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

Report following a monitoring visit to a 'requires improvement' provider

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Monitoring visit: main findings

Context and focus of visit

Birmingham Women's and Children's Hospital NHS Foundation Trust was inspected in January 2020. At that time, inspectors judged the overall effectiveness of the provision to require improvement.

The focus of this monitoring visit was to evaluate the progress that leaders and managers have made in tackling the main areas for improvement identified at the previous inspection.

Birmingham Children's Hospital merged with Birmingham Women's Hospital in 2017 to form a larger, acute specialist trust. It started training apprentices in June 2017.

At the time of the visit, the trust had 76 apprentices. Most apprentices were on healthcare support worker standards at levels 2 and 3. A small number were on business or customer service apprenticeships at levels 2 and 3. There were no subcontractors.

Themes

To what extent do apprentices understand the progress they are making and the actions they need to take to improve?	**Reasonable progress**

Apprentices demonstrate a good understanding of their progress and the skills they need to develop. These are discussed with apprentices at their monthly review meetings with their assessors, with specific actions identified.

Assessors challenge apprentices to develop their learning beyond the requirements of the apprenticeship. For example, apprentices with no experience of end-of-life care were supported to create memory boxes for patients' families with guidance from specialist nurses.

Assessors routinely encourage and support apprentices to achieve high grades. They put in place additional support to help apprentices achieve their best. For example, healthcare support worker apprentices identified their areas for development, which included further practice in professional discussions in preparation for the end-point assessment. This led to additional support being provided by assessors. As a result, apprentices' confidence increased, and they now feel able to achieve a distinction.

Apprentices participate in a detailed induction that includes the identification of prior knowledge and skills. However, staff do not use this information well enough to plan apprentices' learning. A small minority of apprentices repeat prior learning and are not consistently challenged throughout their apprenticeship.

Assessors do not use information gained at the start of the course on apprentices' English and mathematics skills well enough. They do not identify gaps in apprentices' knowledge and support them to improve in these subjects.

How well do apprentices link what they have learned on their apprenticeship to their own practice?	**Reasonable progress**

Since the previous inspection, leaders and managers have improved the working relationship and practice between the education team and clinical teams. Clinical staff actively engage in supporting apprentices to develop wider skills. For example, apprentices are encouraged and supported to experience other areas of interest in the hospital, such as working in intensive care. They have spent some time working in the accident and emergency department.

Most apprentices are developing significant new knowledge, skills and behaviours. For example, apprentices with no prior clinical experience can complete effectively procedures such as inserting nasogastric feeding tubes and monitoring the clinical care of children with complex clinical issues.

In customer services, assessors share their training plan with the workplace mentor, who uses this to plan activities to coincide with the theory taught. For example, after completing the telephone techniques theory, apprentices put this into practice by working on the hospital's helpline. As a result, apprentices are able to apply the theories for managing conversations with customers.

Most healthcare support worker apprentices can link theory to workplace practice well. These apprentices make a valuable contribution to the workplace. For example, apprentices received extra support from the training team to master the skill of carrying out nasogastric feeds and went on to develop a guide for the procedure that is now being used across the hospital.

Assessors work with workplace mentors well to support apprentices to develop their clinical skills, putting in place extra support and training where necessary. For example, assessors arranged for additional training from specialists to ensure that

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apprentices are confident in caring for patients who require a catheter. As a result, the apprentices are now competent in this skill.

Do leaders and managers have a good enough understanding of the quality of the apprenticeship provision?	**Reasonable progress**

Since the previous inspection, leaders and managers have implemented a more rigorous approach to quality assurance. This has included establishing a set of performance indicators that they use to monitor the provision. As a result, they now have a better understanding of the quality of the apprenticeship programme.

Leaders and managers meet frequently with apprenticeship assessors and tutors to review the progress that apprentices are making. This enables staff to identify apprentices who are not making the progress expected of them and to put actions in place to support them. As a result, leaders and managers have a better understanding of the progress that apprentices are making.

Leaders and managers have started to meet frequently with groups of apprentices to gain feedback on the apprenticeship programme. This has resulted in changes to the way the apprenticeship programme is taught. For example, apprentices at the children's hospital are taught separately from apprentices at the women's hospital. This enables tutors to teach lessons that are more relevant to the work that apprentices do on their respective wards.

Leaders and managers have improved the way they communicate with ward managers to ensure that the latter have a good understanding of what is expected of apprentices. Ward managers commented on how they feel that they have a better understanding of the apprenticeship programme and what is expected of them. For example, ward managers work together to provide opportunities for apprentices to visit other departments or go into operating theatres to observe operations. This has helped apprentices to gain a wider range of experience through the support of their managers.

Twice a year, leaders and managers observe all tutors and assessors. Where strengths have been identified, these are too often normal expectations, such as 'setting the date for the next review'; areas for improvement are not specific enough and do not feature in the summary of the observation report. As a result, it is not sufficiently clear what staff are expected to improve and how they are to go about doing this.

How effective are governors in holding senior leaders accountable for the provision offered?	Reasonable progress

Leaders and managers have recently established an apprenticeship governance board. Board members represent a wide range of hospital services, both clinical and non-clinical, and report ultimately to the trust's board.

Governors have a good understanding of the strengths and weaknesses of the apprenticeship provision. They provide appropriate challenges to leaders and managers. For example, they have been instrumental in increasing the number of male healthcare support workers from under-represented groups, to better represent the patient population.

Governors value the role that apprentices have within the trust. For example, they are keen to see apprentices move on from healthcare support into nursing.

Leaders and managers need to ensure that the governance arrangement that they have recently introduced in apprenticeships becomes established as part of the trust's governance arrangements.

Governors are reliant on the information that leaders and managers provide to them. While they feel confident that they can ask for information at any point, they do not have access to information independently of the apprenticeship team, which hinders their ability to provide independent scrutiny of the apprenticeship provision and support leaders and managers to improve.

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