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

Interim visit report

Unique reference number:	1278612
Name of lead inspector:	Martin Ward, HMI
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Type of provider:	Employer
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Interim visit

Context and focus of visit

On 17 March 2020, all routine inspections were suspended due to the COVID-19 (coronavirus) pandemic. As part of our phased return to routine inspections, we are carrying out 'interim visits' to further education and skills providers. Interim visits are to help learners, parents, employers and government understand how providers are meeting the needs of learners and apprentices in this period, including learners with high needs and those with special educational needs and/or disabilities.

We intend to return to routine inspection in January 2021 but will keep the exact timing under review.

The focus of these visits is on the themes set out below and the findings are based on discussions with leaders, managers, staff and learners.

Following changes to government guidance and the imposition of COVID-19 lockdown restrictions, we made this visit remotely to reduce pressure on the provider.

Information about the provider

Birmingham Children's Hospital merged with the Birmingham Women's Hospital in 2017 to form a larger, acute specialist trust. In March 2017, the trust became a prime contractor. It started delivering apprenticeships in June 2017.

At the time of the visit, the trust had 134 apprentices in learning, and 20 on a break in learning. Of these, 118 were on healthcare support worker standards at levels 2 and 3. A further 36 apprentices were on business or customer service apprenticeships at levels 2, 3 and 4. Most apprentices study at level 2. Most apprentices were on standards, but some 18 business administration apprentices at levels 2 and 4 were on frameworks. There were no subcontractors.

What actions are leaders taking to ensure that they provide an appropriate curriculum that responds to the reasonable needs of learners and stakeholders and adapts to changed circumstances?

Senior managers reported that they had placed about a third of the healthcare apprentices on a break in learning during the period March to July. This was in response to the redeployment of many healthcare staff and significant work pressures.

Managers decided that apprentices who were close to the end of their apprenticeship and those in business administration should continue their apprenticeship programme.

Senior managers said that these apprentices had now achieved their full apprenticeship. Many of the healthcare apprentices had moved on into trainee nursing associate apprenticeships.

Managers reported that some apprentices, particularly those who had taken a break in learning, would continue to study beyond their planned end date.

Managers explained that, from the initial restrictions in March, assessors taught more online. Managers supported this development through extending the availability of computers, and through staff training.

Managers reported that since August teachers had returned to more face-to-face teaching. This was important in apprentices' clinical skills development.

Managers were keen to maintain some of the benefits of online communication. Using online teaching and reviews had brought benefits to the apprentices working in the separate women's hospital. It saved travel time, and learners were easier to contact.

Departmental managers described how well they thought that the apprenticeship team communicated with them and worked with them to develop the knowledge, skills and behaviours of the apprentices in their area.

Governors were supportive of how senior leaders had responded to the restrictions. They received quarterly reports on the performance of the apprenticeship programme. They expressed their commitment to the current apprenticeship programme.

Senior leaders and managers reported how they had shared good practice through provider and NHS networks. For example, they had shared their ideas of 'virtual' open days.

Managers reported a large and sustained demand for apprenticeships in healthcare, but a reduction in demand for those in business.

What steps are leaders, managers and staff taking to ensure that the approaches used for building knowledge and skills are appropriate to meet the reasonable needs of learners?

Leaders said that the move to online learning had been a challenge, because of the varied experience and skills of the teachers, apprentices' limited access to equipment, and the introduction of a new online learning platform.

Managers and assessors described the range of methods used to ensure that assessors were implementing the curriculum and tracking apprentices' progress. These included observations of both face-to-face and online teaching sessions. They monitored learners'

progress through individual meetings with assessors, and by using information from the online tracking system. They identified apprentices who were making slow progress and put support in place.

Leaders and managers outlined strategies that enabled apprentices to stay on track and to develop specialist skills and knowledge. For example, managers described how highly skilled professionals on the wards were used to educate apprentices, conduct observations, and to provide witness statements, when assessors could not be admitted to the wards.

Assessors explained how they completed reviews and developed action plans for apprentices who fell behind in their work. They adapted the learning to a new role when apprentices moved to a different department. For example, an apprentice who had been redeployed to the accident and emergency department had supported some distressed parents, and assessors helped her to identify the skills she used and how they matched the requirements of the apprenticeship programme.

Assessors explained how they adapted their assessment practices to support the changing environments where apprentices were working. For example, apprentices working from home completed online presentations and reflective journals.

Leaders reported that the attendance of those who remained on the programme had stayed at the same level – and in some cases improved – due to more flexible access to learning and support.

Managers explained how careers advice and guidance started at induction and included career pathways. For example, one recently-recruited apprentice in the neonatal ward was ambitious to move form healthcare assistant to midwife.

How are leaders ensuring that learners are safe and well informed about potential risks, including from online sources?

Staff reported that they followed the trust's policy on COVID-19 infection prevention and control guidance. Staff who inspectors spoke to had undertaken risk assessments and – where required – managers had put support plans in place.

Assessors reported how they had maintained regular contact with apprentices and increased the frequency for those in wards with highest risk. Apprentices knew where to go for information to support their well-being.

Leaders provided on-site childcare. This was of benefit to apprentices who were balancing work, study, and childcare. Leaders provided 're-charge rooms' which were places where apprentices could talk through a stressful shift with professionals, including the chaplaincy.

Apprentices reported that they knew how to keep themselves safe online and in face-to-face settings. Apprentices and managers described how face-to-face teaching had been organised in smaller groups in larger rooms to ensure social distancing.

Leaders outlined their partnership work outside the trust, and how they had shared and gained ideas.

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