



National Audit Office

A REVIEW BY THE  
NATIONAL AUDIT OFFICE

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# Skills for Health

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# Part One

## Preface

**1.1** Sector Skills Councils (SSCs) are partially publicly funded, employer led organisations that cover specific economic sectors in the United Kingdom. They have three key goals:

- Raising employer engagement, demand and investment in skills;
- Ensuring authoritative Labour Market Information for their sectors; and
- Development of National Occupational Standards and ensuring qualifications meet employer needs.

**1.2** There are 25 SSCs covering about 85 per cent of the British workforce.

### **SSC Relicensing**

**1.3** Sector Skills Councils operate under licence from the UK Government.

**1.4** The UK Commission for Employment and Skills (UKCES) is responsible for arrangements for relicensing the SSCs with the aim of ensuring the Councils will be more sharply focused on raising employer ambition and investment in skills at all levels, articulating future skills needs of their sector and ensuring that the supply of skills and qualifications is driven by employers.

**1.5** The UK Commissioners will make their recommendations on whether to relicense or not to the Secretary of State. The Secretary of State for Innovation, Universities and Skills, in consultation with Ministers in Scotland, Wales and Northern Ireland is responsible for awarding a new licence.

### **The National Audit Office Role**

**1.6** The National Audit Office has been asked by the UK Commission for Employment and Skills to undertake an Independent Performance Assessment of each Sector Skills Council to help inform decision making by the Commissioners.

**1.7** We have undertaken the assessment in accordance with the UK Commission's relicensing framework for Sector Skills Councils and not as part of NAO's wider VFM programme to provide assurance to Parliament.

# Part Two

## Executive Summary

**2.1** Our assessment of Skills for Health against the Relicensing Framework identified good progress against a number of the key tests including: strategic planning; employer engagement; leadership; research; standards and qualification development; the development of sector specific solutions; and being able to demonstrate the impact of these solutions. A number of employers and stakeholders commented that the SSC added value by raising awareness of good practice across the UK.

**2.2** The SSC is aware of the main areas for improvement identified and is either currently developing or implementing strategies in these areas which include: how to disseminate the good practice from its work performed to date across the whole sector; how to improve visibility with certain stakeholders; and how to improve engagement with the independent and voluntary sectors.

**2.3** Key areas of strengths include:

- Skills for Health has clear strategic direction which is underpinned by employer research and set in the context of health policy across the four nations.
- Skills for Health engages well with employers, especially in the NHS and has an employer led Board with representation from across the sector.
- There is evidence of the SSC having strategic influence, for example, through brokering the Joint Investment Framework in England.
- There is evidence of a culture of continuous improvement and effective examples of managing rapid growth particularly in relation to transitioning in other organisations and the skills academy.
- The quality of the Labour Market Intelligence is recognised by employers and stakeholders and the online tool is used by approximately 1,500 unique users a month.
- The development of competences has been highly praised by employers and stakeholders.
- Skills for Health has developed and implemented a wide range of sector specific solutions which include a number of local and national competence based workforce solutions.
- The SSC can demonstrate the impact of a number of its solutions at both national and local level.

**2.4** Areas where Skills for Health needs to improve include:

- Skills for Health needs to implement its marketing and stakeholder strategies and the strategy to further engage employers in the independent and voluntary sectors.
- The roles of Skills for Health and strategic NHS partners in the Devolved Nations need to be more clearly defined.
- The SSC needs to continue to develop the strategy to disseminate the good practice to date across the sector and review the routes to market.
- Skills for Health needs to continue to implement its improved performance management system and evaluation strategy.

**2.5 Commissioners may wish to explore the following issues in more detail with the SSC:**

- Whether the strategy being developed will enable Skills for Health to disseminate the work it has done to date across the entire sector.
- How the role of the Skills Academy will develop within the SSC and whether there is the need for it to become a separate organisation to allow the SSC to focus on its strategic role.
- How the SSC operates at a strategic level within the Devolved Nations and with its NHS strategic partners.

## **Theme 1: A Well Run SSC**

**2.6** Skills for Health has a clearly defined strategic plan which is underpinned by employer research and aligned to public policy within the four nations. The strategy is designed to ensure that Skills for Health does not overly prioritise NHS organisations at the expense of the rest of the footprint.

**2.7** Its governance structure has recently been revised to clearly define the roles of the Board and the Council. Both bodies have an important strategic role. Skills for Health has effective processes in place for financial and risk management.

**2.8** The objectives in the strategic and business plans are tailored to working in partnership with organisations to realise their expectations. There is evidence of good working relationships with a number of key stakeholders and employers, through the demonstrator sites for example.

**2.9** Within the Devolved Nations, however, there is an issue around the level of visibility, particularly in relation to its strategic role. This is due to the decision by Skills for Health to work through its strategic NHS partners, NHS Education Scotland and the National Leadership and Innovations Agency for Health in Wales. This is exacerbated by a perception of duplication across the organisations. The SSC has a Memorandum Of Understanding in place with both organisations and, together with these organisations, needs to better communicate their respective roles.

**2.10** There is evidence that the SSC has had a strategic influence so far, particularly within England. For example, it brokered the Joint Investment Framework which provides £100 million of rolling annual joint investment from Strategic Health Authorities and the Learning and Skills Council.

## **Theme 2: SSC Core Products and Services**

**2.11** Labour Market Intelligence and work to date on the National Workforce Competencies and National Occupational Standards are recognised by employers and stakeholders as an area of strength, as is the strategic direction and clarity of the sector qualifications strategy. There is a perception amongst some employers and stakeholders that there is a level of duplication within the SSC's Labour Market Intelligence. The SSC needs to better communicate how it adds value in this area.

**2.12** Although there are concerns from some stakeholders that the plans to meet the Qualification and Curriculum Framework deadline in 2010 is ambitious, the SSC has effective working relationships with the awarding bodies who have signed up to this timetable. The SSC has also developed a higher education strategy and has achieved high levels of engagement with the institutions in this area.

**2.13** Skills for Health has a challenge to increase awareness of the benefits of apprenticeships in the sector as employers tend to be less supportive of this type of qualification. Nevertheless, Skills for Health is working hard to promote apprenticeships, for example, by working with employers through the Skills Academy.

## **Theme 3: SSC Sector Specific Solutions**

**2.14** Skills for Health has developed a wide range of sector specific solutions across the UK which includes competence based workforce redesign, pre-employment programmes and an active skills academy.

**2.15** The organisation has undergone rapid growth in the past four years which has been both organic and 'mergers and acquisition' based. This growth has expanded the SSC's capability and capacity to develop and deliver its sector specific solutions.

**2.16** The SSC is at a point where it needs to consider what the best structure is for the Skills Academy. Consideration should now be given as to whether continuing to develop it within the SCC is appropriate or whether it should be a separate organisation which focuses on delivery with clear links into the SSC which focuses on its strategic role.

**2.17** As the SSC moves further into the delivery stage of its lifecycle, its biggest challenge now is how best to disseminate the pockets of best practice it has developed across the UK using the current capacity of the organisation.

## **Theme 4: SSC Results and Impacts**

**2.18** Within its strategy and Sector Skills Agreements, the SSC has set targets which it believes are ambitious yet realistic and has put in place key performance indicators to monitor its performance against these targets. Through improvements to its performance management system, the SSC now has a clear thread linking its strategic goals, targeted outcomes and impact measures to its operational plans and objectives for its staff. Evaluation is also being incorporated into the organisation's thinking.

**2.19** Skills for Health can point to some significant impacts from its work in terms of leveraging funding and developing products and services that have been used by employers. For example, it developed the Emergency Care Practitioners role and there are now over 1,000 trained and employed. The estimated savings across England is £28 million per annum.

## Part Three

### Context for Skills for Health's Work

**3.1** Skills for Health was established in April 2002. It is a quasi autonomous public body hosted by the University Hospitals Bristol NHS Foundation Trust. It became a fully licensed Sector Skills Council in 2004.

**3.2** Skills for Health's footprint covers the health sector in the UK which is defined according to the Standard Industrial Codes for hospital activities, medical practice activities, dental practice activities and other human health activities. Two million people are employed in these activities. Of these, 73 per cent are in the public sector, 21 per cent are in the independent or private sector, two per cent are in the voluntary sector and the rest work for local authorities and other health related organisations.

**3.3** Skills for Health employs 250 people and will have a budget of £37.5 million in 2009-10, including core funding of £1.8 million which equates to £0.90 for each employee in the footprint. Skills for Health is funded by the four UK Health Departments, the UK Commission for Employment and Skills, the Education Act Regulatory Bodies and the sector itself.

**3.4** Over three quarters of the health workforce are women; 38 per cent are part time compared to the national average of 28 per cent; and 24 per cent hold degree level or equivalent qualifications compared to the national average of 18 per cent.

**3.5** Public health spending in the UK in 2007-08 was £90 billion (7.3 per cent of GDP), while the UK market for private healthcare was worth £24 billion in 2007. The rate of increase in NHS funding for the years 2008-09 to 2010-11 of four per cent in real terms will be less than half the rate of increase between 2005-06 and 2007-08. At the same time, the rate of increase in demand for services will continue to rise meaning that productivity will have to increase to meet it.

**3.6** Health policy in the UK is a devolved responsibility and each of the four nations has recently produced strategies for the future. While each nation has its own specific arrangements and priorities, there is a common theme in the desire to have patient centred services. This aspiration will have an impact on processes for workforce planning within each nation. Skills for Health works alongside its strategic NHS partners NHS Education for Scotland and the National Leadership and Innovations Agency for Health in Wales.

**3.7** The health sector has many stakeholders in the UK, including 13 organisations that are involved in regulation. In addition, there are professional bodies such as the Royal Colleges; funding bodies and agencies; qualifications and awards bodies; education providers; and quality assurance bodies.

**3.8** The health sector workforce tends to be well qualified, but there is an issue about how to fully utilise this workforce. There are four key areas in which Skills for Health aims to have an impact on the sector:

- Improving productivity and public sector provision;
- Reducing skills gaps;
- Boosting skills across the sector, including equal opportunities; and
- Improving learning supply.

**3.9** Skills for Health has described its purpose as being to develop a “skilled, flexible and productive workforce for the whole health sector in all UK nations to raise the quality of health and healthcare for the public, patients and service users”.

**3.10** In order to achieve this purpose, Skills for Health has produced a strategic plan for the period 2007-08 to 2011-12. It contains four strategic aims for the organisation:

- To engage with health sector employers to ensure that Skills for Health is the sector’s authoritative voice on skills and workforce development;
- To inform the development and application of workforce policy through research and the provision of robust Labour Market Intelligence;
- To implement solutions which deliver a skilled, flexible and modernised workforce capable of improving productivity, performance, and reducing health inequalities; and
- To champion an approach to workforce planning and development that is based on the common currency of national workforce competences.

## Part Four

### A Well Run SSC

The SSC is employer led, has the confidence and support of employers in its sector and is a strategically and operationally effective organisation.

**4.1** Skills for Health's governance structure has recently been revised to clearly define the roles of the Board and the Council. Both bodies have an important strategic role and have overseen a strategy which clearly describes the organisation's long term goals. The strategy is designed to ensure that Skills for Health does not overly prioritise NHS organisations at the expense of the rest of the footprint. Skills for Health has effective processes in place for financial and risk management.

**4.2** The SSC was governed by a council from 2004. Following an independent review in June 2006, a Board was introduced. There is a clear separation of duties between the two bodies. The **governance structure** is kept under regular review which has led the role of the Council to continue to evolve as the organisation has changed. The Council has representation from employers, the four UK Departments of Health, Higher Education Institutes, Skills for Care and Development SSC, trade unions and regulatory bodies. Council members are nominated by the bodies they represent. These nominations are then approved by the Chair and the Board.

**4.3** The Board's role is to hold the Executive accountable for leadership, management, delivery and operations. It has sub-committees for finance and remuneration, the Skills Academy for Health and programme delivery. The Board is employer led and has employer representation from across the sector and all four nations. There is also representation from the four UK Departments of Health and more recently the trade unions. Employer members of the Board are recruited through the press. Interviewees expressed the view that the Board challenges the Executive. They also spoke highly of the Chair who was described as being "open and inclusive". These views were supported by our attendance at a Board meeting.

**4.4** Skills for Health's main **strategic planning tool** is its *Strategic Plan 2007-2012*. This document accommodates the commonalities and divergences in health policy across the four nations of the UK. The majority of employers and stakeholders we interviewed think that Skills for Health has good strategic direction. The SSC has a commitment to a process of **continuous improvement** which is evidenced through its approach to strategic planning. Having refined the process over the last few years, it can now demonstrate a clear link running through strategic and operational planning to the **personal development plans** of employees within the organisation.

**4.5** The strategic plan describes the long-term (2007-12) strategic aims of the organisation. These then flow into the business plan for 2007-10 and the annual operational plans. The financial plan is also integrated into the strategic and operational plans.

**4.6** The plans are designed with the policy drivers of each nation in mind, for example, more use of patient pathways, multi-professional and multi-disciplinary working and more diversity in community and hospital based services. They are also based on the large amount of employer research and consultation across the whole sector which the SSC undertakes.

**4.7** The objectives in the strategic and business plans are tailored to working in partnership with organisations to realise their expectations. There is already evidence that the SSC has had a strategic influence so far, particularly within England. For example, it brokered the Joint Investment Framework which provides £100 million of rolling annual joint investment from Strategic Health Authorities and the Learning and Skills Council within England.

**4.8** Skills for Health engages with **employers** in a number of ways. For example, at a strategic level through its governance structure which has a cross-representation of employers in the Council and the Board; at an operational level through its day-to-day role of engaging with employers to develop and implement its products and services; and also through its consultations and events. Employer engagement in the **Devolved Nations** is done through a range of mechanisms, including employer fora which are used to elicit employers' views and consult on specific work programmes and proposals such as the Sector Qualifications Strategy.

**4.9** All the employers we spoke to were supportive of Skills for Health and there was the general view that employer engagement and consultation had continued to improve. One NHS employer commented that Skills for Health is making a practical contribution to the skills debate through its demonstrator sites.

**4.10** The majority of Skills for Health's work is devoted to the public sector as it accounts for 73 per cent of the footprint and it provides the majority of its funding. However, Skills for Health is starting to focus more on the small and medium-sized enterprises in the independent and voluntary sectors. Employers we interviewed from the independent and voluntary sectors felt that Skills for Health is engaged in their sectors. Moreover, it is felt that Skills for Health's work on competences applies equally to these sectors. One good example of working across the footprint has been complementary medicine where standards have been developed and translated into awards and qualifications. Skills for Health realises that it is a challenge for it to engage with the large number of small and medium sized enterprises in the independent and voluntary sectors and has developed a strategy to further understand these sectors and look at ways of improving engagement.

**4.11** Skills for Health has directors in each of the **English regions** where it must work with and understand the priorities of each of the ten Strategic Health Authorities. Skills for Health is conscious of the sensitivities that working with these organisations entails and this can lead to issues regarding the visibility of its role. This tends to differ between regions depending on the level of engagement Skills for Health has with a particular Strategic Health Authority.

**4.12** Regionally, there have been some capacity issues though this is mitigated by the ability of teams to call on assistance from the centre. The development of the Skills Academy across the regions will also strengthen capacity.

**4.13** Within England, the Department of Health is one of the SSC's key **stakeholders**. We received feedback from three people from within the Department of Health. This feedback was mixed with two people providing generally supportive feedback whilst the third was more negative. The more critical feedback was linked to the performance of Skills for Health in relation to two specific projects. These projects were discussed with Skills for Health and evidence was reviewed. The SSC acknowledged there were some tensions in relation to one of the projects in particular and had recently called a meeting to discuss elements of the project with the Department of Health. As with a number of projects Skills for Health undertakes, this was complex and involved a number of different stakeholders who crossed various professional boundaries and therefore had varying views. This situation can lead to delays in the process in order to make sure that the project gets to the right conclusions.

**4.14** Feedback from employers and stakeholders mainly support the view that Skills for Health is a participative organisation which listens and works well in partnership. However, due to the political context in which it works, not all its working relationships will run smoothly. Skills for Health believes the vast majority of its projects for the Department of Health have been successful and being asked to transfer in a number of different teams from other organisations, such as the Core Learning Unit, supports this view.

**4.15** There is some confusion amongst employers and stakeholders about the respective roles of Skills for Health and its strategic NHS partners in the **Devolved Nations** and there is a perception of an element of duplication. Skills for Health has tried to resolve these issues by agreeing Memoranda Of Understanding with NHS Education for Scotland (NES) and the National Leadership and Innovations Agency for Health (NLIAH) in Wales. However, ambiguities remain, for example, over education regarding Agenda for Change bands 1-4 in Wales.

**4.16** Within **Wales**, employers and stakeholders commented that Skills for Health understands the Welsh health and education system. There is, however, an issue around the visibility of the work that Skills for Health undertakes. The Welsh stakeholders, whilst aware of operational projects in Wales, were unclear about the strategic role of the SSC. This is in part due to the decision by Skills for Health to work through NLIAH which means that some of its more strategic work is not visible. For example, the workforce planning competence approach, developed by Skills for Health, is communicated within Wales through NLIAH. Further, the stakeholders and employers interviewed commented that they feel the level of capacity within Wales currently limits the level of impact it can have.

**4.17** Within **Scotland**, the employers also commented that Skills for Health understands the Scottish context, although not all of the stakeholders agreed. Again, as the SSC has made the decision to work alongside and through NES, there is a lack of visibility as to what it is doing. For example, Skills for Health worked in partnership with NES on the career framework project where the level of input the SSC put in would not necessarily be visible to those outside of the project. The development of work in Scotland has recently been constrained by illness and retirement among Skills for Health staff. It was noted by one employer that, whilst the absence has slowed progress within Scotland, the SSC had ensured that contact continued throughout the absence.

**4.18** Owing to a major reorganisation in the NHS in **Northern Ireland**, the SSC's progress in Northern Ireland is about 18 months behind the progress made in other countries. There has been some slippage within the 2008-09 action plan. However, the feedback from Northern Ireland stakeholders and employers was that good progress is now being made. For example, an employer's forum is now in place. The feedback from the Department of Health Northern Ireland Social Services and Public Safety is positive about the work done by Skills for Health to date and recognises that this now needs to go further.

**4.19** The feedback from employers and stakeholders within the Devolved Nations highlights the complexity of the environment that Skills for Health works within due to the number of stakeholders who operate within the footprint. Skills for Health has been working on a **stakeholder involvement strategy** that will be led by the Council. This strategy will be discussed at its first annual conference in May 2009. Generally, stakeholders from across the public, independent and voluntary sectors were of the opinion that Skills for Health listens and learns from its discussions. However, there is some confusion over its role within the sector.

**4.20** External and internal interviewees noted that historic and modern day tensions can arise between Skills for Health and professional statutory and regulatory bodies in the sector. This is due to the differing and legitimate roles of the bodies in serving their different constituencies. Where it has faced vested interests, Skills for Health had tried to overcome these through diplomacy, joint diagnosis and joint problem solving with all key parties. Professional networks can also be a useful enabler to Skills for Health. In the independent sector, it is currently looking at using this route to engage with more employers.

**4.21** The Skills for Health footprint overlaps with a number of different sectors with the largest being between health and social care. This means that the SSC has to work closely with Skills for Care and Development. Although there was positive feedback about how well the two SSCs worked together, it was felt by primary care employers that, going forward, as health and social care become more integrated, the two SSCs should work much more closely together. Also, in relation to National Occupational Standards, one awarding body commented that timelines between the two SSCs were often not in tandem when developing shared standards.

**4.22** Evidence from employers and stakeholders across the UK suggests that Skills for Health needs to do more to raise its profile. For example, the Scottish Government commented that there is a lack of awareness among NHS Boards about the role and impact of Skills for Health. This was further supported by the SSC's own consultation when developing the marketing strategy which showed that, whilst employers and stakeholders were aware of the SSC, they were not as clear as to its remit. The marketing strategy is being developed to improve communication and disseminate the good practice it has developed with certain employers across the footprint. It also includes developing mechanisms to gather employer feedback.

**4.23** The **Executive team** are held in high regard by staff and clients alike. We were told that they possess good experience and expertise and have overseen a radical change in the organisation's size in recent years.

**4.24** At the beginning of 2003, Skills for Health had 25 staff. By March 2007, this number had risen to 149 but a subsequent re-organisation has seen Skills for Health reach a complement of 250 staff that it intends to stabilise for the foreseeable future. This growth has been fast and the evidence supports that the leadership team have managed it effectively by updating internal controls and communication structures and through organisation development.

**4.25** During the reorganisation of Skills for Health, director levels with responsibility for operational management were introduced. The organisational development process linked to this change is still in progress and the Executive Directors have not yet fully stepped back and given full autonomy to the Directors. This means that the Executive team have large workloads which has the potential to delay or slow progress in some areas. The SSC is also in a position where it has moved into the delivery stage of its lifecycle. It has spent the majority of its time to date developing its intellectual capacity, for example, national occupational standards and work based competences. These are now being rolled out and need to be disseminated and the skill mix within the Executive team will need to reflect this change. These issues have been discussed within the Executive team who have concluded that there is a need to refresh executive roles and resources. The Chief Executive and the Chair have now agreed to take forward these changes in the coming months.

**4.26** Staff that we spoke to had good knowledge of the sector. The majority had previously worked in the health sector, mainly the NHS. Overall, Skills for Health has a high level of skills and relevant experience within the sector.

**4.27** Given the size and extent of the footprint, Skills for Health is dispersed across ten locations in addition to having significant home working. A review of accommodation is planned for 2009. The dispersal of staff has led to some challenges in knowledge management and communication. The majority of the employees interviewed told us internal communication could be improved. The management is continuing to look at ways to improve it, such as re-launching the staff bulletin.

**4.28** Skills for Health has a **Human Resources Strategy** that includes an aspiration to achieve excellence in people management and leadership development. Staff we spoke to seemed to be highly motivated and this impression is reflected in the organisation's low turnover rate of 3.5 per cent for 2008-09. The SSC intend to start formally measuring staff satisfaction as part of its performance management processes, but it currently has a staff forum through which any issues could be raised.

**4.29** Skills for Health's annual budget has grown from £1.3 million in 2002-03 to £31.4 million in 2008-09. The vast majority of funding comes from England. Skills for Health is currently working on pulling together dedicated country budgets which will support each nation's operational plan.

**4.30** Skills for Health has an objective to deliver the financial plan within five per cent of the forecast outturn position. The Service Level Agreement between Skills for Health and University of Bristol NHS Foundation Trust provides for arrangements to ring fence any such surplus or deficit as Skills for Health's accounts are consolidated within the Trusts. There is also a reserves policy in place.

**4.31** Through the Service Level Agreement it is required to follow the Trust's **internal controls**. For example, it has recently introduced a purchase order system which is based on its scheme of delegation. Also Skills for Health is overseen by the Trust's **Audit Committee**. Skills for Health has a three year rolling Internal Audit plan, with the Trust's internal auditors, which focuses on high risk areas such as contracts and tendering.

**4.32** Skills for Health follows standard NHS policies and procedures in relation to **risk management**. It also complies with the UK Commission for Employment and Skills' requirements on reporting. A **risk assessment** is performed against the business plan which goes to the Board and is strategic in focus. The **risk register** resides at a more operational level, for example, health and safety and HR and this is the responsibility of the Risk Management Steering Group. If issues arise, they are escalated to the Executive Director responsible in the first instance and then to the Board if necessary.

**Strengths**

- The Board and Council are representative of the sector.
- Skills for Health has clear strategic direction, underpinned by employer research and set in the context of health policy within each nation.
- Skills for Health engages well with employers, especially in the NHS.
- Skills for Health works effectively with a multitude of stakeholders.
- Effective financial management and internal controls.
- The SSC has an experienced workforce with low staff turnover.
- Evidence of the SSC having strategic influence, for example, through brokering the Joint Investment Framework in England.
- Evidence of a culture of continuous improvement.
- Effective examples of managing rapid growth, particularly in relation to transitioning in other organisation and the Skills Academy.

**Areas for Improvement**

- The roles of Skills for Health and strategic NHS partners in the Devolved Nations need to be more clearly defined.
- Implement the strategy to further engage employers in the independent and voluntary sectors.
- Skills for Health needs to implement its marketing and stakeholder strategies.
- Some employers and stakeholders have commented that the SSC should work closer with Skills for Care and Development.
- The SSC needs to continue reviewing the role and skills mix of the Executive team.
- To continue to improve knowledge management and internal communication across the organisation.

## Part Five

### SSC Core Product and Services

The SSC provides a clear, credible and coherent voice for employers on the skills and qualifications needs of the sector backed by high quality LMI, standards and qualifications development.

**5.1** Labour Market Intelligence and work to date on the National Workforce Competences and National Occupational Standards are recognised by employers and stakeholders as an area of strength, as is the strategic direction and clarity of the sector qualifications strategy. Although there are concerns from some stakeholders that the plans to meet the Qualification and Curriculum Framework deadline in 2010 are ambitious, the SSC has effective working relationships with the awarding bodies who have signed up to this timetable. The SSC has also developed a higher education strategy and has achieved high levels of engagement with the institutions in this area.

**5.2 Labour Market Intelligence** is viewed by the SSC as the backbone of all its planning processes. It underlies the Sector Skills Agreements and there is evidence that research and consultation underpin each of the strategies that the SSC develops, for example, the marketing strategy.

**5.3** There is a large quantity of Labour Market Intelligence produced within the NHS, for example, by the regional observatories. Skills for Health sees its role as bringing together the information already produced, filling any gaps and adding a broader perspective. It does this by producing intelligence which encapsulates the independent and voluntary sectors; the labour market survey; and a qualitative perspective based on employers' views.

**5.4** On the whole the Labour Market Intelligence is received positively by the sector. It is viewed as being thorough by stakeholders and there is evidence that some employers find it useful. For example, some Strategic Health Authorities are using it to obtain a broad view of what is happening within their regions. However, four NHS employers did raise concerns as to whether the Labour Market Intelligence added any value as to what is already available regionally or nationally in Scotland.

**5.5** Skills for Health is mindful of the need not to duplicate NHS work and conducted a scoping study to ensure it understood what research was needed. One area where Skills for Health believes it adds value is by providing the broader perspective labour market research which allows for longer term strategic planning. For example, it can bring together what is happening within the school population and what effect this will have on the labour market in future years and how this will impact on the health sector.

**5.6** The Labour Market Intelligence reports are accessible and are provided in hard copy or by email. There is also an online resource on the Skills for Health website. This enables Labour Market Intelligence to be cut geographically and by sector. It can also be split by SIC code. It is currently updated every six months but the SSC plans to move to update it quarterly. The online resource went live in June 2008 with road shows to demonstrate the tool. Usage has been rising and there are now 1500 unique users a month.

**5.7** The SSC uses its UK wide stakeholder group and an advisory board to help develop its research strategy. There were two Labour Market Intelligence UK wide Advisory Board conferences held in 2008 which were attended by employers and stakeholders. These have helped to identify gaps and inform the research strategy. In 2009, there will also be a reference group with the independent sector involving scenario planning and focus groups. It is hoped this will then be replicated for the voluntary sector. Skills for Health sees the development of its Labour Market Intelligence, within the voluntary and independent sectors, as an area where it would like to improve and to have a focus in the next financial year.

**5.8** Research is performed at a national level rather than on a UK wide basis and extensive desk research has been conducted to ensure that reports are put in the context of each nation's policy. Skills for Health has also done a literature review of competency work in other countries to gain a European and international perspective.

**5.9** In relation to its capacity and the capability of its research and qualifications team, the SSC has various teams that have responsibility for specific areas. There are 35 core staff covering these areas, plus five members of staff who work specifically on apprenticeships. There is evidence that the team have a range of appropriate skills and experience.

**5.10** There are three members of staff in the Skills for Health Research team. A large number of research projects are outsourced to external consultants. The Management team are currently considering the cost /benefit ratio of adding extra research staff to the team given the recent introduction of the evaluation strategy which will need further research/ consultation work to be undertaken.

**5.11** The basis of all Skills for Health work is the **Sector Skills Agreement**. This sets the agenda for the strategic plan and in turn the agenda for operational plans. The Sector Skills Agreements have been developed through a consultative process. Employer workshops were held regionally and meetings were held in each of the nations. The underlying data is regularly refreshed, although the national documents themselves have not been.

**5.12** The Sector Skills Agreements for each nation are strategic documents. The SSC sees them as the method with which they interact and work with partners within the nations and regions. Their aim is that the priorities within the Sector Skills Agreement will be integrated into existing mechanisms where appropriate. For example, in Scotland the employers did not want a separate forum to monitor and implement the Sector Skills Agreement. It was therefore decided that the SSC would work within existing networks and therefore sit on three workforce planning groups which integrate the Sector Skills Agreement priorities into their agendas.

**5.13** Within England, it was decided to develop regional sector skills agreements. To date three have been signed off by the regional partners and the remaining six are work in progress. The regional action plans align to the English plan, but there are some regional differences in terms of priorities and delivery methods. The system for monitoring the Sector Skills Agreements varies within each region. A number use the Health Sector Strategic Alliance as the main forum. The process for agreeing the regional Sector Skills Agreements has now been underway for over 18 months in a number of regions. The SSC needs to consider whether this process can be speeded up.

**5.14** The first phase of the **sector qualification strategy** covers the vocational qualification reform programme. The second phase looks at higher education. Skills for Health achieved exemplar status for section six of the sector qualification strategy for its strategic vision and it has also been praised by the majority of awarding bodies and the Qualifications Curriculum Authority for its clarity. The sector qualification strategy links to the SSC's strategic plan. The key premise on which both are based is that, within the sector, the main skills issue is about effective utilisation of its highly skilled workforce and the need to upskill those with level one to four qualifications.

**5.15** The sector qualifications strategy is written to take into account the different policies within each nation. There is a corresponding action plan. It was based upon employer and stakeholder consultation and there is a steering group in each of the nations made up of stakeholders, employer groups and the Department of Health or equivalent body. There is also online consultation with employers and consultation events with awarding bodies.

**5.16** The National Workforce Competences feed into the development of **National Occupational Standards**. The employers told us the development of the competences had helped improve the quality of the National Occupational Standards.

**5.17** Skills for Health has more than 2,500 competences and 70 suites of National Occupational Standards. The development of the competences and standards has been facilitated through working with experts and employers. The footprint has been mapped into a Health Functional Map and 95 per cent of the functions performed in the health sector are covered by National Occupational Standards. The SSC continues to develop the standards and the SSC is redrafting the Health Functional Map to ensure it is fully populated by National Occupational Standards. Some of the National Workforce Competences are being converted to National Occupational Standards which will rationalise and reduce duplication between the two. The large number of competences was raised as a concern by employers.

**5.18** Within the sector qualifications strategy, it is planned to have the Qualification and Credit Framework fully populated by 31 December 2010. The Qualification Curriculum Authority have raised concerns that the timetable, which is required to meet externally set targets, is ambitious as the SSC is still working with awarding bodies to scope out which qualifications will be going into the Qualification and Credit Framework and a number of National Occupational Standards projects still need to be completed. One of the larger awarding bodies told us that the plan was ambitious, but that the timetable had been agreed with the awarding bodies as a whole. The majority of the evidence received from awarding bodies shows that Skills for Health has effective working relationships with awarding bodies.

**5.19** Skills for Health took part in the “test and trial” phase of the Qualifications and Credit Framework. It chose two areas where clinical risk was low: complimentary therapies and substance misuse units. There is a concern that the early units only provide learning outcomes whereas National Occupational Standards give learning criteria and Skills for Health is aware of the need to ensure the language is appropriate for these units.

**5.20** There has been some rationalisation, for example, by looking at how the NVQ in Support Services could become a pathway within the NVQ in Health. There is likely to be further rationalisation throughout the process of migration, but this is expected to be limited compared to other sectors.

**5.21** The process for the approvals and endorsements of qualifications has been improved by separating it out into a panel which enables quicker turnaround. For example, the Foundation Learning Tier has a four week turnaround. One of the awarding bodies commented on the swift turnaround of approvals since the panel was put in place. The SSC has also developed a quality assurance framework for healthcare education on behalf of the Department of Health in England. This is a recommended framework for Strategic Health Authorities who are the main commissioners of healthcare education within the NHS.

**5.22** Skills for Health has a challenge to increase awareness of the benefits of apprenticeships in the sector as employers tend to be less supportive of this type of qualification. Feedback from DIUS suggested that Skills for Health is ‘culturally resistant’ to apprenticeships. From the evidence we have reviewed, it appears that there is a resistance within the sector, but it is from employers. Skills for Health is working to promote apprenticeships. For example, in working with employers through the Skills Academy. It is also looking at administrative and clerical apprenticeships to address more general needs. There is recognition of a role for expanding apprenticeships within the sector for maintenance staff and non-professional workers.

**5.23** Figures for apprenticeships cover both health and social care so there is a great deal of overlap with Skills for Care and Development. Take-up has increased from 1,000 to approximately 5,700 completions per annum across the two areas.

**5.24** The SSC leads on the Society and Health **Diploma** and is also a partner in two others. The Society, Health and Development Diploma went live in September 2009. There are currently thirty seven consortia that are running the Diploma with approximately 2,500 learners. Demand for the Diploma has grown since its implementation went live. There are expected to be over 100 consortia running the Diploma by September 2010. This is a significant growth since September 2009 when there were 39 consortia.

**5.25** Fifty one per cent of the health service workforce goes through higher education so this is an important area of focus for the SSC. The HEFCE HE-Business and Communication Interaction Survey for 2007-08 showed that 74 out of 130 higher education institutions had engaged with Skills for Health. Within Wales, HEFCW noted that, whilst they were aware that Skills for Health was working with **higher education** institutions within Wales, there had been no direct contact for a couple of years and that the Sector Skills Agreement in this area needed to be refreshed.

**5.26** There are 15 demonstrator sites around the UK which are helping to develop higher education learning qualifications through competence and modular approaches and progression from further to higher education. The higher education strategy and sector qualification strategy action plans will further embed the higher education focus.

**5.27** Further education engagement tends to be at a more strategic level through various associations, such as the Association of Colleges. As with other stakeholders, further education representatives are invited to attend the relevant consultation events that the SSC runs.

**5.28 Awarding bodies** mainly provided positive feedback on the SSC. Awarding body forums are well attended and the large awarding bodies describe the SSC as a listening organisation which has the confidence of the sector.

**Strengths**

- The Labour Market Intelligence is accessible and the website tool is regarded as useful by employers.
- Sector Skills Agreement is underpinned by Labour Market Intelligence.
- The Sector Qualification Strategy is underpinned by employer demand and is well aligned with both the strategic plan and public policy.
- National Occupational Standards development is linked to the development of the competences which have been highly praised by employers.
- Revised National Occupational Standards underpin qualifications and apprenticeships in the sector.
- Partnership working with Awarding Bodies and Higher Education Institutions.
- 14-19 Diploma development.

**Areas for Improvement**

- There is a perception amongst some employers and stakeholders that there is a level of duplication within the SSC's Labour Market Intelligence and the SSC's needs to communicate how it adds value.
- Elements of the Sector Skills Agreement need to be refreshed, such as with HEFCW.
- The SSC needs to continue to rationalise its competences.

## Part Six

### SSC Sector Specific Solutions

The SSC can demonstrate a compelling employer offer which addresses sector skill priorities, including cross sector skills, with defined routes to market.

**6.1** Skills for Health has developed a wide range of sector specific solutions across the UK. The organisation has undergone rapid growth in the past four years, which has been both organic and 'mergers and acquisition' based. This growth has expanded the SSC's capability and capacity to develop and deliver its sector specific solutions. As the SSC moves further into the delivery stage of its lifecycle, its biggest challenge now is how best to disseminate the pockets of best practice it has developed across the UK.

**6.2** The SSC has a clear strategic direction, which is based upon the employer based research it undertook as part of the Sector Skills Agreements. The solutions it develops can be linked directly back into the strategic aims and priorities for the sector. The SSC also continues to consult with employers and understand the policy environment as it develops and refines its solutions.

**6.3** Over the last four years the SSC has undergone rapid expansion. This growth has been through: transitioning in teams from other Department of Health bodies, such as the Workforce Projects Team and the Core Learning Unit; and through organic growth, particularly in relation to the Skills Academy. There are a number of advantages to the SSC of bringing in these teams: it adds to the capability and capacity of the organisation; and it improves employer engagement. Each team will have had its own contact with employers, which adds to the breadth of the SSC's network.

**6.4** Examples of the solutions developed by the SSC include:

- **The Joint Investment Framework.** Skills for Health has brokered £100 million of 'rolling' joint investment from the Strategic Health Authorities and the Learning and Skills Council. This was developed prior to the Sector **Compact** arrangements and the SSC aims to make the funding more flexible by negotiating a Compact in the near future.
- The SSC has developed new roles within the NHS based on its competence model, as part of its objective of developing a more productive workforce. For example, it developed an assistant practitioner role for breast screening services. This has been rolled out across the service and the impact has been on enabling employers to meet its delivery targets, whilst maintaining and improving the quality of service.

- Skills for Health is working to promote **management and leadership** standards which it has linked with numeracy and literacy skills. Skills for Health has also worked with the Institute of Healthcare Management through the online tools which has influenced National Occupational Standards for managing volunteers and businesses.
- There are a number of examples of **competence based workforce redesign** at a local level across the UK. For example, the Greater Glasgow Health Board is implementing the approach across its 40,000 workforce. In Wales, an independent employer has used the competences to underpin a franchise system he was developing.

**6.5** The National Workforce Competences are seen as a major strength of Skills for Health, both internally and externally. They are well received by industry as they can be tailored to individual need. All the employers we spoke to praised the competence framework and on-line tools. Three employers we spoke to told us the training they received on how to use the toolkit from the SSC was very helpful, but that without the training the toolkit was not as user friendly. The SSC is continuing to look at how it can improve the usability of the toolkit.

**6.6** Skills for Health is able to use competences as common currency across the sector. The competency framework enables a team to be constructed around a task, encouraging the development of new roles. Competences have also made a contribution to modernising healthcare science. We found evidence that the competence framework was being used within each nation and each sector. For example, an independent healthcare provider has taken a competence based approach to build the organisation from scratch. The toolkits to date are focused on use by providers and it was noted by a NHS employer that they now need to be developed for commissioners,

**6.7** Skills for Health is working to ensure clear career pathways are in place to demonstrate links between competencies and qualifications and they are consulting with employers on this.

**6.8** In relation to more general **careers information, advice and guidance**, the SSC works in **partnership** with various different bodies. For example, there is a service level agreement with NHS Careers and the Careers Advice Service in relation to the careers advice line in England. Skills for Health is responsible for marketing, training and evaluation, apprenticeships and the wider sector, such as providing case studies on the independent sector. There is similar partnership working across each of the Devolved Nations as well. For example, in Wales Skills for Health is part of the Strategic Partnership in Wales for Careers, who meet every three months and follow a joint action plan.

**6.9** Partnership working is important to Skills for Health in both developing and implementing its sector specific solutions. As discussed in section four, there are a large number of stakeholders within the sector and the SSC does not want to duplicate work performed elsewhere and aims to work in a consultative and collaborative manner. For example, in Northern Ireland the SSC worked with Belfast City Hospital to develop a methodology to use competences to support service design and workforce planning within the renal service.

**6.10** Its partnership relationships are important **routes to market** for the SSC. The demonstrator sites are an example of this. Also Skills for Health has worked closely with the Strategic Health Authorities to persuade the NHS employers to sign up to the **Skills Pledge** and within most regions nearly all of NHS employers have signed it.

**6.11** The SSC also has a **Skills Academy** for health, which is one of its key routes to market within England. The Skills Academy is a conduit between training providers, employers and Skills for Health; gathers and distributes information on good practice; and is a delivery arm for the SSC.

**6.12** The Skills Academy for Health is currently working with stakeholders and partners to determine needs on a regional basis across England. It is already well developed in the North West, the North East and London. The Academy is being developed to meet the needs of each region so, for instance, it would complement the work that the Strategic Health Authority is already undertaking. Examples of the work the Academy has undertaken includes:

- 400 students linked to the Aim Higher Programme are supported through the North East Academy;
- 400 individuals are supported by the North West Academy through pre-employment programmes and there is a 60 per cent success rate of those who transfer into sustainable employment; and
- Within the West Midlands, the Academy has supported 77 long term unemployed individuals back into work.

**6.13** The Skills Academy is not a National Skills Academy. The SSC would, in future, like to gain the National Skills Academy badge, but has currently made the decision not to apply for it after it was unsuccessful the first time. There was no direct feedback as to why it was unsuccessful, but the SSC believes it was in part due to its proposed business model. The proposal was for hub and spoke model rather than the single base model, as this is what the employers wanted. The hub and spoke model has become the more popular since the initial bid across other sectors as well.

**6.14** Due to the Academy's rapid growth and increasing focus on delivery, the SSC is at a point where it needs to consider what the best structure is for the Academy. Currently it is not a separate legal entity and has been developed as part of the SSC. Consideration should now be given as to whether this is the appropriate vehicle or whether it should be a separate organisation which focuses on delivery, with clear links into the SSC which focuses on its strategic role.

**6.15** One of the challenges that the SSC is currently considering is how it disseminates the good practice from its work performed to date across the whole sector whilst remaining within its current capacity levels. The role of the Skills Academy and staff configuration within the nations and regions will be important factors in developing its strategy in this area. The Board sees the dissemination and corresponding marketing strategy as a priority for the SSC and there are employer Board members leading on each of the strategies with a member of the Executive team.

**Strengths**

- Solutions are aligned to the strategic aims of the SSC.
- The Skills Academy network.
- Brokerage of the Joint Investment Fund.
- Development of online tools for a number of its solutions.
- Evidence of a number of examples of local and national competence based solutions.
- Good progress at getting employers to sign up to skills pledge.
- Evidence of effective partnership working with employers and key stakeholders.

**Areas for Improvement**

- Continue to develop the strategy to disseminate the good practice to date across the sector and review the routes to market. For example, consider the configuration of staff within the regions and nations.
- Review the organisational structure of the Skills Academy.
- Need to focus more on tools for commissioners.

## Part 7

### SSC Results and Impacts

The SSC has set ambitious and realistic targets in relation to skills priorities of the sector which are used to measure the direct results and shared impacts of SSC products, services and solutions.

**7.1** Within its strategy and Sector Skills Agreements the SSC has set targets, which it believes are ambitious yet realistic and has put in place key performance indicators to monitor its performance against these targets. Through improvements to its performance management system the SSC now has a clear thread linking its strategic goals, targeted outcomes and impact measures to its operational plans and objectives for its staff. Evaluation is also being incorporated into the organisation's thinking. Skills for Health can point to some significant impacts from its work in terms of leveraging funding and developing products and services that have been used by employers.

**7.2** Skills for Health planning documents and our interviews with staff show that its directorate and personal performance management systems are well integrated into its wider planning processes. There is a clear process for translating Skills for Health output targets into targets for teams and individuals.

**7.3** The priorities for the four nations are set out in the **Sector Skills Agreement Action Plans**. These align with the strategic aims and objectives set out in the Strategic Plan and with the operational objectives described in the **Operational Plan** for 2009-10. The Operational Plan then breaks down into more detailed country and directorate plans. The country plans can be tied back into the priorities laid out in its relevant Sector Skills Agreements. To improve the process further in the current year, the SSC consulted key stakeholders within each nation at the drafting stage of each of its country plans. The performance monitoring against these more detailed plans then feeds directly into the overall organisational reporting to the Board.

**7.4** Skills for Health produces quarterly UK wide organisation performance reports for the Board. Following a request from the Board to improve the performance management information being submitted to it, Skills for Health is currently refining its performance management system to accommodate a **balanced scorecard**. This is intended to provide the Board with an overview of progress against the key strategic and operational objectives. Each objective is assigned a traffic light status and has **key performance indicators** with trendlines. It also encapsulates all the information that is used to measure performance against the objectives of the UK Commission for Employment and Skills and the Department of Health.

**7.5** The implementation of the new performance management system with the **balanced scorecard** allows the Board to examine progress in a more systematic and transparent way. Progress against the performance measures in the balanced scorecard is automatically updated every quarter in line with **the requirements of the UK Commission for Employment and Skills**. In some areas, the measures have still to be developed and the scorecard still needs some further refinement. Generally, however, Board members think that Skills for Health's approach to target setting is improving.

**7.6** Short term **impact measures** are included in the operational plan for 2009-10. Longer term impact measures are included in both the Strategic Plan and the Sector Skills Agreements for the years 2007-10. The SSC currently has systems in place to measure progress for most of the indicators and is developing systems where it does not.

**7.7** Skills for Health has recently completed a paper for the Executive Management Group on the implementation of its **Evaluation Strategy**. It is intended that evaluation will be incorporated into the earliest stages of the development of projects proportionate to their scale and importance. The evaluation strategy makes it clear that findings from evaluation should be systematically communicated within Skills for Health to ensure that lessons are learned.

**7.8** The key objective of the Evaluation Strategy is to affect the culture of the organisation. The framework of the Evaluation Strategy is based on Skills for Health's strategic objectives. It is anticipated that every stream of work will be evaluated and that evaluation will be considered at the outset of a project. It was evidenced in the staff interviews that the strategy has already started to be implemented. The SSC needs to ensure this becomes embedded within the organisation as planned in 2009-10.

**7.9** The SSC has undertaken a number of evaluation projects to date and can cite a number of major impacts. Three of its largest impacts are listed below:

- The **Joint Investment Framework**, which has yielded an extra £100 million a year for training in levels one to four. Skills for Health tasked consultants to evaluate the first year of the programme (2007-08) and to develop a **monitoring and evaluation framework** for future years. Among its benefits were 30,000 **learning interventions**.
- The SSC has developed new roles within the sector using its competences framework. For example, it developed the Emergency Care Practitioners role in partnership with key stakeholders and there are now over 1,000 trained and employed. The estimated savings across England is £28 million per annum.
- An evaluation of the impact of six **National Demonstrator Sites** that ran from September 2006 to August 2007 was carried out. Among its findings were: **reduced waiting times** in certain diagnostic areas from 35 weeks to 19 weeks; **improved patient focus** supporting the "Line of Sight" model.

**7.10** Skills for Health acknowledges that the achievement of these trends is as a result of the combined efforts of employers, learning providers and key stakeholders. However, it can evidence its role in helping the sector make these changes through the actions it has taken to date.

**Strengths**

- The development of an evaluation strategy.
- Clear link between objectives, targets and programmes.
- Integration with staff development and objectives.
- Demonstrable impacts are being made at both national and local level.

**Areas for Improvement**

- Fully implement the Evaluation Strategy.
- Fully implement the Performance Management System.

# Technical Annex

## Performance Assessment Methodology

### Background

The National Audit Office (NAO) has undertaken this Independent Performance Assessment of Skills for Health at the request of the UK Commission of Employment and Skills.

It has undertaken the Assessment in accordance with the assessment framework set out in the relicensing framework for Sector Skills Councils published by the UK Commission for Employment and Skills.

The purpose of the Assessment Framework is to assess the capacity and capability of the Sector Skills Council against four key themes:

- The SSC is employer led, has the confidence and support of employers in its sector and is a strategically and operationally effective organisation;
- The SSC provides a clear, credible and coherent voice for employers on the skills and qualification needs of the sector backed by high quality LMI, standards and qualification development;
- The SSC can demonstrate a compelling employer offer which addresses sector skill priorities, including cross sector skills, with defined routes to market; and
- The SSC has set ambitious and realistic targets in relation to skills priorities of the sector, which are used to measure the direct results and shared impacts of SSC products, services, and solutions.

Each key theme has a number of key tests and assessment questions, which we have used to scrutinise the evidence across the four nations and prepare our report.

### Evidence

The Commission asked us to conduct our reviews to a very tight timetable and with the least burden on the Sector Skills Council.

We reviewed Sector Skills Council generated evidence for a period of two weeks before collecting evidence more directly from staff, employers and local stakeholders during a one week site visit to the Sector Skills Council. During this week, we conducted a number of interviews and focus groups and observed meetings.

We chose a random sample of employers to interview, ensuring we covered as far as possible the full range of Council footprint. We also invited comments from employers and other stakeholders through our and the UK Commission's website. To measure the wider reach and engagement of the footprint, we examined the results of the Sector Skills Development Agency's 2007 census.

We collected information centrally from:

- The UK Commission for Employment and Skills.
- Central Government departments.
- Each of the Devolved Administrations through visits to Belfast, Cardiff, and Glasgow.
- The Regional Development Agencies.
- The Learning and Skills Councils.
- SkillsPlus UK (Local Government Employers).
- Awarding bodies.
- Unions.

To make our assessment we also reviewed a wide range of internal evidence including:

Expressions of Interest, Strategic Plans, Business Plans, Board Constitution, Minutes and attendance, Audit and Remuneration minutes, Operational plans, National and Regional plans, Sector Skills Agreements, Research Strategies, capacity and capability reviews, customer and staff satisfaction surveys, complaints procedures, SQS and SQRP strategies, Sector Skills Action Plans, Labour Market Intelligence and plans, Employer Engagement Strategies, Take-up statistics, Stakeholder surveys, International Research data, Website materials, Memoranda of Understanding, Compact arrangements, stakeholder maps, performance review records, market assessments and external audit reports.



