together across the district with three other trusts to develop an apprenticeship programme. An important part of this programme was making sure that a diverse group of apprentices were targeted. This was achieved through:

- working with stakeholders and agencies with strong local networks to promote the vacancies
- selecting training providers who were able to demonstrate that they had a track record of working with a diverse range of individuals from the local communities across the district.

Following consultation, the organisations agreed to develop the programme within two priority areas: business administration and health care assistant roles. This was because there was a high turnover experienced within these areas.

#### **How we did it**

The programme was supported by the appointment of an apprenticeship development officer, whose main role was to promote the role of apprentices both internally and externally with stakeholders.

## National Apprenticeship Advisory Committee: Making Apprenticeships an Important and Sustainable Part of the Health Sector Workforce- Final Report and DH Response to Recommendations

The post was funded by the Yorkshire and Humber Strategic Health Authority to work with the four NHS trusts in the Bradford District.

Two training providers were selected, a local college and a training company, which is part of the local council to deliver NVQ in health and social care and business administration. Both organisations were skilled in working with particularly young people who had not followed the conventional route in education.

The marketing of the vacancies was carried out via a number of channels to make sure that a wide range of applicants were attracted, this included:

- applicants with community language skills and cultural knowledge to work with a population with over 25 per cent of the local communities from black and ethnic minority (BME) backgrounds;
- those under the classification NEET (Not in Education, Employment or Training) via the local employment network which was created with Jobcentre Plus as part of the Local Employment Partnership (LEP).

It was also agreed not to use the on-line application process, as this was often cited as a barrier by many applicants who do not have access to internet facilities. All candidates were invited to an open day which included presentations and an opportunity to meet team members from the areas which would be hosting the apprentices. The open day attracted 66 applicants and one of the local employability-training providers attended to offer support on completing application forms.

Following the short listing process, applicants were invited to a recruitment selection day, which comprised of group work exercises and individual interviews. The recruitment panels included a range of colleagues from diverse backgrounds and disciplines. The recruitment process presented many challenges, the major one was that recruitment took place in the middle of the academic year and many of the potential applicants from this target group were already engaged in programmes.

### **The results and next steps**

Nine health care assistants were recruited, to be based in five community hospitals across the district and seven business administration apprentices were recruited to be based with a variety of teams across the organisation. The majority of the apprentices were from BME backgrounds and a higher than average number of males were appointed in areas which are traditionally considered female domains. Developing this programme has highlighted the importance of:

- working with local stakeholders and agencies that have the knowledge and know how to encourage a range of people from diverse backgrounds to consider careers in the NHS;
- involving colleagues, particularly from BME backgrounds so that diverse perspectives can influence the decisions that are made at the recruitment stage.

The programme will play a key part in succession planning for the trust and will produce a diverse group of individuals with key job skills and experience for the NHS.

### **Case Study 3**

East and North Hertfordshire NHS Trust wanted to appoint apprentices into clinical support vacancies on a one year fixed term contract to improve retention of staff and work towards a workforce fit for practice.

### **The Organisation**

East and North Hertfordshire NHS Trust is an acute trust employing over 5,000 staff. It provides an extensive range inpatient and outpatient services to around 500,000 people a year through its four hospitals – the Lister, QEII, Hertford County and Mount Vernon Cancer Centre.

### **What we did and why**

Recruitment and retention of staff is high on every organisation's agenda. Apprenticeship programmes are a way of investing in staff at the point of recruitment by providing individuals with clinical experience while enabling them to gain the knowledge and skills required to perform within the job role.

The apprenticeship framework comprises of three elements: National Vocational Qualification, Technical Certificate and Key Skills in literacy and numeracy which works towards meeting the Skills Pledge, a commitment made by employers to provide opportunities for band 1-4 staff to achieve at least a level 2 qualification relevant to their job role.

The trust's aim, through the apprenticeship programme, is to recruit motivated staff who are keen to learn and achieve and who are fit for purpose after completion of the programme. There are clear progression routes available for staff from a level 2 qualification onto a level 3 qualification and then onto a level 4 foundation degree programme.

### **How we did it**

Apprenticeships were first introduced at East and North Hertfordshire NHS Trust in September 2009 following a recruitment event for clinical support workers. However some departments/wards did not manage to successfully recruit into their vacancies and so East of England Strategic Health Authority approached the trust enquiring if they were interested in working with the Prince's Trust as an alternative method of recruiting staff.

Work experience was offered to candidates in departments where vacancies existed. Apprenticeship opportunities were also advertised on NHS Jobs and via the Prince's Trust website. All band 2 clinical support workers are placed on the apprenticeship programme on a one year fixed term contract. Candidates are interviewed six weeks prior to the end of their contract for a substantive post subject to successful completion of their apprenticeship and good references.

### **Results and next steps**

Apprenticeships for clinical support workers were introduced in September 2009: level 2 for all band 2 new recruits and existing staff who did not possess the minimum level qualification and level 3 for existing staff who had already achieved a level 2 qualification and wished to develop further. Business, administration, and customer care apprenticeships have subsequently been introduced for clerical staff and ward housekeepers.

East and North Hertfordshire NHS Trust have implemented 123 apprenticeships within the organisation between September 2009 and February 2010. August 2010 will see the first wave of apprentices completing the programme. The County Workforce Group (Hertfordshire) has also employed a dedicated person to implement the programme throughout Hertfordshire.

### **Views from apprentices**

#### **Zoe Cree, 18 years old - unemployed for seven months.**

Zoe was selected by the Medical Admissions Unit Manager at the QEII Hospital to undertake a two-week work experience placement reflecting the shift patterns within the department. Following this two-week work experience she was successfully recruited onto a one year fixed term apprenticeship contract. The apprenticeship is a level 2 qualification in Health & Social Care with attendance at college twice a month. Six weeks prior to the end of her contract Zoe will be interviewed and, subject

to completion of her apprenticeship programme and references, she will be offered a substantive post.

Zoe says: "I have learnt so much about myself and working for the NHS, I have gained a qualification. I'm more motivated and my confidence and self belief have really improved".

### **Taran Jacob, 20 years old - unemployed for eight months**

Taran was selected by the Renal Ward Manager to undertake a two-week work experience placement reflecting the shift patterns within the Renal Department. Following this two-week work experience he was successfully recruited onto a one year fixed term apprenticeship contract. The apprenticeship is a level 2 qualification in Health & Social Care with the attendance at college twice a month. Six weeks prior to the end of his contract Taran will be interviewed and, subject to completion of his apprenticeship programme and references, he will be offered a substantive post.

Taran says:"I joined The Prince's Trust "Get Into Hospital Services" and everything changed. I met Matthew and Jacqui and felt really inspired about the opportunities that the programme could offer me. I signed up straight away. The past few weeks have been a real journey, I have learnt a lot and I have spent two weeks working in the Renal Department."

### **Tips for other trusts**

The trust has learnt many lessons through their experience and has shared their tips for the benefit of other trusts who are considering developing an apprenticeship programme:

- Network with other trusts;
- Gain buy in from divisional directors;
- Gain buy in from clinical staff;
- Ensure HR is involved from the onset.

## **Case Study 4**

How NHS Great Yarmouth & Waveney and James Paget University Hospitals NHS Foundation Trust have worked in partnership with Great Yarmouth College to deliver a successful apprenticeship programme.

### **The organisations**

James Paget University Hospitals NHS Foundation Trust provides comprehensive acute care for the population of Great Yarmouth, Lowestoft and the South Waveney area, and for visitors to the area. As a university hospital, the trust also trains over one third of the medical students from the University of East Anglia and has a strong national reputation for research and excellence in the quality of our training facilities.

NHS Great Yarmouth and Waveney works in partnership with organisations to improve the health of the local people, develop primary and community health services and commission services. The trust serves a population of 230,000, which has common and distinct characteristics of deprivation and health inequality and is more deprived than other areas of the East of England.

### **What we did and why**

In April 2009, NHS Great Yarmouth & Waveney and James Paget University Hospitals NHS Foundation Trust launched an apprenticeship programme to address future skills gaps and give people of all ages the chance to work towards valuable and recognised apprenticeship qualifications. Both organisations knew that they needed to improve workforce capability and capacity in view of ambitious national and local developments; they also wanted to attract new recruits into the NHS from the local community. Other reasons were to:

- address the demographics of an ageing workforce;
- 'grow our own' and plan for future workforce requirements;
- offer a more practical academic route to career progression;
- inspire young people;
- provide fulfilling jobs with training.

Both trusts have also signed up to the Skills Pledge and wanted to do something that demonstrated their commitment to the Pledge and to their employees.

### **How we set up the partnership**

From the onset, senior management were determined to make this work. They sat on a steering group and were in a position to make decisions that enabled the project to move quickly from the planning stage to implementation. One of the striking features of the partnership is that it is truly employer led, resulting in a highly responsive model of working reflecting employer needs, with most of the training and assessment taking place in the workplace.

With funding and support from the SHA, an apprenticeship co-ordinator was appointed in May 2009. The co-ordinator worked across both organisations to increase opportunities and access to apprenticeship qualifications for employees in bands 1-4. The project was launched in April 2009 and events were held to publicise the benefits of an apprenticeship.

### **The results**

## National Apprenticeship Advisory Committee: Making Apprenticeships an Important and Sustainable Part of the Health Sector Workforce- Final Report and DH Response to Recommendations

To date the partnership has around 100 apprentices working in many areas across both trusts from healthcare to IT, pharmacy and business and administration. Sixteen per cent of apprentices are under 25 years of age.

A key to the success of the partnership has been working closely with training providers. Great Yarmouth College has been involved in the apprenticeship programme since its inception and continue to be an active partner. They also work closely with the Suffolk Care Training Partnership and other training providers as necessary.

Existing and new staff in bands 1-4 have access to apprenticeship training. A survey of managers was carried out during Apprenticeship Week and the results are being analysed and an action plan drawn up to raise awareness of opportunities under the scheme.

### **Next steps**

A further successful bid has been made to the East of England Strategic Health Authority to replicate the model throughout Norfolk. As a result, apprenticeship programmes are being set up in Norwich and Kings Lynn. The bid also enables the Great Yarmouth and Waveney Partnership to appoint a pathway advisor to further support the development of the current and future band 1-4 workforce of both trusts. A placement co-ordinator will also be recruited to manage work experience opportunities and promote the NHS as an employer of choice with a vast array of careers on offer.

NHS Great Yarmouth & Waveney and James Paget University Hospitals NHS Foundation Trust see this as an exciting opportunity to work with people who may be our future apprentices and to make the apprenticeship the foundation of a career in the NHS. It will also give us the opportunity to expand our ongoing support to charities and other agencies that work with young people, the unemployed and other disadvantaged and under-represented groups. Several of these initiatives have led to permanent jobs within the NHS and we are committed to continuing and developing the placements we are able to offer.

In addition, this year we will be appointing a further 11 apprentices into supernumerary posts in a joint initiative with the local authority. The apprentices will have the opportunity to work across the three host employers and gain employability skills as well as an apprenticeship qualification. These posts are in addition to the existing workforce. It is an opportunity for us to attract new staff into the NHS from groups who are under-represented in the current workforce and to build links with our local partners.



## Annex 2

### Glossary

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#### **A High Quality Workforce**

Published on 30 June 2008 to accompany “High Quality Care For All” it sets out a system for workforce planning, education and training that will be sustainable for the long term.

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#### **Agenda for Change**

Agenda for Change is the current NHS grading and pay system for staff, with the exception of doctors, dentists and some senior managers. It covers more than 1 million people and harmonises their pay scales and career progression arrangements across traditionally separate pay groups.

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#### **APEL**

Accreditation Of Prior And Experiential Learning is a process that enables people of all ages, backgrounds and attitudes to receive formal recognition for skills and knowledge they already possess. A person's learning and experience can be formally recognised and taken into account to:

- gain entry to further or higher education courses;
  - give exemption from certain parts of a new course of study;
  - qualify for an award in an appropriate subject in further or higher education.
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#### **APL**

The process of identification, assessment and formal acknowledgement of prior learning and achievement is commonly known across the higher education sector as 'accreditation'.

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#### **Apprenticeship**

An Apprenticeship is essentially a set of qualifications called a 'framework'. These are developed by Sector Skills Councils who are licensed by government to work with employers to develop National Occupational Standards and design Apprenticeship frameworks for the industries they represent.

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**Advanced Apprenticeship**

An Advanced Apprenticeship is a more demanding qualification, focusing on advanced techniques and supervisory skills. It is designed for an Apprenticeship working in a supervisory or managerial position.

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**Centre for Workforce Intelligence**

The Centre for Workforce Intelligence provides workforce intelligence, analysis and evidence that provides strategic oversight and leadership on the quality of workforce planning across the healthcare system including that which is delivered by social care.

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**Leitch Report**

The *Leitch Review of Skills* was an independent review commissioned by the British Government in 2004, 'to identify the UK's optimal skills mix for 2020 to maximise economic growth, productivity and social justice, set out the balance of responsibility for achieving that skills profile and consider the policy framework required to support it.'

The final report, published at the end of 2006 recommended that UK should urgently and dramatically raise achievements at all levels of skills and recommended that it commit to becoming a world leader in skills by 2020, as benchmarked against the upper quartile of the OECD - effectively a doubling of attainment at most skill levels.

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**National Apprenticeship Service**

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.

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**NHS Constitution**

The aim of the NHS Constitution is to protect and renew the enduring principles of the NHS. It empowers staff, patients and the public by setting out existing legal rights and pledges for the first time in one place and in clear and simple language. The Constitution also sets out clear expectations about the behaviours and values for all organisations providing NHS care.

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**Quality, Innovation, Productivity & Prevention**

QIPP Publication setting out the current financial situation in the NHS and setting out the Department of Health's plan for responding to these challenges.

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**Qualifications Curriculum Framework**

The framework for creating and accrediting qualification in England, Wales and Northern Ireland. It gives a wide range of learners the opportunity to get the qualification they need, in a way that suits them. QCF qualifications are designed with the help of employers so learners can be assured that they're gaining skills that employers are looking for.

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**SASE 2010**

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

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**Skills for Growth**

The Government White Paper: 'Skills for Growth - the National Skills Strategy', published on the 11th November 2009, marks a radical shift in some of the priorities of the current skills system including creating a modern technician class through more advanced apprenticeships.

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**The Skills Pledge**

The Skills Pledge is a public commitment made by the leader of an organisation confirming that they will develop the skills of their employees, including all of those lacking basic skills or a first full Level 2 qualification.

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## Annex 3

### NAAC Terms of Reference

**1. Background** A number of policy documents, including the Leitch report, and World-Class apprenticeships (DIUS) have set out the Government's target to increase the total (all sectors) number of apprenticeships in England from 250,000 to 400,000 by 2020.

The Next Stage Review includes an acknowledgement of the significant benefits that can be obtained from apprenticeships and specifically in preparing staff for key support roles and for entry to professional training. Lord Darzi confirmed a commitment to double our investment in apprenticeships in the NHS by 2012/13.

**2. Objectives** To support better patient care and staff development by:

- Improving access to and take-up of a wider range of apprenticeship training programmes, which meets both the current and future workforce needs.
- Supporting the implementation of the Next Steps Review commitment to double investment in apprenticeships by 2011/12.
- Providing a forum for the discussion of issues and to encourage integrated thinking between key stakeholders.
- Agreeing future priorities and identify mechanisms for taking them forward.

## Annex 4

### NATIONAL APPRENTICESHIP ADVISORY COMMITTEE MEMBERSHIP

	Name	Title	Position
1	Ron Kerr	Chief Executive, Guy's and St Thomas' NHS Foundation Trust	Chair
2	Andy Palmer	British Telecom	Member
3	Andy Wilson	Principal, Westminster Kingsway College	Member
4	Anne Bristow	Corporate Director, Adult and Community Services, London Borough of Barking and Dagenham	Member
5	Christina Pond	Executive Director Standards, Qualifications & Policy Development Skills for Health	Member
6	Elizabeth Eddy	Head of Workforce e-solutions, NHS Employers	Member
7	Julie Badon	Section Head, Education Policy Branch, DH	Member
8	Karen Middleton	Chief Health Professions Officer, Allied Health Professionals, DH	Member
9	Pam Johnson	Director of Learning, UNISON	Member
10	Richard Marsh	Employee Services Director, National Apprenticeship Service	Member
11	Sue Covill	Director of Human Resources, South Tees Hospitals NHS Foundation Trust	Member
12	Tim Gilpin	SHA Director of Workforce, NHS Yorks & the Humber	Member
13	Tina Smallwood	Director of Human Resources, Hull Teaching Primary Care Trust	Member
14	Trish Morris Thompson	SHA Director of Nursing, NHS London	Member