

INSPECTION REPORT

Walsall Hospital NHS Trust

05 August 2002



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 Jobcentre Plus programmes. 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
- **learndirect** provision
- adult and community learning
- training funded by Jobcentre Plus
- education and training in prisons, at the invitation of her majesty's Chief Inspector of Prisons.

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 Jobcentre Plus programmes 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

Walsall Hospitals National Health Service Trust offers foundation and advanced modern apprenticeships in care. There are 10 employed learners. The first group of learners started in November 2000, and the second in September 2001.

Overall judgement

The quality of the provision is adequate to meet the reasonable needs of those receiving it. More specifically, the modern apprenticeships in care are good at foundation and advanced levels. Leadership and management are satisfactory.

GRADES

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

Health, social care & public services	2
Contributory grades:	
Work-based learning for young people	2

KEY STRENGTHS

- successful training programme which meets the needs of learners and the employer
- good support for individual learners
- good achievement of personal goals by learners
- well-structured progression routes for learners
- excellent achievement and retention rates

KEY WEAKNESSES

- insufficient understanding of key skills
- deficiencies in assessment procedures and practice
- inadequate arrangements for quality assurance

OTHER IMPROVEMENTS NEEDED

- better co-ordination of on- and off-the-job training
- better promotion of the training programme to under-represented groups
- more efficient use of management information systems for record-keeping

THE INSPECTION

1. A team of four inspectors spent a total of 16 days at the Walsall Hospital National Health Service Trust (the Trust) in August 2002. They interviewed nine of the 10 learners and 13 staff, visited both hospital sites and seven wards. Inspectors observed and graded two learning sessions. They examined a range of documents, including eight portfolios of evidence, six learners' records, minutes of meetings, Trust policies and procedures and promotional literature. Inspectors studied the self-assessment report which was produced in April 2002. An update was provided on the first day of inspection.

Grades awarded to learning sessions

	Grade 1	Grade 2	Grade 3	Grade 4	Grade 5	Grade 6	Grade 7	Total
Health, social care & public services	0	0	1	1	0	0	0	2
Total	0	0	1	1	0	0	0	2

THE PROVIDER AS A WHOLE

Context

2. The Trust has its own training centre which offers foundation and advanced modern apprenticeships in care and diagnostic therapeutic support. The continuing professional development unit (CPDU), which manages the programme, is based in the nursing directorate. Other national vocational qualification (NVQ) programmes are offered throughout the Trust and are taught in conjunction with a local college, on a site adjacent to the main campus. The modern apprenticeship programmes form the second phase of the 'health care cadet programme' which is run by the CPDU. The first stage is run in conjunction with local schools and colleges and the local education business partnership. Learners attend for one day a week while studying for the intermediate general national vocational qualification (GNVQ) in care. If they complete the GNVQ at merit level, the learners then progress to the modern apprenticeship programme as employees of the Trust. On completion of the advanced modern apprenticeship, the learners are guaranteed a sponsored place in the local school of health, leading to a university diploma or degree after additional education. The NVQ co-ordinator is responsible for the day-to-day running of the programme and reports to the senior nurse for education and development. The co-ordinator is a mentor and is also the internal verifier who carries out most of the off-the-job training. The Trust has 117 work-based assessors and 13 internal verifiers.

3. The modern apprenticeship programme is funded through a contract with the Black Country Learning and Skills Council (LSC). In April 2002, the unemployment rate in Walsall was 4.5 per cent, compared with 3.1 per cent nationally. The 1991 census shows that the proportion of people from minority ethnic groups in Walsall is 8.7 per cent, compared with 6.2 per cent nationally. In 2001, the proportion of school leavers in Walsall achieving five or more general certificates of secondary education (GCSEs) at grade C or above was 40.6 per cent, compared with the national average of 47.9 per cent.

Work-based learning for young people

4. Retention and achievement rates are outstanding. Learners are supported well and achieve their personal goals. The training programme meets the needs of learners and the employer. The progression route for learners has been well structured. There are weaknesses in internal verification and in the quality assurance procedures. Key skills are currently not taught as an integral part of the vocational training and are not fully understood.

LEADERSHIP AND MANAGEMENT

Grade 3

5. The modern apprenticeship programme is co-ordinated by a member of staff within the CPDU, which is responsible for the professional and clinical development of nursing and midwifery staff. A senior nurse manages the CPDU and reports to the nurse director. The Trust's overall training strategy is determined by the education and development group, which develops policy in response to national targets and local priorities. The modern apprenticeship programme is subject to the policies and procedures of the Trust, including equal opportunities and health and safety, as well as specifically medical and clinical policies and procedures. The programme co-ordinator produced the first self-assessment report in preparation for the inspection.

STRENGTHS

- good implementation of improvements after feedback from learners
- well-structured progression route into nurse training
- successful training programme

WEAKNESSES

- inadequate arrangements for quality assurance
- poor internal verification practices
- no strategy for programme planning
- insufficiently thorough course monitoring and evaluation

OTHER IMPROVEMENTS NEEDED

- better use of evidence to support judgements in the self-assessment report
- better promotion of the training programme to under-represented groups
- more efficient use of management information systems for record-keeping

6. The Trust has established a training programme which meets individual learning needs and the employment needs of the organisation. Learners value the opportunity to gain relevant experience, and value the support and guidance they receive from individual managers and supervisors. Learners express satisfaction with their training programme, and this is reflected in the excellent retention rates. The Trust recognises the value of recruiting, training and retaining local young people for posts with the Trust. It also recognises its responsibility to promote vocational opportunities in an area of low educational achievement and high deprivation. Managers and staff are clear about the purpose of the training and it is clearly communicated to learners.

7. The Trust's modern apprenticeship programme offers a clear and effective progression route into nurse training. At each stage, learners are encouraged to make

informed choices about their future careers. For example, one learner is following a different route in order to qualify as a midwife. Learners are clear about their progression routes and recognise the value of the career development.

8. The process for reviewing and reporting on the training programme are insufficiently thorough. While the Trust has a clear management structure with lines of reporting and accountability, much of the management is carried out informally. This was not identified in the self-assessment report. Much of the detail of the training programme is kept by the programme co-ordinator and it is insufficiently available to the rest of the organisation. The programme co-ordinator is responsive to problems, but there is no clear programme review process and good practice is not shared. Similarly, weaknesses in the structure and organisation of the programme are not identified and rectified. For example, variations in assessment practice, or the experiences of learners at the different hospital sites. The education and development group receives regular reports, but they are brief and are not based on a detailed evaluation process by all staff.

9. There is no strategy for planning the future scope and direction of the training programme. Managers have started to consider organisation and resourcing for expansion, but the considerations have not been due to a thorough planning process.

10. The Trust has a well-established process for appraisal and staff development. All members of staff are appraised each year, with an interim review at six months. Personal development plans, which are produced after the reviews, contribute to the Trust's training needs analysis. However, there has been too much reliance on the appraisal system as a tool for the management of the modern apprenticeship programme. The need for more time to develop and implement management systems has not been fully recognised.

11. The programme administrator keeps thorough and accurate records of learners and their progress through the apprenticeship framework. Some of the records are kept on a database but, due to a lack of training, most are paper based. The database is not being used effectively as yet.

Equality of opportunity**Contributory grade 3**

12. The promotion of equal opportunities is satisfactory. The Trust shows a clear commitment to equality of opportunity and has a comprehensive range of employment policies and procedures. The chief executive has lead responsibility for the implementation of the equal opportunities policy, which was substantially revised in January 2002 and includes reference to recent changes in legislation. It is written in language which is easily understood by learners and staff. There is a clear complaints procedure. A separate policy and guidance notes cover dignity at work and the protection of staff from harassment and bullying. Policies are widely circulated, and staff and learners can easily refer to copies of the policies which are kept on all wards. Learners can also obtain policies through the hospital intranet from wards and from home. However, the equal opportunities policy shown on the intranet is not current.

13. Staff are satisfactorily informed about developments in equal opportunities. The Trust provides mandatory updating days each year for all staff, supported by the Trust's multi-cultural awareness team. Detailed statistics are kept by the Trust on gender, ethnicity and disabilities. These are carefully monitored to form the basis of an annual action plan. Clear targets are agreed for improvements, such as the proportion of staff appointed from minority ethnic groups.

14. Learners understand the practical implications of equal opportunities for their work on wards, but they are not sufficiently aware of the broader impact of significant new legislation. Equality of opportunity and cultural awareness are introduced to learners during the induction, and they are encouraged to discuss topics which are relevant to patient care. All learners are given a copy of the equal opportunities policy during their induction. Awareness of equal opportunities is reinforced through assessed coursework each year.

15. Learners are made aware of the complaints procedure at induction and the NVO co-ordinator responds quickly and effectively to learners' concerns about personal and training needs. However, such actions are not always recorded, and there is insufficient formal analysis of complaints. The CPDU does not fully evaluate data on recruitment and selection of learners, and no targets are currently set for recruitment from under-represented groups. Publicity materials do not highlight the commitment of the Trust to equality of opportunity.

Quality assurance

Contributory grade 4

16. The co-ordinator is effective in making improvements to the training programme. Questionnaires are given to learners after induction and at various stages of the course and are analysed and acted upon. The training programme for the second group of learners has changed in response to the feedback from the first group. Changes in the off-the-job training have been made after feedback during progress reviews.

17. Improvements are made, but they are not part of a planned programme of quality assurance. There is currently no strategy for assuring the quality of the modern apprenticeship programme. The NVQ co-ordinator has gradually introduced mechanisms, but they have not yet been brought together as a coherent framework. An NVQ handbook for the Trust's internal verifiers is in final draft form, but it is not in operation as yet. Observation of off-the-job training and assessment practice have recently been introduced, but only two assessors have been observed and it is too soon to evaluate its effectiveness.

18. Internal verification practices are poor. Inspectors identified examples of weak assessment practice which had not been identified by the internal verifier. There have been no assessors' meetings for more than a year. The external verifier has noted the need for improvement in assessment practice for the past three reports, but assessors are not informed about these action points and progress in implementing the changes is slow. There is an established internal verifiers' group which meets to discuss action points from the external verifier.

19. The self-assessment report is the first to be produced by the Trust. It identifies some of the strengths and weaknesses, but does not support its judgements with detailed evidence.

AREAS OF LEARNING

Health, social care & public services

Grade 2

Programmes inspected	Number of learners	Contributory grade
Work-based learning for young people	10	2

20. Learners are recruited as part of the health care cadet programme which has been developed in conjunction with local schools. There is guaranteed progression to the local university for nurse training. All learners are employees of the Trust. Clinical placements are shared between two hospital sites and include paediatric wards, medical wards, surgical wards and the stroke rehabilitation unit.

21. Ten learners are currently in training, two are advanced modern apprentices and eight are foundation modern apprentices. Learners have a two-day induction covering health & safety, moving & handling, fire safety and equal opportunities. Learners also have a four-day introduction to their training programme. Key skills are taught by a local college of further education.

22. The NVQ co-ordinator manages the training programme and carries out most of the background knowledge training, personal support and performance reviews. He is also the main internal verifier. All staff and assessors are occupationally qualified and experienced. Training in background knowledge and key skills takes place away from the workplace at scheduled times each week. All learners have a work-based assessor who gives additional on-the-job training in the workplace. Learners can also participate in the training programme which is organised for all the health care staff, in conjunction with a local university. All learners are closely supervised in the workplace. Formal progress reviews are carried out every four to six weeks depending on the needs of the learner. The NVQ co-ordinator visits the workplace to offer extra support.

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

Work-based learning for young people																
Advanced modern apprenticeships (AMA)	2000-01															
	No.		%		No.		%		No.		%		No.		%	
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%		
Number of starts	4															
Retained*	2															
Successfully completed	2															
Still in learning	2															

*retained learners are those who have stayed in learning for at least the planned duration of their training programmes, or have successfully completed their programme within the time allowed

Work-based learning for young people																	
Foundation modern apprenticeships (FMA)																	
	2001-02																
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Number of starts	8																
Retained*	0																
Successfully completed	0																
Still in learning	8																

*retained learners are those who have stayed in learning for at least the planned duration of their training programmes, or have successfully completed their programme within the time allowed

STRENGTHS

- excellent retention and achievement rates
- good achievement of personal outcomes by learners
- wide range of evidence in portfolios
- good individual support for learners

WEAKNESSES

- poor assessment practice
- insufficient understanding of key skills

OTHER IMPROVEMENTS NEEDED

- better checking of understanding about equal opportunities during progress reviews
- wider choice of optional units
- better integration of on-and off-the-job training
- more systematic induction to the clinical workplace

23. Retention and achievement rates are outstanding. Two learners from the first group completed their advanced modern apprenticeship framework within a year and the other two are about to complete it. All the learners from the second group have achieved the units of the NVQ and are awaiting certification. They have completed the modern apprenticeship framework and are about to start on the advanced course.

24. Learners achieve their personal goals of gaining an NVQ in care and moving into nurse training. They are well prepared for the academic study of nurse training. There is guaranteed progression into higher education on completion of the training programmes. All learners are employed and gain excellent work experience and references. Learners gain self-confidence and develop a range of clinical and interpersonal skills which make them effective members of their teams.

25. The training programme is successful. Both of the observed learning sessions concentrated on the development of the learners' confidence and reinforced the links between practice and background knowledge. The content of the training programmes satisfy the course requirements, but there is insufficient choice of optional units. The work placements offer good opportunities for the development of learners' skills. Learners have an induction to the clinical workplace, but practice varies on the wards and some learners do not have a sufficiently detailed induction to their specific clinical specialism. All the learners have a ward-based assessor, but the assessment planning does not always take into account the content of the off-the-job training. The individual learning plans are fully completed, but the progress reviews which record any updates are kept separately and the plan is not used on an ongoing basis.

26. All of the current learners achieved the key skills of communication, application of number and information technology (IT) while still at school. The local college taught working with others and improving own practice. However, key skills are not an integral part of the NVQ training. Some learners have carried out activities in the workplace which have developed their key skills, but they are not cross-referenced and the learners do not recognise the relevance of key skills to their careers in care.

27. Portfolios of evidence are well organised and contain a good range of evidence. Learners are trained at the beginning of the programme on how to collect information and compile their portfolios. Clinical placements offer good practical experience and staff are familiar with the types of evidence that are appropriate for the NVQ. The Trust's staff have a good understanding of the NVQ and the aims of the scheme. Learners make good use of daily occurrences on the ward to provide evidence for the NVQ.

28. The assessment procedures are inadequate. For example, some learners have been assessed by direct observation without their prior agreement and acceptance. The recording of direct observations is inadequate and contains insufficient detail to verify the assessment. There are no regular meetings for work-based assessors to share experiences and good practice. Assessors do not have time set aside for the planning and recording of assessments. Assessment plans often do not show review dates and signatures of the assessor and the learner. Assessment is carried out on a unit-by-unit basis. Learners are given a copy of the appeals procedure at the beginning of the training programme, but some assessors, and most learners, are unfamiliar with the content of the appeals procedure. Assessors do not remind learners of their rights of appeal when preparing them for assessment.

29. Working relationships between learners, the training team and the clinical staff are good. Learners are well supported in the workplace and receive personal and work-related support from the NVQ co-ordinator and colleagues in the clinical areas. Learners start work at 17 years of age in an environment which might expose them to suffering for the first time. The emotional and support needs of young people are met effectively by the Trust. Learners are able to leave the ward if necessary to talk to the NVQ co-ordinator. They attend frequent progress reviews to identify additional support

needs. Concerns which are raised by learners are resolved by the NVQ co-ordinator, but neither the additional support, nor the recording of the actions taken after progress reviews, is adequately recorded. The co-ordinator has now introduced equal opportunities monitoring into the review process. However, it focuses on the learners' access to training, and does not check the learner's understanding of equal opportunities practice.

Good Practice

The learners on the modern apprenticeship programme act as mentors to the first year health care cadets, who attend one day a week while completing their intermediate GVNO at school. This is reassuring for the younger learners and helps to develop the skills of the modern apprentices.