

NHS Pay Review Body

**Health Education England's written
evidence for 2022/23**

February 2022

(LEAVE BLANK)

1. Introduction

- 1.1. Health Education England (HEE) welcomes the opportunity to submit evidence to The NHS Pay Review Body (NHS PRB) as part of its national process of gathering evidence from interested parties to inform the recommendations for 2022/23. HEE's evidence provides an update on key areas of responsibility.
- 1.2. Our evidence has been provided in the light of the broad strategy outlined in the [NHS Long Term Plan](#) and [We are the NHS: People Plan for 2020/21](#).

2. Health Education England

- 2.1. HEE was created by the NHS reforms in 2012, which abolished Strategic Health Authorities (SHAs) and Primary Care Trusts (PCTs). The functions of these organisations were given to new bodies including the NHS Commissioning Board, Clinical Commissioning Groups, The Trust Development Authority, and to HEE. HEE was originally created as a Special Health Authority in 2013 and was formalised by the Care Act 2014 as a statutory Arm's Length Body of the Department of Health and Social Care.
- 2.2. HEE is the NHS body that works with others to plan, educate and train the health workforce. To deliver this purpose, HEE:
 - seeks out, invests in and quality assures the best education and training for trainees, new roles and current professionals; intervening where quality, environment or supply are not meeting the needs of learners or the NHS;
 - ensures new evidence-based science, digital technology, skills and knowledge enhance both individual staff and multi-professional teams;
 - co-operates and collaborates with partners across health and education, respecting each other's roles, expertise and responsibilities. HEE brings workforce data, intelligence and analysis, policy proposals, practical transformation and development tools and resources, both financial and people, to shared issues.
- 2.3. HEE has identified its core roles as:
 - Workforce design and analysis
 - Medical and Dental education

- Clinical education and training
- Quality of education and training
- Workforce transformation and skills development
- Developing global partnerships

2.4 While HEE will continue to deliver its statutory responsibilities to secure sufficient and high-quality education and training for the NHS workforce, HEE recognises the importance of working collaboratively with the Department of Health and Social Care (DHSC), NHS England and Improvement (NHSE/I), and other health system stakeholders to tackle the issues facing the NHS and its workforce as a whole. This view is shared by HEE's partners, who are committed to working together using the different levers each has available.

2.5 Similarly, there is mutual agreement that there must be better alignment of service, workforce, and financial planning at a national, regional, and local levels - in particular to support the delivery of the NHS Long Term Plan published in January 2019 and the People Plan for 2020/21 published in July 2020.

2.6 To reinforce the desire to work more collaboratively, HEE worked with NHSE/I to ensure HEE's mandate for 2021/22 aligned with national service plans, before it was finalised and published by the Department. Furthermore, the Government announced on 22 November 2021 an intention for Health Education England (HEE) and NHS England (NHSE) to come together to form a new organisation, subject to the passage of the necessary legislation. This is designed to create a stronger organisation that aligns workforce, financial and service planning with education and training, COVID-19 recovery, the People Plan, and a robust workforce reform programme for the benefit of patients and the public.

3. Service transformation, integration and productivity

Clarity on where the lead responsibility for workforce planning sits under new models of care and what actions might be taken at national, regional and local level.

3.1. While staff supply, through training, retention and recruitment from elsewhere is the most immediate issue facing the NHS, maximising impact of professions and

support staff in teams, and workforce transformation (through the use of novel roles, team skills make up, and enhanced competencies) are also key issues for HEE to address. We are responsible for future workforce supply and are exploring all available routes (new graduates, staff returning to practice and staff joining from elsewhere, either overseas or non-NHS sectors, plus alternative routes to professions via apprentices and alternative modes of delivery) to better match supply and demand.

- 3.2. HEE supports NHSE/I in their responsibility for the current workforce, supporting initiatives such as better retention, return to practice after time out of the workforce and workforce transformation can also make a difference to the frontline quickly and effectively. This will require increased flexibility as local Integrated Care Systems (ICSs) develop new models of care in accordance with population need in their area. As a result, roles and places of work will evolve in line with changes to clinical practice and the shape of healthcare. HEE will agree principles that inform our developing relationship with ICSs in delivering recovery and developing resilience through our operating model in what is anticipated to be the transition year to ICSs becoming statutory bodies ([Working together to improve health and social care for all](#)).
- 3.3. To coincide with the start of the 2022/23 financial year HEE will begin sharing statements that show the financial support it provides for education and training, and the corresponding activity delivered by providers, within each of the 42 ICS geographic footprints. The aim of this activity is to:
- Increase transparency in educational funding flows; enabling ICS-level strategic discussions on HEE's investment including its alignment to ICS clinical strategy delivery and long-term service sustainability.
 - Inform the development of an Education and Training Plan for each ICS.
 - Enable, through the production of an ICS Education and Training Plan, engagement with HEE on the future investment of educational funds to support the right educational capacity and thus prioritise delivery.
 - Highlight any inequity of activity which will be underpinned by HEE's funding strategy and policy, including medical redistribution.
 - Alongside the production of HEE's Annual Funding Guide, standardising and providing clarity of payment rates.

- 3.4 This will become an annual publication process. The statements will initially focus on two funding pots: future workforce and workforce development funding.
- 3.5 Throughout the Covid-19 pandemic, Workforce Planning and Intelligence played a significant role in the response to COVID-19: applying available data and analytics in 'real-time', developing a range of tools aimed at supporting front-line services during the early stages of the pandemic. Critical care staffing models, combining clinical expertise with analytical know-how enabled assessment of beds and staff required, and consideration of working patterns and skills mix. These tools, constructed extremely rapidly, informed strategy and delivery plans. Analysis of data from HEEs Trainee Information System (TIS) and the NHS Electronic Staff Record (ESR) enabled identification of staff with 'airway 'management' competences, quantification of the depth of that competence, and intelligence on how recently these skills had been deployed. Other tools drew on ESR data to identify latent 'surge capacity'. Workforce Planning and Intelligence worked nationally and locally with education providers and NHS trusts to support the design and rapid delivery of a bespoke system to enable students to be deployed into the workforce and to extend placements at the height of the first wave. Latterly the tools have been repurposed to track the disruption this caused to training pathways, supporting remediation processes and enabling assessment of the impact remediation will have on the supply of new registrants in future.

Growth in the primary and community care, under multi-disciplinary teams, on attracting AfC staff from the acute sector.

- 3.6 By the end of 2020/21, HEE will support the expansion of multidisciplinary teams in primary care, through the full roll out of primary care training hubs, to make sure there are enough people and leaders to create multidisciplinary teams that can respond to local population need.
- 3.7 We work collaboratively with NHS England and Improvement, the Royal College of GPs and the British Medical Association GPs committee on specific commitments to tackle workforce issues, including the government's commitment to deliver 50 million more appointments, 6,000 doctors and 26,000 more staff into general practice - alongside a range of other proposals.

4. Workforce strategies

Facing the Facts, Shaping the Future

- 4.1. A previous HEE submission to the NHS PRB set out the findings and recommendations of Facing the Facts, Shaping the Future; a whole national system

consultation document, produced by HEE with content from NHS England, NHS Improvement, Public Health England, the Care Quality Commission, National Institute for Clinical Excellence and the Department of Health.

- 4.2. The draft strategy looked at the challenges faced by the health and care system, charting the growth in the NHS workforce over the previous five years while also setting out the critical workforce challenges that will be faced over the next decade. The NHS needs radical action to improve working conditions, boost training and retention and become a 'model employer' for staff.
- 4.3. Facing the Facts, Shaping the Future was published in December 2017.

We Are the NHS: People Plan 2020/21

- 4.4. To ensure the NHS has the workforce it needs to deliver the service ambitions for patients set out in the Long-Term Plan, HEE and NHSE/I worked together to lead the development of the NHS People Plan, with a continued focus on:
 - **make the NHS the best place to work**, improving staff experience and retention.
 - **improve the leadership culture**, with an emphasis on compassionate, inclusive and collaborative leadership behaviours.
 - **transform and grow the workforce** ('more staff, working differently') in support of Long-Term Plan service priorities by:
 - i. **releasing more time for care**, supported by systematic use of digital technology.
 - ii. **supporting and enabling workforce redesign** through better use of clinical and non-clinical roles to support registered professions, extended and advanced roles, and helping established professions work in multidisciplinary teams across different settings including primary care.
 - iii. **safely redeploying existing staff and deploying returning staff**, using guidance developed in response to COVID-19 by NHS England and NHS Improvement and key partners, alongside HEE's Workforce Transformation tools and approaches which includes the STAR methodology, a tool used to achieve better definition of workforce

challenges, priorities and solutions and structures workforce redesign interventions by profession, pathway and place.

- iv. [delivering training to support a systematic approach to workforce redesign](#) to help create robust workforce transformation plans on the ground. This training includes theoretical and practical elements to ensure attendees are equipped with the knowledge and understanding of the methodology to put it into practice in support of ICS workforce redesign activity.
- v. [growing the future workforce and reforming education and training](#) to ensure the right number and mix of staff – with the right skills – able to join our workforce in the short, medium and longer term.
- vi. [implement a new operating model for workforce issues](#), with a much stronger role for integrated care systems.

4.5. Key HEE actions within the NHS People Plan include:

- Enabling over 1200 peer-support workers to join the mental health workforce, equipping more than 200 peer support workers to become peer support worker supervisors.
- Expanding education and training posts for the future workforce that includes providing mental health practitioners (mental health/learning disability nurses, occupational therapists, social workers and clinical psychologists) with access to Mental Health Law learning opportunities in supplement of the prerequisite portfolio of experiential learning to enable them function as Responsible Clinicians. 50 community-based specialist mental health pharmacists upskilled to deliver medicines optimisation for people living with a severe mental health condition and co-existing physical health morbidities, 2926 Adult IAPT practitioners, 245 Psychological Wellbeing Practitioners, 300 CYP IAPT Practitioners and upskilling to enable increased Advanced Clinical Practitioner capacity.
- Increasing the number of training places for clinical psychology and child and adolescent psychotherapy by 25% (total of 734 starting training in 2020/21).
- Investing in measures to expand psychiatry starting with an additional 17 core psychiatry training programmes in hard to recruit areas in 2020/21.

- Training of 400 clinical endoscopists and 450 reporting radiographers. Training grants are being offered for 350 nurses to become cancer nurse specialists and chemotherapy nurses, training 58 biomedical scientists, developing an advanced clinical practice qualification in oncology, and extending cancer support-worker training.
- Investing in an extra 250 foundation year 2 posts, to enable the doctors filling them to support the pipeline into psychiatry, general practice and other priority areas – notably, cancer, with clinical radiology, oncology and histopathology.
- Working with universities to support an increase of over 5000 undergraduate places from September 2020 in nursing, midwifery, allied health professions and dental therapy and hygienist courses.

50,000 more nurses by 2024

4.6 As part of its manifesto pledges, the government committed to growing the registered nursing workforce by 50,000 by March 2024. HEE leads on the expansion for domestic supply routes which include:

- Increasing undergraduate supply
- Expansion of the post graduate pre-registration entry to nursing
- Encouraging those who have left the NMC register to Return to Practice
- Growth in those entering nursing via the apprentice route
- Reducing attrition from pre-registration programmes.

4.7 The undergraduate nursing supply programmes focus aims is to ensure sustained growth through the undergraduate route. Key delivery areas of this workstream are, improving alignment between Higher Education Providers (HEIs) and NHS providers to secure education capacity, supported by a continued focus on increasing applications.

4.8 Postgraduate preregistration enables Nursing and Midwifery Council (NMC) registration within two years, providing an accelerated and cost-effective route to

registered nursing when compared with undergraduate study or apprenticeships. Prospective applicants will have proven academic ability, may be more resilient and independent and will be more likely to commit to and progress in the nursing profession. Key delivery areas include, raising the profile of the postgraduate route, including those looking to change career direction or completing a degree programme and ready to step directly onto nursing programme and working with HEIs to explore broadening their acceptance criteria, including potential students with non-traditional first degrees or prior practice experience.

- 4.9 Nursing degree apprenticeships are available in all four fields of nursing. The apprenticeship programme supports the uptake of two routes to a registered nurse, the nurse degree apprenticeship and the nursing Associate/Associate Practitioner to registered nurse, who can APEL on to the final 18 to 24 months of a nursing degree apprenticeship.
- 4.10 Return to practice programme enables people with nursing experience who are no longer on the NMC register to return to practice. This route can result in registered nurses returning to employment in comparatively short time. The return routes include HEI lead programmes, employer lead programmes, Test of Competence (with the appropriate number of practice hours). In response to COVID-19 pandemic, a temporary register was established for returners. The return to practice programme is working to identify and support returners to move from the temporary to permanent register via the appropriate route.
- 4.11 Alongside these programmes, to widen access and increase applications to nursing programmes, the preregistration nursing attrition programme (supported by RePAIR) implements and drives actions to reduce attrition and maximise outputs from these programmes and into the workforce.

5. Supply and recruitment of Agenda for Change (AfC) Staff

Covid-19, impact and future supply of AfC staff

- 5.1. The Registered Nursing profession has evolved and continues to do so with the breadth and depth of the knowledge, learning, experience, skills, responsibilities, effort, and working conditions required to fulfil a nursing role having changed significantly. Nursing is an all-degree profession, in recognition of the increased autonomy, critical thinking and enhanced clinical and leadership capabilities required in contemporary nursing roles. Registered Nurses are the keystone of a modern clinical workforce. To undertake the responsibilities expected of them in today's NHS, they operate in a more analytical and autonomous manner, must be

confident in the decision-making skills required to make high-level judgements, need extensive knowledge and experience, and carry out work that demands increasingly advanced levels of practice and clinical knowledge.

- 5.2 HEE would encourage the parties to consider whether the Agenda for Change system accurately reflects the relative job weight of the realities, complexities and development trajectories of nursing as a modern graduate profession to best enable the recruitment, retention and motivation of Registered Nurses in the short and medium term.
- 5.3 There is a welcome focus on staff training, learning and development in national workforce plans, which is another important part of total reward and was also a focus of the three-year deal, of which we are now in the final year. There has been an understandable but significant pause in training, learning and development activity for students and staff during the pandemic. HEE have provided financial support in the context of COVID-19, including extra funding for simulated learning and development of skills of knowledge for example among critical care nurses. We will work with university and provider partners to enable training, learning and development to be brought back on track.
- 5.4 Interest in health and care careers soared during the pandemic, with a huge surge in visitors to the NHS Health Careers website seeking information about scores of different roles. Record numbers of students applied to begin nursing courses at English universities in 2021. Data suggests that more people are not only looking for an NHS career, but looking to find one that matches their skills and interests. The number of people completing the 'Find your Career' tool on the website increased by 150 per cent in the last two months compared with the same period in 2020.
- 5.5 Interest in working in mental health has also increased since the start of the year, with a 133 per cent rise in people seeking information about the psychological professions.
- 5.6 Among the roles attracting increased inquiries are those of clinical psychologist, child well-being practitioner and high-intensity therapist.
- 5.7 Non-clinical roles in NHS management and health informatics, which includes IT and library and knowledge management roles, have also seen surges in interest since the start of this year, while interest in working for NHS 111 has risen by a very sizeable 43 per cent.

- 5.8 HEE has produced guidance documents is aimed at providing information to all nursing and AHP students in England as to what the system response to the Covid-19 pandemic means for them during this time. The guidance is focused on how students can support the health and care system during this time of emergency and how we will support their health and wellbeing and their education.
- 5.9 In March 2020, we asked those students who were able to opt into paid placements to support our health and care teams. Those paid placements came to an end over the summer as the new academic year commenced and the clinical need changed. Increasing rates of COVID-19 and the emergence of a new variant of the virus are placing additional strain on NHS services as we started the new year.
- 5.10 In early 2021 and following a request from the Secretary of State for Health and Social Care, the Nursing and Midwifery Council (NMC) introduced a set of emergency standards that enabled final year nursing students (not including those in their final year of a two-year postgraduate diploma programme) to undertake up to 100 percent of their time in clinical practice while that standard remains in effect.
- 5.11 The NMC has also recognised that in some regions it may not be possible for first year students to remain in practice as normal and have therefore agreed to reinstate the emergency standard which allowed first years to complete their year in academic and online learning where their normal supernumary placements could not be supported.
- 5.12 In 2021 the emergency and recovery standards put in place were not mandated enabling each Approved Education Institution (university) in consultation with the placement providers to determine if the adoption was needed. We committed to minimising the disruption to student learning and as far as possible enabling students to continue with their study, graduate and join the workforce as a registered nurse.
- 5.13 Consequently, we worked with regulators, NHSEI and other agencies to review the impact of student deployment in Wave 1 and 2 and concluded that a third deployment during Wave 3 would pose significant risks to student and to the health care sector in regard to the onward supply trajectories for new qualified practitioners.

Nursing staffing levels

- 5.14 The charts under section 5.19 illustrate the FTE number of nurses, health visitors and midwives ('nursing and midwifery') in the NHS in England, between December

2009 and December 2020. Overall, the number of staff in nursing and midwifery fell between 2010 and 2012, then grew between 2012 and 2016 and levelled out between 2016 and the first half of 2018. From August 2018 to September 2021, the number of staff working in nursing and midwifery increased by 10.8% (+3.4% per year). This represents an increase from approximately 303,100 FTE to approximately 335,700 FTE (32,600 FTE).

5.15 Groups within the nursing and health visitor and midwifery populations experienced different rates of growth between September 2011 and September 2021. Over the decade, there was growth in the number of:

- **Children's Nurses:** 41% (+3.5% per year)
- **Adult Nurses:** 22% (+2.0% per year)
- **Midwives:** 10% (+1.0% per year).

5.16 However, over the same period there were falls in the number of:

- **Learning Disabilities/Difficulties Nurses:** 34% (-4.0% per year)
- **Health Visitors:** 20% (-2.1% per year)
- **Community Health Nurses:** 6% (-0.6% per year)
- **Mental Health Nurses:** 1% (-0.1% per year).

5.17 Since August 2018, the point at which nursing numbers started to grow, there has been marked variation in the rates of growth for different nursing and midwifery branches:

- **Adult Nurses:** 14% (+4.3% per year)
- **Children's Nurses:** 12% (+3.8% per year)
- **Mental Health Nurses:** 9% (+2.8% per year)
- **Community Health Nurses:** 8% (+2.5% per year)
- **Midwives:** 3% (+0.8% per year).

5.18 However, there was a fall in the number of:

- **Health Visitors:** 19% (-6.7% per year)
- **Learning Disabilities/Difficulties Nurses:** 3% (-1.0% per year).

5.19 Numbers working in nursing and midwifery in September 2021, compared with the same period one year earlier, show an increase of 2.8%. Compared to September 2019 (pre-COVID-19), the difference is 7.2%. Over the last twelve months, there were increases in the numbers of:

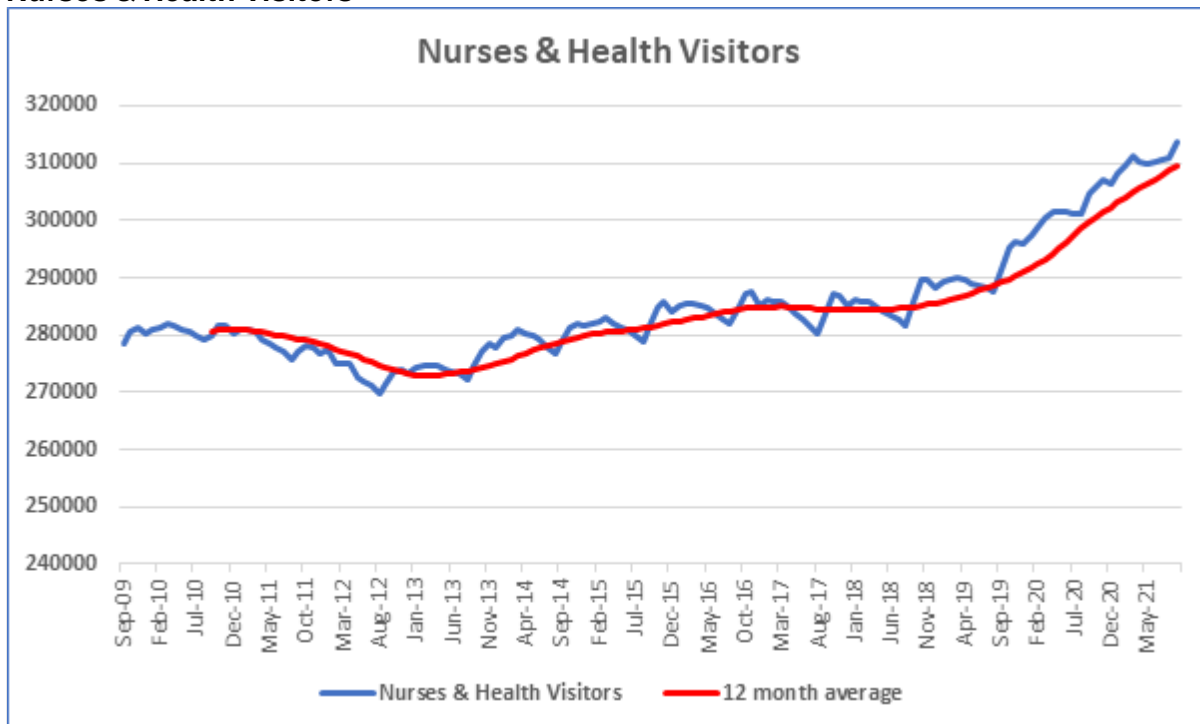
- Adult Nurses: 4%
- Community Health Nurses: 3%
- Mental Health Nurses: 1%
- Children’s Nurses: 1%

5.20 However, there were falls in the number of:

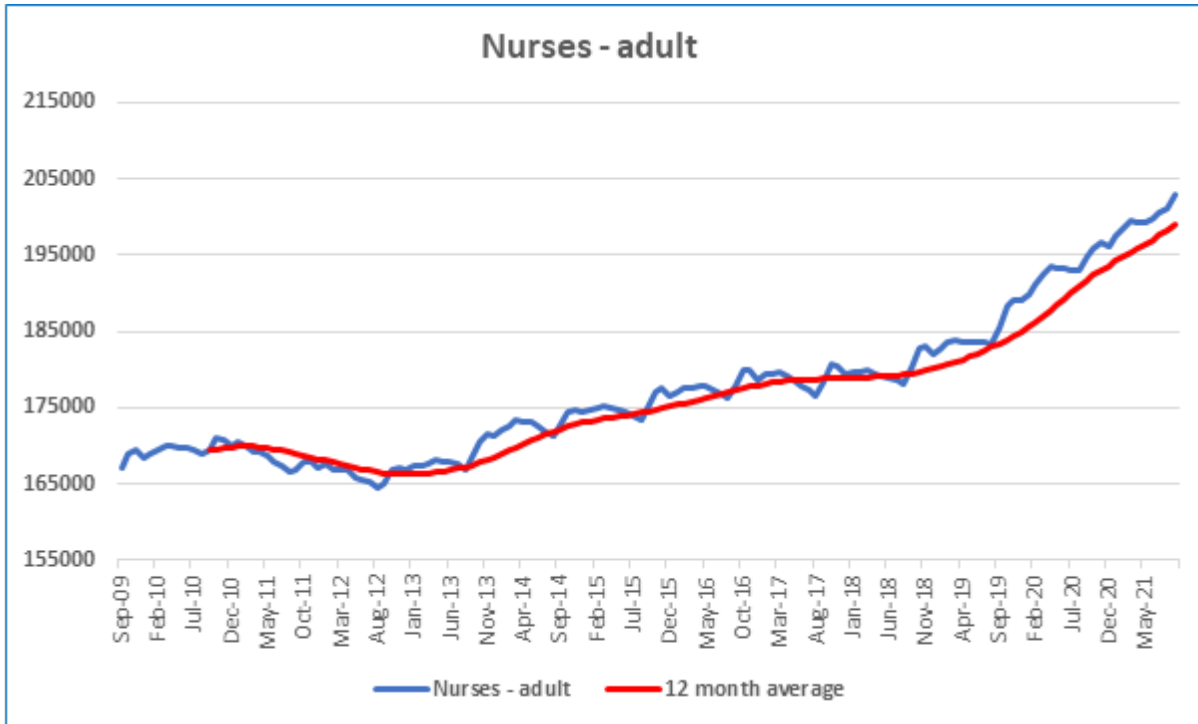
- Midwives: 2%
- Learning Disabilities/Difficulties Nurses: 4%
- Health Visitors: 6%

5.21 The Government has set a target for 50,000 more nurses in England by March 2024. The latest data to September 2021, compared to September 2019, shows an increase of 23,004 FTE nurses working in NHS Hospital and Community Health Services over that period. This places the programme well on the way to meeting the target, although much remains to be done and there are significant risks and uncertainties.

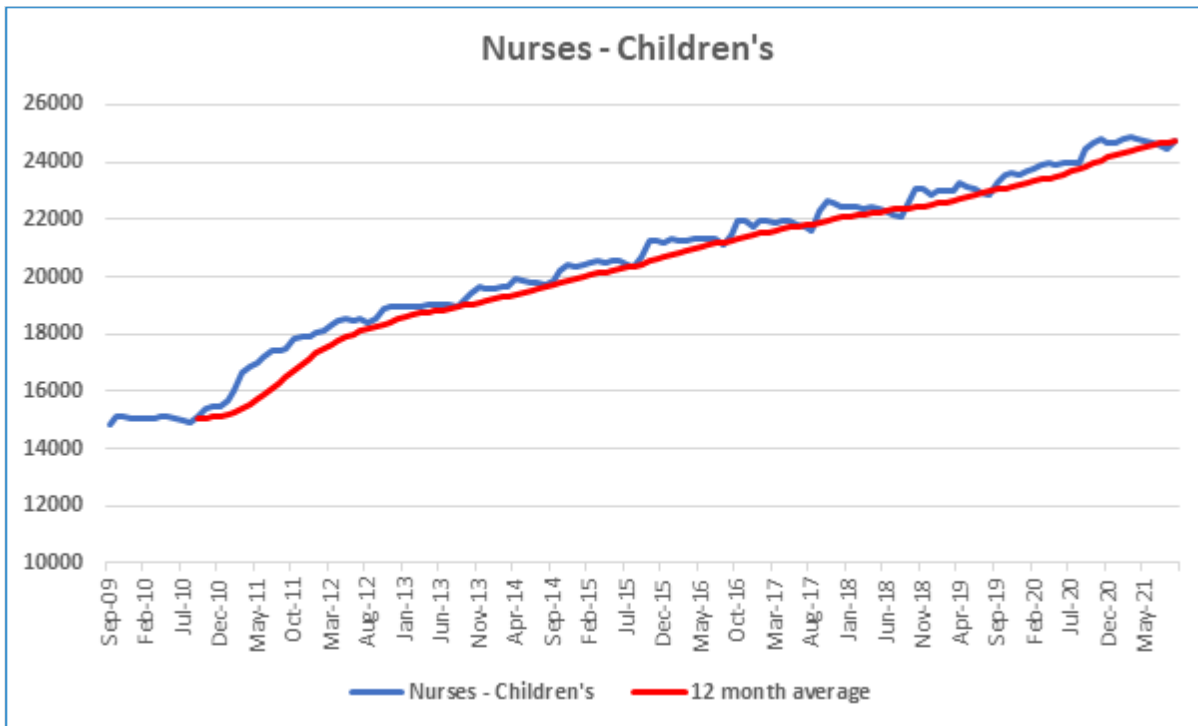
Nurses & Health Visitors



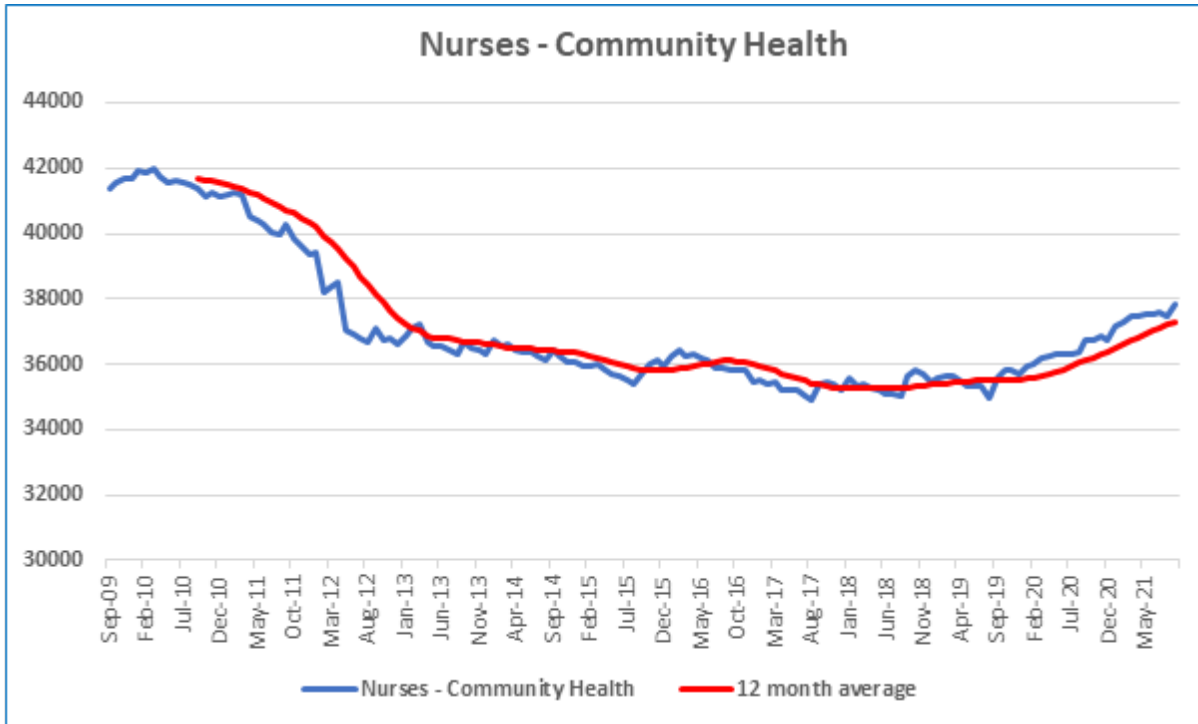
Nurses – adult



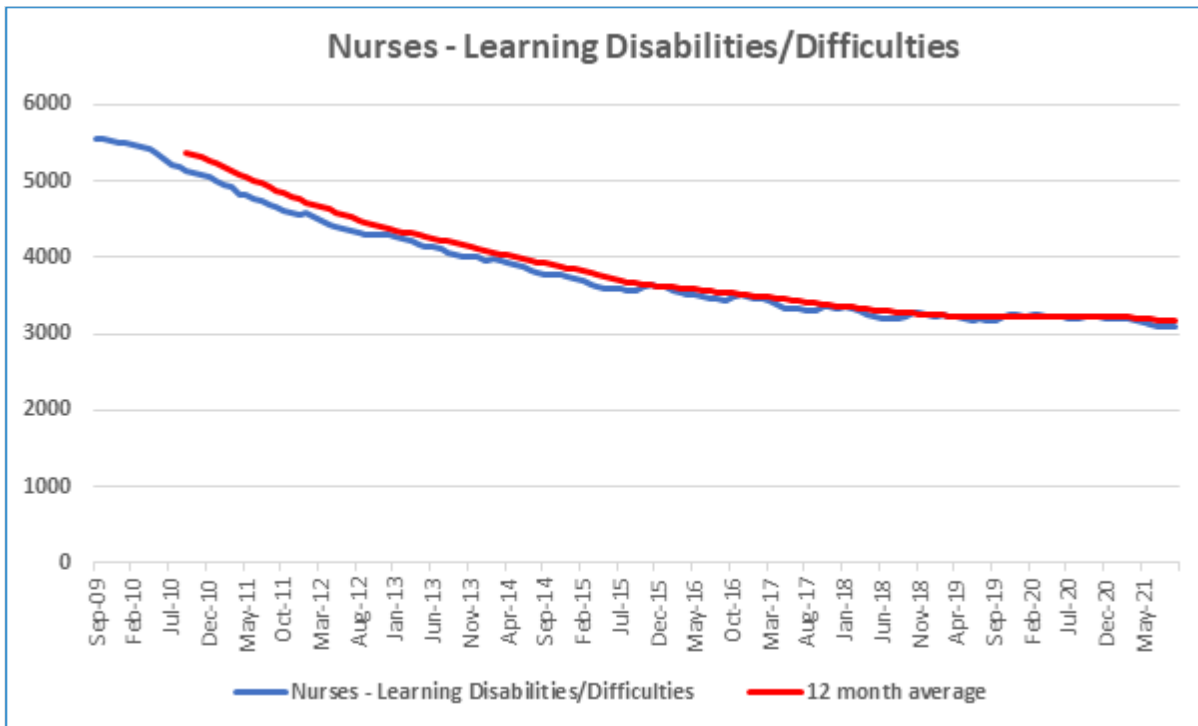
Nurses – children’s



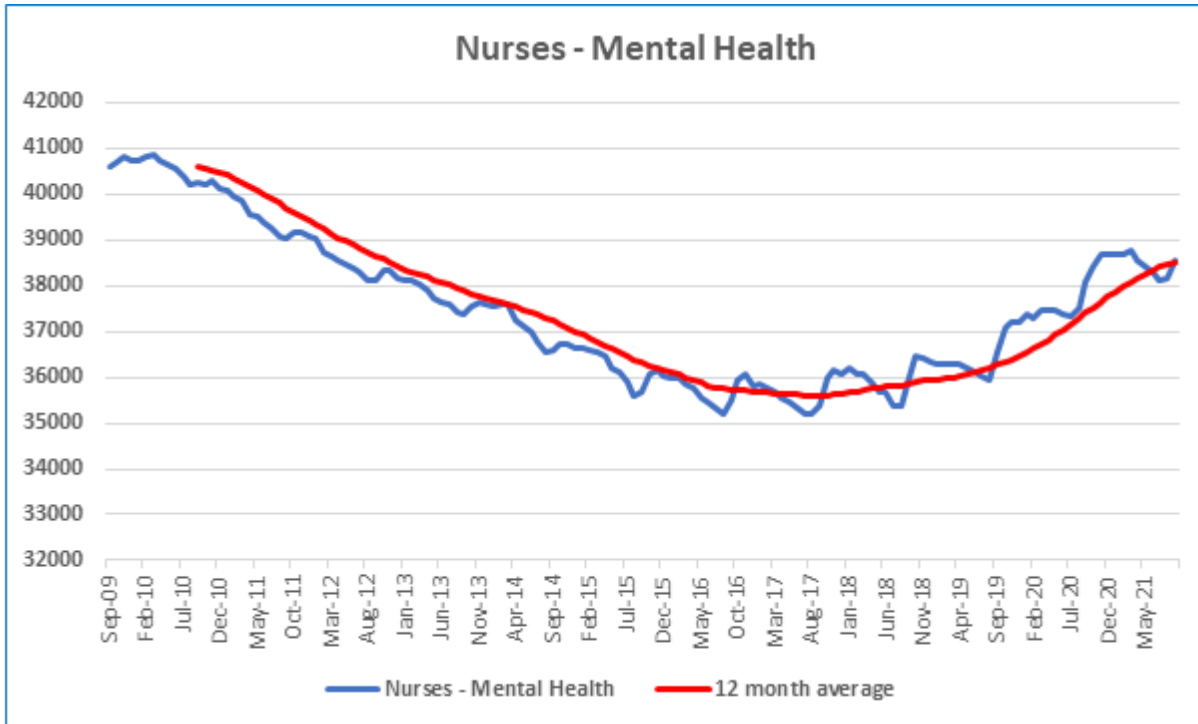
Nurses – community health



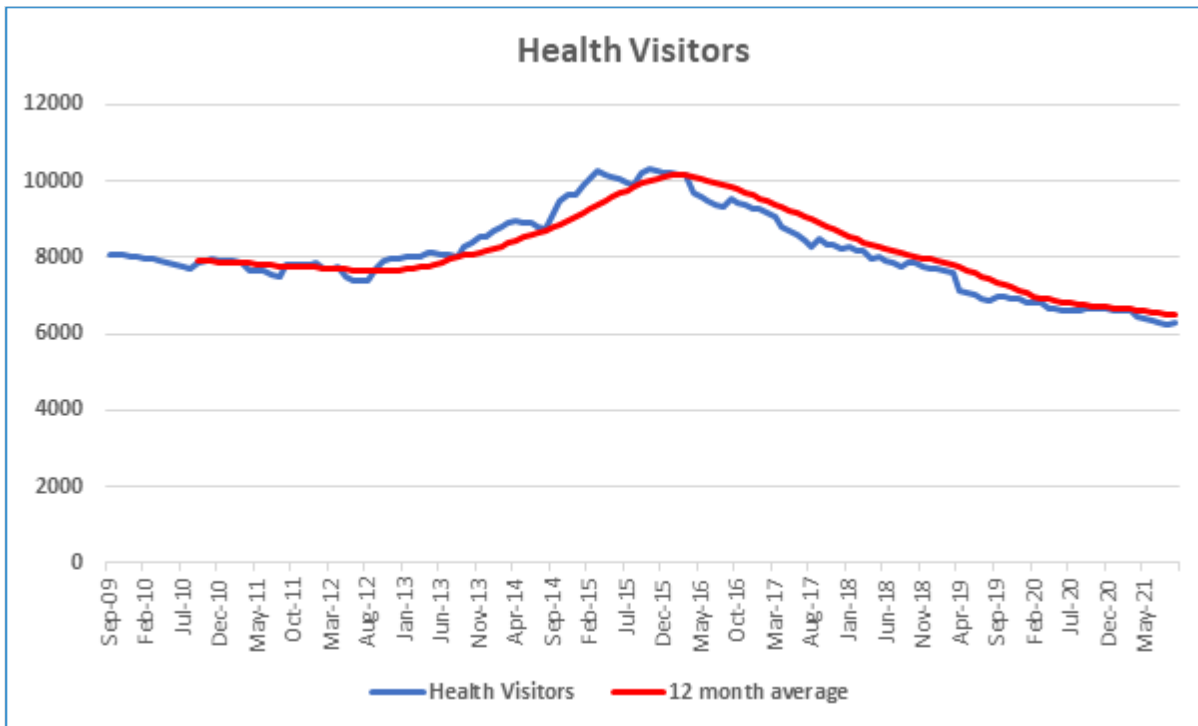
Nurses – Learning Disabilities/Difficulties



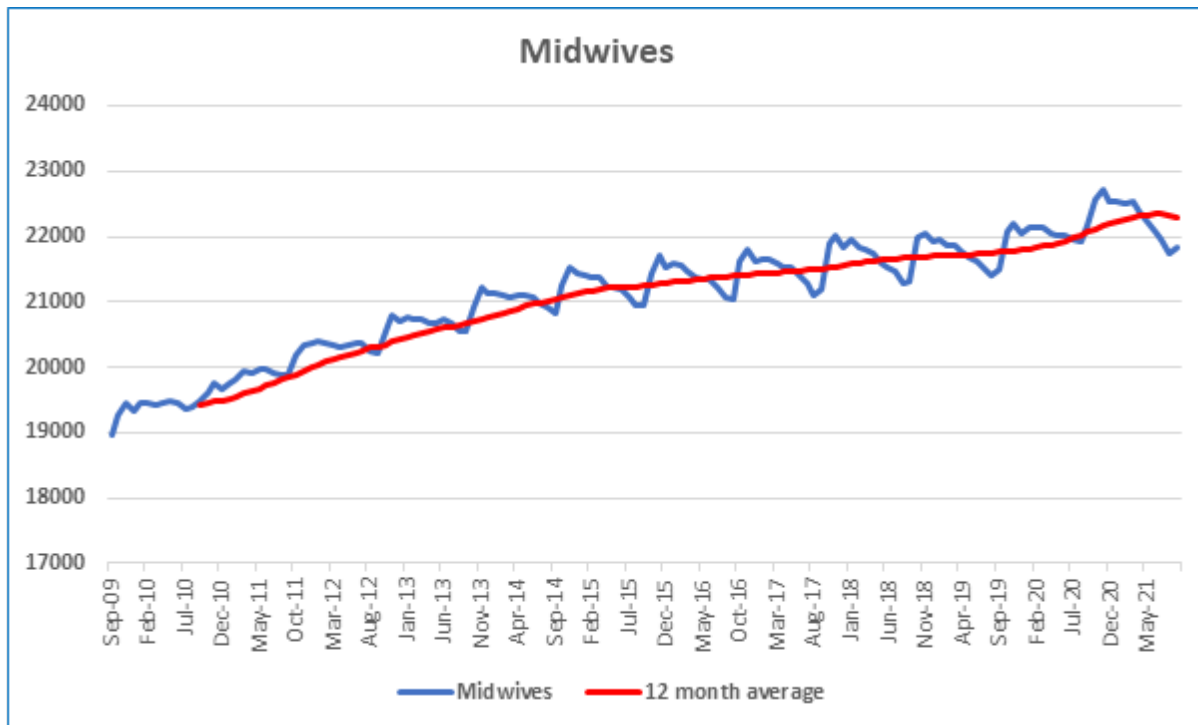
Nurses – Mental Health



Health Visitors



Midwives



Routes into Nursing

5.22 Currently, most people gain a nursing degree through full time study at university. While there are other routes to gain the qualification, all Registered Nurses must have a degree in nursing. The four fields of nursing are:

- adult nursing
- children’s nursing
- learning disability nursing
- mental health nursing

5.23 As at 29 January 2021– the deadline to start degrees this autumn – a total of 60,130 people across the UK had applied for nursing courses, up 32 per cent on last year. The figure is even higher for applications to English universities, at 34 per cent with a total of 48,830 applicants, according to the figures from the university admissions service UCAS. Applications have risen for the third year running and have soared across every age group.

5.24 [Latest figures for England from UCAS](#) show the number of new starters on degree courses to study mental health and learning disability nursing also rose by nearly a third last year, at 31 per cent.

Blended Learning Nursing Degrees

- 5.25 The Blended Learning Nursing Degree provides a flexible way to fit study around work and life, using mainly digital technologies, but still including practical, hands-on experience.
- 5.26 Working with seven universities and advisory partner-organisations, Health Education England has developed the programme which opens up the profession to a much wider group of people who have the skills and aptitude to nurse, but whose current situation doesn't allow them to study in the traditional way. This may be due to caring commitments, physical access or other barriers to study that a blended approach will support.
- 5.27 This is a significantly different offer in nursing education that will support the growth of a qualitatively different expert and professional nurse workforce suited to the demands of care and service now and in the future.
- 5.28 It will give trainee nurses easy access to new and emerging technologies and will help them and their employing trusts meet the requirement for strong digital capabilities. It will also give the NHS access to a twenty-first century workforce that is agile and enthusiastic about change. This ambitious programme will commission education providers to:
- Fully exploit digital technologies to deliver fully interactive and integrated programmes including immersive technologies like Virtual and Augmented Reality.
 - Provide a technological infrastructure framework that enables student-led provision, online communities of practice leading to development of engaged and self-directed learners with strong digital capabilities.
 - Develop flexible, adaptable, resilient, curious, collaborative learners and professionals.
 - Attract greater numbers and a more diverse student population into the health profession.
- 5.29 This innovative approach is designed to help grow the nursing workforce, as set out in NHS Long Term Plan, and the first students began to apply from September 2020 for courses starting January – March 2021. This five-year contract with the

Universities will result in an additional 8,428 people from diverse backgrounds receiving Adult Nursing degree training (undergraduate and postgraduate).

- 5.30 In March 2021, the government announced a £35 million investment for nurse training which will see nurses and other healthcare students benefit from expanded virtual training, and the launch of a new Blended Learning national critical care qualification for qualified nurses.
- 5.31 Up to £25 million of the funding will go to universities to invest in new simulated training facilities and technology. This can involve the use of virtual reality (VR) technology, manikins, role play, and smart phones, tablets or computers, allowing nursing students to practise their clinical skills in a safe environment. They will be able to train on clinical procedures and simulate a realistic clinical setting with the support from experienced colleagues.
- 5.32 The Nursing and Midwifery Council have confirmed that up to 300 of the 2,300 clinical practice hours nurses need to complete during their degree can now be completed in simulated environments, due to the pandemic.
- 5.33 Alongside this, the government will also invest £10 million to develop a new, nationally recognised, critical care qualification for qualified nurses, which can be accessed by a number of Allied Health professions. This will be rolled out for immediate use during the pandemic to help boost the number of people able to work in critical care.

Nursing degree apprenticeships

- 5.34 The standards for nursing degree apprenticeships have been approved and there is a growing number of NHS organisations advertising vacancies. Nursing degree apprenticeships offer flexible routes to becoming a nurse that don't require full-time study at university, although nursing degree apprentices will still need to undertake academic study at degree level.
- 5.35 In September 2020 Health Education England (HEE) confirmed that it would make £7m available for employers to support the apprenticeship route into registered nursing. Nursing associates and assistant practitioners are set to benefit from the funding that will allow them to train to become nurses through a two-year 'top-up' apprenticeship.

- 5.36 Employers were invited to express their interest in applying for the funding which will make £8,300 available per apprentice. It is hoped that the funding will support more than 400 new apprenticeships train to become registered nurses.

Nursing associate

- 5.37 The role of nursing associate sits alongside existing nursing care support workers and fully-qualified registered nurses in both health and social care.
- 5.38 It opens up a career in nursing to people from all backgrounds and offers the opportunity to progress to training to become a registered nurse. Trainee roles are often available in a variety of health and care settings. This means that nursing associates have wider opportunities and more flexibility to move between acute, social and community and primary care.
- 5.39 A nursing associate is not a registered nurse, but with further training, it can be possible to 'top up' training to become one. As part of the Registered Nursing Degree Apprenticeship Programme, Nursing Associates are eligible (depending on Accreditation of Prior Experiential Learning [APEL] criteria) to access the final 18-24 months of programme. There is a target associated with the 50,000 programme.
- 5.40 COVID-19 inevitably had an impact on the programme to train Nurse Associates. With activity has been curtailed due to COVID-19 and all placements and activity ceased in March 2020. Since the start of the second wave activity has again seen reductions.
- 5.41 HEE is working with Kings College on an employer survey of the Nursing Associate role to better inform target number for future years.

Apprenticeships

New Talent Pipelines

- 5.42 The Technical education reforms and apprenticeships are a key Government driver in relation to equality, diversity, and inclusion, to levelling up and to COVID-19 response and recovery.
- 5.43 The HEE deliverable to maximise and harmonise the apprenticeship levy spend in the NHS is directly supported by HEE in facilitating and supporting employers with solutions for implementing apprenticeships and to meet the aspirations of Levelling

Up, through enabling people with non-traditional education achievements to be supported into employment, education, and career progression.

- 5.44 It also enables a new talent pipeline to directly support meeting government healthcare workforce priorities particularly by giving support to employers in identifying and attracting non-traditional entrants through a wide range of strategic and local partnerships, and technical and vocational education pathways. For example Project Choice, Princes Trust, Further Education, University, and employer providers of Apprenticeships through national, local, regional interface with ICSs and communities. This has direct impact on reducing health inequalities improves communities, individual lives, and the NHS.
- 5.45 Our collaboration with NHSE/I and social care is essential in recognising how new entrants into the workforce are supported through work experience, T Levels Industry Placements and the Care Certificate, which directly support longer term employment and routes into apprenticeships which relate to services and career aspirations.

The NHS Public Sector Target

- 5.46 The annual NHS target is 28,500 starts per year. The NHS has achieved just under 24,000 apprenticeship starts so far in the 2020/21 academic year, despite the challenges of COVID-19.
- 5.47 NHS Trusts have increased commitment to spend more levy against the rising apprenticeship numbers forecasted. The whole NHS levy is £200m per year, with around 80% (£160m) fulfilled so far and employer plans indicating overcommitment for this full year. So far, we have facilitated over £15m in 'levy transfers' from other industries into and across health and social care to help meet employer plans.
- 5.48 By sharing best practice, tackling the emergence and delivery of apprenticeships, and working closely with DHSC and the Department for Education we support supply of information which directly informs the strategic approach and support employers during times of constraint and the pressure of the pandemic.
- 5.49 This directly influences employer choices and utilisation of apprenticeships, to support the ambition to increase a home-grown future workforce supply and reduce health inequalities. By widening access and participation for underrepresented groups, a more diverse and skilled workforce combined with preventative activity in local communities can reduce demand on NHS services.

Trends in apprenticeships

5.50 Since the implementation of the apprenticeship reforms and inception of the levy in 2016 there have been over 86,000 apprenticeship starts.

5.51 The most popular apprenticeships in the NHS this year (2021/22) are:

- Health Care Support Worker
- Senior Health Care Support Worker
- Nursing Associate
- Registered Nurse Degree Apprenticeship
- Business Administrator
- Senior Leader

5.52 We have seen increased employer interest and large expansion of apprentices in new roles such as the Nursing Associate and in support of the manifesto commitment to recruit 50,000 Registered Nurses. This shows the remarkable commitment that has been made by and to apprentices and employers across the sector, and the increasing appetite for these routes to employment to which is demonstrably opening widening participation and levelling up opportunities. An area of particular interest is in supporting Nursing Associates and Assistant Practitioners to convert or 'top up' to Registered Nurse through apprenticeship, a model also being explored by other professions.

Support for progression

5.53 We continue to develop innovative support for employers to ensure our apprenticeship programme continues course despite the pandemic. This includes supporting employees in developing their Skills for Life (numeracy, literacy, digital skills) with nearly 18,000 learners nationally accessing HEE Talent for Care funded functional skills software. We have expanded this to include support for people with dyslexia and dyscalculia, an *English for Speakers of Other Languages* toolkit, and HEE Talent for Care team funded a licence for UK ENIC which is the designated national agency for the recognition and comparison of international qualifications

and skills, often cited as a barrier for widening participation in apprenticeships and traditional nursing and AHP degree programmes.

Learning from the apprenticeship implementation

- 5.54 There is emergent evidence from the early implementers of all apprenticeships (including degree apprenticeships), indicating low attrition on-programme and high retention post-qualifying through the apprenticeship route. As little as 4% on-programme losses and high (near 100%) post graduate retention rate and into employment, with an indicative return of investment of 2 years post-qualifying for the on-programme investment made. We are currently scoping with employers' broader intentions regarding all apprenticeships and workforce plans.
- 5.55 We are also learning that employers and education providers are keen to establish internal talent pipelines which maximise progression for those in Support Worker and Associate Level roles into the registered professions using apprenticeships.
- 5.56 To maximise the potential that apprenticeships present in their contribution to the domestic workforce supply into health and care careers, we are recommending an 'Apprenticeship First' approach to commissioning (i.e. ensure apprenticeships are considered at all points of commissioning activity and that decisions for not using apprenticeships are clearly recognised).

Challenges in implementation

- 5.57 There are several challenges to implementation and expansion of apprenticeships, which the HEE Apprenticeship Support Programme aims to address in support of employers maximising the opportunities afforded by apprenticeships. These challenges include:
- **shortage of data** reducing assessment of impact, especially over the long term
 - **difficulty obtaining certain data** to help assess impact, such as employer-held data not covered by Data Sharing Agreements.
 - **readiness of potential apprentices to progress** (addressed by our Skills for Life offer)
 - **employer-led nature of apprenticeships and the apprenticeship levy**

- a need for greater external expertise and learning from other sectors
- a need for focused effort in certain occupations and apprenticeship pathways to match against local demographics and local needs verses national drivers

5.58 There have also been additional constraints related to the pandemic that have affected apprenticeships, such as:

- breaks in learning causing delays in completion
- COVID-19-related staff shortages resulting in reduced capacity of both education providers and supporting workplaces
- reduced access to healthcare premises due to infection control and prevention practices restricting the access of education providers.

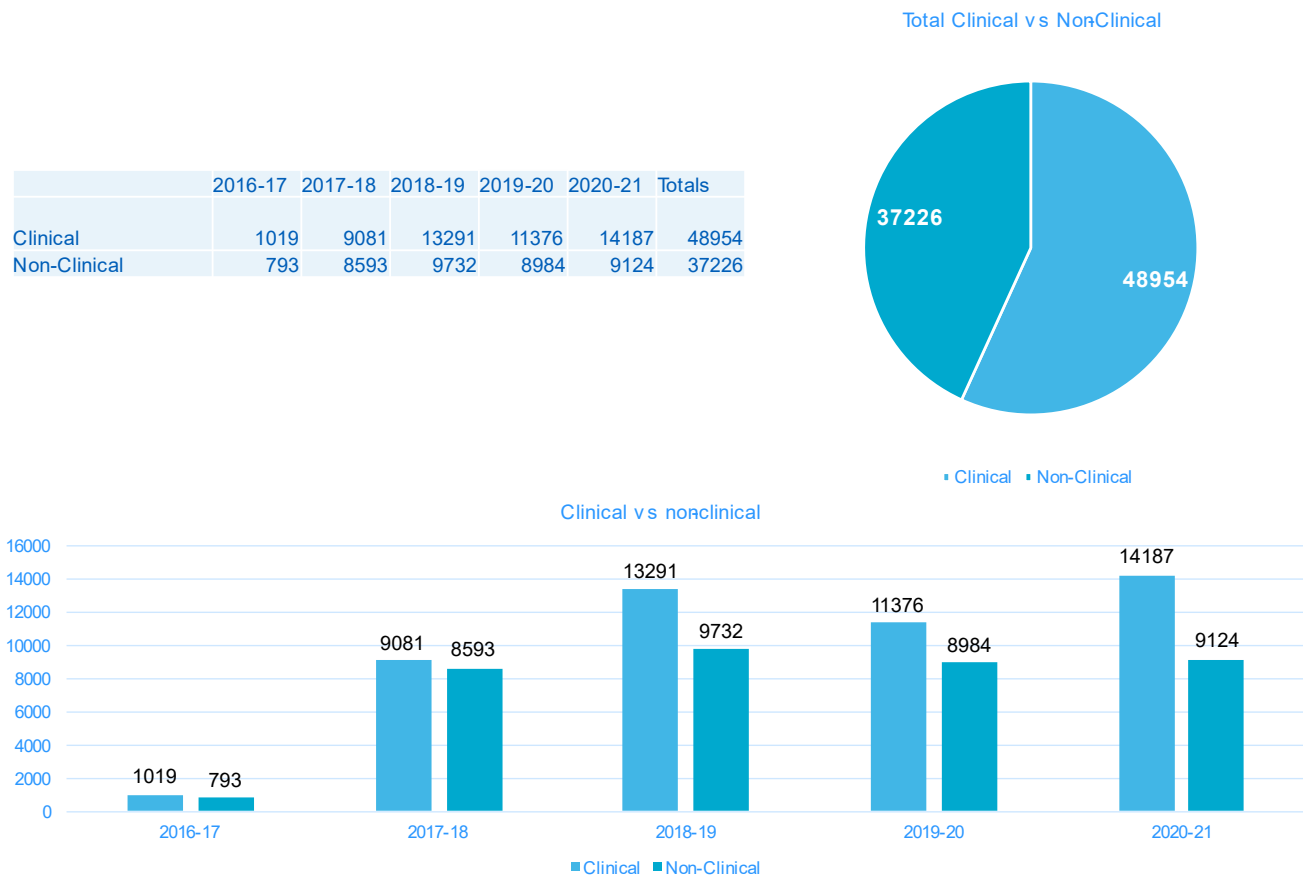
5.59 Throughout the pandemic, HEE have continued to work closely with the Institute for Apprenticeships and Technical Education to ensure apprentices can complete their programmes and qualify in a timely way and be able to take up their new role in delivering service at a time of great need. This includes de-bunking technical issues, supporting employers with solution-focused fixes, and supporting the development of flexible approaches to apprenticeship delivery.

Apprentices in clinical roles

5.60 At the time of publication, the cumulative number of NHS apprentices since 2016 is 86,180 (see fig.1). The breakdown of clinical and non-clinical apprentices is 48,954 clinical and 37,226 non-clinical¹. So far there are 14,187 clinical and 9,124 non-clinical starts for 2020/21 so far.

¹ The 'clinical/non-clinical' label relates to the apprenticeship, not the primary role held by the apprentice. We are aware that clinical staff undertake non-clinical programmes such as management and leadership apprenticeships, for example.

Fig 1: Clinical/Non-Clinical apprenticeships



Source: ???

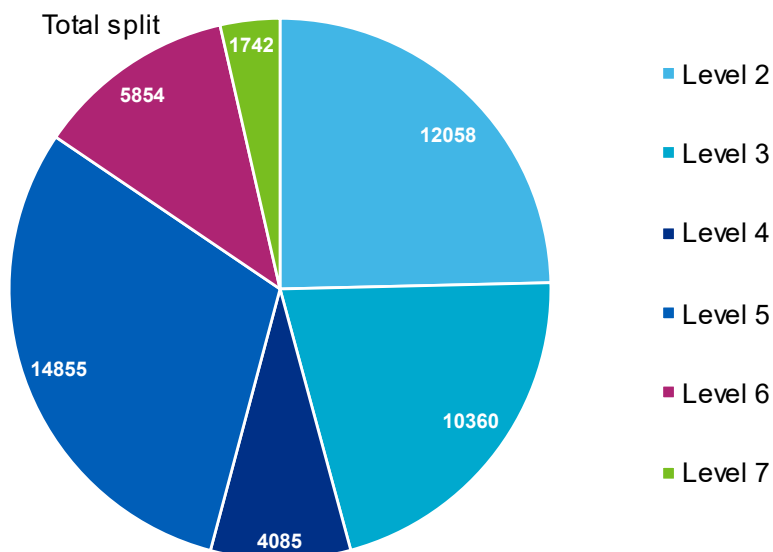
Levels of Occupational Apprenticeship Standards (Clinical)

5.61 Apprenticeship standards are defined at occupational level having been designated with ‘level descriptors’ which identify in each profile the occupational competence and accountability for each apprenticeship standard². This requires more interrogation but gives an indication of the skills growth in the NHS workforce gained through apprenticeships. Figure 2 illustrates the number of NHS clinical apprentices at each level.

² The Education Skills Funding Agency (ESFA) do not collect employer pay data, so this reporting is based on the Occupational Level of the apprenticeship standard. It is important to note that apprenticeship occupational level does not necessarily equate to NHS Agenda for Change pay band.

Fig 2: Number of Clinical Apprenticeships – by Occupational Levels

Clinical by level	2016-17	2017-18	2018-19	2019-20	2020-21	Totals	
Level 2		581	3687	3234	2516	2040	12058
Level 3		181	2092	2822	2187	3078	10360
Level 4		121	697	1094	1101	1072	4085
Level 5		136	2217	4764	3744	3994	14855
Level 6		0	388	1159	1239	3068	5854
Level 7		0	0	218	589	935	1742



Source: National apprenticeships starts data, The Education Skills Funding Agency.

6. Attrition from courses

Reducing Pre-Registration Attrition and Improving Retention

- 6.1. One of the key issues that the NHS PRB has previously highlighted with HEE in previous evidence rounds has been the attrition of students from training and the retention. Prior evidence to the NHS PRB has detailed The RePAIR (Reducing Pre-registration Attrition and Improving Retention) project, which has enabled HEE to gain an in-depth understanding of the factors impacting on healthcare student attrition and the retention of the newly qualified workforce in the early stages of their careers.
- 6.2. In May 2020 the RePAIR team undertook a survey to capture the experience of pre-registration nurses, midwives and AHPs (Allied Health Professionals) during the first wave of the pandemic. The first COVID wave changed student experiences in several profound ways including:

- The students who were on an extended placement were largely positive about their experience – although anxious about catching up on their academic studies.
- The students who focused on academic studies were very positive about contacting the academic staff but less so about the online learning especially completing learning outcomes.
- The reasons behind students thinking about leaving are: academic concerns; being overwhelmed and stressed by the situation they find themselves in; and doubting their clinical ability.