

University Hospital Southampton NHS Foundation Trust

Monitoring visit report

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Monitoring visit: main findings

Context and focus of visit

From October 2018, Ofsted undertook to carry out monitoring visits to all newly directly funded providers of apprenticeship training provision which began to be funded from April 2017 or after by the Education and Skills Funding Agency (ESFA) and/or the apprenticeship levy. This monitoring visit was undertaken as part of those arrangements and as outlined in the *Further education and skills inspection handbook*, especially the sections entitled 'Providers newly directly funded to deliver apprenticeship training provision' and 'Monitoring visits'. The focus of these visits is on the three themes set out below.

Themes

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

Reasonable progress

Directors and senior managers of University Hospital Southampton Foundation Trust (UHS) have ambitious and clear plans to become a high-quality provider to the health and social care sector, particularly local and regional National Health Service (NHS) Trusts. Senior managers understand fully the requirements of apprenticeship training and have clear and realistic plans for future growth. They have established very clear lines of accountability for senior managers. The Director of Education and Workforce provides scrutiny and challenge and directs the long-term strategy as a high-quality recruitment and training provider for the NHS. Directors have recently identified an external organisation that will provide end-point assessment (EPA), but this arrangement is in its early stages of implementation.

Managers, trainers and assessors work effectively with one local NHS trust to support apprentices working as senior healthcare support workers. UHS staff monitor the progress of their apprentices closely through regular contact with the trust. The external trust provides a good range of additional training, for example in brain injuries and falls risks. UHS managers also work very well with a local university, providing high-quality clinical skills training in the hospital. Directors provide outstanding practical resources in the UHS for training apprentices, including simulation areas. As a result, apprentices gain a wide range of skills in a supported and realistic environment.

Trainers and assessors are highly experienced in their specific skill areas. Trust staff and apprentices are very positive about the support they receive and the good communication. As a result, the vast majority of apprentices are fully aware of the progress they are making. Most apprentices are on target to complete their apprenticeships within planned timescales. A few apprentices who are making slower

progress than expected do not have sufficiently clear action plans to show what they need to do to catch up. A small minority of apprentices have left early and moved onto employment with other trusts.

All apprentices interviewed during the monitoring visit receive appropriate time and support to complete off-the-job training at work. UHS staff provide good help and advice for apprentices before they start their apprenticeships. This ensures that the trust's business needs and apprentices' training are well matched. Apprentices are very clear about progression routes to higher-level learning and employment. As a result of high-quality skills training, many employees have moved into jobs as research sisters, ward leaders, charge nurses or specialist nurses.

UHS managers subcontract functional skills training to a local college. Most apprentices who do not have English and mathematics qualifications achieve them due to the effective support and training they receive. Staff develop apprentices' English and mathematics skills skilfully and successfully throughout well-planned on-the-job training in the workplace.

Apprentices are fully informed as to whether they are completing a framework or standards apprenticeship. Most apprentices interviewed during this monitoring visit understood the type of training programme they were on and most were clear about EPA.

Quality assurance and quality improvement arrangements are underdeveloped. Managers regularly seek feedback from apprentices and employers but they recognise more work is needed to ensure that feedback provides clearer information about what is working well and what needs to be improved. Managers' observations of learning, skills and assessment as a means of improving the provision are not yet fully in place.

Managers' self-evaluation of their provision is not yet fully developed. The 2017/18 self-evaluation is the first one. It makes good use of performance data to support judgements on apprentices' achievements. The recent action plan is informative and highlights some areas for improvement. However, it does not provide a clear account of the provider's main strengths and areas for improvement.

What progress have leaders and managers made in ensuring that apprentices benefit from high-quality training that leads to positive outcomes for apprentices? Reasonable progress

Apprentices are fully aware of the content and structure of their apprenticeships and when and how they will be assessed, including EPA. The vast majority of apprentices are on track to succeed well within planned timescales. The number of apprentices who remain on their apprenticeships is very high. Apprentices develop practical skills well. Trainers and assessors provide effective support to develop the personal, social and communication skills that apprentices need to complete their jobs well. Senior healthcare worker apprentices take responsibility for particular patients while also contributing usefully to care teams.

Inspectors interviewed apprentices during the monitoring visit and commented that they all enjoyed their training and found it very relevant to their job roles.

Apprentices really appreciated shadowing opportunities to improve their learning. For example, one apprentice shadowed a trained nurse doing a medical assessment of a patient. The apprentice was assessed by a witness statement and a personal reflective statement and now uses the new skills successfully in her job.

Most trainers and assessors check apprentices' understanding well with skilful questioning and frequent and effective reviews of apprentices' written work. UHS staff and apprentices use the electronic system for recording apprentices' training and progress well. Managers monitor apprentices' off-the-job training effectively. Many apprentices get more than the required time and use it well to extend their learning through using online resources and additional shadowing of experienced staff. However, apprentices' attendance at formal learning and training sessions is too low and managers' strategies for improving attendance are underdeveloped.

The assessment of apprentices' English and mathematics skills when they are recruited is thorough. Staff support apprentices well and help them to develop their English and mathematics skills. Apprentices develop greater confidence in their skills and they use them correctly and confidently in essential clinical and pharmaceutical tasks, such as preparing and issuing medication and interpreting electronic data on cardiac and respiratory equipment.

All staff are appropriately trained and qualified. Managers provide effective professional development for trainers and assessors who keep up to date well with developments in the sector. A few staff are working towards teaching qualifications. Managers provide apprentices with good information, advice and guidance about career progression opportunities. Apprentices interviewed during this monitoring visit were keen to develop their chosen careers and were clear about how their apprenticeship could help them do this.

How much progress have leaders and managers made in ensuring that effective safeguarding arrangements are in place? Reasonable progress

Managers have established and introduced effective systems and processes to ensure that all apprentices stay safe. Staff and apprentices know how to report any concerns. The designated safeguarding officer is well trained and human resources staff maintain detailed records of any safeguarding concerns and these are monitored thoroughly. Managers have recently identified a deputy safeguarding officer to support apprentices.

Managers keep suitable records of the checks that they complete before they appoint individuals to work for them in a training or assessing capacity; this includes Disclosure and Barring Service checks. All members of staff and apprentices have completed appropriate training in safeguarding and the 'Prevent' duty. UHS staff have recently provided apprentices with additional safeguarding training. Most apprentices interviewed during the monitoring visit had a general understanding of safeguarding. However, a few apprentices on the level 2 pharmaceutical framework apprenticeship had too limited an understanding.

Apprentices' inductions include an informative training session on e-safety and the trust has strong firewalls to the possible dangers associated with the various forms of social media.

The trust has produced a comprehensive safeguarding and 'Prevent' duty action plan. This is rigorously monitored and updated with up-to-date legislative changes and the needs of the trust. Apprentices' knowledge of fundamental British values and the threats posed by extremist groups is limited. Trainers and assessors do not explore these topics with apprentices well enough.

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