

Birmingham Women's and Children's Hospital NHS Foundation Trust

Monitoring visit report

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Name of lead inspector: Harmesh Manghra HMI

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Type of provider: Employer

Address: Birmingham Children's Hospital
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Monitoring visit: main findings

Context and focus of visit

The monitoring visit was undertaken as part of a series of monitoring visits to a sample of new apprenticeship training providers that are directly 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.

Birmingham children's hospital merged with the Birmingham women's hospital last year to establish a specialist teaching trust. The acute trust employs 6,700 people. It has several years' experience of delivering apprenticeship learning in conjunction with two local colleges to train its workforce. In March 2017, the trust became a prime contractor and started the delivery of apprenticeships in June 2017. During the inspection week, the trust had 105 levy-funded apprentices in learning. Of these, 59 were on health and care support worker standards at levels 2 and 3. A further 46 apprentices were on business administration frameworks at levels 2 and 3.

Themes

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

Reasonable progress

Senior managers have a clear vision and strategy to employ a diverse workforce to provide a sensitive healthcare service to local communities. They see the apprenticeship as the best way to bring on new talent to succeed the ageing workforce in the hospital trust. The successful partnership with Birmingham City University means that apprentices who are on the healthcare support workers programme can join trainee nursing associate pathways for career progression. Leaders and managers have high expectations for their apprentices.

Senior managers provide strong leadership, support and challenge to managers to establish apprenticeships as the main source of supplying a qualified workforce. They hold to account rigorously the head of employment and core learning, who is responsible for apprenticeships and aspects of apprenticeship provision such as finance, levy and recruitment, as well as for the quality of learning.

Leaders and managers nurture highly effective links with employers within the trust, developed over many years of delivering learning with other colleges. They have further strengthened these links to benefit the apprentices and the trust. For example, employers are fully involved in the recruitment, induction and briefing of apprentices. They use a comprehensive employer's handbook, produced in

conjunction with NHS England, to keep themselves abreast of their roles and responsibilities.

Managers ensure that programmes, both frameworks and standards, meet the principles of apprenticeships. Along with the employers and apprentices, managers identify and record a minimum 20% off-the-job training that apprentices undertake to help them understand the theory behind their practical skills.

Assessors, supported by their managers, work closely with employers to plan and deliver both on- and off-the-job training flexibly to meet the various shift patterns of apprentices, particularly of healthcare support workers. Apprentices develop their theoretical knowledge and practical skills with the minimum disruption to their work schedules. While apprentices attend theory sessions diligently, managers do not reinforce and prioritise attendance at workshops in English and mathematics.

Managers make appropriate use of data for monitoring purposes. In recent weeks, managers identified that the apprentices from business administration programmes were leaving their programme early to take up permanent jobs. They took decisive action to offer promptly permanent employment to all apprentices. However, managers do not make sufficient use of data to highlight the difference apprenticeships are making to the trust and the careers of the apprentices. They do not analyse the performance of apprentices from different age groups and programmes to target improvements.

Managers recruit the most suitable apprentices on the right programmes, who will benefit from training and contribute well as workers. They have established a particularly effective 'Aspire' programme that promotes apprenticeships to schools and communities. The programme lead, who is a well-qualified careers advice and guidance worker, provides helpful information on career pathways within the NHS to potential apprentices, schools and applicants. He also offers valuable help and support to unsuccessful candidates to help them tailor their future applications for the role and improve their interview skills to succeed in future.

Leaders and managers possess good capacity to establish and improve the apprenticeship provision. They have used their extensive experience of working with colleges to develop a highly effective bespoke programme that meets the needs of the various job roles within the trust. They have invested in resources, such as software to record apprenticeship data. Staff, employers and apprentices use the electronic portfolio confidently and routinely to record apprentices' entry points and current progress, and to upload evidence to claim their competence. At a glance, assessors and managers can identify apprentices' progress and attendance and those at risk of making slow progress. Managers take swift action to provide support to the apprentices. Senior managers have appointed more assessor staff, including a well-qualified apprenticeship lead. Within a year, she has established apprenticeship delivery on a firmer footing. After due consideration, managers have invested in an alternative package for English and mathematics that is easier to use and is more

beneficial to the apprentices. However, it is too early to judge its impact on apprentices.

Senior managers place a high priority on the ongoing professional development of their staff. However, this focuses upon learning about the health and care roles, as well as the mandatory elements such as safeguarding, the 'Prevent' duty, the e-portfolio and using learner records and data. Managers have not focused their action sufficiently on improving their staff's skills in teaching, learning and assessment. This means that staff are not confident in trying out new methods of teaching to deliver learning that challenges apprentices to excel at their theory lessons.

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

Staff, including two nurse educators, are well qualified in their vocational subjects. They have good, current technical knowledge and have an assessor qualification, which they use effectively to provide support and training to apprentices. Only a few staff have teaching qualifications. All staff have qualifications at level 2 or equivalent in English and mathematics, although none has a specialist teaching qualification in these subjects. This hinders their ability to provide ongoing development of English and mathematics for apprentices.

Apprentices develop good levels of new skills and knowledge through their workplaces and off-the-job training. Healthcare support workers demonstrate high standards of work. Inspectors agreed with the employers that apprentices bring fresh ideas, perspective, enthusiasm and skills to their clinical teams. The majority of level 2 business administration apprentices demonstrate good standards of work and they make expected or better progress.

Business administration apprentices practise their skills in a range of roles. This improves their flexibility to work in various settings. For example, apprentices on the level 2 business administration programme are recruited to a wide range of job roles. These include roles in human resources, the electronic staff records system, clinical systems, radiology, the clinical library and the intensive care unit reception. As a result of their work in the wards, a few apprentices are considering a career in clinical roles.

Apprentices benefit their employers. Healthcare support worker apprentices are well trained to provide care and support for patients when they take up their roles on the ward. Apprentices provide highly effective and timely personal care and support for babies, children, teenagers and their families. Apprentices work with clinical nursing teams on all wards, including oncology, cardiac baby care, intensive care and

surgical wards. This prepares them well and broadens their skills and knowledge base so that they can be deployed in many settings.

Assessors conduct a thorough assessment of healthcare support worker apprentices at the start of their programme. This provides a sound starting point for developing their clinical and vocational skills in providing clinical support to professional staff. After a detailed two-week induction, apprentices develop their confidence and skills in taking and monitoring blood pressure and monitoring patient health safely. Apprentices make good progress from their starting points, developing a range of business administration skills to support nursing staff and managers. This releases the professional staff to focus their attention on providing clinical analysis and care.

Managers and assessors monitor and track the progress of apprentices diligently. They quickly identify and support apprentices who are at risk of not completing their programme within the required timescale.

Assessors prepare apprentices methodically for the end-point assessment. This includes boosting apprentices' confidence and honing their skills in professional discussion. Apprentices on healthcare support worker apprenticeship standards are challenged to achieve a distinction.

Managers conduct a range of observations to get an overview of the teaching, learning and assessment skills of their staff, their strengths and their areas for improvement. Inspectors agreed with the findings of the observers during the monitoring visit. Managers have extended the scope of observations to include all interactions with the apprentices to identify opportunities to improve the quality of apprentices' experience. These include the feedback to apprentices, the quality of feedback in the e-portfolio system and undertaking learning walks and observations in a wider range of environments than training. However, it is too soon to measure the impact of improvements to the quality of teaching, learning and assessment.

Assessors and managers do not have a sufficiently clear focus on developing apprentices' English and mathematics skills on an ongoing basis. This restricts apprentices' preparation for the next step in their careers or for higher levels of learning. However, apprentices develop and practise skills in these subjects during their daily job roles, such as working out expenses claims and writing notes on patients for the staff on the next shift. The support for apprentices to pass their functional skills is good. First-time pass rates for business administration apprentices, who need the qualifications in English to pass their framework, are high. However, they are low in mathematics. Apprentices on health and social care programmes already have these qualifications at entry.

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

Leaders and managers have established a strong culture of safeguarding patients and staff, including apprentices. Patient and staff safety takes a high priority throughout the trust. The chief executive officer personally leads on the induction programme for all staff, including apprentices.

The programme covers a broad range of safeguarding topics. These include: emotional, physical and sexual abuse; cyber bullying; female genital mutilation; modern-day slavery; honour-based violence; child sexual exploitation; internet-based grooming for extremist ideology; and the 'Prevent' duty. This raises apprentices' awareness of current issues facing society and their role in protecting patients and their families. Healthcare support worker apprentices also benefit from level 2 training that takes the topics further and explores ways in which they can protect patients and themselves. They also undertake mandatory training in Workshops to Raise Awareness of Prevent, a part of the UK Government's counterterrorism strategy.

Leaders and managers of the trust operate safer recruitment practices. As part of this, they carry out appropriate checks on staff, including apprentices, to ensure that they are suitable to work with vulnerable adults and children. On an annual basis, staff declare that have not been involved in any criminal activity and remain suitable to work for the trust. Senior managers conduct random checks on 200 staff every year to ensure the integrity of their processes of safer recruitment.

Apprentices have access to several safeguarding staff across the trust. The designated safeguarding lead officer is appropriately qualified and skilled and keeps herself abreast of new developments. The trust managers have well-established links with the local authority and the police to enable them to seek guidance and refer cases.

The processes to protect vulnerable adults and children are robust. Managers take carefully considered action to safeguard learners. The only safeguarding incident found this year was dealt with very effectively. Apprentices know whom to contact if there are any issues. Most apprentices have the expected understanding of extremism and radicalisation.

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