



House of Commons  
Education Committee

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**Nursing degree  
apprenticeships: in poor  
health?: Government  
response to the  
Committee's Eighth  
Report of Session  
2017–19**

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**Eighth Special Report of Session  
2017–19**

*Ordered by the House of Commons  
to be printed 26 February 2019*

## The Education Committee

The Education Committee is appointed by the House of Commons to examine the expenditure, administration, and policy of the Department for Education and its associated public bodies.

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### Committee staff

The current staff of the Committee are Richard Ward (Clerk), Katya Cassidy (Second Clerk), Chloë Cockett (Committee Specialist), Anna Connell-Smith (Committee Specialist), Victoria Pope (Inquiry Manager), Natalie Flanagan (Senior Committee Assistant), Olivia Cormack (Committee Assistant), Gary Calder (Senior Media Officer) and Oliver Florence (Media Officer).

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## Eighth Special Report

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The Education Committee reported to the House on [Nursing degree apprenticeships: in poor health?](#) (HC 1017) in its Eighth Report of Session 2017–19 on 6 December 2018. The Government's response was received on 15 February 2019. In the Government response, the Committee's recommendations appear in **bold** text and the Government's responses are in plain text.

## Government Response

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- 1. Setting an ambitious target for apprenticeships across the public sector is vital to promoting their uptake as part of a wholesale shift in our economy. But that target must be realistic, and any barriers should be torn down. There are too many obstacles in the way of nursing degree apprenticeships, making it extremely difficult for the NHS to play its part in achieving the public sector target. (Paragraph 12)**
- 2. The Government should maintain an ongoing conversation with the NHS to ensure that it is supported to develop a sufficient number of quality nursing apprenticeships. (Paragraph 13)**

We agree with the Committee's recommendations. We want to see the NHS benefit from high quality apprenticeships. One of the reasons we introduced the public sector apprenticeship target was to encourage public bodies such as the NHS to recruit an annual average of 2.3% of their English headcount as new apprenticeship starts. This will improve the delivery of services in the public sector by upskilling existing workers and attracting new diverse talent.

Our reforms are also about more than just increasing starts; they have fundamentally changed what apprenticeships are and the long term opportunities they can provide. In the past, across all sectors, there was not enough apprenticeship training, and apprenticeships did not consistently have strong enough engagement and investment from employers. That has changed due to the introduction of new high quality apprenticeship standards and the apprenticeship levy, which put employers at the heart of our reforms.

The NHS will continue to play a key role in making sure it has a future workforce which is representative of the local population it serves, and offer "careers not jobs" to those working within the NHS. For example, we now have a complete apprentice pathway from entry level to postgraduate advanced clinical practice in nursing, providing a high-quality route into the profession. However, there is also a range of apprenticeships available within the NHS beyond nursing, in both healthcare and non-clinical roles, from associate ambulance practitioners, healthcare assistant and pharmacy service assistants, to facilities and digital and business administration.

The NHS has consistently had a strong tradition of employing apprentices both pre and post reforms. From August 2017 to October 2018, there were 710 Nurse Degree apprenticeship starts and 2,240 Nursing Associate apprenticeship starts.<sup>1</sup> We expect to see increasing numbers of apprentices in the NHS as employers continue to embed the apprenticeship agenda into their long-term workforce plans.

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1 <https://www.gov.uk/government/statistics/apprenticeships-and-traineeships-january-2019>

We are also already seeing the impact apprenticeships can make in the NHS to workforce recruitment and retention. For example, last financial year Leeds Teaching Hospitals NHS Trust employed nearly 600 Level 2 to 7 apprentices, across 29 programmes and a variety of disciplines, ranging from Business Administration to Facilities Management to Dental Nursing. The Trust has used the apprenticeship levy to build interest across the organisation and attract employees into rewarding apprenticeship roles. Apprenticeships have also helped the Trust address workforce needs, reduce recruitment and agency costs, as well as giving back to the community through offering equal-opportunity apprenticeships to those who live in the local area.

We recognise the need to do all we can to make sure the NHS can reap the benefits high quality apprenticeships offer. We have been working closely with employers and our delivery partners to support a wide programme of activities to help NHS employers to get the most from the apprenticeship agenda. We provide governance and oversight of key delivery partners' workstreams, including:

**Health Education England** – mandated by the Department of Health and Social Care (DHSC) to provide a strategic overview of embedding apprenticeships into workforce planning in the health and care workforce, including working with NHS England and NHS Improvement to ensure the appropriate links with Sustainability and Transformation Plans and inclusion in HEE's own Workforce Plan. HEE play a coordinating role across employers to understand which NHS occupations should be opened up to the apprentice route. By 2020 HEE will have supported the development of career pathways via the apprentice route – from entry level roles, to the regulated healthcare professions, acting as a true enabler of social mobility. HEE oversee the development of policy initiatives such as the recently developed match making service to support Trusts in transferring their unspent levy with those organisations that are interested in receiving additional levy funds to train apprentices. For example, supporting links between a Trust who may want to transfer levy funds to a local social care provider to train staff to deliver higher levels of care, which is fundamental to a smooth running health and care system in England. The Department for Education are increasing the amount of funding that levy-paying employers can transfer to other businesses, from 10 per cent to 25 per cent, in April 2019- in response to feedback from employers across all sectors. This will be supported by up to £90 million additional funding.

**The Education and Skills Funding Agency (ESFA)** also currently funds four Apprenticeship Relationship Managers and a Programme Manager through a grant to HEE. They provide expert targeted apprenticeship support to employers, helping them with the implementation of apprenticeships and meet their apprenticeship targets. The Relationship Managers are closely aligned to the National Apprenticeship Service's account management teams, who provide free, impartial, expert advice to employers across all sectors. They are accountable to the ESFA for this work, with additional support and oversight from the NHS Apprenticeship Oversight Group (see below). Their objectives include:

- Embedding a culture of apprenticeships within the NHS;
- Supporting trusts to implement quality apprenticeship programmes;

- Providing sector-specific support, guidance and practical tools and resources; and
- Increasing engagement by facilitating networks and supporting communications activity.

**Skills for Health** – facilitate the development of apprenticeship standards for use in the health sector, providing expert hands on support for trailblazer groups navigating the apprentice standard development process. Skills for Care have a comprehensive range of materials on their website to support the health sector to find a wide range of apprenticeships to train staff in clinical and non-clinical roles. They can be accessed here: <https://haso.skillsforhealth.org.uk/>.

**NHS Employers** – provide a range of materials to help keep employers up to date and understand recent policy changes, best practice and provide key resources to help grow and develop the NHS Apprentice workforce. For example, NHS Employers have developed a good practice resource about maximising the apprenticeship levy, which provides 7 employer examples to get the most value from the apprenticeship levy. More information can be found on their website: <https://www.nhsemployers.org/apprenticeships>.

All of these workstreams are accountable to the DHSC NHS Apprenticeship Oversight Group which meets quarterly to review progress and inform future work plans. Membership of the NHS Apprenticeship Oversight Group includes representation from the Trades Unions who are important delivery partners in the NHS apprentice agenda.

**3. We recognise that nursing degree apprenticeships alone will not solve the nursing workforce crisis or improve access to nursing for those from disadvantaged backgrounds. However, no-one should be prevented from undertaking a nursing degree apprenticeship due to a lack of availability or take-up within the system. We welcome the Government's cross-departmental work in establishing nursing degree apprenticeships and we look forward to it developing with a focus on expanding the programme to ensure that every future nurse has a choice about their route into the profession. (Paragraph 14)**

We agree with the Committee that Nurse Degree apprenticeship cannot act as the lone route to train the nursing workforce and that has never been the intention. The Nurse Degree apprenticeship and Nursing Associate apprenticeship are part of a wider package of measures the Government has put in place to both aid social participation for those that may not be able to go to university to study a full time degree course as well as supporting increased nursing workforce supply, including establishing a DHSC Nurse Supply Board, to drive progress with Health Education England, NHS Improvement and NHS England on a range of measures. This includes:

- national recruitment campaigns to promote nursing as a career and encourage people to go into nursing;
- action to encourage nurses who have left the NHS to return to practice- since 2014 HEE have delivered a nurse return to practice programme which has seen more than 4,800 nurses starting on the programme;

- a successful national programme of action to implement best practice on nurse retention;
- successful work with the Nursing and Midwifery Council to ensure that suitable overseas nurses were not being turned away by disproportionate language controls; and
- driving a nationally led programme of responsible overseas recruitment.

To ensure that growth in nurse numbers sits at the heart of the delivery and funding of the NHS Long Term Plan, the Secretary of State for Health and Social Care has agreed that it will form a core part of the work that the Prime Minister has asked Baroness Dido Harding to lead in developing and agreeing a Workforce Implementation Plan for the Long Term Plan. The role of the nurse degree apprenticeship, and the other new work based routes into nursing will be considered as part of the Nurse and Midwifery work stream. We know one way to grow the workforce is to make training and routes into health and care more accessible and apprenticeships are an important part of delivering that ambition.

We also agree that future nurses should have a choice about routes into the profession. The new Nursing Associate apprenticeship and the Nurse Degree apprenticeship have been developed to open routes into the registered nursing profession for thousands of people from all backgrounds and allow employers to grow their own workforce. These new apprentice routes can provide an alternative and high quality route into nursing for those who may ordinarily struggle to give up work to study full time. In addition, we now have a complete apprentice pathway from entry level to postgraduate advanced clinical practice in nursing.

Nationally, Nurse Degree apprenticeship numbers are increasing. As set out in our response to recommendations 1 and 2, the most recent figures show 710 starts from August 2017 to October 2018.<sup>2</sup> Programmes in Morecambe Bay, Cambridge and Barking Havering and Redbridge are all designed to take people from entry level healthcare support worker to degree nurses or beyond.

**4. There is currently little incentive for the NHS to spend precious time and resource building nursing apprenticeships. It is imperative that nursing apprenticeships work for the NHS as well as for providers and nursing students. (Paragraph 15)**

We agree with the Committee that it is important for nursing apprenticeships to meet the needs of employers, as well as apprentices and training providers. That is why we have worked closely with the NHS to make sure trusts are supported to increase the number of apprentices they employ, both in nursing and in other professions. We are pleased to see the numbers of Nurse Degree apprenticeships are increasing and we expect to see a further expansion in the 18/19 academic year.

Although we have relatively modest numbers of Nurse Degree apprentices, we have also introduced the Nursing Associate apprenticeship, offering an alternative route into the profession. This is a new NHS role that will deliver hands on care, allowing registered nurses to spend more time utilising their specialist training focusing on clinical duties.

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<sup>2</sup> <https://www.gov.uk/government/statistics/apprenticeships-and-traineeships-january-2019>

Employers tell us they need a more flexible workforce to keep pace with developments in treatments and interventions. The Nursing Associate role is designed to provide employers with a wider skill mix within multidisciplinary teams.

HEE have been leading a national Nursing Associate expansion programme in 2018 to train up to 5,000 through the apprentice route. HEE confirmed on 6 February they achieved the target of employing 5000 Nursing Associate apprentices in 2018.

We are already hearing cases where the Nursing Associate apprenticeship is successfully meeting the needs of employers. For example, Sheffield Teaching Hospital says, “nursing associates are an area we are keen to dedicate our levy funding to. They help bridge the gap between some of the lower nursing qualifications and registered nurses. By focusing on this area, we can widen the demographic of people entering the nursing profession and provide an essential stepping stone to becoming a qualified nurse.”<sup>3</sup>

The new Nursing Associate role will allow qualified nursing associates to progress onto a shortened nurse degree. This will provide a “step on, step off” pathway for employers and individuals, promoting the apprenticeship route as a true enabler of social mobility – from entry level healthcare support worker, right through to post-graduate advanced clinical practice.

An early evaluation of the HEE Nursing Associate programme saw trainees reporting in interviews that the programme is seen by many as a first step to nursing and as an opportunity to go to university that might otherwise not be possible due to family and financial circumstances. Some of the trainee Nursing Associates are the first in their family to study in a university setting.

HEE reported that 40% of trainees on their Nursing Associate pilot programme said, when they were asked about future ambitions, they would like to progress onto a nursing degree. The DHSC have commissioned research to monitor the numbers of nursing associates that do progress into nursing. The research will also look at progression into other roles, for example more senior positions in the social care sector. Additionally, DHSC have mandated HEE to lead a programme of work with stakeholders to enable career progression from the Nursing Associate role to a Registered Nurse.

**5. We look forward to the outcome of the NMC’s consultation on whether nursing associate students should remain supernumerary and whether there are alternative approaches. We urge the NMC to apply any safe and effective flexibility to supernumerary status to nursing degree apprentices in addition to nursing associates. (Paragraph 22)**

The Nursing and Midwifery Council (NMC) confirmed in their Council meeting on 26 September they have approved proposals for an additional approach to nursing associate training, which is a different choice for employers to the supernumerary approach to training. This alternative option will enable employers to work in partnership with approved education institutions, to identify the proportion of time the organisation will be able to support protected learning time for the trainees.

3 Fay Froggett-Brown, Learning and Development Facilitator at the Trust, quoted in an ESFA case study – <https://haso.skillsforhealth.org.uk/wp-content/uploads/2018/12/Sheffield-hospital-trust-case-study-v1.pdf>

The NMC are confident that the new training will not only support students to learn and keep patients safe but also work for employers too. The NMC will monitor and evaluate this new training model as Nursing Associates progress through the programme and complete training. The NMC will consider whether to extend this training model to the other professions they regulate once they have undertaken evaluation and review.

**6. We recommend that the Government should reconsider its position in not providing much needed flexibility in the apprenticeship levy for the NHS.**

- **We recommend that the Government should allow NHS employers to use their apprenticeship levy to cover the backfill costs of apprentices who are required by the NMC to be supernumerary for over 20% of their contracted hours.**
- **Our report on the quality of apprenticeship training and provision recommended that the Government should double the time employers have to spend their levy funds to 48 months. We reiterate that recommendation, which would allow the NHS to develop and implement more apprenticeship standards. (Paragraph 32)**

**9. We recommend that employers should be able to use the apprenticeship levy to develop the necessary infrastructure for nursing degree apprenticeships, including training nurses in supervision and protecting time for them to undertake such training. (Paragraph 41)**

The Apprenticeship Levy was introduced to encourage employers to invest in the skills development of their workforce. The levy was set at a level to fund the training and assessment costs of high-quality apprenticeships, in line with employer demand. This includes the training costs of new and existing apprentices with levy-paying employers, as well as apprentices with non-levy paying employers. We do not currently expect significant underspends across the whole apprenticeship programme in future years.

The need for an apprenticeship to include 20% off-the-job training is a minimum requirement, not a recommended guide amount. The government recognise that some apprentices will require a higher percentage of quality off-the-job training to achieve occupational competence.

We recognise that the nursing apprenticeship requires a high percentage of apprentice time spent learning theory and in clinical practice. Nursing apprentices are given special status due to the unique supernumerary requirements for nurse training put in place by the nursing regulator the NMC. These requirements are crucial to ensuring patient safety, by protecting nurses' time to develop and learn the clinical skills they need, rather than meeting workforce demands.

Apprenticeships are real jobs with training and we expect all employers to cover employment costs as they would with any employee, including wages while training.

Apprenticeships funding can be used to cover the eligible costs of training and assessment for the apprentice. Changing the apprenticeships funding criteria to cover wider costs would quickly make the programme unaffordable, limiting opportunities for future apprentices.

The 24 month expiry period for apprenticeship funds was set at the time the levy was developed, having been extended from 18 months in response to employer feedback. Funds expire on a monthly, 'first in first out' basis, meaning NHS employers will only see one month's worth of funds expire in May 2019 if they have not spent these funds in the previous 24 months. We have no plans to extend this expiry period, which was agreed with HM Treasury in order to support the Department for Education to manage its budgets and limit financial liability should vast amounts of funding remain sitting unused in employers' accounts.

As mentioned earlier in our response, there is now a large range of apprenticeship standards, both in clinical and non-clinical roles, which the NHS has helped to develop and enable them to take on more apprentices. We and HEE are working closely with the NHS to encourage them to explore fully the standards available for them to use.

**7. We recommend the funding band for nursing degree apprenticeships remains at a minimum of £27,000 and the IfA should consider increasing it. Any future reduction of the funding band must be assessed to ensure that providers can continue to deliver apprenticeships. These assessments should be published. (Paragraph 36)**

We do not agree with the Committee's recommendation.

The Apprenticeship Levy has been set at a level to meet employer demand for high-quality apprenticeship. Within the context of this levy and the apprenticeship budgets, we set the £27,000 funding band maximum to manage the affordability and sustainability of the programme. Increasing the £27,000 limit would make the apprenticeships programme unaffordable and would result in reduced funding for other types of apprenticeships. As such, we have no plans to raise the £27,000 limit.

The Nurse Degree apprenticeship is in the highest funding band. The Institute for Apprenticeships is responsible for regularly reviewing standards to make sure they are high quality, continue to meet the needs of employers, and are value for money. In the case of the Nurse Degree apprenticeship the trailblazer, employers and the NMC would be consulted before any changes are made to the standard.

**8. We recommend that the Government should prioritise investment in CPD for nurses and that it release a strategy and timeline for how it intends to do so. We also recommend that more postgraduate (Level 7) apprenticeships should be created for nurses to enable them to further their careers and develop specialisms. The Government should provide funding for trailblazer groups to develop these apprenticeships. (Paragraph 40)**

We agree with the Committee's recommendations on investing in CPD.

The importance of CPD was recognised in the recently published NHS Long Term Plan as offering staff career progression, motivation to stay within the NHS and the skills to operate at advanced levels of professional practice and to meet patients' needs of the future.

To complement the plans outlined in the NHS Long Term Plan, the Secretary of State for Health and Social Care has commissioned Baroness Harding working closely with Sir David Behan to lead a number of programmes to engage with key NHS interests to develop a detailed workforce implementation plan. These programmes will consider detailed proposals to grow the workforce, including consideration of additional staff

and skills required, build a supportive working culture in the NHS and ensure first rate leadership for NHS staff. CPD will be considered within these programmes. Baroness Harding and Sir David will present initial recommendations to DHSC in Spring 2019. A final workforce implementation plan will follow later in the year, taking into account the outcomes of the Spending Review.

The approved Advanced Clinical Practitioner apprentice standard provides opportunity for nurses and other allied health professions to train to Level 7 advanced practice to allow them to take on expanded roles and scope of practice caring for patients. Two further Level 7 apprentice standards are in development for nurses – the District Nurse and Specialist Community Public Health Nurse.