Welcome to Midlands and East social partnership forum (SPF) conference

Partnership working to support delivery of the 10 Year Health Plan

Claire Sullivan, Director of Employment Relations and Union Services, Chartered Society of Physiotherapy

Rebecca Smith, Director of System and Social Partnership, NHS Employers

Phil Carver, Regional Director of Workforce, Training and Education, NHS England East of England

John Drew, Regional Director of Workforce, Training and Education, NHS England Midlands

NHS Employers

social partnership forum

Midlands & East SPF Conference
3 December 2025

National SPF update

Claire Sullivan, Director of Employment Relations and Union Services, CSP
Rebecca Smith, Director of Systems & Social Partnership, NHS Employers

About the national SPF

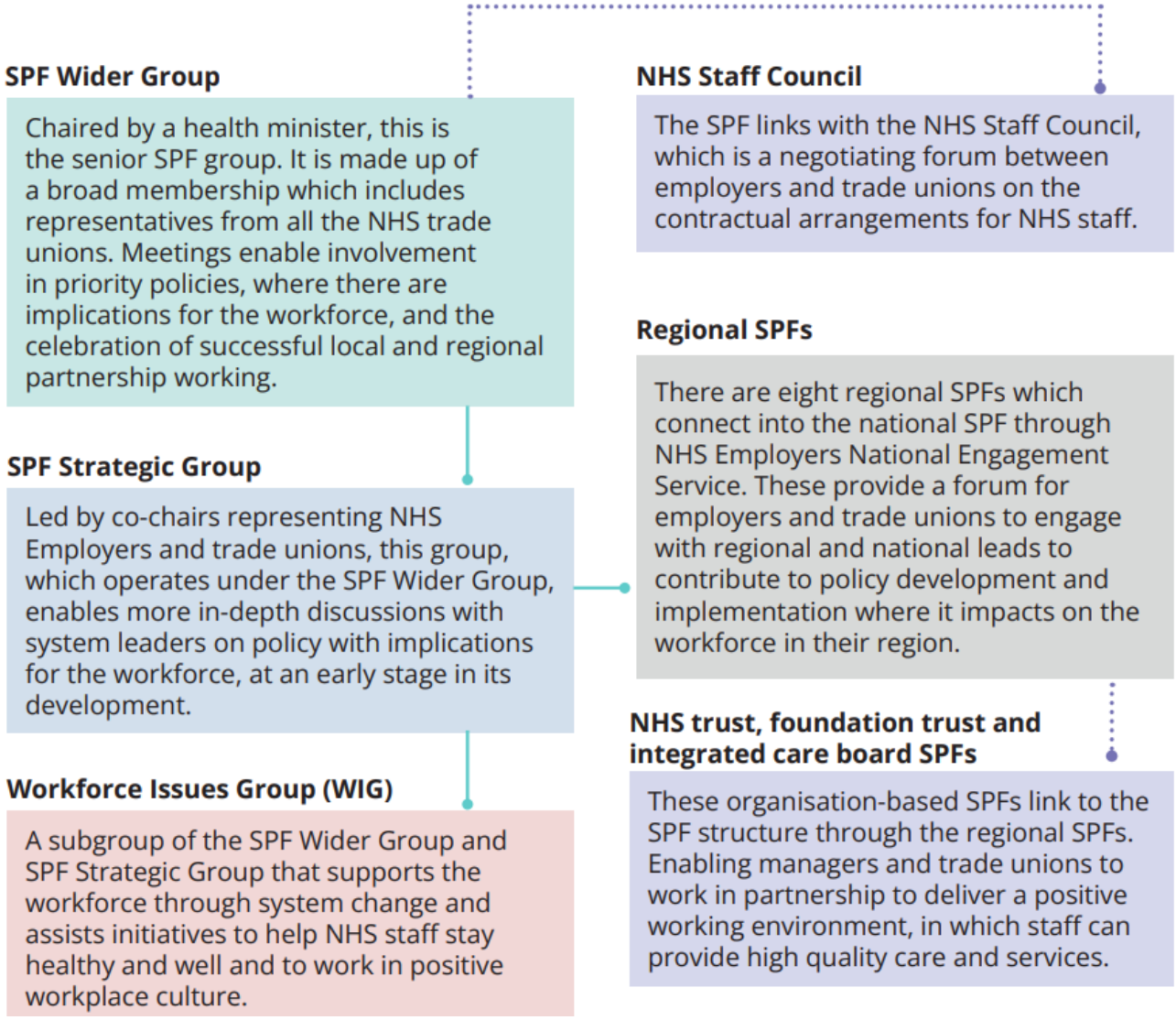
Our Aims

- Contribute staff side and employer perspectives to emerging policy at a formative stage.
- Improve policy development and implementation by contributing ideas on workforce implications.
- Promote good practice in relation to partnership working and effective communication between partners.

Our priorities for 2025/26

- Workforce related elements in the 10 Year Health Plan; developing a new set of NHS staff standards outlining minimum standards for modern employment and making connections with changes resulting from the Employment Rights Bill.
- The development of the 10 Year Workforce Plan.
- The workforce implications of organisational change and financial reductions in ICB and provider trusts.
- Ensuring effective partnership working mechanisms are built into the new structures.
- Taking forward the recommendations from the SPF report on ways to tackle and reduce violence against NHS staff.

Links with the regional SPFs



Workforce challenges in the current context

- ICB 50 per cent running cost reduction and reorganisation
- Challenging financial circumstances, job freezes and local cuts
- DHSC/NHSE merger and cuts at a regional level
- Rise in racism and racial harassment

National SPF key areas of activity:

- Engagement with Sir Jim Mackey, Chief Executive, NHS England
- Influenced national policy on wholly owned subsidiaries
- Statement from the SPF co-chairs condemning racist abuse and harassment

10 Year Health Plan & NHS Staff Standards

10 Year Health Plan (July 2025):

"A positive experience of work and the workplace should not be a 'nice to have'. We will work with the Social Partnership Forum to develop a **new set of staff standards**, which will for the first time outline minimum standards for modern employment.

We will introduce these standards in April 2026 and publish data on them at the employer level every quarter.

Progress so far:

- Staff Standards SPF workshop (24 September 2025)
- Work being led by an DHSC and NHS England project team
- The SPF will co-develop the Standards through a Task and Finish Group (TFG) chaired by Jon Restell, MIP and Rebecca Smith NHS Employers
- Membership of the TFG includes trade union and employer representatives
- Other partnership groups will pick up topic specific Standards work

AI and technology

- The 10 Year Health Plan (10YHP) states “all hospitals will be fully AI-enabled within the lifetime of this Plan”.
- Rising concerns around the impact of AI and technology on the workforce, particularly at lower bands.
- The national SPF is having a dedicated workshop as part of the work to develop the 10 Year Workforce Plan.
- We are seeking examples into how AI and technology has been managed well in relation to the impact on the workforce.

social partnership forum

Thank you & request for feedback

Midland & East SPF Conference 2025

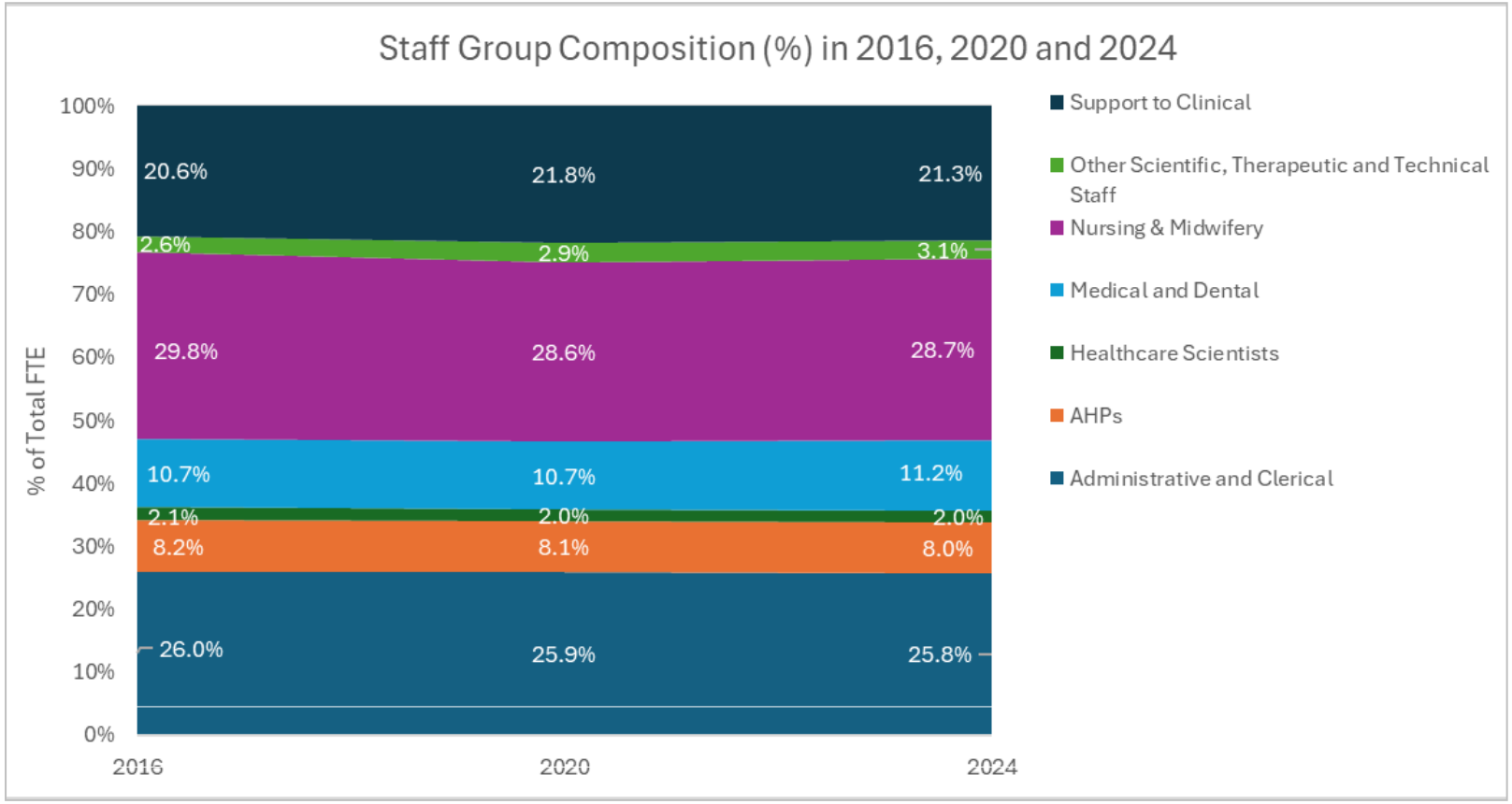
Partnership working to support the delivery of the 10 Year Health Plan: Regional Insights

3rd December 2025

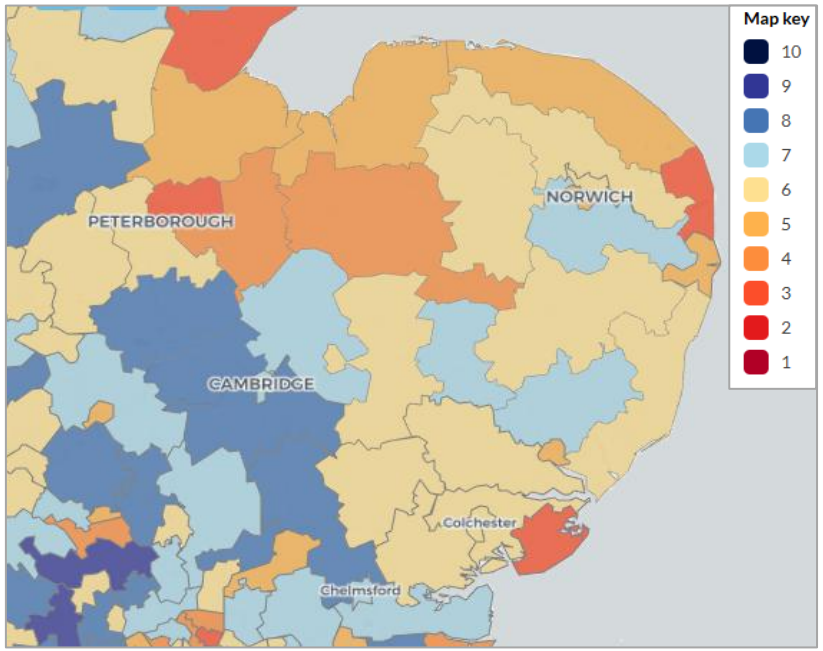
Workforce Growth, Composition & Deprivation

The East of England Workforce has grown but the skill mix has not changed

- Rapid expansion in the region: +4,000 doctors, +11,000 nurses/STT, +10,000 clinical support staff.
- Limited growth in new roles
- Future workforce needs will depend on service transformation and productivity, less on growth



Deprivation & Workforce Challenge*



*Orange is high deprivation blue is low.
Source: East of England Average of Index of Multiple Deprivation Decile level. English Indices of Deprivation (IoD) 2025.

- High deprivation and unemployment hotspots.
- Lower educational attainment across many communities.
- Limits workforce supply and skill mix.
- Strong opportunity to widen participation and grow local talent.

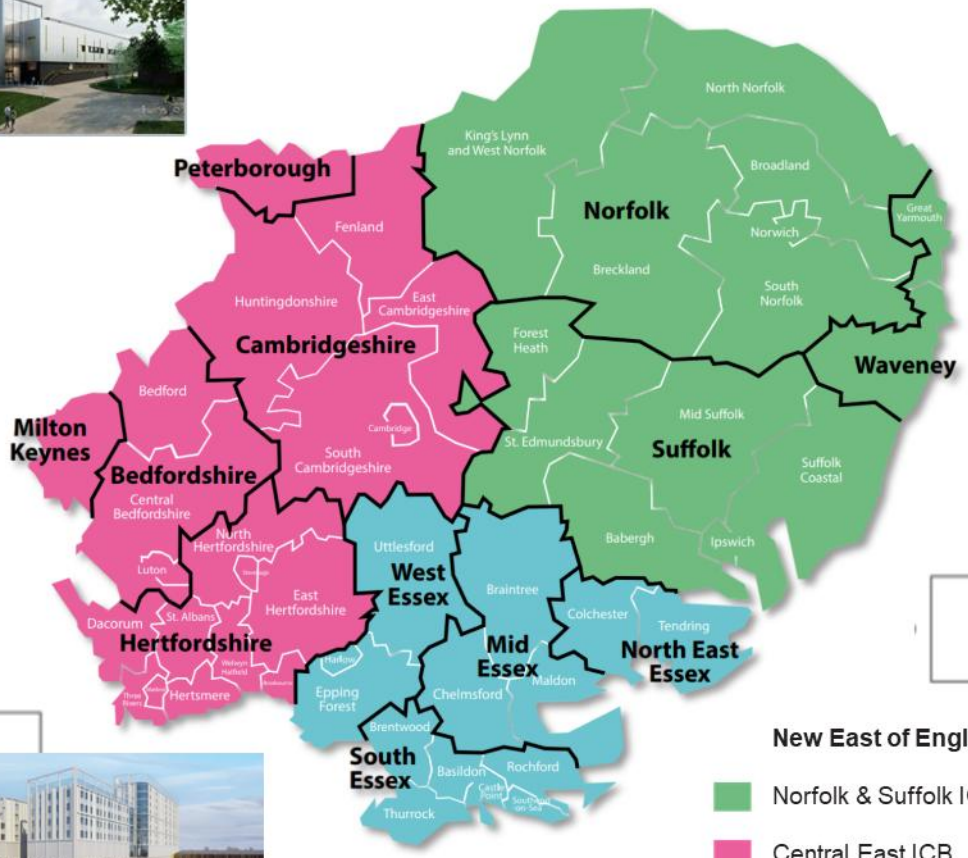
The New Hospitals Programme (NHP)

With major rebuild schemes and multi-billion-pound investment, the NHP offers a unique opportunity. The collaboration to date shows that realising its benefits will require coordinated regional action beyond the individual scheme boundaries.

Hinchingbrooke
Cambridge Cancer research Centre

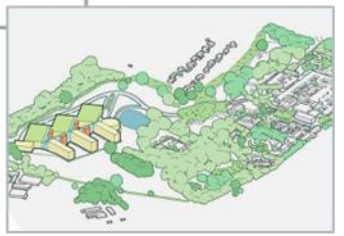
Milton Keynes
(W&C, surgical wards & beds)

Princess Alexandra
West Herts



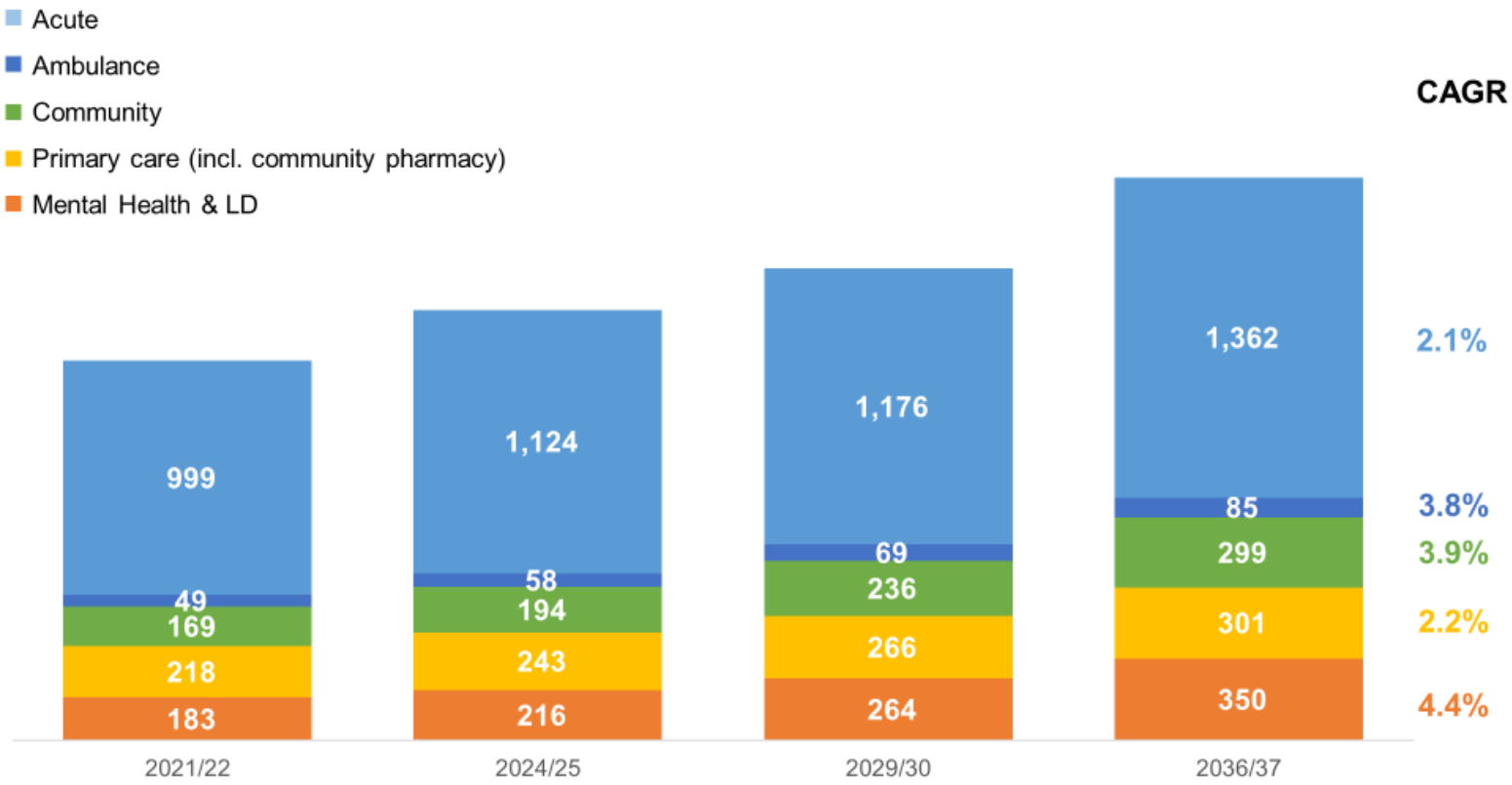
James Paget
King's Lynn

West Suffolk



Over time, more demand shifts to non-acute care settings

Workforce demand Shift between care setting based on 2024 LTWP planning modelling- FTEs 000s and %s



	2021/22	2024/25	2029/30	2036/37
Acute & Ambulance	65%	64%	62%	60%
Non Acute	35%	36%	38%	40%

10-Year Workforce Plan Call for Evidence: Some of the Emerging Themes*

Skills & Role Mix

High demand for community, prevention, and digital roles

Growing interest in hybrid and AI-supported positions

Workforce Flexibility

Calls for reforming job families and enabling portability

Need for consistent role design across providers

Education & Training

Expanding training places and alternative routes

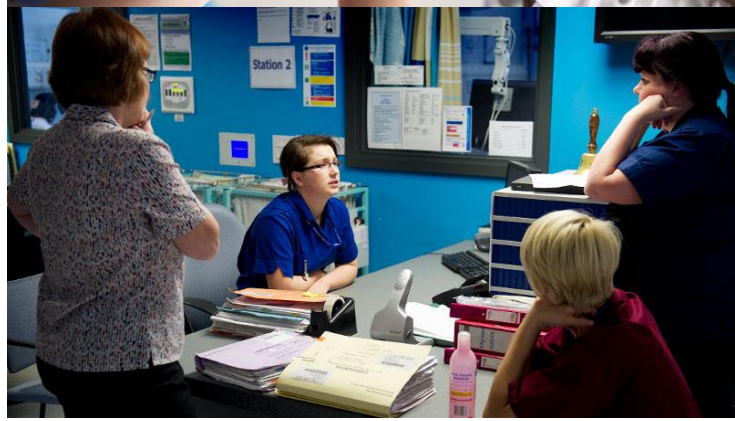
Accelerating digital skills and upskilling

Recruitment & Retention

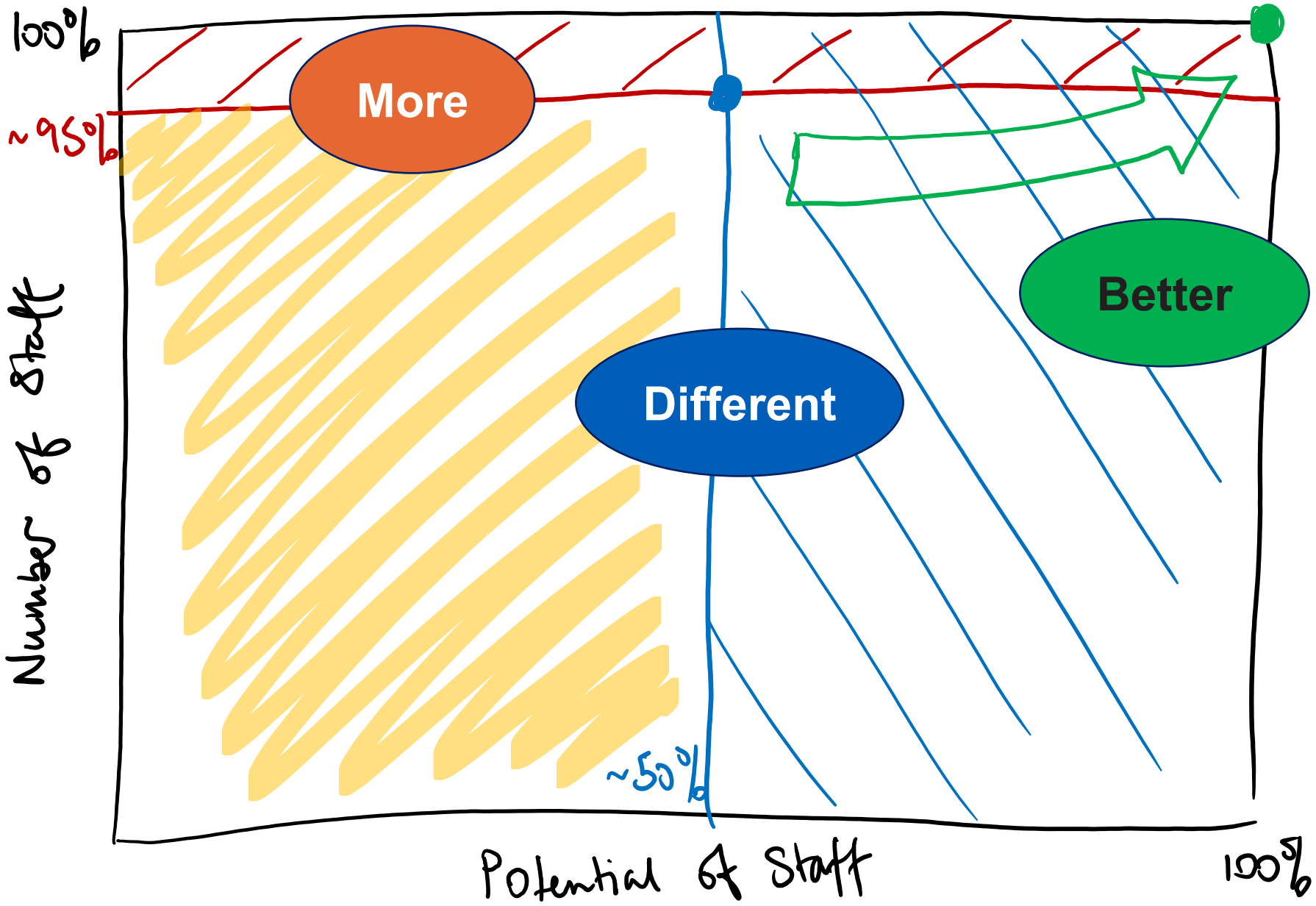
Retention pressures, burnout, and need for clear career pathways

Technology & Digital Readiness

Workforce planning must integrate AI, automation, and digital support



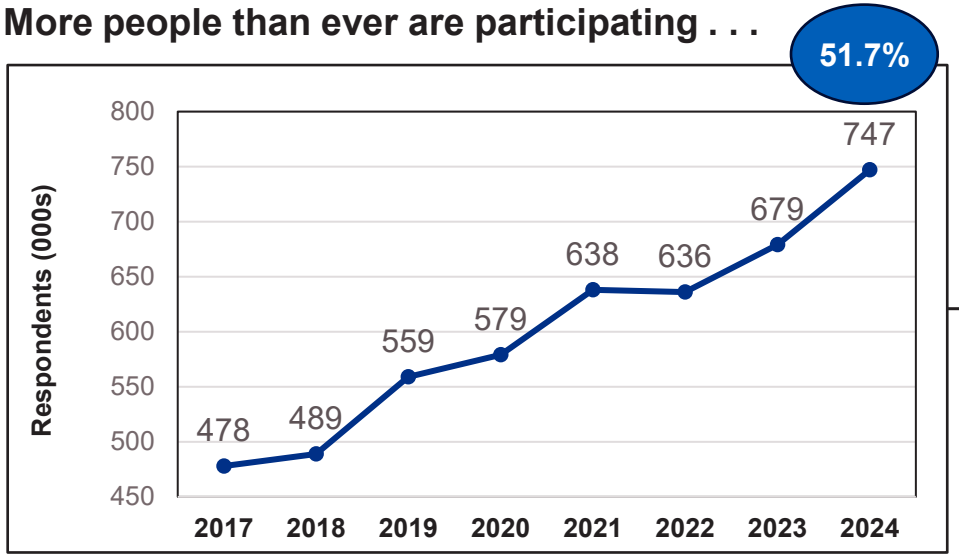
* Based on a synthesis of publicly available submissions from a range of professional bodies, employers and stakeholders responding to the 10 Year Workforce Plan ‘call for evidence


100%
~95%
More
Better
Different
~50%
Number of Staff
Potential of Staff
100%

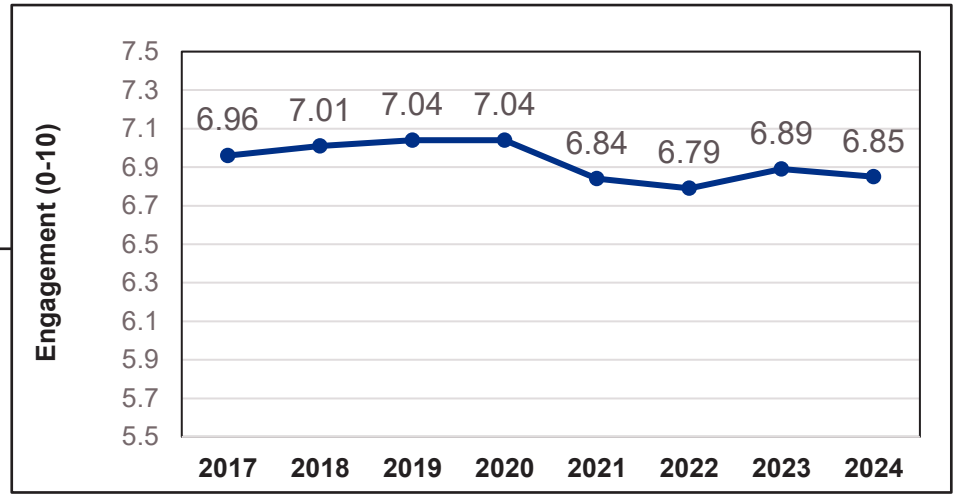
People Promise

Staff Survey: higher participation, flatter scores

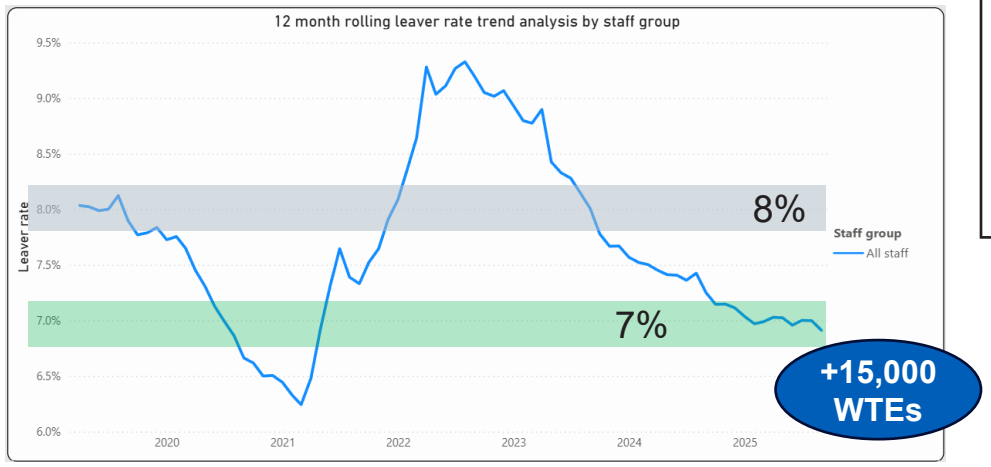
More people than ever are participating . . .



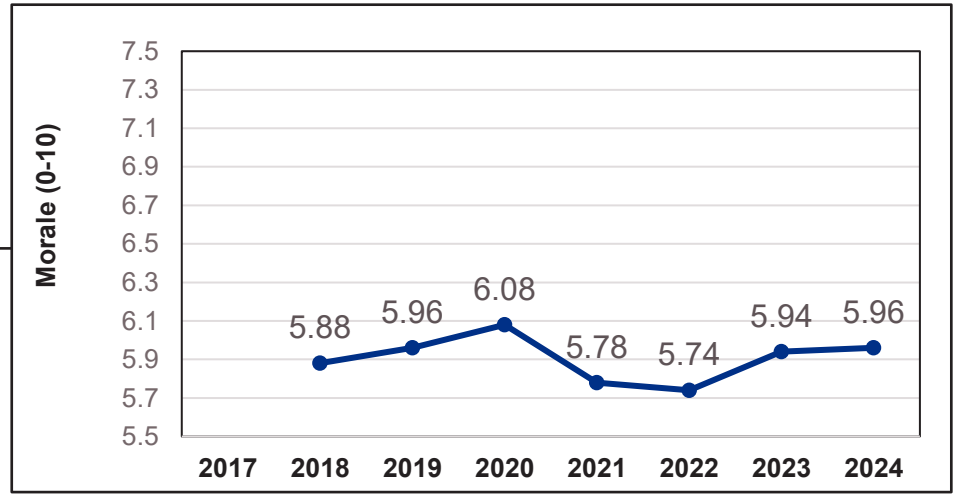
Engagement has dropped . . .



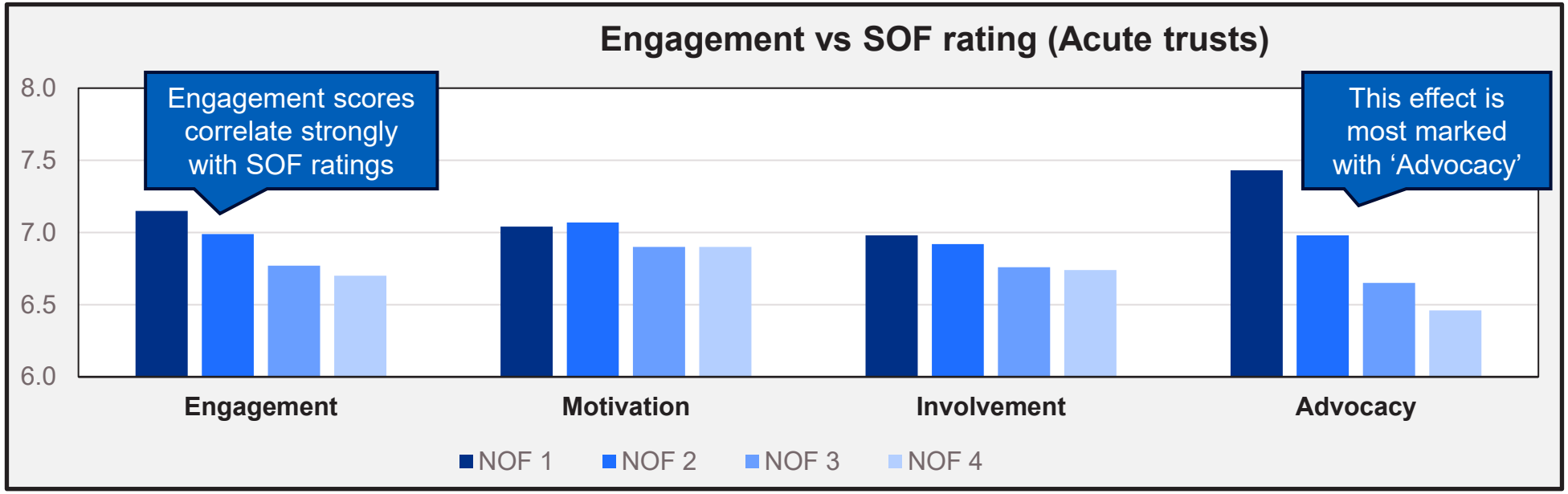
. . . and leaver rate falling to historic lows



. . . with morale now recovering



Engagement correlates strongly with performance



	2024															
	Engagement				Motivation				Involvement				Advocacy			
Trust Type	**SOF 1**	**SOF 2**	**SOF 3**	**SOF 4**	**SOF 1**	**SOF 2**	**SOF 3**	**SOF 4**	**SOF 1**	**SOF 2**	**SOF 3**	**SOF 4**	**SOF 1**	**SOF 2**	**SOF 3**	**SOF 4**
Overall	**7.23**	**6.95**	**6.77**	**6.69**	**7.17**	**7.02**	**6.90**	**6.89**	**7.08**	**6.86**	**6.75**	**6.73**	**7.44**	**6.97**	**6.64**	**6.45**
Acute	7.15	6.99	6.77	6.70	7.04	7.07	6.90	6.90	6.98	6.92	6.76	6.74	7.43	6.98	6.65	6.46
Specialist Acute	7.35	7.31	7.19		7.13	7.08	7.10		7.05	7.08	6.92		7.88	7.78	7.55	
Mental Health	7.25	7.12	6.90	6.80	7.24	7.15	7.04	6.97	7.20	7.12	6.99	6.91	7.31	7.10	6.67	6.52
Community	7.25	7.02	7.20		7.24	7.08	7.38		7.05	6.93	7.13		7.45	7.05	7.10	
Ambulance		6.03	5.88	5.76		6.27	6.24	6.14		5.58	5.42	5.44		6.25	5.96	5.70

Neighbourhood Health

Staff survey

Parameter	INT	ICS
Engagement	8.57	6.79
I look forward to going to work	96%	52%
I am able to make improvements	74%	56%
Core of patients is [our] top priority	87%	73%

n=23 / 36 staff working in INTs in East B'ham

Outcomes

Parameter	Impact *
GP attendances	-32%
ED attendances	-15%
Inpatient spells	-26%
Outpatient spells	-25%
Community contacts	-15%
Mental Health	+42%

* Impact for patient cohort under care of INTs

Source: INT evaluation for East Birmingham, BSOL

Messenger Review

Of the many telling observations we have heard, two stand out as almost universal; firstly, the very real difference that first-rate leadership can make in health and social care, with many outstanding examples contributing directly to better service, yet; secondly, that the development of quality leadership and management is not adequately embedded or institutionalised in our health and care communities. . . .

To those of our recommendations which require time and resource to implement, I predict a partially understandable reaction that the current pressures on the system preclude investment beyond the urgent.

My response is that a well-led, motivated, valued, collaborative, inclusive, resilient workforce is 'the' key to better patient and health and care outcomes, and that investment in people must sit alongside other operational and political priorities. To do anything else risks inexorable decline. . . .

In that vein, we must confront the fact that there has developed over time an institutional inadequacy in the way that leadership and management is trained, developed and valued.

Collaborative behaviours, which are the bedrock of effective system outcomes, are not always encouraged or rewarded in a system which still relies heavily on siloed personal and organisational accountability.

Very public external and internal pressures combine to generate stress in the workplace. The sense of constant demands from above, including from politicians, creates an institutional instinct, particularly in the healthcare sector, to look upwards to furnish the needs of the hierarchy rather than downwards to the needs of the service-user.

NHS Management & Leadership Standards

Personal impact

- Personal productivity and wellbeing
- Communicating well
- Responsibility and integrity

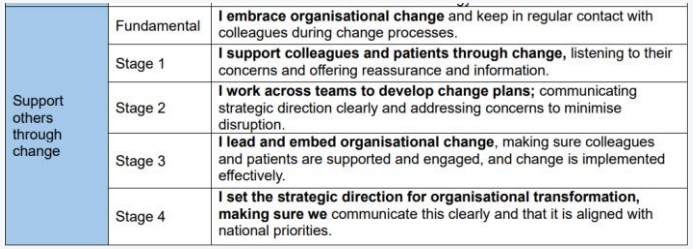
Managing people and resources

- Building teams
- Performance and delivery
- Efficiency and effectiveness

Developing across health and care

- Improving quality
- Innovation and improvement
- Working collaboratively

Each of these elements is broken down into a set of competencies with descriptors for each one, for all line managers and specifically for senior leaders (example below)



Support others through change	Fundamental	**I embrace organisational change** and keep in regular contact with colleagues during change processes.
	Stage 1	**I support colleagues and patients through change,** listening to their concerns and offering reassurance and information.
	Stage 2	**I work across teams to develop change plans;** communicating strategic direction clearly and addressing concerns to minimise disruption.
	Stage 3	**I lead and embed organisational change**, making sure colleagues and patients are supported and engaged, and change is implemented effectively.
	Stage 4	**I set the strategic direction for organisational transformation, making sure we** communicate this clearly and that it is aligned with national priorities.

Source: NHS Management & Leadership Standards

North West wellbeing and attendance policy

Sharon Lord, Health and Wellbeing Lead, Northern Care Alliance NHS Foundation Trust

Ruth Barker, Assistant Director of People, Tameside and Glossop Integrated Care NHS Foundation Trust

James Bull, Regional Organiser, UNISON

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Wellbeing and Attendance Management Policy

Sharon Lord: Health and Wellbeing Lead. Northern Care Alliance.
Ruth Barker: Assistant Director of People. Tameside and Glossop Integrated care NHSFT
James Bull: Regional Organiser. UNISON.

LINK Wellbeing and Attendance Management Flipbook

Wellbeing and Attendance Management Policy Implementation Toolkit

How would you feel about the removal of triggers in an attendance policy?

In the chat: Score yourself on a scale of 1 - 10 How confident do you feel in applying a no trigger absence process? (1 is low 10 is high)

Collaboration at the Heart of the Programme

- Regular meetings (started in a social club) with a blank piece of paper. TU,HR, Managers and a Lead.
- Extended workshops, co creating the new policy
- Dedicated extended time to ensure true collaboration throughout the whole process (2 years).

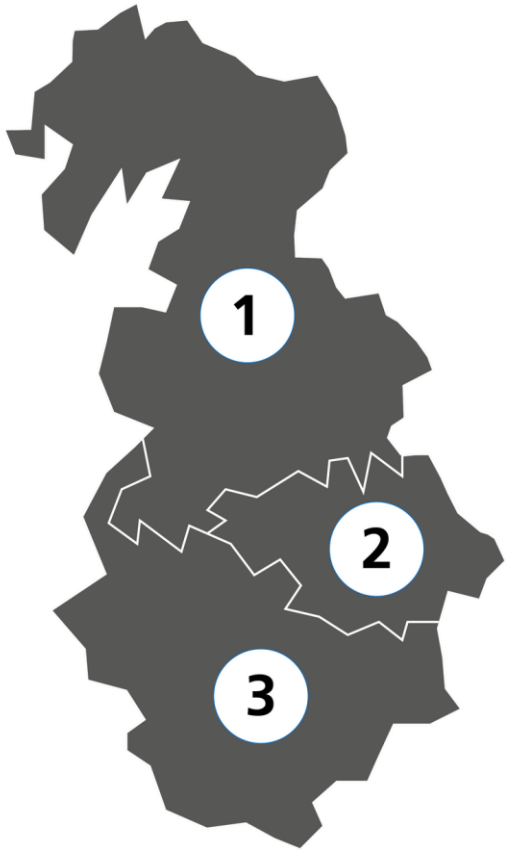
NCA Oversight Group established and regular surveys of the implementation of the policy. All reviewed through the oversight members.
Utilised the infrastructures of TU and HR for communication, review and feedback.

Developed a wider Northwest Community of Practice. Meeting bimonthly to develop agreed principles and approach.
TU, HR and managers from Tameside and Glossop ICFT, Bridgewater NHS Trust, East Lancashire, Northern Care Alliance.

Delivered training to the Northwest TU and HR colleagues involved in the COP.
Created a Toolkit with The Leadership Academy, to help spread learning and approach.
Created Video with TU colleagues.
Travelling around different forums to spread and engage

North West

1. Lancashire and South Cumbria
2. Greater Manchester
3. Cheshire and Merseyside



*Health Profile for the North West of England 2021

Worsening Health Outcomes

Geographically diverse region, with a growing populational that is experiencing worse than national average outcomes, such as lower life expectancy, higher levels of poverty and deprivation, high prevalence of smoking, obesity and domestic abuse.

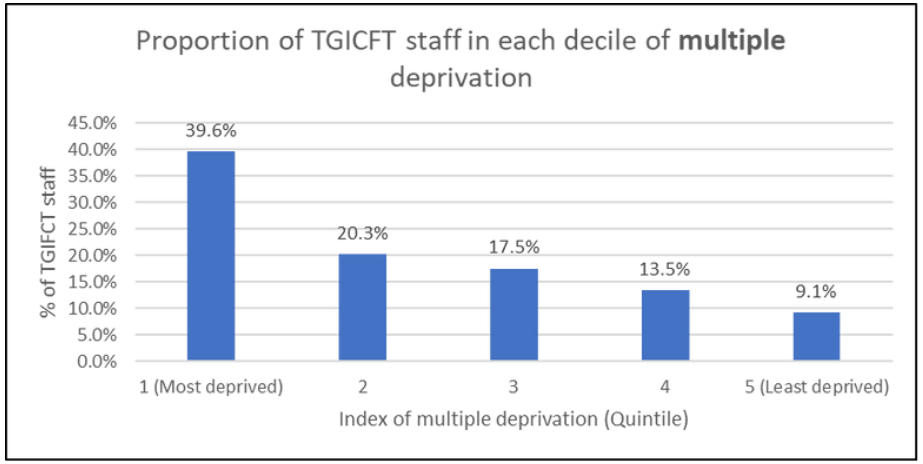
Highest Sickness in the UK

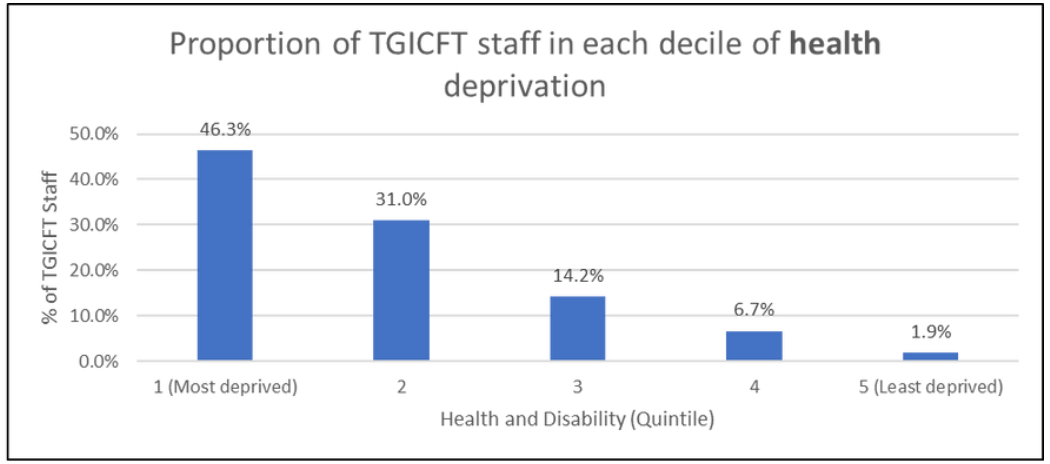
Sickness rates in the North West have been the highest in the country for some time and our current policies have not changed this. In fact sickness levels have been creeping up over the past 2 years with NHS data describing significant increase in stress and anxiety.

Evidence is already demonstrating the link between how our colleagues feel and patient outcomes. By shifting the focus we will:

- Improve the wellbeing of our people and their experience at work
- Improve motivation and ultimately productivity
- Cause less harm due to factors such as presentism
- Provide better safer services for our patients and service users

Example of Tameside & Glossop: Indices of deprivation

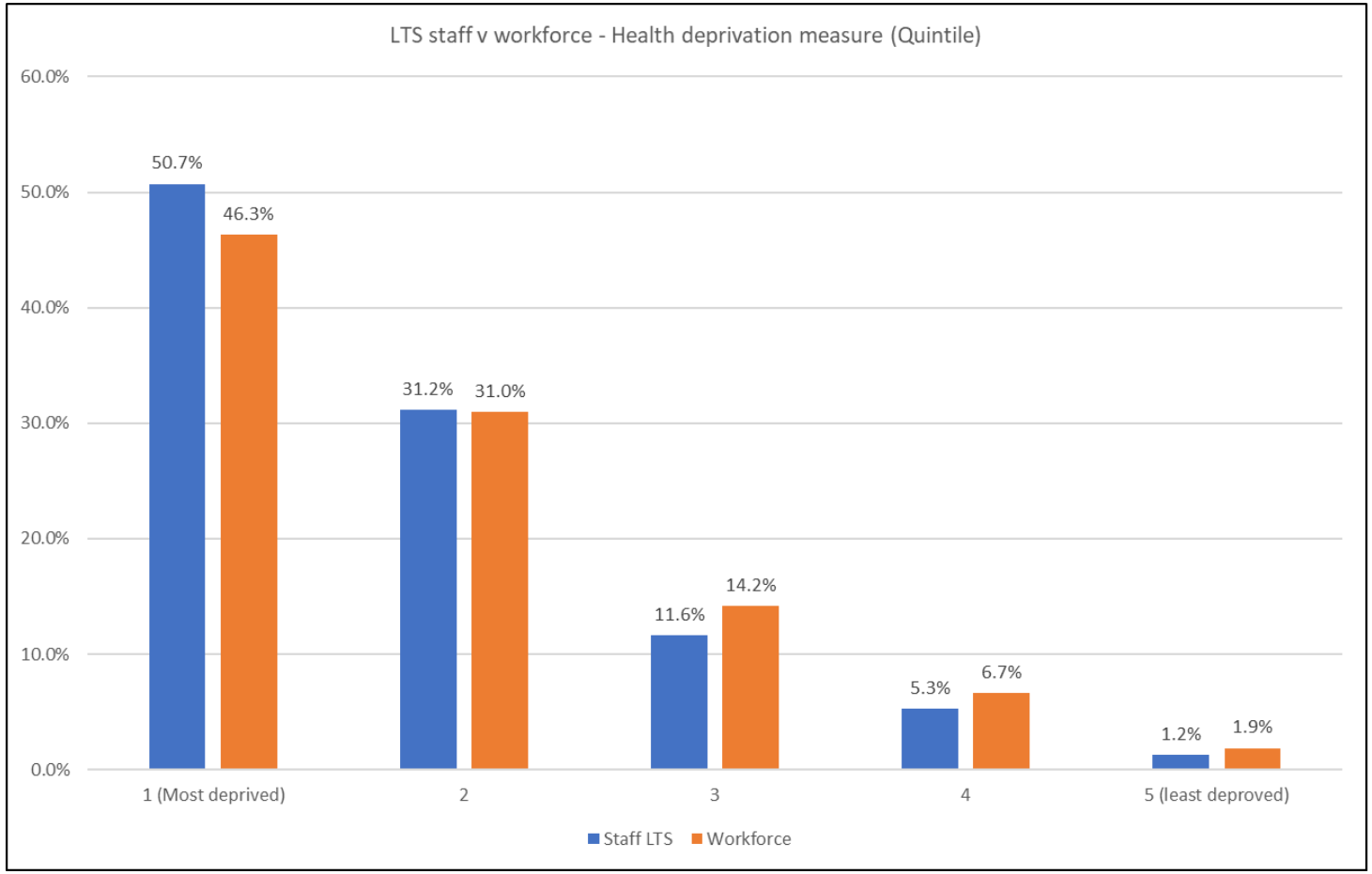




Almost 40% of staff employed at the Trust live in the most deprived quintile (bottom 20%) of postcodes in **England and Wales**, compared to 9.1% of staff in the least 20% deprived postcodes.

46.3% of staff employed at the Trust live in the most deprived quintile (bottom 20%) of postcodes in **England and Wales**, for **Health** compared to 1.9% of staff in the least 20% deprived postcodes.

LTS and Health Deprivation



Those staff with at least one period of long term sickness absence in the last 12 month, are more likely to live in the bottom quintile of health deprivation compared to the workforce overall.

Case Study

Discussion how you would manage through your current policy? Be honest!!

Think about the negative impact? implications of our current sickness policy.

I have worked for the NHS for the past 5 years and I have had endometriosis symptoms for many years but only received an official stage 4 diagnosis last year.

I had to take time off for surgery on 4 occasions over 12 months to manage severe symptoms and had to attend a number of GP and hospital appointments at short notice. I am now waiting for major surgery in the near future.

I often feel fatigued as a direct result of the condition, and this can be compounded by lack of sleep due to pain.

I am often in pain and need to take regular controlled medication to manage this pain so I can function, and I repeatedly need to use the bathroom at short notice due to heavy bleeding, I often have to walk off the ward to do so.

Samantha’s Story

I have worked for the NHS as a registered nurse for the past 5 years and I have had endometriosis symptoms for many years but only received an official stage 4 diagnosis last year. I have worked on a ward where unfortunately I was very unsupported to manage these symptoms.

I was often in pain and needed to take regular medication and repeatedly needed to use the bathroom at short notice. I was told that If I continued to use the bathroom then I would be disciplined, this led to me standing in a busy ward often bleeding through my uniform in front of colleagues, which as you can imagine was very embarrassing. I was also told I needed to look for an office job.

I had to take time off for surgery and was told if I continued to take time off work sick then my contract of employment would be terminated.

This mentality was so detrimental to my mental health that I dreaded going to work and I ended up on medication for anxiety. My anxiety increased when I received sickness absence trigger letters, and I dreaded the return-to-work meetings.

Samantha’s Story

I now work on a new ward and the manager is so supportive, we agreed personalized workplace adjustments, she provided me with a locker for my controlled medication and heat pads, she allows me to wear scrubs and take a shower during shift if needed.

She changes my shifts at last minute sometimes to allow me to access vital health appointments and is flexible with start times if I need to wait for medications to start working.

She allows me extra time to take medication on shift and when I recently had to take time off for surgery, she even messaged me on Christmas day to ask how I was doing.

It was unbelievable the difference this support at work made to my mental health and was the only reason I decided to stay with the NHS.

What we realised...

Too much focus on absences

Solely focusing on sickness absence misses the point in supporting our colleagues through a needed culture of wellbeing.

Too little support for working staff

We spend a disproportionate amount of time dealing with those who aren't at work and not enough on those who are.

Policy fostered a hostile environment

Colleagues feel the need to 'defend' themselves against the risk of escalation through a policy.

What we came up with...

Focus on holistic wellbeing

Shifting the focus so that we can really support the holistic well-being of our people from prevention activities, health promotion and self-help right through to supporting colleagues with complex needs.

Reduce ineffective punitive triggers

Shift our current ineffective approach from punitive trigger focused processes, to individualised, person centred case management and truly prioritising our colleagues wellbeing.

Co-produced policy

We co-created a new policy with staff side colleagues that provides an exciting opportunity to change the way we approach and manage sickness attendance.

Bedrock of the policy is about...

Helping people stay well at work and an increased focus on supporting wellbeing and creating an environment where colleagues can thrive and be at their best

There is a constant theme throughout the policy of ensuring we take account of an individual's needs and circumstances – recognising that everyone's circumstances will be different

It focuses on the need to support colleague wellbeing with compassion, ensuring that we are having regular wellbeing conversations within 121's, wellbeing check-ins, appraisals, with our teams so that we can act promptly on wellbeing concerns before an individual goes off sick.

It makes it clear what the expectations of colleagues are, around self-care and self-management, as well as what the organisation will do to support colleagues

Main Differences to Policy

Triggers

The traditional ‘Return to Work’ interviews present a real risk of solely focusing on absence triggers and missing the critical opportunity of talking through and understanding what is impacting on a colleagues wellbeing and what support can be provided through compassionate leadership, in order to help that colleague return to work and feel truly supported.

The historical cycle of trigger management has been removed and the focus is now based on a wellbeing culture within work environments, building trusting supportive relationships between the manager and colleague, understanding the pressures on colleagues health and wellbeing, knowing what support can be provided and working together with a joint commitment to improve overall individual and team wellbeing.

Main Differences to Policy

Dying to Work Charter

The charter is about choice in the event of a terminal diagnosis. It's about giving an individual options around how they want to proceed at work.

Personalised Workplace Adjustments Policy (PWAP)

The understanding and greater application of the Personalised Workplace Adjustments Plan and the policy.

Informal Stage to Absence Management Process

This is a manager led meeting, with the aim to talk through what support has already been established, to ensure all support opportunities have been considered before progressing onto absence management process.

Welcome Back Health Reviews

‘Return to Work’ meetings will be replaced with Welcome Back Health Reviews that are designed to support a person-centred case management approach to a colleague returning to work and mutually agreeing SMART goals where required in order to help improve wellbeing and attendance.

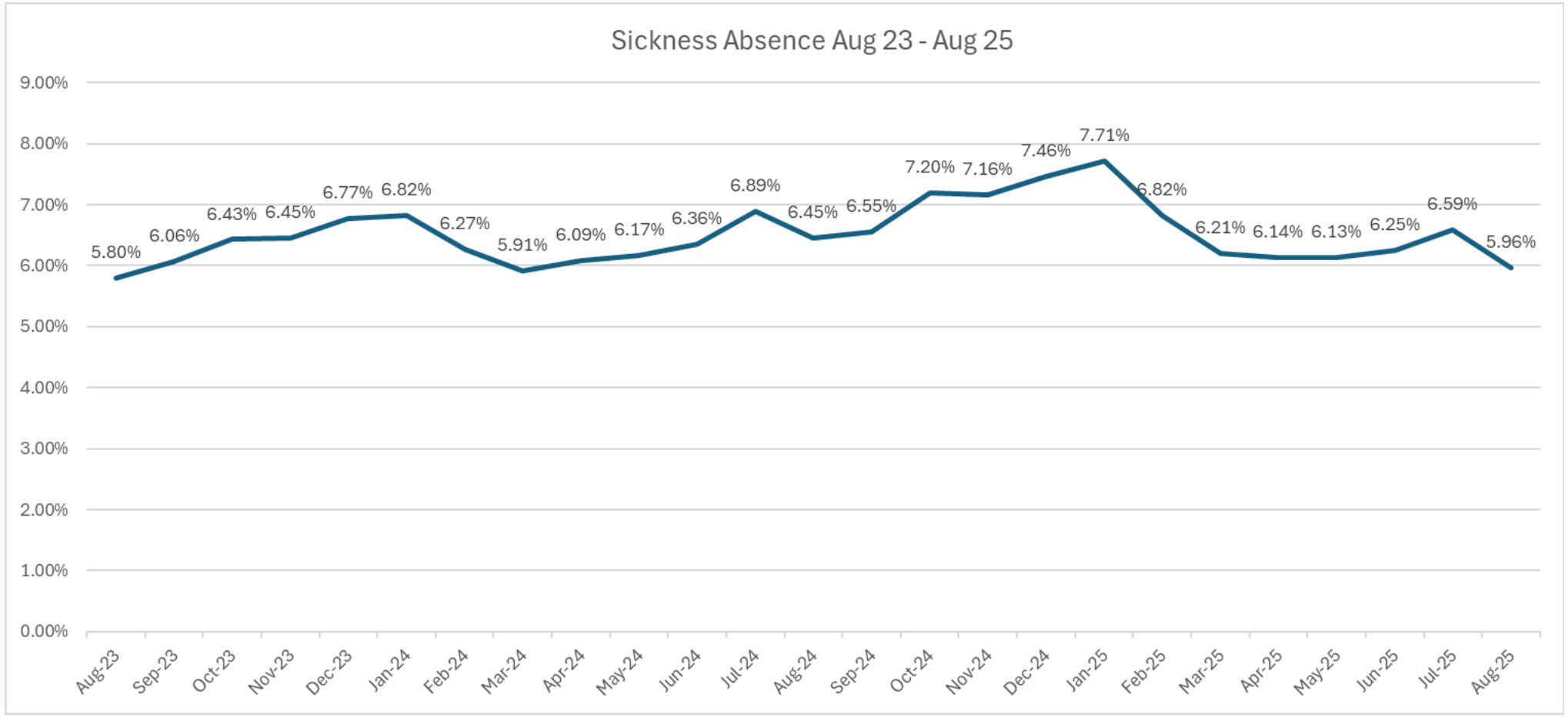
Personalised Action Plans (PAP)

There are 2 Personalised Action Plans, a short term and a long-term PAP.

Welcome Back Health Reviews

Disability leave is a period of time off work which has been approved by a manager for a reason related to a colleagues’ disability. For example, to attend a hospital appointment or to receive treatment.

NCA Sickness Absence Data



Steps to Implement

Where to start
Develop a policy working group – with the right people and a lead. Start the conversations around WHY, WHAT, HOW, WHEN, WHO.

Communication
Start to drip feed the launch of the policy and its aim. Have a robust plan so that every leader, manager, colleague are informed.

Resources
Develop resources required before launching, including; training for managers, toolkits, videos, posters, letters templates, action plans, transition doc etc...

Space
Create a space to store all the resources and materials.

Transition Mapping
Create a transition mapping document for managers.

Consistency Panel
Set up consistency panel, oversight group or HR audits. Ensure a clear feedback mechanism. Monitor impact and implementation.

Prepare
Be prepared for nervousness and challenges.

Evaluation
Training, tweak as required and when business as usual. Get feedback from colleagues, managers, HR, Trade Unions and HR Audits.

Top tips

1. Get the right people involved at the beginning and co-create together. Ensure Executive support.
2. Don’t underestimate the time it may take; co-creating the right policy for you, supporting materials, ratification, communicating, implementation, training, feedback and support, measuring impact.
3. Arrange peer review support for HR colleagues, share learning, allow FAQs and challenging conversations.
4. Arrange touchpoints between managers and HR whilst you are implementing. Use a coaching approach
5. Upskill managers: Link to training, wellbeing support and other policies within the organisation.
6. Make wellbeing the golden thread.
7. Capture case studies and best practice.

Introducing the Sickness absence toolkit

Sarah Patten, Programme Lead, Health and Wellbeing, NHS Employers

Toolkit Overview & Purpose

Toolkit purpose

Supports NHS managers and HR teams to:

- lead confident conversations that prioritise staff wellbeing
- focus on prevention to help staff stay healthy and reduce sickness absence
- bridge the gap between policy and practice, ensuring conversations are compassionate and staff feel heard

Guidance and Process
Provides practical advice on prevention, management and return-to-work processes for sickness absence

Preventative and Compassionate Approach
Encourages a shift from reactive to proactive strategies, fostering compassion and compliance

Promoting Positive and Supportive Culture
Offers structured resources to maintain consistency in handling sickness cases while supporting staff retention and patient safety

Why it matters - impact of Sickness Absence

Financial Impact
Sickness absence costs the NHS billions annually, affecting financial sustainability

Health causes of absence
Mental health issues such as stress, and anxiety, along with musculoskeletal issues are leading causes of staff sickness absence in the NHS

Team Dynamics and Culture
Reduced team cohesion and collaboration, increasing the risk of workplace conflict due to stress and workload imbalance

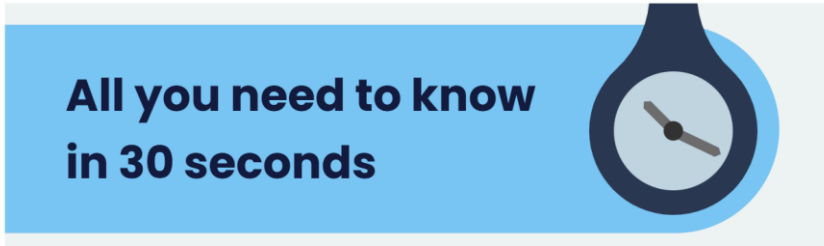
Impact on Staff Member
Worry, fear and isolation can occur when off sick.
We know illness happens - this is about preventing avoidable sickness and supporting a safe return to work

Operational Impact
Increased pressure on remaining staff, leading to higher workloads and overtime. Disruption of service delivery and longer patient waits

Workforce Capacity & Patient Care
Leads to staff burnout, lowered morale, presenteeism, retention challenges, longer waiting times, delayed treatments and compromises patient safety

Aligned with the People Promise, 10-Year Health Plan, Keeping Britain Working, and CQC priorities.

What’s new in the refresh

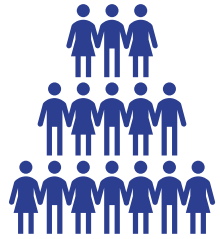


- **Lifecycle approach**
  - prevention first
  - early intervention
  - management and return to work plans

  Next steps: reframe as ‘Stay at Work’ plans (part of Keep Britain Working initiative)
- **Compassionate leadership principles** - wellbeing conversation guides to help managers lead with empathy
- **Practical tools include:**
  - Manager checklists to support consistent processes
  - More direct links to useful resources for quick access
- **Quick reference section:**
  - 'All you need to know in 30 seconds’
- **Trade union and Partnership Information & Resources** with guidance and key links

Developed through collaborative partnership

- **NHS stakeholders**
- **NHS Employers Staff Experience network**
- **Occupational Health teams**
- **Union colleagues**
- **NHS organisation staff networks**
- **NHS England colleagues**
- **Internal colleagues**



Access the toolkit & resources

NHS Employers

Home / Resources

Toolkit

Sickness Absence Toolkit

Guidance for NHS managers to have supportive conversations around sickness absence.

Scan for Toolkit

NHS England – Sickness Absence Data upto July 2025 - 5.1%

https://digital.nhs.uk/data-and-information/publications/statistical/nhs-sickness-absence-rates

Access the full toolkit and supporting resources on the NHS Employers website - NHS Employers

Empowering communities to grow our future workforce

Becky Dioh, Associate Director of Talent, University Hospitals Birmingham NHS Foundation Trust

Kate Read, Director of People and Organisational Development, East Suffolk and North Essex NHS Foundation Trust

Peter Cook, Associate Director of Research, Innovation and Education, East Suffolk and North Essex NHS Foundation Trust

NHS Employers

social partnership forum

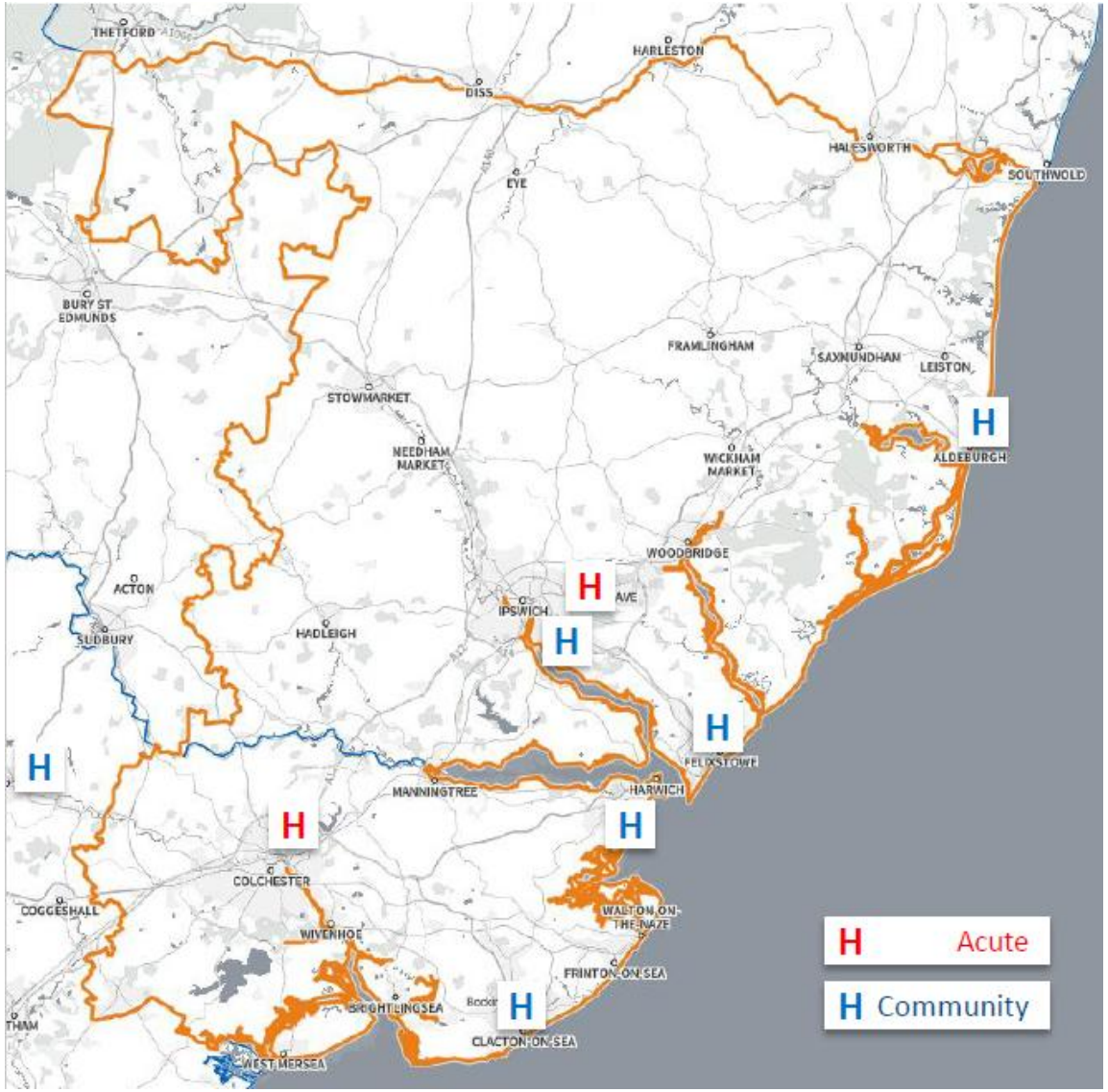
East Suffolk and North Essex NHS Foundation Trust

Building a Local Pipeline – Widening Participation and Apprenticeships

Peter Cook
Associate Director, Research, Innovation and Education
Kate Read
Director of People & Organisational Development

Our Trust

East Suffolk and North Essex NHS Foundation Trust



Serving 800,000 residents

Two acute hospitals
1,200 beds

Community service
& six community hospitals

12,000 staff

250,000 emergency attendances

1.5m outpatient appointments

100,000 elective procedures

Our Trust

East Suffolk and North Essex NHS Foundation Trust

Our ambition is to offer the best care and experience, and to increase equality in health outcomes

We are an *anchor* organisation with a strong culture of innovation

Developing the Pipeline – Widening participation amongst young people

East Suffolk and North Essex NHS Foundation Trust

- Number of students attending ESNEFT specific career events academic year 24/25: **2,625**
- Annual ESNEFT Career Fairs, Col & Ips circa **1000 attendees, 28 interactive stands**
- Innovation in the NHS events incl. robotic surgery simulation/VR scenarios
- Number of work experience opportunities at ESNEFT taken up by secondary/6th form students in academic year 24/25: **727**
- Pharmacy & Healthcare Science specific events/activities
- Children in Care & Care Leaver bespoke activities (SCC & ECC), incl paid internships

Developing the Pipeline – Widening participation amongst young people

East Suffolk and North Essex NHS Foundation Trust

- **"Next-Medic" Programme** with ARU (widening participation criteria) in 3rd year and now applications to medical school
- **"Next-AHP"** with several HEIs from Feb 2025, 34 participants
- **"Next-Healthcare Scientist"** with UoE from autumn 2025
- **£100k** investment to enable/enrich a health & care curriculum at key stage 4 at **4 secondary schools** serving our most disadvantaged communities (mock ward etc)
- Investment in both vocational colleges – VR scenarios, equipment, staffing, new biomedical science curriculum (BTEC/T Level)
- Number of Further Education work placements provided in 24/25: **105 BTEC/T level students.** For 25/26: **150 T Level work placements committed to per year**
- **"ESNEFT Career-Start"** Programme with Colchester Institute (masterclasses, placements, mentoring, guaranteed interview) since 21/22

Developing the Pipeline – Widening participation more broadly and supporting local employment

East Suffolk and North Essex NHS Foundation Trust

- **Health & Social Care Sector Employability Programme** 16-30 year olds: King's Trust 3 year programme 2025-2028, which we will deliver across north Essex
  - Our recruitment (70 per year) to our programmes will draw from 4 streams of engagement across Colchester and Tendring
    - From further education
    - Young adults with learning difficulties and disabilities
    - The unemployed or young adults who are NEET
    - Those not ready for employment but who benefit from volunteering as a precursor to securing employment in the sector
- **Essex Year of Opportunity** 25/26 ECC
  - Paid internships for care leavers
  - Pre-Employment programme for the unemployed – 80 participants across north Essex
- **Circa £750k** of **Apprenticeship Levy Share** invested in creating employment in our local communities
  - Health & care sector, "Tendring 100", "Colchester 25"

Converting the Pipeline into… Health Care Support Worker Apprentices and beyond

- **HCSW Apprenticeship Academy**
- Started in September 2023
- Designed to open up opportunities for those who are new to care or have very little experience
- 8 week off the job made up of classroom time, ward shadowing and independent study
- Completion of Care Certificate mapped into the delivery – no duplication
- 164 have started the programme
- 25 completed – 13 with distinction
- 5 have progressed to level 3

Converting the Pipeline into… Medical Doctor Apprentices

East Suffolk and North Essex NHS Foundation Trust

Medical Doctor Degree Apprenticeship

- Only 1 of its kind nationally, in collaboration with ARU, huge interest from prospective applicants
- August 2024 saw our 1st intake of 25 medical apprentices employed by ESNEFT; degree apprenticeships paid mostly from Apprenticeship Levy and part paid by NHSE. 2nd intake of 25 medical apprentices commenced July 2025
- Widening participation criteria used as part of the selection process
- 5 year programme, exactly the same education and content as the traditional route, no tuition fee debt for the apprentices – ESNEFT staff
- Successor programme to be launched “Medical Employment Programme” this autumn

Progressing and developing our staff –

East Suffolk and North Essex NHS Foundation Trust

Apprenticeships

- 577 ESNEFT staff undertaking Apprenticeships* - record numbers
- Record number 109 completed Apprenticeships in 2024 calendar year(100 in 2023)
- Wide range of Apprenticeships Standards, with staff across a broad range of disciplines/occupations and bandings
- Record levels of Apprenticeship Levy spend (£2.3m forecast for 25/26) and Levy Share (24 external employers, 60+ apprentices)
- Became an "Employer Provider of Apprenticeship Training" in 2022, delivering a finite number of Apprenticeship Standards, rated "Good" by Ofsted
- Strategic Trust approach to Apprenticeships – to "grow our own" and develop stepping stones from entry level roles through to postgraduate roles
- Apprenticeships in use across all AHP professions employed at ESNEFT
- Using Apprenticeships to support leadership development – circa 100 staff undertaking leadership Apprenticeships
- Using Apprenticeship Levy share to address health inequalities locally

*As of end Oct 2025

Final Thoughts

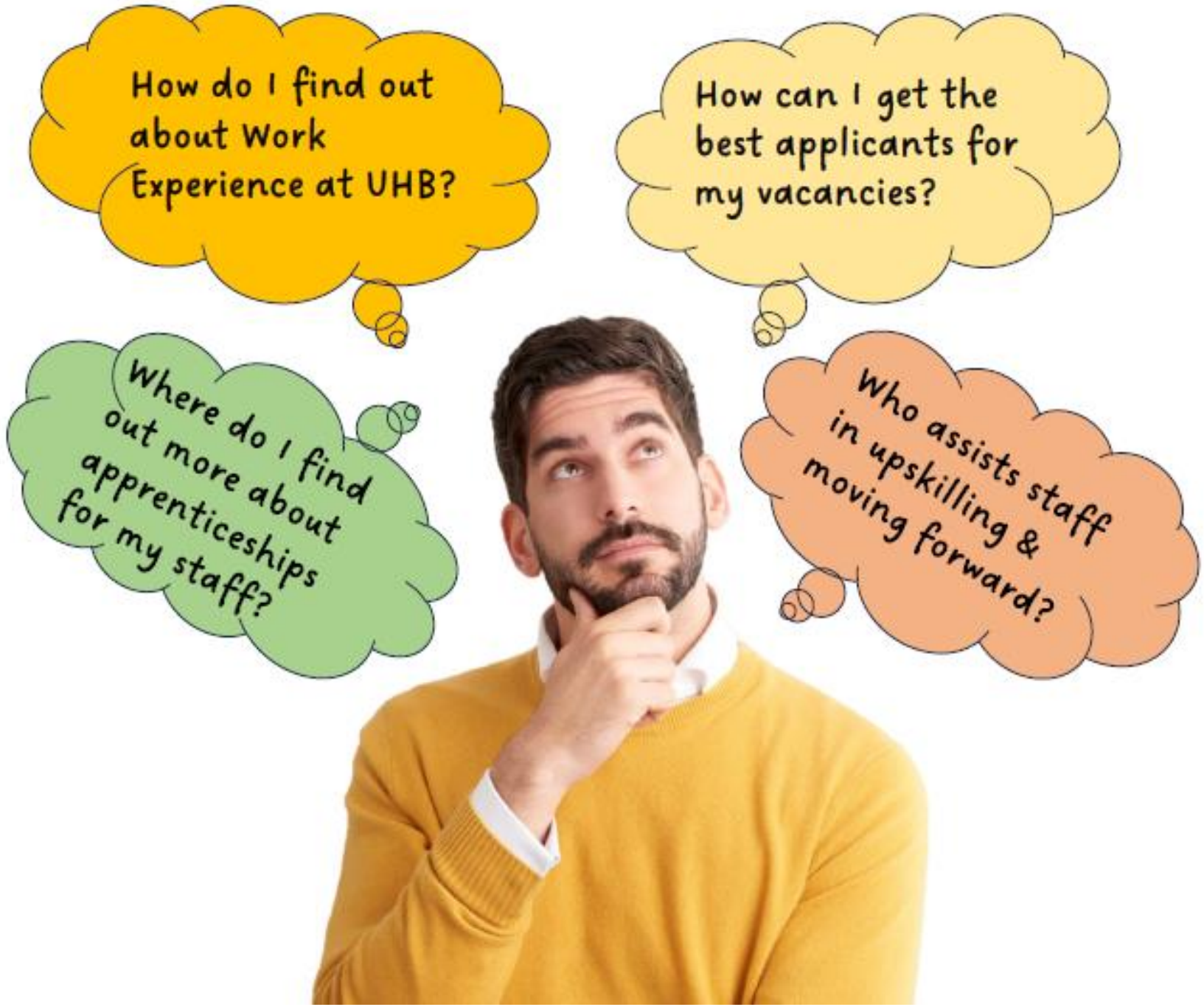
East Suffolk and North Essex NHS Foundation Trust

- Collaboration & partnerships
- Personal connections
- Executive support
- Telling people about and celebrating success
- Creativity
- Thinking wider than the NHS
- Accessing funding creatively and in partnership
- Perseverance

University Hospitals Birmingham
NHS Foundation Trust

Unlocking local potential, Empowering Communities to grow our Future NHS Workforce

Becky Dioh
Associate Director of Talent
University Hospitals Birmingham NHSFT


How do I find out about Work Experience at UHB?
How can I get the best applicants for my vacancies?
Where do I find out more about apprenticeships for my staff?
Who assists staff in upskilling & moving forward?

Apprenticeships

Career Zone

Employability Programmes

Schools Outreach

T-Levels

Work Experience

Pipeline for local talent into our workforce

External Engagement

- Support unemployed in BSOL
- Free for attendees
- Entry-level focus
- Bespoke courses for job roles
- Signposting additional support

- Attends jobs and career fairs
- Advice for job seekers about NHS
- Engage with UHB managers
- Develop links to harder-to-reach communities within BSOL

- I Can project
- Health Inequalities project
- Cornerstone employer
- Sharing best practices

- Administer WEX placements
- Engage with schools and FE
- Career events within UHB
- T-Levels
- Supported Internships
- Career Carousels

Staff Support

- Career advice
- Application form support
- Interview preparation
- Setting targets
- Confidence building

- Over 1,000 staff on programme
- Top 100 Employer list – 2025 (63)
- Role specific
- Functional Skills support

- Career Zone
- Cross-promote training opportunities and pathways
- Admin Week
- Talks to staff groups

- Basic Digital Skills 2>4
- Excel
- Word
- PowerPoint
- Teams

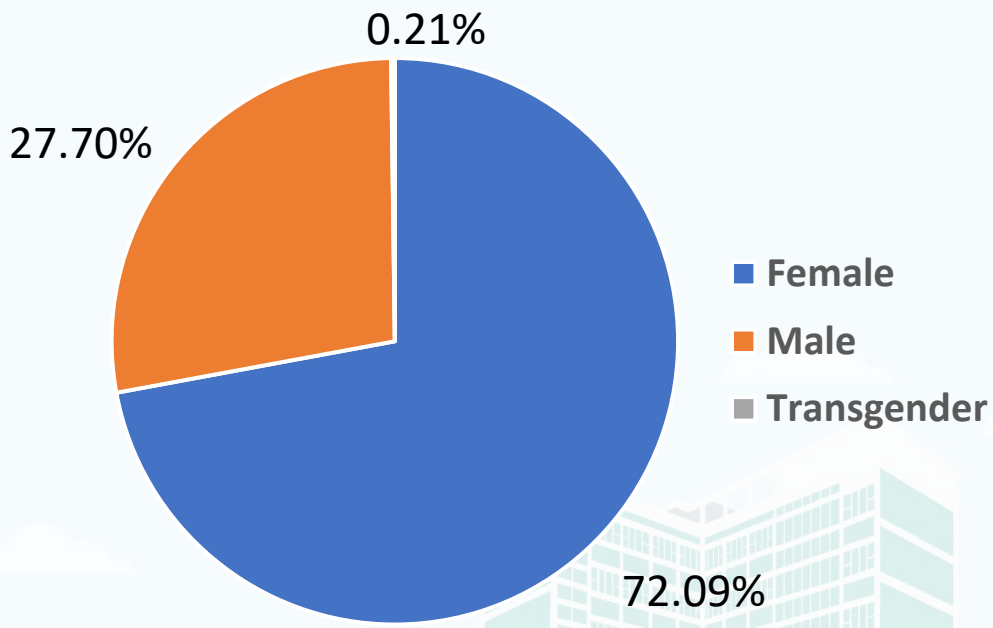
Employability / I-Can Programme

- Supporting unemployed people into NHS job roles.
- Since November 2021, over 955 job offers received.
- Courses tailored to the job role/working with Managers.
- Engagement team visit Job Centres and Career Fairs and provide information sessions.
- Supports the Health Inequalities agenda.
- New programme to support 18>21 year olds to include 4 week placement.
- Retention is over 95% for those still in post after 6 months.

I Can Job Offers Demographics

University Hospitals Birmingham NHS Foundation Trust

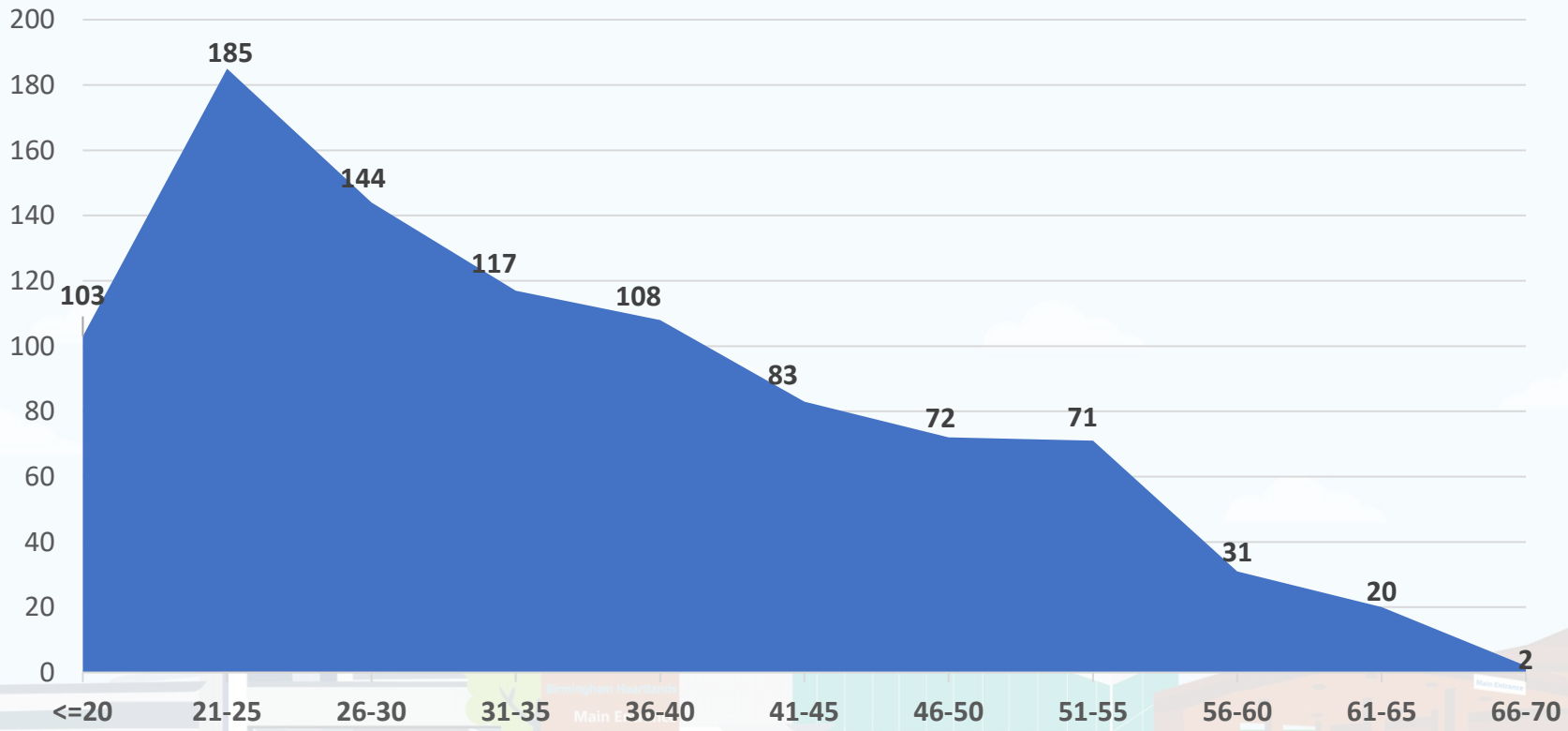
Ethnicity	% Breakdown
African	**11.06%**
Any other Asian Background	**5.31%**
Any other Black, African / Caribbean Background	**5.09%**
Any Other Ethnic Group	**2.10%**
Any Other mixed or multiple ethnic background	**1.44%**
Any Other White Background	**3.54%**
Arab	**1.11%**
Bangladeshi	**3.65%**
Black African	**6.64%**
Caribbean	**4.65%**
Chinese	**5.20%**
English, Welsh, Scottish, Northern Irish or British Irish	**22.68%**
Indian	**6.64%**
Pakistani	**16.04%**
White and African	**0.77%**
White and Asian	**1.44%**
White and Black Caribbean	**2.65%**
Grand Total	**100.00%**



I Can Job Offers by Age

(where recorded)

University Hospitals Birmingham
NHS Foundation Trust



Age	Client
<=20	11.00%
21-25	19.76%
26-30	15.38%
31-35	12.50%
36-40	11.54%
41-45	8.87%
46-50	7.69%
51-55	7.59%
56-60	3.31%
61-65	2.14%
66-70	0.21%
Total	**100.00%**

I Can Job Offers by Destination

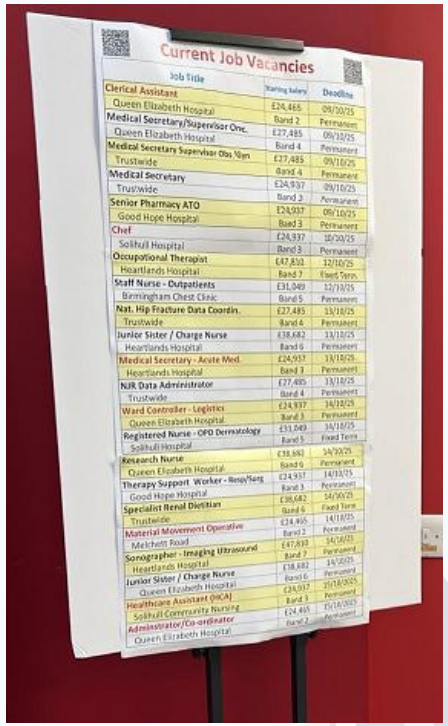
NHS
University Hospitals Birmingham
NHS Foundation Trust

Top	Role	#	%
1	Healthcare Assistant	482	50.47%
2	Administration Bank Post	93	9.74%
3	Theatre Support Worker	85	8.90%
4	Administration Substantive	68	7.12%
5	Outside NHS	62	6.49%
6	Housekeeping	57	5.97%
7	Porter	22	2.30%
8	Pharmacy	17	1.78%
9	Healthcare Assistant Bank	12	1.26%
10	Imaging Department Assistant	9	0.94%

Career Zone at Heartlands Hospital

University Hospitals Birmingham NHS Foundation Trust

Job Vacancy Board



Situated near main entrance

Staff Training Board

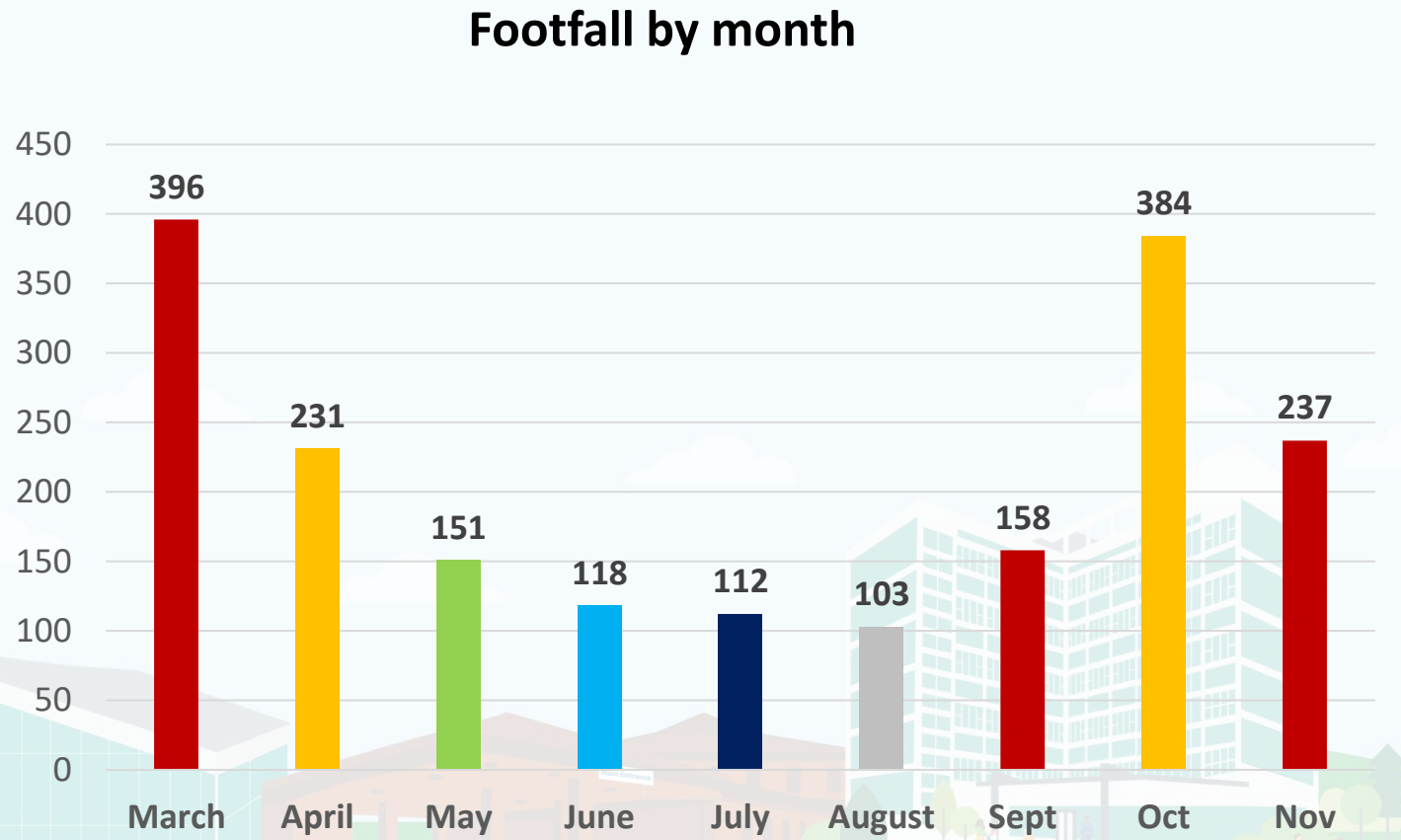
Information, Advice and Guidance covering Career Pathways, Employability courses, Career Coaching, Apprenticeships, Leadership, HR and Corporate Education courses. One Planned on QE site early next year.

Career Zone at Heartlands Hospital

University Hospitals Birmingham NHS Foundation Trust

Total Footfall 1,890

By Month	Daily Average (when open)
March	18.9
April	11.6
May	10.8
June	9.1
July	8.6
August	7.4
Sept	11.3
Oct	18.3
Nov	14.8
Total	**12.8**



Impact of HCCD

955 Job Offers since launch of the I Can Programme since 2019
Retention over 95%

1,890 visitors to the Career Zone of both staff and community

290 staff received Career Coaching or IAG in 2025

1,011 active apprentices, both new & existing staff with 536 as Student Nurse Associates

341 staff trained in Microsoft Excel, Teams or OneDrive

Over 250 local school children attended our Insights Days in 2025

885 staff have successfully completed an apprenticeship since 2017

91% of Apprenticeship Levy spent in last 12 months

12 Employability courses offered since May 2025

Retention rate is 95% for those still in post after 6 months.

Employability video: https://vimeo.com/1077545772?share=copy&fl=sv&fe=ci