HOUSE OF COMMONS

Education Committee

Oral evidence: Nursing Apprenticeships, HC 1017

Tuesday 17 July 2018

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Watch the meeting

Members present: Robert Halfon (Chair); Michelle Donelan; James Frith; Emma Hardy; Trudy Harrison; Ian Mearns; Lucy Powell; Mr William Wragg.

Questions 86 - 128

Witnesses

I: Rt Hon Anne Milton MP, Minister for Apprenticeships and Skills, Department for Education; Jane Belfour, Deputy Director for Routes into Apprenticeships and Work, Department for Education; Stephen Barclay MP, Minister for Health, Department of Health; and Professor Ian Cumming OBE, Chief Executive, Health Education England.

Examination of witnesses

Witnesses: Rt Hon Anne Milton MP, Jane Belfour, Stephen Barclay MP and Professor Ian Cumming OBE.

Q86 **Chair:** Thank you all very much for coming, particularly Anne for doing two sessions one after the other.

Anne Milton: A pleasure.

Chair: Could you just, for the benefit of the tape, introduce yourselves and your titles?

Professor Cumming: Good morning. I am Ian Cumming. I am the Chief Executive of Health Education England.

Stephen Barclay: Steve Barclay, Minister of State for Health.

Anne Milton: Anne Milton, Minister of State for Skills and Apprenticeships.

Jane Belfour: I am Jane Belfour. I am the Deputy Director for Routes into Work at the Department for Education.

Q87 **Emma Hardy:** Good morning everyone. It is fantastic that we are doing this panel, because you are going to be talking about Robert's two favourite words, which are "degree" and "apprenticeship", so I am sure it is going to go really well. You will also have to indulge my love of Hull, because I have some fantastic news about degree apprenticeships in Hull. To start with, just as a general question to all of you, are you all satisfied with the rate of progress for nursing degree apprenticeships?

Professor Cumming: What we have been doing over the last couple of years is build the pipeline through to the nursing degree apprenticeship. The main route that HEE is pursuing through to the nursing degree apprenticeship is that of the two plus two years, the nursing associate route—bringing people into apprentice training as a nursing associate, which takes two years. We know from the first cohort, who will be graduating this December, that 40% of those people intend to go on through to a nursing degree. We have had 2,000 people start over the first two years of the nursing associate pilot. We will have another 5,000 starting this year. If we see that 40% conversion rate, that very much builds the pipeline through to a significant number of nursing degree apprentices.

Stephen Barclay: In part, yes, in that we have a set of standards in place and a progression through the apprenticeship route within the NHS, and what is quite a new system has been bedding in. We have a clear pipeline, which I am sure we will come on to, in terms of how we can now expand that pipeline and have more coming through. No, however, in that, obviously, we are keen to see quick progress. We recognise the

cross-party appetite for apprenticeships and, certainly in our constituencies, the popularity in terms of applicants for apprenticeships, so we are very keen to expand this moving forward.

Anne Milton: I think that not being satisfied is what gets me up in the morning. It makes me come to work. I will never be satisfied if I get to the point that I want to get to, so to some extent I would agree with Steve.

I am very pleased about the cross-departmental working. Government find it difficult to work across Departments, but we have worked very closely with Health because we know there are some particular issues. It goes back to what I said in the earlier session. Whereas I have to deal with different businesses and meet them, I do need to meet public sector organisations and the Departments responsible for them. I think that we are now at a place where I am relatively satisfied, inasmuch as I think that we have the springboard to really now ramp this up.

Jane Belfour: I have nothing to add to the Minister's comments.

Q88 **Emma Hardy:** One of the reasons I want to talk about Hull is that, other than it being the greatest place to live—

Chair: Have you never been to Harlow?

Emma Hardy: It is also because Hull College is pioneering a new pathway to nursing degree apprenticeships. My understanding is that it is one of the only colleges that is looking at doing this. I wondered what your thoughts were, looking forward. Hull College is working with the University of Hull and with the Hull and East Riding hospital trust. Hull College is providing the apprenticeships for the healthcare assistants, and the healthcare assistants are already working in the hospitals. They are becoming the apprentices for the nursing degree apprenticeships, all sponsored through the University of Hull. It prevents us having to backfill two posts and pay for two posts, which is what the hospitals are having to do. I wondered if you thought that was something that you would be supporting and whether or not you would like to come and see this excellent example at Hull College, as an example to roll out to the rest of the country.

Stephen Barclay: First, yes, I am very supportive. I think that what your question highlights is how it is not just about nursing degree apprenticeships; it is about a system that allows the progression—which I know the Chair has frequently spoken about in the Chamber—from healthcare assistant through the nursing associate route. As Mr Cumming said, there are very positive numbers. By the end of this year, we expect to have around 7,000 nursing associate apprenticeships in place, with the first 1,000 of those coming through to graduation. Around 40% of those have indicated that they want to progress to nursing degree apprenticeships.

Not all of those doing a nursing associate will want to progress to a nursing degree. They can do the nursing associate and stop there. They may take time out. They may have caring responsibilities. They may want to come and do the further two years in due course and then go on to the nursing degree. Exactly as you say, it is about how trusts are looking at filling the different roles and giving people the ability to progress in a flexible way at different stages of their life.

Anne Milton: The only thing I would add to all that Steve said is that I think that the HC and FE working together is just the way to go. That, without a doubt, sits behind the theories behind the institutes of technology. It is so very important. Once you do that, then you get the sorts of things we were talking about in the previous session, which is the steps, the path.

Q89 **Emma Hardy:** It has been quite a complicated process to get to the point Hull College has got to.

Anne Milton: Yes, it would be.

Emma Hardy: They are having to work with the NHS, with the university and with the college. What could be done to make this all easier and work better?

Professor Cumming: From our perspective, we really want to encourage the FE sector to get involved in the nursing associate apprentice route in particular. We do have a couple of other examples. The University of the West of England is working with Somerset College, and South Devon College is working with the University of Plymouth, on a similar sort of model. Those models are very successful, particularly in those more rural areas, where they mean that people do not have to travel and more of the academic content can be delivered closer to either the hospital that people are working in or, indeed, closer to where they live.

What we want to do is to learn from what the success has been in those particular models—and Hull is another example—and then look at rolling that out across the country. We believe that FE has a key role to play in nursing associate, in particular, and then working in partnership with HEIs through to the full nursing degree apprenticeship route.

Q90 **Chair:** Can you set out how you see the landscape in terms of both nursing apprenticeships and degree apprenticeships and the progress and forecasts over the next few years?

Stephen Barclay: First, we need to remember that there is much more than just nursing apprenticeships in the NHS, which is probably the first point I would make. There are over 25,000 people currently doing apprenticeships in the NHS. While, correctly, the focus of this session is on nurses, I think that it would be remiss to lose sight of the fact that trusts, in spending their levy, have opportunities outside the issue of nursing specifically.

Secondly, within nursing, as we just touched on in Ms Hardy's question, there is a spread of roles and stages in terms of which people want to progress, so the nursing associate opportunity, then the nursing degree, and obviously then the fit with undergraduate students and postgraduate students as well. What this is about is building multiple pathways, to use the jargon—multiple ways of people entering nursing—because people want to have that opportunity.

I think that the big opportunity is the fact that there are so many people currently who want to be nurses who are being rejected. That is the issue. That is the big opportunity for the Committee to be looking at, which is why, for example, if you take Leeds, just in the last week or two Leeds advertised 30 nursing degree apprenticeship roles and within a week had over 500 applicants. There is a massive untapped potential, and when you set that against the agency spend in the NHS of £2.5 billion, the recruitment gap that we have, the need to recruit overseas with the two-tier visas, and 40% of those going to the NHS, you can see there is a massive need for nurses within the system, with the demographic pressures that there are, coupled with a demand for people to do nursing degree apprenticeships.

The focus of the Department is how to incentivise trusts. Some of that is communication. How do we make it easier for people to be aware of the opportunities? Part of that is the website and how we communicate to 16-year-olds, 18-year-olds and others. How do we ensure that people can progress from one role in the NHS and through the system so that they get a nursing degree apprenticeship, for those that want to progress to that stage?

Q91 **Chair:** Do you have forecasts of how many you expect—perhaps by the end of the Parliament, for example—in terms of both nursing degree apprenticeships and nursing associate apprenticeships?

Stephen Barclay: The Government have an overall target for apprenticeships. I touched on the figure for nursing associates, which is going particularly well. On nursing degree apprenticeships, that has taken longer to bed in, but it is now moving forward. The previous Secretary of State set an aspiration of 1,000, and with the progression from associate through to nursing degree apprenticeship, we expect to see that pathway, in particular, progress.

Anne Milton: If I may just pick up on what Emma said about why it is so difficult, I think that it is because people have not done it before. The fact is it is happening and this has been the lever for it to happen, and I think there will be other positive unintended consequences of building those relationships. It will not necessarily stop at just nursing. As Steve alluded to, there are lots of other roles—legal, finance, digital—that trusts will be involved in. Those relationships will maybe work well for other apprenticeships that might go from level 4 and 5 up to degree level.

Q92 **Chair:** Anne, you have demonstrated big support for further education

colleges and further education in general, and that was highlighted in the previous session. Following the transfer of the nursing degree associate programme from Health Education England to the Nursing and Midwifery Council, colleges have inadvertently been dropped by universities as the delivery partner, as they are not classed by the NMC as approved education institutions. What are you doing—both Departments—to urgently help colleges who deliver elements of the nursing degree apprenticeship to continue to be able to deliver newly enrolled students from September this year?

Professor Cumming: The short-term solution has to be partnerships between accredited HEIs and FE colleges, which is the model that we have already discussed. I think that allows us to move relatively quickly on this. Separate to that, conversations are taking place with colleagues in the NMC and elsewhere about the range of accredited providers, and how providers can gain accreditation to be able to provide qualifications independently and autonomously.

Anne Milton: I would welcome it, not least because of the distances. There is often a local FE college; there is not always an HEI. I think that it is a very welcome move.

Q93 **Chair:** Could I ask you, Anne, particularly, to talk to the AOC to see the problems that these colleges are now facing?

Anne Milton: Yes, I will very happily talk to the AOC.

Q94 **Chair:** This is not going to turn into a constituency session, don't worry, but on Friday I visited nursing apprentices and degree apprentices in my hospital. The staff member who organised it, a nurse for 36 years, says, "Apprenticeships must support current working roles and not make it difficult for those to embark on any qualification. There must be accessible entry requirements for employees in recognition of their health-related experience, with minimal academic barriers for them to access further development". The Princess Alexandra Hospital in Harlow is very committed to this, but they say that the CPD cut has made things very difficult. If you look at the national figures, they were cut from £205 million to £83 million between 2015-16 and 2017-18. Can I ask you to comment on that? What they want is adequate funding to ensure lifelong learning, and this CPD reduction makes that difficult.

Stephen Barclay: I have been very struck, as I think you clearly were in your visit, when I go and visit trusts. One of the things I do, in common I am sure with most Ministers, is sit down with members of staff without the management there and hear their feedback. I have been very struck by the significance placed on CPD, and that is clearly something that came out of the Health Select Committee report as well into workforce. We are very much looking at the recommendations made by the Health Select Committee. They were very clear in their recommendations that they thought CPD was important, and that is something that the Department is actively considering.

Anne Milton: It is really a matter for Health, to be honest, but there is an echo with business about them not doing other training in the workforce, because of the levy.

Q95 **Chair:** You mentioned in the previous session that you were looking at the apprenticeship levy. Is there any possibility that it could be used to provide financial support towards departments that are releasing clinical support workers to undertake nursing-related apprenticeship courses? They have to, as you would know, particularly having been a nurse, incur costs to backfill the shift while their employees are at a university or on their placement, and that puts on further pressure and is a disincentive for hospitals and other organisations to have degree nursing apprentices.

Anne Milton: Using the levy for backfilling jobs?

Chair: For helping with financial support for the hospital.

Anne Milton: The levy has to be used for what it was intended for, which is training and end-point assessment of apprenticeships. It will not be used for any financial support. There would be no end to the requests to backfill jobs.

Q96 **Chair:** You do not think that there is a special case for the National Health Service? It is very different, because the amount of training that the nurses have to do is longer than the 20%; there is a lot more theory, and so on.

Anne Milton: Nurses are not alone; there are other professions that need more than the 20% off the job for their training. I think that architects are one of them. Everybody is a special case in this area, so everybody has their particular needs. My job is to make sure that I can find ways to accommodate what they want within the rules as they exist, but offering support is not going to be possible.

What is quite interesting is having watched the Department of Health—

Q97 **Chair:** When you say it is not possible, why can't you just look at things on a case-by-case basis? Why do you have to have a rigid rule?

Anne Milton: No, I would not have to have a rigid one, but I could probably get you 200 requests tomorrow for flexibilities on the levy. If the levy was used for things that it was not intended for, there would be less money for training apprentices and doing their end-point assessment. There will simply be less money to train apprentices. You will backfill the jobs, but that is not the way forward.

We have a poor history in this country of investment in skills and of employers investing in skills. I think that it has been a big leap for people like the NHS to take. I do not underestimate the difficulties for trusts to have to put this money in the pot—we were talking about the schools earlier—but if we are to get the skilled workforce we need, this is the route of doing it. If we use that money for something else, it simply means there is less money for apprentices.

Chair: I think that is a slightly disappointing reply.

Professor Cumming: There are, of course, some perfectly legitimate uses of the apprentice levy, which some people may consider to be CPD. For example, some people would say taking a registered nurse through to an advanced clinical practitioner through a level 7 apprentice programme is ongoing education and training of a member of staff, which it is, but that is a perfectly legitimate use of the apprentice levy because we are developing and enhancing an individual skill through that mix of academic learning and practical hands-on learning.

There is an opportunity for a small number of programmes, but coming back to your point on CPD, we know that investing in CPD has an impact on the retention of the workforce within the NHS. It has an impact on job satisfaction. Certainly, from our perspective, I am on record in Health Select Committees as saying that we would intend to divert as much of our budget as possible back into the CPD of the existing workforce of the NHS.

Stephen Barclay: It ties in with the wider debate, which we may get on to, in terms of supernumerary, which I do not know if it is helpful to—

Q98 **Chair:** We are going to come on to that. Could I finally just ask, before I pass over to my colleague, is there a way of trying to ensure that degree pathways align with current foundation degrees so that individuals' past study is acknowledged and recognised? Then you reduce the amount of study and repetition needed to achieve these degrees.

Professor Cumming: That is exactly the route that we are following with the nursing associate through to registered nurse. The foundation degree, which is the qualification that nursing associates are gaining, is being mapped across on to the registered nursing degree qualification to allow for recognition of prior learning to be carried across so that people do not have to repeat in the registered nurse degree those training competencies and the academic content that they have already studied at foundation degree. So they will mesh together.

Q99 **Lucy Powell:** Following on from the Chair there, you talked about demand, Steve—can I call you Steve?

Stephen Barclay: Of course.

Lucy Powell: You can call me Lucy.

Ian Mearns: You can swap telephone numbers later.

Lucy Powell: We are all familiar with the Education Ministers. Anyway, I have completely lost my thread now. We were talking earlier about how much demand there is. There are a lot of applications and so on, but we cannot meet that demand. One of the barriers that was identified in our previous session was about the off-the-job training, which we have just talked about. In other apprenticeship environments, one of the issues has been that employers do not want to release people for 20%. They find

that too high. In this case, it is the opposite; you have to do at least 50% of your training off the job. What do you think about that? Is that the right balance? Do you think that is a big barrier? How are you going to overcome that?

Stephen Barclay: You are absolutely right; it is the key issue in terms of the feedback from the trusts. First, again just to go back to an earlier point, the 50% or 60% does not apply to all NHS apprenticeships. Within your own area, the north-west, the North West Ambulance Service NHS Trust has frontloaded its apprenticeship training with its 20% done as a block upfront. Not every role in apprenticeships is doing the 50% or 60%. You are absolutely right. The EU requirements and the NMC regulations require for nursing that, in effect, if you take a five-day week, you have a day of classroom, two days that is classed as supernumerary—by that we mean training on the job but not counted towards the rota—and then two days that, in essence, is traditional stuff. For a trust, it is a lot easier to go and hire overseas without having that sunk cost—that training cost—within that.

There is a consultation that is currently under way by the NMC looking at whether the two days that are supernumerary are the right level. They are an independent body—it is important that Ministers respect that independence—and it is for them to reach a decision on that. If you are asking my personal view, I think that if you look at nursing associates, the current arrangement is that they have one day that is classroom and does not count, but their other four days all count as on the job at the moment. That is because they are part of the pilots. The understanding—and Ian may want to come on to this—is that it will then move to one of the days being reserved as training. Obviously, from a safety point of view, if someone is being trained, it is not the same as being full-time on the job. On the other hand, they are contributing.

I think that the key issue, which I am sure the NMC is looking at, is whether it is proportionate to say none of those two days counts as contribution, or whether a proportion of that—perhaps one day—is supernumerary and one day is on the job. As part of our joint working, I met with the chief executive of the RCN a couple of weeks ago to discuss this. The RCN has expressed a view. The NMC has been consulting on it. Obviously, that is one of the drivers of cost. The question is whether, within those two days, perhaps it would be more proportionate to ring-fence some training time but also allow some on the job contribution. Personally, that would be my view. I would support that, but it is an NMC decision. They are independent, and it is absolutely right that they consult and reach an independent decision.

Anne Milton: Just before you come in, I think that the important thing is that it is easy to look at it from our lens. The NMC's point of view is it is about safety, and that is paramount to them. Although we might want them to do something different, that is what they have to consider. It is about safety.

Lucy Powell: No, I agree. I think that it is a tricky thing.

Anne Milton: I just thought I ought to make the point.

Q100 **Lucy Powell:** You might have a student midwife with the main midwife when you are giving birth, which I did on both my births, but I am not sure I would want the student midwife there on her own. Do you know what I mean, quite kindly?

Anne Milton: No, exactly.

Professor Cumming: I completely agree with the Minister. The first priority has to be the quality of care delivered to patients and the quality of education and training delivered to the individual. Within that, our perspective is that we would like to see the focus shift to outcomes and measuring the outcomes of the education and training, rather than just measuring inputs. The quality of that supernumerary placement can vary from organisation to organisation, so simply saying you have a day as supernumerary does not go far enough, from our perspective. What are you learning during that day? What are the competencies that you are gaining during that day?

So it is about a focus around outcomes, but also a focus around, really importantly, protected learning time, so that an individual is not rushing from one patient to the next or one task to the next. They have time to think about what they have learned, to reflect on how they could have done it better and to consolidate that learning. As the Minister has said, this is very much up to the Nursing and Midwifery Council, but our view is that that focus on outcomes and that focus on protected learning time would be a better way of describing it than simply saying, "You have to be supernumerary for a certain number of days a week".

Q101 **Lucy Powell:** You will work with them now to get that package out?

Professor Cumming: Yes.

Q102 **Lucy Powell:** How quick do you think that process will be?

Professor Cumming: September.

Stephen Barclay: My understanding is that the NMC has been consulting on it and it will go before the NMC council in September.

Q103 **Lucy Powell:** Okay, that is great. I have one more question on pipeline, which we touched on earlier as well. What is the main route into a nursing apprenticeship apart from the nursing associate, in terms of qualification? I am just thinking about how it ties up with some of the earlier conversations we had about T levels and whether we are joining it all up.

Anne Milton: There is a healthcare support worker at level 2, a senior healthcare support worker at level 3, and then on to nurse associate. There are a couple.

Q104 **Lucy Powell:** They are apprenticeships?

Anne Milton: Yes.

Q105 **Lucy Powell:** What about through other blended academic routes—

Stephen Barclay: You mean whether you go in at 18 or 16?

Lucy Powell: Yes.

Professor Cumming: What we are seeing is that the majority of people who are accessing nursing associate training, and therefore go through to the nursing apprentice degree, and the people who are accessing the nursing apprentice degree directly tend to be older. It tends to be attracting the more mature applicant. The vast majority of 18-year-olds are going through the route of the university three-year degree.

Lucy Powell: Okay, interesting. Thank you.

Q106 **Ian Mearns:** How closely did the two Departments work together in developing the nursing degree apprenticeships, and why were NHS employers' warnings, in particular, about the challenge of using the levy not heeded?

Anne Milton: The Institute for Apprenticeships developed the apprenticeship itself. We are about implementation and delivery really, and we have worked very closely together.

Stephen Barclay: I always think "show" is more important than "tell", so Anne and I had a meeting with the RCN on 3 July. We had a meeting with the Exchequer Secretary together on 12 June. We met formally with officials on 27 February. Colleagues in the Department meet quarterly through the apprentice oversight group, and officials meet monthly. Anne and I used to work together very closely, so we meet informally on a regular basis as well.

I think that the Departments are working as closely on this as any two Departments in any area, I would suspect, not least because I think there is a recognition on both sides that if the Government are going to achieve their overall objective in a workforce of 1.3 million to 1.4 million, then we really should be setting the trend. We should be leading as a Department.

Within the NHS, two thirds of our cost is staff pay, so workforce is absolutely business-critical for the NHS. In terms of the attraction of the apprenticeship route, the fact that there is such a need for talent, the fact that there are so many applicants currently being deprived of the opportunity to go into nursing and the scale that we have mean that, from a DfE point of view, we are a very interested—I do not know if "client" is the right word—stakeholder, and we are very closely attuned.

In terms of feedback to trusts, again we may come on to some of the issues around pooling and flexibility and those sorts of things, but, again, there is very active discussion within Departments to ensure that we get this right.

Anne Milton: What is happening in the NHS, and what is happening in business, is that the levy is there. You are a bit cross and grumpy about it, and then you start to think about how you can use it. Then, once the programmes are on the roll, it becomes part of your workforce planning. Certainly, it is almost like when business goes over the hill, and the NHS feels as if it is going over the hill. Now it is part of their workforce planning, and then you start to see it working well, working more smoothly.

Q107 **Ian Mearns:** Is the way in which the levy operates flexible enough for the NHS to develop the qualifications that are required within the NHS?

Chair: May I just come in on that? You just mentioned that it is 1.4 million or 1.5 million employees, and you said that there are lots of employers who want to change the levy. There are not that many employers in the country with 1.4 million employees—

Anne Milton: No.

Chair: Hang on—employers in the public sector. Therefore, surely, there is a special case in terms of being flexible on the levy, whether it is allowing them to use some of their wages or extending the time they can use the levy—as has been asked for by the NHS Employers federation—from 24 months up to 36 months. I mean this very politely, but why be so rigid when there is clearly a different case for the NHS than most other employers?

Anne Milton: I suspect the Treasury would turn me down anyway if I asked. However, I feel quite strongly that if you spend the levy on wages, that is not the purpose for which it was intended. It was intended for training and the ongoing assessment of apprentices. If it was felt money should be given to trusts to backfill to help, it must be done separately. As I say, I will allow flexibility on the levy to increase the opportunity for business and the public sector to spend it on training apprentices. It would be wrong for that money to be used to backfill wages. There are loads of small businesses around this country, as I am sure you are aware, who would also make the same case.

Q108 **Ian Mearns:** From the last analysis, what we need are appropriate numbers of well-trained individuals who can work within those settings. It is a question of how we achieve those outcomes.

Anne Milton: Absolutely. The levy is part of it; it is not the whole story.

Stephen Barclay: From a Department of Health point of view, I am not concerned at the lack of flexibility. First, there is existing flexibility that we, within the NHS, need to make more use of. There is flexibility to transfer 10% to other employers. One of the things I am planning to do is write out to remind trusts that there is that flexibility; not all of them use it who could, or who use it where it might be appropriate. Therefore, it is important we enforce that message.

Secondly, I absolutely agree with the Department for Education that it is paramount we keep the quality of apprenticeships. One of the dangers when people ask for flexibility is sometimes a diminution of quality. One of the things I find, certainly as a constituency MP, is my constituents really get the value of an apprenticeship. If we, as a Government, go searching for numbers to hit a target at the expense of quality, we risk a much bigger prize.

Thirdly, there are areas, as I alluded to before, where it might be right—we are not at a decision point—to have flexibility. For example, one of the things I have been discussing with trusts is whether we should be looking at workforce planning at a more regional level than an individual trust level. If so—this goes back to Emma's earlier point in terms of FE colleges—it might be easier in terms of discussions with FE colleges if you had flexibility around pooling of levy at a regional basis that could then tie in with the trusts regionally looking at that. We need to work that through with DfE colleagues, but what has impressed me is that there is a willingness to engage. However, I absolutely accept there are quite legitimate challenges, and we need to preserve the quality of apprenticeships across the system as a whole.

Q109 **Ian Mearns:** It is quite clear we have specific skills shortages within the NHS. The apprenticeship levy could be an appropriate answer if all of those things can be brought together. The last thing we want to see is the NHS, as an employer, losing money from the apprenticeship levy and not ending up with the appropriate people with the appropriate skills to provide the care in the system that we need.

Anne Milton: I think this is in your patch—the North West Ambulance Service NHS Trust is predicted to spend all its levy, which is fantastic.

Q110 **Ian Mearns:** Given that healthcare professionals, in the last analysis, do provide care and attention to people who are vulnerable, ill or whatever, is there not really a case for special consideration for these qualifications within the NHS, as opposed to all other employers, given what Robert said before about the number of employees in the system?

Stephen Barclay: I absolutely agree on the imperative that we spend our levy, we use existing flexibilities and we explore if there is a case on something like pooling for specific flexibility. As Lucy alluded to earlier, probably the key issue in terms of a desire for flexibility would be around the supernumerary point. However, that has to be looked at through the prism of patient safety rather than delivery of the apprenticeship, so there is a balance there. That is not for the DfE. There are existing flexibilities that we are not currently exploiting, so the first step should be to make sure that we do.

Ian Mearns: Professor Cumming, you are dying to say something.

Professor Cumming: I was going to make the point that if we look ahead four years just at the apprentice route to nursing associate, and then at the apprentice route from nursing associate to registered nurse,

we will have 7,500 nursing associates in year one and 7,500 in year two. The expectation is that 3,000 then will be doing first year through to a nursing degree, and 3,000 doing second year through to a nursing degree. That is 21,000 people just on that pathway—which will use a very, very significant chunk of the levy—before we look at the wider professions.

Q111 **Ian Mearns:** One last thing from me. I met with some trainee nurses going through the degree, not the apprenticeship. What they were all saying was that, obviously, since the loss of the bursary, they were finding the going very tough. When they inquired about transferring onto a degree apprenticeship, they were told that, basically, any previous training and learning they had done would not be carried over—it would not be allowed. It seems rather wasteful that if they want to transfer onto a nursing degree apprenticeship, any prior learning would not have any count. Can we not look at that, please?

Jane Belfour: That should not be right. As long as the apprenticeship is going to be a minimum of 12 weeks, their prior learning should be taken into account by their provider.

Q112 **Ian Mearns:** It should be, but, according to them, they have been told no, so we need to get that sorted out somewhere in the system.

Stephen Barclay: We can pick that up.

Jane Belfour: I am happy to take away the particular case and look into it.

Ian Mearns: Thank you very much.

Q113 **Chair:** Could I just double-check something? I am not unsympathetic to your view about this, Anne, but in terms of the extension that NHS Employers has asked for—extending the time to use its apprenticeship levy from 24 months to 36 months—presumably you are opposed to that too?

Anne Milton: Yes, I think originally it was 18 months and was extended to 24 months. I do not think there will be a further extension.

Q114 **James Frith:** I wanted to concur with resisting this kind of mission creep of the apprenticeship levy. The levy marks a big leap forward in the engagement with, and the language we use to speak to employers about, training. I wondered whether, in the best cases across both Departments, you are seeing employers getting better because they are being brought to the table through the levy, and are then commissioning better training services for the skills shortages that Ian rightly highlights. This is not about extending the levy to those, but the practice and muscle memory of the organisations follow this precedent that has been set.

Anne Milton: Your point is well made. Somebody at a very large national employer said to me recently that training used to go on within the organisation, and the board did not really know anything about it—they

knew vaguely that it went on. However, because the apprenticeship levy is a big pot in terms of financial bottom lines, the board is now taking some notice. Therefore, I think that in organisations there is quite a culture change. I can only see that that would be positive for the NHS, where it suddenly has become part of training again, in a way it has not since I trained as a nurse.

We talked about the work going on with FE and HE. What it does—it was not an intended consequence, but is an unintended and very positive consequence—is bring people together with an awareness. The NHS is not the only place with a huge skills shortage. We have a skills shortage across the board.

Stephen Barclay: That is why it has taken some areas a bit of time to get a grip, but you need to launch it to get senior management engagement. That shifted this from, perhaps as Anne alludes to, an HR role into a mainstream executive role, because of the amount of money. It has made the training budget much more visible, and as a result, senior management are more engaged than they were in the past.

Q115 **Emma Hardy:** One of the sad impacts of the change to undergraduate funding is that there have been fewer mature students, so I celebrate the fact we are now having more mature students taking the apprenticeship route.

One of the other impacts that has not been looked into is the declining number of part-time students. Are there any plans or opportunities for students to perhaps do a nursing apprenticeship part time or for looking into those options?

Anne Milton: There are. I have met lots of part-timers—typically women, typically already employed and typically offered a degree apprenticeship by their employer.

Q116 **Emma Hardy:** Particularly in healthcare?

Anne Milton: Yes, I am sure there will be.

Professor Cumming: We want to make as many of the qualifications in health as competency-based as possible and therefore give people flexibility over how long it takes to achieve those competencies. I know it is not relevant to this Committee but, as an example, in postgraduate training in psychiatry, we are running a pilot at the moment that is allowing people to take seven years to complete instead of five. That is having benefits for individuals, because they are able to choose the pace at which they progress through it. There are certain key milestones they need to achieve. What we want to look at is being able to do that across the range of apprentice programmes. You have to achieve the competencies to allow you to progress, but if you have childcare or other responsibilities, you can take longer.

Q117 **Emma Hardy:** Currently, right now, are there are any part-time nursing

apprenticeships?

Professor Cumming: I am not aware of any.

Q118 **Emma Hardy:** Are there plans to change that?

Professor Cumming: It is certainly something I will take back, to look at what we are doing. I cannot give you a definitive answer today, but I am happy to write to the Committee.

Emma Hardy: Thank you.

Q119 **Chair:** This is probably more for you, Anne. Various bodies have written to us—we will publish all the evidence—and have basically said the funding bands are very difficult to afford; they are not affordable. If you do a university degree, you get a much higher funding band. I do not want to go into detail because it will take a lot of time, but there were lots of figures given. What is your view about that?

Anne Milton: I am not entirely sure I understood. When you do a university degree, you are paying your tuition fees.

Chair: For example, the £27,000 that universities are allowed to charge for nursing degree apprenticeships is less than the £27,750 universities receive in tuition fees for an equivalent full-time degree. That is as well as the figure that KPMG calculated as being the cost of a nursing degree per annum. There is a lot more I could go into on these things, but it will take a lot of time. There is an issue with the funding bands according to the institutions that have written to us.

Anne Milton: Jane, come in because you know a bit more of the background. However, £27,000 was considered to be the top payment that the IFA would pay out for any apprenticeship to make the scheme affordable.

Jane Belfour: There are comparisons, some of which take into account the full cost of delivery. When we get those figures from you, we can make sure we understand them.

The other thing that is worth mentioning is that the apprenticeship at level 6, the registered nurse, typically takes 48 months—four years—whereas the undergraduate degree obviously tends to be three years.

Q120 **Chair:** If you see the evidence, are you able to be potentially flexible about the funding band if you are convinced that it is not affordable or that it makes it difficult to—

Anne Milton: We need to see the figures, Chairman. However, £27,000 was the figure that was used to make the apprenticeship system affordable.

Q121 **Chair:** Could you be convinced, if you saw the figures and the hard evidence? That is what I am asking.

Anne Milton: If I am being honest—I am afraid I am always honest, and sometimes it gets me into trouble—it is unlikely. I will be honest: I think it is unlikely. Treasury would be unlikely to agree as well.

Q122 **Chair:** In the last session, you were very convincing about how you were going to try to persuade the Treasury to get more FE funding.

Anne Milton: I am going to do that, but that is not on a specific issue. Generally, I will get it wherever I can.

Q123 **Chair:** Before I pass over to Lucy for the final question, can I go back to the CPD issue. You have all recognised it was very valuable and important. I want to confirm whether, with the significant increase of £20 billion to the health service, you think the CPD budget could be raised after having been cut so substantially. That clearly will, as you have agreed, make a difference to helping more nursing degree apprenticeships?

Stephen Barclay: Perhaps I can refer back to the answer I gave earlier, which is that we have a new Secretary of State, who will obviously want to look at these issues. The Department is extremely sighted on the Health Select Committee's report, and we are very actively considering that.

What I would also say is a wider point, which is that we also need to be mindful of the quality of CPD, because not all CPD has the same quality. There is a spectrum, from, at one extreme, press reports criticising those going skiing in February, supposedly for CPD that is fitted in alongside going on the ski slopes, or people going to conferences of limited value, through to looking at A&E and more advanced clinical practitioners, which offers massive benefit both to the staff in A&E who want to progress and also in terms of patient flows and other issues. I saw that first hand when I was discussing it with staff up at Grimsby and Lincoln. We talk about CPD in totality, but alongside consideration of the Health Select Committee report, we also need to look at ensuring we get value for money and good-quality CPD training.

Q124 **Chair:** Thank you. What you are saying is you are considering it, but you would want there to be some reforms in how it is applied?

Stephen Barclay: As I say, we have a new Secretary of State, and it is not for me to pre-empt his assessment of it. However, the Health Select Committee has opined in this area and produced a very good report, and it is one that merits careful consideration.

Q125 **Lucy Powell:** A final question that is slightly tangential but, I think, on topic. One of the inquiries we are doing at the moment is on life chances. It struck me that one of the things that has come through that inquiry is the lack of pathways in terms of health visiting and all those who support children in the early years—early outreach workers, early education and so on. You seem to have level 3 or level 7, and there is nothing in between. Could I perhaps use this opportunity to ask the two

Departments to work as closely as you have been on nursing apprenticeships and to look at that early years workforce and how we might change some of that? In Greater Manchester, where we have devolved health, it is something we will be looking at doing, but we will obviously need the Departments to sign off on standards and that kind of thing.

Anne Milton: The beautiful arc that I had in my briefing shows the progression. Somebody yesterday referred to it as jumping from the lily pad, which is a lovely way of looking at it. I think that is really, really important, because I see, in a way, the next phase of our work in the Department—the apprenticeship levy is embedded—as really moving on progression.

Q126 **Lucy Powell:** Specifically in that early years workforce, where there are some education workers, and some health workers, it is so disjointed, and there are no pathways.

Jane Belfour: Ian is more expert than I am on that, but I am sure we can come back and work with the Committee. It is worth saying that, because of the way the standards are designed, the registered nurse is not just for acute care. The registered nurse also has options for other parts of the health service. There is a standard there that is available. There are 35 standards in development across health and social care. We have 25 now and another 35 coming. We are really building that suite of apprenticeship standards that are available.

Where I take comfort is when I look at who the members of the trailblazers are and at the variety of people involved in those. They are saying, "This is what we need", and they are making sure we are designing things to fit the sector. I hope that we will have a good story to tell.

Q127 **Lucy Powell:** For example, will those standards, which may be across the piece, have modules on adverse childhood experiences and how to identify the signs of those, and on the importance of early attachment to brain development? Those kinds of things that go across the piece and that are quite specific to life chances in the early years are what I am asking for. Perhaps there is something you could join up.

Stephen Barclay: It also flows from a wider thing—Manchester has been leading on this—in terms of integrated care and how we look at the workforce across an integrated care model, rather than someone being within an acute or within a primary setting. Again, it links into progression and understanding of a more holistic model.

The other thing that flows from your question, which I absolutely agree with, is that we do need to do more in terms of how we communicate the myriad opportunities to our constituents. A 16-year-old or 18-year-old will understand there are jobs in the NHS but not the full range of apprenticeships, the different entry points, how those roles can progress and what they might be earning in five years' or 10 years' time or when

going through the ranks. It is how we communicate that through channels a 16-year-old and 18-year-old wants to engage with. There is more we can do on that, and it is something we are looking at as well.

Anne Milton: I saw a very good example of good practice when an FE college and the NHS locally had joint-funded a post to, essentially, work with schools to bring young people—some of them 14 or 15 years old—into the school to give them a couple of days' work experience in lots of different departments. It helped the trust because it was a way of using their levy, and it gave the young people the opportunity to have a taster session, if you like, in lots of different departments. It was brilliant.

Q128 **Lucy Powell:** I am thinking about what might apply more to people currently in the workforce, who perhaps are working as a level 3 childcare worker and have a lot of the empathetic and professional skills in terms of dealing with young children, but who need to upskill in understanding ACEs, attachment and so on so they could progress to potentially become a health visitor or somewhere in between. We are not doing enough sharing of understanding about early childhood development.

Anne Milton: We do not do enough generally.

Professor Cumming: For us, the apprentice route—the nursing associate route, in particular—is a fundamental part of our widening participation in social mobility strategy. We have people within our workforce who are demonstrating commitment, the right values and the right behaviour. What we want to do, as an employer in the NHS, is to recognise that and give them opportunities—which they may not have had when they were 15, 16 or 17, through no fault of their own—to be able to gain some academic skills, further education and training, and progress right the way through the NHS. We are very clear that one of the things we want to do in HEE is use the apprentice framework and options for part-time training to allow people to have a route from healthcare support worker through to doctor.

Chair: Thank you very much. Due to the fact that we have a Secretary of State who was a former Skills Minister, a Skills Minister who was a former nurse, and your personal, genuine and passionate commitment to nursing apprenticeships and nursing degree apprenticeships, there is a good hope we will get this right, and that is the purpose of our inquiry. Thank you, all of you, for coming today.