



REVIEW OF USE OF SCOTTISH
VOCATIONAL QUALIFICATIONS BY NHS
BOARDS

Report for NHS Education for Scotland

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1. Introduction

1.1 Study Aim

Scottish Vocational Qualifications (SVQs) are delivered throughout NHS Scotland primarily for clinical healthcare support workers and in more limited numbers for a range of other support staff. They are the chief mechanism used for recognising learning within these staff groups. The evidence of achievement they provide might be expected to support employers' strategic goals and this expectation provides the focus of this evaluation. Its aim is:

“to investigate the benefits to NHS Boards of staff completing SVQs and explore how these benefits might contribute to the achievement of strategic objectives”.

The evaluation focuses on four key questions:

- **SVQ completion:** What SVQs have been funded by NHS Boards since 2007? How many people have completed these? What are the job roles of SVQ candidates?
- **Perceived benefits of SVQs (staff and line managers):** How has taking an SVQ affected the individual's work performance? What are the pros and cons as seen by individual candidates and their line managers?
- **Recognition and perception of SVQs by workforce planners and strategic managers:** How much do strategic managers and workforce planners know about SVQ provision/completion in their Board area? What is their perception of the qualifications themselves? What use does the Board make of the information available from their SVQ centre?
- **How might the employer make best use of SVQ data and the skills of candidates?:** This is a question for individual staff members, line managers, SVQ Co-ordinators and those working at a strategic level.

The evaluation relates to SVQs delivered by NHS Boards for their staff.

1.2 Method

The evaluation focuses on the three important communities of interest:

- NHS staff who have taken SVQs (completers and non-completers) and their line managers;
- NHS SVQ co-ordinators, Learning and Development staff and Practice Development staff; and
- Senior managers/Board members

It must be noted that although contacts in all NHS Boards were invited to participate in the information gathering, surveys and interviews, not all Boards actively engaged with the study. As such, the findings of the study represent the perspectives of engaged individuals and Boards. It was beyond the scope of this study to engage stakeholder who were not already interested in the use of SVQs by NHS Scotland; however, we can assume that those Boards which did not actively engage with this study provide few SVQs.

The research involved five stages, described briefly below. The associated design tools are included at Appendix 1.

1. Documentary review

The evaluation is rooted in and informed by the strategic context of NHS Scotland and NHS Boards through a review of the strategic and operational plans of all NHS Scotland Boards (territorial & special), along with their education/training/workforce development plans.

2. Audit of SVQ completion

Each NHS Board was invited to provide information for the evaluation using an audit tool to record Board level data on numbers of staff supported through SVQs since 2007, associated SVQ titles and levels and job roles and pay bands of candidates.

3. Survey of SVQ candidates and their managers

Two surveys were launched: a paper based survey for SVQ candidates (disseminated by a lead individual in each Board) and an on-line survey for their line managers.

4. Interviews with key stakeholders

Telephone interviews were held with NHS Board workforce planners, strategic managers, and SVQ coordinators, learning & development and practice development staff. Further interviews were held with a number of other stakeholders. A full list of study consultees is provided at Appendix 2.

5. National stakeholder workshop

Emergent findings were tested with stakeholders during a half-day national stakeholder workshop held on 18th June 2010. A series of facilitated groups focussed upon strategic benefits and challenges of NHS staff achieving SVQs, and developed action points. A Video Conference with stakeholders unable to get to the workshop was also held on 23 June 2010. This followed the same format as the workshop.

2. The strategic context

2.1 Introduction

The strategic context for the use of SVQs by NHS Boards in Scotland is complex. It is shaped around

1. The shifting balance of healthcare and related workforce change and development; and
 2. Vocational qualification reform and skills development.
- NHS Scotland is making more and more use of staff at Agenda for Change (AfC) Bands 1 – 4: these staff make most use of SVQs, and are getting older¹.
 - A lack of opportunities for training and development of staff in AfC Bands 1 – 4 could become a barrier to improved efficiency and quality².
 - There are four distinct national frameworks for career and role development for NHS Scotland staff:
 - The NHS Knowledge and Skills Framework;
 - The Career Framework for Health;
 - National Occupational Standards and National Workforce Competencies (used to build SVQs); and
 - The Scottish Credit and Qualifications Framework.

2.2 NHS Scotland

The context for skills within NHS Scotland is strategically shaped around shifting the balance of care³, and the *Healthcare Quality Strategy* (2010)⁴. A key aspect of this is the development of roles at all levels to help NHS Boards to redesign their services: this includes un-registered as well as registered staff. The key focus of this report is on staff in Agenda for Change bands 1 – 4, although it is fully acknowledged that staff in higher bands do take SVQs to develop their skills for working in the NHS in Scotland. This includes clinical roles, such as the development of healthcare support workers, and non-clinical roles, such as the development of staff working in administrative and support services. Currently there are 51,646 staff working in administrative and support services in the NHS in Scotland (ISD 2009)⁵; and more than 21,000 healthcare support workers (ISD 2009)⁶. This workforce is aging: 30% of the administrative and support service workforce is over 50 years⁷, and the proportion of the workforce over 50 is likely to increase in response to changing employment demographics.

¹ ISD data – see below for details

² Skills for Health research – see below for details

³ <http://www.shiftingthebalance.scot.nhs.uk/>

⁴ <http://www.scotland.gov.uk/Publications/2010/05/10102307/0>

⁵ <http://www.isdscotland.org/isd/5369.html>, accessed July 2010

⁶ NES (2010): A Guide to Healthcare Support Worker Education and Role Development (Revised)

<http://www.nes.scot.nhs.uk/media/341852/hcsw%20report%20final.pdf>

⁷ Figure provided by NES – email 8/8/10

2.2.1 Review of NHS Boards strategic statements

This SMCIA study included a review of the strategic and operational documents available from all of Scotland's NHS Boards (sources are listed at Appendix 3). A summary of this is included at Appendix 4. All Boards considered general issues of service redesign, role development and education and training. However, specific reference to the use of SVQs was relatively rare.

Ten out of the 14 NHS territorial Boards made direct reference to the use and positive value of SVQs in the workplace. In some of these cases, the Boards had recently expanded their SVQ programmes. One out of the 8 special NHS Boards made direct reference to the use of SVQs in the workplace (NHS National Waiting Times Board) as part of the development of a more cost effective team mix in the delivery of services.

The overall impression from our documentary review was that Boards perceived a real value in upskilling support workers. In many cases this was being driven through the roll out of education and training, with some Boards placing a particular emphasis on a role for SVQs.

2.2.2 Education frameworks

In April 2008, the NES scoping study and stakeholder consultation report on *Developing and Education Framework for Staff in Administrative Services and Support Services* found that key issues limiting the development of and access to work-related learning for these staff groups include

- a lack of formalised structures to support learning;
- a reliance on learning from colleagues; and
- a lack of recognition of important support skills by managers.

In 2009, NES published a *Guide to Healthcare Support Worker Education and Role Development* (and revised this in 2010) to support the development and implementation of a national approach to supporting and developing assistants to Nurses, Midwives and Allied Health Professions at levels 2 to 4 of the Career Framework for Health.

There are four national frameworks for career and role development for NHS Scotland staff – although all address different needs, they all provide a way of describing the level and range of knowledge and skills needed in the workplace⁸:

- The NHS Knowledge and Skills Framework (KSF) applies to the whole range of NHS staff within the Agenda for Change agreement. It provides the basis for career development for these groups;
- The Career Framework for Health is a 9 level framework designed to support workforce development and career planning;
- National Occupational Standards (NOSs) and National Workforce Competencies (NWCs) have been developed for all sectors of the UK economy. They are statements of competence, describing the skills and knowledge needed to carry out the wide range of work within a specific sector (e.g. health, social care, construction) and setting the standard for how that work should

⁸ NES (2009): Using National Frameworks for Career and Role Development

be carried out. Skills for Health – the body responsible for developing NOSs and NWCs for the UK health sector, has created an extensive database of competencies, each relating to a different health related function. NOSs have been approved by education regulators (including the Scottish Qualifications Authority) in the UK for use in the development of vocational qualifications, including SVQs.

- The Scottish Credit and Qualifications Framework (SCQF) is a national framework used to describe and compare achievement in learning. It uses two measures to describe qualifications and learning programmes: level (how complex the learning is) and volume (how much time it takes to complete the learning). The SCQF comprises 12 levels and can be applied to all forms of learning, from learning in the workplace to academic and vocational qualifications. Bodies including the Scottish Qualifications Authority, universities and colleges use the SCQF to credit rate programmes of learning – including SVQs.

2.2.3 Scottish Health Sector Skills Reviews

Skills for Health Sector Skills Assessment for Scotland

According to Skills for Health’s latest LMI report for Scotland (2010)⁹, there are currently 244,412 healthcare employees in Scotland, representing 10.1% of total Scottish employment. This is Skills for Health’s first national sector skills assessment. It provides an analysis of the skills and labour market issues resulting from:

- the impact of the economic downturn and resulting pressure on public expenditure; and
- increased demand for more higher quality care as a result of raised public expectations, and the increase in long-term conditions brought about through the overall aging workforce.

Skills for Health indicates that current areas of skills gaps and shortages identified by employers will continue to require attention, particularly around team working and communication. It suggests new forms of working will require those working in the sector to work beyond boundaries that may have been typical.

This research also indicates there are too few opportunities for training and development for those who undertake routine tasks within the health sector. Skills for Health warns that with many employers seeking to enhance provision through the greater use of multi-disciplinary teams and using assistant roles, and hoping to promote people through the sector, continued lack of investment in this group could become a barrier in enhancing productivity.

A key theme of the 2010 report is the need to increase the intermediate skills levels in the sector. The enhancement of skills levels in the form of employability and functional skills and information communication technology are referred to by Skills for Health as vital ‘oil in the wheels’ for the health sector. These skills, where individuals are able to make small improvements in their roles, are likely to deliver exponential increases in performance and productivity in the sector as a whole. This is particularly relevant to our evaluation of the impact of SVQs in the NHS.

⁹ Skills for Health: Skills and Labour Market Intelligence Report for Scotland, 2010, Skills for Health (February 2010)

Given the scale of change within the sector, the high stock of skills, new roles and ways of working, 'skills utilisation' will be high on the sector's skills and employment agenda.

Labour Market and Training - Scottish Employer Skills Survey

The Scottish Employers Skill Survey 2008 showed that 73% of health sector employers had funded training for their employees in the past year, compared to 36% across all sectors¹⁰. Note that this included employers within the health sector which do not lie within the National Health Service. 42% of health sector employees received off-the-job training in the last twelve months (compared to 43% of employees in all sectors). The most common type of off-the-job training provided by employers in all sectors was job specific. Health sector employers were more likely than those in other sectors to provide training in new technology, induction, management and supervisory training and less likely to provide foreign language and other training.

Employers in the health sector who had provided or arranged off-the-job training were most likely to use staff on site, followed by private training providers/external consultants.

The main source of skills related advice from external organisations used by Health sector employers appears to be from a Council/Local Authority, Head Quarters/ In-house (including (ex) colleagues/associates) or Government department/agency.

2.3 Skills development and vocational qualification reform

Skills for Scotland: A Lifelong Skills Strategy (2007)¹¹ set out three main areas for the development of skills: individual development, the needs of the economy and employers, and the creation of cohesive structures. Skills for Scotland is currently being refreshed to acknowledge the progress that has been made since 2007, whilst also addressing the continuing challenges in meeting employer demand for skills, and supporting employers to effectively use new skills. The refreshed Skills for Scotland¹² will focus on four key priority areas: supporting individuals, supporting businesses, simplifying the skills system, and strengthening partnership.

Research by the UK Commission for Employment and Skills (UKCES) and the OECD demonstrated the strong skills profile of Scotland, but also that this has not – yet – translated into improved productivity. The current economic climate means that public spending – including on skills development – is likely to be subject to significant constraints; whilst the need to ensure the most effective skills development and use is ever more urgent. The key task for the Scottish public sector is to maintain a flexible responsible approach to service provision. With the healthcare sector

¹⁰ Health Scottish Sector Profile, 2009, Alliance of Sector Skills Councils, from analysis of the Scottish Employer Skills Survey 2008.

¹¹ Scottish Government, 2007

¹² http://www.sfc.ac.uk/web/FILES/CMP_SkillsCommittee20May2010_20052010/SC_10_09_Skills_Strategy_Refresh_Summary_-_Annex_A.pdf

accounting for about 10% of Scottish jobs¹³, the NHS has a key role to play in the development and effective use of public sectors skills.

2.3.1 UK Vocational Qualification Reform

In 2008, the UK Government funded a major implementation programme to deliver Vocational Qualification reform: the Vocational Qualification Reform Programme (VQRP). In support of the Programme, the UK Qualifications Research Group¹⁴ commissioned two surveys of 13,500 UK employers and 2,501 individuals to measure how employers and employees use and rate Vocational Qualifications (VQs)¹⁵ Together these pieces of research considered views on a wide range of issues, including:

- awareness and depth of knowledge of VQs;
- whether VQs lead to better business performance;
- the use of VQs in promotion and remuneration;
- individuals' motivation to take VQs; and
- whether individuals gaining a VQ find their skills more relevant to their job, increased job satisfaction, or better opportunities for progression in work or education.

Although the work did not look at the health service in particular, it did highlight some broad issues about the benefits of VQs to employers and individuals. These issues are relevant to this evaluation because they provide a 'whole economy' context against which we can consider the views of similar issues within the NHS. Key relevant points of the research include:

- a minority of employers use VQs: fewer (28%) of UK employers surveyed had funded or arranged training leading to a VQ for a specific or range of occupations in the last year and 36% had ever done so. NVQs / SVQs were the most common qualification aim of this group.
- VQs deliver business benefits: Whether or not they had used VQs, employers cited the most common benefits of training designed to lead to a VQ as:
 - increased the knowledge and understanding of trainees (89% of employers agree);
 - developed new skills (83%);
 - ensured reliable standards of competence (80%);
 - led to better business performance (71%);
 - improved staff retention (61%).
- VQs deliver varied benefits to individuals: Employees with VQs cite the following as benefits of their completed course:
 - increasing the relevance of the respondent's skills and knowledge to their job (80% of those discussing a VQ vs. 63% of those discussing a non-VQ);
 - helping to get more satisfaction out of work (68% vs. 57%);
 - securing a pay rise (39% vs. 32%);

¹³ Skills for Health: Skills and Labour Market Intelligence Report for Scotland, 2010, Skills for Health (February 2010): there are currently 244,412 healthcare employees in Scotland, representing 10.1% of total Scottish employment

¹⁴ a group of senior researchers from the main UK agencies concerned with VQs

¹⁵ *Valuing Vocational Qualifications*, June 2008, SQA, prepared by IFF Research Ltd, June 2008 and *Sector Skills Development Agency Employer Survey – Vocational Qualifications*, July 2008, UK Commission for Employment and Skills, prepared by IFF Research Ltd, July 2008.

- helping to secure a promotion (31% vs. 26%).

This report focuses on the benefits of Vocational Qualifications within the NHS, the majority of which are intermediate qualifications at Level 2 and Level 3.

3. NHS Boards' Use of SVQs

The evaluation has explored NHS Boards' use of SVQs across a number of areas. Most data provided to the evaluation were from in-house centres in NHS Boards. With a focus on SVQ uptake, this section reports on the following evaluation indicators:

- the number of SVQ entries and awards;
- the nature of SVQ uptake by SVQ title and level;
- the nature of SVQ uptake by staff band and job role;
- the capacity of NHS Boards to deliver SVQs; and
- issues experienced when taking SVQs

The evaluation has built a picture of the way NHS Boards use SVQs through the audit of information held by individual Boards on SVQ entries and awards, the on-line survey of managers and commissioners and an on-line and paper-based survey of candidates, all described in the introduction. This Chapter introduces the survey results, providing a commentary on the scale and scope of SVQ uptake within the NHS in Scotland, the capacity of Boards to deliver them, and key issues experienced during delivery.

3.1 The number of SVQ entries and awards

The SMCIA information gathering template was used to record SVQ entries and awards for each Board. It was completed by ten NHS Boards (including 2 Special Health Boards). NHS Education for Scotland and NHS Health Scotland did not provide any SVQs. SQA provided information about the NHS Boards that are accredited SQA centres for delivery of SVQs. A number of Boards that are not SQA centres nevertheless provided information about SVQ uptake, and some that are SQA Centres did not.

Twelve NHS Boards are accredited to deliver SQA:

- NHS Ayrshire & Arran
- NHS Dumfries & Galloway
- NHS Fife
- NHS Forth Valley
- NHS Grampian
- NHS Greater Glasgow & Clyde
- NHS Highland
- NHS Lothian
- NHS Orkney
- NHS 24
- Scottish Ambulance Service
- State Hospitals Board for Scotland

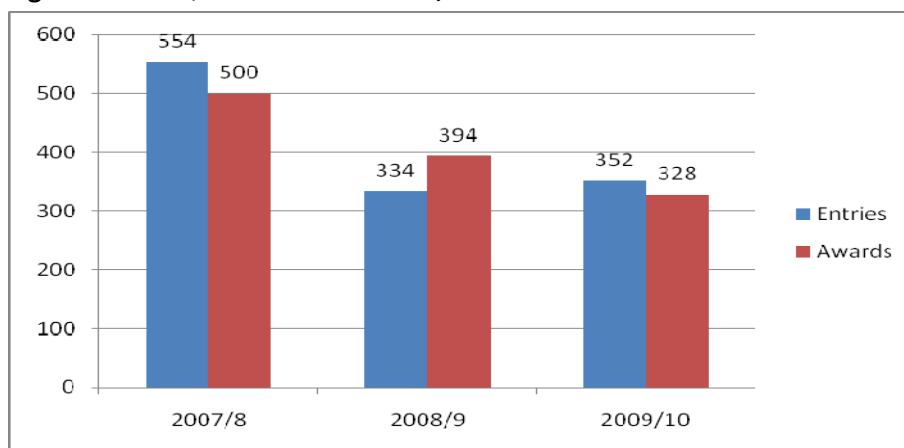
A number of the Boards which did not provide quantitative data using the template provided the evaluation with consultations. Of these, we know through interview evidence that they provide a

very limited number of SVQs, and/or provide SVQs in partnership/association with other organisations (eg local authorities, FEIs).

The ten NHS Boards which responded with detailed information used 50 SVQs between them, along with five Modern Apprenticeships (MAs), four NVQs and three assessor/verifiers qualifications. In total these accounted for 1,471 entries and 1,407 awards between 2007 and 2010. The majority of these are SVQs. Removing MAs, NVQs and assessor/verifier qualifications from the data shows that our ten Boards accounted for **1,440 SVQ entries** and **1,220 SVQ awards** between 2007 and 2010. The full list of qualification titles, entries and awards by year is presented in the data table at Appendix 5.

Figure 3-1 shows that there has been a decline in the numbers of SVQ entries and awards over the study period. There were 554 entries to SVQ qualifications in 2007-08, declining to 352 in 2009-10.

Figure 3-1: SVQ Entries and Awards, 2007-08 to 2009-10

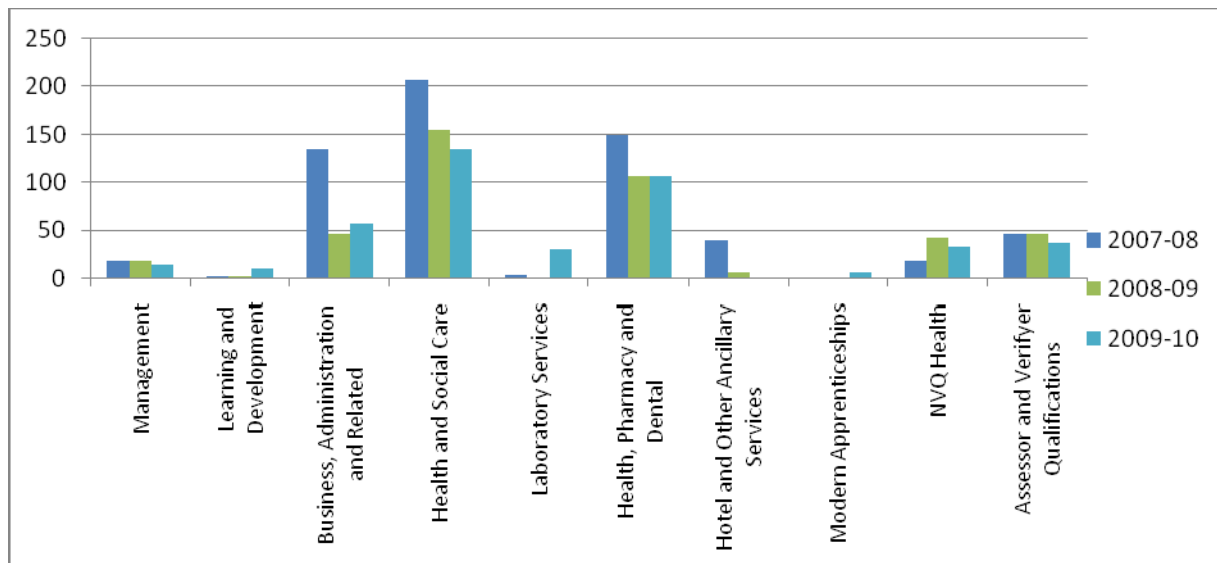


Source: SMCIA analysis, returns by 10 NHS Boards

3.2 The nature of SVQ uptake by SVQ title and level

The decline in numbers of entries described in the figure above follows through to most subject areas, shown in Figure 3-2, below. The figure sets out the numbers of entries to each of ten broad subject categories (qualifications within each category and the associated data are included in the table at Appendix 6). This shows that across most areas there was a pronounced drop in entries between 2007-08 and 2008-09, followed by a relatively stable position to 2009-10.

Figure 3-2: Entries to SVQs by broad subject area, 2007-2010



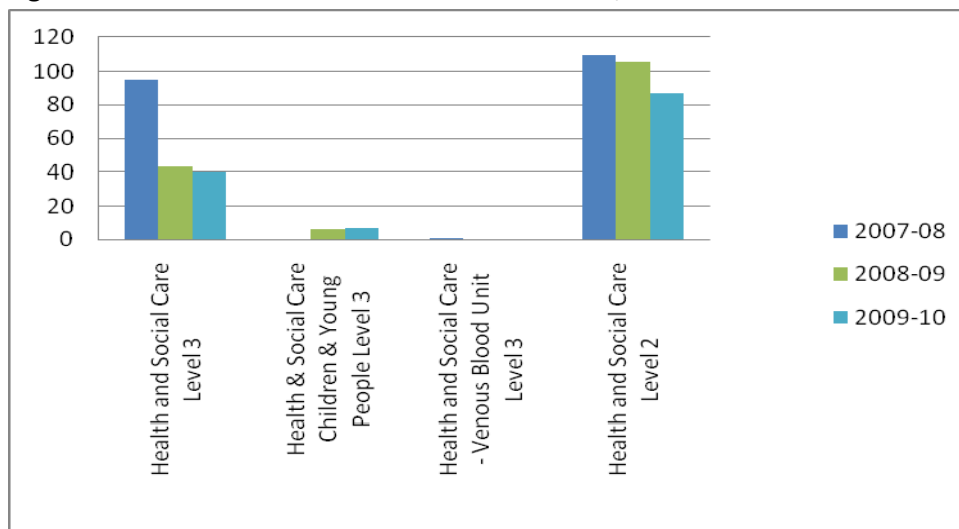
Source: SMCIA analysis, returns by 10 NHS Boards

The figure above shows where SVQ uptake is focussed within NHS Scotland. The four figures below provide further detail about the split by individual SVQ and year within each of these subject categories (full data is included in Appendix 5):

- health and social care, with 495 entries;
- health, pharmacy and dental, with 362 entries;
- business, administration and related SVQs, with a total of 237 entries over the three years; and
- laboratory services with 35 entries, 31 of which are over the last year (2009-10).

The majority of entries in Health and Social Care category are for the Level 2 SVQ, where there have been between 87 and 110 entries each year, with smaller numbers for the Level 3 SVQ, at around 40 for the last two years (Figure 3-3). Health and Social Care - Venous Blood Unit Level 3 had only one entry (in 2007-08), with Health & Social Care Children & Young People Level 3 having six and seven entries in the last two years respectively.

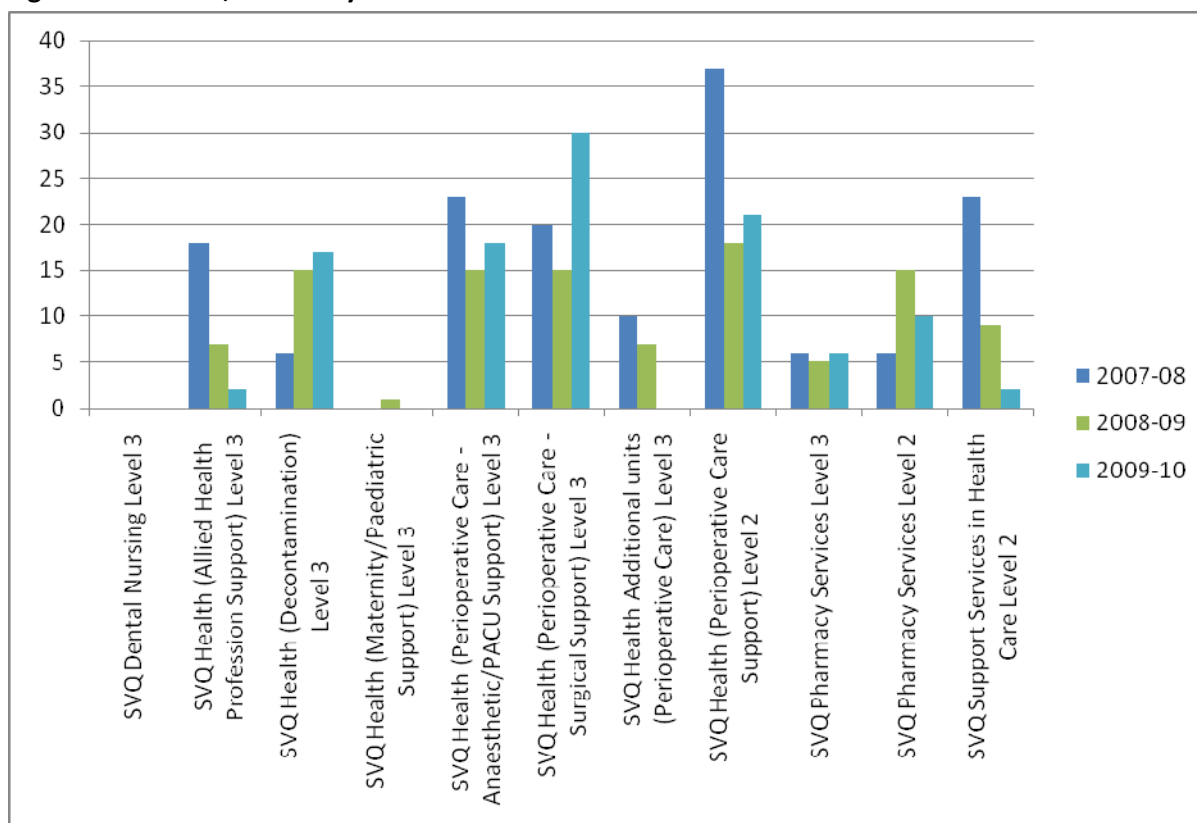
Figure 3-3: Health and Social Care Entries to SVQs, 2007-2010



Source: SMCIA analysis, returns by 10 NHS Boards

There have been significant numbers of SVQ Health entries at Level 3 split across the different titles listed in the figure below. Together the seven Health SVQs account for 207 entries over the last three years (77, 60 and 67 respectively), dwarfing the other provision listed in Figure 3-4.

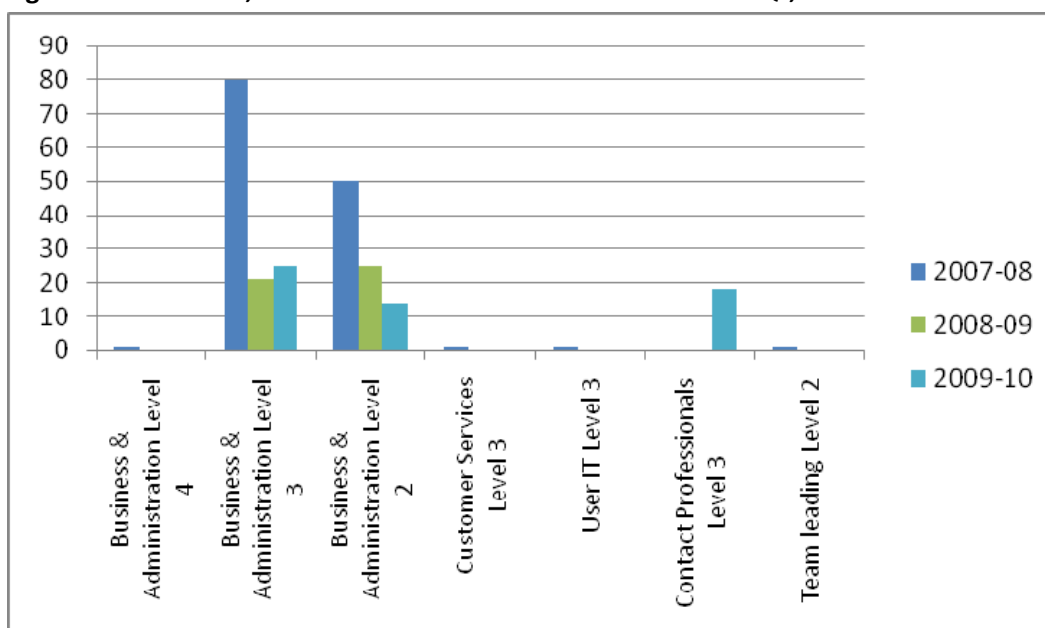
Figure 3-4: Health, Pharmacy and Dental 2007-2010



Source: SMCIA analysis, returns by 10 NHS Boards

The majority of activity within Business and Administration is seen in the Level 3 and Level 2 SVQs in Business and Administration, shown in Figure 3-5.

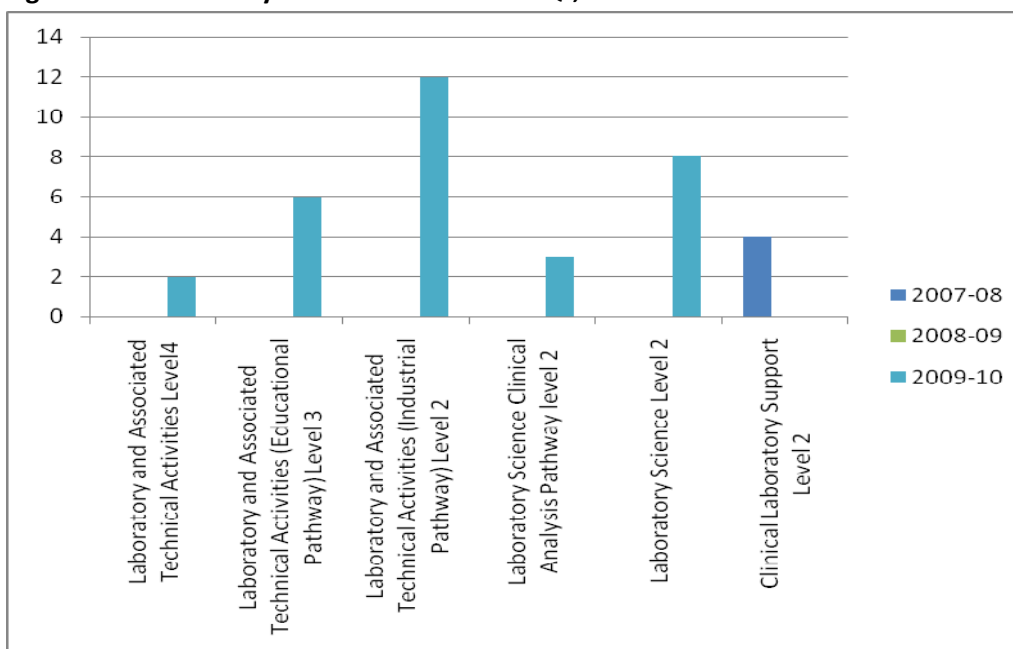
Figure 3-5: Business, Administration and Related Entries to SVQs, 2007-2010



Source: SMCIA analysis, returns by 10 NHS Boards

Laboratory based SVQs have shown activity in the last year (2009-10), with the majority of entries (12) for Laboratory and Associated Technical Activities (Industrial Pathway) Level 2. The exception is the Level 2 SVQ in Clinical Laboratory Support, which had four entries in 2007-08 only.

Figure 3-6: Laboratory Services Entries to SVQs, 2007-2010

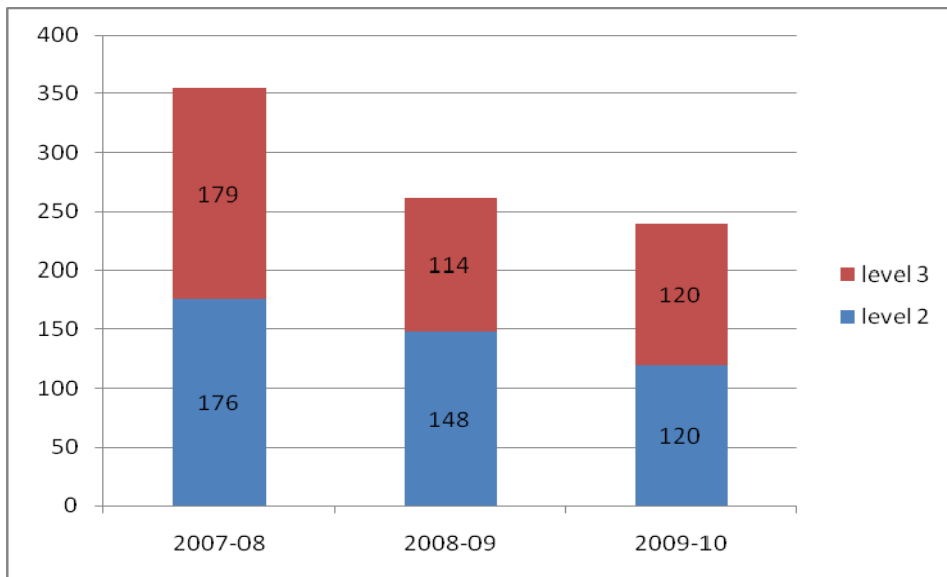


Source: SMCIA analysis, returns by 10 NHS Boards

A distinction can be made between clinical and non-clinical SVQs (qualifications within each of these categories are listed at Appendix 6). Figure 3-7, below, shows a similar decline in SVQ entries and awards described for all SVQs above. The figure also shows the split between Level 2 and Level 3

SVQs; the proportion of Level 2 qualifications has increased from around 50% in 2007/8 to 77% in 2008/9 and back to 50% in 2009/10. There were no level 4 SVQs recorded.

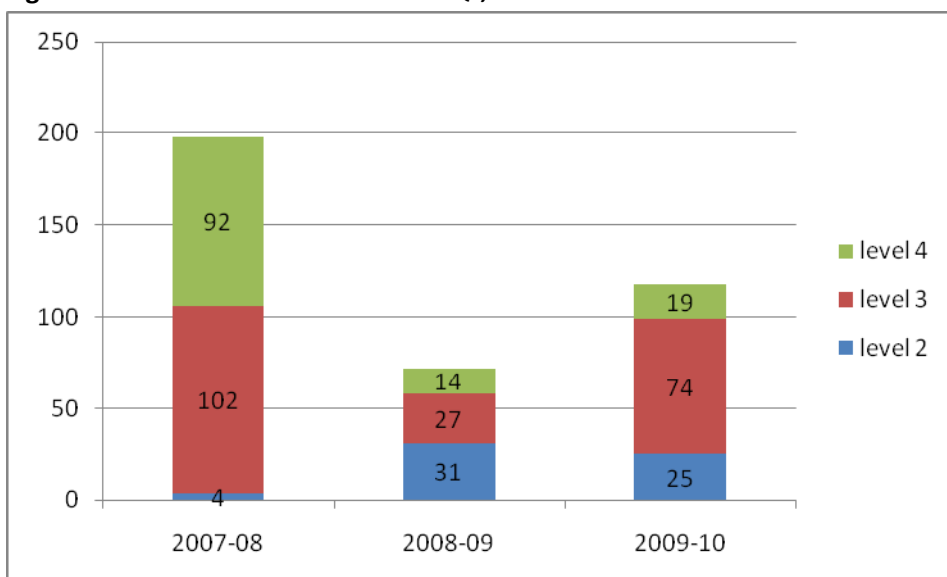
Figure 3-7: Entries to Clinical SVQs, 2007-2010



Source: SMCIA analysis, returns by 10 NHS Boards

Entries to non-clinical SVQs show a somewhat different pattern, with a reduction in numbers and proportion of Level 3 and 4 SVQs between 2007-08 and 2008-09 concurrent with an increase in the proportion of Level 2 qualifications. This is followed in 2009-10 by an increase in the proportion of Level 3 and 4 qualifications and reduction in Level 2, accounting for an increase in the overall number of non-clinical SVQs in that year.

Figure 3-8: Entries to Non-Clinical SVQs, 2007-2010



Source: SMCIA analysis, returns by 10 NHS Boards

3.3 Scottish SVQ uptake and sample representation

SQA provided us with national data about uptake of the qualifications included in our analysis. Many of the SVQs included in the datasets provided by SQA will be used by candidates outside the NHS and it is not possible to identify the proportion that will be included within the NHS. However, a small number of clinical SVQs are likely to be used mainly by the NHS, and these will provide a measure of the level of representativeness of our sample of ten NHS Boards that provided the data included in the analysis above.

Of the non-clinical SVQs, our ten respondents account for a very small proportion of overall SVQ entries. Table 3-1, below, shows that entries to SVQs from ten NHS Boards accounts for only 1% of all of Scotland’s entries to the same SVQs in Health and Social Care, only 2% of those in Management and 3% of Business and Administration SVQs. This is to be expected as these generic qualifications are in high demand right across the Scottish economy.

Table 3-1: Entries to Non-Clinical SVQs, 2007-2010

SVQs – Broad Subject Area¹⁶	Entries 2007-2010 - SMCIA Dataset	Entries 2007-2010 - SQA Dataset	% match SMCIAA and SQA data
Management	51	2565	2%
Learning and Development	14	238	6%
Business, Administration and Related	218	6239	3%
Health and Social Care	192	26804	1%

Source: SMCIA analysis, returns by 10 NHS Boards compared to dataset provided by SQA, May 2010

The ten Boards that responded to our requests for information account for a high proportion of clinical SVQs. Table 3-2 shows that our dataset has captured the majority of the SVQs registered in Scotland for the SVQ Health pathways. In fact, for the seven SVQ Health pathways listed in the table, there are a total of 263 entries in the study period from our ten NHS Health Boards, and a total of 349 entries registered with SQA. This means that our dataset has captured 75% of the overall activity in these SVQs. Some of these SVQs may be taken up by health care providers outwith the NHS and the remainder by those Health Boards that did not respond to our survey. However, a sample that captures 75% of national SVQ uptake is considered sufficiently robust to draw conclusions about the overall issues concerned with SVQ use by NHS Boards.

¹⁶ Broad subject areas are according to the SMCIA data table at Appendix 5

Table 3-2: Entries to Clinical SVQs, 2007-2010

SVQ	Entries 2007-10 SMCIA Dataset	Entries 2007-10 SQA Dataset	% match
Dental Nursing Level 3	0	266	0%
Health (Allied Health Profession Support) Level 3	27	102	26%
Health (Decontamination) Level 3	38	41	93%
Health (Maternity/Paediatric Support) Level 3	1	3	33%
Health (Perioperative Care - Anaesthetic/PACU Support) Level 3	56	40	140%*
Health (Perioperative Care - Surgical Support) Level 3	65	81	80%
Health (Perioperative Care Support) Level 2	76	75	101%*
Health (Renal Support) Level 3	0	7	0%
Pharmacy Services Level 3	17	81	21%
Pharmacy Services Level 2	31	73	42%
Support Services in Health Care Level 2	34	32	106%*
Laboratory and Associated Technical Activities (Industrial Pathway) Level 3	12	10	120%*

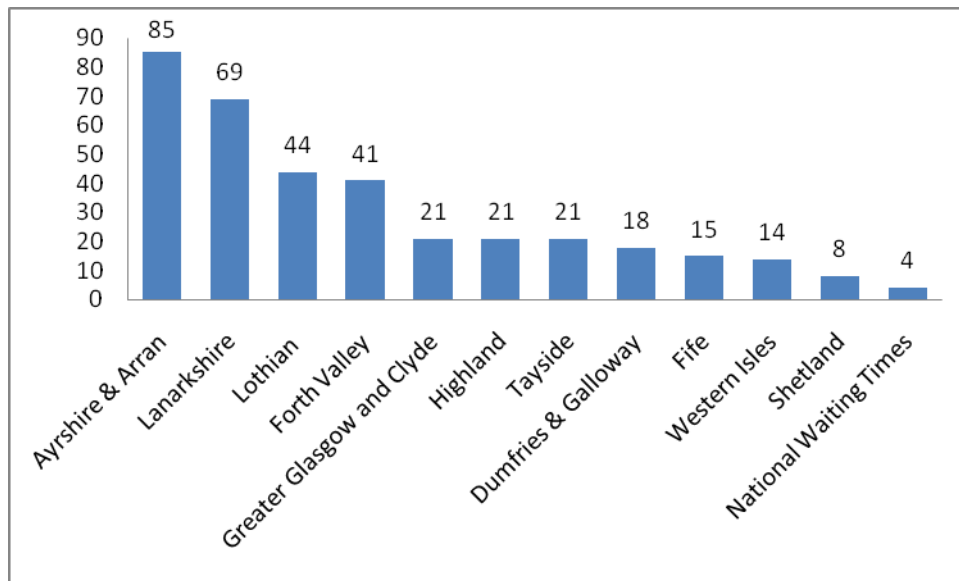
Source: SMCIA analysis, returns by 10 NHS Boards compared to dataset provided by SQA, May 2010

*Where proportion is higher than 100%, it is likely that 2009-10 entries administered by the NHS Board have not yet been entered on the SQA system.

3.4 The nature of SVQ uptake by staff band and job role

The candidates survey attracted 361 responses, profiled across NHS Boards as described in the figures below. This indicates the commitment to participating in this work of both the managers disseminating the questionnaires, and the candidates responding to the survey. This shows a mixed profile from the twelve Boards that responded. Ayrshire and Arran and Lanarkshire elicited the highest number of responses.

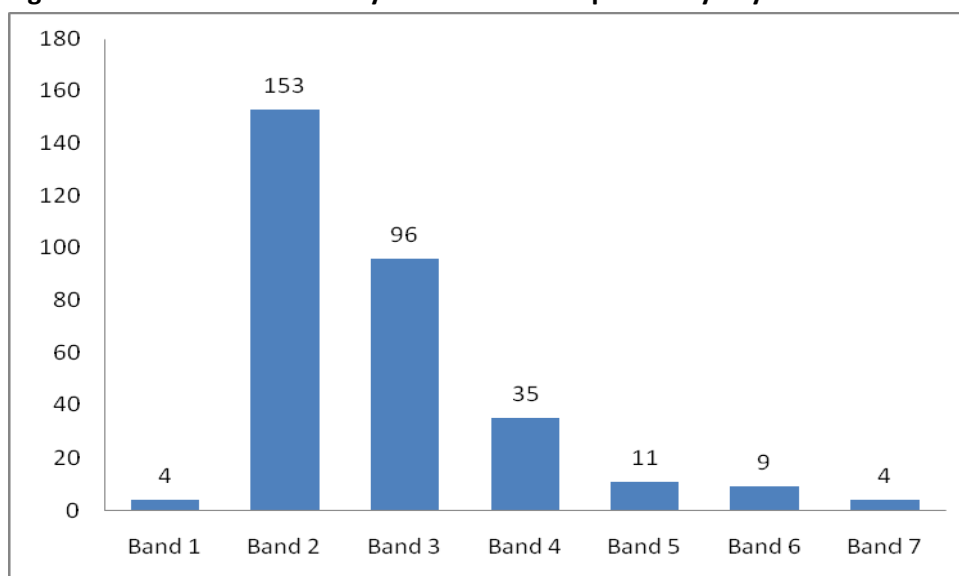
Figure 3-9: Candidates survey – number of responses by health Board



Source: SMCIA Candidates Survey, n=361

The majority of respondents were at Pay Band 2, with significant numbers at Pay Band 3, shown in Figure 3-10.

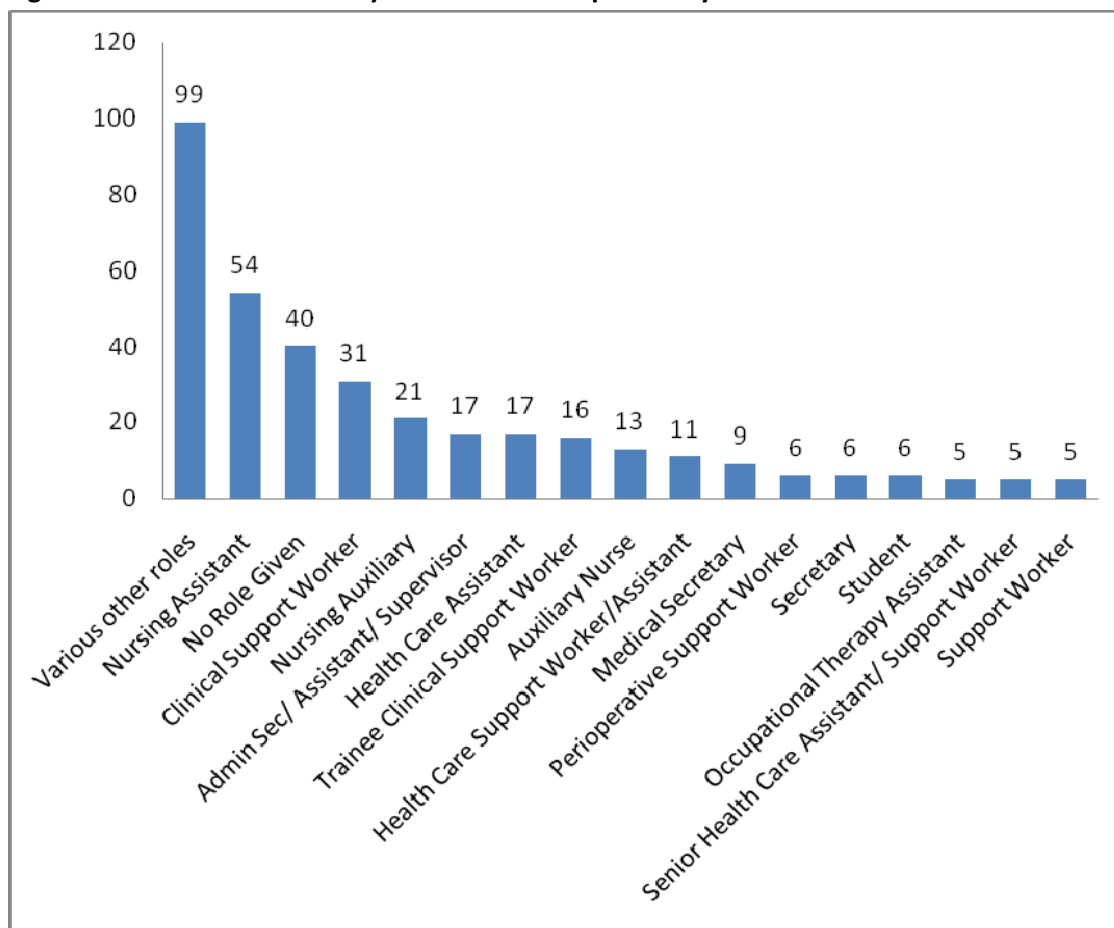
Figure 3-10: Candidates Survey – Number of Responses by Pay Band



Source: SMCIA Candidates Survey, n=361

The profile of job roles by survey respondents is shown in Figure 3-11. The two largest identifiable groups of jobs within our survey sample is nursing assistant (54 respondents) and Clinical Support Worker (31 respondents).

Figure 3-11: Candidates Survey – Number of Responses by Job Role



Source: SMCIA Candidates Survey, n=361

The candidates provided 27 different SVQ titles, presented in Table 3-3 below. The largest majority (37%) are engaged in SVQ Health and Social Care, which dominates uptake. This is supported by responses to our information gathering exercise (Figure 3-2). The next most common SVQ is in Business and Administration (14% of candidates), followed by Health Care (at 5%). This picture of scale of provision by subject mirrors that provided by Health Boards themselves (Figure 3-2), suggesting our candidate sample is broadly representative of uptake across the Boards engaged in the study.

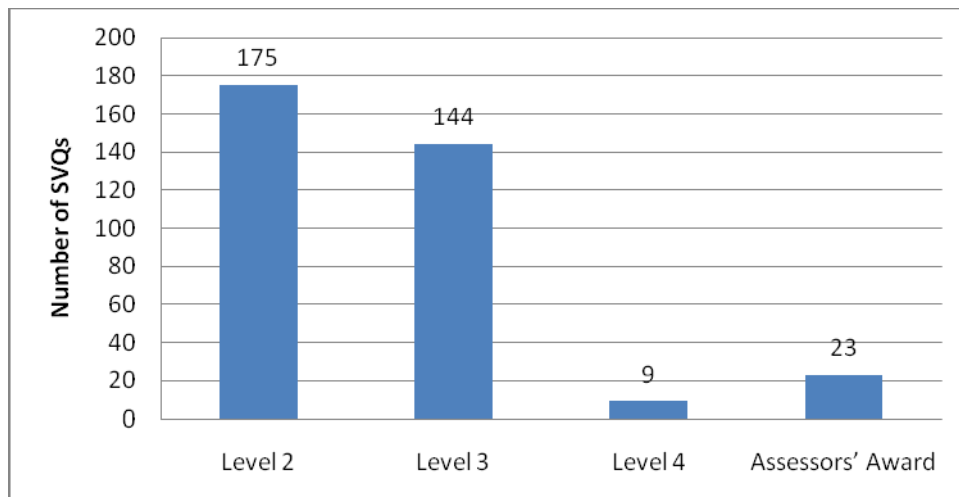
Table 3-3: SVQ Titles Undertaken by Candidate Respondents

SVQ Title	Number	%
Administration	13	3.6
Advanced Craft - Painting & Decorating	1	0.3
Allied Health Professional Support	16	4.4
Assessor AI	21	5.8
Business & Administration	50	13.9
Care	4	1.1
CHS 19 (Physiological Measurements)	14	3.9
City and Guilds	1	0.3
Clinical Healthcare Skills	3	0.8
Elderly Care	2	0.6
Engineering Maintenance	1	0.3
Health	5	1.4
Health & Social Care	133	36.8
Health Care	17	4.7
Laundry Operations	3	0.8
Learning & Education	1	0.3
Management	9	2.5
Occupational Therapy	1	0.3
PC Passport	1	0.3
Perioperative Care Support Worker	7	1.9
Pharmacy	1	0.3
Plumbing	2	0.6
Renal	2	0.6
Social Care	5	1.4
Support Services in Health Care	4	1.1
Training and Learning in the Workplace	1	0.3
Warehousing & Storage	1	0.3
No Title Given	42	11.6
Total	361	100.0

Source: SMCIA Candidates Survey, n=361

The majority individuals in our sample are taking SVQs at Level 2, as shown in Figure 3-12 below. 33 of these are undertaking more than one VQ.

Figure 3-12: Level of SVQ Undertaken by Candidate survey sample



Source: SMCIA Candidates Survey, n=361

There is a wide diversity of SVQ uptake by job role. The candidate survey asked individuals about their choice of SVQs. The title of SVQs given by job role is listed below.

Administration:

- Administration Assistant
- Hospital cashier/ payroll officer
- Medical Secretary
- PA to senior nurse& theatre admin support
- Personal Assistant
- Receptionist

Advanced Craft - Painting & Decorating:

- Apprentice painter and decorator

AHP Support:

- Physio Assistant
- Physiotherapy Support Worker

AI Assessor:

- Deputy Linen Services Manager
- District Nurse
- Section Supervisor
- Deputy Charge
- Houseleader
- Learning Support Manager
- Medical Secretary
- Physiotherapist
- S/NVQ Facilitator
- Senior Occupational Therapist
- SIN Community
- Staff nurse
- Training & Development Head
- VQ Co-ordinator
- Speech & Language Therapist

Allied Health Professional Support:

- Higher Level Clinical Support Worker
- Occupational Therapy Assistant
- Occupational Therapy Technical Instructor
- Physiotherapy Assistant
- Speech and Language Therapy Assistant
- Therapy Assistant Practitioner

Business & Administration:

- Admin Supervisor
- Administrator
- Booking Officer
- Clerical Officer
- Control of Infection Support Officer
- Dental Clinic Administrator
- Depute Office Manager
- HR Systems Assistant
- IM&T Business Support Officer
- Medical Secretary
- PA
- Payroll
- Qualified Dental Nurse
- Receptionist/ Clerical Officer
- Service Development Manager
- Stop Smoking Service Administration
- Training Co-ordinator
- Ward Admin Support Officer

CHS 19 (Undertake physiological measurements - Part of SVQ3 Health):

- Addiction Support Worker
- Auxiliary Nurse
- Community Services Healthcare Assistant/ Student Nurse
- CPNA
- Healthcare Assistant
- Nursing Assistant
- Nursing Auxiliary

Clinical Healthcare Skills:

- Clinical Support Worker
- Care Assistant
- Nursing Auxiliary

Elderly Care:

- Clinical Support Worker

Engineering Maintenance:

- Apprentice Mechanical Fitter

Health:

- Clinical Support Worker
- Community Support Worker
- Health Care Assistant
- Nursing Assistant
- Technical Instructor

Health & Social Care:

- Auxiliary Nurse
- Clinical Support Worker
- Community Mental Health Support Worker Band 3
- CPN/A
- Enrolled Nurse
- Family Support Worker
- Health Care Assistant
- Health Care Social Workers
- Health Care Support Worker
- Hotel services as
- Mental Health Nursing Assistant
- Nursing Assistant
- Personal Carer
- Rehabilitation Assistant
- School Nurse Assistant
- Senior Health Care Support Worker
- Staff nurse
- Student
- Support Worker
- Trainee Clinical Support Worker
- Chemotherapy Support Worker
- Ward Assistant

Completion rates by these candidates are relatively high. Of 361 participating in SVQ learning since 2007-08, 74.5% completed, 2.5% did not complete and 15.5% are still in progress (7.5% did not answer).

3.5 The capacity of NHS Boards to deliver SVQs

Our assessment of the capacity of NHS Boards to deliver SVQs has been developed from the results of an online survey and a series of telephone consultations with key stakeholders. The list of consultees is provided in Appendix 2.

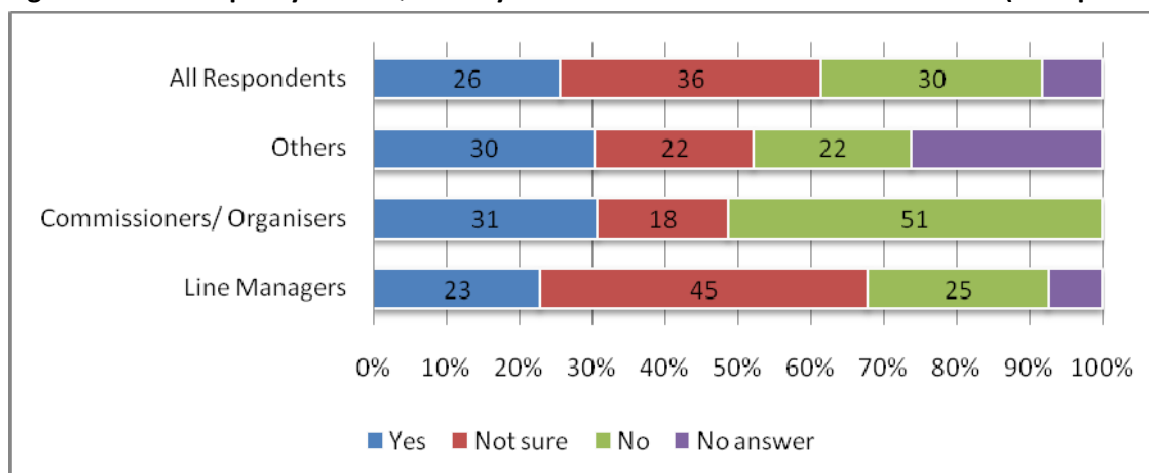
The online survey was open for the month of May 2010 and received 171 valid responses. The majority of respondents (63.7%) were from line managers of staff who undertake SVQs, as shown in Table 3-4.

Table 3-4: SVQ Survey – Managers and Commissioners: Profile of Respondents

Line Managers of staff who undertake SVQs	109	63.7%
Commissioners/organisers of SVQs within the Board	21	12.3%
Those with strategic responsibilities for workforce development, including SVQ provision	18	10.5%
Others	23	13.5%
Total	171	100.0%

Managers and commissioners commented on their Boards’ capacity to deliver SVQs. Figure 3-13 shows that across all of the respondents 26% consider capacity for delivery of SVQs meets the level of demand, with 30% stating it does not. However, there is a notable difference in perception by the role of the respondent. A sizeable proportion of line managers are not sure about capacity, which skews the overall result. Of particular note, 51% of commissioners/organisers of SVQs consider that capacity does not meet the level of demand.

Figure3-13: The capacity for SVQ delivery in the Board meets the level of demand (% response)



Source: SMCIA On-line managers and commissioners survey, n=171

This issue is explored further by considering whether there is a waiting list of staff who would like to undertake an SVQ. 40% of all respondents told us that in their NHS Board there is a waiting list. 49% of those responsible for commissioning/organising SVQ provision within their Board state that there is a waiting list for such provision, confirming that capacity may be a limiting factor.

Interviews with stakeholders have provided some insight into the factors influence capacity.

Those for whom capacity is not perceived to be a limiting factor suggest why:

- in one Board funding for SVQs is top-sliced from the learning & development budget. Our consultee states that “this is really helpful”. The Board provides an e-portfolio of SVQs so that it can deliver them remotely. The e-portfolio has greatly helped, especially where SVQs are more knowledge based e.g. SVQ4 Management;
- SVQ provision is considered effective where funding/resources are available to train assessors and internal verifiers. In fact, a number of consultees commented that SVQs offered in-house are more effective in terms of development, cost and quality than buying in externally.
- an alternative view was expressed that using external assessors is effective and results in faster through put of candidates, although this also has to be adequately funded.
- where partnership working is evident, capacity is less constrained. For example, one Board stresses the importance of a very good partnership with the local college, which helps to source and develop relevant qualifications and will deliver external assessment at very low cost. This Board also has its own internal verifier; and
- partnership with local authorities also creates capacity. One Board has developed a joint workforce development plan with its local Council which includes sharing an SVQ training officer and a number of peripatetic assessors.

For others, there are limitations in capacity stemming from:

- lack of a dedicated in-house SVQ team;
- lack of resources for delivery, with funding frequently raised as a major constraint;

- a lack of workplace assessors is a constraint in a number of the Boards engaged in this study. It was stressed that investment is required to train assessors, and this is something that cannot be “switched on and off” easily.

We asked Board consultees whether they expect their Board to increase its use of SVQs in the next three years. There was a more or less even split between those who think SVQ uptake is likely to increase and those that say it won't. Those who perceive an increasing demand for SVQ uptake cite strategic intent in HR and workforce development and the drivers for the development of Health Care Support Workers. However, where it's perceived that there will not be an increase in uptake in future, our consultees are most likely to cite budget constraints as the main limiting factor.

3.6 Issues experienced when taking SVQs

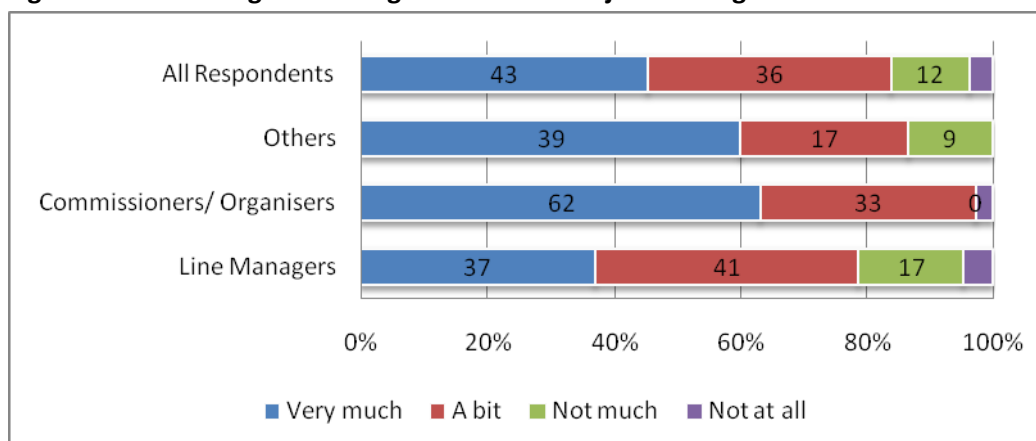
Survey respondents were asked how challenging the following issues are when staff are taking SVQs:

- getting time for off-the-job training;
- getting time for staff to complete course work;
- providing support for literacy skills;
- finding staff resources to provide training and assessment of units; and
- finding a sufficient range of work for staff to complete course work.

All of these issues are about capacity and responses support the issues raised about capacity in the interviews described above.

79% of all respondents consider getting time for off-the-job training to be challenging 'very much' or 'a bit', as shown in Figure 3-14 below. However, this is higher for those responsible for commissioning or organising SVQ training at 95%, with 62% of this group categorising this issue as 'very challenging'.

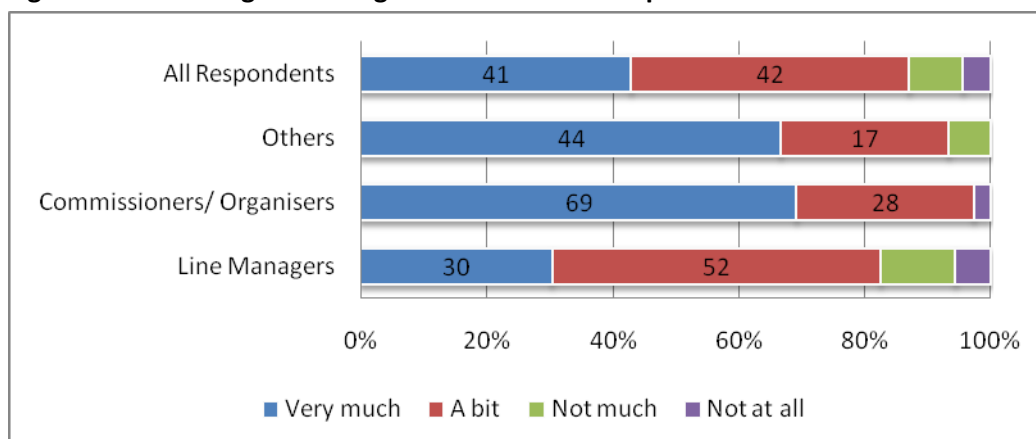
Figure 3-14: Challenges - Getting time for off-the-job training



Source: SMCIA On-line managers and commissioners survey, n=171

Getting time for staff to complete course work is also a significant challenge, shown in Figure 3-15, with 82% of all respondents finding this challenging 'very much' or 'a bit'. Again, commissioners and organisers of SVQ training feel this more acutely, with 97% finding this a challenging issue.

Figure3-15: Challenges -Getting time for staff to complete course work



Source: SMCIA On-line managers and commissioners survey, n=171

Other challenges perceived by survey respondents include:

- providing support for literacy skills, with 51% finding this ‘very much’ (21%) or ‘a bit’ (30%) challenging;
- finding staff resources to provide the training for SVQs, with 67% finding this ‘very much’ (25%) or ‘a bit’ (42%) challenging;
- finding staff resources to assess SVQ units, with 66% finding this ‘very much’ (31%) or ‘a bit’ (35%) challenging; and
- finding a sufficient range of work for staff to complete course work, with fewer finding this challenging (6% ‘very much’ and 23% ‘a bit’).

These issues are also felt by candidates, listed by frequency in table 3-5 below.

Table 3-5: Issues likely to be faced by candidates

Issue	Number	%
Getting time off to complete course work	179	34.4
Getting time off for off-the-job training	103	19.8
Finding a sufficient range of work to be able to complete course work	84	16.1
No answer	70	13.4
Finding an SVQ assessor and/ or supervisor	65	12.5
Other	20	3.8
Total	521	100.0

Source: SMCIA Candidates Survey, n=361

Stakeholder interviews provided some further issues to add to those raised in the figures and table above. These are as follows.

- Writing skills and other basic skills:
 - literacy skills, IT skills and English language skills (for those who do not have it as a first language) have been raised as an issue by a number of consultees. In particular,

managers need to invest significant amounts of additional time (often their own time) in supporting candidates with these basic skills.

- Cultural issues – recognition and understanding;
 - SVQs are perceived within a number of Boards as the poor relation to academic courses and regarded as more for junior staff roles. Consultees consider that this needs to be challenged, so that work based qualifications are valid and marketable;
 - a number of consultees find a lack of understanding within their Boards about SVQs. The SCQF framework is considered useful in helping build awareness of equivalencies;
 - management understanding and knowledge of SVQs is considered to be poor in a number of Boards.

4. Impact of SVQs on NHS Scotland Boards

4.1 Introduction

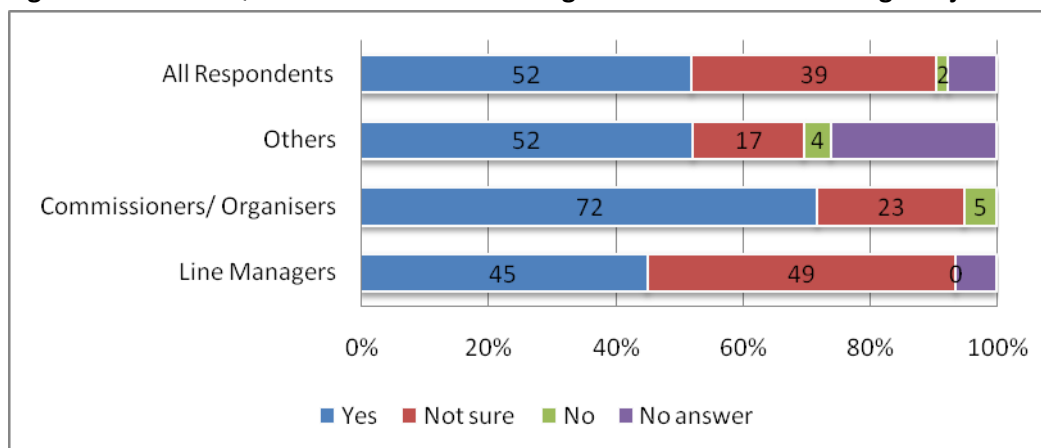
The impact of SVQ uptake on NHS Scotland Boards has been measured at a number of levels. We would expect the effects of staff achieving SVQs to be felt by individual candidates and their line managers on a day to day basis, as well as at a higher level within the workforce planning structures and in achievement of strategic objectives. This section explores these impacts, starting with a review of whether SVQ provision is aligned with strategic objectives, and moving on to assess where and how the impacts are delivered.

4.2 SVQ availability and Boards' strategic objectives

If SVQs are to have any strategic impact they must, of course, be aligned to the strategic objectives of the Board that supports them. Our on-line survey of managers and commissioners asked whether this is the case and we explored the issue further during our stakeholder consultations.

Figure 4-1 shows the majority of respondents (52%) confirm that SVQs offered are in fact aligned to Board strategic objectives. 49% of line managers are not sure, which skews the results downwards somewhat. Our consultations confirm that many managers are unsure in all respects about the nature and content of their Board's strategic objectives and so uncertainty here is not likely to be related to SVQ issues, but to lack of awareness of strategic issues. 72% of commissioners and organisers of SVQ uptake consider they are aligned to Board strategic objectives, although even for this group 23% are not sure. However, only 5% of commissioners/organisers think there is not an alignment.

Figure 4-1: The SVQs which are offered are aligned to the Board's strategic objectives (% response)



Source: SMCIA On-line managers and commissioners survey, n=171

Consultations with stakeholders support the findings in the figure above. The majority agreed that SVQs available to the Board relate to its strategic objectives. Reasons given for this include:

- impacts on quality, motivation, competence, all important to strategic values;
- they provide a value added performance;

- the range of activities contributes to better service;
- they provide the right staff in the right place with the right skills;
- SVQs help the Board to meet its priority of working with staff to achieve their personal and professional potential.

Where a minority of consultees felt that SVQs do not contribute to strategic objectives this was because:

- there is no strategic discussion of SVQs at all within the Board;
- there are no resources for SVQ use; and
- there is no strategic fit with workforce planning across the Board because different parts of the Board have different approaches, processes and culture.

4.3 SVQ uptake and workforce planning processes

171 individuals responded to SMCIA's on-line survey and told us about the way SVQ learning is managed within their Board. The majority of respondents (65.5%) told us that their NHS Board is an accredited centre for SVQ provision, with 8.2% stating their Board is not a centre (the remaining 30.4% were either not sure or did not answer this question).

Just under half (46.2%) said their NHS Board commissions external providers (eg colleges) to provide SVQs, with over 30% not being sure or not answering.

41.5% of all respondents stated that funding is recurrent for their NHS Board, with 17.5% saying it is not (33.9% were not sure and 7.0% did not answer this question).

The management of staff undertaking SVQs includes enrolment onto SVQs and assessment, which may be carried out in-house or by external assessors. Interestingly, line managers and commissioners vary slightly in their consideration of responsibilities:

- Fewer than half of all line managers (48%) said that it is their responsibility to enrol staff for SVQs, while more than half (57%) of commissioners/organisers consider enrolment to be the line manager's responsibility;
- More commissioners/organisers of SVQs (77%) than line managers (68%) stated that most assessment is carried out by employees from within the Board.

SVQ results feed in to workforce planning processes in a minority of cases. 41% of commissioners /organisers of SVQs stated that this is the case, with 31% confirming that SVQ results do not feed into workforce planning. This is the group of people that we would expect to know and be involved in feeding back data, so we expect this figure to be accurate. However, only 30% of line managers think SVQ results are fed back to workforce planning and 56% are unsure.

Consultation evidence shows that where workforce planning does use SVQ results this is done effectively. For example, in one Board the annual learning plan asks for an annual report on activities including SVQs which is reported to a Learning & Development sub-committee of the Board. In turn, there are links and overlaps between the learning & development group and the

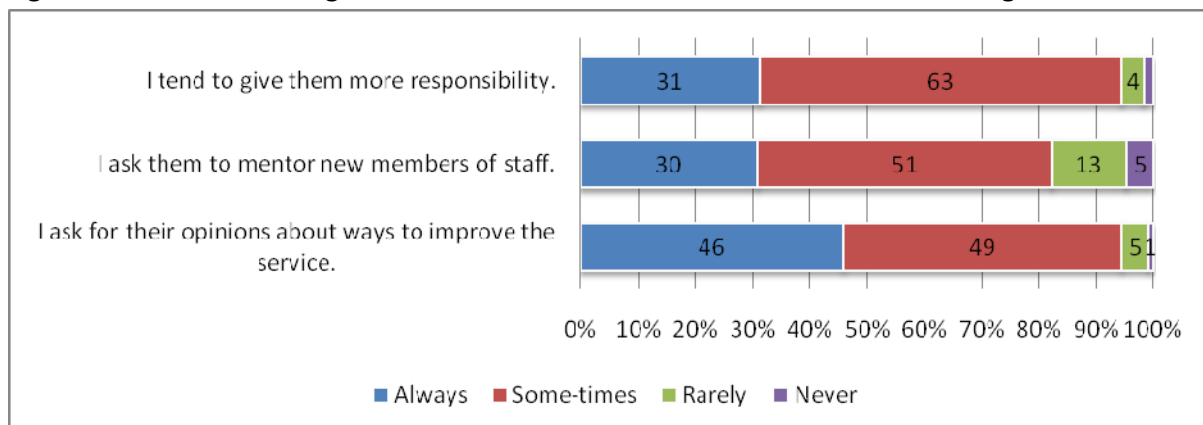
workforce planning group. In another, SVQs must now be part of a Service Level Agreement, so they must be linked in with workforce planning. This consultee considers this should help with resourcing SVQ uptake in future. In a number of Boards SVQ uptake and results are used in particular for workforce planning for Health Care Support Workers.

Where there are no links between SVQ provision and workforce planning, consultees reflect on a lack of resources for management of information and a lack of understanding within the Board about the role of SVQs.

4.4 NHS Scotland Boards' use of SVQ qualified staff

If SVQ attainment is to have an impact on Boards, then we would expect to see the skills of candidates used differently, so that SVQ qualified individuals provide added value to their employers. We have distinguished the three groups - line managers, commissioners of SVQs and candidates - and asked each group individually about how the skills of SVQ qualified staff are used. We asked line managers how they make use of the skills that staff demonstrate through SVQs. Figure 4-2 shows that 94% of line managers always or sometimes give SVQ qualified staff more responsibility. 81% always or sometimes use them to mentor new members of staff and 95% ask for their opinions about service improvement.

Figure 4-2: How line managers make use of the skills that staff demonstrate through SVQs



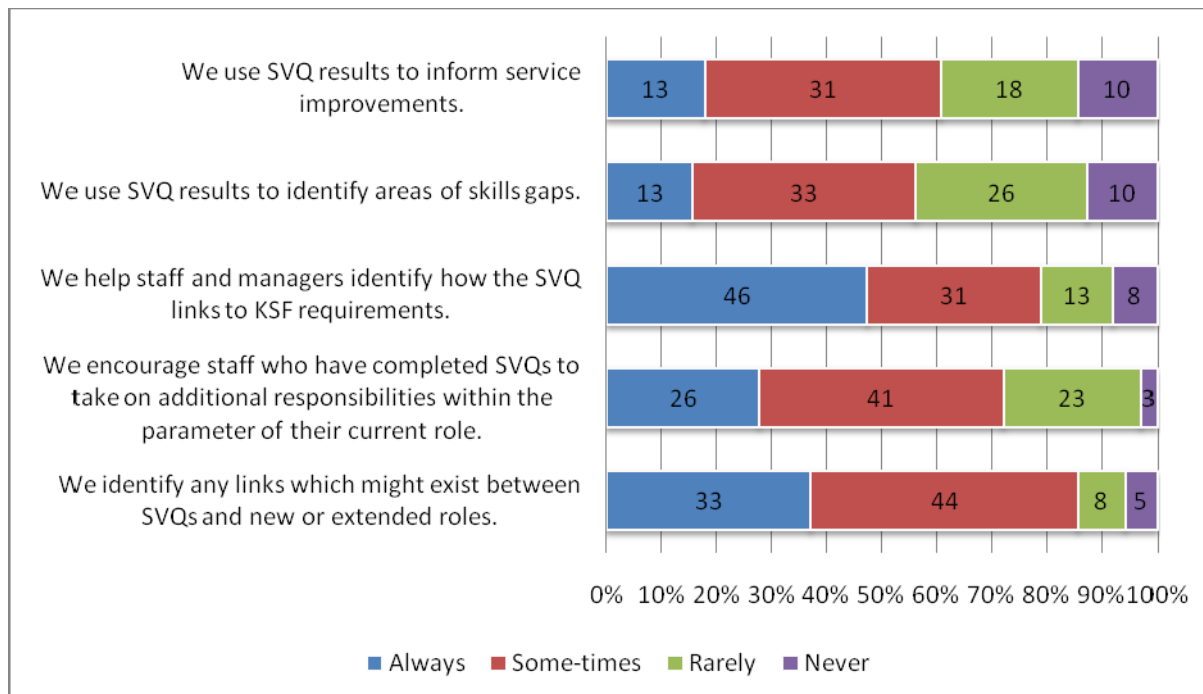
Source: SMCIA On-line managers and commissioners survey, n=171

The figure above shows ways that line managers use skills of SVQ qualified individuals day to day in the workplace. We asked commissioners how their skills are used at a Board level. Commissioners and organisers of SVQ uptake told us how their Boards make use of the skills, described in Figure 4-3 below. 44% stated that the always or sometimes use SVQs to inform service improvements. 67% always or sometimes encourage staff to take on additional responsibilities. Both of these show that in the majority of cases skills utilisation is being pursued for those with SVQ qualifications.

Figure 4-3 shows that SVQs provide a useful tool for workforce planning. 46% of commissioners/organisers always help staff and managers identify how the SVQ links to KSF requirements, with a further 31% sometimes doing so. 77% always or sometimes identify links

between SVQs and new or extended roles and 46% always or sometimes use SVQ results to identify skills gaps

Figure 4-3: How does your Board make use of the skills that staff demonstrate through SVQs? (Commissioners/Organisers)



Source: SMCIA On-line managers and commissioners survey, n=171

The majority of candidates also found skills gained through SVQs being used in the workplace. 64% of candidates reported that their managers either ‘made really good use’ of skills gained through SVQs or ‘used new skills a bit’. Only 9% said that managers ‘didn’t use new skills at all’.

Table 4-1: How did your manager/s use your new knowledge and skills gained through the SVQ/s? (Candidates)

	Number	%
Made really good use of them	130	36.0
Used new skills a bit	102	28.3
Didn't really use new skills	57	15.8
Didn't use new skills at all	33	9.1
No answer	39	10.8
Total	361	100.0

Source: SMCIA Candidates Survey, n=361

Our consultations support the findings that skills of SVQ qualified staff are well utilised in most cases. The reasons why this does not happen across the Board is posited by one of our consultees who suggests that some areas are good at developing SVQ staff and others are not. She suggests that individual line managers hold the key to whether skills utilisation is achieved. In her experience, this can vary from candidate to candidate in the same cohort, depending on the manager's decision.

Some examples of other relevant issues raised by individual consultees include:

- Skills development
 - one Board runs a competency framework alongside SVQs so that as well as the SVQ, staff can develop additional clinical skills. This works very well in acute and community services;
 - unlike the consultee above, another consultee finds there is better use of skills in community services, but not in acute services;
 - Clinical SVQs are seen as tending to develop new skills/competencies while administration SVQs tend to consolidate existing skills.
- Impact on individual's career progression
 - Staff who have undertaken SVQ 3 now have moved to be Rehabilitation Assistants rather than support workers. Staff have more input into written work (notes) and improved communication skills. Example of SVQ 2 staff having the confidence to apply for jobs in other areas of practice and sometimes applying for promoted posts;
 - One consultee reflects that in her Board, managers do see a clear benefit. If the individual is actively applying their increased skills and knowledge there will be a review process which may mean a higher grading. The skills must be applied consistently in the job role;
 - staff such as HCSW who have completed Level 3 can take on extended roles.
- Impact on colleagues
 - SVQ qualified staff get a better insight into the skills of registered staff – they can see them working with knowledge based practice;
 - SVQ qualified staff can take on extra duties and responsibilities, which releases other professionals to other tasks.

4.5 SVQ impact on service

The impact of SVQs on service has been measured using a range of evaluation indicators:

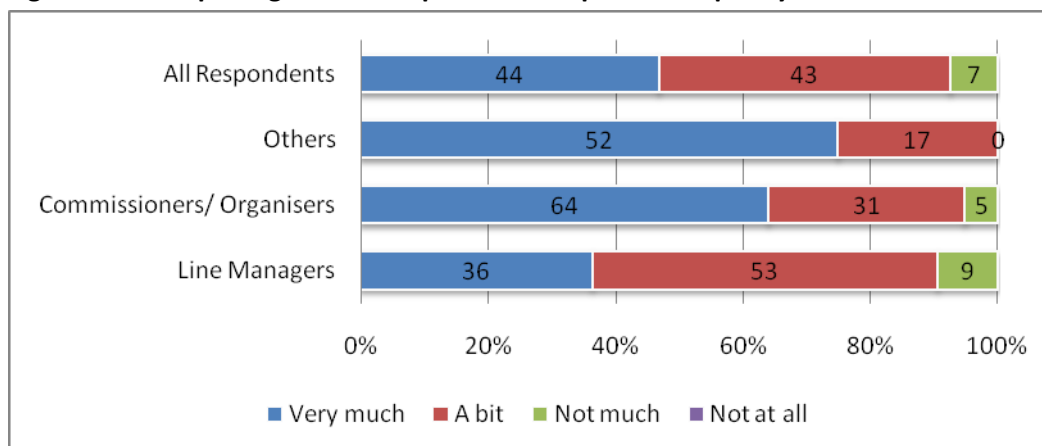
- quality;
- efficiency;
- staff performance; and
- staff confidence.

The sections that follow describe survey and consultation results for each of these indicators in turn.

4.5.1 Quality

87% of managers and commissioners of SVQs agree that completing an SVQ helps staff to improve the quality of service 'very much' or 'a bit'. There is a similar level of agreement from line managers and commissioners/organisers, although the latter group is more likely to agree strongly with this statement (Figure 4-4).

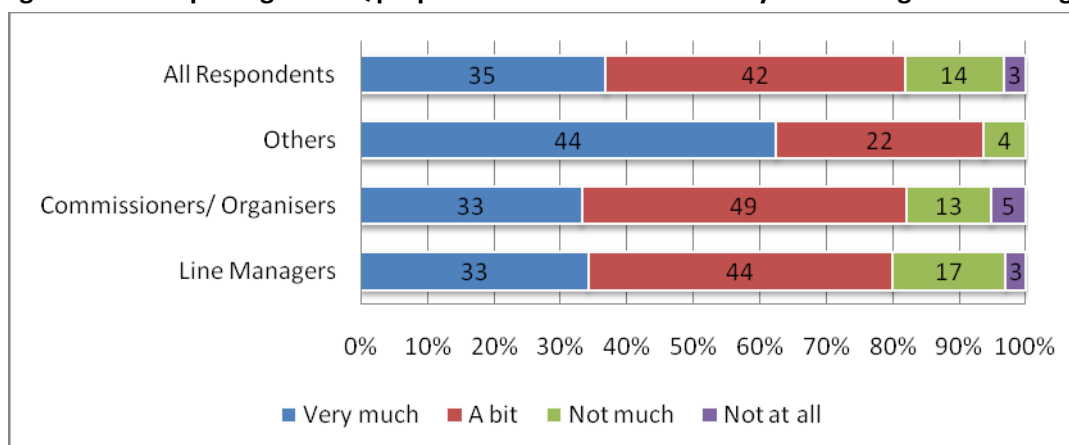
Figure 4-4: Completing an SVQ helps staff to improve the quality of service



Source: SMCIA On-line managers and commissioners survey, n=171

Slightly smaller but very significant proportions of respondents consider that completing an SVQ prepares staff to deal effectively with changes in working practices, described in Figure 4-5.

Figure 4-5: Completing an SVQ prepares staff to deal effectively with changes in working practices



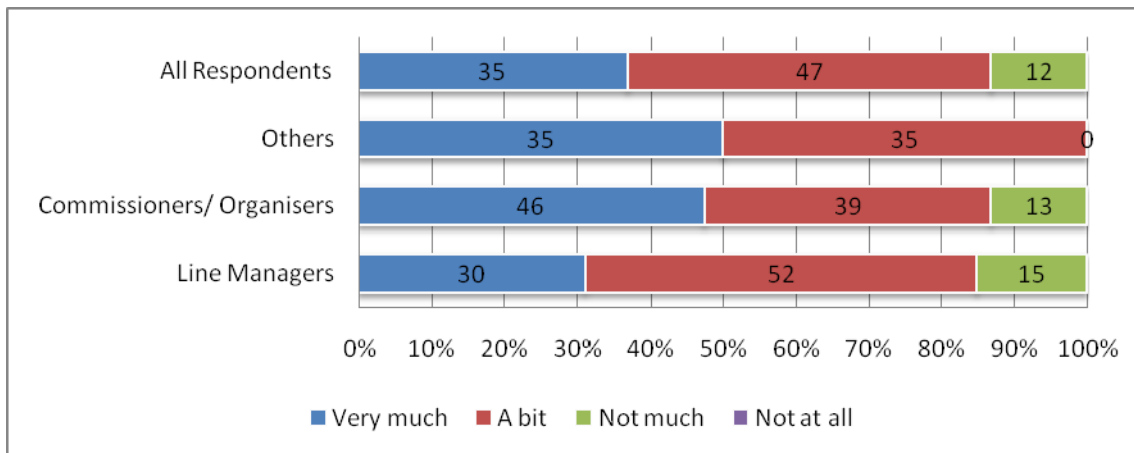
Source: SMCIA On-line managers and commissioners survey, n=171

Individual consultations support this positive perception of the link between SVQ uptake and quality.

4.5.2 Efficiency

82% of managers and commissioners of SVQs agree that completing an SVQ helps staff to improve the efficiency of service ‘very much’ or ‘a bit’. There is a similar level of agreement from line managers and from commissioners and organisers (Figure 4-6).

Figure 4-6: Completing an SVQ helps staff to improve the efficiency of service



Source: SMCIA On-line managers and commissioners survey, n=171

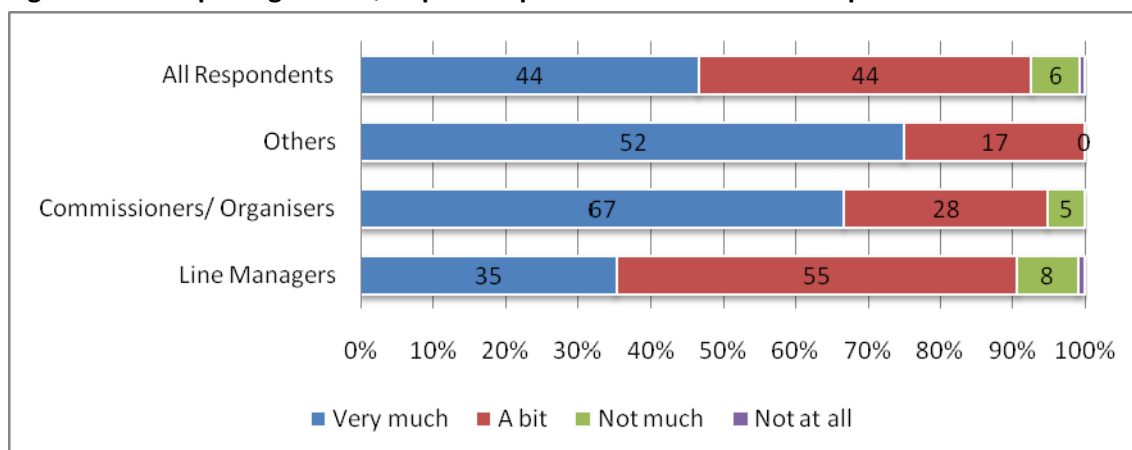
Consultations suggest some drivers of efficiency:

- the clinical skills aspect of SVQs mean that HCSWs are not waiting for other colleagues to tell them what to do as much;
- staff at the appropriate levels are more aware of the task that they need to do and spend less time wondering what they need to do;
- part of the business administration SVQ (delivered internally) includes looking at how to improve the service;
- SVQs help deliver a more motivated workforce with better performance. One area with the biggest reduction in sickness in this Board is the domestic workforce where SVQs have been introduced and the supervisor has an SVQ in management.

4.5.3 Staff Performance

77% of all respondents to our managers and commissioners survey ‘agree’ or ‘strongly agree’ that SVQs provide a useful measure of staff’s actual performance in the workplace. Not only do SVQs provide a measure of performance, but they are considered to actually improve work performance. Figure 4-7 shows that 88% of respondents agree ‘very much’ or ‘a bit’ that this is the case. Those who know most about the work performance of individual candidates are line managers, and in this group 90% consider that SVQs improve individual work performance ‘very much’ or ‘a bit’.

Figure 4-7: Completing an SVQ helps to improve an individual's work performance



Source: SMCIA On-line managers and commissioners survey, n=171

This positive picture is supported by the candidates survey. 80% of candidates stated that the SVQ improved their work performance 'a lot' or 'a bit', as shown in Table 4-2 below.

Table 4-2: The impact of the SVQ/s on individual work performance

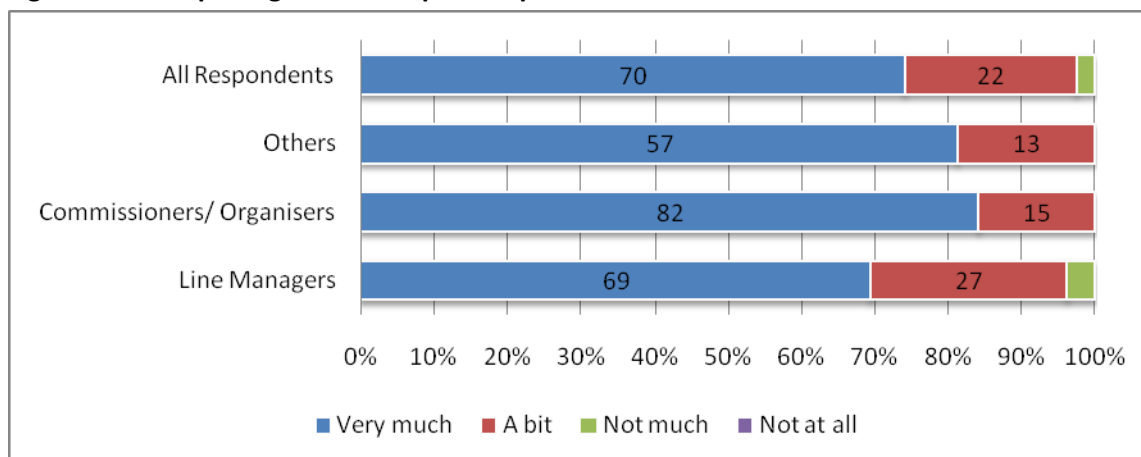
	Number	%
Improved a lot	179	49.6
Improved a bit	110	30.5
No real difference	50	13.9
No impact	15	4.2
No answer	7	1.9
Total	361	100

Source: SMCIA Candidates survey, n=361

4.5.4 Staff Confidence

92% of our survey sample of managers and commissioners of SVQs agree that completing an SVQ helps to improve the confidence of staff 'very much' (70%) or 'a bit' (22%). Line managers perceive this benefit to an even greater extent, with 96% linking SVQ attainment to staff confidence. This is the strongest affirmation of any of the impact measures presented above. We would expect staff confidence to underpin the measures of performance, efficiency and quality.

Figure 4-8: Completing an SVQ helps to improve the confidence of staff



Source: SMCIA On-line managers and commissioners survey, n=171

These findings were supported by stakeholder consultations, in which everyone that expressed an opinion agreed that pursuing an SVQ has a close association with increased confidence of the candidate.

As well as supporting the other impacts discussed in this section, confidence helps individuals progress with other learning and support colleagues to do the same, creating a virtuous cycle of learning. In fact, 86% of survey respondents (managers and commissioners) state that completing an SVQ encourages staff to engage in further learning ‘very much’ or ‘a bit’ and 85% state that taking SVQs encourages staff to support colleagues to learn.

Candidates themselves feel increased confidence as a result of undertaking SVQs. 49% of respondents to the candidates survey stated that their confidence had ‘improved a lot’ and 31% said it had improved ‘a bit’, as shown in the table below.

Table 4-3: The impact of the SVQ on your confidence

	Number	%
Improved a lot	178	49.3
Improved a bit	110	30.5
No real difference	42	11.6
No impact	16	4.4
No answer	15	4.2
Total	361	100

Source: SMCIA Candidates survey, n=361

Responses to open questions in the candidates’ survey show that completing the SVQ is a significant confidence boost to many candidates, making them feel a more valued member of staff and better placed to voice their opinions in the workplace. It is a significant boost for those older members of staff who are not used to studying and encourages many to have the self-belief to carry on and undertake further study, or apply for a higher level job.

4.6 SVQ impact on career development

Facilitating career development creates impact for both the individual and the NHS Board. For the individual there are pay and other work benefits. For the employer progression helps to create growth in a higher skilled labour market which is developed specifically to meet health sector skills requirements, in an economic environment which increasingly requires it to 'grow its own' skilled staff.

Our managers and commissioners survey asked whether completing an SVQ helps improve the job prospects of staff:

- 56% of all respondents state SVQs 'very much' improve job prospects; and
- 32% that they improve job prospects 'a bit'.

10% of individuals responding to the candidates survey said their SVQ helped them to get another job. However, a number of candidates offered additional comments stressing that finding a new job was not the motivation for taking the SVQ in the first place. For those that did move jobs, many progressing to a higher AfC Band since taking the qualification.

Study consultees underlined the importance of SVQs in supporting career progression. All of our consultees agree that the achievement of SVQs by staff had an impact on staff career/job development. There are a number of career paths highlighted frequently in consultation:

- the most frequently cited progression route is through SVQ in Health and/or Health and Social Care at level 2, to level 3 and into nursing degree courses. One NHS Board has 'grown' 190 nurses this way and around 100 are currently working through the process. This Board consultee states that "growing your own nurses provides real added value";
- for perioperative staff there is a route through the SVQ and onto the ODP Diploma;
- for some Assistant Practitioners there is a route through SVQ 2/3 to HNC Oncology to Diploma modules for Band 4 posts; and
- a Health Care Support Worker who achieves Level 2 qualification in one consultee's Board can apply for a Band 3 post – having the SVQ gives them a distinct advantage. In a Band 3 post they can then take Level 3 SVQ, providing a development route to Assistant Practitioner level.

4.7 Additional employer benefits

A clear set of employer benefits accrue from SVQ uptake and these have been set out in some detail above. In addition to these, our consultees identified a number of further benefits worthy of note here:

- SVQs are important in delivering quality they provide evidence that the workforce working to a minimum quality standard;
- there is evidence that SVQs bring about improvements in work processes as a result of candidates looking at and understanding their occupational standards. One consultee provided evidence of improvements in work practices within the workplace as a whole as a direct result of this;

- Staff undertaking SVQs are better able to understand and deal with legislation, procedures and protocols, and other policy driven areas such as disability and equalities. This consultee reported that SVQs have a significant role in helping NHS Boards to achieve clean and infection free hospitals;
- A number of consultees linked SVQ attainment with improved relationships with patients, including:
 - improved patient care;
 - improved patient safety and risk management – staff understand why they are doing something and why procedures are carried out in a certain way;
 - improved communication with patients.

4.8 SVQs' fit with nature of work

For employer benefits to be realised across all activities in NHS Boards, SVQs need to correspond with the nature of work that staff do in the Board. We asked managers and commissioners of SVQs (on-line survey) whether they agreed with the statement “SVQ Units often don’t correspond with the work which staff have to do”:

- 52% of respondents disagree with this statement, and a further 20% strongly disagree (72% in total);
- only 19% agree and strongly agree with it.

This indicates that the majority of managers and commissioners are satisfied that occupational activities and SVQ provision are well matched.

Our consultations explored this issue and confirmed that for the most part SVQs fit occupational activity. Two themes emerged:

- there were a wide range of comments about the ‘lack of fit’ of the SVQs in Health and Social Care because it is not ‘ward friendly’, which most hope will be addressed through a new Health SVQ currently in development; and
- there is evidence of individual Boards working with colleges or awarding bodies to tailor SVQs to fit. For example, NHS 24 worked with SQA to make the SVQ Contact Centre Professional Level 3 a better fit to service needs.

The consultation with Skills for Health confirmed its development of a new SVQ at Level 2 and 3 for “Health and Support Services”. Because of the focus on healthcare support roles, it was felt that Health and Social Care was not fit for all. The Skills for Health team hope the new SVQ will be available late 2010 or early 2011. Its focus is in two parts, a clinical element (patient facing) and also non-clinical eg for porters, estates, catering, with opportunities for cross over between the two.

5. Recognition and Perception of SVQs

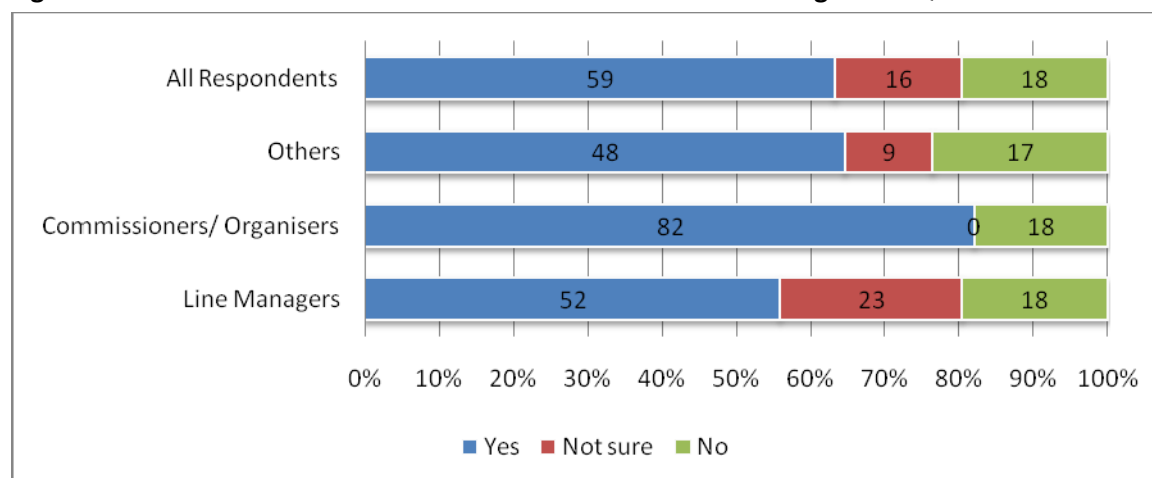
The evaluation has considered whether information about SVQs is effective within NHS Scotland Boards and whether the perception of SVQs is positive. Indicators of these evaluation criteria are presented in the sections that follow and include:

- available information on SVQ provision;
- available information on SVQ achievement;
- Boards' use of SVQ data;
- perceptions about SVQ benefits; and
- perceptions about practical delivery of SVQs.

5.1 Available information on SVQ provision

Figure 5-1 shows that the majority of managers and commissioners of SVQs (59%) consider there is clear and accessible information about the SVQs used by the Board. This is higher for commissioners/organisers at 82%, which should be expected since an understanding of SVQ use lies within their job role. However, almost 20% of respondents in each of the four categories do not agree that there is clear information. This is a sizeable minority.

Figure 5-1: There is clear and accessible information about the range of SVQs which the Board uses



Source: SMCIA On-line managers and commissioners survey, n=171

The stakeholder consultations asked about sources of information about SVQ provision. Managers and commissioners use the following sources of information about SVQ provision:

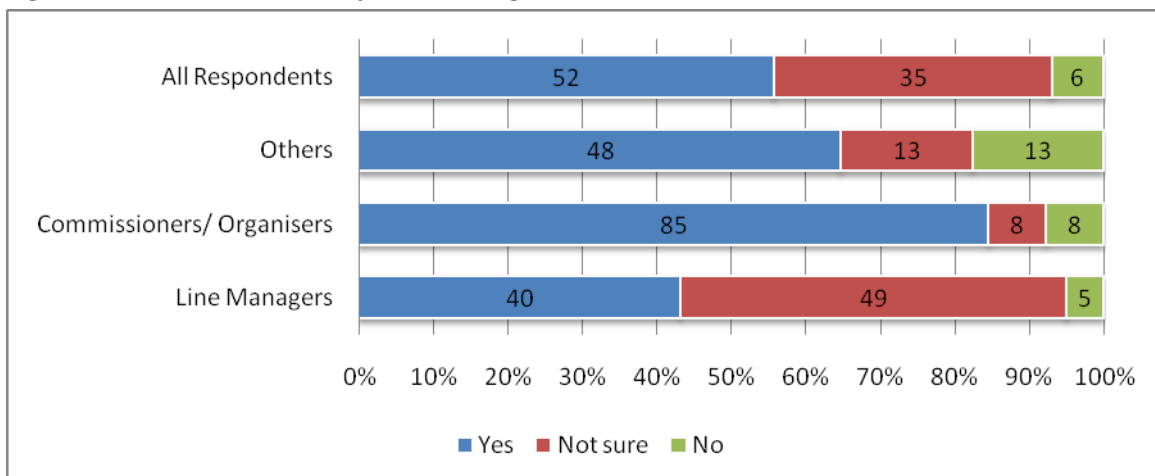
- through personal contacts;
- through a close relationship with local college to discuss needs;
- through links with the Council;
- roadshows and notices on wards;
- an SVQ co-ordinator or SVQ team who pass information out more widely;
- through access to information on an intranet – details of what SVQs are on offer and what to expect if staff do an SVQ is included. A number of Boards use this mechanism;

- word of mouth also very effective means of promoting SVQs, with those who have successfully complete encouraging others.
- a number of consultees commented on the usefulness of the NHS VLQ Network: which is very effective in terms of providing support and sharing knowledge and advice.

Consultation with the Project Development Officer for the NES/SQA Enhancing Access Project confirmed that there is a lack of clarity about provision and its benefits. The project was set up in 2008 partly to address this issue, with the objective of enhancing access to quality assured vocational learning in Scotland. The project is making staff more aware of qualifications available, considering barriers to uptake and looking at what is being done in-house and how it could be formally recognised. It is developing a qualifications on-line map to be used as a tool for staff to help decision making. This should be available at the end of 2010.

An important aspect of information management in training provision is the collation and distribution of results of achievement. We asked managers and commissioners whether there is a central point which gathers together information about SVQ results within their Board (Figure 5-2). 52% of people confirm that there is. The most interesting result in Figure 5-2 below, however, is the extent of ‘not sure’ responses from line managers. 49% of line managers are not sure whether there is a central point which gathers information about SVQ results. This begs a question about the inclusion of line managers in the process of training staff in their line and in understanding impacts: do line managers receive information about their staffs achievements: And, if they hold the information about SVQ results themselves, it is interesting that they are not required to pass it on.

Figure 5-2: There is a central point which gathers information about SVQ results



Source: SMCIA On-line managers and commissioners survey, n=171

In fact, we asked whether managers and commissioners receive information about the results of staff who enrol for SVQs:

- 64% of respondents do receive information about staff achievement;
- almost a third (32%) of respondents do not.

Consultations confirmed that while individual managers may know about the achievement of individual members of staff, there is little evidence that data is used in any way as management

information except in a minority of cases. Five consultees told us that data on SVQ completion makes its way through governance structures. A small number of others said there are plans to record SVQ achievement that were not yet resourced or implemented. The remainder, including some who hold awards ceremonies to celebrate individuals' SVQ achievement, are not aware of any structure for managing information about SVQ completion.

5.2 Perceptions of SVQs – Managers and Commissioners

Figure 5-3 describes the results of a series of questions posed in the managers and commissioners survey. It shows high levels of agreement ('strongly agree' and 'agree') with the following statements about SVQs:

- 'they provide useful indicators of the skills we have in the workplace';
- 'they provide a means for staff to have recognition of their learning';
- 'they are a useful introduction to learning for staff who have no formal qualifications'; and
- 'they provide useful measures of staff's actual performance in the workplace';

Although SVQ results may not be incorporated into reporting and governance structures, there were high levels of agreement around the perceived benefits of SVQs.

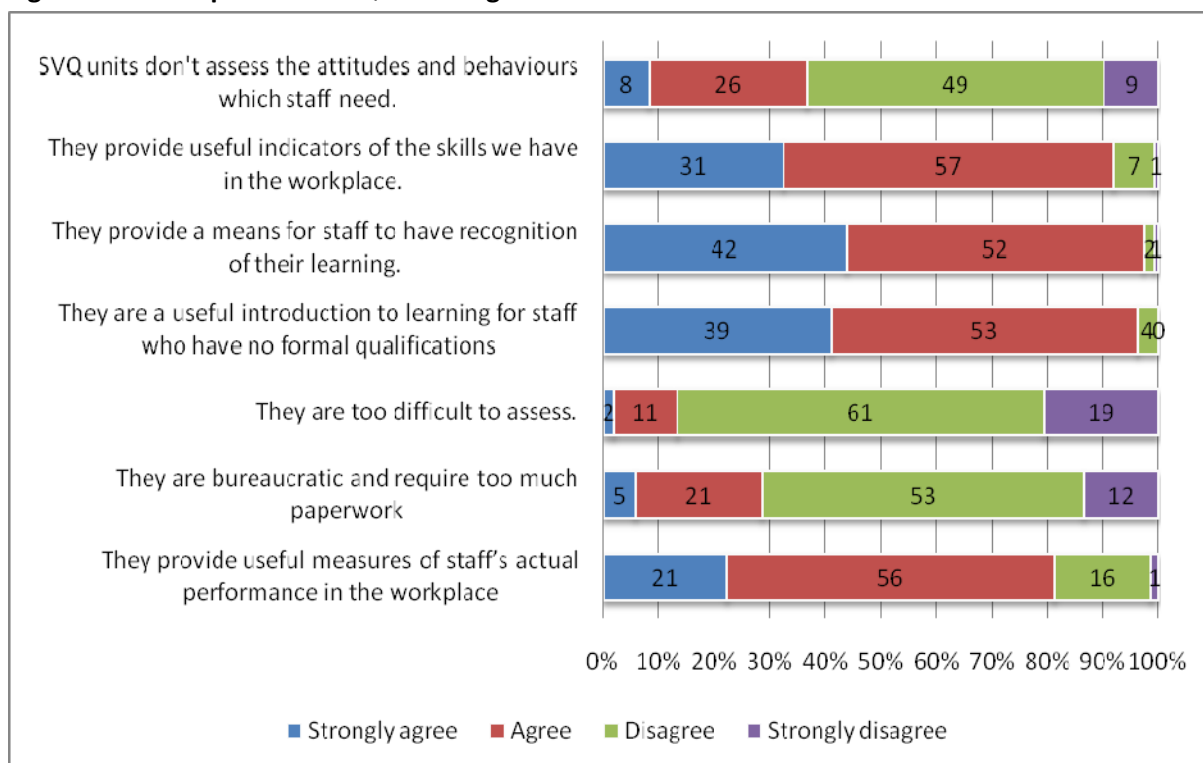
There is a high level of disagreement with the statement:

- 'they are too difficult to assess'.

All of these point to positive perceptions of SVQs. However, the results are more circumspect for the following issues:

- 'SVQ units don't assess the attitudes and behaviours which staff need': over a third of respondents (34%) agree with this statement, suggesting that there may be weakness here within some SVQ provision for NHS Boards;
- 'they are bureaucratic and require too much paperwork': over a quarter (26%) of respondents agree with this statement.

Figure 5-3: Perceptions of SVQs – Managers and Commissioners¹⁷



Source: SMCIA On-line managers and commissioners survey, n=171

5.3 Perceptions of SVQs – Candidates

Individuals undertaking SVQs commented on their motivation to take an SVQ. The largest majority (29%) were motivated to improve work performance with 17% equally looking to feel more confident at work and to move on in their job. The results are shown in Table 5-1.

Table 5-1: Motivation for take an SVQ - Candidates

Motivation	Number*	%
to improve work performance	191	29.4
to feel more confident at work	109	16.8
to feel more confident generally	64	9.9
to move on in my job	109	16.8
needed additional training for my job	53	8.2
manager recommended that I take SVQ	103	15.9
Other	18	2.8
No Answer	2	0.3
Total	649	100.0

*multiple answers allowed

Source: SMCIA Candidate Survey, n=361

¹⁷ There is no significant difference in the response from managers and commissioners, so we've presented the whole sample response within this single table.

Asked about the value managers and colleagues place on VQs, candidates reflect findings reported elsewhere in this report that SVQs are valued. 50% of candidates consider their managers and colleagues value SVQs 'very much' and a further 32% value them 'a bit'. Only 4% think that their SVQs are 'not at all' valued by managers and colleagues, shown in table 5-2.

Table 5-2: Do managers and colleagues value SVQs?

	Number	%
Very much	179	49.6
A bit	116	32.1
Not very much	29	8
Not at all	15	4.2
No answer	22	6.1
Total	361	100

Source: SMCIA Candidate Survey, n=361

This positive view of SVQs feeds into candidates' consideration of taking another SVQ in future (Table 5-3). 82% in total state that they 'definitely' (47%) or 'maybe' (35%) would consider doing another SVQ.

Table 5-3: Would you consider doing another SVQ in the future?

	Number	%
Definitely	171	47.4
Maybe	125	34.6
Probably Not	22	6.1
No	29	8.0
No answer	14	3.9
Total	361	100.0

Source: SMCIA Candidate Survey, n=361

In fact, 90% of candidates responding to our survey said that they would definitely (70%) or maybe (20%) recommend undertaking and SVQ to a colleague who is doing similar work.

All of this highlights a positive perception of SVQs from candidates. In fact, their own words are perhaps the best measure of candidates' perceptions. Asked "What are the worst things about doing an SVQ?" provoked the following responses:

- "Finding time to complete work and continue own job"
- "Not enough time within work, took a lot of personal time with work being completed at home"
- "A lot of work for no recognition or difference in your pay"
- "At first paperwork - once you understand what is wanted it's fine"
- "Being assessed while working with patients"
- "Evidence gathering and cross referencing"
- "Getting back into studying after 30 yrs away from school"
- "Getting time with your assessor"
- "Learning to write reflective accounts"

“Observations by other people (makes me nervous)”

Asked “what are the best things about doing an SVQ?” responses included:

“The sense of achievement and a really good qualification”

“The sense of satisfaction that you get when you complete the course and the knowledge gained during the learning process”

“A greater insight into what your job consists of and what you do on a daily basis”

“Being aware of why we do things in accordance to organisation's guidelines”

“Gaining more knowledge and skills”

“I found the course very interesting, it makes you feel a bit more confident in the workplace”

“It gives me more scope to apply for jobs”

“It has broadened my experience in my care of patients”

“It proves you can do your job. Academic qualifications do not prove you can actually do what it says on the certificate”

“Knowing you have support from an assessor”

“Recognition of quality of work”

6. Strategic stakeholder perspectives

Initial indicative findings of the review were shared with stakeholders at a national workshop which provide an opportunity to 'sense test' initial findings with stakeholders; and importantly to engage in consideration of strategic issues for NHS Scotland Boards in using SVQs. The workshop involved a series of facilitated groups, focusing on the strategic benefits and challenges of SVQs, and considered actions. A video conference with stakeholders unable to get to the workshop was also held, which followed the same format as the workshop. See appendix 7 for participants.

Key benefits of SVQs for NHS Scotland Boards were identified in relation to

- Benefits for individual staff, primarily in terms of enhanced self-confidence, with a secondary impact on improved performance and related service quality;
- Benefits for strategic workforce development through the development of effective skills mix; and
- Benefits for service improvement by better equipping the workforce to deliver redesigned service models.

The theme running across all areas of identified benefit is the impact on quality.

Key challenges to Boards in making effective use of SVQs – and staff skills gained through SVQs – were identified in relation to

- Awareness of SVQs (their existence and nature), in particular at strategic levels;
- The lack of an effective infrastructure for supporting delivery of SVQs – at Board and national levels – including resources/capacity, IT and e-systems and explicit linkage to career development and personal development planning. ; and
- A need to demonstrate the impact of SVQs, in particular on Boards strategic objectives.

Consideration of actions focused on

- The promotion of SVQs in relation to Boards strategic objectives, including
 - the Awarding Bodies making explicit the links between SVQs and sector quality standards;
- Developing the evidence base for SVQs in NHS Boards, including by
 - Continuing to develop the collation of information on the uptake and use of SVQs by staff in NHS Scotland Boards initiated by this study;
- Exploring approaches to supporting the delivery of SVQs, including by
 - Cross-Board and regional working;
 - Joint Awarding Body work;
 - Clarifying links with eKSF.

A final significant outcome of the national workshop and VC was the positive impact of the NHS Scotland Vocational Learning and Qualifications Network (NHS VLQ Network): this emphasised comments made to us during our consultation interviews. The purpose of this group is to “promote the value of vocational qualifications within the NHS in Scotland and share knowledge, experience and learning gained with all accredited S/NVQ centres to assist them in their development. It will also establish and maintain strategic links with other national initiatives allied to competence based

vocational education”. Membership of this group includes representatives of all NHS Boards in Scotland, NES, each awarding body recognised by the NHS in Scotland, the Scottish Government Health Department, the National Partnership Forum and Skills for Health.¹⁸

¹⁸ NHS Scotland Vocational Learning & Qualifications Network: Terms of Reference, March 2009

7. Summary of findings

1. Fifty SVQs were provided by NHS Boards in Scotland, along with 5 Modern Apprenticeships, four NVQs and three assessors/verifiers qualifications between 2007-2010. In total these accounted for 1,471 entries and 1,407 awards between 2007 and 2010. The majority of these are SVQs. Removing MAs, NVQs and assessor/verifier qualifications from the data shows that the ten Boards responding to the SMCIA invitation to provide information accounted for **1,440 SVQ entries** and **1,220 SVQ awards** between 2007 and 2010.
2. Twelve NHS Boards (8 territorial plus 4 special Boards) provided information about the SVQs that they offered staff. Of these, two Boards (both special health Boards) did not provide any SVQs. Consultation interviews with Boards which did not provide quantitative data showed that they provide a very limited number of SVQs, and/or provide SVQs in partnership/association with other organisations (eg local authorities, FEIs).
3. There has been a general decline in the numbers of SVQ entries and awards over the study period. There were 554 entries to SVQ qualifications in 2007-08, declining to 352 in 2009-10, a decline of 36%.
4. SVQ uptake in NHSScotland is focused in
 - health and social care, with 495 entries in 2007-10
 - health, pharmacy and dental, with 362 entries between 2007 - 10
 - business, administration and related SVQs, with a total of 237 entries
 - laboratory services with 35 entries, 31 of which are over the last year (2009-10).
5. Most of the 361 respondents to the SMCIA candidate survey were in AfC Band 2 'healthcare support worker roles' (e.g. nursing assistant, clinical support worker); and most (37%) were engaged in SVQs in Health and Social Care. The next most frequent SVQs were in Business and Administration (14% respondents). This response mirrors the information provided by the Boards, indicating that our candidate sample was broadly representative of SVQ uptake across the NHS in Scotland.
Completion rate reported by respondents to the SMCIA survey was relatively high, with 74.5% completing since engaging in SVQs in 2007-08.
6. Uptake of non-clinical SVQs by NHS Boards accounts for a very small proportion of overall SVQ entries for those titles; uptake of clinical SVQs by NHS Boards, however, accounts for a high proportion of entries for those titles: the SMCIA dataset has captured 75% of overall activity in those SVQs.
7. Most (70%) of the managers of staff undertaking SVQs responding to the SMCIA survey (109 manager respondents in total) did not consider, or were not sure that the capacity of their Board to deliver SVQs met demand; and 67% of organisers of SVQs were similarly concerned about the capacity of their Boards, although the organisers were more emphatic in stating that their Board did not have the capacity to meet demand for SVQs (51%). 40% of all respondents said that there was a waiting list for SVQs within their Board. There was a more or less even split

between respondents who considered that SVQ uptake would increase in the next three years, and those who considered that it would decrease.

Consultation interviews showed that the key perceived factor affecting capacity is funding; although where Boards are working in partnership (for example with local authorities or local colleges), capacity is less constrained. The provision of a dedicated in-house SVQ team is also seen as enhancing capacity, largely because this requires explicit and dedicated funding for SVQ development.

8. The key challenge for staff taking SVQs is time: time for off-the-job training (78.3% managers/organisers and 19.8% candidates), and time to complete course work (83% managers/organisers and 34.4% candidates). Managers/commissioners also saw challenges in providing support for literacy skills (51%), and providing staff resources to provide the training for SVQs (67%) and to assess SVQ units (66%).
Consultation interviews supported the survey findings that time (including staff resources) is the key challenge, with further challenges in providing support for literacy skills, IT skills and English language skills.
9. Consultation interviews identified significant cultural/organisational challenges, notably the perception of SVQs as 'the poor relation' in relation to 'academic' qualifications, and a general lack of understanding of the nature of SVQs within the NHS. The use of the SCQF was seen as important in providing a mechanism for developing parity of esteem across qualifications frameworks.
10. In exploring the strategic alignment of SVQs within NHS Boards, the SMCIA study found that
 - Ten out of the 14 territorial NHS Boards make direct reference to the use and positive value of SVQs in the workplace. In some of these cases, the Boards plan to, or have recently expanded their SVQ provision.
 - One out of the 8 special NHS Boards makes direct reference to the use of SVQs in the workplace (NHS National Waiting Time) as facilitating the development of a more cost effective team mix in the delivery of services.
 - 52% of all respondents to the SMCIA survey of line managers and organisers of SVQs considered that the SVQs offered by their Board was aligned with the Boards strategic objectives. However, 39% respondents (49% managers and 23% organisers) were not sure.
 - The consultation interviews indicated a quite patchy picture, with interviewees relating the lack of resources for SVQs to a lack of strategic commitment. Consultees often commented that there didn't appear to be any strategic discussion of SVQs, which was seen as being exacerbated by – and exacerbating – lack of strategic understanding of SVQs, strategic commitment and resourcing.
 - 31% of organisers/commissioners responding to the SMCIA survey said that SVQ results did not feed into the workforce planning process (although 41% said that they did); and 56% line managers were unsure whether SVQ results fed into workforce planning. Consultation evidence indicates that where workforce planning does use SVQ results, this is generally at a strategic level and informs workforce planning and development. Strategic Board level structures and mechanisms are seen as very important in relating learning and skills development through SVQs to strategic direction.

- 20% line managers and organisers said that there was not clear information about the SVQs available and used by their Board; with 49% managers not being sure whether there is a central point which gathers information about SVQs. Further 32% respondents said that they do not receive information about the results of staff who enrol for SVQs.

The absence of systems for collating and disseminating information about learning achievements (resourced by NHS Boards) emphasises the absence of clear links between investment in learning through SVQs and strategic planning.

11. At operational levels, the SMCIA study indicates that staff skills developed through SVQs are well used.
 - a. 77% commissioners/organisers responding to the SMCIA survey said that they help staff and managers to identify how SVQs relate to KSF requirements, and 77% identify links between SVQs and new or extended roles. 46% respondents said that they use SVQs to help identify skills gaps.
 - b. 95% line managers asked staff with SVQs for their opinions about service development, 94% line managers always or sometimes gave staff more responsibility and 81% always or sometimes used staff with SVQs to mentor new staff.
 - c. The majority of candidates also found the skills that they gained through SVQs being used in the workplace: 64% respondents said that their managers made use of their new skills – and only 9% said that their managers didn't make use of their new skills at all.
12. 77% respondents to the managers & organisers surveys considered that SVQs provide a useful measure of an individual's actual performance in the workplace, with 88% considering that they improve work performance. 80% of candidates consider that they have improved their work performance.
13. 87% managers and organisers considered that the completion of an SVQ helped staff to improve the quality of service; with 77% all respondents to the SMCIA managers and organisers survey considering that the completion of an SVQ prepared staff to deal effectively with changes in working practices.

Consultations suggest that the link with quality improvement is very much related to the improved confidence of staff successfully completing SVQs. Consultations also indicated the significance of the direct application of learning within the SVQ to the workplace/service environment (e.g. through applied projects) provided a positive impact on quality.
14. 82% managers and organisers considered that the completion of an SVQ helped staff to improve the efficiency of service. Again, consultations suggested that improved staff confidence was very much related to improvements in service efficiency.
15. 92% managers and organisers, and 80% candidates responding to the SMCIA surveys said that their confidence had increased. The managers' survey also indicated that staff completing an SVQ encouraged other staff to engage in further learning (86%).

16. 90% managers and organisers considered that completion of an SVQ helped to improve the job prospects of staff, with 10% of respondents to the candidates' survey saying that an SVQ had helped them to find a new job.

Consultations underlined the important of SVQs in supporting career progression, with career pathways being developed for example for healthcare support workers and operating department practitioners.

17. National stakeholder discussion confirmed our consultation findings that that the key benefits of SVQs for NHS Scotland Boards are in relation to
- a. individual staff, primarily in terms of enhanced self-confidence, with a secondary impact on improved performance and related service quality;
 - b. strategic workforce development through the development of effective skills mix; and
 - c. service improvement by better equipping the workforce to deliver redesigned service models.

The theme running across all areas of identified benefit is the impact on quality.

18. National stakeholder discussion confirmed our consultation findings that the key challenges to Boards in making effective use of SVQs – and staff skills gained through SVQs – were identified in are relation to
- a. Awareness of SVQs (their existence and nature), in particular at strategic levels;
 - b. The lack of an effective infrastructure for supporting delivery of SVQs – at Board and national levels – including resources/capacity, IT and e-systems and explicit linkage to career development and personal development planning. ; and
 - c. A need to demonstrate the impact of SVQs, in particular on Boards strategic objectives.

19. National stakeholder discussion identified areas for possible future action, including
- a. The promotion of SVQs in relation to Boards strategic objectives, including
 - i. the Awarding Bodies making explicit the links between SVQs and sector quality standards;
 - b. Developing the evidence base for SVQs in NHS Boards, including by
 - i. Continuing to develop the collation of information on the uptake and use of SVQs by staff in NHS Scotland Boards initiated by this study;
 - c. Exploring approaches to supporting the delivery of SVQs, including by
 - i. Cross-Board and regional working;
 - ii. Joint Awarding Body work;
 - iii. Explicating links with eKSF.

20. All aspects of our review showed the positive impact of the NHS Scotland Vocational Learning & Qualification Network, in particular by bringing together people who would not otherwise have the opportunity to do so, to address shared concerns.

8. Conclusions

SVQs are seen to improve quality:

At operational levels, where staff have engaged in SVQs, both staff and their managers value the skills and increased confidence that they develop. This is seen as contributing to improved service quality and efficiency, and as enhancing the 'learning culture' of the workplace. A key aspect of this is the consistent measure of competency that SVQs provide. However, significant challenges remain in the capacity both to deliver SVQs, and for individual staff to engage learning for SVQs.

SVQs lack parity of esteem: the SCQF is important for developing this:

A key challenge to the use of SVQs by NHS Boards is a general perception that SVQs are 'less good' than 'academic' qualifications. The SCQF provides an important mechanism for developing parity of esteem for SVQs.

There is patchy alignment of SVQs with strategic and workforce planning:

NHS Boards in Scotland have made use of most relevant clinical SVQs, notably those in Health and Social Care, and mainly for healthcare support work staff (mainly band 2). Non-clinical SVQs used by NHS Boards represent a smaller proportion of the overall uptake of these SVQs, but an indicatively significant proportion of SVQs used by NHS Boards, notably in business and administration. Enrolment onto SVQs has been declining since 2007, and the future perspective is uncertain. This is exacerbated by patchy strategic and workforce articulation and implicit rather than explicit linkage of SVQs to service needs.

There is a need to develop awareness of SVQs:

Quality is the main theme across identified benefits of SVQs: service improvements through a well-skilled workforce. However, this perception is not shared equally across all NHS Scotland Boards. There is a need to develop awareness – both of the existence and the nature – of SVQs, in particular at strategic levels. A key way of doing this is by improving the evidence base for SVQs in NHS Scotland, demonstrating the impact of SVQs, and effectively disseminating this information.

The SMCI study has found a tremendous energy and enthusiasm for the use of SVQs by the NHS Scotland Boards which engaged with this study.

9. Recommendations

The recommendations of this study are modest, designed to be practically implementable in the short term. They focus on capitalising on the benefits of SVQs to NHS Boards in Scotland.

Our recommendations are that:

1. Ways of demonstrating the impact of SVQs in relation to Boards' strategic objectives are explored by NES and by individual Boards.
2. Awarding Bodies and NES work together to make the links between sector quality standards and SVQs explicit; and effectively disseminate this information to Boards.
3. NHS Boards, NES, Awarding Bodies and the Regulator (SQA Accreditation) work together to explore approaches to supporting the delivery of SVQs, for example through joint Board and regional working.
4. NES continues to support the NHS Scotland Vocational Learning & Qualification Network to raise and address key issues relating to the delivery and use of SVQs.
5. NES – through the Vocational Learning and Qualifications Network – continues to support the collation of information on uptake and use of SVQs by NHS Scotland. This has been a challenge for all the Boards that engaged with this study; however, this work has generated an invaluable baseline at Board and national level for regular review of the use of SVQs; and will support the development of an evidence base for SVQs. This support could simply take the form of an annual national event at which Boards share their information about SVQ use.

Appendix 1 – Evaluation Tools

- A. Analytic framework
- B. Information gathering template
- C. Guidance on using information gathering template
- D. Staff survey
- E. Managers survey
- F. Topic guide for stakeholder interviews

A. Analytic framework

Evaluation criteria	Evaluation questions ¹⁹	Evaluation indicators	Audit	Manager survey ²⁰	Staff survey	Interviews ²¹
A. NHSS Boards use SVQs	SVQ completion	1. Number of SVQ registrations & completions	Y	3.6, 3.7, 3.8, 4.6	1	2.1, 2.2
		2. Nature of SVQ registrations & completions (staff band, job role)	Y	2a, 3.6, 3.7, 3.8, 4.6	1	
		3. Nature of SVQ registrations & completions (SVQ title, level)	Y	3.6, 3.7, 3.8, 4.6		
		4. Board capacity to deliver SVQs		1e, 1f		2.3
		5. Issues experienced when taking SVQs				2.4
B. SVQs have a positive impact on NHSS Boards	Perceived benefits Employer use of skills of candidates	6. Available SVQs relate to Boards strategic objectives		1l		3.1
		7. Staff completion of SVQs which relate to Boards strategic objectives				
		8. SVQ results feed into workforce planning processes		1m, 4.7b, 4.7c, 4.7f		3.2
		9. NHSS Board use of staff skills gained through SVQs		3.9, 4.7	6	3.3
		10. SVQ impact on quality of service		4b, 4.7a		3.4
		11. SVQ impact on efficiency of service		4c, 4.7a		3.5
		12. SVQ impact on staff performance		2e, 4a, 4f, 4.7d	2, 3	3.6
		13. SVQ impact on staff confidence		4d, 4g, 4h, 4.7d	2, 4	3.7

¹⁹ Defined in the evaluation specification

²⁰ Questions 1-5 all respondents; 3.6 – 3.9 line managers; 4.6 – 4.7 SVQ commissioners/organisers and workforce developers

²¹ Topic guide to be developed

		14. SVQ impact on staff career/job development		4e	2, 5	3.8
		15. Available SVQs correspond with nature of staff work		2i		3.9
C. Information about SVQs is effective	Recognition of SVQs Employer use of SVQ data	16. Available information on SVQ provision	Y	1e, 1k, 3	7	4.1
		17. Available information on SVQ completion	Y	1e, 1k, 3		4.2
		18. Board use of information/data about SVQs		1m, 4.7b, 4.7c, 4.7f		4
D. Perception of SVQs is good	Perception of SVQs Perceived benefits of SVQs	19. Perceptions of workforce planners & strategic managers		2b, 2c, 2d, 2f, 2g, 2h, 2j		3
		20. Perceptions of candidates			2, 6b, 9, 10, 11, 12	
		21. Perceptions of line-managers		2b, 2c, 2d, 2f, 2g, 2h, 2j		
E. Taking SVQs doesn't cause practical difficulties		22. Perceptions of workforce planners & strategic managers		5a, 5b, 5c, 5d, 5e, 5f		2.4
		23. Perceptions of candidates			8	
		24. Perceptions of line-managers		5a, 5b, 5c, 5d, 5e, 5f		

B. Information gathering template

INFORMATION GATHERING ABOUT SVQ REGISTRATIONS AND COMPLETIONS IN NHS BOARDS SINCE 1 APRIL 2007							
SVQ title	SVQ level	SVQ centre	Part of modern Apprenticeship framework? y/n	2007/2008, 2008/2009 & 2009/10			
				AfC sub-job family: please insert	Indicative job titles	Number of entries	Number of awards
SVQ Management	Level 4						
SVQ Management	Level 3						
SVQ Learning & Development	Level 4						
SVQ Learning & Development	Level 3						
SVQ Business & Administration	Level 3						
SVQ2 Business & Administration	Level 2						
SVQ Health and Social Care	Level 4						
SVQ Health and Social Care	Level 3						
SVQ Health and Social Care	Level 2						
SVQ Laboratory and Associated Technical Activities	Level 4						
SVQ Laboratory and Associated Technical Activities (Educational Pathway)	Level 3						
SVQ Laboratory and Associated Technical Activities (Industrial Pathway)	Level 3						
SVQ Laboratory and Associated Technical Activities (Educational Pathway)	Level 2						
SVQ Laboratory and Associated Technical Activities (Industrial Pathway)	Level 2						
SVQ Laboratory and Associated Technical Activities	Level 1						
SVQ Dental Nursing	Level 3						
SVQ Health (Allied Health Profession Support)	Level 3						
SVQ Health (Decontamination)	Level 3						
SVQ Health (Maternity/Paediatric Support)	Level 3						
SVQ Health (Perioperative Care - Anaesthetic/PACU Support)	Level 3						

SVQ Health (Perioperative Care - Surgical Support)	Level 3						
SVQ Health (Perioperative Care Support)	Level 2						
SVQ Health (Renal Support)	Level 3						
SVQ Pharmacy Services	Level 3						
SVQ Pharmacy Services	Level 2						
SVQ Optical Retailing	Level 2						
SVQ Support Services in Health Care	Level 2						
AI Assessor Unit							
Please add further SVQs below if others are offered by your Board (including non Health related SVQs)							

EVALUATION OF NHS SCOTLAND USE OF SVQs

INFORMATION GATHERING

Guidance

NHS Education for Scotland (NES) has commissioned SMCI Associates to investigate the benefits to NHSS Boards of supporting staff to undertake SVQs, and to explore how these benefits might contribute to the achievement of strategic objectives. A key aspect of this work is to gather information about the numbers of SVQ registrations and completions supported by NHS Boards since April 2007.

NES has provided us with details of key individuals in each NHS Board in Scotland who may be able to collate the information using the attached template.

The template includes a cover worksheet, 'collation details', which asks for details of the people who have been involved in collating the data; and a second worksheet, 'SVQ registrations' which asks for information about the sorts of SVQs that staff have been supported to undertake since April 2007. We are also asking you for information about the groups of staff that have taken SVQs: where possible, please provide details of the number of staff in Agenda for Change job families that have been supported to take SVQs, and also their job titles. Please complete the template electronically so that you can add rows to provide this information.

Please also provide textual comments where you think it would be helpful to us.

If you would like any further information about this work or if you have any queries about the information gathering, please don't hesitate to get in touch with Dr Sheila Inglis, Director, SMCI Associates by email (sheila@smciassociates.com) or phone (01620 895819 or 07894 337317)

**NHS EDUCATION FOR SCOTLAND:
EVALUATION OF SVQs
Survey of staff who have registered for an SVQ
since April 2007
<INSERT NAME OF BOARD>**



This survey is for staff who have registered for an SVQ since April 2007.

It is designed to provide NHS Education for Scotland (NES) with information about your views of SVQs. This is part of NES work to support the learning needs of NHS Scotland staff in Agenda for Change bands 1 – 4.

Please take **2 minutes** to complete this short questionnaire and hand it back to **<APPROPRIATE PERSON>**, who will send to SMCI Associates for analysis.

SMCI Associates is registered under the Data Protection Act 1998 (registration number is Z1092649).

If you have any queries about the survey, or would like any further information, please don't hesitate to contact Dr Sheila Inglis, SMCI Associates: sheila@smciassociates.com phone: 01620 895819

1. Which SVQ/s have you registered for since April 2005?

Name of SVQ/s	Level of SVQ	Year registered	Did you complete this SVQ?

2. What motivated you to take an SVQ? Please tick the option that applies the closest

I wanted to improve my work performance	
I wanted to feel more confident at work	
I wanted to feel more confident generally	
I wanted to move on in my job	
I needed additional training for my job	
My manager recommended that I take an SVQ	
Other, please specify	

3. What was the impact of the SVQ/s on your work performance?

My work performance improved a lot	My work performance improved a bit	It didn't really make any difference to my work performance	It had no impact on my work performance

3.a. Do you have any comments about the impact of the SVQ/s on your work performance?

4. What was the impact of the SVQ/s on your confidence?

My confidence improved a lot	My confidence improved a bit	It didn't really make any difference to my confidence	It had no impact on my confidence

4.a. Do you have any comments to make about the impact of SVQ/s on your confidence?

5. Did the SVQ/s help you to get a different job?

Yes/No

5.a. If the SVQ/s helped you to get a different job, what was/is that job title?

5.b. How helpful is an SVQ when you are applying for a different job?

Very helpful	Helpful	Not very helpful	Not helpful at all

6. How did you manager/s use your new knowledge and skills gained through the SVQ/s

My manager/s made really good use of my new knowledge & skills	My manager/s used my new knowledge & skills a bit	My manager/s didn't really use my new knowledge & skills	My manager/s didn't use of my new knowledge & skills at all

6.a. Do you have any comments to make about how your manager/s used your new knowledge and skills?

6.b. Do your managers and colleagues value SVQ qualifications?

Very much	A bit	Not very much	Not at all

7. Is there is good enough information about the SVQs that are available to staff in your Board?

The information about SVQs is really good	The information about SVQs is OK	There information about SVQs isn't very good	There's no information about SVQs

7.a. Do you have any comments to make about the information about SVQs that are available to staff?

8. When you are taking an SVQ, what issues are you likely to experience?

Getting time off for off-the-job training	
Getting time off to complete course work	
Finding an SVQ assessor and/or supervisor	
Finding a sufficient range of work to be able to complete course work	
Other, please specify	

9. Would you consider doing another SVQ in the future?

Definitely	Maybe	Probably not	No

9.a. Please comment

10. Would you recommend undertaking an SVQ to a colleague who is doing similar work to you?

Definitely	Maybe	Probably not	No

10.a. Please comment

11. What are the best things about doing an SVQ?

12. What are the worst things about doing and SVQ?

13. What is your Job Title?

14. What is your Pay Band?

15. Please add any other comments about SVQs

NHS EDUCATION FOR SCOTLAND: EVALUATION OF SVQs

Survey of managers

This is a word version of the survey which was designed to be completed on-line.

The questions relating to modern apprenticeships (10, 11, & 12) were designed to inform another, related study commissioned by NES.

This survey is for

- Line managers of staff who undertake SVQs;
- People who are responsible for organising or commissioning SVQs; and
- People who have strategic responsibilities for ensuring that staff have the skills that they need to deliver effective services.

It is designed to provide NHS Education for Scotland (NES) with information about your perceptions of the benefits and limitations of SVQs and Modern Apprenticeships. This is part of NES work to support the learning needs of NHS Scotland staff in Agenda for Change bands 1 – 4.

The questionnaire will take no more than 10 minutes to complete and is completely anonymous. Your responses will be analysed by SMCI Associates (in relation to SVQs) and IBP (in relation to Modern Apprenticeships). Both companies are registered under the Data Protection Act 1998: SMCI Associates registration number is Z1092649, and IBP registration number is Z1326099.

If you have any queries about the survey, or would like any further information, please don't hesitate to contact Dr Sheila Inglis, SMCI Associates for issues relating to SVQs, and Eddy Graham, IBP for issues relating to Modern Apprenticeships:

sheila@smciassociates.com, phone: 01620 895819

e.graham@ibp.eu.com, phone 01698 846825

Which of the following most closely describes your main role in relation to SVQs?

- I line manage staff who undertake SVQs
- I commission or organise SVQ provision within my NHS Board
- I have strategic responsibilities for workforce development, which include SVQ provision
- Other (please specify)

1) Which of the following statements describe how SVQs are delivered in your Board area? Please tick yes, no, not sure

- a) The NHS Board is an accredited centre for SVQ provision.
- b) The NHS Board commissions external providers (e.g. colleges) to provide SVQs.
- c) Funding for SVQs is recurrent in our NHS Board area.
- d) There is clear and accessible information about the range of SVQs which the Board uses.
- e) The capacity for SVQ delivery in the Board meets the level of demand.
- f) There is a waiting list for staff who would like to undertake an SVQ.
- g) It is the line manager's responsibility to enrol staff for SVQs.

- h) Most assessment is carried out by employees from within the Board.
 - i) Our Board offers off-the-job sessions which cover the knowledge elements of SVQs.
 - j) Most learning takes place on an individual basis, when the learner is doing their work.
 - k) There is a central point which gathers information about SVQ results.
 - l) The SVQs which are offered are aligned to the Board's strategic objectives.
 - m) SVQ results feed into workforce planning processes.
 - n) Other (please specify)
- 2) To what extent do you agree with the following statements about SVQs? Please tick strongly agree, agree, disagree, strongly disagree, don't know
- a) They offer useful alternatives for staff who are not interested in academic study.
 - b) They provide useful measures of staff's actual performance in the workplace.
 - c) They are bureaucratic and require too much paperwork.
 - d) They are a useful introduction to learning for staff who have no formal qualifications.
 - e) They have little direct impact on an individual's work practice.
 - f) They are too difficult to assess.
 - g) They provide a means for staff to have recognition of their learning.
 - h) They provide useful indicators of the skills we have in the workplace.
 - i) SVQ units often don't correspond with the work which staff have to do.
 - j) SVQ units don't assess the attitudes and behaviours which staff need.
 - k) Other (please specify)
- 3) Do you receive information about the results of staff who enrol for SVQs?
- Yes
 - No
 - Comments
- 4) In your view, to what extent does completing an SVQ ...
(Please tick very much, a bit, not much, not at all, not sure)
- a) Improve an individual's work performance?
 - b) Help staff to improve the quality of your service?
 - c) Help staff to improve the efficiency of your service?
 - d) Improve the confidence of staff who take SVQs?
 - e) Improve the job prospects of staff who take SVQs?
 - f) Prepare staff to deal effectively with changes in working practices?
 - g) Encourage staff to engage in further learning?
 - h) Encourage staff to support colleagues to learn?
 - i) Please comment
- 5) How challenging are the following issues when staff are taking SVQs?
Please tick very much, a bit, not much, not at all, don't know.
- a) Getting time for off-the-job training?
 - b) Getting time for staff to complete course work?
 - c) Providing support for literacy skills?
 - d) Finding staff resources to provide the training for SVQs?

- e) Finding staff resources to assess SVQ units?
 - f) Finding a sufficient range of work for staff to complete course work?
 - g) Other challenges (please specify)
- 6) Which SVQs have you supported your staff to take?
- SVQ Management Level 4
 - SVQ Management Level 3
 - SVQ Learning & Development Level 4
 - SVQ Learning & Development Level 3
 - SVQ Business & Administration Level 3
 - SVQ2 Business & Administration Level 2
 - SVQ Health and Social Care Level 4
 - SVQ Health and Social Care Level 3
 - SVQ Health and Social Care Level
 - SVQ Laboratory and Associated Technical Activities Level 4
 - SVQ Laboratory and Associated Technical Activities (Educational Pathway) Level 3
 - SVQ Laboratory and Associated Technical Activities (Industrial Pathway) Level 3
 - SVQ Laboratory and Associated Technical Activities (Educational Pathway) Level 2
 - SVQ Laboratory and Associated Technical Activities (Industrial Pathway) Level 2
 - SVQ Laboratory and Associated Technical Activities Level 1
 - SVQ Dental Nursing Level 3
 - SVQ Health (Allied Health Profession Support) Level 3
 - SVQ Health (Decontamination) Level 3
 - SVQ Health (Maternity/Paediatric Support) Level 3
 - SVQ Health (Perioperative Care -Anaesthetic/PACU Support) Level 3
 - SVQ Health (Perioperative Care -Surgical Support) Level 3
 - SVQ Health (Perioperative Care Support) Level 2
 - SVQ Health (Renal Support) Level 3
 - SVQ Pharmacy Services Level 3
 - SVQ Pharmacy Services Level 2
 - SVQ Optical Retailing Level 2
 - SVQ Support Services in Health Care Level 2f
 - Other (please specify)
- 7) What percentage of your staff have you supported to take SVQs in the last 3 years?
- 100%
 - Between 75% and 99%
 - Between 50% and 74%
 - Between 1% and 24%
 - 0%
 - Please comment
- 8) In your view, how will this percentage change in the next 3 years?
- Increase
 - Remain stable

- Decrease
- Don't know
- Please comment

9) How do you make use of the skills that staff demonstrate through SVQs? Please tick always, sometimes, rarely, never.

- I tend to give them more responsibility.
- I ask them to mentor new members of staff.
- I ask for their opinions about ways to improve the service.
- I have not changed the way in which they work.
- Other, please specify

10) Have you used Modern Apprenticeships with your staff?

- Yes
- No
- Don't know
- Please comment

11) Do you plan to start to use Modern Apprenticeships with your staff?

- Yes
- No
- Don't know
- Please comment

12) To what extent do you agree with the following statements? Please tick strongly agree, agree, disagree, strongly disagree, don't know.

- I understand how Modern Apprenticeships are structured
- Modern Apprenticeships are only for people aged 16-19.
- There are no Modern Apprenticeships in my service area.
- I know what an individual needs to do to complete a Modern Apprenticeship.
- I know what an employer needs to do to support an apprentice.
- NHS Boards cannot access Modern Apprenticeship funding.
- It is cheaper to take on a new member of staff than to take on an apprentice.
- It takes too long to train an apprentice.
- There are some existing staff in my area who would benefit from an apprenticeship.
- Please comment

13) Do you have any further comments about SVQs or Modern Apprenticeships?

14) What is your NHS Board?

15) What is your service area?

NES SVQ Evaluation: Interview topic guide

1. Introduction to the survey
2. Use of SVQs by NHS Board/NHS Scotland generally?
3. Benefits of SVQs to NHS Board/NHS Scotland?
 - 3.1. Relationship with Board/NHS Scotland strategic objectives?
 - 3.2. Relationship with workforce planning processes in Board/NHS Scotland?
 - 3.3. Use of the skills of staff who have gained SVQs?
 - 3.4. Impact on quality of service?
 - 3.5. Impact on efficiency of service?
 - 3.6. Impact on staff performance?
 - 3.7. Impact on staff confidence?
 - 3.8. Impact on staff career/job development?
 - 3.9. Relationship between available SVQs corresponds and the nature of work
4. Use of SVQ data
 - 4.1. Information on SVQ provision is available to Board/NHS Scotland
 - 4.2. Information on SVQ completion is available to your Board/NHS Scotland
5. Use of Modern Apprenticeships?
6. Any other comments

Appendix 2 – Study Consultees

Interviewee	Job title	NHS Board
Alison Smith	Development Officer	Tayside
Maggie Byers	Lead Practitioner Non-registered Workforce Development	Lothian
Judith McKelvie, John Evans, Catherine Mackenzie,	Head of Learning & Development, SVQ Training Centre Coordinator, SVQ Facilitator	Highland
Maureen Stewart	SVQ Centre Manager	GG&C
Sandra Dunlop	Training & Professional Development Manager	The State Hospital
Julie Nicol	HR Manager	Orkney
Jim Kerr	Head of Organisational Development	NSS
Christine McCole	Depute Director Human Resources	NES
Isabel McLeod	SVQ Project Manager	Western Isles
Margaret Gray, Margaret Evans	Learning Development Manager, Learning Development Facilitator	NHS Grampian
Ray Farley	Peripatetic Assessor	NHS Fife
Liz Walker & Linda Tripney	Organisational Development Adviser and SVQ Co-ordinator	NHS Forth Valley
David Black	Vocational Learning Manager	NHS Ayrshire and Arran
Agnes Robb	Training Manager, Organisational Development Directorate	NHS Lanarkshire
Val Mutch and Susan Donnelly	Learning Development Manager and Learning Development Adviser	NHS 24
Gavin Speirs	Head of Leadership, Learning and Change	NHS Health Scotland
Alison McConnachie	Vocational Learning Manager	Dumfries and Galloway
Donna Akhal	Learning Development Manager	NHS National Waiting Times Hospital
Liz Walker	Organisational Development Adviser	NHS Forth Valley
John Dick	National Manager Scotland	Edexcel
Lorna Hunter	Scotland Manager	Skills for Health
Robert Bruce	National Manager Scotland	City & Guilds
Alyson Barrie	Widening Access Project Manager	Nes/SQA

Appendix 3 – Strategic Review Source Documents

Health Board	Documents Reviewed	Source
Ayrshire & Arran	Workforce Plan 2007/8	Link to West of Scotland Regional Workforce Planning website
Borders	Workforce Plan 2006/7	SHOW
	Local Delivery Plan 2009/10	SHOW
Dumfries & Galloway	Workforce Plan 2008	From West of Scotland Regional Planning Workforce Website
	Health and Community Care Plan 2008/9	NHS Dumfries & Galloway website
	Local Delivery Plan 2010/11	NHS Dumfries & Galloway website
Fife	Workforce Modernisation and Development Report 2006	SHOW
	Draft NHS Fife Workforce Modernisation and Development Action Plan 2006	SHOW
	South East and Tayside Regional Planning Group Workplan 2008-09	NHS Fife
Forth Valley	Workforce Plan 2009	SHOW
	Draft Workforce Plan 2007-2017	SHOW
	Workforce Modernisation Strategy 2009	SHOW
Grampian	Workforce Plan 2008	
	Workforce Plan 2009	
Greater Glasgow & Clyde	Renfrewshire CHP Workforce Plan 2008-11	West of Scotland Regional Workforce Planning Website
Highland	Workforce Plan 2009/10	SHOW
Lanarkshire	Workforce Plan 2008	West of Scotland Regional Workforce Planning Website
	Workforce Plan 2008, Workforce Analysis Supplement	West of Scotland Regional Workforce Planning Website
Lothian	Workforce Plan 2008/09	SHOW
Orkney	Workforce Plan 2006/07	SHOW
Shetland	Workforce Plan 2008	SHOW
Tayside	Draft NHS Tayside Workforce Plan 2009-10, Education & Training Strategy	SHOW
	Tayside Workforce Plan 2008-09	
	Tayside Local Delivery Plan 2009-10	SHOW
Western Isles	No Information was available on SHOW	SHOW
National Waiting Times	Workforce Plan 2009	NHS National Waiting Times
NES	Workforce Plan 2008	NES
NHS 24	Strategic Framework 2010	NHS 24
NHS Health Scotland	Workforce Plan 2008	NHS Health Scotland
NHS NSS	Workforce Planning, 2009	NHS NSS
NHS QIS	Workforce Monitoring Report, 2008-09	NHS QIS
	Delivery Plan, 2008/09 – 2010/11	NHS QIS
SAS	Strategic Framework 2010-2015	SAS
State Hospital	Local Delivery Plan, 2010/14	State Hospital

Appendix 4 – Summary NHS Scotland Board Strategic Documents

Particular references of relevance to SVQs are summarised by Health Board as follows.

NHS Ayrshire & Arran:

- Ayrshire and Arran Workforce Plan 2007/8, (pp62-63) states: “In delivering modern health care services required for the future, we must ensure we are equipped to meet the challenges by developing staff to guarantee we have an appropriately trained workforce with the necessary knowledge, skills and experience to maintain existing services and proactively develop new innovative services. To achieve this, we must enhance and broaden the roles of healthcare professionals and extend and develop the roles of our support workers. In addition, we must also consider the overarching management process and maximise the use of managers, administrators and support staff to assist in the delivery of a fully integrated healthcare service. In order to attain this, Scottish Vocational Qualifications (SVQs) can provide a very effective and powerful approach.”
- The 2007/8 Workforce Plan for Ayrshire and Arran referred to the regional review of mental health services across Greater Glasgow and Clyde in response to the shortfall in staff for inpatient adolescent mental health services. To meet this need, support worker roles were being designed to articulate with the national competency framework and SVQs and training pathways.
- In community nursing, the traditional nursing role and the configuration of nurses in the community are no longer appropriate to meet the demands of community care. Therefore radical redesign of the nursing function and role is required. This will include role development of the nursing support workers. Access to SVQ and City & Guilds programmes is currently being progressed to increase the skills and knowledge in this area.

NHS Borders:

- In 2002 NHS Borders introduced the concept of SVQ's to a small pilot group of staff working in Administration support roles. Following initial success of the pilot, further funding was sought from Scottish Enterprise Borders to support four Physiotherapy assistants to achieve Modern Apprenticeship / SVQ Level 3 in Diagnostic and Therapeutic Support. In 2003 Learning Credit monies supported a further small number of SVQ achievements. These training opportunities have continued to be developed within allied health professions and pharmacy;
- In 2004/2005 NHS Borders identified the need for Clinical Support Worker roles and delivered 2 pilot SVQ programmes for 25 nursing assistants in SVQ in Care at Level 2 in partnership with the Clinical Support Worker Development Team, NHS Lothian. NHS Borders secured SEHD funding of £59,000 to continue implementation of SVQ programmes in Care at Level 2 and 3 by their Training & Professional Development team;
- NHS Borders Workforce Plan 2006/7 (pp17-18) sets out the role of partnership to delivery SVQs with Scottish Borders Council: “It is anticipated that in the future through partnership working NHS Borders will explore becoming a partner in the Scottish Borders Council Social

Work Training Department SVQ Assessment Centre. This has the potential to develop the competencies of both Health and Social Care employees working across health and social care boundaries.”

- In their Local Delivery Plan for 2009, NHS Borders sets out how it proposes to meet key targets for the service: “Significant changes [planned] in skill mix and the plans to take [the LDP] forward: Skill mix and role development thorough application of NHS Career Framework and KSF benefits. Successful NHS Borders SVQ Programmes in Care to develop the Health Care Support Worker role, including Acute and Community Services, Pharmaceutical Services, Maternity Care Assistants and Allied Health Professionals. NHS Borders is investing in skilling up the current Healthcare Support workers over the next 5 years to pro-actively prevent gaps in the workforce. Maternity Care Assistants relevant to HEAT target H7”; NHS Borders Local Delivery Plan 2009, p86

NHS Dumfries & Galloway

- This Board has identified the Strategic use of SVQs as one of four actions that has the greatest opportunity to release potential and develop the workforce. Specifically, it notes that SVQs “provide assurance that staff have demonstrated and perform consistently to a uniformly high standard, .. a qualification– which complements the principles of patient safety and links directly to KSF, but with the added advantage of providing a qualification that can help people on a career ladder beyond their current job.” Workforce Plan 2008, p45
- According to their last workforce plan; 30% total nursing workforce and 43% of the support services workforce could retire over the next 10-15 years, [therefore] investing in the development of new and untrained staff in these areas is a priority.
- In 2008/09 the Board undertook to;
 - Invest in developing new and existing support services staff, capitalising on the introduction of the new support workers vocational qualifications.
 - Target VQs in care to environments that need additional capacity and have the infrastructure to enable SVQ candidates to swiftly achieve their qualification.
- In its Workforce Plan for 2008, NHS Dumfries and Galloway identified a need for more Auxiliaries and Assistants completing SVQ level 3 to support trained therapy staff/nursing staff in the area of Children’s Services: “There has been a major drive to train care staff in Scottish Vocational Qualifications. Staff from 13 care homes and seven providers of care at home services are currently on SVQ courses through the consortium, while other providers will access training from other sources.” Health and Community Care Plan 2008/9, p17
- In it’s Local Delivery Plan for 2010/11, one of the identified risks is that the redesign of services will impact upon the composition of clinical teams. To mitigate against this, detailed workforce planning is underway to deliver the redesigned pathways of care within the clinical services strategy. In the areas of extended community teams and anticipatory care, the Board plans to use existing work and knowledge to develop a fuller understanding of the training and development needs that underpin this and its implications for wider roll out.

NHS Fife

- The Workforce Modernisation and Development Report for 2006 (p5) refers to the Local Development Team’s “commitment to developing SVQs and Modern Apprenticeships”. The

Action Plan accompanying the Report outlines the following actions relating directly the use of SVQs:

- Investigate options within the Laboratory Directorate for developing the training of Clinical Support Workers. E.g. developing specific SVQs - by 2010
- Expansion of SVQ programmes available and the development of our internal capacity to provide accredited healthcare vocational qualifications – no date specified (medium term action)
- In the South East and Tayside Regional Planning Group Workplan for 2008-09, one of the groups' high level aims was to review education and training opportunities available to staff working with learning disability patients through managed clinical networks, providing direct support where necessary in the areas of training courses for in-patient unit support workers (though SVQs were not directly specified), training courses for AHPs, training courses for staff nurses, viability of establishing education coordinator post, workforce analysis and education pathways.

NHS Forth Valley

- The 2009 Workforce Plan states that a “Strategy for Education and Training SVQ Strategy is in development and should be completed by late 2009”, Workforce Plan 2009, p29. The Plan also recognises that AHP Assistants & Technicians require support and development through access to health-related vocational training programs leading to the award of SVQs or other appropriate qualifications such as the HNC for Occupational Therapy Assistants (Workforce Plan 2009, p47).
- The major workstreams within the NHS Forth Valley Workforce Modernisation Strategy are delivered under four strategic aims, one of which relates to creating a modern workforce. One of the key deliverables for this workstream during 2008 - 2009 was to deliver an SVQ Framework, Workforce Modernisation Strategy 2009 (p3).
- The Draft Workforce Plan for Forth Valley for 2007-2017 states that “We have an SVQ Co-ordinator in place who is supporting unqualified Nursing Staff to achieve the SVQ in Care Level 2 and 3. This is a key programme in developing unqualified staff and we need to consider what further SVQs/development opportunities for unqualified staff we should offer. A strategy for developing unqualified staff [was to] be developed during 2006/7. (Draft Workforce Plan 2007-2017, p32). “Changing models of care will require continual development and preparation for [non-registered nursing] staff. Great strides in this area have been achieved over the last 2-3 years with Support Workers having had the opportunity to acquire a named award to at least SVQ Level 2 or equivalent. In NHS Forth Valley 84 support workers have achieved the qualification.

NHS Grampian

- In its 2009 Workforce Plan, NHS Grampian refers to the increased use of the Pharmacy Technician role as part of its overall Pharmacy Workforce Plan. It points out that trained technicians are seldom available to recruit and that this places a burden of training on the Pharmacy Department. It comments that the provider for technician training has been changed in order to use a distance learning course which allows greater flexibility and scope for technician training, however significant local tutoring and support for SVQ is also required (Workforce Plan 2009, p28.)

- Also relevant is the work highlighted in the Workforce Plan for 2008 which looked into the additional resources required by the Aberdeenshire Community Health Partnership due to the increasing pressure on the Community Health Teams. These teams comprise trained and untrained nurses, health visitors, AHPs and Care Managers and Home Care staff; the latter being employed by the local authority. They experienced difficulties in the recruitment of carers. Work was carried out to explore the option of generic support workers, trained to SVQ level 3 or 4, looking at the competencies required for future service provision, recognising that it is not possible to continue providing care in the manner in which it is currently delivered. The work was to be carried out using the Knowledge Skills Framework, so the future workforce requirement will be based on competencies rather than historic data (Workforce Plan 2008, p13).

NHS Greater Glasgow and Clyde

- The West of Scotland Regional Workforce Report for 2009 describes the context in which regional workforce planning takes place, the infrastructure which supports it and the approaches taken to continuously improve and develop it. It also describes the workforce planning activity underway within three specific staff groups – Nursing and Midwifery, Allied Health Professions and the Medical workforce - and the activity underway within the various regional service planning groups.
- The report is not intended to provide an exhaustive description of all workforce planning activity but instead to provide a snapshot of work in progress within the region.
- The Report does not contain specific references to the use of SVQs across the region. However, further workforce plans are available for some of the sub-regions within the West of Scotland which refer - in some cases (Ayrshire & Arran, Lanarkshire, Dumfries & Galloway, Forth Valley) - to the use of SVQs.

NHS Highland

- NHS Highland identifies 10 Workforce Planning Priorities for delivery in 2009/10, one of these [which refers indirectly to the use of SVQs] is to “Develop new roles and progress role development requirements, such as Healthcare Support Workers (HCSW) and generic (working across health and social care) and rural HCSW”, p2.
- No reference is made directly to the delivery of or use of SVQs in the current workforce plan, although staff from the SVQ Centre were involved in producing KSF Project Implementation Plan for 2008-09.

NHS Lanarkshire

- The Workforce Plan for 2008 identifies a number of specific Education and Training initiatives in the current Workforce Strategy and Plan. One of these relates to the provision of SVQs for laundry and administrative staff (p58).

NHS Lothian

- NHS Lothian notes that investment and attracting funding into the Healthcare Academy for piloting new assistant roles, comprehensive SVQ award structure, and overseeing the HCA Regulation Pilot initiative as a priority area that was taken forward for 2007/08. (Workforce Plan 2008, p27.)

NHS Orkney

- The Workforce Plan for 2006/07 identified the vital role of outreach support workers (SVQ III) in rehabilitating and supporting people to remain at home, preventing unnecessary admissions and enabling patients to be discharged timeously from hospital.
- The Plan identified a number of Action Points that directly related to the use of SVQs:
 - Programme of training for all auxiliary nurses in SVQ Level II (by 2007)
 - Programme of training for auxiliary nurses in SVQ III to become Health Care Assistants, for hospital and Community based nurses (by 2007)
 - As part of their plans in redesigning the workforce, the Board identified the need to develop Generic Social Care Assistant/Auxiliary Nurse Joint qualified to SVQ III in order to ensure healthcare needs of remote and rural areas are met (target date of 2009).

NHS Shetland

- No direct mention of the use of SVQs.
- The health service works closely with the local authority, Shetland Islands Council, and Voluntary Groups within Shetland, in particular those areas associated with Primary and Secondary Care with Social Care Work. A joint training plan is in place for 2008/9 to maximise uptake of training on island, making training locally more viable in relation to learning and costs. This includes various joint clinical and non-clinical training, both mandatory and voluntary e.g. child protection, stroke awareness, diabetes, incontinence awareness.

NHS Tayside

- The HCSW Standard is to be mapped to the Scottish Credit Qualification Framework. In anticipation of this the NHS Tayside Healthcare Academy has undertaken a mapping exercise of locally available SVQ's which can align to the HCSW (Appendix 4 of the 2009/10 Education & Training Strategy).
- The NHS Tayside Healthcare Academy is part of a Human Resources and Workforce Development Strategy. It offers 3 programmes, a 6 week Pre-Employment Programme, Modern Apprenticeships and a 20 week SVQ 2 level programme. (Workforce Plan 2008, p16). To meet healthcare workforce demand the future will see diversification and expansion of the Healthcare Academy. Work is currently being undertaken to expand the SVQ opportunities and explore how existing NHS staff can take advantage of the opportunities the Academy offers. (Workforce Plan 2008, p76)
- The importance of SVQs is also referred to in the Local Delivery Plan for Tayside for 2009/10 in relation to the regulatory requirement on frontline social care staff to have an SVQ2 from October 2010. They report that there is a training framework in place to ensure that staff are presently working to achieve this qualification. After October 2010 staff will be expected to have attained this qualification and there will be further burdens placed on the service in terms of giving employees time out from work to obtain this. In addition there are a range of mandatory training sessions staff must have and maintain within the homecare field. These include Moving and Handling, Food Hygiene, CALM training, Adult Support and Protection and medication administration. Local Delivery Plan 2009/10, p47
- Pharmacy Technicians are deployed throughout the Board's settings. In NHS Tayside student pharmacy technicians undertake a two-year vocational training programme supplied by Telford College. Upon successful completion of this they will obtain an SVQ level

3 qualification consequently they will be eligible to apply to register as a Pharmacy Technician.

NHS Western Isles

No SVQ relevant Workforce Planning information available.

SPECIAL BOARDS

NHS National Waiting Times

- Healthcare Support Workers at the Golden Jubilee National Hospital in Clydebank are trained primarily using the National Incremental Competencies in Healthcare Education (NiCHE) programme. Once they have completed their NiCHE, they can further their education through the SVQ3 and HNC programmes, progressing to Assistant Practitioner level. The hospital continues to work with colleagues in further education institutions to build on the competency base framework currently used at the Golden Jubilee National Hospital (GJNH).
- The GJNH is commencing an SVQ award for Peri-operative Care Support. The HCSWs will complete a condensed and modified version of the NiCHE programme (Preparation for Practice and Theatre Specific Theme Seven) as an induction to the department, before embarking on the SVQ Peri-operative Care Level Two and progressing on to Peri-operative Care Level Three. There are also a set of advanced SVQ competencies that could allow the HCSW to perform the task of the Scrubbed Assistant.
- HCSWs within the GJNH continue to undertake NiCHE/PfP (National Incremental Competencies in Healthcare Education) when they commence employment. In addition, 10 HCSWs from different clinical areas have undertaken an SVQ 3 in Healthcare working in partnership with Clydebank College. These should have been completed by Sept 2009. Once they have received their certificate they will be able to carry out the extended duties that they have learned through the SVQ, which include physiological measurements, venepuncture and enteral feeding of patients.

NES

- No discussion on SVQs in the Workforce Plan.

NHS 24

- Refers to a high quality training and education programme for staff, but no direct reference to SVQs.

NHS Health Scotland

- No discussion of SVQs in the Workforce Plan.

NHS National Services Scotland

- No discussion of SVQs in the Workforce Plan.

NHS QIS

No discussion of SVQs in their Workforce Monitoring Report.

Scottish Ambulance Service

- No direct reference to SVQs.

State Hospital

- No discussion of SVQs in the Local Delivery Plan.

Appendix 5 – Entries and Awards by SVQ Title and Level

The data presented in the table is an analysis of data returns provided by ten NHS Boards. This does not, therefore, represent all of the SVQ entries and awards across Scotland's NHS.

		2007/8		2008/9		2009/10		Total Entries	Total Awards
		Entries	Awards	Entries	Awards	Entries	Awards		
Management									
SVQ Management	Level 5	1	0	0	0	0	0	1	0
SVQ Management	Level 4	1	0	12	8	11	1	24	9
SVQ Management	Level 3	17	6	6	4	3	4	26	14
Total		19	6	18	12	14	5	51	23
Learning and Development									
Co-ordination of learning & development	Level 4	1	0	0	0	1	1	2	1
SVQ Learning & Development	Level 4	1	0	2	2	5	0	8	2
SVQ Learning & Development	Level 3	0	0	0	0	4	1	4	1
Total		2	0	2	2	10	2	14	4
Business, Administration and Related									
SVQ Business & Administration	Level 4	1	0	0	0	0	0	1	0
SVQ Business & Administration	Level 3	80	30	21	6	25	1	126	37
SVQ2 Business & Administration	Level 2	50	23	25	2	14	1	89	26
Customer Services	Level 3	1	0	0	0	0	0	1	0
User IT	Level 3	1	0	0	0	0	0	1	0
Contact Professionals	Level 3	0	0	0	0	18	25	18	25
SVQ Team leading	level 2	1	0	0	0	0	0	1	0
Total		134	53	46	8	57	27	237	88
Health and Social Care									
SVQ Health and Social Care	Level 4	0	0	0	0	0	0	0	0
SVQ Health and Social Care	Level 3	95	89	43	48	40	48	178	185
SVQ Health & Social Care Children & Young People	Level 3	0	0	6	4	7	4	13	8
SVQ Health and Social Care - Venous Blood Unit	Level 3	1	1	0	0	0	0	1	1
SVQ Health and Social Care	Level 2	110	197	106	222	87	163	303	582
Total		206	287	155	274	134	215	495	776

Table continued overleaf

		2007/8		2008/9		2009/10		Total Entries	Total Awards
		Entries	Awards	Entries	Awards	Entries	Awards		
Laboratory Services									
SVQ Laboratory and Associated Technical Activities	Level 4	0	0	0	0	2	0	2	0
SVQ Laboratory and Associated Technical Activities (Educational Pathway)	Level 3	0	0	0	0	6	0	6	0
SVQ Laboratory and Associated Technical Activities (Industrial Pathway)	Level 3	0	0	0	0	12	0	12	0
SVQ Laboratory and Associated Technical Activities (Educational Pathway)	Level 2	0	0	0	0	0	0	0	0
SVQ Laboratory and Associated Technical Activities (Industrial Pathway)	Level 2	0	0	0	0	0	0	0	0
Laboratory Science Clinical Analysis Pathway	Level 2	0	0	0	0	3	0	3	0
SVQ Laboratory Science	Level 2	0	0	0	0	8	0	8	0
Clinical Laboratory Support	Level 2	4	0	0	0	0	4	4	4
SVQ Laboratory and Associated Technical Activities	Level 1	0	0	0	0	0	0	0	0
Total		4	0	0	0	31	4	35	4
Health, Pharmacy and Optical									
SVQ Dental Nursing	Level 3	0	3	0	0	0	0	0	3
SVQ Health (Allied Health Profession Support)	Level 3	18	6	7	17	2	11	27	34
SVQ Health (Decontamination)	Level 3	6	8	15	13	17	15	38	36
SVQ Health (Maternity/Paediatric Support)	Level 3	0	0	1	0	0	0	1	0
SVQ Health (Perioperative Care - Anaesthetic/PACU Support)	Level 3	23	23	15	15	18	9	56	47
SVQ Health (Perioperative Care - Surgical Support)	Level 3	20	20	15	15	30	19	65	54
SVQ Health Additional units (Perioperative Care)	Level 3	10	10	7	7	0	0	17	17
SVQ Health (Perioperative Care Support)	Level 2	37	37	18	17	21	10	76	64
SVQ Health (Renal Support)	Level 3	0	0	0	0	0	0	0	0
SVQ Pharmacy Services	Level 3	6	1	5	3	6	4	17	8
SVQ Pharmacy Services	Level 2	6	2	15	3	10	7	31	12
SVQ Optical Retailing	Level 2	0	0	0	0	0	0	0	0
SVQ Support Services in Health Care	Level 2	23	21	9	8	2	0	34	29
Total		149	131	107	98	106	75	362	304

Table continued overleaf

		2007/8		2008/9		2009/10		Total Entries	Total Awards
		Entries	Awards	Entries	Awards	Entries	Awards		
Hotel and Other Ancillary Services									
SVQ Cleaning Building Interiors	level 2	6	5	0	0	0	0	6	5
Cleaning	level 1	0	6	0	0	0	0	0	6
Laundry Operations	Level 2	7	0	0	0	0	0	7	0
SVQ Laundry Services	Level 2	10	10	6	0	0	0	16	10
Hospitality supervision	Level 3	3	0	0	0	0	0	3	0
Food preparation & cooking	Level 2	8	0	0	0	0	0	8	0
Food processing & cooking	Level 2	1	0	0	0	0	0	1	0
Providing security services	Level 2	2	0	0	0	0	0	2	0
Security	level 2	2	2	0	0	0	0	2	2
Warehousing & Storage	Level 2	1	0	0	0	0	0	1	0
Total		40	23	6	0	0	0	46	23
Modern Apprenticeships									
Modern apprentice - electrical engineering	Level 3	0	0	0	0	1	0	1	0
Adult Apprentice - mechanical engineering	Level 3	0	0	0	0	2	0	2	0
MA - mechanical engineering	Level 3	0	0	0	0	1	0	1	0
MA -plumbing	Level 3	0	0	0	0	1	0	1	0
MA - joinery	Level 3	0	0	0	0	1	0	1	0
Total		0	0	0	0	6	0	6	0
NVQ Health									
NVQ Health (Perioperative Care Support)	Level 2	7	0	0	0	0	4	7	4
NVQ Health (General Health Care Support)	Level 3	5	5	9	1	6	13	20	19
NVQ Health (Clinical Health Care Skills)	Level 3	7	7	34	8	21	31	62	46
NVQ Health (Allied Health Professional Support)	Level 3	0	0	0	0	6	6	6	6
Total		19	12	43	9	33	54	95	75
Assessor and Verifier Qualifications									
A1 Assessor Unit		43	29	45	38	32	37	120	104
A2 Assess Candidates Through Observation Only		0	0	0	0	0	0	0	0
V1 Internal Verifier Unit		4	3	1	1	5	2	10	6
Total		47	32	46	39	37	39	130	110

OVERALL TOTALS	620	544	423	442	428	421	1471	1407
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Appendix 6 – Clinical and Non-Clinical SVQ Classification

Clinical SVQs

- Health and Social Care 4
- Health and Social Care 3
- *Health & Social Care Children & Young People* 3
- *Health and Social Care - Venous Blood Unit* 3
- Health and Social Care
- Dental Nursing 3
- Health (Allied Health Profession Support) 3
- Health (Decontamination) 3
- Health (Maternity/Paediatric Support) 3
- Health (Perioperative Care - Anaesthetic/PACU Support) 3
- Health (Perioperative Care - Surgical Support) 3
- *Health Additional units (Perioperative Care)* 3
- Health (Perioperative Care Support) 2
- Health (Renal Support) 3
- Pharmacy Services 3
- Pharmacy Services 2
- Optical Retailing 2
- Support Services in Health Care 2

Non Clinical SVQs

- Management 5
- Management 4
- Management 3
- Co-ordination of learning & development 4
- Learning & Development 4
- Learning & Development 3
- Business & Administration 4
- Business & Administration 3
- Business & Administration 2
- Customer Services 3
- User IT 3
- Contact Professionals 3
- Team leading 2
- Laboratory and Associated Technical Activities 4
- Laboratory and Associated Technical Activities (Educational Pathway) 3
- Laboratory and Associated Technical Activities (Industrial Pathway) 3
- Laboratory and Associated Technical Activities (Educational Pathway) 2
- Laboratory and Associated Technical Activities (Industrial Pathway) 2
- Laboratory Science Clinical Analysis Pathway 2
- Laboratory Science 2
- Clinical Laboratory Support 2
- Laboratory and Associated Technical Activities 1
- Cleaning Building Interiors 2
- Cleaning 1
- Laundry Operations 2
- Laundry Services 2
- Hospitality supervision 3
- Food preparation & cooking 2
- Food processing & cooking 2
- Providing security services 2
- Security 2
- Warehousing & Storage 2
- Modern apprentice - electrical engineering 3
- Adult Apprentice - mechanical engineering 3
- MA - mechanical engineering 3
- MA –plumbing 3
- MA – joinery

Appendix 7 – National stakeholder workshop and VC participants

National Stakeholder Workshop 18th June 2010

Agnes Robb	NHS Lanarkshire
Alyson Barrie	SQA/NES Enhancing Access Project
Alyson Steele	SQA Care Scotland
Anne Cameron	SMCI Associates
Anne Mearns	SQA Qualifications Development
David Kerr	NHS Fife
Elaine Pacitti	NHS Dumfries and Galloway
Heather Norris	SMCI Associates
Iain McLaren	Edexcel
Jacqueline Brown	NMAHP Practice Development Centre
Jill Helps	NHS Borders
John Dick	Edexcel
Karen Adams	NHS Education for Scotland
Karin Mckenny	NHS National Services Scotland
Kelly Watson	The State Hospitals Board for Scotland
Kevin Reith	NHS 24
Lesley Booth	NHS Tayside Healthcare Academy
Linda Tripney	NHS Forth Valley
Liz Martin	NHS Health Scotland
Liz Walker	NHS Forth Valley
Maggie Byers	NHS Lothian
Margaret Gray	NHS Grampian
Marian Gates	NHS Lothian
Maureen Stewart	NHS Greater Glasgow & Clyde
Mudenda Munkombwe	NHS Education for Scotland
Robert Bruce	City and Guilds Scotland
Ruth Lockwood	NHS Education for Scotland
Sheila Inglis	SMCI Associates
Susie Hill	SQA Business Intelligence Service
Vibha Pankaj	NHS Health Scotland

Video conference 24th June 2010

Isabel McLeod	NHS Western Isles
John Evans	NHS Highland
Karen Adams	NHS Education for Scotland
Marion McInnes	NHS Western Isles
Sandra Russell	NHS Western Isles
Ruth Lockwood	NHS Education for Scotland
Sheila Inglis	SMCI Associates
Heather Norris	SMCI Associates