Health Sector Apprenticeships in London

Understanding Opportunities, Overcoming Barriers

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Executive Summary

Between March and June 2012 the National Apprenticeship Service and Skills for Health collaborated on a qualitative research project which aimed to understand the drivers for apprenticeships, and explore ways in which barriers can be addressed. Another element of the research focused on apprenticeship delivery and assessed whether actual or perceived quality or the capacity of training providers were limiting factors in the expansion of apprenticeship programmes in the health sector. The perspectives of key training providers and employers were gathered to understand the challenges they face in providing good quality apprenticeships.

A total of 23 interviews were conducted:

- 18 with trusts 'employers' in HR, training and development and learning and development roles

    o 12 with employers with apprenticeships

    o 6 with employers without apprenticeships

- 5 with senior managers in training providers.

Summary Findings

Key Factors for Success

Some factors were identified as having a real impact on the success of an apprenticeship programme:

- A culture of learning and development

- Identifying a clear business need for apprenticeships

- Consider how to measure the impact at the outset

- Wide involvement in the decision-making process around apprenticeships

- 'Big picture' thinking amongst managers and staff

- Getting and keeping staff engaged

- Trust-wide engagement means the development of a better infrastructure, systems and process to deal with the apprenticeship programme

- The importance of work-readiness and pre-employment training

- A belief that the opportunity for work experience that the apprenticeship offers outweighs concerns about a future substantive post being available

- Recognition and reward of all involved

- Ability of all involved to deal with problems quickly and efficiently to avoid damaging the image of the programme

- Good relationships with training providers/ATAs.

The bulk of apprenticeships are undertaken with existing staff to ensure they are adequately trained. The main frameworks are in business administration and customer service, although increasingly new staff in clinical roles, for example health care assistants (HCAs), are accessing apprenticeship programmes. Once training for existing staff has been achieved, some trusts have extended apprenticeships to new starter / learner apprenticeships, with the main framework in the sample business administration.

Many trusts express concern around the appropriateness of having new starter / learner apprenticeships in clinical areas, especially 16-19 year olds. Concerns around their maturity and ability to cope are the main obstacles. That said, three trusts are running apprenticeships with young apprentices in support roles in theatres, midwifery and dental with a great deal of success. Estates and facilities is also seen as a potential area for future growth for younger apprentices.

The Key Skills element of apprenticeships (Maths and English) is regarded as a real benefit as it provides reassurance around patient safety. This is because numeracy and literacy can be easily avoided by staff in other training.

The majority of trusts using apprenticeships with their existing staff have been positive about the results. They state that staff feel more valued, committed and loyal as a result, and believe they have also seen an increase in productivity and better patient care.

Why Employers do Apprenticeships – the Main Drivers

The main drivers that emerged for employers doing apprenticeships are usually a combination of the following:

- To address a specific business need for example customer service problems or taking on new starter / learner apprenticeships to reduce agency/bank staff

- apprenticeships best meet the bands 1-4 training requirements, especially in numeracy and literacy

- To ensure staff have updated qualifications in case of progression, redundancy or displacement

- To enhance performance, job satisfaction, higher productivity and improve patient care and safety

- Corporate social responsibility, altruism, as part of wider participation initiatives or building the employer brand

- To grow staff numbers and address the ageing workforce

- Availability of funding (for 16-18 year olds the full training cost is met by the Skills Funding Agency and for 19 year olds and over the employer is expected to contribute to the cost – employers have also been able to access further funds in recent years aimed at promoting apprenticeships in the NHS).

Why Employers do not do Apprenticeships – the Main Barriers

Most barriers to apprenticeships were related to new starter/ learner apprenticeships, especially at the younger end of the spectrum. These barriers were found consistently (albeit to a greater or lesser extent) in most trusts:

- Lack of awareness, especially about the potential positive impact of apprenticeships on the bottom line

- Concerns about a lack of infrastructure to support apprenticeships (engagement needed by all parties and work involved in preparation for apprenticeships)

- A lack of a culture of training and development for bands 1-4 staff (in a minority of trusts, although resistance by managers to training in bands 1-4 was evidenced in many trusts)

- Problems convincing managers (associated with all barriers mentioned), particularly around:

  - The extra work and challenge of managing young people

  - The lack of 'work-readiness' and corresponding need for pastoral care

  - Concerns regarding the calibre of the young person (especially if recruited from a deprived area)

  - The timeframes of apprenticeships and number of release days required

- For HR, training and development and managers, difficulties identifying appropriate posts and adapting them for an apprenticeship

- Lack of obvious and well used development pathways

- Lack of substantive jobs available post-apprenticeship

- Apprenticeships not currently a major priority (due to restructuring, mergers, other major initiatives)

- Already offering training to meet staff needs through other accredited qualifications (i.e. QCF qualifications) and in-house courses.

Specific Barriers for Employers without Apprenticeships

The main barriers for those currently not involved in apprenticeships are:

- Apprenticeships are not appropriate for existing staff

- Adequate training already offered

- Lack of a culture for learning and development for bands 1-4

- Apprenticeships are not a current priority

- Apprenticeships do not address a current business need.

Employer's Views on Training Providers

For employers with experience with apprenticeships, poor delivery from training providers is seen as a complication rather than a major barrier to further adoption.

Most of the problems employers reporting having with training providers were due to a lack of communication, lack of flexibility or not properly adapting frameworks for new students. Other problems were often found when delivering a new framework. Most were satisfied with business administration frameworks but less so with health frameworks.

Many problems came from not having well defined service agreements. Some employers had used the same training provider they had previously used for their NVQ qualifications to deliver the apprenticeships and consequently had very informal agreements which then led to problems with delivery and expectations. When changing training providers, employers had learnt from experience and so many now have a list of formal criteria on which to base their choice of provider.

Improvements for the Future

- Sharing best practice about the selection and tendering of training providers

- Sharing of best practice on developing an infrastructure to support apprenticeship programmes

- The development of certified courses on managing and mentoring young apprentices

- Development of a 'Preferred Providers List'

- Development of an 'Assessors List'

- Providing help for trusts in adapting roles for apprenticeships.

Some improvements were also cited to be developed in partnership with training providers:

- Better pre-employment training

- Help with job applications and interview techniques

- Introduction of Account Managers to manage the relationship.

Recommendations for Support to Employers

- The development of support documentation for example; 'Why do apprenticeships?' and 'How to do apprenticeships well'

- The development of a workshop or course on managing and/or mentoring young new starter/ learner apprentices

Potential support in the form of:

- Website advice for example FAQs on young new starter / learner apprentices

- Development of a preferred providers list

- Development of a list of assessors

- Facilitate sharing best practice about tendering for training providers.

1. Introduction

1.1. Background

Cost savings are being demanded in the NHS whilst at the same time demand for healthcare provision continues to grow in line with an ageing population and increasing expectations from consumers. This means that in the future healthcare provision will need to meet greater demand for its services with more limited resources. Full utilisation of the workforce is expected to be key in meeting this challenge and apprenticeships are likely to be part of this response.

Apprenticeships have traditionally played an important part in the UK economy in traditional, male dominated sectors such as engineering, construction and manufacturing. Since their revival in 1994, the number of apprenticeships has grown significantly. Their presence was broadened to take in sectors that were previously excluded such as business related and service sectors including health.[1] Age ranges were also extended and levels introduced as a means to skill, up skill and re-skill the existing workforce.

Unlike some other parts of the economy, the UK health sector does not have a tradition of apprenticeships Developing apprenticeships within the health sector has uncovered specific weaknesses and blockages to sustained development and growth. This research project aims to clarify and identify issues from employer and provider perspectives.

The findings from this research will feed into work to embed apprenticeships in NHS trusts that are already engaged and expand the reach to those yet to engage.

The report is based on research carried out in NHS trusts and community healthcare services in Greater London.

1.2 Research Objectives

A research need was identified to understand in more detail the drivers and barriers to apprenticeships in the NHS and to explore ways in which barriers can be addressed.

One element of the research focused on apprenticeship delivery and assessed whether actual or perceived quality, delivery or capacity of training providers were limiting factors.

The perspective of training providers on apprenticeships was also sought to understand the challenges they face in delivering good quality apprenticeships.

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[1] The number of apprentice starts in the health sector has increased by 137% since 2009/10 from 44,150 to 104,550 in 2011/12. Source: Apprenticeship Statistics October 2012

1.3   Methodology and Sample

Issues around drivers and barriers often involve an emotional component such as feelings, perceptions or prejudices that are sometimes difficult to articulate. Given this, a qualitative methodology was used, being better able to capture this type of complexity.

Face-to-face, depth interviews were conducted rather than focus groups as they enable a deeper understanding of the different perspectives of employers and their decision-making regarding apprenticeships. Depth interviews also allowed for an iterative approach to be used where findings from one depth were tested in the next to see whether they are idiosyncratic or common.

A total of 18 x 45 minute interviews were conducted face-to-face with employers (in Human Resources, Training and Development and Learning and Development), in their workplace. In addition five telephone interviews were conducted with training providers. A breakdown of the sample as follows:

- 12 interviews with employers (with apprenticeships)

- 6 interviews with employers (without apprenticeships)

- 5 interviews with training providers

- The training providers were self-selected from those actively engaged in delivering training. They are providers with a good track record. The research did not specifically seek out training providers that had experienced difficulties, although the research with employers on training providers did highlight problems in delivery and quality.

The trust respondents were drawn from the full list of primary employer contacts for widening participation and apprenticeship programmes used by NHS London, the National Apprenticeship Service[2] and Skills for Health.

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[2] The National Apprenticeship Service (NAS) has 'end to end' responsibility that all apprenticeships meet the requirements of legislation, employers, individuals, parents and guardians. They are developing their quality assurance role to ensure that the recent expansion of apprenticeships is not achieved at the expense of quality.

2. Key Findings

2.1 Current Use of Apprenticeships

2.1.1 About the sample – use of apprenticeships

The research takes into account a variety of perspectives, so respondents from both acute and mental health trusts were interviewed. Also included in the sample were specialist hospitals. Ten of the 18 trusts interviewed were running apprenticeships with existing staff and many were running several cohorts a year. Three trusts had 'lapsed,' meaning that they had put plans for a new cohort on hold but still had apprentices completing their training. For the most part this tended to be due to restructuring; in two cases key people leading the apprenticeship programme had left and a new lead had yet to be assigned. Six of the trusts had never used apprenticeships.

3.1.2 Apprenticeships with existing staff versus new learner/starter apprentices

Most apprenticeships to date have been with existing staff; some trusts having put as many as 130 employees through an apprenticeship programme. For most trusts, the priority is to adequately train their current staff. Some trusts not yet running 'proper apprenticeships'[3] can see more of a future for this approach once their existing staff are trained satisfactorily. It is also sometimes a question of politics whereby existing staff could be aggrieved if they see 'new starters' getting training which they themselves had not been offered.

However, seven of these trusts also have new learner/starter apprenticeships. Some of the trusts have begun with fairly small intakes although three out of the seven are running large cohorts of new learner/starter apprenticeships with younger individuals (16-20). One of these trusts is aiming to start 60 apprenticeships per year.

Apprenticeships were currently being used by the majority of trusts to formalise the qualifications of existing staff in order that they have a competency based qualification that reflects their current role. The Key Skills element of the apprenticeship (i.e. Maths and English) is seen as one of the real benefits of the programme and provides reassurance for management around patient care and safety.

The resulting improvement in Key Skills can also enable these staff to progress as they are seen to have the requirements required for promotion. However, it is important to remember that not all existing staff will undertake an apprenticeship as they tend to be offered on a voluntary basis.

Although bands 1-4 are generally seen as a 'static' group with limited progression opportunities, trusts acknowledge the need to provide progression routes and undertake succession planning in order to make best use of the workforce. The all-round training, including Maths and English, offered in apprenticeships mean staff in these pay bands could be well placed to progress, perhaps into management roles with the development of higher apprenticeships[4].

Currently however, apprenticeships are not sufficiently embedded in the culture of most trusts to be an integral part of workforce planning. For new learner/starter apprenticeships, a lack of substantive posts means that apprenticeships are often considered as 'short-term add-ons'.

Apprenticeships do not appear to form part of trusts' strategic plans for their workforce.

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[3] Defined as new members of staff recruited as apprentices and referred to in this report as 'new starter / learner apprenticeships'
[4] Higher apprenticeships are defined as being at NVQ level 4 and 5 (Higher Education Certificate or Foundation Degree) with further apprenticeships in development at level 6 (Bachelor's degree) and 7 (Master's degree).

Only one of the trusts interviewed had worked with HR to introduce apprenticeships to solve workforce issues such as reducing vacancies and over-reliance on bank and agency staff. Together they had put together a case for new starter / learner apprenticeships showing clear cost reductions. Other respondents felt that apprenticeships may help solve this problem but had not yet been taken action. Highlighting this issue, or stressing it more powerfully, may help promote the benefits of apprenticeships as it can meet an immediate problem as well as having a long term benefit of growing the workforce through the use of new learner/starter apprenticeships.

The instability that is the result of mergers and restructuring has also complicated workforce planning as resources for service lines are currently unknown in many trusts. In addition, where training and development departments or HR departments have merged, it can mean that no one person is currently leading on training and development, and therefore apprenticeships, until roles have been defined.

In a few trusts the physical separation of HR from training, learning and development departments means there is little in the way of cross-fertilization of ideas or strategic planning for recruitment or retention. Staff development of bands 1-4 for the purpose of career progression is rarely cited as a major reason for training. There are not always recognised pathways or jobs at the end of training and hence there is little in the way of talent management or succession planning programmes for this staff group. Other respondents – typically in HR – may see a pathway for apprentices but meet with resistance from managers, especially in clinical environments (see section on barriers).

For the most part, respondents are keen that staff in bands 1-4 are developed. Most also like the idea of growing their own workforce, and of apprenticeships, where new learners can absorb the values of the trust and mentors can share their knowledge and experience. Many can visualise future pathways from apprenticeships to a professional qualification, especially with the aid of advanced apprenticeships. As the first cohorts of apprentices progress, respondents are interested to see what they will do to forge their own paths once they have completed their apprenticeship. Some have already seen successful transitions from apprenticeships to further training for example; in HR, health care assistants (HCAs) going on to do nursing and dental nursing, or peri-operatives starting degrees in the same subject.
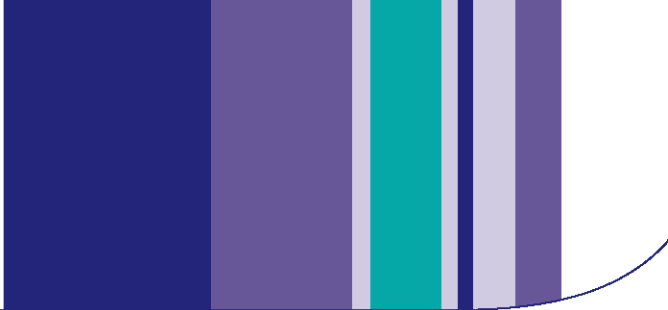
3.1.3   Types of Apprenticeship Frameworks

All of the trusts interviewed had started their apprenticeship programmes with **existing staff** in the areas of business administration and customer service, leadership and management, clerical and reception and some also with staff in estates and facilities. Many had since extended this to include support staff in clinical areas such as theatre (peri-operatives), pathology support, midwifery support and HCA roles in different clinical areas.

The bulk of the new learner / starter apprenticeships have been piloted in 'safe' frameworks such as business administration, and often within HR in order to gain knowledge and understanding. All seven trusts with new learner / starter apprenticeships have them in these areas. In addition, a few trusts had them in Estates and Facilities and this area was seen by others to have future potential due to the fact that these maintenance roles have a tradition of apprenticeships. Therefore, it was felt an understanding of the level of support required for a learner was already likely to exist.

3.1.4   Age and Apprenticeship Framework

In terms of age demographics, most trusts claim to have the highest proportion of employees in the 35-45 age group with staff aged 16-24 far less common. Consequently, there tends to be a concern across many trusts about the ability of this younger age group (under 25 but especially 16-18 year olds) to cope in clinical environments. Whilst some feel that it is unlikely that they will have new starter / learner apprentices (especially those under 18 in a clinical setting) others are more optimistic for the future and see clear pathways for HCAs into nursing. Two trusts have successfully trialled small numbers of new starter / learner apprentices aged 16-18 in clinical environments and now have quite large cohorts of HCA support staff in settings such as dental and in midwifery.

Five trusts have new starter / learner apprentices in theatres, some of whom are under 20 years old. Most of these trusts accepted theatres as an appropriate clinical environment for apprenticeships because they feel there is a support infrastructure already in place to accommodate an apprentice, and where the staff to patient ratio is often 5:1 compared with health care assistants on wards there the ratio of HCA to patient is typically 1:5. In some cases, this has also been helped by apprenticeship leads having significant experience in theatre themselves or who have used their time in the NHS to convince managers to take on apprentices in clinical areas.

2.2   Perceptions of Apprenticeships – Employers with Apprenticeships

Most of the interviewees were quite well informed about apprenticeships. The majority had attended conferences in the past and some regularly attend the NHS London bands 1-4 forums. Many had also met people from Skills for Health and the National Apprenticeship Service and felt able to go to them or their websites for information and advice if required.

Fourteen trusts were using apprenticeships for existing staff as part of workforce development which appears to be mostly working well for both the trust and staff members (see *drivers for apprenticeships*). However, perceptions of the value of the new starter / learner apprenticeship can differ according to following:

- The stage the trust is at with their apprenticeship programme (some being at initial stages of inductions with their first cohort whilst others have been doing it for more than two years)

- Whether their approach to implementing the apprenticeship programme has been 'cautious' (for example one or two apprentices) or 'fully committed' (with large cohorts)

- The extent to which training or recruitment is restricted (for example as a result of mergers)

- Whether they have the influence to overcome the negative perceptions of managers and so how widely supported they feel the initiative is in the trust. Related to this were some concerns regarding managers' perceptions of apprentices as 'cheaper labour' rather than individuals to be mentored and developed.

Most trusts have taken a piecemeal, cautious approach to the introduction of new starter/ learner apprenticeships rather than it being a trust-wide initiative. For most trusts this has been due to the initial lack of buy in from managers. As such this has meant starting with a small cohort in business administration or a few in departments where managers seem more amenable to the idea. When confronted with resistance, some interviewees responded by piloting it in their own department (HR or training and development) with a view to evaluating the model before rolling it out to other areas. This approach has generally been perceived to be successful and in most cases tends to generate further interest from managers who preferred to wait and learn from the experience of others before committing. Many of the respondents had since been able to expand the programme beyond the pilot area.

Those at the very early stages of employing apprentices are looking to evaluate their first cohort and if successful, they hope to write up case studies for internal marketing. In those trusts with a few apprentices spread over different hospitals and/or departments, views at the early stages tend to be based on the individual apprentice (good or bad) rather than on the model as a whole. Given this, most are positive and hopeful for the future but unsurprisingly prefer to reserve judgement about the model for the time being.

However, two trusts who had committed to large cohorts of new starters/learner apprentices from the start (2010) were now running very successful programmes, and felt very positive about the model and its future use. As with other trusts, convincing others about the benefits of apprenticeships had not been easy and pilots had also been necessary in their own departments as an example for others. However, since then, it does appear to have been

taken up as a trust-wide programme, which could represent a positive example for those trusts in the earlier stages of implementation. In fact demand is now exceeding supply in these two trusts – a result of no more funding in one case and in problems with recruitment in the other.

These findings suggest that commitment to large cohorts from the outset brings benefits. For example it enabled learning about apprenticeships to occur quickly as both issues and positive behaviour were easier to identify when exhibited by a large group rather than by one or two individuals. Although these trusts had encountered challenges, they had used the experience to change and adapt the process so as to build a solid foundation for the apprenticeship model. Large cohorts had also meant that apprenticeships had started to become more a part of the culture of the organisation and interest in them had grown.

Negative perceptions amongst some managers about the calibre of new starter / learner apprenticeships, especially younger people from more deprived areas, can be significant barriers to this type of apprenticeship (see *What Stops People Doing Apprenticeships*).

2.3 Perceptions of Apprenticeships – Employers without Apprenticeships

2.3.1 Awareness and knowledge of apprenticeships

Despite not currently having apprenticeships, most employers were fairly well informed about them. Like their colleagues involved with apprenticeships, they used their network of contacts in other trusts for information as well as training providers used by some for NVQs. Some also had attended the bands 1-4 forums. Most felt they were 'fairly knowledgeable' about apprenticeships and it was not a lack of information that had stood in the way of them following this route. That said, whilst these employers had not ruled out apprenticeships, some were unclear as to the benefits for their particular organisation.

Some of the reasons given for not following an apprenticeship route were:

- Apprenticeships are not appropriate for existing staff (felt by all 6 in this category)

- Adequate training already offered (5 respondents)

- Lack of a culture for learning and development for bands 1-4 (2 respondents)

- Apprenticeships are not a priority at the moment (3 of the 6 respondents)

- Apprenticeships do not address a current business need (3 of the 6 respondents).

These reasons are explored in turn on the next page.

2.3.2 Not appropriate for existing staff

These employers did not consider apprenticeships to be an appropriate route for existing staff. On the whole they felt that apprenticeships were better suited to new starters / learners who were under 25 in a development role which would be used to grow the workforce.

> "I can see more benefits with younger people, putting them through a pathway. Then there's recruitment and retention which is a benefit."

For a minority apprenticeships were also seen to be relevant for those returning to work after a long period of absence or staff who wanted a career change. Whilst none of these employers had yet pursued this, it may be something they consider in the future.

> "I see apprenticeships as an entry level qualification, someone who is relatively new to their role who wants to develop their skills. They could also be an existing person or a job change within the organisation, you know someone who has done 10 years within the organisation and decides they want to work as an HCA in childcare."

2.3.3 We already offer adequate training for staff in bands 1-4

Most of these trusts felt they offered adequate training and development for their existing staff (NVQs, diplomas or other internal courses, including numeracy and literacy assessments and courses). This was especially relevant where one trust had an accredited education centre that was under threat as a result of cost cutting. It was considered simpler to stick with training that the education centre was accredited to deliver (NVQs/QCFs). There seemed to be anxiety that to put too much training out to external providers may *"prove to be the final nail in the coffin of the education centre"*.

Many of the trusts without apprenticeships claimed that they offered numeracy and literacy assessments and courses internally and some said that bands 1-4 were tested at the recruitment stage to ensure they had the basic levels required. Given this, the Key Skills element of the apprenticeship is not a major driver for these respondents.

In addition, the timeframe and day-release requirements meant it was not an appropriate route for existing staff. One trust had offered an employee the choice to do either an apprenticeship or an NVQ and the employee had chosen an NVQ due to the shorter timeframe; the fact that she did not want to replicate Key Skills (as she already had a GCSE although it was out of date) and also because of the one day a week release for training[5].

> "Are apprenticeships worth it for existing staff? Are some of the units relevant to the students or their role?"
>
> "I've heard there are lots of fall-outs with existing staff, there's just too much work for them to do along with a full-time job."
>
> "There's no recognition for them from employers, no better job or more money."

2.3.4 Lack of training/development culture

One trust believed their organisational culture did not adequately promote training or staff development and whilst another offered training and development in-house they had to work hard to get managers to select staff for training. Therefore, these trusts had particular worries about new starters in a developmental role as the organisational

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[5] Other delivery mechanisms are available

culture would not support them. This concern is echoed in many other trusts that already have apprenticeships but worry about introducing 'new learners' at the younger end of the spectrum.

2.3.5 Apprenticeships need a certain amount of preparatory work, can require a 'leap of faith' and are not a priority at the moment.

Apprenticeships tend to seen as requiring more planning and commitment from all concerned when compared to other types of training. For example, getting buy-in from managers and ensuring there is a supportive infrastructure. This is especially the case for new starter / learner apprenticeships and for this reason apprenticeships tend to be put on hold. This is also borne out by the experience of some employers with apprenticeships, for whom it had taken two years to get relevant managers on board.

Apprenticeship programmes are not entered into lightly, those involved want to feel they are doing it properly, especially where they have had a difficult time convincing managers and so ultimately feel they will be in 'the firing line' if anything goes wrong. This is well illustrated by the more cautious strategy adopted by many trusts with apprenticeships, where they pilot in their own department or start off with very small cohorts.

In most of these trusts (without apprenticeships) there had been no real push from senior management to use the apprenticeship model, although most said the issue had been raised from time to time. In addition, in some situations because of staff cuts and shortages there is no one leading on apprenticeships.

The quotes below illustrate feelings about the work needed for apprenticeships and the uncertainty that often surrounds them which can require a 'leap of faith', especially when there is not complete buy-in and support from management.

> "You go round and round in circles, have meeting after meeting to discuss things. I think it will take a lot of pro-activeness for someone to take control and say, yes we're going to do it and take that risk."

> "I don't think we're different to other trusts, some work has been done but it's not been tied up in a neat little parcel at the moment, and for them to have the courage I suppose, because there's lots of work to be done for HR with job descriptions and contracts of employment."

It is clear then that whilst most trusts without apprenticeships claim they are well informed about them, that some may need reassurance as to what is actually involved in setting up and implementing apprenticeships, as many may feel it is more difficult than it actually is.

Where major restructuring or mergers were happening or where the HR or training and development or learning and development department has lost senior personnel and so do not have the time to dedicate to lead on apprenticeships, plans have been put on hold. Indeed, restructuring and the resulting instability in trusts was one of the main reasons given by trusts that were contacted but not interviewed. This was also the primary reason given by those who had temporarily suspended their apprenticeship programme.

Larger organisational issues can often make finding the right moment to make a decision on apprenticeships difficult.

> "We've just come to the end of a financial year, there's always stress at this time with all the plans and the improvement targets, how much money are we going to save, projections for the following year, it's not a good time to make a decision."

2.3.6 Apprenticeships do not address a current business need

For two trusts apprenticeships did not offer a solution to a business need or current problem (for example, recruitment, attrition or under-resourced areas). This was especially the case in small or specialised hospitals where total staff in bands 1-4 numbered less than 100 or where staff turnover was low. Some acknowledged the downsides of low staff turnover in terms of lack of change and the risk of complacency and therefore the potential for fresh ideas and challenges that could be gained from having young apprentices.

For smaller businesses there was also a perceived lack of career progression.

> "When you're only a small organisation your career pathways become very restricted. We do have career pathways, for example people can come in at band 2 and we have some roles that can take them into band 3 and if they wanted to go into healthcare we could move them, but generally we don't have a lot of movement but in bands 1-4, we don't have a lot of people wanting to do that."

For these trusts, there would need to be a specific demand for particular skills to drive apprenticeships:

> "Either we'd have to be taking on a new piece of work, or seeing a change in the way of working, or a need to up-skill a particular area that wasn't functioning in the right way. So for example maybe we'd see changes in the way we operate and need to get in a large number of HCAs. We might say 'we're going out to market so let's get some 'qualifieds' and also use this as an opportunity to get some unqualified apprenticeships but it would need to be driven by demand."

2.4 Why do Employers take up Apprenticeships?

The main reasons given for doing apprenticeships are listed below:

- To enhance performance, job satisfaction, higher productivity and better/safer patient care

- To address a specific business need

- Apprenticeships best meet the bands 1-4 training requirements especially in numeracy and literacy

- Funding

- So staff have updated qualifications in case of progression or redundancy / displacement

- Corporate social responsibility, altruism or as part of wider participation initiatives or building the employer brand

- To grow the workforce and address the ageing workforce.

The main reasons for trusts to take up apprenticeships appear to be a mixture of funding; a learning model that is particularly well suited to the needs of bands 1-4 and altruism on the part of key personnel or the trust. Only one or two of the trusts interviewed had introduced apprenticeships to address a specific business need.

2.4.1 Funding

Funding has been a major driver for doing apprenticeships. For existing staff it is said to make training budgets go further. Respondents feel that funding has been the main driver for managers to buy into the idea of apprenticeships. Many gave funding as the main driver and as they had no prior personal experience, were waiting to learn what other benefits might be. Funding had made them 'take that first leap into the unknown'. Without this major incentive it is perhaps unlikely that they would have taken that initial step or been able to convince managers to do so.

It has also proved to be an incentive to trial new starter / learners even if these were older and only part-funded, given that negative perceptions of younger apprenticeships (especially 16-18 year olds) still exist in the majority of trusts and form a barrier to their employment.

Funding was especially important for new starters / learners as there are doubts about what exactly to expect in terms of their likely contribution and costs are weighed up in terms of funding balanced with the costs of time managing them.

"The fact that they could have four extra pairs of hands and not go into their allocation for funding was a real selling point."

"If we get fully funded individuals there's no cost pressure and it's seen more as a developmental role as it should be."

Given that funding tends to be the main driver to do apprenticeships there is a concern that when changes for over 25s are introduced, with the introduction of 'advanced learning loans' from August 2013, this may impact on maintaining growth of apprenticeships. Work is therefore required to address negative attitudes to younger new starter / learner apprenticeships where funding will still be available.

2.4.2   To address a specific business need

One trust had been motivated to use new starter / learner apprenticeships in order to reduce their overreliance on agency staff and to reduce vacancy rates. Once they had produced a business case detailing this aim and promoted the additional benefits of apprenticeships they had found it fairly easy to convince managers:

"Managers were keen on the savings they could make, that was the big push to get them on board."

Whilst this was the main driver for one trust, overuse of agency staff and vacant posts was also felt to be important for others who shared this problem and saw apprenticeships as a likely solution.

"They're taking away positions and using bank staff. We also have 200 vacancies, where's the logic in all this. They'd be better off taking on apprentices."

In a small number of other cases, where apprenticeships with existing staff had been used to address a genuine business problem, for example problems with customer service, and where they had been tailored to include specific learning materials, they have had more impact and their success has been easier to evaluate.

2.4.3   Apprenticeships are particularly suited to the training needs of staff in bands 1-4

Many staff in bands 1-4 may have had negative experiences of learning in the past and some have poor levels of numeracy and literacy. A high proportion in this group will have left education some time ago. Apprenticeships tend to be viewed as a particularly good method as the individual can learn at a rate which is more comfortable for them which tends to mean better knowledge acquisition. Apprenticeships offer the supportive environment of the cohort and sometimes the involvement of managers and in-house trainers can mean additional needs are identified and extra help given.

Some trusts have tried to tackle numeracy and literacy in-house to greater or lesser extent Low take up can be a problem due to the stigma attached to having poor attainment in this area. Moreover, unless the in-house course is accredited it will not be a recognised qualification and so is of less use to the individual.

Unlike NVQs which often deal with numeracy and literacy at the end of the course and so can be avoided, apprenticeships are thought to tackle this element better, integrated as part of an overall development program.

"We've always encouraged our HCAs to do an NVQ Level 3 which includes English and Maths, but it's usually tagged on the end so half of them haven't done it, so now they have to do it as part of the apprenticeship it's fantastic."

2.4.4   Staff obtain up to date qualifications for progression, or in case of redundancy or displacement
Currently it tends to be used as workforce development for existing staff to make sure they are equipped with qualifications that reflect their current role. Most HR and training and development managers want to ensure that

their staff have the basic education and qualifications necessary to form a firm foundation for further development where appropriate. Most trusts have a story where a staff member has gone on to progress as a result of doing an apprenticeship, although this tends to be driven more by the individual than by the manager.

In some cases apprenticeships have been used to make staff more employable and confident about their skills in case they are moved or lose their job.

2.4.5 To enhance performance – job satisfaction, higher productivity and better patient care

The majority of trusts using apprenticeships with their existing staff have been positive about the results. They state that staff feel more valued, committed and loyal as a result and have also seen an increase in productivity and better patient care.

However, others (including both employers with and without apprenticeships) are more ambivalent about the benefits where apprenticeships are used to bring qualifications up to date. They believe that in this situation it can benefit the employee more than the trust. Others believe that in cases where less new learning takes place this can then lead to a lack of motivation on the part of the employee.

Most staff were asked to volunteer to begin an apprenticeship. However, it can be difficult to motivate staff to start apprenticeships due to the commitment involved and as training does not necessarily lead to a better job or more pay. Against this background, NVQs/QCFs are sometimes felt to be a better method as they are felt to be less time consuming and disruptive.

2.4.6   Corporate Social Responsibility (CSR), altruism, widening participation and building the employer brand

Apprenticeships are considered by many as 'the right thing to do'. As major employers in a community, many respondents feel new starter / learner apprenticeships offer a route to 'give something back' by recruiting locally and so giving individuals a good opportunity. For these individuals it is not merely a selfless act but they believe in the long-term benefits of apprenticeships to the trust. Where there are deprivation issues in local area it is often part of the mission statement to address these problems. In addition, supporting the needs of the local community is seen as an important part of becoming a Foundation Trust for those with this ambition. It is also recognised as a way to build positive employer brand values, helping promote the organisation, aiding recruitment and growing the workforce.

However, altruism and the ability to take a long-term view could be seen as privileged positions to be in for trusts facing job losses, or those who need to present a solid business case which highlights the commercial benefits for apprenticeships in their trusts:

> "I've asked other trusts why they've done it and they said, everyone thought it was a good idea, basically, just do it, we need to do it as a country. However, if you're somewhere where they don't accept this argument then you'll be pushing against the tide the whole time. Whenever I've said something to senior management I got the answer 'we're a hospital, isn't that enough.'"

> "You read in the press about young people. I've got eight people into jobs that perhaps wouldn't have got them and that's what I'm proud of It's definitely been my driver to do it."

Whether motivated by altruism, funding or both, the importance of enthusiastic and tenacious leads in HR or Training and development and learning and development cannot be underestimated in the success of getting apprenticeship programmes off the ground and building solid foundations to support them. It is often a personal goal of these leads to do something positive to address problems with young people and unemployment.

2.4.7 'Growing your own' and addressing the ageing workforce

In principle, all respondents liked the idea of growing the workforce 'from the bottom up' using apprenticeships. Many felt there was no reason why apprentices should not go on to gain a professional qualification. In addition, apprenticeships offer the employer the ability to shape values and teach compassionate patient-care practices and this was felt to be very positive, especially in nursing, but also in other areas where the employees have a lot of contact with patients.

It's often denied that the critical people are the clerks and receptionists because they're the people patients see and deal with. If they've come through the system as apprentices then we're more likely to get that bit of patient care right."

"My view, if I had the power and the funding, would be to have an apprenticeship level start which is rolling, so a post in every department, someone coming in every 12 months."

Mention was also made of the benefits to be had from older, soon to be retired employees who could pass on their knowledge to more junior staff and perhaps act as a coach or mentor to them.

However, despite the acknowledged positive reasons for growing the workforce using apprentices, in most trusts even where the HR or training and development lead is in favour they can often meet opposition from managers who need to be convinced of the maturity and capabilities of younger (aged under 20) new starter / learner apprentices.

2.5 Positive Messages about Apprenticeships

Many positive things were said about apprenticeships that, despite not being actual drivers to act, highlighted benefits both to apprentices and other members of staff.

- Employers with staff who had been part of a large apprentice cohort felt that this experience had helped the apprentice broaden their knowledge of the trust and the different departments, through talking with other apprentices and as a result they were able to identify areas of interest to them for career progression. A cross fertilization of ideas and sharing of working practices had occurred as well as individuals finding support from others in the cohort

- For some staff it gave them an opportunity to evaluate their desire to progress and survey potential progression opportunities within the trust. Some employers said that staff that had begun to highlight gaps in their skills and by so doing had identified their own training needs

"Apprenticeships can give staff the confidence to make career choices and a learning community can often be created."

- Lots of employers commented on young new starter / learner apprentices and their quickness to learn. Most felt that apprentices can be fully functioning members of staff within six months in both clinical and non-clinical areas

- Many employers felt that young new starter / learner apprentices overall were hungry for challenge and responsibility

> "If you get the right candidate they can be so ambitious, they see this as their first step on the ladder."
>
> "She really owns her role. I don't have to tell her anything these days. If you've got a role where they can really develop and own something it's the best way to go."

- Many employers spoke of the satisfaction of seeing an apprentice learning new skills and growing in confidence

> "One apprentice working in recruitment, he's worked out his own processes to manage his role. At first he was shy to answer the phone, now he's talking to everybody, he's really proactive and looking after a whole list of applications, you can really see his confidence has grown."

- Others talked of the positive impact apprenticeships have on other staff, who take on more responsibility in a supervisory/ mentoring role. Staff felt that they too benefited from passing on their knowledge to the apprentice as it highlights how much they already know, which in turn helps job satisfaction.

In some cases the apprentice has challenged prejudices and made people more open minded, in this case a young, male apprentice in a maternity ward:

> "There was a young man who we never thought they would consider, who's in post-natal. He's never been protected from any of the activities and he has been accepted by the staff and patients alike. In fact, the ladies (patients) tend to lean towards him more than the girls."

2.6   What Stops Employers Doing Apprenticeships?

For most trusts it tends to be a combination of barriers that inhibit their use of apprenticeships. Most barriers tend to be related to new starter / learner apprenticeships as many trusts are running apprenticeships with existing staff. These barriers were found consistently across trusts even amongst those who are now currently running large and successful apprenticeship programmes. Many of the barriers are inter-related for example, a lack of a training and development culture will of course affect management attitudes to their staff training.

It is also important to acknowledge that some negative attitudes that emerged in the research are based on individual experience or have been informed by the experience of colleagues in other trusts. It is easy for these personal views to become stereotypes which can then been used to justify reasons for not having apprentices and which should be challenged. However, it must be said that even those running successful apprenticeship programmes had also encountered challenges with some new starter / learner apprenticeships. Therefore, it would be untrue to say that some negative attitudes to apprenticeships are without foundation

Any future work should aim to take these problems seriously rather than believing that barriers can be broken down through an attempt to change perceptions and attitudes which could be seen as belittling the challenges faced by trusts implementing apprenticeships.

2.6.1   Lack of training and development culture for bands 1-4 in some trusts.

Most employers claim to be very nurturing towards their staff in terms of offering them opportunities to develop. When pushed, many admitted that this tended to occur more on the clinical side than non-clinical. However, most of employers felt they had good systems in place for learning and development for bands 1-4. Most reported that the majority of their staff in this group had participated in recent training, usually either NVQs or apprenticeships.

Some also offered in-house core skills courses, usually to bands 1 and 2 which included numeracy and literacy, and a minority sought external workshops provision that helped staff in bands 1-4 identify career opportunities and pathways to achieve their aims. Some of these internal courses were accredited. New HCAs were often put on in-in-house learning programmes which were often extended to apprenticeships. Secondments were also mentioned; mainly for staff who wanted to change careers for example commonly to go into nursing.

Whilst a great deal of training was occurring in most trusts for bands 1-4, many of those responsible for learning/training and development said they still came up against resistance around managers' willingness to release staff for training. Furthermore, whilst only in a couple of trusts had managers explicitly questioned the value of training for this group, research suggests that this attitude does exist to a lesser extent in many other trusts. Consequently, work is needed to promote the value of training and development in order to help change this mind set to bands 1-4.

Unsurprisingly, this attitude does have consequences for the uptake of apprenticeships, especially new learner / starter apprenticeships where resistance is strongest and the role is purely developmental, at least for the first few months.

In two trusts performance appraisal systems had only recently been implemented to help managers and staff identify training needs. Neither of these trusts currently ran apprenticeships. In both trusts it was still a struggle to get managers' buy-in to the appraisal system and/or to allocate staff for training. In one trust they had an accredited centre which had a dedicated NVQ team and offered a diploma which was felt to satisfy the training needs of bands 1-4 but they had to work hard with managers to get them to select then release staff.

In the other trust, Joint Investment Fund (JIF) money had been available for NVQs but it had remained largely unspent as managers were reluctant to release bands 1-4 for training and development for fear of them moving on or because their department was too busy.

The HR and training and development leads in these trusts felt it was 'short sighted' on the part of the managers but felt there was little they could do to change things on their own. In the past they had tried meeting on an individual basis with managers to try and convince them, but with little success.

> "If the idea of training and development is not embedded in the culture then it's hard to sell it."
>
> "There isn't a perceived need to develop people. For doctors and nurses it's easy enough but for everyone else there's not a perceived need so you have to make a case for it."

Often amongst managers the attitude prevails that staff development will only benefit the individual whilst resulting in more work or cost for the managers.

> "It's almost like managers feel why don't they just get on and do the job, if we train them up to do another job and they can't do it here then we're going to lose them and there's not much point in that."
>
> "The attitude (of managers) is if we develop them up then we'll have to get someone to replace them and that will make my life more difficult."

In one trust, NVQs were used in extremely rare cases where they were used to address a performance issue or when a member of staff had shown real potential and the manager was in favour.

The lack of a development culture is also found in the attitude of staff in bands 1-4 in some trusts who were not motivated to train unless it involved more money or a change in job. Some staff were not interested in achieving a qualification that reflected skills used in their current job and as a result there were few volunteers for apprenticeships or NVQs. For some staff, apprenticeships and NVQs were associated only with recognition of skills and so tended to lack value and, as in most cases, there was little career progression associated with them. Only if managers looked for openings and up-skilled staff for this purpose would it be seen as a tool for development.

However, in trusts like this, career pathways for bands 1-4 staff had not been developed, resulting in a fairly static situation in terms of progression.

> "We used some of the JIF money to try and stimulate demand so people would come to us and say 'where's my NVQs?', but it didn't happen and managers don't really get it."

It was acknowledged by training and development leads in some of the trusts with a less advanced development culture that issues with staff attrition could well be the result of a lack of appraisals and opportunities to develop However, sadly in these trusts staff turnover of bands 1-4 only tended to confirm managers' views that it was not 'worth the bother' of training this group.

Not surprisingly, in some trusts, there is a lack of a willingness to 'grow your own' and invest in a new starter / learner apprentice whose performance and commitment is uncertain. This can mean that HR and training and development teams are at often at odds with the management culture of their trust with HR having an alternative view of the benefits to the trust of investing in new learner/starters.

> "It's a shame because there are huge benefits for a (new starter / learner) apprentice; they can be instilled into the organisation's values, and in a couple of years time you'll get a person who knows the place inside out, has bought into the culture and is interested in being here, we know their skills, knowledge and attitude and know they'll stay."

> However, when I say this to them they (managers) say, why would I want to spend a year or two, what if that person isn't very good we've wasted the time and investment."

To conclude, whilst for the most part staff are encouraged to do NVQs and apprenticeships whether or not opportunities for progression exist, negative attitudes regarding the value of training for bands 1-4 when combined with other negative factors can form strong barriers to apprenticeships, especially with new starter / learners.

Work is required in the sector to promote the value of training and development for bands 1-4 which reinforces the long-term strategic benefits this staff group for trusts and the health sector as a whole.

2.6.2 Lack of evidence of benefit to the bottom line of apprenticeships

As there are costs associated with running apprenticeships even if fully funded, respondents felt there is a need for a stronger, local and sector-specific business case to justify the impact on the bottom line including examples of direct and indirect costs involved.

> "With a large cohort of people you'd have to throw a lot of money at it to manage the flow of [apprentices], someone has to look after [them], so it's not only the commitment side of it, it's the money side of it."

The return on investment is often unclear:

> "Increasingly the NHS likes to see themselves as quite commercial, so in the case of apprenticeships, we'd want to know what the organisation gets. Is this a good return on investment? I don't know."
>
> "I think if the business case is around helping the youngsters of the world develop and become better citizens and more employable, then if you buy into that it doesn't matter how much it costs but if you don't it's quite a difficult thing to sell."
>
> "You read all the stuff and there's a vague return on investment argument but it's not very solid."

Some organisations felt they should consider apprenticeships but could not create a business case for them; for example where apprenticeships do not meet a current business need; or where the organisation is small; staff turnover is low, or where there are none or few recruitment issues; or where there are none or few skills shortages for bands 1-4.

> "We started trying to invent posts that we didn't actually need. The whole problem was that we were trying to stick a square peg into a round hole. The solution that was being presented to us wasn't regarded as a problem we had."

These findings suggest that case studies that illustrate the strategic use of apprenticeships should be compiled and widely shared.

2.6.3 Lack of infrastructure to support the new starter / learner apprentice and problems convincing managers

Finite resources also mean that many departments lack the infrastructure to support a new learner apprenticeship. The perceived time and effort needed to support them when they are operating in already pressured environment means that managers are often unwilling to entertain the idea of an apprentice.

In addition, respondents in HR or training and development, especially when they operated alone, or had lost members of staff and were doing additional work, were worried about the amount of work for themselves, even with a low number of apprentices.

Therefore, many HR and training and development managers had trouble engaging managers with the apprenticeship model.

> "The enthusiasm of a manager is often extinguished when they think about what an apprentice actually is."
>
> "Managers don't want the extra work, especially with reduced resources."
>
> "They refuse to take any money out of their budget for an apprentice, they'd rather pay for someone who's up and running."
>
> "Getting people such as HCAs released for training is hard enough, even for mandatory training."

The view was expressed by some that apprentices need to be 'an extra pair of hands' but also someone who is 'not really needed' in order to be taken on.

> "They need to be additional to requirements."
>
> "They need to be not really essential for department operations."

Conversely, if apprenticeships are not about meeting a need (for example a problem with resourcing), then many managers cannot see the point.

> "Why are we doing it then, if we don't need them?"

> Managers may need help refocusing from concerns for their immediate needs towards a bigger picture view of apprenticeships and the longer term benefits; for example planning for attrition, aiding recruitment, growing the workforce with well trained staff who understand the particular needs of the trust.

2.6.4 Apprenticeships represent a new challenge for managers

In some trusts, HR and training and development were concerned whether managers have the skills to cope with managing apprentices:

> "Many managers are clinical staff or come up through the ranks and find themselves as managers, they are not equipped to meet the needs of apprentices, they will struggle with these added problems, they feel they have enough trouble managing experienced adult staff."

"Apprentices, especially young ones, well they're vulnerable aren't they?"

"They seem to like the idea of cheap labour and this worries me, I say, you have to train and mentor them too."

Many of the above concerns around additional time and challenges involved are compounded by perceptions about the calibre of new starter / learner apprentices, especially when the apprentice is less than 20 years old. Some concerns revolve around the apprentice and their readiness for work and issues regarding their maturity.

"There's a temptation for them to say 'what I saw today...' They don't think about the consequences of the wrong conversations in the wrong place."

"A lot of time is spent on the small stuff, what not to wear to work, that 9am start is a 9am start; that we have mobile phones to use if we are going to be late."

"A lot of young people have quite chaotic lives and they bring it to work, so rather than use work as an opportunity to get some structure they just become overwhelmed even with lots of support."

2.6.5   Need for pastoral care

The level of pastoral care required for the younger apprentice is worrying for many respondents and their managers, as it seen to be over and above that required for the average new starter. Many feel that managers are not equipped to deal with these special requirements, for example how to communicate with younger people.

"It's finding the right balance without coming across as a teacher. It's knowing where the line is, it's usually about petty things like dress and not about work itself which is usually fine, so it's issues which managers don't normally have to deal with."

Research suggests that help for managers specifically targeted at the young, new starter / learner apprenticeship in the form of mentoring and managing courses or workshops would help overcome this. Currently managers refer problems to HR or learning and development leads but these respondents too often feel out of their depth with younger apprentices.

A qualification for managers or for those who have taken on a mentoring and supervisory role as a result of having an apprentice in the department would mean they received something for the effort they have made. One trust is thinking of an accredited certificate to meet this need. For trusts where the apprenticeship programme is not so evolved perhaps a product could be developed that gives some advice or guidance or sharing of best practice, including inductions and management going forward.

"I would want to put in some training that would look at communicating with young people, helping to understand their perspective, where they're at."

"I was really out of my depth with one person, you think, is it the way I'm communicating? Are there other techniques I could use to get the message across?"

"Sometimes it would be good if agencies or the training provider could take on that role to give us advice on managing younger groups."

"A telephone contact would be better than an online service."

2.6.6   Recruiting locally

It is generally agreed that for apprenticeships to work in practice candidates need to be recruited from the local community. However, some worry about the calibre of candidates they would get from the local vicinity, especially those located in disadvantaged areas. Concerns around their work ethic; especially in areas with high long-term unemployment along with poor academic records and problems with literacy and numeracy can be a real barrier.

"If you're in an area which is high in unemployment, high in expectations of being able to sign on, the attitudes of candidates are unlikely to be the best."

Also the 'chaotic lives' of many young apprentices who have they have seen bring their personal problems, child care and benefit issues to work.

2.6.7   Lack of pre-employment training

Some trusts which had Prince's Trust placements and NHS cadets experienced some of these problems and had learnt from the experience. Pre-employment training was thought to help address many of the above problems Indeed, in the two trusts with large apprenticeship programmes, week-long inductions had been implemented as a result of learning from the first cohorts. Specially tailored inductions along with a recruitment process where managers and apprentices meet and chat before short-listing for interview can help alleviate some of these challenges. In addition, buddy schemes that support the new starter and give advice, for example on oyster cards, concessions and benefits will help smooth the transition into work.

"Pre-employment training is really important so that the apprentice doesn't behave badly and reinforce negative perceptions when they arrive in the workplace and so have a detrimental effect on the programme as a whole.
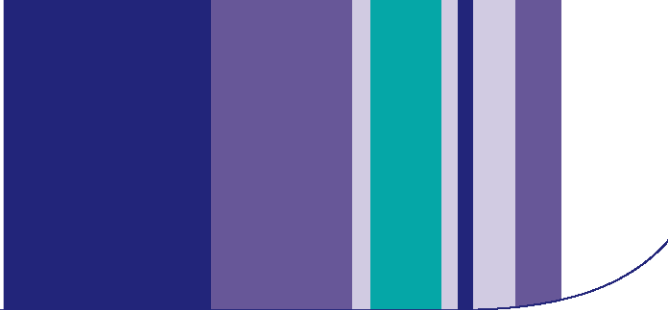
2.6.8   Convincing Managers – timeframes and number of release days

There is often resistance to the timeframe of apprenticeships and the weekly day release mechanism[6] compared to other qualifications. Some trusts have worked with their training providers to cut down the days needed for release. One had reduced this from 52 a year (one per week), to 13 a year (one per month), as managers were not prepared to release them.

"Getting buy-in from managers for bands 1-4 is difficult generally, even where funding exists. Getting managers to allocate staff for training, they don't want to lose them to training and this is especially the case with apprenticeships that take more time."

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[6] Other delivery mechanisms are available.

One strategy used commonly to get around convincing mangers is to pilot the programme in their own departments (HR or training and development) in order to understand what is required to make the programme work and then to use it as a case study to sell to other departments, including any challenges experiences and how they had been solved.

"Convincing managers was the biggest barrier so HR took the bulk of the cohort for the first apprenticeships."

In some cases managers were more likely to be convinced about taking on a young person at 17-18 rather than one aged 16 or 17. Analogies were sometimes used to challenge negative perceptions about young people. For example in one trust, an example of young nursery care assistants who are trusted to look after children was used to convince chief nurses, many of whom were mothers.

2.6.9 Difficulties identifying appropriate posts for apprenticeships, lack of development pathways, or lack of a substantive post at the end

Some posts tend to better lend themselves to apprenticeships than others. However, many find it difficult to work out which roles can be adapted for apprenticeships. That said, those who are running large and successful programmes feel that many roles can be suitable for an apprentice and find the best method is to break down the job description so there is a clear path of achievement until they are fully functioning. The key seems to be the manager's approach to what is a developmental role.

"It's not so much about identifying a particular role it's about the way the manager manages the process, settling them in and gearing them up."

It is evident from the research that some guidance and advice regarding adapting posts for apprenticeships would be useful for those thinking about apprenticeships for the first time or those who want to extend them to other departments.

The perceived lack of a lack of a substantive post also formed a barrier to taking on apprentices for some trusts.

"People don't want to set apprentices up, spend all that time investing in them and not be able to offer them something at the end, it's giving them (the apprentice) false hope really."

"We'd be setting them up to fail, leading them up the garden path."

For those who would only consider an older apprentice, funding is only available when a vacancy arises. However, when substantive posts do exist, respondents must contend with a manager's preference; which tends to be to fill the vacancy with people already trained and able to do the job 'from day one'.

Those trusts that ran successful apprenticeship programmes for under 25s had put aside concerns regarding the lack of permanent posts, instead their goal was to get the apprentice into full time work to give them the work experience needed to progress.

"They're getting their experience and proving themselves by working for a learning allowance that's got to say something to potential employers."

> "It's an opportunity to be employed full time for a year along with the experience and references."

Furthermore, many had found that posts had become available either within the trust or in other organisations and so the apprenticeship was not seen to have been 'in vain' but as hoped it had been the essential start for the individual to get a permanent job.

> "I think about 80% of the cohort went on to find work at the end of the 12 months. A couple went elsewhere but all went on to use the experience they'd had their qualifications and references, so it worked for the purpose it was intended."

> "Often we don't have a natural progression for an apprentice to a band 2 role because of the cuts but we found that managers went to extraordinary lengths to create a post for that person."

Many respondents thought the key was being straight with the apprentice from the beginning, reinforcing the fact that their apprenticeship was not an end in itself but a route to find a job.

> "I think you should be open and honest with the apprentice, encourage them to look for positions after 3 months in the apprenticeship both within the trust and in other trusts."

Not all see a pathway for bands 1-4 in general but many recognise pathways from young new starter / learner apprenticeships including HCAs or HCA supporters into nursing qualifications. Many recognise that this pathway is longer and more complicated by switching from diploma to nursing degree.

> "The Advanced Apprenticeship won't give access to university unless they do top ups and this will hopefully sort the problem out. However, it's a lengthy and expensive way to train as a nurse."

2.6.10 Not a priority due to restructuring, mergers and job cuts

As with those employers without apprenticeships, in other trusts apprenticeships may also have a low priority at this moment in time due to mergers, job losses and staff reductions. Some are focussing just on mandatory training until trusts have stabilised. Where mergers are occurring in HR and training and development, until staff in these departments are allocated new roles there may be no clear lead on training issues. This means that whilst apprenticeships were being talked about, no action was being taken and apprenticeship programmes had lapsed.

For trusts where jobs were perceived to be at risk apprenticeships were currently not considered a priority.

> "More and more posts are disappearing because of cost improvement programmes and reconfigurations. There are a lot of things to contend with. I don't think it's the fact that people really don't want apprentices, they just feel it's never the right time to bring them in."

> "It's not appropriate; people frown on it when there are people at risk."

> "Morale is quite low at the moment and I think it's hard to get people to develop youngsters when they don't know where their own job is going."

> "All the turbulence and changes and if you have lots of reviews taking place...I suppose you want a stable enough period for the organisation so you can look to define its needs."

2.6.11 NVQs, diplomas and in-house training is adequate

Having existing training in place that seems to meet current needs can mean that apprenticeships are given lower priority, especially in combination with other barriers. Trusts who believe they already offer adequate training may be interested but this is not seen as a major priority and in any case, apprenticeships are not appropriate for all training needs.

For these respondents, the one thing that may motivate the future use of apprenticeships is the fact that they offer the opportunity to tie various bits of ad hoc training together as part of an overall package.

As mentioned earlier, this barrier was mainly found with employers without apprenticeships, but can also be associated with some trusts who are doing apprenticeships on a relatively small scale.

One barrier commonly found in motivating existing staff to do apprenticeships was the fact that sometimes they needed to replicate aspects of the training for example Key Skills. Whilst trusts understand that the awarding body needs to comply with apprenticeships standards, some employers thought that when the student already had this qualification, there should be a way to demonstrate prior learning or existing competency.

2.6.12 Poor apprenticeship provision

Whilst there were concerns about poor apprenticeship provision, it was not seen a major barrier for the majority in choosing to do apprenticeships. However, when combined with other barriers it can certainly be an added complication as it can take time and effort to research and tender training providers. This is demonstrated by the fact that the majority of respondents interviewed had gone with the training provider they had used already for other training (see training provider's section for more details).

2.6.13 The name 'apprenticeship' and its associations

Whilst not a barrier, the name 'apprenticeship' is disliked by some due to its associations with school leavers and as such it can be off-putting for older apprentices. Many felt that the title of the training was really important for the buy-in of all concerned. Some preferred to call them 'work development programmes' or 'our health and social care programme'.

"There's a stigma if you're 25 or 26 you don't want to be seen doing an apprenticeship."

2.6.14 Application forms

Badly filled out application forms make it harder for HR or training and development to sell apprentices to managers Feeling that managers will make the judgement from the application form and not realise that there may be a decent candidate behind it.

"From the way she presented herself at interview you'd never have believed it was the same person."

The level of recruitment and selection support provided should form part of the selection criteria as some training providers offer this full service, and the use of the 'Apprentice Vacancy website' is mandatory for all providers. More guidance is needed for apprenticeship candidates in this area, either from training providers or they should be

directed to NHS jobs website which has a page on complete applications. Also having an informal assessment day to meet potential apprentices before the interview helps break down negative perceptions.

2.6.15 Student status to meet travel costs

The fact that apprenticeships do not have student status and therefore qualify for student travel discounts has made it difficult for trusts in central zones to find apprentices due to the costs of travel For these trusts, recruiting locally can prove difficult as the demographic of more privileged locations means young people have other aspirations and as such are not the target market for apprenticeships.

3. Employer's Experience of Training Providers

3.1 Employer's Relationship with Training Providers

Most employers reported both positive and negative experiences with their training providers. Where the relationship is positive, employers use the training provider to continually develop their staff; for example moving from a level 2 to a level 3 apprenticeship.

> "The training provider was absolutely excellent I couldn't fault them in their flexibility, their approach, the quality of their assessors. We've got people who have gone on to do levels 2 and 3."

Employers feel a responsibility for the provider relationship; seeing it as a partnership, requiring continuing involvement and constructive criticism to improve things. They understand that some providers are better at delivering certain frameworks than others or that some frameworks may be new and so a certain amount of 'bedding in' may be necessary. Also tutors and assessors have a huge influence on employers' satisfaction with their training provider. Just one assessor can potentially ruin a relationship or make a real difference.

> "We had one assessor and the candidates loved her and wanted to stay with this training provider because of her. It made such a difference to the attitude of the people who went through the programme, she really encouraged them and now they are taking more responsibility in their team."
>
> "For me it is the quality of the assessors who makes or breaks it."

Despite positive experiences, many employers often feel there is a significant amount of work required to ensure good quality training is provided. It was often suggested that training providers *"need to be kept on their toes"*. This means keeping involved, looking at lesson plans/designs to ensure variety and their relevance to particular needs of trust and care objectives. Some trusts felt their training provider could become complacent so they needed to make sure that they were not overusing computers, and giving the apprentices other exercises which require less input from trainers.

In terms of finding a training provider, in many cases employers already have established links with training providers which they had used for other training (diplomas and NVQs etc.) and so had extended this to apprenticeships, at least for the first cohort. For a few employers this had worked out well. However, the majority had changed training providers since their first cohorts as the relationship had not always worked in the delivery of apprenticeships. Where training provider and trust have established links often there are dangers of service agreements being too informal or non-existent, and where assumptions have been made on both sides about expectations and deliverables.

Some problems have arisen where the training provider has tried to use an existing framework for example a framework used for existing staff with new starter / learner apprentices rather than developing training to meet their particular needs. Another problem is the training provider wanted to do all the training on the job through on the job assessment with no formal training.

As mentioned earlier, problems also arise where training providers are in the process of providing frameworks which are new to them and so encounter teething problems. For example, it was commonly mentioned that training providers whilst offering good business administration and health and social care apprenticeships tend to struggle with health. This experience has resulted in many trusts changing their training provider.

Another problem experienced across the board was the ability of training providers to correctly assess Key Skills levels.

> "We test all apprentices to level 1 before we bring them in which was a problem with our first provider who took £3,000 per apprentice and didn't assess them, so out of a cohort of 20 only 10 went through. One girl took the test every week and was in tears because she couldn't achieve."

Sometimes a trust can feel sidelined by the provider where another trust with a larger cohort is given priority over theirs, especially where the provider has issues with capacity.

The main sources of information about training providers mentioned were the National Apprenticeship Service; their own personal network of colleagues or colleagues that attend the network meetings for bands 1-4. A small minority of employers when looking for a training provider had chosen the best of those who had approached them.

However, when looking to change training providers, the vast majority had worked out a set of criteria which the new training provider would need to achieve to be successful This was often a result of their negative experience with their previous training provider which had highlighted gaps in delivery and quality.

One area which was seen as a real benefit of apprenticeships was recruitment which was often led by the training provider. Whilst it can be a little complicated and unsettling at first, as it tends to be organised by the training provider, it was described as 'liberating' for when done well. This may be an area for development in future.

One of the keys to recruitment success was for the employer to be fully involved in the process, together with the training provider. On the whole it was seen as simple and effective, most of the hard work done by the training provider/ATA in terms of placing the advert, and short-listing However, a number of trusts did ask that training providers spent more time helping potential apprentices with their job application forms and interview techniques as poorly written job applications are likely to put managers off before they have even met the candidate.

3.2   What Employers Look for in a Training Provider

Respondents were asked what they looked for in a training provider and answers were given spontaneously without any preparation. Commonly cited factors, listed in no particular order, were:

- Experience of working with NHS

- Experience of delivering apprenticeships frameworks and with different age groups

- Experience of managing challenging learner situations

- Assessors with knowledge of mental health issues and recovery (for mental health trusts)

- Sufficient experience so as not to overpromise

- Ability to solve problems or put forward solutions for discussion with trust; for example some providers had put on extra workshops for Key Skills free of charge to help address problems in this area

- Training providers who are able to correctly identify Key Skills levels. Problems had been encountered in some trusts where candidates were 'set up to fail' as a result of poor evaluation of levels

- Where the training provider can reduce the number of **release days;** for example a trust and provider negotiated one release day a month to be topped up with self-directed study. This reflects the general unwillingness of many managers to release staff mentioned earlier

- Training providers who are **flexible** and who see the relationship as an employer-led partnership. This is a key factor for all. It tends to be related to the willingness of the provider to work with the trust to tailor the training to its specific needs, apprenticeship type (existing staff versus new learners, older versus younger, accommodate special learning needs (for example dyslexia)). In the main, trusts prefer to define the list of competences rather than having them imposed by the training provider. Some training providers are not perceived to be sufficiently flexible in this area

- **Good communication** is also an essential part of good quality delivery. Informal (chats, emails about attendance) and formal feedback (monthly) highlighting areas for concern. Providers who used training rooms at a trust have opportunity to do this more easily and regularly. Problems with poor communication can damage or break a relationship. One trust talked of the importance of having someone external to the assessor-student relationship, for example an account manager that monitored the training. This employer had found that students were often unwilling to complain about inadequate input from tutors or assessors, or where assessors had not turned up, as they felt it would have a negative impact on their work, with the assessor marking them down as a result. Problems with attendance either by the student or the assessor can go unnoticed for long periods making the training hard to rectify

- **Cost** is also important factor but most claim to do a trade-off between cost and the quality of training and delivery. For the most part, only once the relevant criteria have been satisfied are cost comparisons made. One trust with fully funded apprenticeships felt the bands 1-4 budget was generous yet still sought to achieve the best price they could.

One or two trusts had more formal tendering criteria. One trust used the OJEU procurement[7] process as they had very large cohorts of apprentices. The OJEU, although time consuming, was considered a rigorous and objective method that helps clarify criteria for choice For example, it requires answers to the following questions:

- How many apprenticeships have they delivered in past financial year?

- What is their approach to induction and assessment?

- How will they support recruitment?

- Can accreditation, matrix accreditation, recent Ofsted reports and external verifier reports be provided?

- How do they recruit teachers and assessors?

- How many staff would be assigned to programme to adequately cover large cohorts? *"One assessor with 30-40 candidates doesn't work."*

- Is there an adequate complaints procedure?

- Have they implemented any major improvements as a result of internal/external quality assurance?

- Service delivery: how assessors would carry out on-site visits – schedule of visits required?

- How they would establish a relationship with managers?

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[7] http://www.ojec.com/

- How much time would be spent on assessment and observation?

- How they manage Key Skills and readiness to move to functional skills

- How regular would progress reports be supplied?

- How often would assessors come into the workplace?

- How much will it cost?

Although requirements may differ from one employer to another, it may be useful to produce a list detailing the criteria for success for trusts new to the selection process.

3.3 Response to a 'Preferred Providers List'

Given the problems experienced by some trusts with their training providers, all considered the preferred providers list was an excellent idea and felt it would help reduce the time and work involved by narrowing down their choice. It was seen to be especially helpful for those who need to find a training provider quickly so as not to lose funding; for those new to apprenticeships or new to their post, or for practice managers without a network background.

However, some clarification and reassurance is needed around the training providers recommended, for example, the type of evidence used to support choice and to ensure quality. In addition, the perception is that there are lots of variables that can affect the quality and delivery of training; what works with one trust may not work for another; quality can depend on the relationship between trusts and provider; on who is doing the training; and some providers are better for some frameworks than others.

"How will we know they have made a solid choice?"

"We talk about providers at network meetings someone says that provider was really bad and another person will say with me they were fantastic."

"It's not enough for Skills for Health to take it by word of mouth, they need to go into organisations and look at the evidence."

3.4   Perceptions and Use of 'Apprenticeship Training Agencies' (ATAs)

'Apprenticeship Training Agencies (ATAs) *'offer a unique approach to the recruitment of apprentices. The ATA model is intended to support the delivery of a high quality apprenticeship programme with a focus on small employers who wish to use the services of an ATA to source, arrange and host their apprenticeships. This could be for a number of reasons including them not being able to commit to the full framework, short term restrictions on employee numbers, or uncertainty about the value of an Apprenticeship.*

The distinctive feature of the ATA model is that it is the ATA which acts as the apprentice's employer and which places them with a host employer. The host employer pays the ATA a fee for the apprentice's services; this fee being based on the wage agreed with the host (at least the minimum apprentice rate) and the ATA management fee'. [8]

Of the sample interviewed, the two trusts with the largest apprenticeship programmes with new starters/learners had used ATAs, along with two other trusts. ATAs are viewed as valuable by some, as they can take on a lot of the pastoral care required. In some cases they can also motivate trusts to trial a first cohort, as they remove the risks associated with the apprentice when directly employed by the trust. Therefore ATAs can make the transition easier and reduce stress on staff.

> "I think ATAs are a fantastic idea because I think if you had to employ the apprentices direct with all the associated rights that come naturally with that we'd have been a lot less keen in testing out the programme."

However, many employers had not had direct experience of ATAs and had heard negative things about them regarding:

- A lack of support: *"They do not live up to their role."* In terms of pastoral care and inadequate pre-employment training

- Recruiting people at the wrong level or poor candidates. Most felt it was very important to be part of the recruitment process

- Employed by the ATA rather than being on contract with the trust can cause problems if it was necessary to dismiss an apprentice. A small number of employers had heard stories of trusts not being able to replace a poorly performing apprentice.

> "I think managers worry about the lack of control with ATAs. Trust contracts are usually extended but this is discretionary so you can get rid of underperforming people without asking anybody."

In addition, for many employers it was important that the apprentice should be employed by the trust as it suggested a level of commitment to the apprenticeship programme and to the individual. These trusts felt that apprentices would be more likely to feel like a genuine member of staff with a trust contract.

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[8] Source: National Apprenticeship Service

3.5   Group Training Associations (GTAs)

The key characteristics of Group Training Associations are

'That they are existing groupings of employers. They have strong and integral employer engagement, high quality flexible provision and deliver in partnership with their member employers. Generally GTAs do not directly employ apprentices but provide the organisation and support for Apprenticeship delivery for their member employers. It is usual for members to pay a levy/fee for this membership'[9]

All respondents were positive about the concept of GTAs, although very few had previously heard of them. They felt they were useful for those where the trust couldn't get a cohort together, for example in Pharmacy or Finance.

One trust had thought of trying to set up something a similar model and had received interest from their providers to work in partnerships with other trusts.

Although GTAs account for few apprenticeships at present, raising awareness of their existence is perceived as very worthwhile.

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[9] Source: National Apprenticeship Service

4. Research with Training Providers

4.1 About the Training Providers, Apprenticeship Frameworks and Levels Offered

Five training providers were interviewed; one university and four private organisations. Three of the organisations interviewed were specialists in healthcare training offering apprenticeships and NVQs/QCFs. Two organisations offered healthcare training alongside training for other sectors. The university offered advanced apprenticeships, diplomas and foundation degrees. One training provider was a specialist in the training of Pharmacy support staff.

The types of apprenticeships offered by the training providers in health were:

- Levels 1 and 2 in Clinical Health (offered by 2 training providers)

- Support Services and Healthcare (offered by 3 training providers)

- Speech and Language, Occupational Therapy and Physiotherapy for Allied Health Professionals (offered by 2 training providers)

- Maternity and Midwifery (offered by 2 training providers)

- Pathology (offered by 2 training providers and which is seeing increasing demand)

- Peri-operative (offered by 2 training providers and which is seeing more demand)

- Nursing level 3 (offered by 1)

- Specialist Pharmacy apprenticeships at levels 1, 2 and 3

- Health and Social Care (offered by 3 training providers)

Apprenticeships in business support:

- Business Administration, Customer Service (offered by 3 training providers).

For universities, lower level apprenticeships are not core to their business and so sit less comfortably in the university culture than higher level apprenticeships. However, perceptions of the high quality training offered by the university can mean that they are often approached for lower level apprenticeships (up to NVQ level 3). Other private training providers linked to higher education institutions are working to develop their reputation for delivering apprenticeships both internally and externally, as traditionally they have not been part of their offer.

4.1.1 Higher apprenticeships

None of the training providers currently offered higher apprenticeships but four were in the process of developing them. Training providers who were part of or linked to universities were particularly positive to the idea of higher apprenticeships, as this meant they could offer a genuine work-based route, from apprenticeship to degree.

Those respondents who were developing them were looking to do so in the following areas:

- Maternity and midwifery

- Mental health

- Management for care managers

- Engineering.

It is anticipated that over the coming years there will be an change in care delivery patterns, with some healthcare currently delivered in hospital being offered in a community setting, for example in patients' homes. One respondent therefore saw an opportunity for 'generic multi-professional apprenticeships' for higher level support workers, in line with this shift.

Higher apprenticeships were seen as relevant for many management roles from level 3 progressing to junior management and aiming to achieve a senior management role over a two year period.

One training provider had been put off doing higher apprenticeships due to the perceived lack of a potential target market for them i.e. managers between 19 and 24 years of age in the NHS. In addition, they believed funding would likely be minimal for this age group. For this provider it was considered a better option to offer a QCF management programme instead.

Another provider was sceptical about the success of higher apprenticeships due to the lack of perceived progression and likely financial reward on offer to staff to motivate them to do it. They felt it unlikely that someone would invest their own money in paying for a higher level apprenticeship without an increase in remuneration to pay for it. Others did not see it as a problem and felt that staff would be motivated to self-fund a higher apprenticeship or that in certain instances the employer would fund it.

4.2 Attitudes to Apprenticeships

For the most part training providers were positive about apprenticeships. They saw them as most suitable for:

- 'Growing your own'

- Bringing existing staff up to speed (although QCFs can be more appropriate here)

"QCFs are often more relevant and funding means often three QCFs for every one apprentice."

- Bringing in people from the local community

- For staff who have been out of the workplace for 10 years or more.

Most were seeing a greater interest in support worker training from employers in general and some had seen a substantial increase in demand in apprenticeships, especially over the last year.

"In the last 12 months it's like they're (the employers/trusts) starting to get the hang of it."

There is also claimed to be more interest recently in clinical frameworks than was previously the case. This fits with the findings from the research will employers where a gradual shift seems to be occurring, with some employers who started with apprenticeships in frameworks in 'safe areas' such as business administration and customer service, and who are now beginning to trial them in clinical areas.

"With the employers we're working with there's a real recognition of the place apprenticeships have and their usefulness as a route into access to nursing programmes."

Three of the training providers viewed apprenticeships as a model that is going to endure. Others were not so sure, especially for apprenticeships for the over 25s, where they were concerned about trusts' willingness to invest in apprenticeships when the funding changes in 2013. This also fits with the research with employers where funding was a key driver (although also often combined with other drivers).

Given this, many envisage a huge shift to QCFs for older, existing staff when the funding switches to advanced learning loans for those aged 24 and over in August 2013.

"They'll continue to invest in staff but in straight qualifications, in vocational skills not functional skills, not employee rights and responsibilities, not learning and thinking styles."

"They'll do QCFs as the funding contribution is just about OK to cover it."

"Anyone over 25 will just do a QCF so they won't be getting their Key Skills or meeting the government's targets for apprenticeships."

Given this, most emphasised the need for work to be done in promoting the new starter / learner apprenticeships with younger adults to employers.

"We need to get them to think about taking on under 24s and putting them through apprenticeships."

4.3   Wider Challenges for Training Providers

Training providers were asked about apprenticeships in the broader sense, in terms of the challenges they represented and not just to do with delivery of frameworks. The following challenges were discussed:

4.3.1   Difficulties in accessing employers/trusts who are not engaged

Whilst the motivated employers and trusts will contact training providers directly for advice on apprenticeships, access to the right people, for example in HR, to discuss training needs in unengaged trusts can be difficult

"There are some employers who don't know that NVQs have become QCFs let alone about apprenticeships."

4.3.2 Lack of leadership on training in general and apprenticeships due to breakdown of PCTs, mergers and restructuring

The current restructuring, and breaking up of PCTs has meant that departments can be 'left to their own devices'. In addition, some training providers spoke of a lack of communication between HR and training and development teams. The political repercussions of employing an apprentice when others are losing their jobs was also cited as a barrier to new starter / learner apprenticeships and therefore increases the challenge in promoting this type of apprenticeships to trusts facing job cuts.

4.3.3 Need for tools to promote apprenticeships

Some training providers would like more case studies and examples of young apprentices in a clinical environment in order to communicate a positive message about apprenticeships in these environments. Such tools can do much to help training providers and other individuals involved in the engagement of trusts and employers in the use of apprenticeships.

4.3.4 Promoting younger (16-20 year old) apprenticeships

Training providers have trouble convincing employers of the value of the young new starter / learner apprentice per se but especially in clinical settings. The feeling is that some employers will accept the idea of an 18 year old for clinical but not one aged 16. In general, employers are said to feel that it is an extra burden to managers to manage and mentor them, and at 16 years apprentices are classed as 'vulnerable'; therefore in need of additional checks, and there can be complications in terms of settings they can work in. Given this, work needs to be done to grow interest and remove doubts about young new starter / learner apprenticeships.
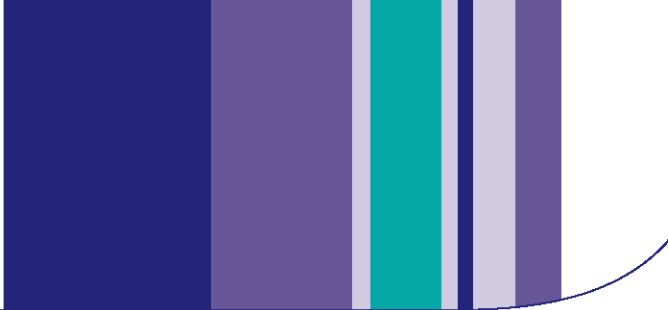
4.3.5 Lack of workforce planning and targeted workforce development

The general lack of workforce planning and development in most trusts can be a barrier to apprenticeships. Some training providers will go through workforce planning exercises with potential clients in order to make sure the training they choose is right for their requirements. A lack of engagement in workforce planning means there is unlikely to be strategic view of how new starter / learner apprenticeships may benefit the workforce which may lead to their rejection.

This fits with findings from the research with employers, many of whom were not doing any workforce planning, at least with bands 1-4 staff. Where workforce planning does not take place, it therefore cannot provide strong reasons for doing apprenticeships and challenge the short-term view of some managers regarding investment in staff, especially regarding apprenticeships with new starter / learners.

4.3.6   Costs of delivering apprenticeships

One respondent considered it was a challenge to offer quality delivery at the market price. Two organisations which are linked to universities had formed separate organisations because of the high cost incurred in delivering apprenticeships due to the organisation's overheads. The cost of qualified assessors also makes it increasingly difficult to make a profit for some training providers.

4.3.7   Barriers to timeframes required for apprenticeships – engaging managers

Barriers due to the length of apprenticeships were also found by training providers, who tend to get around this problem by emphasising the quality of the output. Training providers stress the importance of engaging managers and educating them as to what is involved in an apprenticeship.

"We need them to understand that they need to mentor, involve them and support [the apprentice]."

One training provider spoke of the importance of getting the manager to identify key performance indicators, which are then worked towards by both the apprentice and training provider.

"They are investing in this person so we ask them, what are you looking for, what are you expecting to see and when?"

The identification of key performance indicators is important in order to engage managers and to reassure them regarding the likely contribution expected from an apprentice at each stage of the apprenticeship. Perhaps if key performance indicators could be established at different stages across the relevant apprenticeship frameworks it could be used to reduce anxiety about return on investment.

4.4　Challenges Related to Delivering Quality Apprenticeship Frameworks

The training providers interviewed were self-selected from those currently actively engaged in delivering training. They are providers with a good quality track record. The research did not seek out training providers who had difficulties, although the research with employers did highlight problems with training providers. Poor quality training provision can damage the reputation of apprenticeships.[10]

> "It is often apprenticeships that are seen as the problem, rather than the training providers who are not delivering them properly."

4.4.1　Demand for shorter timeframes for apprenticeships and apprenticeships as a funding-led choice for training

The short timeframes often demanded of apprenticeships by employers was also thought by some training providers to damage their reputation. These training providers felt that employers tended to be driven by funding rather than a genuine requirement for apprenticeships. This meant that in many cases, apprenticeships were not really 'fit for the purpose they were being used for' and resistance was often found to the number of release days required.

> "They want funded training but they don't want apprenticeships."

4.4.2　Extended timeframe for level 3 apprenticeships from 12 months to 14-15 months

The extension of the timeframe for apprenticeships from 12 months to 15 months was felt to be negative move for one respondent who felt they were perfectly able to deliver a quality apprenticeship over a one year period.

> "Now we're dragging it out to 15 months and there are no winners; we lose momentum, we're holding back learners, they've extended it unnecessarily, we feel quite strongly about this."

4.4.3　Ensuring Good quality delivery

Most of the respondents said they offered good quality delivery which was consistently defined as:

- Ensuring that the training provider has a **good understanding of the training needs** and challenges of a particular programme. The relationship with employers/trusts was felt to be a partnership, albeit **an employer-led partnership**. All claimed to offer **a bespoke service** to their clients. Most stated that a new relationship with an employer tended to start with an informal meeting to talk about the employer's needs, which would then often be followed by a more formal tendering process, including a presentation. The level of formality assumed in the relationship tended to be led by the employer, some being more exacting than

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[10] The' Apprenticeship Quality Statement' sets out the standards NAS expects for the delivery of a high quality apprenticeship. It makes clear the key features and expectations of an apprenticeship and how delivery can support these whilst meeting the employer and learner focus that drives the programme. It is part of the NAS 'Quality Action Plan' and the work to raise standards and make sure that all apprenticeships offer a good experience.

others. However, although formal and informal levels of agreement are present in the relationship, all tried to clearly define delivery issues as much as possible

- Whilst a bespoke service was considered important, the key to a successful relationship was being honest about delivery, being flexible but not overpromising or compromising on quality

"I think a lot of training providers will say whatever they think they need to say to get business."

"One trust might say we don't want any study days and I'll say well 'we can't do that because we need to have study days for Maths and English but we can do a lot of stuff by blended learning'".

- The importance of using the right teaching methods; having different tools and ways of learning

- The importance of good assessors was also stressed. Some training providers have had difficulty in finding Assessors especially in specialist areas like pathology, maternity, peri-operatives. Employing a dedicated person full-time is not feasible due to the limited amount of learners at any one time. Assessors are high grade and therefore expensive to pay (band 7 rates). Most would prefer to have associates or good HCAs but they are difficult to find and employing nurses means that training providers are increasingly less profitable. Given this the 'Assessors List' idea was generally popular

- Accessibility was considered important; some training providers had a contract lead or account manager so there was always a point of contact

- Regular feedback was considered important by all and one respondent highlighted a quick response to problems as being important in stopping their escalation. This respondent also took 'a continuous reflective learning approach' to training provision

"No two programmes are the same, it's difficult to get it right all of the time but we sit down and work out what we can do so I think our employers say we respond well."

- Specialist staff or staff competent in health or with health backgrounds

- Most of the training providers also saw it as their role to offer a big picture view to clients and to have a good understanding of the issues they are facing. All of the training providers interviewed had regular meetings with Skills for Health and went to the NHS London bands 1-4 forums

"We have a good idea of what's going on so we can provide them with the wider intelligence."

- Initiatives around quality benchmarking and setting standards were welcomed by training providers

- The sharing of case studies in clinical setting is therefore important at this stage for training providers to present to trusts interested in apprenticeships in clinical areas.

5. Conclusions and Recommendations

5.1 Key Factors for Success

The following factors were identified as having a real impact on the success of an apprenticeship programme:

5.1.1 Getting and keeping staff engaged.

One of the most important factors for the success of apprenticeships is achieving engagement and commitment from:

- Senior management

- Line managers and

- HR and training and development leads

Then developing engagement in wider staff groups as the process unfolds.

This commitment gives the programme a firm foundation from which to grow. Without this engagement apprenticeships are largely a piecemeal exercise, whilst buy-in changes this to a trust-wide endorsed initiative.
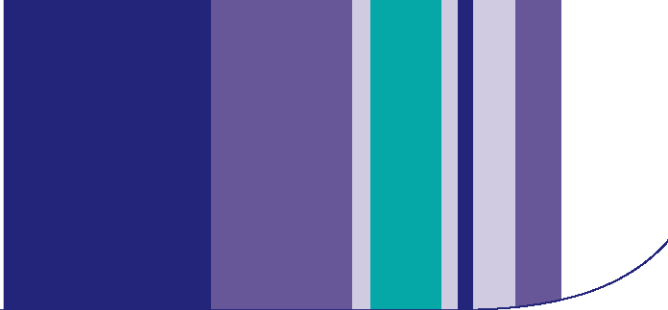
Trust-wide engagement means the development of better infrastructures, systems and processes to deal with the apprenticeship programme. The larger cohorts which result from trust-wide engagement will help embed apprenticeships in the culture of the organisation. Dealing with larger cohorts tend to mean that better infrastructures, processes and systems (such as tailored inductions for younger apprentices) are designed to support the programme so any problems can be tackled quicker. Internal networks of support can emerge for managers and apprentices who chat about challenges and experience.

Recognition and reward by the trust of those involved in apprenticeships is important and need not involve pay increases or promotion. Acknowledgment of the time and effort given by managers or any new skills they have developed around managing apprentices; for example managing apprentices could count towards any leadership training they are undergoing or to a certificate in managing or mentoring. In addition, recognising the contribution of other staff who assume extra responsibility for apprenticeships in terms of supervision and mentoring should also be considered. Recognition of the time and effort of existing staff completing apprenticeships may encourage those who are less motivated.

Part of engagement is to encourage 'bigger picture thinking' amongst managers and staff. Those who have been able to keep a strategic view of staff and workforce issues, such as growing staff 'from the bottom up' and dealing with problems of an ageing workforce, believe in the potential of apprenticeships to solve certain problems for the trust, apprentices and in turn wider society. There is a need to balance the focus on short-term priorities with the broader strategic goals of the trust. This involves the communication of organisational strategy and goals to all employees and linking training and development programmes such as apprenticeships to these goals.

A culture of learning and development. Linking strategic goals to training and development will help improve trusts with cultures where support for training and development of support staff are less clear. Managers should be encouraged to see the potential of bands 1-4. In some cases, education and training may be needed for managers to help change attitudes and behaviour. Apprenticeships, unlike other training for bands 1-4, can require a longer term view from employees. For apprenticeships, managers must be encouraged to support the learning of the

apprentice, understand the need for day release and provide the apprentice with opportunities to practice on the job what they have learnt in theory. It is where managers have genuinely understood the concept of apprenticeships as that they have been most successful.

Wide involvement in the decision making process around developing apprenticeships in the organisation. Where HR and training and development leads have fully involved managers and others in the decision-making process regarding an apprenticeship programme, managers are more likely be supportive and take ownership of their role.

Many trusts had managed to convince managers over a period of time by first presenting the facts about apprentices and following this up with a number of meetings and forums which gave managers the opportunity to air fears and concerns. Once the decision had been made about starting apprenticeships, managers had full involvement in the recruitment, short-listing, assessment days and interviews.

5.1.2 Identify a business need for apprenticeships

Another key to engagement and buy-in from managers is the need to present apprenticeships as solving a clear business need – whether using new starters or existing staff. This provides a clear goal against which to measure outcomes and promote successes.

Case studies from trusts which have used apprenticeships to address specific business needs will provide those who remain unclear about their benefits with clear illustrations of their application and benefits. In addition, information on costs and return on investment will help address a common fear that the costs of apprenticeships outweigh the benefits.

The identification of key performance indicators or criteria is important in order to engage managers and to reassure them regarding the likely contribution expected at each stage of the apprenticeship. Perhaps if key performance criteria could be established at different stages across the relevant apprenticeship frameworks it could be used to reduce anxiety about return on investment.

As restructuring and mergers means many put the idea of apprenticeships on hold, a case should be made as to how to use apprenticeships in turbulent times.

5.1.3 Where the opportunity of work experience offered the individual through an apprenticeship outweighs concerns about future substantive posts for them

Employer concerns about a lack of substantive posts often form a barrier to them offering apprenticeships for new starters/learners. However, trusts with successful programmes are finding that in many cases either a substantive post becomes available or that apprentice finds a job in another trust. This should therefore not be a reason to discount apprenticeships. Statistics that help demonstrate employability after an apprenticeship may help challenge this concern.

5.1.4   Readiness for work – pre-employment training

Good pre-employment training is essential for some apprentices to make a good first impression and to make the transition to a work environment. Where programmes have been successful, trusts have provided good quality inductions (targeted specifically at apprenticeships and tailored to different age ranges and level of knowledge and skill). This is of course easier for large cohorts. Specifically tailored, week-long inductions were thought to be required for young, new starter apprentices in order to ensure their 'readiness for work'.

5.1.5   Ability to deal with problems quickly and efficiently

Apprenticeship leads or managers should aim to confront problems and deal with them quickly otherwise confidence in apprenticeships will fall and the reputation of the programme as a whole damaged. Where trusts have acted quickly to solve problems they have avoided this potential damage.

Continually adapting the infrastructure, systems and processes so that they are better able to deal with challenges via continuous feedback from apprentices and managers and others involved is seen as important.

5.1.6   Good relationships with training providers and ATAs

Best practice should highlight the importance of tendering process and service agreements (both formal and informal) that define expectations and against which delivery and quality can be evaluated.

5.2   Suggestions for Future Improvements

5.2.1   Sharing best practice

Sharing best practice around the selection of training providers and compiling a list of criteria for the tendering process would be welcomed.

The sharing of best practice on infrastructure, systems and processes that effectively support for apprenticeships may help those new to apprenticeships understand what is involved. This may actually reduce barriers for those who may feel the challenge is harder than it actually is.

Also providing case studies or success stories, especially around new starter / learner apprenticeships in clinical areas may help training providers and others involved in the engagement process with employers.

5.2.2   New courses / support

Certified courses on mentoring or managing apprenticeships for managers and others, for example in HR and training and development would be welcomed. The favoured format was a workshop followed up by e-learning.

Support and guidance for dealing with young (16-18 year old) apprentices was also mentioned, perhaps through a website with FAQs and a forum to share challenges along with advice.

5.2.3   Preferred providers lists

This was welcomed by employers, especially those looking to change providers. It would also provide reassurance for those trusts new to apprenticeships.

5.2.4   Assessors list

Having a list of qualified and endorsed assessors was also valued, especially by those delivery training or elements of it in-house.

5.2.5   Provide help to trusts on adapting posts to apprenticeships

Some respondents felt it difficult to visualise how to adapt roles so that they are suitable for the apprentice. Training providers can assist this process by mapping job roles to apprenticeship frameworks. The sharing of best practice may be helpful here.

5.2.6   Some improvements for training providers

Training providers and Apprenticeship Training Agencies (ATAs) also provide new starter apprentices with pre-employment training but this was not always felt by respondents to be adequate. Generally, employers believe that more work is needed by training providers in this area to help reinforce positive behaviour and attitudes.

It is also felt that training providers could provide more help with job applications and interview techniques (to help build the reputation for apprenticeships offering good quality candidates) and address perceptions or stereotypes of poor calibre candidates, particularly from disadvantaged areas.

Training provider account managers who monitor the relationship and act as a communications link between trusts and assessors would also be welcomed by those who feel that getting access to assessors/tutors is difficult.

5.3   Potential Next Steps

Respondents clearly identified a number of areas where further support would be beneficial and could be taken forward on behalf of employers.

Support documentation could be created on the following:

Why apprenticeships?

- The strategic value of apprenticeships in workforce planning

- Apprenticeships used to solve specific business problems

- The 'bottom line' for apprenticeship; costs and return on investment

- Engaging senior and line managers on the importance of staff in bands 1-4 to the future of the health sector so as to improve training and development opportunities and pathways this group of staff. Include case studies from trusts that have done this successfully.

How to do apprenticeships well

- Keys to success at various stages in the process from preparation through to implementation and evaluation

- A comprehensive guide to best practice (compiled from this research and other sources and detailing case studies to support).

Workshops/courses

- Develop a workshop and certificate for managers and other staff on mentoring and managing young apprentices.

Practical support

- FAQs page on Skills for Health or the National Apprenticeship Service website on managing and communicating with younger apprentices

- Further development of the preferred providers list

- A list of assessors

- Sharing of best practice on tendering for training providers.

Promotion of young, new starter / learner apprenticeships

Maintaining the level of growth for apprenticeships when the funding runs out for over 25s in 2013 is a concern. This is especially important given that funding was identified the main driver for apprenticeships and the bulk of apprenticeships have been carried out with existing staff over 25 years of age. Many of the respondents interviewed indicated that once they had finished training with their existing staff, the next step would be to recruit younger new starter / learner apprenticeships and some had already followed this process. Despite this, the research suggests that work needs to be done to address negative attitudes held by managers towards younger, local candidates.

Appendices

Appendix 1: List of Participants:

Employers who participated in the research were:

1. Kevin Garay, Apprenticeships Lead - Barts & The London NHS Trust (Acute Foundation)

2. Maggie Orr, Healthcare Assistant Development Nurse - Central & North West London NHS Foundation Trust (Mental Health)

3. Christine Caitlin, Head of Education Learning and Development - Ealing Hospital NHS Trust (Acute)

4. Maggie Wiley, Vocational Development Advisor - Epson & St Helier University Hospitals NHS Trust (Acute)

5. Harlene Dandy-Hughes, CPPD and ET&D Manager- Guy's & St Thomas' NHS Foundation Trust (Acute)

6. Mary Jones, NVQ/IT Training Manager - Homerton University Hospital NHS Foundation Trust (Acute)

7. Sharon Proberts, Statutory Mandatory and Vocational Training Manager - Imperial College Healthcare Trust (Acute)

8. Sandra Seed, Vocational Centre Manager - Kings College Hospital NHS Foundation Trust (Acute)

9. Marie MacKenzie, Training Manager - Kingston Hospital NHS Trust Acute)

10. Ian Mercer, Learning and Development Manager - Moorfields Eye Hospital NHS Foundation Trust (Acute)

11. Caroline Theodorou, Vocational Development Advisor- South West London & St George's Mental Health NHS Trust

12. Andy Wells, Associate Director HR (Learning & Development) & Alison Webster, Head of Staff Development - West London Mental Health NHS Trust

13. Chris Tyson – Life Long Learning Co-ordinator - East London Foundation Trust (Mental Health Foundation)

14. Leanne Chaney, Training Officer - The Royal National Orthopaedic Hospital NHS Foundation Trust (Acute Foundation)

15. Linda Taylor, Lead for NVQ Healthcare - Hillingdon Hospital (Acute Foundation)

16. Diane Whyte and Sampson Kofi Dhuah - Organisational Development Team - North Middlesex Hospital (Acute Foundation)

17. Bambi Gami, Training Co-ordinator - North West London Hospitals NHS Trust

18. Paul Strange, Learning and Development Business Partner - Bromley Community Health Services

Training providers who participated in the research were:

1. Richard Griffin – London Southbank University

2. Gail Irvine – Dynamic Training UK

3. Helen Abbott – Buttercups Training Ltd

4. Christian Wilkins – Beacon Education Partnership Ltd

5. Janice Freed – UH Ventures

Appendix 2: Discussion Guides

Apprenticeship Research

Discussion Guide – Employers 'Offering Apprenticeships'

Depth Interviews (face-to-face 45 minutes)

Introduce research This research is part of a significant piece of joint work involving NHS London, the National apprenticeship Service and Skills for Health, which is aimed at supporting widening participation over the coming year, and helping lay foundations for the future as we move towards new commissioning arrangements This particular research aims to understand the drivers and barriers to apprenticeships among employers as well as looking at delivery and quality issues.

Explain issues re: confidentiality, audio-taping and reporting etc.

Background discussion

Name

About their trust, number of employees, current situation - recent changes/mergers

What is their role at X trust/organisation and how long in post?

Explore particular skills needs of trusts and how currently addressing them

What challenges do they face re: skills needs?

What they are currently doing currently to address skills needs in terms of training for Bands 1-4 staff?

Where do apprentices come in the scheme of things? Do they use apprenticeships as part of their workforce planning? If not, why not? If they do, how?

Do job roles tend to be consistent within trusts?

Explore general awareness/perceptions of the situation in <u>other</u> trusts re: apprenticeships

Are they widely used?

Increasing/decreasing?

Valued as a qualification

What is the general consensus regarding success of apprenticeships so far?

Assess in more detail the current situation re: apprentices in <u>their</u> trust

How many apprentices do they have (approx)? What frameworks, what levels?

How many in past (approx) and what type?

How long have they had apprenticeships?

Are they employed directly or use of apprenticeship Training Agencies Why use ATAs? Positives and Negatives of ATAs?

Do they use apprenticeships as part of workforce planning?

Explore initial perceptions of apprenticeships, decision-making and drivers and barriers to their use?

Ask respondents to cast their minds back to when they were considering using apprenticeships...

Who was involved in making the decision re: apprenticeships?

How did they and those involved view the idea of apprenticeships initially?

Did they have to work hard to convince people in the organisation about apprenticeships? What would have helped with that?

What were the main drivers to considering apprenticeships?

What alternatives to apprenticeships were being considered to fill skills gaps at the time?   What were the perceived benefits over other options?

Were there incentives available at the time? Did they influence the decision?

Once decided, what process did they follow to get apprenticeships (ask them to break it down to various stages and what they did)

Was the decision to offer apprenticeships a difficult one to make? Is it perceived as straightforward or complicated process?

What were the barriers/complications? (Relevance, time, resources, bureaucracy, trust instability, finding the right apprentices, not tailored enough for particular business needs etc.)

Examine information sources/communications at initial stages of decision-making about apprenticeships
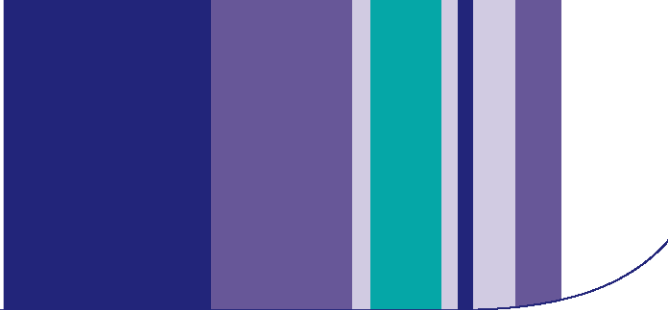
At the various stages in the process they have identified...

Where did they go for information/advice and why did they choose these methods?

Did they help, were they adequate?

Did they talk to colleagues at other trusts that already had apprentices?

Had they received or seen any communications about apprenticeships for example direct marketing, advertising etc?

Assess awareness, use and experience of: NAS, SfH, NHS London, NHS employers, etc .

How helpful were these organisations, their websites, information and services?

What services were used? (Vacancy Matching Service, employer Provider Referral.....others)

Did they contact people directly at these organisations? If so, for what? Were they helpful?

Based on their past experience, do they have any suggestions for improvements that these organisations could make re: services or information offered?

Assess experience of apprenticeships in their trust thus far

How would you judge the success of apprenticeships in your organisation so far?

Is this view widely held in your organisation?

What feedback have you had positive/negative from staff and apprentices?

What challenges have there been now and in the past and how have you dealt with them?

Have their views on apprenticeships changed over time? If so how?

Are they advocates/champions of apprenticeships? If not, what if anything, would need to change to make them recommend apprenticeships wholeheartedly to other organisations like themselves?

What are you most proud of in terms of achievements with apprenticeships?

Explore issues around delivery and providers

What has been their experience of how apprenticeships are delivered? Examine positives and negatives?

Does this vary according to individual frameworks?

Did they have any difficulties finding the right providers initially?

How would they describe their relationship between training providers nowadays?

What if anything has been done to improve quality of providers?

Have they as employers done anything to try and improve quality in their role as providers (quality of on-the –job training and feedback) and to improve their relationship with providers? Establishing a service-level agreement (responsibilities/deliverables)

Any suggested improvements?

Has quality improved over time?

Additional prompts if necessary:

Quality issues generally

Capacity (demand vs. supply)

Cost (variations between training providers) higher costs not necessarily better quality

Flexibility – accessibility of assessors/tutors for meetings with apprentice

Feedback re: progress and issues

Assess appeal and interest of alternative delivery models such as ATAs and GTAs.

apprenticeship Training Agencies (ATAs) *"ATAs offer a unique approach to the recruitment of apprentices They are specifically designed to support small and medium sized employers who wish to take on an apprentice but are unable to take the risk in the current economic climate They support the sharing of employees amongst employers whilst ensuring the quality of the apprenticeship experience."* (BIS 2011)

Group Training Associations are employer collectives that share the cost of apprenticeship training and administration.

Assess interest and relevance of:

Preferred Provider Networks *A list of approved providers (agreed by network/SfH/NHS London)*

Explore the future of apprenticeships

Do they see their use of apprentices increasing/decreasing? What frameworks? Levels? Why? Drivers and barriers to increasing apprenticeship offer?

What would encourage them to take on more 16-24 year olds? Bands 1-4?

What advice would they give other organisations/trusts about apprenticeships?

Do they require continuing support from organisations such as SfH and NAS? What does this support look like?

Do they see a role for the sharing of good practice across NHS London for example data collection and sharing? What would they like to see?

Thank you for helping with this research.

Where relevant: Would you be happy for someone to contact you to collect case studies as an illustration of best practice?

The Future of Apprenticeship Research, Discussion Guide - Training Providers, Depth Interviews by telephone 30-45 minutes

Introduce research (purpose)

Explain issues re: confidentiality, audio-taping and reporting etc.

Background discussion – warm up

Name

Role – what's your job title and what does your role entail?

How long have you been doing this type of work? How long in this post/previous related posts?

About the organisation worked for – what it does/offers (as well as apprenticeships)

Explore the facts and their views about apprenticeships

What types of apprenticeships are offered?

How many apprentices? What ages? Frameworks? Levels?

How long offering apprenticeships

How do they feel the apprenticeships are going thus far?

How are apprenticeships viewed in their organisation?

What are the challenges as a training provider with apprenticeships? (Identify where the problems are – what frameworks, ages, levels, particular trusts etc?)

What have they done so far to deal with these problems/challenges?

Are apprenticeships trickier than other training? If so, how?

About new business, past business

How do they tend to get new business?

Who are their competitors and do they offer anything different? What?

For past business:

What do they tend to do in order to win the business from the trusts? Did they previously compete against other providers for example, present to a panel or something similar?

What criteria do they think the trusts use to judge whether the provider will meet their needs?

Do they have any plans to improve their service? Specialise? Diversify? Reduce offer? Why?

Assess their relationship with employers/trusts

How would they describe their relationship with their clients (employer trusts) in general?

What do they feel employers think about the service they provide? Do they think that they are meeting the needs of employers?

Have far do they go to define the relationship, the expectations, deliverables/outcomes etc., beforehand? How does this work?

Do they see it as a partnership – what is their role?

What is the feedback have they received re: delivery (quality/capacity/flexibility/cost etc)? Any specific problems? With specific trusts, specific frameworks?

What are their strengths and weaknesses?

What can be done to improve these things? Whose role is it to improve these things? Do they need support? What kind? From who?

Explore higher apprenticeships

Do they offer higher apprenticeships in any sector?

In health? If so what – management? IT? Accountancy? Engineering?

What do they think of advanced apprenticeships? Do they see a value in developing HLAs in health? In what areas? For what job roles?

Assess response to Preferred Providers Concept

Advantages and disadvantages?

How would this work? What would 'preferred' providers have to do to get on list? How would this be measured/monitored?

What impact would it have? Would it help to drive up quality?

What would be the benefits to them? To the employer/their client?

Better **skills** | Better **jobs** | Better **health**