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REVIEW OF THE USE OF SCOTTISH VOCATIONAL QUALIFICATIONS BY NHS BOARDS

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EXECUTIVE SUMMARY

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;
- Perceived benefits of SVQs by staff and their line managers;
- Recognition and perception of SVQs by workforce planners and strategic managers; and
- How might the employer make best use of SVQ data and the skills of candidates?

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

The evaluation concluded that

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 SQCF provides an important mechanism for developing parity of esteem for SVQs.

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

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

Summary of findings

1. The SMCIA study focused on NHS Boards which have invested in developing their own staff by the provision of SVQs delivered through in-house centres. Contact was made with Boards in a variety of ways, including through the NHS Scotland Vocational Learning and Qualifications Network (NHS VLQ Network). This network includes representation of all Boards with accredited SVQ centres.

USE OF SVQS BY NHS BOARDS

2. 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.

3. 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).

4. 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%.

5. 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).

6. 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.

7. 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.

PERCEIVED BENEFITS OF SVQs BY STAFF AND THEIR LINE MANAGERS

8. 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.

9. 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.

10. 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.

RECOGNITION AND PERCEPTION OF SQVs BY WORKFORCE PLANNERS AND STRATEGIC MANAGERS

11. 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.

USE OF SVQ DATA AND THE SKILLS OF CANDIDATES

12. 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 identity 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 there managers made use of their new skills – and only 9% said that their managers didn't make use of their new skills at all.

13. 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.

14. 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.

15. 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.

16. 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%).

17. 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.

NATIONAL STAKEHOLDER DISCUSSION

18. 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.

19. 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.

20. 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.

21. 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.

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, NES and other relevant organisations 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 (VQL Network) to raise and address key issues relating to the delivery and use of SVQs.
5. NES – through the VQL 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.