

Walsall Healthcare NHS Trust

Independent learning provider

Inspection dates

11–13 December 2018

Overall effectiveness		Inadequate
Effectiveness of leadership and management	Inadequate	Apprenticeships
Quality of teaching, learning and assessment	Inadequate	
Personal development, behaviour and welfare	Inadequate	
Outcomes for learners	Inadequate	
Overall effectiveness at previous inspection		Requires improvement

Summary of key findings

This is an inadequate provider

- Senior leaders and board members of Walsall NHS Trust do not hold managers of the apprenticeship programme effectively to account for the quality of provision.
- Managers have not sufficiently tackled the areas for improvement identified at the previous inspection.
- Managers do not accurately track the achievement, attendance or progress of current apprentices. Achievement rates for the majority of apprentices have declined.
- Too few apprentices are developing their English and mathematics skills in line with the skills required in their jobs.
- Managers and staff do not ensure that apprentices receive appropriate impartial careers information, advice and guidance prior to starting on their programme.
- Apprentices' attendance in their off-the-job training and English and mathematics sessions is too low.
- Assessors do not use the information about learners' starting points to plan learning effectively.
- Assessors lack the understanding and knowledge to determine whether all apprentices are getting their full entitlement.
- Assessors do not prepare apprentices adequately or in a timely manner for their end-point assessment.
- Apprentices do not understand the risks of radicalisation and extremism. They are unable to explain how they would keep themselves safe.
- Safeguarding is ineffective. Concerns raised by apprentices and staff are not dealt with swiftly. Apprentices are not supported to feel safe in the workplace.

The provider has the following strengths

- The majority of apprentices demonstrate good practical skills in their daily job roles. Apprentices often develop practical skills beyond the requirements of their qualification.
- The majority of healthcare and business administration apprentices move into the next level of programme, or into substantive job roles at the hospital on completion of their programme.

Full report

Information about the provider

- Walsall Healthcare NHS Trust (the Trust) previously ran its own apprenticeship contract, in 2005. After a number of years as a subcontractor for a college, the Trust gained its own contract in August 2015. Ofsted inspected the Trust in March 2017.
- There are currently 128 apprentices on programme. The majority of apprentices are based in Walsall at the Manor Hospital; a third of apprentices are based in New Cross Hospital in Wolverhampton. Most apprentices are on standards-based apprenticeships in level 2 and level 3 in healthcare and business administration.
- Walsall has high levels of deprivation. The proportion of pupils in Walsall who gain more than five high 4 to 9 grades at GCSE, including English and mathematics, is below the national average. Minority ethnic groups make up 23% of the population.

What does the provider need to do to improve further?

- Implement safeguarding procedures in line with the Trust's policies and procedures to make sure that apprentices and staff are safe in the workplace by:
 - ensuring that designated safeguarding officers complete relevant safeguarding training
 - provide appropriate training to staff, so that they can identify safeguarding concerns accurately
 - ensuring that all safeguarding and well-being concerns are recorded
 - implement robust referral processes to ensure that appropriately qualified staff make quick decisions on the support needed for apprentices
 - regularly monitoring the effectiveness of safeguarding procedures through reporting to the board
 - ensuring that apprentices develop a good understanding of the 'Prevent' duty and the risks of radicalisation and extremism, including the risks posed online.
- Ensuring that board members and senior leaders hold managers to account for the quality of provision by:
 - making provision for board members to receive, routinely and systematically, an appropriate range of information about the quality of apprentices' experience
 - reviewing the effectiveness of governance arrangements in the light of the findings of this inspection.
- Senior leaders and managers should drive up the quality of provision by:
 - improving quality assurance arrangements, ensuring that self-assessment and performance management processes lead to the accurate identification of the actions required to make effective improvements
 - ensuring that managers analyse and monitor the progress of apprentices, and act to improve the performance of different groups

- helping managers and assessors plan the programme to meet the requirement for apprenticeships.
- Enable apprentices to make good progress on their programme, including the development of their English and mathematics skills, by ensuring that:
 - managers and assessors use the information on apprentices' starting points to plan learning
 - assessors set challenging targets for apprentices for end-point assessment
 - managers and assessors monitor and take action to improve apprentices' attendance at off-the-job training.

Inspection judgements

Effectiveness of leadership and management

Inadequate

- Walsall NHS Trust was in special measures and under the scrutiny of the Care Quality Commission at the time of inspection. The Trust has recently reviewed its senior leadership team to secure improvements to the quality of care for its patients. The recently appointed chief executive officer and senior leaders have begun to review the workforce strategy. Senior leaders have taken steps to improve urgently their scrutiny of apprenticeships delivered by the Trust. However, it is too early to see the impact of this improved oversight.
- Senior leaders, board members and managers have not tackled sufficiently the recommendations from the previous inspection. Managers do not evaluate the quality of provision well enough. They have not identified the decline in achievement or in the quality in teaching, learning and assessment since the previous inspection.
- Deficiencies in self-assessment of the programme have contributed to managers' failure to develop appropriate actions for improvement. Managers do not set targets for attendance, achievement or teaching, learning and assessment to help them drive up the quality of the provision and outcomes for apprentices.
- Leaders and managers have not acted to ensure that they are meeting the requirements of the apprenticeship programme. Leaders and managers do not provide regular training for assessors. Assessors do not understand the requirements for the apprenticeship. Assessors focus on the delivery of the diploma, and not on the development of skills, knowledge and behaviours, as required for standards-based apprenticeships. The majority of apprentices do not develop new skills, knowledge and behaviours as a result of their programme. Apprentices are routinely reaching the end of their programme without a date for their end-point assessment.
- Leaders and managers have failed to improve achievement for apprentices. Managers do not accurately track achievement, attendance or progress for current apprentices. Achievement rates for apprentices on healthcare have declined significantly. Achievement gaps for different groups of learners have not decreased and remain too high. Too many current apprentices are making slow progress.
- Managers' use of the observation of teaching, learning and assessment is not improving the skills of assessors. Managers have recently implemented new processes, but they do not set targets for improvement, or provide assessors with clear feedback or training to enable them to improve their practice.
- Leaders and managers place insufficient importance on the development of apprentices' English and mathematics skills. Apprentices do not develop the skills required in their jobs and the next stage in their careers.
- Managers and staff do not ensure that apprentices receive appropriate impartial careers information, advice and guidance prior to starting on their programme. Too many business administration apprentices were not aware of the job role they had been appointed to before they started.
- Recently appointed senior leaders within the Trust are ambitious for the apprenticeship programme. They have identified appropriate growth through the workforce development

strategy. Senior leaders have recently begun to develop pathways in clinical and non-clinical departments to fill skills shortages within the health service. They aim to deliver a highly skilled service to meet the needs of patients and the local community.

- Senior leaders and managers plan the curriculum to meet the needs of the NHS and the Trust. Senior managers work well with local providers to deliver higher-level apprenticeships. They have recently provided progression routes for healthcare workers into nursing. There is a small but increasing number of level 3 apprentices who are moving into training as nurse associate apprentices at levels 4 and 5 on completion of their programme.

The governance of the provider

- Governance arrangements require strengthening to be fit for purpose. Reports to board members do not provide them with the information they need to be able to challenge managers sufficiently on the quality of the apprenticeship programme. Senior leaders' and board members' focus has been on achieving financial targets rather than on the quality of provision. Senior leaders and board members do not yet hold managers to account or set targets to ensure rapid improvement.
- Senior leaders and board members had recognised the need to strengthen governance and have recently acted to improve the scrutiny of the apprenticeship programme. This is in its early stages and it is too early to see the impact in the form of improvements to the apprenticeship programme.

Safeguarding

- The arrangements for safeguarding are ineffective.
- Managers do not effectively deal with safeguarding concerns raised by apprentices and staff, in particular for those apprentices under the age of 18. Managers do not record or monitor safeguarding referrals well enough. Managers do not identify apprentices' well-being concerns during their daily life at work. They do not recognise or tackle harassment and bullying quickly enough. Managers do not record, refer, or seek advice on concerns or issues raised. Apprentices and staff do not feel able to raise concerns to managers. They are not supported to feel safe in the workplace.
- Apprenticeship managers with responsibility for safeguarding do not ensure that they maintain and undertake regular training in line with Trust policy.
- Managers with responsibility for the recruitment of apprentices do not use the robust processes put in place by the Trust to manage the safer recruitment of staff. Managers do not adhere to safeguarding policies when recruiting apprentices to clinical roles. They do not ensure that Disclosure and Barring Service records are accurately maintained.
- Most apprentices have an insufficient understanding of the 'Prevent' duty and how to keep themselves safe from extremism and radicalisation. Apprentices do not understand how to keep themselves safe from potential harm, including e-safety and the risks posed to them on using the internet.
- Assessors and apprentices adhere to the Trust's guidelines and expectations for health and safety when visiting clinical areas. All apprentices demonstrate good hygiene standards and wear the appropriate personal protection equipment when working on

wards.

Quality of teaching, learning and assessment

Inadequate

- Assessors do not use well enough the information gained from apprentices' starting points to plan learning. Assessors do not record the results of assessment accurately. They do not use the information to set targets to improve apprentices' skills and knowledge. Assessors do not complete progress reviews frequently enough for them to be effective in helping apprentices to make appropriate progress. Apprentices cannot recognise the new skills they have learned or what they need to do to improve. Apprentices do not know what progress they are making on their programme.
- Assessors do not plan learning effectively to meet the requirements of the apprenticeship. Too many assessors focus on the completion of units for the main qualification and not on the skills, knowledge and behaviours apprentices should be developing. Assessors do not identify what apprentices need to do to improve their performance or to gain higher-level grades. Most apprentices are not made aware of the requirements for their end-point assessment. Most business administration and healthcare apprentices reach the end of their programme without the end-point assessment being planned.
- Assessors do not review apprentices' attendance and completion for their off-the-job training during learning reviews. Assessors do not routinely check that apprentices are attending their off-the-job training. Assessors do not know if apprentices are receiving the time they need to complete their work in order for them to achieve within the expected length of their programme. Too many apprentices fall behind on their programme.
- Assessors are not aware that the vast majority of apprentices are not making the expected progress on their programme, because they do not review apprentices' progress often enough. Assessors do not act quickly enough to get apprentices back on track when they fall behind in their work.
- Assessors do not ensure that apprentices understand how to organise their work for end-point assessment. Assessors have limited resources for apprentices. Assessors do not effectively use or develop resources to ensure that apprentices develop their skills, knowledge and behaviours for their job roles. Apprentices are not encouraged to take pride in their written work.
- The majority of assessors and staff are appropriately qualified for the level of qualification they are assessing. Staff with the responsibility for internal quality assurance are knowledgeable about their subject.
- Assessors provide good care and support for most apprentices. Assessors are available and accessible for support, and apprentices know how to contact them. Assessors often continue to support apprentices once they have completed their programme.

Personal development, behaviour and welfare

Inadequate

- Apprentices' attendance is too low. Apprentices do not attend their off-the-job training and functional skills sessions often enough. Too many apprentices do not see the benefit in attending training sessions. Assessors and staff do not track attendance frequently enough. Staff do not routinely follow up non-attendance with line managers. The

attendance of apprentices who were employed by the Trust before they started their programme is poor.

- Clinical and non-clinical line managers do not have a sufficient understanding of their role in developing apprentices' skills. Too many business administration apprentices do not receive a structured and purposeful experience – in particular, apprentices at New Cross Hospital.
- A minority of apprentices worked for the Trust before starting their apprenticeship. Senior healthcare support apprentices already have the required skills and competencies for their job roles. They do not develop new skills, knowledge and behaviours as a result of their programme.
- Too many apprentices do not develop their English and mathematics skills during their programme. Assessors do not inform apprentices early enough in their programme that they need to complete their functional skills qualifications. Assessors do not develop these skills for those apprentices who have achieved their qualifications in English and mathematics.
- Apprentices do not receive effective careers information, advice and guidance at the start and end of their programme. Apprentices are not provided with information about the career opportunities that are available to them. A few apprentices do not receive information to support them to continue to higher education. A minority of business administration apprentices start in a different job role than the one for which they applied. Staff do not provide enough information to ensure that apprentices can make informed decisions about their careers.
- Apprentices do not understand the risks of radicalisation and extremism. They are unable to show how they would keep themselves safe, including when using the internet. Apprentices' understanding of British values is superficial.
- Apprentices who are new to the Trust develop their self-confidence. Apprentices develop positive behaviours and feel valued by their managers. Level 2 business administration apprentices work as receptionists on wards and across departments. They develop their confidence in dealing with patient calls and prioritising workloads. Level 3 business administration apprentices improve their organisational skills. Apprentices organise public displays and activities around the hospital. Apprentices raise awareness of dementia and mental health services to the public.
- Most apprentices are keen to learn and are motivated to continue with careers in the health service. Apprentices on level 3 healthcare intend to proceed into nursing.

Outcomes for learners

Inadequate

- Managers do not identify where apprentices are falling behind on their programme. Achievement rates for healthcare apprentices have declined significantly. The achievement rates for business administration apprentices have been maintained. Too many apprentices do not achieve their programme in the required time.
- Managers do not monitor the performance of different groups of apprentices. Achievement gaps for age, ethnicity and gender have not reduced since the previous inspection. A minority of achievement gaps have increased; female apprentices now achieve significantly worse than male apprentices.

- The vast majority of current apprentices do not make expected progress on their programme. Too many apprentices in healthcare at level 2 and level 3, and business administration at level 2, are making slow progress on their main qualification.
- Managers do not sufficiently monitor apprentices' progress for their English and mathematics qualifications. Managers and staff do not ensure that apprentices who need to achieve their English and mathematics qualifications complete them within the time of their programme. First-time pass rates for English and mathematics functional skills qualifications are too low.
- The majority of apprentices remain in their current job roles or move into the next level of programme on completion. A small minority of apprentices secure substantive job roles within the Trust.
- The majority of business administration and healthcare apprentices demonstrate good practical skills in their daily work. Apprentices often develop their practical skills beyond the requirements for their qualification. The majority of staff within the Trust value the skills apprentices bring to the service.

Provider details

Unique reference number	55255
Type of provider	Independent learning provider
Age range of learners	16–18/19+
Approximate number of all learners over the previous full contract year	128
Principal/CEO	Richard Beeken
Telephone number	01922 721172
Website	www.walsallhealthcare.nhs.uk

Provider information at the time of the inspection

Main course or learning programme level	Level 1 or below		Level 2		Level 3		Level 4 or above	
	16–18	19+	16–18	19+	16–18	19+	16–18	19+
Total number of learners (excluding apprenticeships)	-	-	-	-	-	-	-	-
Number of apprentices by apprenticeship level and age	Intermediate		Advanced		Higher			
	16–18	19+	16–18	19+	16–18	19+		
	31	43	7	47	-	-		
Number of traineeships	16–19		19+		Total			
	-		-		-			
Number of learners aged 14 to 16	-							
Number of learners for which the provider receives high-needs funding	-							
At the time of inspection, the provider contracts with the following main subcontractors:	None							

Information about this inspection

The inspection team was assisted by the widening participation manager, as nominee. Inspectors took account of the provider's most recent self-assessment report and development plans, and the previous inspection report. Inspectors used group and individual interviews, telephone calls and online questionnaires to gather the views of learners and employers; these views are reflected within the report. They observed learning sessions, assessments and progress reviews. The inspection took into account all relevant provision at the provider.

Inspection team

Andrea Dill-Russell, lead inspector	Her Majesty's Inspector
Sara Hunter	Ofsted Inspector
Tracey Zimmerman	Her Majesty's Inspector

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