

Skills for Health Academy

Independent learning provider

Inspection dates		22–26 April 2013
Overall effectiveness	This inspection:	Requires improvement-3
	Previous inspection:	Satisfactory-3
Outcomes for learners		Requires improvement-3
Quality of teaching, learning and assessment		Requires improvement-3
Effectiveness of leadership and management		Requires improvement-3

Summary of key findings for learners

This provider requires improvement because:

- The proportion of healthcare learners successfully completing the recently introduced apprenticeship programmes is too variable and dependent on the region and sub-contractor where the learners are in training.
- Learners' progress is sometimes slow and the qualifications often take longer than originally planned to complete.
- Although many training sessions are good they are not of a consistently high standard. Not all learners are able to attend well-structured training sessions.
- Not all employers are sufficiently involved in agreeing training and assessment opportunities either in the workplace or elsewhere.
- Trainers and assessors do not take enough account of the learners' starting point when planning training and assessments.
- Managers do not use data and management information sufficiently well to monitor and track learners' progress or evaluate the performance of staff and subcontractors.

This provider has the following strengths:

- The overall proportion of learners completing health and social care qualifications is above national averages.
- Learners develop personal skills and occupational skills that are very relevant to their work in the health sector as health or dental practitioners, domiciliary care workers or administrators.
- Learners enjoy their courses and value the good advice and guidance given to them by the occupationally experienced and knowledgeable staff.
- Trainers and assessors take good account of the various shift patterns to plan visits and training sessions and keep in regular contact with most learners.
- Skills for Health Academy (Skills for Health) offer a wide range of relevant qualifications for learners wanting a career in the health sector.

Full report

What does the provider need to do to improve further?

- Ensure the observations of teaching, learning and assessment provide more effective evaluation, actions for improvement and developmental points for staff.
- Identify learners’ progress through detailed tracking and monitoring to ensure that more learners complete within the timeframes expected and, where learners need to take longer due to personal circumstances, corrective actions are taken and clear targets are set for completion.
- Ensure that initial assessments accurately identify learners’ starting points and additional support needs and the findings are used to plan all learning activities and to provide learners with appropriate support and challenge.
- Further improve the review process to ensure learners, employers and staff are clear what learners have achieved and what learning and development needs to take place and when.
- Increase the consistency with which equality and diversity and English and mathematics is promoted throughout the learning programmes.
- Increase the detailed understanding of senior directors and managers to provide more robust oversight of quality issues and learner performance.
- Improve the consistency of management of sub-contractors and staff nationally: by using data and management information to identify areas for improvement; and by taking prompt actions to minimise the disparities and reduce the variation in performance between different groups.

Inspection judgements

Outcomes for learners	Requires improvement
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- Qualification success rates for workplace learning in health and social care for 2011/12, and in previous years for Train to Gain qualifications, have been high and above national averages with most learners completing within the timeframes expected. However, data for the current year shows too many workplace learners will not achieve before their expected end dates.
- Qualification success rates for workplace learners in the smaller subject areas of administration, direct learning support and foundations for learning and life continue to be below the national averages. Fewer learners are now working towards workplace learning qualifications.
- The vast majority of learners are now intermediate or advanced apprentices. Learners are starting to complete their qualification frameworks and the overall success rates at the time of inspection were around national averages for health and social care and just below national averages for administration, the two largest subject areas. However, this headline figure masks substantial variations.
- Success rates on all programmes vary significantly between regions, sub-contractors and qualifications. Data at the time of inspection shows three sub-contractors, accounting for half of all learners, achieving 90% or higher for apprenticeship success rates. Three other sub-contractors and Skills for Health’s own provision achieve 50% or lower. One subcontractor in the North West is more successful at delivering administration qualifications than health and social care qualifications.
- In half the sub-contracted provision learners are making satisfactory or better progress. However, too many learners progress slowly toward completion of their qualifications. Factors contributing to this include not being able to attend workshops and training sessions due to work pressures, lack of support from workplace managers, changes in job roles and changes in assessors.

- The majority of learners develop strong levels of personal and social skills, improving their levels of communication and other employability skills. Learners increase their confidence and occupational skills allowing them to be effective when working with patients, clients and customers in healthcare organisations.
- Employers value the range of skills apprentices develop and several learners have taken on increased or additional responsibilities and a few gain promotion. The majority of learners remain employed in the health service or domiciliary care on completion of their qualifications. However, in a few NHS trusts there is uncertainty about sustained employment.

The quality of teaching, learning and assessment

Requires improvement

- The quality of teaching, learning and assessment requires improvement. Skills for Health and their subcontractors use varied delivery methods depending on regions, employers and qualifications. Some of the approaches are still too focused on an assessment based methodology rather than developing learners' wider knowledge and skills required for apprenticeship frameworks. Too many learners are progressing slowly and there is wide variation in their achievement rates.
- Most of the formal workshops and training sessions observed were good although not consistently so. Learners that do not attend formal taught sessions have one-to-one coaching in the workplace and many have access to high quality training materials and guidance or are directed to relevant websites.
- Use of technology during teaching, learning and assessment is inconsistent. Some subcontractors in the North West and London region are making good use of information learning technology and e-portfolios to enhance learning and development of knowledge and skills. In the North East, learners do not always have access to learning technology to develop a broader range of evidence and carry out research through independent means.
- Staff are well qualified and many have extensive experience of working in the health sector. Most use their knowledge well to ensure learners appreciate the qualifications and the context in which their new skills and knowledge are applied. Not all staff have formal teaching or training qualifications and some do not use questioning techniques sufficiently well to challenge learners understanding and develop learners beyond their starting point.
- Initial assessments are completed and the results recorded. However, trainers and assessors do not use the findings sufficiently well to plan individual learning programmes, both in the workplace and formal training sessions, or to monitor the progress learners make against their starting points.
- Assessment methods used are sometimes too narrow and do not allow all learners to develop a wider range of work-related evidence to contribute to their qualification. Written feedback does not always provide learners with sufficient information to help improve the standard of their work and study skills, but focuses on unit completion, rather than further developing the skills relevant to the health sector.
- Reviews of progress do not ensure that learners, trainers, assessors and employers are all clear about what learners have achieved, how they can put their new knowledge into practice and what skills and knowledge they still need to develop. Where reviews are most effective assessors and employers provide coordinated support and robust action planning to ensure learners make expected progress.
- Trainers do not consistently include the development of learners' English and mathematics in their planning and teaching sessions. Apprentices work toward English and mathematics functional skills qualifications as an integral part of their programmes, but the reinforcement and further development of these skills through coaching and assessments is not consistent.
- Staff work flexibly to help meet employer and learner needs. Some subcontractors provide good support for their learners such as negotiating with employers to secure shift arrangements

which facilitate both work and training. Learners receive good information, advice and guidance on progression routes and further training opportunities.

- Learners' assignments demonstrate a good understanding and awareness of equality and diversity matters, although teaching sessions and learner progress reviews do not sufficiently develop and apply their understanding to workplace scenarios.

**Health and Social Care
Apprenticeships
Other work based learning**

Requires improvement

- Teaching, learning and assessment requires improvement, as reflected in the outcomes for health and social care, child development and well-being, dental and support services. The inconsistencies result in learners making variable progress towards completion of their qualifications in workplace learning and apprenticeships.
- Where teaching and learning is strong, learners develop good communication skills and good personal skills, such as showing empathy and considerations for individuals, when working with patients and clients. Learners show sound workplace practice, strong work ethics, including good time keeping, using their personal reflection skills effectively to enhance their care practice. One learner spoke with confidence about responding to the care needs of her client and the importance of identifying the individual care preferences.
- In the less effective sessions, tutors and assessors are not challenging learners' critical thinking and analytical skills sufficiently to increase vocational knowledge and understanding further. Tutors do not always plan additional activities to extend and challenge the more-able learners.
- In the formal teaching sessions, tutors use questioning effectively to explore learners' understanding and help apply technical knowledge well to their care practice. One learner who is a porter in a health trust applied his technical knowledge highly effectively to apply safe working practices when moving gas cylinders between hospital departments, with his assessor eliciting well developed answers through effective questioning techniques. In other instances, questioning techniques did not test learners' knowledge or check fully on understanding.
- Assessors have achieved relevant assessors and vocational qualifications, but not all use their experience and knowledge of the care sector to plan effective learning and assessment for some learners. Several staff have attained professional teaching qualifications and many assessors are working towards them.
- Formal taught sessions and learning activities in the workplace are not well coordinated. In the London region, there is better practice where employers are actively involved in the planning of teaching and learning sessions, assessments and observations in their workplace. This practice does not occur in other regions.
- Initial assessment ensures learners are on the correct level of course and the right qualifications. However, where initial assessment identifies learners as having specific needs, such as support for dyslexia or where the learner speaks English as an additional language, learners do not always receive the specialist additional learning support they need.
- Not all assessors and tutors track and monitor progress rigorously enough or check on learners' achievement of targets to aid qualification completion. Learner reviews do not always recognise or record learners' progress or plan further skills development. In the better review sessions, feedback is detailed and clear targets are set. In others, targets are not precise or sufficiently challenging. In the northern regions, too many learners do not meet their target dates for completion of work.
- In many cases, teaching, learning and assessment does not develop learners' English, mathematics and functional skills sufficiently and stretch their knowledge and skills beyond their starting points. Not all tutors and assessors have appropriate qualifications to teach English and

mathematics to a sufficient standard to improve learners' literacy and numeracy skills so they can progress in their careers or further learning.

- Arrangements for care, advice and guidance are good. Sound on-going advice and guidance provides clear information about progression pathways into higher-level study and professional qualifications. Apprenticeships and workplace learning programmes are also enabling learners to gain promotion within dental practices, hospitals and in domiciliary care settings.
- There is inconsistent promotion of equality and diversity. Assessors do not always sufficiently challenge learners' understanding or test their knowledge further during progress reviews. In the better sessions, good promotion of equality and diversity helps learners to consider how best to support their clients where care plans and a person centred approach are essential.

Administration and Customer Service

Apprenticeships

Other work based learning

Requires improvement

- Teaching, learning and assessment for administration and customer service learners requires improvement as reflected in the below average success rates for these qualifications. Many learners acquire a better understanding of their roles and responsibilities increasing their employability skills while others report they acquire increased knowledge but have not developed any new skills as part of the training programme.
- Formal teaching sessions are generally good and carefully planned to meet individual needs. Good use is made of resources, such as a video clips on the recent Francis report, drawing the learners' attention to areas of poor practice in an employment context they are familiar with. Where learners do not attend formal off-the-job training, assessors direct them to websites, or provide one-to-one coaching in the workplace.
- Staff are well qualified and many have relevant experience of working within the National Health Service. They ensure learners understand how specific topics, such as the Data Protection Act, are relevant to their job roles. Learners speak highly of the support provided by training staff, but several feel their line managers are uninterested in their training programmes.
- Assessment is satisfactory and meets the requirements of awarding bodies. Staff use a range of methods to assess learner competencies including workplace observations, learners' reflective accounts and professional discussion. Feedback from assessments is often too general and does not provide learners with sufficient information on how to develop their skills further.
- Progress reviews are completed, but workplace managers are not often involved in the process. Assessors do not always ensure learners know what they have achieved, and what skills they still need to develop. Actions and targets set for learners are not always sufficiently challenging and measurable.
- The teaching of English and mathematics for functional skills is good. Activities and materials used in customer service and administration training sessions ensure functional skills are taught in a relevant vocational context. Assessors usually check learners' work and correct errors in grammar, punctuation and spelling. Learners who need additional help with mathematics receive appropriate support from their assessors.
- The range of information, advice and guidance meets the needs of learners. All learners complete an induction, which provides the necessary information to undertake their qualification. Appropriate advice is also available on progression to further qualifications and it is the intention of some learners to take advantage of these opportunities. A few learners view the apprenticeships as a positive addition to their curriculum vitae.
- The promotion of equality and diversity is satisfactory overall. Many of the qualifications units cover aspects of equality and safe working practices. However, there is little further testing of learners understanding or challenge through discussion around typical workplace scenarios either during assessor visits or formal progress reviews.

The effectiveness of leadership and management

Requires improvement

- Skills for Health provide a strong focus on providing funded training programmes to the health sector. A good supportive culture meets the needs of employers in the sector. A recent application to become a National Skills Academy provides strategic direction for the training provision.
- While Skills for Health has a governing body, detailed oversight of the training is provided by relevant directors and senior managers. However, not all are sufficiently conversant with issues and variations relating to quality and qualification success rates. A recently revised meetings structure to help oversee performance across direct and subcontracted delivery has not yet demonstrated impact in terms of improved and more consistent learner success.
- Most assessors and trainers have good occupational competence and expertise and benefit from effective on-going training and development. Staff appraisals have clear inclusion of issues from teaching and learning observations and in some cases make recommendations for professional development to improve practice. In one or two cases there is insufficient planning to ensure all relevant staff gain appropriate qualifications.
- Observations of teaching and learning are not always effective at bringing about improvements considering the substantial amount of time invested in observing sessions. The process is supportive and often identifies actions for improvement. However, there is insufficient focus on the quality of learning taking place and the reinforcement of English, mathematics, equality and diversity topics. Managers complete insufficient observations and inconsistent proportions of different types of learning sessions to form a robust view of the quality of provision.
- Skills for Health provide extensive support to subcontractors, actively helping share best practice using networking meetings and regular visits to individual subcontractors. In some areas Skills for Health officers do not visit workplaces often enough to monitor and ensure effective learners progress.
- Managers in each region use different systems to plan and monitor learners' progress, assessment and verification. Financial monitoring of contract performance has been enhanced recently to provide more detailed regional comparison and enable slow learner progress to be identified. Success rate data for individual subcontractors is available although it is not routinely analysed and used.
- Managers have implemented much change in the last year including revisions to learning agreements, the observation schedule and the processes for supporting learners with additional needs. It is too early to judge the impact of these changes.
- An update to the previous self-assessment report and action plan identifies some relevant actions for improvement but omits important areas, such as the need to improve success rates within the expected timescales and consistency of performance. Subcontractors are not routinely involved in evaluating provision. In 2011-12 Skills for Health did not produce a formal self-assessment report. Several weaknesses identified during the last inspection in 2010 still require improvement.
- Each region held a 'learner voice week' to gather feedback and even though one region offered incentives the response rates were low across the country. Quality visits to subcontractors collect further feedback. Employers' views are not systematically gathered or used to inform improvements. Use of feedback is limited and variations in performance across the country remain.
- There is much good collaboration with health-sector employers, many of whom also act as subcontractors delivering health-related qualifications to their employees. The formal training offer fits well with wider activities to support the needs of the health sector. Good opportunities are provided for NHS Trusts and other employers to share ideas and practice.
- Skills for Health's recent change of strategy to provide apprenticeships has provided a clearly understood training route for employers and learners alike, and helps the health sector develop appropriate training with minimal impact on health budgets. It helps employers attract high

quality young people to careers within the health sector. However, not all subcontractors and employers have been successful at adapting to the wider requirements of the apprenticeship framework and success rates are inconsistent across centres.

- Staff have received appropriate training in equality and diversity. Learner outcomes for different genders, age, and ethnicities, are broadly comparable. Profiles of staff approximate to those for their local areas. Skills for Health promote recruitment of under-represented groups such as male learners.
- Skills for Health meets its statutory requirements for safeguarding learners. Learners feel safe and often demonstrate excellent safeguarding practice. Training and work routines ensure safeguarding underpins all workplace activities, although assessors sometimes miss opportunities to provide more detailed guidance on best practice.

Record of Main Findings (RMF)

Skills for Health Academy			
Inspection grades are based on a provider's performance: 1: Outstanding 2: Good 3: Requires improvement 4: Inadequate	Overall	Apprenticeships	Other work- based learning
Overall effectiveness	3	3	3
Outcomes for learners	3	3	3
The quality of teaching, learning and assessment	3	3	3
The effectiveness of leadership and management	3	3	3

Subject areas graded for the quality of teaching, learning and assessment	Grade
Health and social care	3
Administration	3
Customer service	3

Provider details

Skills for Health Academy	
Type of provider	Independent learning provider
Age range of learners	16+
Approximate number of all learners over the previous full contract year	Full-time: 1,637
	Part-time: 0
Principal/CEO	John Rogers
Date of previous inspection	Nov 2011
Website address	www.skillsforhealth.org.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 and above	
	16-18	19+	16-18	19+	16-18	19+	16-18	19+
Total number of learners (excluding apprenticeships)	16-18	19+	16-18	19+	16-18	19+	16-18	19+
Full-time	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Part-time	N/A	8	N/A	87	N/A	47	N/A	2
Number of apprentices by Apprenticeship level and age	Intermediate		Advanced		Higher			
	16-18	19+	16-18	19+	16-18	19+		
	14	311	35	448	0	7		
Number of learners aged 14-16	N/A							
Number of community learners	N/A							
Number of employability learners	N/A							
Funding received from	Skills Funding Agency (SFA)							
At the time of inspection the provider contracts with the following main subcontractors:	<ul style="list-style-type: none"> ■ Central Manchester University Hospitals NHS Foundation Trust (FT) Subcontractors ■ Liverpool Community Health NHS Trust ■ Mersey Care NHS Trust ■ Pennine Acute Hospitals NHS Trust ■ Royal Liverpool & Broadgreen University Hospitals NHS Trust ■ Salford Royal Hospitals FT ■ Stockport NHS FT 							

- University Hospitals of South Manchester NHS FT
- Warrington & Halton Hospitals NHS FT
- Beacon Educational Service Ltd.
- Exemplas Ltd. (Quest & UH Ventures)
- T & L Training Ltd.
- All Dimension Ltd.
- University Hospital Southampton NHS FT

Additional socio-economic information

Skills for Health is a national organisation with multiple activities including acting as the Sector Skills Lead for health industries. Government funded training through the Skills for Health Academy forms a minority component of the overall organisation, and the SFA contract forms only about 5% of overall funded activity. Until 31st March 2013 the University of Bristol Hospitals Trust hosted Skills for Health. From 1st April, Skills for Health Ltd became a separate company and staff transferred to the new charitable organisation. Staff in the regional offices of London, Liverpool, and Manchester manage the training programmes through subcontractors. In Newcastle upon Tyne staff deliver a range of training programmes directly to employers and learners.

Information about this inspection

Lead inspector

Joy Montgomery HMI

One of Her Majesty's Inspectors (HMI) and six additional inspectors, assisted by the head of programmes as nominee, carried out the inspection with short notice. Inspectors took account of the provider's most recent self-assessment report and development plans, and the previous inspection report. Inspectors also used data on learners' achievements over the last three years to help them make judgements. Inspectors used group and individual interviews, telephone calls and online questionnaires to gather the views of learners and employers; these views are reflected throughout the report. They observed learning sessions, assessments and progress reviews. The inspection took into account all of the provision at the provider. Inspectors looked at the quality of teaching, learning and assessment across all of the provision and graded the sector subject areas listed in the report above.

What inspection judgements mean

Grade	Judgement
Grade 1	Outstanding
Grade 2	Good
Grade 3	Requires improvement
Grade 4	Inadequate

Detailed grade characteristics can be viewed in the *Handbook for the inspection of further education and skills 2012*, Part 2:

<http://www.ofsted.gov.uk/resources/handbook-for-inspection-of-further-education-and-skills-september-2012>

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