

# INSPECTION REPORT

## West Herts Hospitals NHS Trust

24 July 2001



ADULT LEARNING  
INSPECTORATE

## Grading

Inspectors use a seven-point scale to summarise their judgements about the quality of learning sessions. The descriptors for the seven grades are:

- *grade 1 - excellent*
- *grade 2 - very good*
- *grade 3 - good*
- *grade 4 - satisfactory*
- *grade 5 - unsatisfactory*
- *grade 6 - poor*
- *grade 7 - very poor.*

Inspectors use a five-point scale to summarise their judgements about the quality of provision in occupational/curriculum areas and in New Deal options. The same scale is used to describe the quality of leadership and management, which includes quality assurance and equality of opportunity. The descriptors for the five grades are:

- *grade 1 - outstanding*
- *grade 2 - good*
- *grade 3 - satisfactory*
- *grade 4 - unsatisfactory*
- *grade 5 - very weak.*

The two grading scales relate to each other as follows:

SEVEN-POINT SCALE	FIVE-POINT SCALE
grade 1	grade 1
grade 2	
grade 3	grade 2
grade 4	grade 3
grade 5	grade 4
grade 6	grade 5
grade 7	

## Adult Learning Inspectorate

The Adult Learning Inspectorate (ALI) was established under the provisions of the *Learning and Skills Act 2000* to bring the inspection of all aspects of adult learning and work-based training within the remit of a single inspectorate. The ALI is responsible for inspecting a wide range of government-funded learning, including:

- work-based training for all people over 16
- provision in further education colleges for people aged 19 and over
- the University for Industry's *learnirect* provision
- adult and community learning
- training given by the Employment Service under the New Deals.

Inspections are carried out in accordance with the *Common Inspection Framework* by teams of full-time inspectors and part-time associate inspectors who have knowledge of, and experience in, the work which they inspect. All providers are invited to nominate a senior member of their staff to participate in the inspection as a team member.

## Inadequate provision

A provider's provision will normally be deemed to be less than adequate where

- one third or more of published grades for occupational/curriculum areas and New Deal options are judged less than satisfactory, or
- leadership and management are judged to be less than satisfactory

The final decision as to whether the provision is inadequate rests with the Chief Inspector of Adult Learning. The overall judgement as to whether the provision is adequate or inadequate is included in the summary section of the inspection report.

## **SUMMARY**

### **The provider**

West Herts Hospitals NHS Trust provides training for apprentices in health, care and public services. All the apprentices are health care assistants who are employed by the Trust.

### **Overall judgement**

Training in health, care and public services is unsatisfactory. Leadership and management of training in West Herts Hospitals NHS Trust are also unsatisfactory. The quality of the provision is not adequate to meet the reasonable needs of those receiving it.

### **Work-based learning for young people**

Work-based training in health, care and public services is not satisfactory. There are currently four foundation modern apprentices and four advanced modern apprentices in health, care and public services. There are good progression and career routes for apprentices. For example, they can progress to general nurse training at the local university. All apprentices work in hospital wards, which provide them with a good learning environment. Resources for off-the-job training are good. No apprentice, however, has yet achieved a national vocational qualification (NVQ) at level 2. Only one apprentice has completed the apprenticeship framework. Retention rates are satisfactory. Apprentices are not collecting evidence of their acquisition of key skills. At the time of inspection, apprentices were not receiving training in key skills. Assessment practice is poor, and there have been frequent changes of assessors. Internal verification is insufficiently rigorous.

### **Leadership and management**

Leadership and management are unsatisfactory. The Trust has implemented a strategy to attract more health care assistants and has a number of incentives to retain them. Many of these incentives focus on training and development, and the Trust has been successful in enabling health care assistants to progress to nurse training at the local university. The Trust has a sound equal opportunities policy, and its implementation is monitored. Measures are being taken to provide childcare facilities on site. The training programme is poorly resourced. No member of staff is qualified to assess key skills and there is no administrative support for the NVQ co-ordinator. Little action is taken to strengthen trainees' understanding of equality of opportunity following induction. Arrangements for quality assurance are poor. There is little monitoring of the effectiveness of the training programme.

Management information is not readily available.

## GRADES

Health, social care & public services	4
Contributory grades:	
Work-based learning for young people	4

Leadership and management	4
Contributory grades:	
Equality of opportunity	3
Quality assurance	4

## KEY STRENGTHS

- effective action following monitoring of equality of opportunity
- effective recruitment and retention strategy
- good learning resources for off-the-job training
- good progression routes for advanced modern apprentices

## KEY WEAKNESSES

- insufficiently rigorous internal verification
- failure of any foundation apprentices to achieve an NVQ at level 2
- no key skills training
- poor assessment practice
- insufficient use of management information
- poor quality assurance arrangements
- inadequate resourcing of training

## OTHER IMPROVEMENTS NEEDED

- additional crèche facilities
- more guidance and support for assessors
- involvement of more staff in the self-assessment process
- greater involvement by apprentices in progress reviews

## THE PROVIDER AND ITS CONTEXT

1. West Herts Hospitals NHS Trust was formed on 1 April 2000 as the result of the merger of two hospital trusts, Mount Vernon and Watford Hospitals NHS Trust and St Albans and Hemel Hempstead NHS Trust. The merger took place after two years of consultation. The Trust employs approximately 4,500 staff. The Mount Vernon and Watford General Hospital Trust has been offering NVQ training for health care assistants for eight years. The Trust has been approved by the relevant awarding body as an assessment centre for NVQs in health, care and public services, and key skills. The responsibility for the modern apprenticeship schemes rests with the nursing and midwifery directorate. There are two members of staff with responsibility for the NVQ programme and there is a team of 11 assessors, seven of whom work on the wards, and five internal verifiers. All health care assistants are expected to undertake NVQ training. Within the Trust as a whole, 235 employers are working towards NVQ in care at levels 2 or 3. Those who meet the age requirements become modern apprentices. There are currently four foundation level apprentices and four advanced level apprentices. A total of 23 apprentices has started on the scheme since 1998.

2. The Trust has had a contract with the North West London TEC since 1998, and now contracts with the West London Local Learning and Skills Council (LSC). Many of the employees live in Hertfordshire. The unemployment rates in Hertfordshire and West London are 1.2 per cent and 2.9 per cent, respectively. The proportions of unemployed persons aged between 18 and 24 in Hertfordshire and West London are 18 per cent and 19 per cent, respectively. The proportions of persons from minority ethnic groups in Hertfordshire and West London are 4 per cent and 17.4 per cent, respectively. In 2000, the proportions of school leavers in Hertfordshire and West London who achieved five or more general certificates of secondary education (GCSEs) at grade C or above, were 55 per cent and 52 per cent, respectively, compared with the national average of 49.2 per cent.

## THE INSPECTION

3. A team of three inspectors spent a total of nine days at West Hertfordshire Hospitals NHS Trust at the end of July 2001. They interviewed five apprentices, had 19 meetings with Trust staff, interviewed five supervisors and visited two sites. Inspectors examined a range of documents including portfolios of evidence, apprentices' records, Trust documents, policies, promotional literature and handbooks. They also studied the self-assessment reports, including an update prepared prior to the inspection. No learning sessions took place during the inspection.

## OCCUPATIONAL AREAS

Health, social care & public services

Grade 4

Programmes inspected	Number of learners	Contributory grade
Work-based learning for young people	8	4

4. Work-based training is provided for employees working in the West Herts Hospitals NHS Trust. The Trust requires health care assistants to work towards NVQs in care as a condition of employment. The NVQ programme has been running for eight years. There are 235 employees working towards NVQs in care, across all four sites of the Trust. Those who are eligible for it in terms of age, take the modern apprenticeship programme. The apprentices are recruited from local schools and job centres. The training starts with a three-day induction, during which there is an initial assessment of apprentices' key skills. The induction programme covers training in essential basic care, including resuscitation, moving and handling, personal care, pressure sore prevention, observation and care of the unconscious patient. Off-the-job training consists of nine study days chosen by the candidates. Assessment takes place in the Trust's hospitals. Assessors are occupationally qualified. Each apprentice is allocated an assessor in his or her hospital ward. There is one full-time programme NVQ co-ordinator and one full-time officer for the NVQ centre. There are five internal verifiers and 11 qualified assessors involved with the NVQ programmes. There are eight modern apprentices. Four are on the foundation programme and four on the advanced programme.

The following tables show the achievement and retention rates available up to the time of inspection.

Work-based learning for young people										
Foundation modern apprenticeships (FMA)	1997-98		1998-99		1999-2000		2000-01		2001-02	
	No.	%	No.	%	No.	%	No.	%	No.	%
	Number that started					5		3		0
Still in training					1	20	3	100	0	0
Left without completing the framework					4	80	0	0	0	0



Work-based learning for young people										
Advanced modern apprenticeships (AMA)	1997-98		1998-99		1999-2000		2000-01		2001-02	
	No.	%	No.	%	No.	%	No.	%	No.	%
	Number that started			9		6		3		0
Still in training			0	0	2	33	2	67	0	0
AMA framework completed			1	11	0	0	0	0	0	0
NVQ level 3 completed			5	56	5	83	2	67	0	0
Left without completing the framework			7	78	4	67	1	33	0	0

## STRENGTHS

- good progression routes from the advanced modern apprenticeship programme
- good learning resources for off-the-job training
- good learning environment

## WEAKNESSES

- insufficiently rigorous internal verification
- failure of any foundation apprentice to achieve an NVQ
- failure of all modern apprentices, except one, to complete their framework
- no key skills training
- poor assessment practice

## OTHER IMPROVEMENTS NEEDED

- greater involvement of apprentices in progress reviews

5. The apprentices' workplaces provide a good learning environment. The ward managers have a good understanding of NVQs and believe that training leads to improvements in patient care. Apprentices can be assessed while carrying out their everyday tasks on the wards. They undertake a variety of work with a wide range of patients on many different wards, and the breadth of experience they acquire helps them to choose a career route which suits them.

6. Many modern apprentices progress to further education and training. The Trust has strong links with the University of Hertfordshire and apprentices have the opportunity to meet university staff during their programme. Six apprentices from the advanced programme have progressed to general nurse training since achieving an NVQ at level 3 and others have gone on to midwifery and paediatric nursing. The NVQ team helps

apprentices who are progressing to nurse training to prepare for advanced study. The team has devised assignments for apprentices and these cover learning and study skills required during nurse training in higher education. Of the 26 apprentices who have started the modern apprenticeship framework since 1998, only one has completed it. Of the 18 advanced modern apprentices, 12 have achieved an NVQ at level 3. Six apprentices have left early without gaining any qualifications. Achievement and retention rates on the foundation programme are poor. Of the eight apprentices who started on the foundation programme since 1999, none has achieved an NVQ at level 2 and four left early without gaining any qualifications. Apprentices have made slow progress. Most have failed to meet their targets and have needed an extension of their deadlines for the completion of NVQ units.

7. Resources for off-the-job training are good. The three-day induction programme provides a comprehensive introduction to NVQs and to assessment methods. Documentation is good. Apprentices are provided with handbooks, which they can work through on their own. During their induction, apprentices work on one unit using guidelines from the induction handbook. The programme for the off-the-job study days includes training in portfolio-building and theory work related to the NVQ units in care. All apprentices' evaluations of the induction programme and study days are positive.

8. At the time of inspection, apprentices were receiving little training in key skills. A vacancy for a teacher of key skills had been unfilled for many months and no member of staff was qualified to assess key skills. Only one apprentice has achieved key skills certification. All apprentices undergo initial assessment of their key skills but not of their occupational skills. Apprentices' prior learning and achievements are identified and taken into account in individual learning plans. The apprentices' results in initial assessment are also taken into account in their individual learning plans, but not in any planning of training in key skills. Apprentices do not gather evidence of their acquisition of key skills through their work in the wards. For example, many apprentices use the key skill of number in making records of urine measurements and in collating information from various charts. Others use information technology skills when using a computer in their work. They do not, however, gather evidence of their use of these skills for their portfolios of evidence.

9. Assessment practice is weak. The assessors on the wards are all practising nurses and much of the assessment is by direct observation. There have, however, been substantial staff changes following the restructuring of the trusts and apprentices have made slow progress towards achieving their qualifications. One apprentice has had three changes of assessor. Another was without an assessor for many months and there was much work in this apprentice's portfolio of evidence that had not been assessed. Some inexperienced assessors have not been able to provide apprentices with sufficient support to enable them to complete their training. Individual training plans are not detailed. Only recently have apprentices been set targets which are more than deadlines for completing work. Most apprentices receive reviews of their progress according to schedule. Apprentices' comments, however, are not included on the form used for recording reviews.

10. Internal verification is not rigorous. Portfolios of evidence are incomplete and most contain evidence that has not been verified by assessors. Evidence that has been signed off by an inexperienced assessor, has not been countersigned by a qualified assessor. In one apprentice's portfolio, a piece of evidence had been signed off incorrectly by someone who was not an assessor but this had not been noticed by the internal verifiers. The lack of appropriate countersigning of evidence had been identified as an issue by the external verifier in October 2000. There are no action plans for implementing the recommendations of external verifiers.

#### Good Practice

*The Trust rewards employees who complete a training course successfully by awarding them a pay increase. Staff who have achieved their NVQ also wear a red belt. Employees who achieve an NVQ at level 3 are eligible for secondment to nurse training at the University of Hertfordshire.*

## LEADERSHIP AND MANAGEMENT

Grade 4

11. The modern apprenticeship programme is part of a large programme of NVQ training for the Trust's employees. Altogether, 235 employees have been registered as working towards the achievement of NVQs. The NVQ co-ordinator manages the entire programme. She reports to the deputy director of nursing and midwifery with responsibility for education. The NVQ co-ordinator facilitates NVQ training across the four sites and manages the NVQ officer who provides help to NVQ assessors and NVQ candidates. The NVQ officer has been in post for six months. The Trust operates through clinical management units, formerly known as wards. The ward managers manage the ward-based assessors and NVQ candidates. The first self-assessment report was written in January 2001 and has been updated twice.

### STRENGTHS

- effective action following monitoring of equality of opportunity
- effective strategy for the recruitment and retention of apprentices

### WEAKNESSES

- insufficient promotion of equality of opportunity throughout the training programme
- inadequate quality assurance arrangements
- insufficient use of management information
- poor resourcing of training

### OTHER IMPROVEMENTS NEEDED

- additional crèche facilities
- more specific guidance and support for assessors
- more involvement of staff in the self-assessment process

12. The Trust has developed a strategy to address significant staff and skills shortages. Recruitment targets are being met and the campaign has had a positive impact on the image of the Trust within the community. A wide range of external contacts has been established with local schools, careers services and community organisations. Open days and recruitment fairs have been organised, links with the local university have been strengthened and a Trust website has been developed. The NVQ co-ordinator participates in many of the recruitment events. The Trust's business plans include a range of measures to retain staff at a time of acute shortages. These include paid study days, day-release for training, a mentor scheme and a system of work rotation that enables staff to gain wide experience. The establishment of progression routes to the local university from the advanced modern apprenticeship programme has been particularly successful, and there has been a decrease in staff turnover. The staff appraisal scheme has been revised recently. During the staff appraisal process,

individual learning plans are drawn up for members of staff.

13. The human and physical resourcing of the modern apprenticeship programme is inadequate. Staff have heavy workloads. The NVQ co-ordinator, with the support of the NVQ officer, has many responsibilities, including the training of 235 trainees on NVQ programmes. The co-ordinator receives no administrative support, and there are few qualified and experienced assessors available. The post of key skills officer has been vacant for six months. None of the current staff are qualified to teach key skills. Staffing problems are further compounded by inadequate accommodation for staff who carry out NVQ training.

14. The management information system is not used to further improvements. Accurate data on apprentices' achievement and retention rates were difficult to retrieve during inspection. Management information is not used when reporting on performance or when developing action plans and determining targets.

15. The NVQ officer was appointed in January 2001 and since then, communications between the wards and the NVQ team have been satisfactory. Attendance has improved at the assessor meetings, though ward duties and work rotas make it difficult for some assessors to attend regularly. There has been a high turnover of assessors. Assessors are able to contact members of the NVQ team by telephone easily, but some assessors themselves and trainee assessors need additional support.

**Equality of opportunity**

**Contributory grade 3**

16. The Trust has a sound equal opportunities and harassment policy. Equal opportunities issues are also covered in other policies such as those on grievance and disciplinary procedures and the management of change. Everyone involved in the recruitment and selection of staff receives equal opportunities training. The Trust monitors the safeguarding of equality of opportunity for the workforce and reports are sent to the trustees. Action is taken following the workforce monitoring. The Trust has identified that the number of persons in its workforce from minority ethnic groups is proportionate to the number of persons from such groups in the locality. There are, however, comparatively few health care assistants from minority ethnic groups. Following the sending of a report to the trustees on the composition of the workforce, two non-executive directors of the Trust are working with local community groups to encourage more persons from minority ethnic groups to apply for posts as health assistants. A form is used to collect confidential equal opportunities data in respect of staff. These data includes the ages of the children of staff. The Trust offers crèche facilities at one of the sites in response to an identified need for childcare. Additional crèche facilities are being planned at other sites. Appropriate practical help is available for apprentices with disabilities such as hearing impairment or dyslexia.

17. Equal opportunities issues are covered in the apprentices' induction, but there is little planned promotion of equality of opportunity throughout the training programme. On the wards, issues relating to equality of opportunity are dealt with on a day-to-day basis as they arise, but apprentices do not receive any training to enable them to anticipate these and deal with them effectively. The programme unit that specifically addresses equality of opportunity is covered towards the end of the training programme. The self-assessment report failed to acknowledge that apprentices' understanding of equality of opportunity is poor. There is little in their portfolios of evidence to show that apprentices are aware of the importance of equality of opportunity.

**Quality assurance****Contributory grade 4**

18. Quality assurance arrangements in respect of training and assessment are inadequate. This weakness was understated in the self-assessment report. Internal verification is not always implemented with consistent thoroughness. Many apprentices have carried out work which has not been assessed. Others have had their work assessed but their assessments have not been verified. Various procedures and information, including a handbook for assessors, are available to guide trainers and assessors in their work. However, there is no monitoring to ensure that these procedures are used and that assessors are competent. There is over-reliance on apprentices to contact one of the NVQ team if problems arise. Some apprentices make slow progress and they do not receive enough help and support. Assessors and trainers have no guidelines to help them prioritise their clinical and training responsibilities. There is inadequate monitoring and recording of apprentices' progress.

19. There are no systematic arrangements for gathering written feedback from apprentices about the quality of their training and assessment, other than in relation to their off-the-job training. The views of apprentices are gathered informally by the NVQ training staff. The West London LSC has carried out few audits of the quality of the Trust's provision. The Trust has not received the results of a health and safety audit carried out six months ago.

20. The first self-assessment report was produced in January 2001 and has been updated twice. Many staff were not involved in the production of the report. The self-assessment report is detailed in places. It is complemented by an action plan. The intended outcomes of this plan are not sufficiently clear. Only a few of the proposed actions have specified timescales. Inspectors considered many of the strengths identified in the self-assessment report to be no more than normal practice and they found additional weaknesses.