

Appendix E: The Leeds Integrated Apprenticeship Programme

Background

Led by Leeds Teaching Hospitals NHS Trust, a partnership involving Leeds City Council, Leeds Community Healthcare Trust, Leeds & York Partnership Foundation Trust and Sue Ryder Care set out to create an integrated Apprenticeship programme¹. The programme was developed to enable apprentices to enhance care skills, understand the range of roles and responsibilities of support workers throughout the patient journey and to gain an insight into operational challenges that might influence seamless integrated care. Thus it was felt that the programme would create attractive employment routes.

“Sue Ryder joined the programme as we wanted to develop our workforce, we wanted to work collaboratively and be part of an Apprenticeship programme. Providing placements meant that we were able to spread our expertise and ultimately improve end of life care for patients”

Amy Dunmall, Practice Educator, Sue Ryder Wheatfields Hospice

The programme was developed without funding but with the employers (i.e. Leeds City Council, Leeds Community Healthcare Trust, Leeds & York Partnership Foundation Trust and Sue Ryder Care) providing salaries. The full-time programme was designed for newly recruited apprentices as well as existing staff of the partner organisations. It consisted of three week joint induction delivered by Barnsley College (the training provider), one 20 week learning module hosted in the employing organisation, followed by two 12 week placements hosted by the partner organisations. This was then followed by a final four week placement with the employer organisation. Upon completing the programme the apprentices gained a CACHE Level 2 Diploma in Clinical Health Care Support (QCF).

Eight apprentices joined the programme in November 2015 however not all partners were able to recruit apprentices. For newly recruited apprentices (consisting of half the cohort), each employer organisation used their own advertising strategy, all shortlisted apprentices then attended a central assessment centre where a values

¹ St Gemma’s Hospice and Maria Mallaband Care Services were initially involved but were not able to offer placements so unfortunately dropped out at the very early stages.

based approach was used. Activities at the assessment centre focussed on two scenarios, a multiple choice questionnaire, literacy and numeracy tests and values based interview questions. For recruitment from existing staff, the employer organisation made selections based on service and professional development planning requirements.

Once the apprentices had commenced the programme they were managed by a line manager within main employer organisation; they were also matched with a mentor at each placement site to help settle them in.

Throughout the programme, all partners regularly communicated in order to monitor the progress of the programme and the apprentices. To further support the programme an operational steering group was put in place and so was a learner and employer forum. The Apprenticeship programme was viewed as a success by partners as seven out of the eight apprentices were retained within the programme. The existing employees returned to their original roles at the end of the programme but with more of a holistic understanding of the patient journey which enabled them to provide better care to patients. Newly appointed apprentices were placed in vacancies and on successful completion of their Apprenticeship they gained substantive posts in these roles.

Challenges

The programme encountered some minor challenges that were fairly easy to overcome. As work in the various placements consisted of a range of shifts, processing payment took up a lot more resource than expected. It was felt that having a dedicated co-ordinator in place would have aided this process as well as being able to provide full-time support to apprentices and the overall programme. As there were several partners involved in the programme it was recognised terms and conditions would differ between them. The partners agreed that the organisation employing the apprentices (i.e. the employer) would deliver the main induction to their organisation and when the students were on placements they would receive a second induction to cover different policies/protocols. However a few apprentices were still somewhat unclear about the differing policies, especially in regards to travel expenses and whether they could claim for travel.

Some of the apprentices did not expect to spend as much time on course work as they did and thus found it difficult to fit this in with working shifts. One placement ensured that apprentices had some free time during the working day to undertake course learning and reflection.

It was felt that recruitment could have been more successful if one joint recruitment strategy was used rather than individual ones as the former would have enabled partners to set and identify measurable outcomes in a more effective way. However as the programme employed both existing staff and new recruits it is recognised that recruitment strategies might have to differ for the two groups.

Although the employers were committed to the programme, not all were able to commit to recruit apprentices onto the first cohort. Despite this, all newly recruited apprentices were placed in vacancies upon completion of the Apprenticeship.

Key achievements

By offering the Apprenticeship to existing staff as well as to newly recruited candidates who had never worked in care before, those with previous care experience were able to share their skills and work ethic with those less experienced.

The apprentices performed well and were keen to find work in related sectors. The placements themselves also viewed the experience as positive with apprentices quickly becoming part of their respective teams. It was also found that the apprentices provided a fresh pair of eyes on the placements and were able to improve existing practices.

Partners emphasised the positive experience they had in working with each other; one placement really valued the cross sectional learning gained from the collaboration, especially in regards to the values based recruitment technique. It was felt that the programme achieved its aim in regards to creating attractive employment routes as it gave new recruits the opportunity to receive training from recruitment to post whilst getting paid for learning. The programme gave apprentices the added opportunity of experiencing different settings and gaining skills and insight into a variety of approaches to care and the patient journey. The latter being viewed as an added value in terms of future career aspirations. In addition, all who went through the programme gained additional skills and knowledge which will help them to progress in their career and make them more confident and employable. This implementation of the Nursing Associate and Nursing Apprenticeships as well as the current development of the primary care workforce is thought to make this an attractive employment route. Following the programme there were opportunities for apprentices to apply for roles within the Clinical Commissioning Groups and Leeds Teaching Hospitals NHS Trust as clinical care co-ordinators, healthcare assistants or even to start on a nursing pathway.

Even though this small-scale pilot programme did not manage to evidence the provision of integrated seamless care, programme partners feel that there is potential for the apprentices to contribute to this as after completing the programme, the apprentices are more skills, confident and able to adapt to different settings. The partners feel that the apprentices have become more aware of different approaches and services that work in a variety of settings so they should be able to better follow patients through their care journey. It was also felt that the programme approach could be used to train staff in specific roles that require working across organisational boundaries and could in such a way provide integrated seamless care.

Sustainability

The programme partners have made strong working links with each other and are discussing how to work together in the future. The partners are keen to continue the programme and can see this model working for the Nursing Associate role. However the Apprenticeship levy, funding, workforce needs and senior management support would have to be factored in. One partner is especially impressed by the model and is considering using this process for business administration apprentices in a healthcare setting.

“The concept is sound and is something I very much hope will continue”

Richard Helm, Compulsory and Vocational Training Officer, Leeds and York Partnership
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