

Widening Participation Strategy

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Summary	The necessity to create the NHS workforce of tomorrow, and the need for it to be fully reflective of the society it serves, are widely detailed, in the national NHS People Strategy/NHS Long Term Workforce Plan and a range of regional and local strategies and plans. This strategy details what BCHC plans to do, to play its part in widening participation in the NHS workforce, alongside other regional and national organisations in the NHS, and the wider health and social care sector.			
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1. Introduction/Background

This strategy dovetails into Widening Participation work across Birmingham & Solihull and Black Country Integrated Care System (ICS), where a regional strategy is to be produced through the work of the Careers Hub and Apprenticeship Federation, guided by the Regional People Board.

The necessity to create the NHS workforce of tomorrow, and the need for it to be fully reflective of the society it serves, are widely detailed, not least in the NHS People Plan, 'Action For us all', and the work streams of the new regional People Board. It is also to be detailed in our [BCHC Annual Workforce Plans 2024-2025](#) for BCHC to play its part in this work, we have developed this strategy, identifying the areas where we need to take action.

Trust Vision and Values

The Trust vision is 'Best Care: Healthy Communities'. The Trust exists to provide the Best Care possible to support the people who use our services, many of whom are among the most vulnerable in our society, to live well in Healthy Communities.

BCHC's vision, values and strategy have been developed to deal with the many challenges in the NHS.

The Trust values that will guide all our actions and underpin our behaviours as we seek to deliver our vision are as follows:



It is the intention of this strategy to support the delivery of these values by managers supporting its staff and applying these values in the application of this strategy.

2. Purpose

The purpose of this Widening Participation Strategy seeks to broaden the range and number of opportunities that we offer in BCHC, to engage with young people. It seeks to ensure that those we engage with are reflective of the communities we serve. It prioritises engagement with under-represented groups in our workforce and those that are disadvantaged in society. It seeks to develop a workforce pipeline of young people, reflective of currently under-represented and disadvantaged groups, who want to work in health and social care and are committed to the principles of the NHS.

The strategy seeks to prioritise work with young people from the following under-represented backgrounds:

- Ethnic minority young people
- Young people from lower income families
- Neuro-diverse and Disabled young people
- Care leavers

Our Objectives are:

- To develop information and sharing mechanisms around routes into health and social care, and particularly NHS, jobs and careers.
- To contribute to Careers Education in schools and colleges across Birmingham, Solihull and the Black Country, to promote work opportunities in the health and social care sector ([Gatsby Benchmarks 4 & 5](#)).
- To provide work experience opportunities for young people considering working in the NHS ([Gatsby Benchmark 6](#)).
- To increase volunteering opportunities across the trust.
- To provide pathways into NHS employment through the development of apprenticeships and T Levels and other forms of work relates learning.
- To prioritise all of the above workstreams for disadvantaged and under-represented groups of young people, as detailed above.
- To safeguard young people throughout their experiences with the trust.

3. Scope

This strategy relates to all categories of staff, divisions and departments of BCHC. There is a need for all services in the trust to play their part in educating young people about the opportunities for engagement and employment in the trust, the wider NHS, and the Health and Social Care sector more broadly.

It is the intent of this strategy that over time, all BCHC services will become engaged in Widening Participation activities. Indeed, a key driver of this strategy, is that we move over time to a position where all entry level and pre-registration jobs are signposted through our work experience and careers education programmes, and filled through post-T Level achievement, apprenticeships and other government funded entry level schemes. It is acknowledged that this is a long-term aim, as almost all widening participation activities had ceased during the Covid Pandemic. We first need to get back to pre-Covid levels of activity and then forge ahead with our longer term aims.

It is also key that the work of this strategy contributes to the aims and ambitions of the Health Inequalities strategy and plan; <https://intranet.bhamcommunity.nhs.uk/health-equity> and <https://intranet.bhamcommunity.nhs.uk/strategy-28>, have been worked up, both strategies use the same IDACI data to identify communities who are under-represented or adversely affected in relation to social deprivation, employment and health outcomes, and indeed employment is now acknowledged to be one of the key determinants of health.

4. Definitions

Widening Participation defines the planned efforts of an organisation to increase not only the numbers of young people entering the workforce, but also the proportion from under-represented and disadvantaged societal groups (this includes those from lower income families, people with disabilities and ethnic minorities).

Definition/Acronym	Description
IDACI	Income Deprivation Affecting Children Index, measuring the proportion of all children 0-15 living in income deprived families in local areas
Ethnic Minorities	Replaces the terms BAME (black, Asian and minority ethnic) and BME (black and minority ethnic) because they emphasise certain ethnic minority groups (Asian and black) and exclude others (mixed, other and white ethnic minority groups).
Gatsby Benchmarks	8 benchmarks define what world class careers provision in education looks like and provide a clear framework for organising the careers provision at school or college.

5. Duties and Responsibilities

5.1 Chief Executive Officer (CEO)

The Chief Executive Officer is responsible for ensuring that a structured approach to document development and implementation is in place. Responsibility for the development of policies, procedures, guidance, and strategies may be delegated but overall responsibility resides with the Chief Executive Officer.

5.2 Executive Lead

Associate Director of Culture and Staff Engagement and Head of Learning and Development is responsible for execution oversight of this strategy and content aligned with the Chief Executive Officer and Chief Peoples Officer. The delegation of content with Widening Participation Manager and Apprentice Manager to support the implementation across BCHC.

5.3 Learning and Development Team

- Oversee BCHC contribution to regional widening participation activity through the Career Hub, Apprenticeship Federation and ultimately regional People Board
- Coordinate trust widening participation activity with identified leads in divisions and corporate services.

- Identify schools and colleges to be prioritised for engagement in all WP work each year, based on them working with young people from a range of under-represented workforce groups, and disadvantaged communities.
- Work with the Patient Experience Team to coordinate volunteering activity across the trust.
- To develop a communications plan relating to the work of this strategy.

5.4 Divisions and Corporate Services

- Provide a central contract to Learning and Development to coordinate widening participation activity in the division/department.
- Provide work experience placements against an agreed annual plan.
- Contribute to Careers Events in identified schools and colleges, based on specialist knowledge/remit of the division/service.
- Provide access to entry level apprenticeships in line with workforce planning (once complete) and succession planning.
- Provide access to T Levels, traineeships, volunteering opportunities, and other widening participation activities in line with divisional/service priorities.

5.5 Managers

All managers are responsible for supporting the implementation of strategy.

5.6 Document Author

Associate Director of Culture and Staff Engagement and Head of Learning and Development is responsible for execution oversight of this policy. The delegation of content with Widening Participation Manager and Apprentice/Work Experience Manager to support the implementation across BCHC.

5.7 All Staff

It is the responsibility of all Trust staff and students to uphold this strategy and ensure that these opportunities are made available whenever possible.

5.8 Approval Committee

The approval committee is Divisional People and Culture Committees to approve and review the implementation of this policy.

5.9 Ratifying Committee

The ratification committee is the Education and Development Committee and will be responsible for ratification of this policy as sub-committee of the Trust Board that will

provide formal consent for a policy or document to allow it to be implemented with the Trust following completion of the approval stage.

6. Equality and Human Rights Impact Analysis

The Equality Act 2010 places a statutory duty on all public authorities to analyses the effect of their policies, procedures, and practices on equality.

This was conducted on the trust template and found that this policy has no impact.

7. Process/Procedure

Strategic Workstreams

7.1 Career Pathfinder - Working with Key Opps and Bright Horizons (The ICS Careers Hub)

Over the past 4 years, we have developed a Career Pathfinder Tool. This e-portal at <https://bchccareerpathfinder.com/> identifies the full range of employment opportunities in our trust, and indeed across Heath and Social Care in the ICS geographic area. It also identifies the qualifications and experience necessary for each of these roles.

We will continue to discuss this tool with divisions and across the trust, as updates are undergone. It has two primary purposes:

- It is a wealth of appropriate information to feed into work experience and careers education activity with those planning to enter the workforce
- It has a use with the existing workforce, in terms of understanding the breadth of what is available in the trust and career planning

7.2 Work Experience Placements

The BCHC awarded Fair Train Gold certification will be replaced by the NHS Work-related Quality Standard following the formers expiration. The Gold is the highest level of attainment against this framework, which serves as a work experience quality standard, demonstrating the high standard of placements, care and operating procedures we offer to work experience students.

Across BCHC, we will initially offer a minimum of 100 work experience placements per year in a wide range of trust areas / services. These will be with a range of identified schools and colleges, to prioritise young people from under-represented and disadvantaged groups. Schools and Colleges will be selected based on their IDACI scores (Indices of Deprivation Affecting Children Index) to ensure that we are working with our targeted groups of young people. We will over time seek to increase the number of placements offered, beyond those identified above, which we delivered pre-Covid.

We will additionally, also continue to partner with 'The Hive' to offer placements to support young people with disabilities.

7.3 Careers Education

We will support a minimum of 10 Birmingham/Solihull/Black Country schools/colleges per year, by attending careers events, school-based workshops and providing interview skills for pupils/students, as an integrated part of, and supported by, the ICS Ambassador network.

The schools/colleges will be identified as above, to prioritise the targeting of under-represented and disadvantaged groups of young people. Again, we will seek to quickly move beyond the above numbers, as we grow capacity to engage.

7.4 Apprenticeships

Across BCHC we will identify those recruitment opportunities that could be apprenticesised as part of trust workforce planning. We will offer a growing number of entry level apprenticeships as a career entry route (internal and external delivery). We will also research the possibility of offering traineeships, support the T Level programme for placements and other government funded, entry level interventions (Kick Start, Princes Trust programmes, etc), as an entry route to apprenticeships and the workforce. It is our long term-aim that all entry level, and pre-registration roles, will be filled through this route.

7.5 Volunteering

We will offer a range of volunteering opportunities across the trust, to support patient experience, and provide opportunities for young people (and others) to experience working in clinical settings and so grow aspirations to work in the health and social care sector and NHS.

8. Implementation

Following ratification the procedural document's author/lead will ensure (in discussion with the Committee's Secretary) that the document is forwarded to the Quality and Standards Assurance Team (Q&SAT). The Q&SAT will make final checks, amend the footer and forward to the Library for uploading to the intranet. Once uploaded to the intranet the Library will inform the Communication Team to ensure notification appears in the next Staff E-Newsletter

9. Duty of Candour

The Trust recognises it has a duty of candour under the [Health and Social Care Act 2008 \(Regulated Activities\) Regulations 2014: Regulation 20](#). Under this duty it has a responsibility to be open and transparent with patients, families and carers in relation to their care and treatment and has specific requirements when things go wrong. This will include informing people about any clinical incident, providing reasonable support, providing truthful information and an apology when things go wrong. If an

incident occurs which involve a breach of the requirements of this policy, staff and managers should consider following the guidance set out in the Being Open including the Duty of Candour Policy CH 396 available on the trust intranet site.

10. Implications

10.1 Training Implications

Undergraduate pre-registration and post-graduate clinical students* will be allowed to practice this clinical skill under the direct supervision of a Practice Supervisor/Practice Assessor/Clinical Educator/Tutor with recognised experience in accordance with their role and field of practice.

The Practice Supervisor/Assessor/Clinical Educator/Tutor will need to be assured of the level of theory that was obtained prior to carrying out the skill, which will be identified within the students Ongoing Achievement Record (OAR) and verified by the Academic Assessor during the programme. The level of competence gained via simulation/practical exposure received during the clinical student's programme will also be monitored within the OAR, which ensures the student only practices the skill according to their achievements within course programme.

Clinical students must not attempt to carry out a procedure for which they have not received theory from their Approved Educational Institution and must be able to demonstrate their learning under direct supervision, whilst adhering to the policy/procedure at all times”.

*Clinical Students includes all students that are undertaking a clinical training programme to become a registered professional that includes students studying nursing, allied health professionals, medical, pharmacy, health visiting, school nursing, district nursing, dentistry, dental hygiene & therapy, dental nursing and all clinical apprenticeships

10.2 Financial Implication

None – to be taken forward through existing staffing and budgetary resource.

10.3 Legal Implications

None.

11. Monitoring/Audit

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements	Acting on recommendations and Lead(s)	Change in practice and lessons to be shared
https://bchccareerpathfinder.com/	Associate Director of Culture and Staff Engagement and Head of Learning and Development	Present information to existing staff and those looking for work opportunities (young people and career progression) on career progression pathway and required qualifications	Consult on portal and content, for sign off and then permanent use.	Usage reporting annually in the Education Report	Education Committee and People and Culture Committees	TBC following review and update
Work Experience	Widening Participation Manager and Apprentice Manager	1. Identify Schools meeting the criteria identified in this strategy to work with 2. Work with divisions to identify placement opportunities 3. Offer at least 100 placements per annum to students from the above schools / colleges	Quarterly	Education Committee	Education Committee and People and Culture Committees	In updated plans on an annual basis
Careers Education	Widening Participation Manager and Apprentice Manager	1. Identify 10 Schools meeting the criteria identified in this strategy to work with 2. Work with divisions to identify key staff to attend events	Quarterly	Education Committee	Education Committee and People and Culture Committees	In updated plans on an annual basis

		3. Attend/deliver education events in partner schools supported by Ambassadors across trust				
Apprenticeships	Head of Learning and Development and Widening Participation Manager	1. Look at workforce entry possibilities presented by Divisional Workforce Plans and aggregate up to trust level 2. Procure and/or provide the necessary apprenticeships to meet demand	Monthly Annually	Apprenticeship Report Education Report	Apprenticeship Meeting, Education Committee, People and Culture Committees	In updated plans on an annual basis
Volunteering	Widening Participation Manager and Apprentice Manager	1. Provide a growing number of volunteer opportunities for young people considering a career in the health and social care sector 2. Liaise with divisions to provide these opportunities 3. Work with the patient experience team to co-ordinate with other trust volunteering activity	Annually	Education Report	Education Committee and People and Culture Committees	In updated plans on an annual basis

12. References

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