

Central and North West London NHS Foundation Trust

Monitoring visit report

Unique reference number: 1278629

Name of lead inspector: Steve Lambert, Her Majesty's Inspector

Inspection dates: 27–28 November 2018

Type of provider: Employer

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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.

Central and North West London NHS Foundation Trust provides a range of mental health and community services for adults and children, in Camden, Hillingdon, Surrey and Milton Keynes. Since September 2017, the organisation has been delivering levy-funded apprenticeships to its own employees. At the time of this visit, 76 apprentices are on a level 3 team leading standards-based apprenticeship.

Themes

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

Insufficient progress

Leaders and managers, when establishing the apprenticeship training, were not effective enough in their quality assurance of the programme. The apprenticeship steering group, which provides the governance arrangements, did not have a comprehensive enough overview of the programme to hold leaders and managers to account sufficiently. Leaders and managers gave insufficient attention to the requirement for the teaching of English and mathematics. As a result, the proportion of apprentices who pass their functional skills English and mathematics examinations is low. When leaders and managers recruited the initial groups of apprentices they did not select their apprentices well enough. Consequently, too many apprentices for whom the programme was not suitable left early.

Managers are aware of the shortcomings in English and mathematics teaching, and in their recruitment of apprentices. They have put in place actions to rectify these. Of the recent apprentices recruited, a high proportion are still on the programme. Staff now use an online software programme to support apprentices to develop their knowledge and skills in these English and mathematics. This is starting to have a positive impact in helping apprentices develop their skills in these subjects, but as yet the impact on examination outcomes is not known.



Leaders and managers do not have an effective enough process for monitoring the quality of teaching, learning and assessment and lack an accurate overview of the quality of the training apprentices receive. While they use supervision sessions to support assessors in their work, they do not do any observations of training sessions or reviews. Consequently, they do not support assessors to make improvements in the quality of training where necessary, for example in the need to incorporate the development of apprentices' English and mathematical skills into the apprenticeship programme.

The monitoring of apprentices' entitlement to off-the-job training is not effective enough. Apprentices record their attendance at training days, but do not accurately note the time spent undertaking their off-the-job learning. In a few cases, apprentices were unclear of the requirements for off-the-job training.

Leaders and managers share a vision and ambition to provide high-quality apprenticeship training. They have taken a cautious approach to grow the provision gradually. They have implemented an apprenticeship programme that is tailored well to the job role and career aspirations of each apprentice. Most apprentices gain the knowledge, skills and behaviours that they need to work more effectively on hospital wards and in community health settings.

Leaders and managers have a secure understanding of the requirements of the apprenticeship programme. They relate the apprenticeship standards successfully to their own organisational requirements. For example, apprentices develop their skills and become effective in appraising nursing staff.

Assessors have been recruited who have considerable clinical experience which benefits apprentices. The majority of assessors maintain a clinical or managerial role within the organisation.

Leaders and managers have sufficient oversight of the progress that apprentices make towards acquiring the knowledge, skills and behaviours for the apprenticeship standards. They have implemented a good approach to track and monitor apprentices' progress, to ensure that they complete their programme in the planned time. As a result, leaders and managers hold staff to account for the progress that apprentices make.

Apprentices' line managers receive comprehensive information about their responsibilities before apprentices begin their training. Leaders and managers work closely with line managers to ensure that the requirements of the apprenticeship are specific to the clinical environment in which apprentices work. This includes the use of organisational-specific software such as that for the recruitment of new staff.

What progress have leaders and managers made



in ensuring that apprentices benefit from highquality training that leads to positive outcomes for apprentices?

Reasonable progress

Assessors, leaders and managers have been very effective at planning and teaching the apprenticeship programme so that apprentices incrementally gain the knowledge, skills and behaviours they need to achieve. They have created a programme of six units that match the apprenticeship standards, and they record accurately how apprentices demonstrate the knowledge, skills and behaviours required. As a result, most apprentices make good progress on their apprenticeship. The work that they produce is of a good standard. When apprentices are behind with their work, assessors provide effective support to enable them to catch up.

Apprentices have a good understanding of the career benefits that the apprenticeship programme provides. A minority of apprentices have gained additional responsibilities or promotion to more senior roles while on their apprenticeships. These include becoming ward managers or community-based team leaders.

Assessment of apprentices' knowledge and skills is good. When assessing apprentices in the workplace, assessors use a range of different approaches that suit the needs of the apprentices and their work environment. The assessment strategies used enable apprentices and their line managers to benefit from the apprenticeship programme, by incorporating relevant activities related to apprentices' jobs. In their feedback on apprentices' assignment work, assessors identify how apprentices can make improvements to ensure that they achieve a pass. As a result, apprentices understand the progress that they are making and what they need to do to complete the programme successfully.

At the start of the programme, and in conjunction with apprentices' line managers, assessors carefully evaluate apprentices' existing knowledge, skills and experience. This enables them to determine apprentices' training needs accurately at the start of their apprenticeships. Assessors carefully record and regularly review apprentices' progress and their career aspirations.

Most apprentices are highly motivated, and they value the opportunity to develop new knowledge, skills and behaviours that are relevant to their job roles. Assessors help apprentices develop their knowledge, specifically related to their own job. For example, apprentices speak positively about the skills they had gained in chairing meetings effectively, and in appraising and mentoring newly qualified nurses.

As a result of the poor implementation by leaders and managers of a strategy to develop apprentices' skills in English and mathematics, assessors do not provide effective enough support to apprentices in these subjects. More recently, they have started to make use of an online tool to determine apprentices' existing skills, and to match the learning in these subjects to apprentices' needs.



Apprentices are well informed about the requirements of their end-point assessment and what forms of activities they will need to do to demonstrate they have the knowledge, skills and behaviours to achieve. However, apprentices are not sufficiently informed about the different grades they could achieve.

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

Leaders and managers ensure that safeguarding arrangements are effective. They have suitable policies in place which they review frequently. Leaders have put in place suitable staff to oversee and manage safeguarding, and apprentices have access to services to support them when needed. Leaders and managers ensure that staff carry out appropriate pre-employment checks prior to an individual joining the organisation.

Apprentices receive appropriate safeguarding and 'Prevent' duty training at induction. This includes information on how to keep themselves safe when dealing with patients. They learn, for example, how to manage aggressive patients, whom they may face as part of their job. Apprentices feel confident about reporting issues to their manager, the divisional manager with responsibility for safeguarding or to an externally provided helpline. Apprentices know that they will deal with these issues effectively.

Apprentices receive effective support to keep them safe. They receive good guidance, at the start of their programme, on how to access support from the occupational health team on a range of mental health and well-being needs. Apprentices do not routinely receive advice on the safe use of computers.

While apprentices receive comprehensive safeguarding information at the start of their programme, and they report that they feel and are safe, assessors do not routinely further reinforce apprentices' understanding of some safeguarding issues, such as the dangers associated with radicalisation and extremism. Apprentices understand the importance of these issues, in particular in protecting patients, but do not always reflect on how these dangers impact on them personally.



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