Further education and skills inspection report

Skills for Health Limited
Not-for-profit organisation

Inspection dates
17–20 January 2017

<table>
<thead>
<tr>
<th>Overall effectiveness</th>
<th>Requires improvement</th>
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<tr>
<td>Effectiveness of leadership and management</td>
<td>Requires improvement</td>
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<tr>
<td>Quality of teaching, learning and assessment</td>
<td>Requires improvement</td>
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<tr>
<td>Personal development, behaviour and welfare</td>
<td>Good</td>
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<td>Requires improvement</td>
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Overall effectiveness at previous inspection
Good

Summary of key findings

This is a provider that requires improvement

- Too many apprentices do not complete their qualifications within the planned timescales.
- Managers do not take appropriate action at an early enough stage to support those apprentices who are not making adequate progress.
- Assessor/trainers do not challenge the most able apprentices, and accept work that is below the standard of which these apprentices are capable.
- The progress apprentices make is too slow because managers do not use quality improvement processes to support all apprentices effectively.

The provider has the following strengths

- Highly appropriate actions of trustees, leaders and staff have enabled employers to train apprentices to meet shortages in the healthcare sector.
- Leaders and trustees have secured the future of healthcare apprenticeships nationally by supporting a number of hospital trusts to manage their own apprenticeship programmes.
- Assessor/trainers provide good pastoral support to all of their apprentices.
- Apprentices are gaining good English and mathematical skills that improve their chances of promotion.
- Apprentices quickly improve the quality of the care they provide to service users through good communication and care planning.

- Apprentices do not receive helpful feedback on the quality of their work at planning and review meetings with assessor/trainers.
- A minority of employers do not ensure that their apprentices fulfil the requirements of the apprenticeship programme, such as attending off-the-job training sessions.
Full report

Information about the provider

Skills for Health Limited is a registered charity and the sector skills council for the healthcare sector. It supports healthcare employers to develop their workforce through a range of services and is part of the Skills for Health group of companies. Skills for Health holds a Skills Funding Agency direct contract as a national provider with offices in London, Manchester, Sheffield, Bristol and Liverpool. Skills for Health Limited delivers a range of training programmes, with a strong focus on apprenticeships. It subcontracts to a range of specialist providers, including healthcare employers. Skills for Health Limited’s head office is in Bristol.

What does the provider need to do to improve further?

- Make sure that employers and assessor/trainers enable apprentices to achieve their qualifications within planned timescales by setting higher and clearer expectations of apprentices that take into account each apprentice’s starting point.
- Ensure that managers identify apprentices who are not making good progress and take action quickly to improve their progress. Improve target-setting with apprentices and provide support more quickly to apprentices who are falling behind.
- Make sure that quality improvement arrangements focus on more accurate assessment and monitoring of apprentices’ progress; put in place arrangements to share and implement good practice between subcontractors.
- Leaders and managers should ensure that all employers fulfil their responsibilities within the apprenticeship programme, including taking an active part in reviews of apprentices’ progress and ensuring that their apprentices attend off-the-job training sessions.
Inspection judgements

Effectiveness of leadership and management | Requires improvement

- Leaders and managers have not acted quickly enough since the previous inspection to rectify all the weaknesses identified. Too many apprentices are taking too long to complete their qualifications and only recently have managers implemented appropriate actions to remedy this.

- Managers do not use data effectively. They do not identify all the reasons behind underperformance and therefore they do not implement actions swiftly enough or share best practice among their subcontractors.

- Leaders and managers have not improved the quality of teaching, learning and assessment since the previous inspection. Lesson observations focus too heavily on recording and congratulating teaching and assessing skills that do not help apprentices make progress. Observers place too little emphasis on judging the quality of apprentices’ work, the progress they are making over time and the impact of their knowledge and skills in the workplace.

- Assessor/trainers have only recently been set clear targets for when apprentices need to complete their qualifications and managers now hold them to account if apprentices do not complete on time. Managers and staff meet with subcontractors monthly to discuss the progress of all of the apprentices. Managers have placed a greater emphasis on these meetings since the new management structure has been in place, but they have not yet secured the rapid rates of improvement that are needed for all apprentices to complete their apprenticeship programme on time. Those apprentices who are due to complete or who have taken longer than expected have agreed plans in place. This has improved the success of apprentices from the previous year. Managers have not renewed contracts with two poorly performing subcontractors but have supported the apprentices to complete their apprenticeship programme.

- Trustees, leaders and staff effectively support the healthcare sector to meet staffing shortages. They help prepare young people and existing staff very successfully for a career in health and care professions. This has resulted in more apprentices than last year making expected progress and developing the skills and knowledge that they require to excel in their careers.

- Staff at all levels within the organisation work well with partners, such as national healthcare bodies, the National Health Service (NHS) and employers, to ensure that apprentices are prepared for employment in the sector. Skills for Health staff are particularly effective at supporting the provision of highly effective apprenticeship opportunities such as portering. Apprentices benefit from flexible programmes that fit well with their job roles and career aspirations.

- The process of self-assessment identified most of the keys areas of strength and areas that need improvement. Managers have made improvements to the delivery of English and mathematics and this has resulted in more apprentices completing these qualifications.
 Managers use appraisal and performance management systems effectively to improve the performance of staff. Managers set appropriate targets for staff to improve their practice in both teaching and assessment and to support the company’s objectives.

 Managers have restructured the apprenticeship programme this year. Many apprentices now complete their English and mathematics qualifications at the start of their course and this has improved test results markedly. The vast majority of apprentices can see how their skills in English and mathematics have helped them in their jobs and how they have helped provide a better service to the clients.

 Managers have delivered training for staff on British values and the ‘Prevent’ duty, and apprentices demonstrate their understanding of British values in the workplace. For example, when changes are to be made, they consult with staff and service users and ensure that service users are given as much independence and choice as reasonable. All apprentices demonstrate high levels of respect for colleagues and service users and take their views and opinions into consideration when planning care.

### The governance of the provider

 Many of the trustees have a detailed knowledge and understanding of the healthcare sector, which they use to good effect through supporting the development of staff. For example, the trustees challenged the last safeguarding report and requested additional information from managers. Trustees also use their health service and business backgrounds to scrutinise business and financial management and developments effectively. Trustees have a sound overview of the provision at Skills for Health and are aware of key strengths and weaknesses.

 Trustees have a deep knowledge of strategic developments, the welfare of the apprentices and financial matters. However, they are less aware of educational issues. Consequently, they do not challenge managers about how many apprentices are completing their qualifications on time or the quality of teaching, learning and assessment. They have not paid sufficient attention to improving teaching and learning for all apprentices.

### Safeguarding

 The arrangements for safeguarding are effective.

 Robust measures are in place for the safer recruitment of staff, with all necessary checks carried out and appropriately recorded. All staff and managers undertake regular training to ensure that they keep up to date with developments and topics related to the safety of apprentices. Staff and employers place an extremely strong focus on health and safety, which apprentices demonstrate in their practical work and in the workplace.

 Staff are aware of the ‘Prevent’ duty and have had training so that they can ensure that learners and apprentices are aware of the dangers of radicalisation and extremism and how to deal with them. The majority of apprentices have a good understanding of extremism and radicalisation, but a minority have only a superficial knowledge. Managers are aware of this and are implementing further training for some staff to raise apprentices’ understanding.
Quality of teaching, learning and assessment  
Requires improvement

- Skills for Health managers have not implemented rigorous quality monitoring to ensure that all apprentices make sufficient progress with their qualification. Apprentices do not develop individual learning skills sufficiently well to support them in both work and further study. They are too reliant on their assessor/trainers to upload progress information onto e-portfolios. Too many apprentices do not have the computer skills required to use these e-portfolios effectively and therefore they do not know how much of the qualification they have left to do.

- Assessor/trainers do not have high enough expectations of apprentices. Assessor/trainers do not challenge apprentices sufficiently and they give apprentices too long to complete simple tasks. Assessor/trainers accept assignments and written work that are not of a high quality and do not challenge all apprentices to produce work of a consistently high standard.

- Apprentices are not set effective targets and therefore do not always know what they need to do next. Assessor/trainers do not use information from the assessment of apprentices’ starting points to identify the timescale needed to complete all aspects of the apprenticeship.

- A small minority of employers are not sufficiently involved in the progress reviews of their apprentices. Consequently, these apprentices lack support to complete their apprenticeship on time.

- The communication between assessor/trainers, and hospital and care home managers is effective and provides good pastoral care for apprentices who value the positive relationships they have at work.

- Most feedback, following observation or submission of written work, helps apprentices improve their work practice. Oral feedback is immediate but it is not always focused to help apprentices understand fully what they need to do to improve their skills further. Assessor/trainers do not always provide apprentices with sufficient challenge, especially the most able.

- Apprentices carry out relevant training with their employers which enhances their skills in the workplace. Assessor/trainers do not, however, support apprentices in reflecting on this training enough and linking it to their apprenticeship.

- Assessor/trainers are accessible to apprentices and carry out observations and training sessions at times to suit both the apprentice and the employer. This includes attending night shifts or early morning training sessions that fit around the needs of clients.

- Assessor/trainers use their valuable recent industry experience and teaching qualifications well to plan teaching and reviews of progress. These sessions motivate and interest apprentices who enjoy topics that are relevant to their workplace and job role. In taught sessions, apprentices make good progress towards their qualification.
Assessor/trainers use questioning well to generate discussion, check apprentices’ understanding and help them relate new knowledge to their workplace. For example, apprentices are able to explain the role they would take in a safeguarding situation and how it relates to their duty of care and person-centred care. They responded well to questions posed such as, ‘What would you do if you observed a safeguarding incident committed by your friend, whilst working together?’

As a result of the good progress that apprentices make in their English and mathematics skills, the quality of recorded information in care plans has improved.

Apprentices’ understanding of safeguarding, equality and diversity in the context of their workplace and work role is good. Recent training for assessor/trainers on fundamental British values and the ‘Prevent’ duty has increased their awareness. However, a few assessor/trainers lack the confidence to be able to develop apprentices’ awareness sufficiently.

**Personal development, behaviour and welfare**

Apprentices demonstrate exceptional skills in the workplace. They are professional and deliver good standards of care to all service users. Assessor/trainers make sure that apprentices gain the basic background knowledge in care to develop their skills further.

Assessor/trainers and managers ensure that apprentices gain good English and mathematical skills throughout their programme. Most apprentices pass these examinations on their first attempt. Apprentices use these skills in their workplaces to improve communication with service users and ensure that staff adhere to regulations.

Apprentices are well motivated, respectful of each other and work well together in group sessions. As a result of completing their apprenticeship, they grow in confidence and are able to take on additional duties at work, and over half who complete gain promotion or a pay rise.

Apprentices develop wider skills that improve their performance in different work settings. For example, support workers in mental health know how to defuse difficult situations and business administration apprentices become more adept at dealing with potential conflict in work teams or with service users.

Apprentices, particularly those in hospital settings, receive a clear and comprehensive induction to their apprenticeship and are able to obtain helpful careers advice and guidance. As a result, many go on to further education and training.

Apprentices who have been working in the sector for a long time develop better theoretical knowledge to reinforce their practice. The large majority of employers recognise that apprentices gain in confidence and value their contribution to the workplace.

Assessor/trainers provide good levels of support for apprentices. They show care and empathy and motivate them to achieve their qualifications. Learners appreciate the ease with which they can gain access to their assessor/trainers.
Apprentices attend one-to-one sessions with their assessor/trainers regularly. Attendance at these sessions is very good. In a few settings, apprentices’ attendance at off-the-job study sessions is irregular and managers do not sufficiently challenge absence or poor punctuality.

Through their apprenticeship and mandatory NHS training, learners develop a good understanding of safeguarding and health and safety. They recognise how this relates to their workplace. However, in a small minority of cases, apprentices’ awareness and understanding of the risks associated with radicalisation and extremism are superficial.

Apprentices feel safe, including those who work in challenging settings such as secure hospitals. Their understanding of safeguarding and the implications for them and their service users is very good. They can clearly articulate why they are undertaking specific tasks to ensure the safety of all concerned.

**Outcomes for learners**

- Requires improvement

A higher proportion of apprentices gained their qualifications in 2016 than in the previous year. However, this proportion remains too low. The proportion of apprentices who leave their training programme before completing their apprenticeship is considerably lower than in the previous year. The vast majority of apprentices remain in sustained employment when they leave the programme.

Achievement gaps are closing and achievements for this year show no gaps between different groups. In the previous year, female apprentices achieved better than their male counterparts.

The large majority of apprentices achieve their functional skills qualifications at the first attempt, which has supported their career progression. This year, achievements are good for both English and mathematics.

Apprentices’ workplace knowledge and skills develop positively throughout their apprenticeship. Employers benefit from workers who are more aware of why tasks are important and these are carried out well. Apprentices’ written work is of an acceptable standard. However, the most able apprentices are not challenged sufficiently by their assessor/trainers to produce work of a higher standard.

The vast majority of apprentices remain in sustained full-time employment at the end of their apprenticeship programme, with over half of them gaining a pay rise or promotion. Nearly a third of apprentices who completed in the current year are already undertaking further training and qualifications.
### Provider details

<table>
<thead>
<tr>
<th>Provider details</th>
<th>Details</th>
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<tbody>
<tr>
<td>Unique reference number</td>
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<tr>
<td>Type of provider</td>
<td>Not-for-profit organisation</td>
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<tr>
<td>Age range of learners</td>
<td>16–18/19+</td>
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<tr>
<td>Approximate number of all learners over the previous full contract year</td>
<td>1,413</td>
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<tr>
<td>Principal/CEO</td>
<td>John Rogers</td>
</tr>
<tr>
<td>Telephone number</td>
<td>0117 922 1155</td>
</tr>
<tr>
<td>Website</td>
<td><a href="http://www.skillsforhealth.org.uk">www.skillsforhealth.org.uk</a></td>
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### Provider information at the time of the inspection

<table>
<thead>
<tr>
<th>Main course or learning programme level</th>
<th>Level 1 or below</th>
<th>Level 2</th>
<th>Level 3</th>
<th>Level 4 or above</th>
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<tr>
<td>Total number of learners (excluding apprenticeships)</td>
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<td>19+</td>
<td>16–18</td>
<td>19+</td>
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<td>Number of apprentices by apprenticeship level and age</td>
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<td>Higher</td>
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<td>19+</td>
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<td>196</td>
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<td>19+</td>
<td>Total</td>
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<td>Number of learners aged 14 to 16</td>
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<td>Number of learners for which the provider receives high-needs funding</td>
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<td>Funding received from:</td>
<td>Skills Funding Agency</td>
<td></td>
<td></td>
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<tr>
<td>At the time of inspection, the provider contracts with the following main subcontractors:</td>
<td>London Professional College Limited</td>
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<td></td>
<td>Central Manchester University Hospitals NHS Trust</td>
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<td>JAG Training</td>
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<td>Stella Maris Training Limited</td>
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<td>All Dimensions Limited</td>
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<td>Mersey Care NHS Trust</td>
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<td>Southampton University Hospital NHS Trust</td>
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Information about this inspection

The inspection team was assisted by the executive director, learning services and consultancy, as nominee. Inspectors took account of the provider’s most recent self-assessment report and development plans, and the previous inspection report. 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

<table>
<thead>
<tr>
<th>Tracey Zimmerman, lead inspector</th>
<th>Her Majesty’s Inspector</th>
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<tr>
<td>Martin Bennett</td>
<td>Ofsted Inspector</td>
</tr>
<tr>
<td>Tricia Collis</td>
<td>Ofsted Inspector</td>
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<tr>
<td>Sara Hunter</td>
<td>Ofsted Inspector</td>
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<tr>
<td>Philip Pullen</td>
<td>Ofsted Inspector</td>
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<tr>
<td>Bev Cross</td>
<td>Ofsted Inspector</td>
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