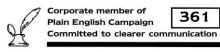


### Lancashire Teaching Hospitals NHS Foundation Trust

Monitoring visit report

Unique reference number:	52919
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Type of provider:	Employer
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#### Monitoring visit: main findings

#### **Context and focus of visit**

This monitoring visit was undertaken as part of a series of monitoring visits to a sample of new apprenticeship training providers that are funded through the apprenticeship levy. Ofsted's intention to carry out monitoring visits to these new providers was first announced by Her Majesty's Chief Inspector in November 2017. The focus of these visits is on the three themes set out below.

Lancashire Teaching Hospitals NHS Foundation Trust (LTH) employs more than 7,000 staff. LTH became a prime-contract employer provider in May 2017. LTH has 119 apprentices enrolled on standards-based apprenticeships in healthcare support worker at level 2, senior healthcare support worker at level 3, team leader/supervisor at level 3 and operations/departmental manager at level 5. There are 110 apprentices funded through the apprenticeship levy. The remaining nine learners are not funded through the levy. Apprentices work at the Preston and Chorley hospital sites.

#### Themes

#### How much progress have leaders made in ensuring that the provider is meeting all the requirements of successful apprenticeship provision?

**Reasonable progress** 

Leaders have developed an apprenticeship strategy that links closely to the overall workforce development plan. They have ensured that the majority of apprentices are recruited into existing vacancies within LTH. Leaders and managers have put in place a good career pathway for apprentices. This enables healthcare support worker apprentices at level 2 to progress to the senior healthcare support worker apprenticeship at level 3 and into a nursing degree with a partner university. In non-clinical areas, apprentices can progress their careers through team leader/supervisor at level 3 and operations/departmental manager apprenticeships at level 5.

Leaders have planned the growth in apprenticeship numbers carefully. They have invested prudently in resources to enable them to deliver successful apprenticeship programmes. They have increased the staffing within the apprenticeship team and put in place management information systems to monitor the apprenticeship programme. As a result, managers have developed a useful dashboard of key performance indicators to monitor the effectiveness of the apprenticeship programmes. Retention of current apprentices is high and has improved since LTH became an employer provider. Tutors do not make good use of the information on apprentices' starting points to be able to monitor accurately the progress they are making.



Managers have a good awareness of the off-the-job training requirements. The amount of time apprentices spend training off the job during working hours varies across the departments within LTH. Although managers have recently implemented a system to record apprentices' off-the-job training time accurately, it is too soon to judge its effectiveness.

Managers have planned programmes carefully to prepare apprentices for the gateway and end-point assessment. The first cohort of apprentices are now ready to take their end-point assessment. Tutors' and assessors' planning to enable apprentices to achieve higher grades within the standards-based apprenticeships requires improvement.

Managers have introduced quality assurance arrangements, such as peer observations and apprentices' focus groups. Managers consider the feedback carefully and make improvements to the programmes based on the feedback collected. For example, apprentices indicated that they did not receive sufficient information on learner support services at the beginning of their programmes. Managers have improved the induction process to ensure that apprentices are now much better informed about learner support. Current quality systems focus too much on apprenticeship compliance and not enough on identifying the strengths and weaknesses in teaching, learning and assessment.

Leaders have created a governance board to oversee the quality of apprenticeship programmes. However, this is still being developed. It does not yet hold leaders to account for the quality of the education and training that apprentices receive.

# What progress have leaders and managers madein ensuring that apprentices benefit from high-<br/>quality training that leads to positive outcomesReasonable progressfor apprentices?

Tutors plan apprentices' on- and off-the-job training carefully. Apprentices, who are all employed by LTH, complete a two-and-a-half-week induction to apprenticeship programmes to establish their roles and responsibilities during the programme, and those of LTH.

Apprentices' English, mathematical and information and communication technology (ICT) knowledge and skills are assessed appropriately during induction. Also, healthcare and senior healthcare support workers' clinical competencies are assessed skilfully on their wards. However, tutors and assessors do not make good use of the information about apprentices' starting points to plan teaching, learning and assessment that meet the individual needs of apprentices. Their planning is too limited because currently, it only focuses on pass criteria. This does not provide sufficient challenge for apprentices who aspire to complete their apprenticeship at a higher grade.



Tutors and managers link off-the-job training skilfully to apprentices' job roles. This helps apprentices to contextualise their learning and apply it on wards, in clinics and in managerial roles. Managers are currently planning additional blocks of off-the-job training at critical points in apprentices' programmes to ensure that all apprentices receive their full entitlement of off-the-job training.

Apprentices develop new knowledge and skills, and improve behaviours such as teamwork, confidence and resilience. Apprentices use their newly developed knowledge, skills and behaviours effectively in their job roles to improve their performance. Apprentices can articulate clearly the knowledge, skills and behaviours they are developing and how they apply these in their job roles. For example, apprentices' understanding of anatomy and physiology such as renal function, helps in clinical practice when monitoring the input and output of fluids and the composition and function of urine. Apprentices on team leader apprenticeships learn about management models and, as a result, change their managerial approaches, for example when giving feedback to their team members.

Tutors and assessors are experienced clinicians and/or managers. All have gained teaching qualifications. However, leaders are unaware of the quality of teaching, learning and assessment as no formal observations have taken place. Although tutors and assessors undertake regular peer reviews of teaching and learning, observation training for leaders and managers is not planned until mid-August 2018. Consequently, leaders and managers cannot identify accurately the key strengths and weaknesses in teaching, learning and assessment.

Apprentices on team leader and operations/departmental manager apprenticeships receive clear and constructive feedback that helps them improve the quality of their work. However, the progress that apprentices make on all apprenticeship programmes is measured on the completion of workbooks rather than on the knowledge, skills and behaviours they develop as they practise their clinical or managerial skills.

Managers have invested significantly in management information systems to monitor and record apprentices' progress. However, managers recognise that the systems are in the early stages of implementation and need further development.

## How much progress have leaders and managersmade in ensuring that effective safeguardingReasonable progressarrangements are in place?Reasonable progress

Managers place a high priority on safeguarding for all staff in LTH, including apprentices. Consequently, apprentices feel safe and are kept safe. They know to whom they should report any issues or concerns they have, including concerns about the patients in their care.

Managers and staff place great importance on ensuring that apprentices, particularly healthcare and support worker apprentices, adopt safe working practices. These



include the use of personal protective equipment, infection control and the safe disposal of 'sharps'.

Managers ensure that safeguarding policies and procedures, including those relating to health and safety, are updated regularly. Managers and tutors make sure that they are communicated clearly to apprentices during induction and re-visited throughout their programmes. Designated safeguarding officers receive appropriate training. They investigate safeguarding incidents effectively and record actions accurately.

All staff complete mandatory training in safeguarding. Apprentices complete relevant safeguarding training up to level 2 and, depending on their job role, often up to level 3.

Apprentices have good access to the learning support team to maintain their health and mental well-being. Apprentices are referred by ward managers, tutors and assessors or through self-referral for counselling, well-being sessions or general support to ensure good mental health.

All staff benefit from off-the-job training and e-learning packages on the 'Prevent' duty. Apprentices understand clearly the threats presented by radicalisation and extremism, and those associated with local issues, such as fracking proposals in Lancashire.

Leaders and managers complete safer recruitment processes when employing staff and apprentices. Background checks and eligibility for roles in LTH are reviewed thoroughly. All staff, including apprentices, receive enhanced Disclosure and Barring Service (DBS) checks.



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