

Birmingham City University

Higher education institution

Inspection dates

5–8 February 2019

Overall effectiveness		Good
Effectiveness of leadership and management	Good	Apprenticeships Good
Quality of teaching, learning and assessment	Good	
Personal development, behaviour and welfare	Good	
Outcomes for learners	Good	
Overall effectiveness at previous inspection		Not previously inspected

Summary of key findings

This is a good provider

- Highly motivated and well-qualified lecturers use their considerable specialist subject expertise to inspire and motivate apprentices.
- Apprentices benefit from a good range of well-planned and highly effective teaching, learning and assessment activities.
- Most apprentices make good progress in developing their confidence and fine-tuning their health and clinical practical skills to the standards required to complete their apprenticeship successfully.
- Lecturers and work-based clinical educators work diligently to ensure that apprentices routinely adopt safe working practices that promote patient safety and well-being.
- Apprentices benefit from routine access to an outstanding range of specialist health and clinical studies teaching resources that support them well in their learning, and in extending their professional skills.
- Apprentices participate enthusiastically in activities which extend their confidence and skills for the benefit of patients.
- Apprentices quickly develop good work-related attitudes and behaviours that prepare them well for working life.
- Leaders have developed good strategic partnerships with a wide range of employers, local authorities and community groups; apprenticeship programmes are well aligned to local, regional and national priorities.
- Leaders and managers set high expectations for apprentices and have successfully developed a curriculum that enables them to gain the skills they need for sustainable employment.
- A high proportion of apprentices have successfully completed their apprenticeships over the past two years, most within the planned timeframe.
- Lecturers do not make early enough use of the information they have about apprentices' starting points in English and mathematics to plan learning well.
- Too few employers participate routinely in planned reviews of apprentices' progress.
- Aspects of quality improvement and self-assessment are insufficiently rigorous in order to promote improvements across the apprenticeship programme.
- Leaders' and managers' use of management information to inform their understanding and oversight of the apprenticeship programme is an area for development.

Full report

Information about the provider

- Birmingham City University is a large and diverse provider of higher education and training with an orientation towards practice-based and industry-relevant education. It currently has two substantive campuses located in central Birmingham and Edgbaston. In the past three years, the curriculum has been expanded to include a wide range of apprenticeships at level 5 and above. Apprenticeships above level 5 were not in scope for this inspection.
- The largest cohort of apprentices is in the faculty of health education and life science. They follow a range of pathways, including higher-level apprenticeships for health assistant practitioners, as well as standards-based apprenticeships for nursing associates and a recently introduced standards-based apprenticeship for rehabilitation workers (visual impairment).

What does the provider need to do to improve further?

- Support apprentices to develop their English and mathematical skills further; to do this, ensure that lecturers routinely and promptly use information regarding apprentices' starting points in English and mathematics, to integrate relevant tasks into all planned learning activities.
- Challenge all employers, including local managers, supervisors and workplace clinical educators, to attend planned termly reviews as a matter of routine; ensure that they actively contribute to the planning of learning and organisation of relevant clinical experiences to maximise apprentices' progress.
- Ensure that leaders develop a more analytical and critical self-assessment and quality improvement process by:
 - making sure that self-assessment makes better use of all stakeholder views and identifies areas for improvement based on a systematic collection and analysis of evidence of the quality of all aspects of the provision.
- Swiftly enhance leaders' and managers' oversight and use of data by:
 - further developing the new data systems to provide effective and easily accessible management information relating to their key performance indicators
 - routinely analysing management information and data to monitor trends over time, and to plan and measure improvements in both outcomes and standards of the apprenticeship programme.

Inspection judgements

Effectiveness of leadership and management

Good

- Leaders and governors set a highly ambitious vision for the university. This reflects the strong positive culture and ethos that pervade all levels of the organisation. Staff morale is high and most take great pride in improving their teaching skills and professional practice.
- Leaders, managers and governors promote the institution's core values well, including that of meeting the needs of employers and learners very effectively. As a result, staff have high expectations of all apprentices, irrespective of their personal and educational backgrounds. The good outcomes achieved by apprentices reflect these high expectations.
- Leaders, managers and governors work well together and have developed an incisive, well-considered and detailed strategic plan for apprenticeships. This plan contributes effectively towards meeting the skills gaps in the health and care sector across the West Midlands region. Leaders and managers ensure that the apprenticeship provision meets fully the principles expected of apprenticeships.
- Leaders and managers are highly adept and skilled at making good use of the labour market intelligence obtained through their well-developed links with an extensive range of stakeholders, including local health service trusts, the combined authority and local enterprise partnerships, when planning course provision.
- Leaders and managers make sure that close and highly effective joint working with employers remains at the centre of their work. As a result, leaders have developed a responsive curriculum that provides an extensive range of clinical and health apprentice pathways that meet the needs of apprentices, employers and their workforce. Leaders ensure that the curriculum provides apprentices with clear progression routes into employment and further clinical specialisms.
- Managers are ambitious in their pursuit of excellence to provide high-quality learning experiences for all apprentices. Leaders and managers have improved the evaluation of the quality of teaching, learning and assessment. The recently introduced peer review scheme provides an accurate assessment of the quality of teaching. Observers now focus appropriately on apprentices' experience. They identify effectively training priorities for academic staff to enhance and extend their teaching craft.
- Staff training addresses the needs of lecturers well. Leaders and managers provide staff with an extensive range of professional training and development activities. These help to support improvements in the quality of provision and outcomes for apprentices. However, managers should improve the sharing of best practice between different curriculum areas involved in apprenticeships to provide even greater benefit to all staff.
- Staff are professionally registered and subject to regular re-validation to maintain standards of professional practice. Lecturers are encouraged to attain higher degrees in vocational and teaching pedagogy. They routinely attend academic conferences and publish relevant research papers in their specialist fields. Lecturers continually develop their practice to pass on their skills and knowledge for the benefit of apprentices.
- Leaders and governors have invested wisely in the provision of an outstanding range of

industry-standard health and clinical studies facilities. These include an operating theatre, a radiography area and a visual rehabilitation suite. Leaders have also prioritised investment in an extensive range of online learning resources that support apprentices to extend their learning when away from the classroom.

- Leaders and managers promote equality of opportunity and diversity well, resulting in few differences in achievement between groups of apprentices. They have created a positive learning environment in which apprentices feel confident and able to express their views and are respected by their peers and colleagues.
- Leaders and managers accurately monitor the progress and performance of apprentices at course level through a range of internal processes. However, they do not yet have easy access to the summary analyses they need. Leaders are at the early stages of implementing new electronic recording systems to enable them to monitor more easily overall apprenticeship data and outcomes against a range of key indicators. However, it is too early to judge the impact of these new arrangements.
- Leaders have developed a clear strategy to support and inspire apprentices to develop their English and mathematical skills. For example, all apprentices on the nursing associate pathway complete a specialist medical unit related to the recording and dispensing of medicines. However, not all lecturers in health and social care routinely challenge apprentices to develop and extend their confidence in these essential skills within the context of particular job roles.
- Leaders and managers know their provision well. Through quality assurance arrangements, managers and staff evaluate accurately and report on the quality of apprentices' learning experiences and carry out improvement actions which are closely monitored. The self-assessment report is evaluative and self-critical but does not identify all areas for improvement. For example, managers do not routinely evaluate and report on the quality of the termly learning reviews undertaken in the workplace.

The governance of the provider

- Governors hold senior leaders to account effectively on academic and financial matters through scrutiny of the comprehensive and regular reports presented to the academic board. Leaders ensure that governors have good oversight of the impact of pastoral support provided to apprentices, including their well-being and safety.
- Governors bring a broad range of business and education experience to their role to ensure the stability and continuity of the university's mission.
- Governors ensure that the 'apprenticeship unit' is well resourced and that the curriculum meets very closely national, regional and local employment needs and priorities.

Safeguarding

- The arrangements for safeguarding are effective.
- Apprentices develop a secure understanding of how to protect themselves and their patients effectively. Apprentices are well informed about issues in relation to health and safety, e-safety, child sexual exploitation and female genital mutilation. They take effective steps to protect themselves and their patients. They know when to use key safety words to raise concerns when working with a range of health professionals.

- Leaders have implemented a clear and comprehensive safeguarding policy to help protect apprentices. Leaders ensure that staff who have contact with apprentices receive appropriate recruitment checks and maintain up-to-date detailed records of all employees. Designated safeguarding officers are well trained and maintain thorough records of all reported safeguarding incidents. They liaise closely with relevant external agencies when onward referral is appropriate.
- Leaders, managers and governors ensure that the university meets the requirements of the 'Prevent' duty. Apprentices receive specific training to recognise potential issues associated with radicalisation or extremism and know whom to contact if concerned. Leaders ensure that all campuses provide a harmonious learning environment. Apprentices understand and value their differences, and this prepares them well for living and working in modern Britain.

Quality of teaching, learning and assessment

Good

- Staff have high expectations of apprentices, which motivates them to achieve their learning goals. Apprentices are engaged in, and enthusiastic about, their learning and this helps them to make the progress expected of them. Apprentices acquire industry-standard skills and knowledge which prepare them well for future careers in health-related fields.
- Good teaching, learning and assessment ensure that, within their planned timescales, apprentices develop a range of health-related and nursing skills which enable them to become effective members of their care teams. Employers regularly make presentations at the university to share current clinical practice; as a result, apprentices are kept up to date with the latest advances in clinical practice.
- Lecturers are all well qualified. They skilfully use their up-to-date nursing and clinical skills to relate theory to current medical practices. Lecturers make excellent use of their clinical expertise and passion for the health sector to motivate and inspire apprentices and to prepare them for working in the health service. For example, in one session, apprentices confidently discussed how to plan for and conduct non-invasive clinical detection techniques, using a variety of medical imaging machines such as a computerised tomography scanner and ultrasound.
- Lecturers plan learning well and successfully engage apprentices through the provision of interesting lessons. They ensure that apprentices have individual targets for learning that skilfully build on their individual job roles. These targets help to give them the knowledge, practical skills and confidence to provide high standards of care for patients in their workplaces.
- Apprentices enjoy their learning and appreciate the opportunities to hone and develop their health and clinical skills. Apprentices are well informed about the need for professional boundaries and show very good respect for others. For example, apprentices specialising in midwifery develop a secure understanding of the clinical signs that may indicate potential complications for an expectant mother and her unborn child, enabling them to be more confident in supporting the attending midwife and in communicating with patients and their families.
- The majority of lecturers use questioning skills adeptly to assess the security of apprentices' knowledge and understanding and to enhance their learning. Apprentices are

encouraged to give detailed responses and critically evaluate how they can apply their learning to work-related situations. They are encouraged always to promote a culture of safe clinical practice and 'zero harm' to patients.

- Apprentices routinely reflect on differences in workplace practices through sharing their experiences of working in a variety of health-related settings. As a result, apprentices develop a secure understanding of when differing vocational practices might be used, and how they contribute effectively to patient care. For example, in one lesson, a tutor expertly led a class discussion on the safe storage and supply of medicines. Apprentices benefited greatly by sharing their individual experiences gained from working within a range of adult, child and mental health care settings.
- Lecturers routinely provide good verbal and written feedback that helps apprentices to improve their self-confidence and understand what they need to do to attain higher grades in the future. Most apprentices complete a variety of well-designed assessment activities to a high standard. Lecturers provide clear annotation on apprentices' work, identifying where improvements are required, including aspects such as grammar. They promote the importance of accuracy in the spelling of medical terminology, such as 'cardiomyopathy' and 'rhinorrhoea'.
- For a small minority of apprentices, planned off-the-job training is not always relevant to their needs or replicates that already delivered by their employer. For example, on the surgical care support pathway, lecturers give health assistant practitioner apprentices assignments and learning briefs centred on nursing wards, which are not appropriate for those working in operating theatres and other surgical settings.
- All apprentices receive a thorough initial assessment that effectively establishes their starting points, including in English and mathematics, for use in the planning of learning. However, in a few cases, lecturers fail to use this information well enough to plan learning that develops apprentices' skills in English and mathematics beyond the immediate requirements of the course. As a result, not all lecturers are helping apprentices to develop these skills for the future demands of their jobs or to support further progression.
- Resources to support apprentices' learning are outstanding. Apprentices benefit from routine access to fully resourced, specialist, interactive training rooms and realistic clinical training facilities. Examples include maternity, neonatal, paediatric and adult observation wards that mirror those found in hospitals and other clinical settings. Under the watchful eyes of highly experienced clinicians, apprentices use these specialist training environments to fine-tune their practice and develop their skills and confidence to a professional standard. For example, nursing associate apprentices use mock observation wards to develop the knowledge and skills they need for work. Tasks include the close monitoring of patients' vital signs, and the correct setting up of infusion pumps to deliver medication.
- Apprentices' progress reviews require improvement. Although they occur regularly, a small minority of work-based clinical educators fail to attend planned progress reviews. As a result, they are not always aware of their employees' progress, and do not always provide timely opportunities to ensure that apprentices' workplace practice closely aligns with the off-the-job training and assessments. As a result, opportunities to reinforce apprentices' learning are missed. Apprentices' progress reviews do not test sufficiently the extent to which apprentices are developing their knowledge and understanding of wider social and personal topics.

Personal development, behaviour and welfare

Good

- Lecturers are very successful in developing apprentices' self-confidence in their learning and at work. Apprentices are punctual for lessons and attend regularly; they enjoy their apprenticeship programmes and take pride in their work.
- Apprentices' attitude and behaviour, both in the workplace and at university, are exemplary. They are well motivated and fully prepared for learning sessions, both within the university and clinical practice areas, that help them to develop their vocational and academic skills further. All apprentices display a very positive professional appearance, wearing their appropriate uniforms with pride.
- Apprentices routinely make a valuable contribution in their workplaces and are an essential part of the integrated care teams they are attached to. Apprentices extend their effectiveness and expertise by shadowing health and clinical professionals across different settings and areas, such as paediatric and mental health staff, in addition to their specialist pathways. Apprentices quickly develop good personal skills, especially in relation to reflecting on practice, self-confidence and team working.
- Apprentices confidently develop a good range of clinical skills under the supervision of expert clinical practitioners. Apprentices quickly become accomplished and skilled in such areas as monitoring a patient's vital signs, including blood pressure and using the Glasgow coma scale. They extend their knowledge and confidence in such areas as catheterisation, tracheostomy and intubation procedures.
- Apprentices are knowledgeable and have a secure understanding of how equality and diversity themes impact upon them personally and their patients. For example, apprenticeships on the rehabilitation worker (visual impairment) pathway are skilled in making suitable adjustments for patients with limited or no vision to help them access information in large print and braille. Apprentices on the health assistant practitioners and nursing associate pathways recognise how patients' religious beliefs and personal preferences need to be considered as part of their health and care plan.
- Most apprentices make good progress from their individual starting points. They benefit from good and plentiful support in their learning from their employers, and from well-qualified university staff, who are registered with the relevant professional bodies, for example in nursing and midwifery. Apprentices respond well to their lecturers' high expectations throughout their programmes. They become more assured and vocationally competent from working alongside colleagues and service users in their employment.
- Apprentices have a secure and well-developed understanding of the importance of adhering to professional standards, duty of care and ethical requirements associated with working in the health and social care sector.
- Apprentices have good access to a wide and plentiful range of welfare support from the university, such as counselling, financial advice, childcare, and access to a multi-faith chaplaincy. Apprentices feel safe and know how to protect themselves and others from the dangers associated with online technologies, and whom to contact when they need help and support. Apprentices benefit from detailed and informative safeguarding and 'Prevent'-related training, provided by both the university and their employers. Apprentices understand how such matters may affect them, both in the workplace and in

the wider community.

- Apprentices receive effective impartial careers guidance. This helps them make well-informed decisions about their careers and next steps. Informative pre-course information sets out the demands and expectations of the programme; as a result, apprentices have a clear understanding of what their course entails. Apprentices intending to progress on to a pre-registration top-up degree benefit from good access to specialist careers advice, both at the university and within their workplaces, on the best pathway to meet their future career aspirations.
- Too few apprentices make use of the support offered through the university's academic support services, including the 'graduate + scheme' and the 'high achievers' recognition scheme'. While apprentices value such support, the take-up by apprentices is very low as attendance requires advanced booking, and the timing of support workshops often clashes with their off-the-job training and work-related commitments.

Outcomes for learners

Good

- In the past two years, a high proportion of apprentices successfully completed their apprenticeships, and the large majority did so within the expected timescales.
- Senior leaders and managers have a strong focus and detailed overview of the achievement of different groups of apprentices. Through close monitoring and the successful implementation of actions to bring about improvements, leaders have ensured that, in most cases, any differences in outcomes between groups are steadily diminishing. For example, male and female apprentices both achieve well and above their respective peer groups nationally. There are no significant variations in the achievement of different groups of apprentices by ethnicity or other cultural characteristics. However, the few apprentices identified as having learning difficulties or disabilities do not achieve as well as their peers.
- Almost all apprentices start the programme with higher-level prior qualifications in both English and mathematics; the very few apprentices who are required to undertake functional skills qualifications achieve at the first attempt. Lecturers place significant emphasis on encouraging apprentices to extend their confidence in the correct use of specialist medical terminology. Apprentices on the nursing associate pathway extend their mathematical skills through completing a compulsory unit on the 'safe administration of medication'.
- The vast majority of current apprentices are making good progress in developing their health-related and clinical-practice skills. The standard of apprentices' work and knowledge is particularly impressive. They routinely work to the high-level standards expected within the health service. For example, apprentices confidently use their clinical reasoning skills when communicating with other members of the care team and routinely demonstrate the essential skills of compassion, dignity and confidentiality when liaising with patients and their families.
- Most apprentices currently on programmes are making at least the progress expected of them and none have exceeded their planned end date. Apprentices make a significant contribution within their organisations. Employers value highly the skills and enthusiasm that apprentices bring to their individual health service trusts.

- Most apprentices either remain with their apprenticeship employer or move to another NHS employer to gain more specialist clinical experience, for example in radiography, surgical care support or nuclear medicine. The large majority of apprentices gain a pay rise on successful completion of their training. A small minority of apprentices move on to the next level of qualifying clinical healthcare practice at level six and above.

Provider details

Unique reference number	133788
Type of provider	Higher education institution
Age range of learners	19+
Approximate number of all learners over the previous full contract year	150
Principal/CEO	Professor Philip Plowden, Vice-Chancellor
Telephone number	0121 331 5000
Website	www.bcu.ac.uk

Provider information at the time of the inspection

Main course or learning programme level	Level 1 or below		Level 2		Level 3		Level 4 or above	
	16–18	19+	16–18	19+	16–18	19+	16–18	19+
Total number of learners (excluding apprenticeships)	–	–	–	–	–	–	–	–
Number of apprentices by apprenticeship level and age	Intermediate		Advanced		Higher			
	16–18	19+	16–18	19+	16–18	19+		
	–	–	–	–	1	236		
Number of traineeships	16–19		19+		Total			
	–	–	–	–	–	–		
Number of learners aged 14 to 16	None							
Number of learners for which the provider receives high-needs funding	None							
At the time of inspection, the provider contracts with the following main subcontractors:	None							

Information about this inspection

The inspection team was assisted by the associate professor for pre-qualifying healthcare practice, as nominee. Inspectors took account of the provider's most recent self-assessment report and development plans. Inspectors used group and individual interviews, telephone calls and online questionnaires to gather the views of learners and employers; these views are reflected within the report. They observed learning sessions, assessments and progress reviews. The inspection took into account all relevant provision at the provider.

Inspection team

Victor Reid, lead inspector	Her Majesty's Inspector
Barbara Hughes	Ofsted Inspector
Andrew Stittle	Ofsted Inspector
Andrew Thompson	Ofsted Inspector

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Piccadilly Gate
Store Street
Manchester
M1 2WD

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Textphone: 0161 618 8524
E: enquiries@ofsted.gov.uk
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