



**Northern Care Alliance**  
NHS Foundation Trust

**T Levels in Health and Healthcare Science report:**  
successful industry placement models in action

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# Introduction from Professor Michael Luger

## Chairman of Northern Care Alliance NHS Foundation Trust

The COVID pandemic that started at the end of 2019 and is just receding today has amplified two stark realities. The first is that in periods of economic instability younger people – especially from lower-income and ethnic minority backgrounds – tend to struggle most. Many lack the skills and experience to qualify for suitable employment and do not have ready access to appropriate resources. The second reality is that many organisations are struggling to find the workforce they need. In the case of health and social care, demand for services has risen faster than the number of available staff at all levels.

These realities provide an opportunity for the Northern Care Alliance NHS Foundation Trust (NCA) to help young people living in its service area build the skills they need to qualify for jobs within the organisation. That is self-serving, but also addresses some important social and economic imperatives. One, documented in the government's Post-16 Skills Plan<sup>1</sup> is to reduce the inequalities in the workforce by widening access to jobs. For the NCA this means making its workforce resemble, as much as possible, the diverse population it serves. The second imperative is from the NCA's social responsibility agenda as set out in its 2022 Vision 10 Strategic

Plan<sup>2</sup> – to improve population health not just by the provision of excellent secondary and tertiary medical care, but also, by improving the economic well-being of the population it serves and of the communities in which they live.

The NCA has proceeded on this journey by working with further education partners to provide students with valuable work experience, leading to full-time employment opportunities. Following the influential 2016 report by Lord Sainsbury<sup>3</sup> that stressed the importance of industry experts being intrinsically involved in the development of new technical qualifications, T Levels have been developed and implemented. As part of a T Level programme, students undertake an industry placement, in which they apply their classroom work on the 'shop floor', not just observing how jobs are done, but taking on trainee roles to build their confidence and experience.

Against this background the NCA were delighted to partner with the Gatsby Foundation in the preparation of this report. We are pleased to use our experience with T Levels to help inform and inspire others to follow a similar pathway.

### Professor Michael Luger, February 1950 - March 2022

Professor Michael Luger sadly passed away in March 2022. We have shared his foreword as a legacy to his commitment and passion to ensure all young people can access employment and training and reach their potential. Professor Luger spent 25 years within higher education, as a professor of economics, public policy, and business, and in senior leadership positions including as Dean of Alliance Manchester Business School and Pro-vice Chancellor at the University of North Carolina and at Regents University London. Michael joined the NCA in January 2021 and played an integral role in the NCA journey to formally become one Trust in October 2021. He brought extensive knowledge and experience accumulated over his long career working in higher education, international governments, and industry. We are extremely grateful for his contribution and would like to honour him and his family by including his words to continue his legacy.

## Overview

This report was commissioned by the Gatsby Foundation to share successful T Level activity models that have been developed and trialled in healthcare settings. The expectation was that there was already sufficient evidence of good practice that would inspire and support those employers who had yet to become involved in T Level industry placements (IPs).

The importance of young people for the future workforce pipeline cannot be overstated. However, the challenges many employers faced over the last two years led to plans and initiatives slowing down or being suspended, meaning many students who wanted to begin their exploration of health careers through T Level qualifications were unable to do so due to the lack of available IP opportunities.

This report provides health employers with a package of example models, information, and access to support tailored to their specific situations. It focusses on the positives, shining a light on the successes rather than the struggles, in anticipation that organisations following on the T Level journey will be able to take advantage of the work that has gone before.

Although the report sets out varied delivery models for T Level IPs and looks at organisations who have established or trialled models, it stops short of evaluating the relative successes of the models as it recognises that health and social care employers encompass a wide demographic,

and models which are successful in one area may not be suitable in a neighbouring arena.

In order to offer collective wisdom, research, where mentioned in the report, has been collected through formal interviews, informal discussions, workshops, presentations, meetings and survey responses. The survey was kindly distributed by both Health Education England and the Strategic Development Network on our behalf to those who had previously shown an interest in T Levels. The research was collected from employers and education providers at very different stages of the IP journey, and also from T Level experts and influencers, in an attempt to understand the myriad ways that health and social care employers have been able to develop programmes that work for their organisations.

To capitalise on the support offered by others, this report has also helped inform a refresh of the [Healthcare Apprenticeship Standards Online \(HASO\) website T Level page](#). The HASO site provides links to documents that health organisations have created or prepared for T Level IPs and organisations are also asked to contribute to the resources with their own examples of best practice.

Some of the main contributors are acknowledged below, however, anecdotal evidence has been gathered from too many parties to include here so a general thanks goes to all those we have spoken with over the last year.

With special thanks to the following organisations for their valuable contribution to this project:

**Cambridge University Hospital NHS Foundation Trust, Addenbrookes**

**East Lancashire Hospitals NHS Trust**

**Frimley Health NHS Foundation Trust**

**Greater Manchester NHS T Level Group**

**Health Education England**

**James Paget University Hospitals NHS Foundation Trust**

**Kent and Medway Clinical Commissioning Group**

**Leeds Health and Care Academy**

**Oldham College**

**Royal Devon and Exeter NHS Foundation Trust**

**Strategic Development Network**

**Sussex Community Health and Care Partnership**

**The Association of Colleges**

**The Department of Health and Social Care**

**The Gatsby Charitable Foundation**

**The Northern Care Alliance NHS Foundation Trust**

**University Hospitals of Morecambe Bay NHS Foundation Trust**

**University Hospital Southampton NHS Foundation Trust**

## What are T Levels?

T Levels are post-16 qualifications developed following recommendations made in the Sainsbury Independent Panel on Technical Education report (2016)<sup>4</sup> about the need for rigorous technical qualifications in England. They pave the way for young people to access skilled employment, higher apprenticeships or further study.

T Levels are two-year courses that are equivalent to three A Levels. They launched in 2020, and Health and Science T Levels were introduced in September 2021. They have been developed by the Institute for Apprenticeships and Technical Education (IFATE) working with employers, professional bodies and further education (FE), to ensure their content meets the needs of employers, including NHS, primary care and care organisations.

Students on T Level courses study a technical qualification that includes the underpinning knowledge and skills involved in an industry, but also includes the specialist skills and knowledge needed for a specific occupation.

Every T Level includes a mandatory IP focused on developing the practical and technical skills required for an occupation. Placements last a minimum of 315 hours (approximately 45 days) but can last longer. Employers can offer IPs as a block, as day release or as a mix of these, and can share the placement with another employer if necessary.

T Levels provide several progression options to students. For example, Universities and Colleges Admissions Service (UCAS) tariff points are allocated to students achieving at least a pass grade. So a student gaining an overall merit in their T Level will be awarded 120 UCAS points, which is equivalent to three Bs at A Level and is sufficient for many health-related degree courses in areas such as nursing, healthcare sciences and professions allied to health.

There are also opportunities for students who complete a T Level to go directly into employment or into a range of higher-level apprenticeships or further study in many Health and Healthcare Science subjects.

If you are interested in finding out about T Levels in greater depth please visit the [Department for Education website](#).

## How do T Level placements benefit health and care organisations?

The most significant opportunity for T Level students and employers is the substantial IP element because of its duration and the expectation that students be given an opportunity to make a meaningful contribution to the workplace.

The IP should not be confused with a traditional work experience placement. Students on T Level placement are expected to contribute to the workforce in the same way as any other inexperienced employee. This provides opportunities for both the student and the employer. The student gains an understanding of what the workplace expects, and what the role involves in a real-life setting, enabling them to make informed career and educational choices. They gain genuine experience to draw on for CVs and interviews and they receive a reference. The placement should also equip them with knowledge, skills and behaviours to further support their classroom learning.

The employer gains an enthusiastic and engaged pair of hands that can be trained to the specific working environment, and that may become part of their future workforce. The employer spends over 315 hours with the student, enabling them to assess their suitability for future posts. Any students who become employees are already familiar with the employer's ethos and work practices.

Recruiting from a young talent pool can also increase staff diversity, which energises and challenges workplace cultures. Using new talent pipelines such as T Levels to diversify recruitment is a purposeful way of securing our future workforce.

According to the Youth Voice Census 2021,<sup>5</sup> which captured data from over 3,400 14–24-year-olds, less than 10 per cent of respondents felt confident they would be able to find good-quality work within their locality, and only around a quarter of respondents felt employers were supportive of hiring young people. This age group is most likely to be in low-skilled roles in retail, leisure, tourism and hospitality (Resolution Foundation<sup>6</sup>) and this offers a real opportunity to health organisations. The NHS can offer career gateways to young people through apprenticeships and flexible working that are not available in all industries. T Level students are at the beginning of a journey, and if the NHS ensures career pathways are clearly articulated and supports young people to navigate the available opportunities, the NHS could retain these students.

It was reported in Nursing Times in August 2021 that *"Overall, total workforce vacancies across the NHS stood at 93,806 as of June 2021 – up by 23% since March 2021 (76,082)"*.<sup>7</sup> Health organisations are also competing with big household names who have large recruitment budgets for employees of all ages. Building the future workforce is considered by many as a greater challenge than future funding for the health and care sector. It is hoped that T Level courses, especially in Health and Healthcare Science, will be part of the campaign to raise awareness of the 350-plus occupational choices available in healthcare and the wider NHS.



For the health arena, T Levels became a reality in September 2021 with the roll out of Health and Healthcare Science T Level courses. However, health sector organisations, including the NHS, have a broader role to play in T Levels across a wide range of subjects, including digital, construction, business, human resources and accounting, as well as traditional health subjects.

Between 27 May 2021 and 31 July 2022, the Department for Education (DfE) is offering £1,000 payments to employers who host industrial placements for T Level students.<sup>8</sup> This is capped at 20 students per employer and is to be claimed from the FE provider(s) involved.

There are no restrictions on how the employer can use the incentive payment, but it could enable the placement host to buy new equipment to help with teaching, such as laptops. For larger placement groups, the payment could contribute towards funding dedicated staff to help develop the placement programme.

For an organisation to qualify for the incentive payment, student IPs must start before 31 July 2022. So organisations looking to include placements in the second year of the course will need to bring forward placement inductions to ensure they can claim the payment.

## Overview of placement structures

T Levels in health have been developed with NHS employers, including clinical and education leads. This ensures curriculum and assessments for students that reflect the skills, knowledge and behaviours that employers want in future employees.

It is expected that providers will approach employers in time to allow consideration of workplace requirements that offer the best experience for both the student and the employer.

The following placement structures have been used by employers in partnership with colleges to suit their circumstances. Although grouped as three main options, they show the array of nuanced arrangements that can be put in place and encourage early contact between colleges and employers to ensure placements suit employer needs.

Placement strategy	Benefits	Considerations
<b>Day release:</b> <ul style="list-style-type: none"> <li>1, 2 or 3 days a week across both years of study, or</li> <li>back loaded towards year 2</li> </ul>	<ul style="list-style-type: none"> <li>May help backfill permanent staff such as apprentices on their study days</li> <li>Some students benefit from a slow build of knowledge and skills development</li> <li>This model may be a good fit with some mentor staff work patterns</li> <li>This may be a familiar strategy, making it easier to secure backing</li> <li>FE may prefer this strategy as it can take advantage of time the students are not timetabled to be in college and makes timetabling and staff organisation more straightforward</li> </ul>	<ul style="list-style-type: none"> <li>To complete 315 hours of placement, students may need to start the placement before they have had much preparation time and may therefore have little to offer the placement host</li> <li>Student retention may be better with early interaction, but this may be possible in different ways</li> <li>How will hosts structure appropriate activities to align with this working pattern? Consider relevant ongoing tasks or projects that could be completed in this way</li> <li>How will students feel supported as part of the organisation and team?</li> <li>How will learning gains be retained between placement visits?</li> <li>Are there things students will miss if they do not work on certain days? Eg students will not be able to follow patients across their journey which may lead to a lack of consistency</li> </ul>
<b>Block release:</b> <ul style="list-style-type: none"> <li>one long block, or</li> <li>several shorter blocks</li> </ul>	<ul style="list-style-type: none"> <li>Students can consolidate knowledge immediately</li> <li>They will see a greater breadth of patient journeys</li> <li>They can become part of the team and staff may be more comfortable allowing a greater variety of activity as they can assess competency more easily</li> <li>It may be easier for managers to plan activities and buddy up students who are consistently in work</li> <li>Blocks can be organised to work around other student placement calendars and stress points</li> <li>Single blocks may be less resource intensive for the employer to administer</li> <li>Multiple blocks may allow for different placement opportunities to give breadth to the student experience, but this may not benefit the host as widely</li> <li>This model may be favoured for infection prevention and control (IPC) as students would have fewer outside interactions</li> </ul>	<ul style="list-style-type: none"> <li>Colleges may find it difficult to accommodate long blocks for organisational reasons, but placements must suit the employers' workforce needs</li> <li>Day release of 3 days a week could be considered a block by colleges as this would only take 14 weeks of placement</li> </ul>
<b>Blended approach:</b> <ul style="list-style-type: none"> <li>offers the best of both day release and block approaches</li> </ul>	<ul style="list-style-type: none"> <li>Can work well for students to have a solid block release for induction and introduction to the workplace without overwhelming them</li> <li>Once they have become part of the team it can be easier for the colleges if students attend the workplace on a day release basis, to slowly build their skills and confidence</li> <li>Conversely initial day release can slowly introduce the placement rigour and be combined with single or multiple blocks as new skills are learned in college, or to best fit with the employer timetable</li> </ul>	<ul style="list-style-type: none"> <li>Administration of multiple placements can be resource intensive</li> <li>A process may be needed to track when students will be available and what their current remit and ability is</li> </ul>

Done with purpose, all placement structures can deliver best practice. Most organisations researched agreed that early discussions with colleges was important, as was the understanding that the employer has an important influence on T Levels and should not be a bystander.

**Considerations about placement structure:**

- What would work best for the organisation?
- What else could the organisation accommodate?
- When will placements be most beneficial for the students and for the organisation?
- How much administration resource can the organisation put in?
- What experience and training are students expected to have before starting a placement?
- If a local provider is not offering a preferred placement structure, how can the organisation work with them to influence changes for the future?

## Successful placement strategies in action

A survey sent out on behalf of Strategic Development Networks and Health Education England to individuals who had engaged with T Level activities within the last 12 months highlighted the following common questions:

- How do we begin planning?
- What different organisational models for T Levels are being implemented successfully?
- How might these fit into any individual organisation?

The following organisational models are from sites who are successfully implementing T Level IPs, who already host nurse cadet T Level-style placements or who have pilot schemes in place for T Level-style IPs.

Examples are from a variety of health employers who have implemented T Level IPs in different ways to give as full a range of ideas to employers as possible.

### a. Single Trust/single FE provider pilot for T Levels (T Levels starting 2023) University Hospital Southampton NHS Foundation Trust

Employer/college(s)	Placement model	Partnership model	Additional features or benefits
<ul style="list-style-type: none"> <li>• Supported 10 placements in initial year of pilot, 15 in the second cohort, building to approximately 20 for future intakes</li> <li>• Piloting BTEC students in T Level-style placements in readiness for T Level delivery in 2023</li> <li>• Working with 1 college on 1 main site</li> </ul>	<ul style="list-style-type: none"> <li>• 4-week blocks</li> <li>• June/July year 1</li> <li>• Nov year 2</li> <li>• Mar/April year 2</li> <li>• No college during blocks</li> <li>• 3 different placement areas per student, across a wide variety of areas including Neurology, Cardiac, Medicine, Surgery, Trauma &amp; Orthopaedics, Medicine for Older People, Child Health and Cancer Care, to support choice of future occupational specialisms</li> </ul>	<ul style="list-style-type: none"> <li>• Worked on curriculum together</li> <li>• Supporting teaching and education at college</li> <li>• Employer-led placement model</li> </ul>	<ul style="list-style-type: none"> <li>• 5-week induction, 1 day per week</li> <li>• Involved in student recruitment</li> <li>• Care Certificate offered</li> <li>• Guaranteed healthcare assistant (HCA) interview for students with a successful IP</li> <li>• Succession route through trainee nursing associate (TNA), assistant/associate practitioner (AP) and degree apprenticeship if suitable</li> </ul>

#### Benefits, considerations and lessons learned

- Piloting in advance of local college introducing T Levels gives lots of opportunity to modify
- Initially wanted students to attend for experience days, but this was changed to block placements due to COVID-19 restrictions – this worked well so has been retained as the model
- Further resources required if placement capacity is to increase beyond the pilot, eg funding for Disclosure and Barring Service (DBS) checks and Occupational Health, some teaching resources and placement administration
- Good board engagement and strategic discussions at matron level
- T Levels integrated in the Trust's workforce plan by creation of a career pathway
- Students are under direct supervision to engage in activities that a healthcare support worker (HCSW) can carry out – this safeguards students as well as patients
- Begin onboarding process early as students often do not have correct documents for DBS checks or vaccinations, and this can take around 6 months to organise

*"Managing increasing placement demands across a range of learners means that colleges need to engage with employers early. Previously we would not have said no to placements but with recent pressures we can only engage with colleges who have been in touch and worked with us."*

Alison Trenery, Education Quality and Learning Environment Lead for University Hospital Southampton NHS Foundation Trust

*"Our aim is that students are developing into that HCSW role while we have them and then coming back to work with us"*

Clare Aspden, Apprenticeship Lead for University Hospital Southampton NHS Foundation Trust

## b. Single Trust/multiple FE providers

### University Hospitals of Morecambe Bay NHS Foundation Trust

Employer/college(s)	Placement model	Partnership model	Additional features or benefits
<ul style="list-style-type: none"> <li>• Approx. 70 Adult Nursing placements</li> <li>• No request for other health options</li> <li>• 1 Trust covering large geographical area with 3 main hospitals</li> <li>• 3 colleges offering Adult Nursing and 1 offering Healthcare Support (HCS)</li> </ul>	<ul style="list-style-type: none"> <li>• Not agreed but potentially:</li> <li>• 1–2 week(s) block, late in year 1</li> <li>• 1–2 day(s) per week, year 2</li> <li>• Aim to cover gaps left by apprenticeship off-the-job time</li> </ul>	<ul style="list-style-type: none"> <li>• Regular collaboration board to ensure equality of offer to colleges</li> <li>• All colleges use same paperwork and handbook and work together on curriculum</li> <li>• Considering shared engagement post between all partners</li> </ul>	<ul style="list-style-type: none"> <li>• Aim to complete care certificate by beginning of year 2</li> <li>• May allow paid shifts to be offered to increase placement hours</li> <li>• Careers and engagement team working with cohorts from registration</li> <li>• Developing tutors via insight sessions</li> <li>• Dummy document system so students can practice using site before joining as staff</li> </ul>

#### Benefits, considerations and lessons learned

- Wanted students to have hands-on experience in year 1 to keep them interested and ensure they are on the right course
- Aim to treat as an employee with Band 2 remit
- Work alongside qualified and support staff
- Pathway developed from T Level via TNA and degree apprenticeship routes to registered nurses
- Highlight opportunities for progression and change with the same employer (NHS)
- Staff engagement has been good as there was already a culture of student placements
- Expectation at Care Group level to take T Level placements

*“We know that if we bring young people into the Trust we get some diverse thought. These [T Level] students are going to have fundamental knowledge and skills and they’re then going to have that practical element so why would you not want to employ them.”*

Ray Olive, Assistant Director of People & Occupational Development for University Hospitals of Morecambe Bay NHS Foundation Trust

## c. Integrated care organisation model

### Sussex Health and Care Partnership (SHCP)

Employer/college(s)	Placement model	Partnership model	Additional features or benefits
<ul style="list-style-type: none"> <li>• 23 Adult Nursing placements</li> <li>• 3 colleges are currently involved, but there is the potential for approx. 10 to be included</li> <li>• Multiple employers across integrated care system (ICS)</li> </ul>	<ul style="list-style-type: none"> <li>• Year 1 placements May/June</li> <li>• Year 2 placements</li> <li>• Full model yet to be decided, but blocks being discussed. May be different for the different providers and employers involved</li> </ul>	<ul style="list-style-type: none"> <li>• Monthly meetings of ICS, (including all local NHS trusts, social care, Sussex Ambulance service, primary care), colleges and the university</li> <li>• Initial funding from the Gatsby Foundation for IP coordinator to establish placements</li> <li>• Discussions with colleges about future funding for the coordinator post are ongoing</li> <li>• Coordinator to look at standardising paperwork across providers and employers</li> </ul>	<ul style="list-style-type: none"> <li>• Mandatory training</li> <li>• Workbook</li> <li>• Induction: 30 hours online + corporate induction = 35 hour taster</li> </ul>

#### Benefits, considerations and lessons learned

- Initially piloted BTEC course with T Level-style placement. Found it difficult to secure initial pilot placements but the feedback from wards was good and they have offered to repeat placement activity
- Expect T Level remit to be similar to a Band 2 HCSW
- Initial resistance around the younger age limit in some areas, but it is an improving picture
- Good cooperation within group, but needs dedicated resource to become sustainable – IP coordinator to provide this resource
- Working across the system should allow for a breadth of experience for students and more equitable access to placements

*“Sussex Health and Care Partnership (SHCP) have been working on developing a Sussex-wide strategic approach to a T Levels workstream and the focus is on collaboration, inclusion and partnership working with all the main stakeholders (NHS trusts, social and primary care, ambulance service, local colleges and HEI [higher education institutions]) for the last nine months.*

*The development of a T Level working group within SHCP (ICS), which meets monthly, has been integral to the progress that has been made regarding the development of an understanding of the T Levels in general and how they can give a helping hand to young people across Sussex gain knowledge, behaviours and practical skills into working in health, social care and primary environments.”*

Jill Durrant, T Level Project Manager for SHCP

#### d. System-wide health and social care model

##### Leeds City region

Employer/college(s)	Placement model	Partnership model	Additional features or benefits
<ul style="list-style-type: none"> <li>66 placements offered across Adult Nursing, Mental Health and Therapy teams</li> <li>Multiple employers from acute trusts, primary and social care, mental health, local authority and third sector</li> <li>2 FE colleges currently working collaboratively with same placement model</li> </ul>	<ul style="list-style-type: none"> <li>1-week induction, July year 1</li> <li>2 days per week from Sept year 2</li> <li>Wrap round days in college</li> <li>Placement during half term but not Christmas</li> <li>May work shifts, but not nights</li> </ul>	<ul style="list-style-type: none"> <li>Placement lead has citywide remit</li> <li>Memorandum of understanding for all employers and FE agreed by Leeds One Workforce Strategic Board. Includes activity remit, and the responsibilities of the employer, student and providers</li> <li>Colleges use the same paperwork</li> <li>6-weekly steering group meetings where citywide decisions are made</li> </ul>	<ul style="list-style-type: none"> <li>Corporate and local induction</li> <li>Weekly employer/career talks</li> <li>Care certificate knowledge completed by July year 1</li> <li>Agreed placement hours sufficient for students to access TNA roles directly</li> <li>Possible ring-fenced apprenticeship places</li> </ul>

##### Benefits, considerations and lessons learned

- Citywide FE have equal opportunities for placements. Working together has led to greater collaboration and sharing of best practice between FE providers
- Wide variety of placement opportunities for students. The involvement of Leeds Health and Care Academy means there is a requirement to offer specialisms which can be accessed across the city, not just within acute trusts
- Engaging beyond acute trusts allows for greater placement capacity
- Having an established citywide steering group means organisations already have experience of working together
- Building relationships takes time
- Important to have people with the authority to make decisions on the steering group
- Beginning to look at sustainability for placement capacity and future funding

*“Leeds has developed a unique, citywide approach to the implementation of the Health T Level, both in the context of industry placement providers and educational providers. This ensures that the delivery of the T Level is a truly inclusive and collaborative project that aligns with system needs, as the qualification is implemented in partnership across the city.”*

Helen Thurston, Development Officer for Leeds Health and Care Academy

#### e. Single Trust/single college, multiple health options

##### Royal Devon and Exeter NHS Foundation Trust

Employer/college(s)	Placement model	Partnership model	Additional features or benefits
<ul style="list-style-type: none"> <li>Placements for 2021/22</li> <li>20 Adult Nursing</li> <li>10 Maternity</li> <li>10 Mental Health</li> <li>HCS placements from 2023</li> <li>1 main Trust and 1 college working together</li> <li>Placements in mental health Trust and community also organised by coordinator</li> </ul>	<ul style="list-style-type: none"> <li>2-week observational block, Jan year 1</li> <li>1-week simulation, year 1</li> <li>2 to 3-week block, Sept year 2</li> <li>3-week block, to be announced year 2</li> <li>Observational block rotation through Maternity and Mental Health for taster</li> </ul>	<ul style="list-style-type: none"> <li>Close working relationship with college for around 5 years</li> <li>12-month secondment from college to Trust to establish placements</li> </ul>	<ul style="list-style-type: none"> <li>Induction – online introductions and onsite walk through</li> <li>Mandatory training</li> <li>Trust ID badge</li> <li>Honorary contract</li> <li>Careers events with NHS Professionals (NHSP) offer</li> <li>To be treated as staff</li> </ul>

##### Benefits, considerations and lessons learned

- Relationship building is key
- All areas (except a few Acute Mental Health wards) take under-18 T Level students. Time has proved that this is not an issue. Built up from a work experience observational week to full T Level placements even in Mental Health and Maternity
- COVID-19 is no longer a barrier as all students will be mask fit tested and risk assessed
- Important to treat students as staff to allow them to be useful helpers during their placement

*“Knowing the course and college processes and also the staff implementing the T Level has been crucial to be able to explain to CNMs [Clinical Nurse Managers] what is required and secure the placements required. Teamwork is key to enable the students to complete their course and for the Trust to secure a workforce for the future.”*

Alison Brown, Early Careers Development Advisor for Royal Devon and Exeter NHS Foundation Trust

**f. Single Trust/multiple FE partnership model**  
**Northern Care Alliance (NCA) NHS Foundation Trust**

Employer/college(s)	Placement model	Partnership model	Additional features or benefits
<ul style="list-style-type: none"> <li>• 80 Adult Nursing and 8 HCS placements across 4 hospital sites</li> <li>• Acute Trust with intermediate care facilities</li> <li>• 4 colleges – 1 per care organisation locality</li> </ul>	<ul style="list-style-type: none"> <li>• 1-week block in Mar/Apr year 1 – observational</li> <li>• 10-week block starting Oct/Nov year 2</li> <li>• 4 days per week with 1 day for reflection and continued learning at college</li> <li>• No rotation of placement area</li> </ul>	<ul style="list-style-type: none"> <li>• Relationships with colleges developed over several years</li> <li>• Initially developed curriculum and placement model with 1 college. Same offer then extended to 3 other colleges</li> <li>• Working together on curriculum and paperwork</li> <li>• Colleges contribute financially to strategic partnership with NCA, part of which finances the T Level Cadet team who further develop T Level programmes</li> <li>• Looking at widening placement model to include primary care, mental health and community services for capacity expansion and choice</li> </ul>	<ul style="list-style-type: none"> <li>• Welcome event</li> <li>• Library membership</li> <li>• Volunteer offer</li> <li>• Simulation event</li> <li>• Mandatory training</li> <li>• Health society – 24 sessions with NCA Career Ambassadors</li> <li>• 2 career events</li> <li>• College tutor insight offer</li> <li>• Care certificate under consideration</li> <li>• Trust employed T Level Cadet team (administrator, facilitator and practice education practitioner) to oversee all aspects of IP</li> <li>• Clearly defined activity remit on IP</li> </ul>

**Benefits, considerations and lessons learned**

- Previous BTEC cadet offer meant some existing paperwork and host area connections were already established
- All 4 colleges have standardised IP arrangements across hospital sites
- Steering and task and finish groups established to guide and facilitate placement development and closer working relationships
- Able to pool college expertise and resources
- Support from senior management has been key
- Students are to be treated as Band 2 staff members (with slightly limited remits)
- COVID-19 is no longer a barrier as all students will be mask fit tested and risk assessed
- Age is not considered a barrier and placements are expected to be offered unless a case for refusal is put to the Chief Nurse's office
- Buddied with support staff on IP
- Seen as an important pipeline to HCSW and TNA apprenticeships
- Encourage students to continue working with Trust via NHSP if going to university nearby

*"T Levels have been a great way to begin to develop our relationship with local FE partners to begin to explore future working collaborations. There is such a wealth of knowledge and experience in our college partners that we are able to share and offer the same back to them. This can only be good for our students (who we hope will be our future colleagues) and their learning."*

Julie Miller, T Level Development Manager for NCA NHS Foundation Trust

The variety in these examples underlines both the variety of possibilities and the need for models to be custom designed by the organisations involved.

What all the employers have in common is a desire to offer a quality placement which will give an excellent experience to the students and enhance their future employability and chance of successful higher education or apprenticeship applications. This is not totally altruistic. All the employers featured hope that T Level students will become part of their future workforce.

**"We invest in the students for 2 years and have planned a programme that hopefully gives them a great experience. So much so that they will want to be part of our future workforce, whichever route they take to get there. We are aware of the competition from other employers and the wide range of career options open to the students so want to make the most of this opportunity and our return on investment."**

**Allison Reader, Widening Participation Manager at NCA NHS Foundation Trust**

## Solutions to placement challenges in action

Research gathered informally from organisations who have either been wave one or wave two providers for T Levels has shown that health organisations are genuinely keen to be involved in IPs and can successfully overcome what have traditionally been seen as potential barriers to hosting young people in health workplaces.

Perceived barriers consistently mentioned in relation to Health T Level IPs have been:

- a. age
- b. agreed activities on placement
- c. COVID-19 restrictions
- d. capacity of placement host areas
- e. capacity of work experience/apprenticeship/admin teams

Outlined below are some of the approaches taken by organisations offering T Level IPs.

### a. Age

T Levels are currently available for students aged 16–19. Some students do not complete their education at Level 2 ready to begin the rigorous curriculum of a T Level and will complete a transition programme, improving maths and English skills and developing the behaviours, attitudes and confidence needed to complete a T Level and IP.

Many employers mention historical ‘rules’ in their organisations stating that under 18s cannot perform personal care, cannot be allowed access to areas where they may encounter distressing behaviour or events such as Maternity or Mental Health, or cannot work in areas containing chemicals. Closer investigation reveals that most of these rules hinge on an assumed lack of maturity rather than evidence.

The following guidance may be useful for employers who encounter resistance to the introduction of IPs for under 18s: <https://www.skillsforcare.org.uk/Documents/Guidance-on-employing-workers-aged-16-and-17.pdf>

Employers who have been successful in securing T Level IPs have had frank conversations with senior managers and staff alike. They have used evidence (included in the [resource section](#) of this report) to question the status quo and make the case for the need to provide a way for young people to gain the skills workplaces need.

**These organisations have accepted that the age of T Level students is *not* a barrier.**

For 16–18-year-olds, as for all workers in the NHS, the working directive guidelines apply; they should not be exposed to harmful substances, radiation or dangerous working conditions; and they should also be risk assessed when starting a new role.

Employers offering T Level IPs have worked closely with their local providers to ensure that T Level students do not enter the workplace without the required level of knowledge and skills to be safe while on placement and can demonstrate this to their staff. For some this means postponing the main body of placement until the student’s second year to maximise their pre-placement training, for others this involves having a varied remit which increases during the placement.

Some students entering the workplace during year 2 will have turned 18 before they begin their IP. Organisations have expressed an intention to offer certain age-restricted placements to these students, where applicable, to maximise capacity.



### b. Agreed activity on placement

The majority of organisations who took part in this research with plans for student IPs in 2021 or early 2022 had some form of agreement on the accepted activity or the remit of the placement. This was felt to be important to safeguard patients, organisations, students, staff and the colleges.

These agreements take many forms and contain differing levels of detail, but all had been agreed or were in discussion with clinical colleagues.

The support of the Chief Nurse's office (or equivalent) for the Adult Nursing occupational specialism was seen as vital when promoting these T Level placements to staff. Organisations planning student IPs broadly fell into two types: those who had excellent buy-in from the top levels of management, and those who had excellent levels of buy-in from ward-level staff. Future analysis will show whether this was the result of limited resources restricting the initial focus of engagement activity, but for future success, both are surely needed.

As has been said, T Level IPs are not work experience and are more than observational exercises. T Level students can gain valuable experience and career skills on placement. If engagement with providers is robust and begins early enough, T Level curriculum delivery can reflect individual organisation's values and skills requirements, ensuring students can be an asset from day one of their IP.

### c. COVID-19 restrictions

For most organisations, the onset of the pandemic resulted in the withdrawal of work experience placements. This was due to concerns about the safety of students, staff and patients, and severely impacted on the ability of students to fulfil placement hours in healthcare settings.

Unlike for many Level 3 healthcare qualifications, IP hours are an integral component of the T Level qualification, so they must be safeguarded once offered by employers.

One way to achieve this is to ring-fence T Level IPs in the same way that organisations do for nationally commissioned placements such as student nursing and student allied health professional placements: treating these students as staff; offering the same mandatory training and inductions; providing access to full PPE, such as respirator masks and vaccinations; and equivalent IPC training.

It is important to highlight that when the commissioned students were allowed to complete their ring-fenced training in healthcare settings during the pandemic (some were even allowed early access to professional registration) this led to staff better understanding both the student's educational journey and the expectations of what their role was within the workplace. Consequently, staff felt more assured of student, colleague and patient safety even during uncertain times.

Although the same level of understanding of T Level qualifications may take some time, comprehensive pre-placement training and written activity remits for placements may alleviate some uncertainty and help to ensure the required continuity of placement delivery.

Case study: Healthcare Science students in Pathology at NCA are a good example of effective communication between education providers and the employer leading to students completing their placements and contributing in a real and valued way to the operation of health departments during the pandemic.

Whereas most student placements were curtailed at the beginning of the pandemic, three students completing IPs in various pathology departments as part of their Biomedical Science degrees opted to continue their experience in consultation with their tutors and supervisors. Continuing to contribute alongside NHS workers showed that the students could withstand the rigours of the real job, under extremely difficult circumstances, in readiness for their future employment. The departments valued their contribution and offered to pay them through NHSP during this time.

This was possible as the students had been treated as staff during their placements to date (being issued with honorary contracts, undergoing DBS, occupational health and employment checks, along with mandatory, induction and required departmental training). The departments understood their students' remit and abilities and the valuable contribution they could make to the department during this time. They also knew that the students could be safeguarded in the same ways as other staff. The departments were able to satisfy the universities that the health and safety needs of the students had been considered and that the continued placement experience was in the best interest of the students.

Had the placement not been completed, these students would not have been able to apply for registration with the Health Care Professions Council (HCPC) to become Biomedical Scientists. In this instance, all three students continued to contribute to NHSP shift working during their final year of study and all gained a substantive post with the same departments following their registration as Biomedical Scientists the following year.

#### d. Capacity of placement host areas

The NHS Long Term Plan<sup>9</sup> outlined expectations for increased numbers of student nurses, allied health professionals and doctors. In line with this, over the last few years, there has been an increase in work experience programmes. Now T Levels students are being added to this landscape.

The increase in the variety of placements did not appear to concern organisations who secured 20 or more T Level placements for 2021/22. The advice from those employers is to have different supervision models for the distinct types of placements.

T Level students are expected to have gained the skills and knowledge of an entry-level worker upon completion of their programme. Therefore, the best people to mentor students during their placement may be support workers in those roles. Some employers have also suggested that nursing apprentices or student nurses would benefit from mentoring T Level students. It is an effective way for all grades to develop leadership and mentoring skills. The mentors would in turn be supported by a supervisor who would be a more senior qualified member of staff. To help develop this model, the Gatsby Foundation has created a free online mentoring tool for staff with little previous mentoring experience.<sup>10</sup>

In combination with the purposeful delivery of behaviours, knowledge and skills that have been co-designed by the employer and the college, students could arrive on placement ready to help, rather than being the burden that students on placements are often seen as. For an example of a pre-placement module and how this translates into skills for placement readiness, see [Section VIII. Next steps and signposting to resources](#).

#### **e. Capacity of work experience/apprenticeship/administration team**

Some employers have encountered issues incorporating the extra work involved in organising T Level IPs. This includes sourcing the placement, the administration of the placement, developing relationships with FE, and the creation, agreement and introduction of new paperwork for existing teams.

Organisations approached this in different ways, but many cited the positive effect the pandemic had on their time. General work experience was on hold, which created short-term capacity within administrative teams and the opportunity to plan the strategic position of IPs in recruitment and career development pipelines. The outcomes of this planning must now be utilised by organisations considering hosting future IPs.

Much of the work involved in developing associated paperwork has already been completed. Early adopters of T Levels developed resources specifically for the health and social care arena, many of which are based on the templates provided by the DfE.<sup>11</sup> Health-related resources, including document examples, are collated on the Healthcare Apprenticeship Standards Online (HASO) T Level webpage,<sup>12</sup> and are updated as more employers provide documents to share.

Some organisations have also approached T Levels as an opportunity to create new roles, by developing internal business cases to apply for increased staff funding or establishing funding in partnership with their local FE provider.

## Stakeholder approaches

### a. FE partners

A recent theme raised by health employers has been that not all FE providers are implementing T Levels immediately. As in the case study from SHCP, employers may use this time to develop pilot schemes modelled on T Level industrial placements to introduce staff to a new concept for student engagement.

Many of the employers surveyed stated it is best to engage with providers early. Building relationships with providers takes time and it is better to start with small steps than to not engage at all.

Employers need to be confident that students will be well equipped and prepared before they come into the workplace and interact with patients, and FE providers need to feel assured of employer support to welcome the students into what can appear a dangerous and hostile environment. Early and consistent engagement can help address these concerns.

The employer must consider how much involvement with the curriculum and placement development is needed and how much involvement they want, how much resource is available, and how much they are prepared to compromise. The following questions must be considered:

- How proactive are the college(s)?
- How much previous IP experience do the college(s) have?
- What size are their teams?
- How qualified are their delivery staff?
- Can the college(s) deliver to the standard required without input from you (the employer), and would you be comfortable not being involved in that process?

By engaging early with the college(s), employers can influence both the curriculum and the placement models. Once delivery timetables have been decided it is difficult for colleges to accommodate different placement models. So, if the employer's preferred model is block placements, or IPs can only take place at certain times of year, or certain skills need to be taught before students enter the workplace, the college(s) must be contacted as soon as possible, and requirements discussed. FE providers should be made aware of anything that would prevent the programme progressing.

Other considerations for the employer include whether to be involved in the recruitment of the students – this could involve an employer presentation to students and parents at a college interview, an open evening or information evening, or involvement in group interviews. An information session ensures that the employer offer to students over the two years is set out clearly, including important factors such as IP format, whether there will be student choice of placement, the potential location of placements (important especially if it is a large Trust with integrated acute and community placement opportunities). Information sessions also provide an opportunity for the employer to sell their message about the recruitment pipeline once students complete their T Level course and the opportunities offered for continued career training and development.

*“These students are representing our organisation to patients on wards, so we wanted students with the right attitude. This meant we only took a few students at first and now we do a written application and interview them.”*

**Nicola Morgan, Learning and Development Manager, Frimley Health NHS Foundation Trust.**

### b. Internal stakeholders

Successful T Level placements require buy-in from all levels of staff in an organisation. Within health, this may start with board-level understanding of how important T Level students could be for the future workforce pipeline. Many organisations are now aware of their social responsibilities as anchor institutions or as local employers, with resultant health improvements for local communities. T Levels feed into many key NHS strategies the board will be keen to support. With this support in place engagement with other staff at a deeper level can begin.

**Section V. Successful placement strategies in action** includes issues that can be overcome through communicating with clinical teams, whether that is the Chief Nurse's office or clinicians. The clinical teams have both strategic overview of the future, and internal influence on the board and frontline staff. Early and consistent dialogue about future workforce planning; myth busting, especially about historical norms; and listening to what they feel could be of value to the organisation is important.

Once board and clinical support have been secured, engagement must begin with the staff who will work with the students – supervising, mentoring and nurturing them. Successful organisations spoke about communication strategies. This does not need to be complicated and could involve communications teams distributing basic information about T Levels, the organisation's offer to students and the expectations of the role staff will play. It is helpful to attend departmental-level meetings or speak to key influencers personally or by email. Ambassador or champion-style roles can help the communications strategy. Overcoming the fear of the unknown will hopefully unlock areas that have not historically accepted students.

A strategy that has worked well for some organisations is outlining the obvious progression of T Level students into the workplace, so that staff see them as a long-term solution. Some employers offer guaranteed interviews for support roles or acceptance onto NHSP for successful completion of IP. Ring-fenced places on TNA courses have also featured in organisations' strategies.

Staff may struggle with the thought of yet more to do, however, an organisation that has worked with their college(s) and their clinical team should be able to present the T Level IP in a way that is attractive to potential host areas.

The most effective way to create further openings for IPs is to show and tell staff about successful placements within the organisation.

## Next steps and signposting to resources

One place to look for information and guidance is the HASO T Level webpage.

There is a resource link to documents other health organisations have shared so that each employer does not need to create everything themselves. If your organisation has a piece of work that might benefit others, please share it with one of the contacts at the end of the report.

<https://haso.skillsforhealth.org.uk/t-levels/>

The DfE T Level site offers downloadable pro forma documents to help new providers get started. Although these are not health and care employer targeted, many are the basis of documents shared on the HASO site and are quite comprehensive.

<https://employers.tlevels.gov.uk/hc/en-gb/categories/4403450040850-Plan-industry-placements>

A useful timeline can be found on the HM Government website that outlines the major steps an organisation needs to take when considering T Level placements.

<https://www.tlevels.gov.uk/employers/how-it-works>

NHS Employers also have a T Level page on their website, which hosts case studies and provides links to other resources. <https://www.nhsemployers.org/articles/what-are-t-levels>

## Glossary

**FE:** further education is any study undertaken post-secondary level that is not at undergraduate level or above. This may be in schools, specialist FE colleges or sixth form colleges.

**HCSW:** healthcare support worker

**ICS:** integrated care system. Partnerships between the organisations that meet health and care needs across a geographical area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups.

**internal stakeholders:** this includes board members; departmental staff who will host the placements; work experience, apprenticeship or dedicated T Level teams who organise the programme; and staff who will be in contact with the T Level students.

**IP:** industry placement. For health T Levels the placement is a minimum of 315 hours and should provide opportunity for students to make a meaningful contribution to the workplace.

**memorandum of understanding:** outlines partner responsibilities. A memorandum of understanding is less formal than a service level agreement.

**NHSP:** NHS Professionals provide flexible bank staff to the NHS. Staff need to be 18 or over and meet experience thresholds.

**provider:** education establishment who offers T Level courses.

**TNA:** Trainee Nursing Associate. This role bridges the gap between a support worker and a registered nurse.

**work experience:** traditional observational placements for students. Often also used to describe the teams who organise placements.

## Reference links

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