

INSPECTION REPORT

Walsall Hospital NHS Trust

04 August 2005



ADULT LEARNING
INSPECTORATE

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 learning within the remit of a single inspectorate. The ALI is responsible for inspecting a wide range of government-funded learning, including:

- work-based learning for all people aged over 16
- provision in further education colleges for people aged 19 and over
- **learnirect** 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.

Pre-inspection analysis

The resources allocated to a cycle 2 inspection are primarily determined by the findings from the previous inspection. Account is also taken of information about achievement and retention obtained from the funding body, and any significant changes in the size or scope of the provision.

Where a provider has received good grades in cycle 1, the cycle 2 inspection is relatively light. If the provider offers a number of areas of learning, a restricted sample is inspected.

Where a provider has received satisfactory grades in cycle 1, the cycle 2 inspection is less intensive and it is possible that not all areas of learning are included.

Where there are significant unsatisfactory grades from cycle 1, the intensity of the cycle 2 inspection is broadly the same as cycle 1, and all significant areas of learning are inspected.

Providers that have not previously been inspected will receive a full inspection.

Overall effectiveness

The grades given for areas of learning and leadership and management will be used to arrive at a judgement about the overall effectiveness of the provider.

An **outstanding** provider should typically have leadership and management and at least half of the areas of learning judged to be a grade 1. All area of learning grades will be graded 1 or 2.

A **good** provider should have leadership and management and at least half of the area of learning grades judged to be a grade 2 or better. A good training provider should not have any grade 4s, and few grade 3s in the areas of learning.

A **satisfactory** provider should have adequate or better grades in leadership and management and in at least two thirds of the area of learning grades. An adequate provider might have a range of grades across areas of learning, some of which might be graded 4.

Provision will normally be deemed to be **inadequate** where more than one third of the area of learning grades and/or leadership and management are judged to be inadequate.

The final decision as to whether the provision is inadequate rests with the Chief Inspector of Adult Learning.

Grading

Inspectors use a four-point scale to summarise their judgements about the quality of provision in occupational/curriculum areas and Jobcentre Plus programmes, as well as to summarise their judgements about the quality of learning sessions. The same scale is used to describe the quality of leadership and management, which includes equality of opportunity and quality assurance. The descriptors for the four grades are:

- *grade 1 - outstanding*
- *grade 2 - good*
- *grade 3 - satisfactory*
- *grade 4 - inadequate*

INSPECTION REPORT

Walsall Hospital NHS Trust

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INSPECTION REPORT

DESCRIPTION OF THE PROVIDER

1. Walsall Hospital NHS Trust (the Trust) is the major provider of health care in Walsall. It offers training in care through its training and development department. The training department is based at the Manor Hospital and, following a recent reorganisation, is now part of the human resources directorate. The vocational training manager has overall responsibility for government-funded training and leads a team of five staff. Most of the training team has only been in position since January 2005. The Trust's staff deliver training and carry out assessment, while key skills training is provided by staff from a local college.
2. The modern apprenticeship programme is co-ordinated by the vocational programme manager. The learning and development manager has responsibility for the department and reports to the director of human resources. The modern apprenticeship programme is subject to the policies and procedures of the Trust, including equal opportunities and health and safety.
3. According to the 2001 census, 13.6 per cent of the Walsall population are from minority ethnic groups, compared with 11.3 per cent for the West Midlands and 9.1 per cent nationally. In June 2005 the rate of unemployment in Walsall was 3.6 per cent, compared with 2.9 per cent for the West Midlands and 2.3 per cent nationally.

OVERALL EFFECTIVENESS

Grade 3

4. **The overall effectiveness of the provision is satisfactory.** The Trust's leadership and management is satisfactory, as is the provision for health, public services and care and the arrangements for equality of opportunity. Quality improvement is inadequate.
5. **The inspection team had some confidence in the reliability of the self-assessment process.** Staff are not fully involved in the process, but the report recognised some of the same strengths and weaknesses as those identified by inspectors. Self-assessment is increasingly becoming part of the provider's quality improvement procedures.
6. **The provider has demonstrated that it has sufficient capacity to make improvements.** The Trust has a clear commitment to improve the quality of the provision. A number of improvements have been made since the previous inspection in 2002, most notably in internal verification arrangements. However, managers do not monitor achievement and progression sufficiently.

KEY CHALLENGES FOR WALSALL HOSPITAL NHS TRUST:

- maintain rates of retention and achievement
- further extend the range of work placements
- improve the co-ordination of on- and off-the-job training

- improve assessment planning
- reinforce understanding of equality and diversity by learners
- implement complete quality assurance processes for all key aspects of learning
- improve the planning for changes to training programmes

GRADES

grade 1 = outstanding, grade 2 = good, grade 3 = satisfactory, grade 4 = inadequate

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

Health, public services and care			3
Contributory areas:	Number of learners	Contributory grade	
<i>Nursing</i>		3	
Apprenticeships for young people	29	3	

ABOUT THE INSPECTION

7. Health, social care and public services and leadership and management were reported on and graded. Inspectors visited the Trust for four days in August 2005.

Number of inspectors	3
Number of inspection days	10
Number of learners interviewed	16
Number of staff interviewed	11
Number of employers interviewed	6
Number of locations/sites/learning centres visited	5
Number of visits	1

KEY FINDINGS

Achievements and standards

8. **Retention and achievement rates are very good.** Eighty-eight per cent of the learners who started in 2001 and 2002 completed the framework. Twenty-three of the 29 learners who started their level 2 programme in 2004 are still in learning and most are making good progress. Learners are supported well and achieve their

personal goals. The training programme meets the needs of learners and the employer.

9. Key skills training is satisfactory. Training staff make appropriate use of exemptions and existing qualifications. Pass rates for external tests are good.

10. Twenty-one of the learners who started the programme since 2000 have progressed into registered nurse training with local universities.

The quality of provision

11. One learning session was observed and graded.

12. **Learners are offered a very good range of work placements** with the opportunity to work in different clinical areas, including medical, surgical and gastro-intestinal wards. Learners who wish to progress to specific children's nursing programmes are allocated to specialist paediatric wards and departments. Learners enjoy the experience of working in a hospital setting and develop a range of relevant skills, including the measurement and recording of clinical observations.

13. **Assessment nurses make frequent support visits to clinical departments to provide coaching and mentoring for work-based assessors.** Training staff use e-mail and intranet systems effectively to communicate with clinical staff. The vocational programme manager has a high profile within the Trust and routinely visits the clinical departments. Experienced work-based assessors act as mentors to those who are working towards qualifications.

14. Progress reviews are satisfactory. Workplace supervisors are usually involved. Clear targets are agreed for the completion of national vocational qualification (NVQ) units, but little mention is made of key skills progress. Few long-term targets are agreed. Assessment nurses and assessors have frequent informal discussions about individual progress, but the outcomes of these discussions are not recorded or referred to during formal reviews.

15. Learning resources are satisfactory. Wards have a variety of resources but some are not at an appropriate level for apprentices. Learners have access in the wards to the internet for research purposes. Some laptop computers are available for learners to use at home.

16. **Assessment plans are insufficiently detailed.** Too much assessment is by unplanned observation of activities in clinical departments. Learners are sometimes observed without their knowledge and without adequate preparation. Little holistic assessment is carried out.

17. **Co-ordination of on- and off-the-job training is insufficient.** Work-based assessors are not aware of the content of the off-the-job training. Learners do not clearly understand how tasks that they carry out in the workplace can be used to provide evidence for their NVQ. The arrangements for the delivery of technical certificate training are incomplete.

18. **Learners' understanding of equality and diversity is poor.** Many learners have only a basic understanding despite receiving training on diversity. A new system has been introduced to check the learners' understanding during formal reviews, but it is too early to judge the effectiveness of the new arrangements.

Leadership and management

19. Through their good links with a number of external partners, the Trust has introduced a work-experience programme for young people who hold few qualifications. Some of these learners have subsequently gone on to apply for the full-time apprenticeship. Since 2000, most cadet nurses have been recruited from a student apprentice programme which was arranged between the Trust and local schools and colleges.

20. **The Trust has a wide range of internal communication strategies to support learning.** There are a range of meetings for the training team and work-based assessors. Directors and managers receive regular programme reports and are well informed of the learners' progress.

21. **The Trust has a strong commitment to professional development for staff.** It has a well-established appraisal system which is very effective in identifying future training needs. Arrangements have been made for new training staff to gain qualifications in teaching, assessment and key skills.

22. The management of resources is satisfactory. Resources and accommodation at the learning centre are adequate. There is satisfactory access to textbooks and professional journals on the wards, but there are no appropriate textbooks for apprentices in the training centre library.

23. **The Trust does not plan changes to the programme effectively.** Significant programme changes have taken place over the past two years, but there were insufficient staff until three months after the start of the programme. Action plans for the development of learning are inadequate.

24. **There is too little anticipation of future programme needs.** For example, the plans for introducing the technical certificate training are incomplete, even though the delivery is due to begin eight weeks after the inspection.

25. **The Trust has no formal strategy for literacy, numeracy and language provision.** Support is given to learners on an individual basis, but staff do not have appropriate qualifications and experience to support learners with significant needs.

26. **The Trust shows a good commitment to equality of opportunity and diversity.** Learners benefit from the protection of all policies and procedures, as employees of the Trust. However, the Trust does not have an appropriate action plan to achieve its stated intention to widen participation from under-represented groups.

27. Following an audit of hospital premises, work is being carried out to improve accessibility to buildings for people with restricted mobility.

28. The promotion of equal opportunities is satisfactory. All learners receive training in equality of opportunity as part of their induction. However, publicity materials for training do not highlight the Trust's commitment to equality of opportunity.

29. Training staff, workplace supervisors and work-based assessors have a satisfactory understanding of equality of opportunity. However, the review process does not encourage detailed discussions, but concentrates on welfare issues.

30. Learners are made aware of the complaints procedure at induction and the NVQ co-ordinator responds quickly and effectively to learners' concerns about personal and training needs.

31. Internal verification has improved since the previous inspection and is now satisfactory.

32. The use of feedback from learners is satisfactory. Questionnaires are used to gather feedback at the end of each year and some changes have been made to the programme. There is insufficient collection of feedback from work-based assessors and placement supervisors.

33. **The Trust makes insufficient use of management information for quality improvement.** Performance of different groups of learners is not monitored or analysed to identify trends.

34. A number of quality assurance procedures have been introduced since the previous inspection, but **arrangements are still incomplete.** Some of the arrangements are very new and it is too early judge their effectiveness. Many procedures are too informal and are over reliant on the knowledge and activities of one person.

35. **The self-assessment process is not being used systematically** to identify strengths and weaknesses in the provision. A number of weaknesses identified during the previous inspection are still present. Feedback from learners is used, but training staff are provided with a copy of the completed report rather than being involved in the self-assessment process.

Leadership and management

Strengths

- very effective partnerships to promote vocational learning
- good internal communications
- good staff training and development

Weaknesses

- insufficient planning to manage change
- insufficient use of management information for quality improvement
- incomplete quality assurance arrangements

Health, public services and care

Nursing

Grade 3

Strengths

- good opportunities for skills development
- very good retention and achievement rates between 2000 and 2003
- good support for assessors

Weaknesses

- ineffective co-ordination of on- and off-the-job training
- weak assessment planning
- poor understanding of equality and diversity by learners

WHAT LEARNERS LIKE ABOUT WALSALL HOSPITAL NHS TRUST:

- working on the wards
- being treated like adults
- getting into nurse training
- looking after children
- getting support when we need it
- seeing clinical procedures

WHAT LEARNERS THINK WALSALL HOSPITAL NHS TRUST COULD IMPROVE:

- the pay - it is poor
- the variety in clinical allocations
- the off-the-job training - it should be more relevant

DETAILED INSPECTION FINDINGS

LEADERSHIP AND MANAGEMENT

Grade 3

Strengths

- very effective partnerships to promote vocational learning
- good internal communications
- good staff training and development

Weaknesses

- insufficient planning to manage change
- insufficient use of management information for quality improvement
- incomplete quality assurance arrangements

36. The Trust has effective partnership links with local organisations. Through their good links with Walsall Education and Business Partnership and Connexions, the Trust has introduced a work-experience programme for young people who hold few qualifications. Some of these learners have subsequently gone on to apply for the full-time apprenticeship. Since 2000, most cadet nurses have been recruited from the Trust's student apprenticeship programme. This is an eight-month work-experience arrangement between the Trust and local schools and colleges. Staff use their very good links with departments throughout the Trust and other local hospitals to meet individual needs. For example, one learner who has a special interest in biomedical science, has been found a placement in a nearby hospital. Other learners benefit from placements with community nurses. Effective staff networking at regional meetings has provided increased links with schools and colleges, and further opportunities to promote the apprenticeship programme. Staff have benefited from a range of training sessions provided by a local training group.

37. The Trust has a wide range of internal communication strategies to support learning. There are a range of formal and informal meetings for the training team and work-based assessors. The director of human resources and the learning and development manager receive regular programme reports and are well informed of learners' progress through monthly meetings. The programme team use the monitoring board in the training office to keep up to date with rates of achievement and to identify those learners at risk of leaving early. All staff have access to e-mail. Learners have mobile telephone and pager numbers which they use to contact the training staff. The pager system is also used very effectively to keep staff in contact with each other when they are on the wards. A newsletter keeps ward staff and learners up to date with learners' successes, changes to the programme, training schedules and holiday information. Learning zone noticeboards on the wards contain information about programme requirements. Minutes of meetings are circulated to all staff.

38. The Trust has a strong commitment to professional development for staff. It has a well-established appraisal system which is very effective in identifying future training and programme requirements. New training staff already have a programme of development agreed to support their learning. All training staff have a detailed annual appraisal of their performance, regular six-monthly reviews and monthly meetings with their line manager.

Performance objectives are set to deal with learning and development needs and work tasks. However, some targets are not always specific, measurable, achievable, realistic or time bound. Arrangements have been made for new staff to gain qualifications in teaching, assessment and key skills. External training is used effectively to support staff responsibilities and programme delivery. Staff are given a comprehensive induction into their role.

39. The management of resources is satisfactory. Resources and accommodation at the learning centre is adequate and learners have access to computers and the internet for research. Laptop computers are made available for learners to use at home. Staff are well qualified, occupationally experienced and some are working towards teaching qualifications. There is satisfactory access to textbooks and professional journals on the wards, but there are no appropriate textbooks for apprentices in the training centre library. There is no time allocated for work-based assessors to attend assessor meetings, carry out standardisation activities, keep up to date with qualification changes and share good practice.

40. The Trust does not effectively plan changes to the programme. Significant programme changes have taken place over the past two years. Learner numbers have trebled and staff have increased from two to five. Forward planning to recruit staff in time for the increased number of learners in September 2004 was inadequate. The additional staff were not appointed until the programme had been running for three months. There are no implementation plans for the key objectives of the current development plan. There is too little anticipation of future programme needs. For example, the plans for the introduction of technical certificate training are incomplete, even though the delivery is due to begin eight weeks after the inspection.

41. The Trust has no formal strategy for literacy, numeracy and language provision. There are no procedures to identify literacy, numeracy, language or additional learning needs. Selection criteria for the programme includes a general certificate of secondary education qualification at grade C or above in English. Support is given to learners on an individual basis, but staff do not have appropriate qualifications and experience to support learners who have significant needs.

Equality of opportunity

Contributory grade 3

42. The Trust is fully committed to equality and diversity and has a comprehensive range of employment policies and procedures which include all relevant legislation. The chief executive has lead responsibility for equal opportunities across the Trust. Appropriate strategies are developed by a non-executive director and the director of human resources is responsible for their implementation. Policies are regularly reviewed and updated by the multi-cultural advisory team and the disability advisory group. The advisory team also provides guidance on equality and diversity across the Trust. The Trust organises a world staff day each year to celebrate diversity within the organisation and has effective consultative forums with local community groups. Learners benefit from the protection of all policies and procedures, as employees of the Trust. However, the Trust does not have an appropriate action plan to achieve its stated intention to widen participation from under-represented groups.

43. Following an audit of hospital premises, work is being carried out to improve accessibility to buildings for people with restricted mobility. A number of improvements

have already been made, for example, provision for parking, hearing loops and specialised directional signs.

44. The promotion of equal opportunities is satisfactory. Staff training and development on equality of opportunity policies and procedures is mandatory. All learners receive training in equality of opportunity as part of their induction. 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. However, reinforcement of equality training is ineffective. Positive images of minority ethnic groups employed in a range of clinical settings are displayed around the hospital, but publicity materials do not highlight the Trust's commitment to equality of opportunity. The Trust is a disability symbol user but the logo is not on the staff handbook or on other promotional literature.

45. Training staff, workplace supervisors and work-based assessors have a satisfactory understanding of equality of opportunity. Progress reviews provide an opportunity for training staff to discuss equality and diversity with learners and supervisors. However, the review process does not encourage detailed discussions, but concentrates instead on learners' welfare issues. Many learners have a weak understanding of equality and diversity. The appeals and complaints procedures are satisfactory. Staff respond quickly and appropriately when learners raise a concern or make a complaint. However, there is no centralised system for identifying trends.

46. Just under 14 per cent of the learners currently in training are from minority ethnic groups and this matches the profile of the local community. However, there is only one male learner. The vocational programme manager has tried to increase the number of men in training by referring to his own experiences as a nurse during careers events and presentations at local schools. Previous male learners have also been used as positive role models at these events. Ten per cent of applicants for the programme which is due to start in September 2005 are men. None of the learners have a disability.

47. Learners are made aware of the complaints procedure at induction. The vocational programme manager 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.

Quality improvement

Contributory grade 4

48. Internal verification has improved since the previous inspection and is now satisfactory. However, implementation of the verification system has been slow. The new verification strategy has clear procedures. Regular assessor meetings are held, although they are not always well attended. The meetings do not provide an opportunity to share good practice and discuss assessment practices. Action points from the external verifier reports are acted on. One hundred per cent portfolio sampling is carried out and a new sampling plan has been introduced.

49. Use of feedback from learners is satisfactory. Questionnaires are used to gather feedback. This is a relatively new procedure but staff are effectively using the process to analyse and collate findings. Learners' comments are dealt with through subsequent meetings with the learners. Informal feedback is gathered from supervisors and staff. There is insufficient formal involvement of staff and placement supervisors in the feedback process.

50. The Trust makes insufficient use of management information for quality improvement. There is little use of data and key performance indicators to drive quality improvement. The self-assessment report has no quantitative information and no overview of progress is presented. Performance of different groups of learners is not monitored or analysed and there is no internal or external benchmarking. Data is used to monitor the learners' progress, but not to identify specific measures of improvement and distance travelled. The self-assessment process is not being used systematically to identify strengths and weaknesses in the provision and to create an effective action plan with clear objectives, and responsibilities which all staff understand and discuss at team meetings. It is not being used as a document to support decision-making and improve the quality of the provision. The Trust has a new database which is currently used for producing financial compliance reports.

51. A number of quality assurance procedures have been introduced since the previous inspection, but the arrangements are still incomplete. Some of the arrangements are very new and it is too early to judge their effectiveness. There are no formal policies and procedures for staff to follow. The vocational programme manager informs staff when various activities need to be completed. Some observations of teaching take place including the key skills training provided by college staff, but too little constructive feedback is provided for trainers to improve their practice. Grades are not given to sessions for trends in performance to be identified.

52. The self-assessment process is not a sufficiently inclusive, critical process. A number of key weaknesses are not identified in the area of learning or leadership and management. There are few judgements. The leadership and management section has insufficient focus on raising standards of performance. A number of weaknesses identified at the previous inspection are still present. There is no systematic use of self-assessment and action-planning to drive improvement. Feedback from learners is used, but staff are only given a copy of the completed report and are not involved in the self-assessment process.

AREAS OF LEARNING

Health, public services and care

Grade 3

Contributory areas:	Number of learners	Contributory grade
<i>Nursing</i> Apprenticeships for young people	29	3 3

53. The Trust offers a cadet nurse programme. Learners take one year to complete an apprenticeship and a further year to complete an advanced apprenticeship. A few learners are helped to achieve the level 3 NVQ in six months. The programme is intended to qualify learners for entry to registered nurse training courses at local universities. Until last year all learners were selected from those who had previously completed the Trust's student apprentice programme, a one day a week work-experience programme for 16 to 18 year olds which is arranged with local schools and colleges.

54. All learners are employed as cadet nurses. Learners work for four days a week across a variety of clinical areas and attend off-the-job training at the Trust's training centre on one day each week. In addition to background knowledge sessions, some learners attend additional key skills training. Most assessment is carried out in the workplace by work-based assessors and visiting assessment nurses. All learners have a formal review every eight weeks.

Nursing

Grade 3

Strengths

- good opportunities for skills development
- very good retention and achievement rates between 2000 and 2003
- good support for assessors

Weaknesses

- ineffective co-ordination of on- and off-the-job training
- weak assessment planning
- poor understanding of equality and diversity by learners

Achievement and standards

55. Rates of retention and achievement for advanced apprentices are very good. Eighty-eight per cent of learners who started in 2001 and 2002 completed the framework. Twenty-five per cent of those who started in 2003 have already completed their framework, with a further 69 per cent still in learning. Twenty-three of the 29 learners who started their level 2 NVQ in 2004 are still in learning and most are making good progress. A small number of learners have been helped to complete the level 3 programme within six months. However, some learners have three or more units of the NVQ, key skills external tests and key skills portfolios of evidence to complete in the eight weeks before they progress onto the level 3 programme or begin higher education courses.

56. Twenty-one of the learners who have started the programme have progressed into registered nurse training with local universities.

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

LSC funded work-based learning																	
Advanced apprenticeships	2003-04		2002-03		2001-02		2000-01										
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Number of starts	16		8	100	8	100	4	100									
Retained*	9		8	100	7	88	4	100									
Successfully completed	9		7	88	7	88	4	100									
Still in learning	6		0	0	0	0	0	0									

*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

LSC funded work-based learning																			
Apprenticeships	2004-05		2003-04		2002-03		2001-02		2000-01										
	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	No.	%	
Number of starts	29		0		0		0		0										
Retained*	0		0		0		0		0										
Successfully completed	0		0		0		0		0										
Still in learning	23		0		0		0		0										

*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

The quality of provision

57. Learners are offered a very good range of work placements, with the opportunity to work in different clinical areas. Learners work in a wide variety of clinical departments including medical, surgical and gastro-intestinal wards. Learners who wish to progress to specific children's nursing programmes are allocated to specialist paediatric wards and departments.

58. Clinical staff provide much good training and support for learners, many of whom experience potentially traumatic events, such as caring for clients in pain or critically ill children. Ward staff are sensitive to the management of these stressful events and offer learners the choice of whether they are involved in these situations.

59. Learners regularly work with, and are supervised by, registered nurses. They enjoy the experience of working in a hospital setting and develop a range of relevant skills, including the measurement and recording of clinical observations. As these competences are recognised by nursing staff, learners are allowed to carry out a greater range of supervised activities.

60. Assessment nurses make frequent support visits to clinical departments, providing coaching and mentoring to work-based assessors. Regular assessor meetings are held to inform them of learners' progress and changes to the programme. Some standardisation

exercises are carried out, but many assessors have difficulty attending all the meetings. Minutes of meetings are sent to those who do not attend. Assessment nurses use e-mail and intranet systems effectively to send information to clinical staff. Work-based assessors regularly use the mobile telephone and pager system to contact the training team. The vocational programme manager has a high profile within the Trust and routinely visits the clinical departments to support assessors, address problems and promote the programme to department managers. Experienced work-based assessors act as mentors to those working towards their qualifications. All of the work of trainee and newly appointed assessors is sampled by the lead internal verifier and supportive written feedback is provided.

61. Progress reviews are satisfactory. Formal reviews are held every three months, and more often if there are concerns about the learner's progress. Workplace supervisors are usually involved. Clear targets are agreed for the completion of NVQ units but little mention is made of key skills progress. Few long-term targets are agreed. Learners do not have a clear understanding of the progress that they have made towards completion of the framework. Assessment nurse and assessors have frequent informal discussions about individual progress, but the outcomes of these discussions are not recorded or referred to during formal reviews.

62. Integration of key skills training is satisfactory. Training staff make appropriate use of exemptions and existing qualifications. Learners collect evidence for level 1 qualifications in the first year and progress to level 2 work in the second year. Teaching for key skills is provided by staff from a local college. Pass rates for external tests are good.

63. Learning resources are satisfactory. Wards have a variety of resources such as nursing and medical textbooks and professional journals, but some are not appropriate for apprentices. Learners have access in the wards to the internet for research purposes, but access to computers in some wards is in great demand and learners cannot always use them. Some laptop computers are available for learners to use at home.

64. Planning of assessment is weak. Assessment plans are insufficiently detailed. Some of the assessors do not fully understand the need for planning. In some departments, observations are planned from the beginning of the learners' allocation, in others little planning takes place. Too much of the assessment is by unplanned observation of activities in clinical departments. Learners are sometimes observed without their knowledge and without adequate preparation. In a few cases, learners do not receive written feedback on the assessment until the end of their three-month allocation to the clinical department. Little holistic assessment is carried out. There is an over-reliance on observations for single NVQ units, with limited cross-referencing of evidence. If work-based assessment is restricted through work pressures, an assessment nurse will visit the department to complete the observation.

65. The co-ordination of on- and off-the-job training is insufficient. Work-based assessors are not aware of the content of off-the-job training and how they can relate it to activities in the workplace. Learners do not clearly understand how tasks that they carry out in the workplace can be used to provide evidence for their NVQ. Additional training in the clinical departments is not linked to the apprenticeship programmes. The content of some sessions is related to medical conditions rather than to the requirements of the NVQ. Arrangements for the delivery of technical certificate training are incomplete.

66. Learners' understanding of equality and diversity is poor. Many learners have only a basic understanding of equal opportunities and how they should be considered while caring for clients. This is despite receiving training during induction and off-the-job training on cultural diversity, child protection legislation and a number of religions. Learners have a better understanding of their employment rights.

67. Progress reviews to date have focused on welfare issues. A new system has been introduced recently to check the learners' understanding of equality and diversity during formal progress reviews, but it is too early to judge the effectiveness of the new arrangements.

Leadership and management

68. Following an increase in the number of apprentices in September 2004, additional staff were recruited to support learning. However, the new staff did not take up their new responsibilities until the programme had been running for three months. Planning for the delivery of technical certificate training is incomplete. Schemes of work are still being developed. Learners routinely complete evaluations of off-the-job training sessions.

69. Internal verification arrangements are satisfactory. A new sampling strategy has been designed but is not yet fully implemented. The lead internal verifier has been carrying out verification of all completed NVQ units to ensure appropriate assessment practice.