

North West Ambulance Service NHS Trust

Monitoring visit report

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Type of provider: Employer

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Monitoring visit: main findings

Context and focus of visit

The monitoring visit was undertaken as part of a series of monitoring visits to a sample of new apprenticeship training providers that are directly funded through the apprenticeship levy. Ofsted's intention to carry out monitoring visits to these new providers was first announced by Her Majesty's Chief Inspector in November 2017. The focus of these visits is on the three themes set out below.

The North West Ambulance Service (NWAS) was established in July 2006 following the merger of four NHS trusts covering Cumbria, Greater Manchester, Lancashire and Mersey region. NWAS employs approximately 4,500 staff. Until May 2017, when NWAS became a prime-contract employer provider, the NHS Academy trained NWAS staff in a variety of roles. NWAS currently has 85 apprentices enrolled on the level 4 Associate Ambulance Practitioner (AAP) standards apprenticeship, and 84 apprentices are funded through the apprenticeship levy.

Themes

How much progress have leaders made in ensuring that the provider is meeting all the requirements of successful apprenticeship provision?

Reasonable progress

Senior leaders have a clear workforce strategy and operational plan that are focused on ensuring that AAP apprentices receive good-quality education and training to enable them to perform their job roles to a high standard.

Since becoming a levy-funded provider, NWAS has seen a number of leadership changes. Leadership has strengthened significantly since December 2017, when the head of learning, business and compliance and three new senior education managers for curriculum, quality and learning in practice took up their posts. The head of learning, business and compliance correctly identified that the apprenticeship programme was based on a compliance and outcomes model with too little focus on the quality of the education and training that apprentices receive. Managers, tutors, mentors and education-based practitioners are well qualified and experienced and are clear about their roles and responsibilities. Clear lines of accountability are now in place.

Managers regularly and skilfully review the curriculum for the AAP apprenticeship. The curriculum was recently amended to ensure that training is delivered in a logical order. Managers identified that the sequence of off-the-job training was not fully fit for purpose. For example, apprentices practised intubating patients before they had learned about the respiratory system. A full review of the curriculum was initiated

and managers believe that the current training now follows a logical order and assists apprentices in transferring theoretical knowledge into practice.

Managers monitor closely the progress that apprentices make against milestones of the apprenticeship standards during quarterly compliance checks and regular auditing activities. Leaders have identified that the monitoring of progress of apprentices' skills and behaviours needs to be improved. Leaders have made a significant investment in the purchase of an electronic system to track, monitor and record all aspects of apprentices' progress. The system is not yet operational.

Managers' mapping of off-the-job training requirements to apprentices' job roles is highly effective. Apprentices' off-the-job training is linked very closely with, and complements, on-the-job training during shifts with paramedics. Off-the-job training accounts for more than one third of the AAP apprenticeship.

An education governance board has very recently been set up and is beginning to hold leaders and managers to account and to review the quality of education and training.

Leaders and managers identify accurately the strengths and weaknesses of the apprenticeship programme. For example, managers recognise that the system for tracking and monitoring apprentices' progress does not record the progress of skills and behaviours as effectively as milestones and assessment criteria. Although a quality improvement plan is in place that is monitored monthly by leaders and managers, the effects of the improvement actions taken by staff are not recorded routinely.

Recruitment of apprentices is rigorous. All apprentices recruited from May 2017 remain on the AAP apprenticeship.

What progress have leaders and managers made in ensuring that apprentices benefit from high-quality training that leads to positive outcomes for apprentices? Reasonable progress

Planning of the AAP apprenticeship is good. Apprentices spend the first 14 weeks of their programme in the training centre. They develop their theoretical knowledge such as anatomy and physiology and learn practical skills such as taking electrocardiograms (ECG) to check heart rate, rhythms and electrical activity. Apprentices have daily knowledge checks, weekly examinations and a block training review to ensure that they have the skills to move to the next element of their training. Those who are not successful receive one-to-one support to help them move to the next stage of the apprenticeship. A four-week driving course follows classroom learning. Apprentices learn, for example, about driving safely at speed in response to emergency calls. Apprentices' job roles are closely linked to off-the-job learning. Apprentices return to the classroom towards the end of the apprenticeship to consolidate their learning and prepare for their end-point assessment.

All apprentices spoken to during the monitoring visit could identify the knowledge, skills and behaviours they were developing and how these helped them in their roles

as AAPs. For example, apprentices spoke of the critical skills needed in assisting paramedics dealing with patients in trauma situations. They recognise the need for the 14-week block of classroom teaching and the four weeks of ambulance driving training before they put their knowledge into practice. As a result, most apprentices make good progress and achieve the targets set for them.

Information, advice and guidance prior to starting the apprenticeship are good. Apprentices are fully aware of their options following completion of their apprenticeship.

Although apprentices' English and mathematical skills are assessed at the start of the apprenticeship, the results are not shared routinely with education-based practitioners or tutors to help them develop individualised learning plans for apprentices. Managers recognise that the development of apprentices' English and mathematical skills varies considerably across the training centres and will be implementing imminently an electronic system for assessing and recording English and mathematical skills.

Managers do not take apprentices' prior learning and achievements into account when planning for individual learning needs; for example, for those apprentices who have worked in patient transport services or the emergency operations centre. The tracking and monitoring of apprentices' progress are against the completion of specific knowledge and skills criteria needed to complete the apprenticeship and do not include sufficiently the development of behaviours. For example, apprentices' mentors do not routinely record their high levels of verbal feedback to help apprentices develop the knowledge, skills and behaviours to improve their practice further.

Apprentices' personal reflective practice portfolios clearly show the progress they make over time. For example, the development of knowledge, skills, behaviours and confidence is evidenced through apprentices' reflective reports from very basic procedures to complex procedures. Mentors sign reflective reports, but they do not identify where apprentices need to improve or what they need to do next.

Leaders and managers recognise that the tracking, monitoring and recording of apprentices' progress requires improvement. They are currently implementing a bespoke electronic system for the monitoring and recording of apprentices' progress. This will include the development of knowledge, skills and behaviours in addition to specific milestones. The electronic system is not yet operational.

How much progress have leaders and managers made in ensuring that effective safeguarding arrangements are in place?

Reasonable progress

Safeguarding is a very high priority for NWS. Regularly updated safeguarding policies and protocols are in place and understood and adhered to by staff and apprentices. All staff, including apprentices, receive safeguarding training to at least level 2. All staff have attended the Workshop to Raise Awareness of Prevent (WRAP) training, and apprentices have all received training to raise their awareness of

threats of radicalisation and extremism. Although apprentices have a good understanding of the 'Prevent' duty and safeguarding in their job roles, a minority of apprentices are not clear about what they would do if there were a safeguarding issue involving themselves.

The appointed designated safeguarding lead undertakes appropriate training on an annual basis.

Leaders and managers complete safer recruitment processes when employing staff and apprentices. All staff, including apprentices, complete enhanced Disclosure and Barring Service (DBS) checks.

Apprentices feel safe in the training centres and on ambulance duty. Additional training has been introduced following the Manchester Arena bombing which directly affected NWS staff. Staff and apprentices have a heightened awareness of the effects of terrorism.

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