

Key Findings from the 2008 Skills for the Workplace: Employer Perspectives

Skills for Health

Final Report: April 2009

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Executive Summary

The 2007, Employer Perspectives Survey was conducted by the United Kingdom Commission for Employment and Skills¹. This major survey collected the views of over 13,500 employers, in England, Scotland, Wales and Northern Ireland on issues of skills, training and working practices. 505 of these interviews were conducted with health care providers.

The results of the survey present an encouraging picture for the health sector in terms of its investment in the development of those who work in it. It is evident that health care employers are working hard to develop and enhance the levels of skills in the sector. There are also indications that health care employers are deploying a range of 'High Performance Working Practices'.

Health sector employers also compare well to employers in the rest of the economy. The sector's employers report relatively low levels of staff turnover, they are also more positive about the overall contribution of the education sector in providing them with the skills they need.

The findings also highlight an important similarity that health care shares with employers throughout the economy. And that is, despite the range of management practices and recognition of formal certification, personality and attitude remain top influences in informing their recruitment decisions. Showing that in the end health care is about people looking after people.

This survey was conducted at what may now be viewed at the end of period of significant public, private and charitable sector investment. Since then, the economic and political environment has changed considerably. Public sector investments will be scrutinised in ever more detail. There will be a greater onus on how all investments, including those on development of people reflect on the quality and volume of care. In short how do these investments make people better?

Skills for Health will continue to monitor the overall levels of activity of training and development practices in the sector. It will also explore how care can be improved by the sharper deployment of skills in the sector. Skills for Health's current and previous analysis of skills and labour market intelligence for the sector can be viewed on www.skillsforhealth.org.uk/workforce-design-development/workforce-strategy/skills-labour-market-intelligence.aspx

¹ UKCES (2008) Skills for the Workplace: Employer Perspectives

Key points

Overall, the survey results for Skills for Health are similar to the national UK picture. The survey shows a stabilising picture in skills challenges, and a greater use of training and high performance working practices. The National Employer Skills Survey (NESS) 2007 also provides a similar picture i.e. one of falling recruitment difficulties, skills shortages, and employee skills deficiencies.

The health sector shows a relatively lower proportion of establishments reporting they have difficulties when looking to take on new recruits compared to the sector picture. Also health employers hold a more positive outlook on the education system in supplying sufficient number of young people equipped with the skills to enter employment.

- Two fifths of health establishments report having problems in finding suitably skilled new recruits, but this is lower than the 52% of all establishments reporting this.
- About a fifth of health establishments believe that the education system does NOT supply enough skilled people, it would also seem that the sector has a more positive outlook to the education system meeting their recruitment needs.

A consistent cause of skills gaps (as found in a related survey the NESS) are the new or inexperienced staff within the workforce. Thus, assessing the level of staff turnover is important.

- Three quarters of health establishments do not report staff retention is an issue causing them problems.

Compared to the all sector profile the health sector shows a higher proportion of its establishments with training plans and budgets, which then translates into comparatively high levels of the sector's establishments reporting they have funded or arranged training for their employees in the last 12 months. However, the survey also shows that more of the sector's establishments need to link their Human Resource strategies with their business strategies.

- About three quarters of the health sector's establishments have a training plan setting out the training required for the next year, whereas across all sectors it is only 48%.

Furthermore, the health sector also makes strong use of informal training practices such as supervision, shadowing and allowing staff to undertake tasks beyond their job role; this is particularly true for larger establishments.

Examination of High Performing Working Practices (HPWP) shows, once again, a relatively positive picture for health sector, as the sector's establishments are more likely (than the all sector picture) to use these practices.

- Adopting 10 out of the 16 HPWP is used to classify an establishment as a HPWP employer. On this basis, half of the sector's establishments are classed as HPWP, compared to only 30% across all sectors.

There does, however, appear to be more work to be done to ensure employers within the sector are aware of the range of training provision available, given that two fifths of health establishments report lack of knowledge as a barrier to (further) training, this is particularly an issue for smaller establishments. Awareness and understanding of SSCs although having increased since the last survey still have a long way to go before it is embedded within the sector.

- 17% of health sector establishments were aware (unprompted and prompted) of the Skills for Health SSC.
- Of those establishments that were aware of Skills for Health, only 14% state they have either a detailed or fairly detailed knowledge of what the SSC does, with a further 44% stating they have a patchy knowledge.
- Approximately 5% of the health sector establishments surveyed reported having ever had any dealings or had engaged with the Skills for Health SSC.

Information failure is also apparent in terms of unprompted knowledge of Vocational Qualifications (VQs) within the sector, although prompted knowledge is almost universal. There is also scope to improve the depth of understanding of VQs, and their usage within the sector, the most commonly used VQs are National Vocational Qualifications (NVQs) and Scottish Vocational Qualifications (SVQs).

- Only 25% of the sector's establishments report knowing a lot about VQs i.e. know fully what they are.
- Two fifths of establishments that have trained their staff in the last 12 months reported using VQs. Of those using VQs two thirds report that they trained staff to a VQ to fully or partially meet legislative requirements.
- The main benefit of VQs is seen as an increase in knowledge, and VQs are seen by establishments using them as relevant and flexible to their business needs.
- However, for those establishments not using VQs the main barrier to take up is cited as VQs not fitting with their business needs, suggesting there is a need to communicate more effectively with this group of employers.

When recruiting staff VQs are ranked lowest in value when assessing new recruits, whilst personality and attitude is ranked highest in value. Analysis of barriers to take up of VQs shows that a relatively high proportion of the sector views VQs as not fitting with their business needs.

The above aspects highlights the continuing need for employer dialogue and engagement in the on-going qualification and training reforms, as well as making the business case for skills development and deployment within the sector to face the challenges both now and in the future.

1. Introduction

1.1. Report purpose

This report provides the analysis for the health sector from the UK Commission for Employment and Skills (UKCES) 2008 Skills in the Workplace: Employer Perspective survey. This is a major survey of 13,556 employers, 505 of which were in the health sector, which explores their experiences and perceptions of key aspects of the skills system across the UK. The achieved sample represents 1% of the 51,440 establishments located within the health sector.

The survey was first undertaken by the Sector Skills Development Agency (the UKCES's predecessor organisation) in 2003, then in 2004, 2005 and 2007/08 (with some changes) to provide evidence on a range of employer issues that are important for the UKCES and Sector Skills Councils (SSCs) such as Skills for Health to understand.

Aspects explored in the survey include; the skill challenges of employers, how they respond to these through training practices, their use of and attitudes towards vocational qualification (VQs), the organisational practices they adopt which can help them absorb skills and training and how they view SSCs.

1.2. Coverage of the health sector

The Skills for the Workplace: Employer Survey 2008 defines the Skills for Health and other Sector Skills Council (SSC) sectors on a 'best fit' basis using Standard Industrial Classifications (SIC). For Skills for Health the survey coverage is based SIC03 85.1 – Human Health Activities, which is comprised of the following areas:

- SIC 85.11 – Hospital activities both public sector hospital activities including NHS Trusts (85.11/1), private sector hospital activities (85.11/2), and medical nursing home activities (85.11/3)
- SIC 85.12 – Medical practice activities
- SIC 85.13 – Dental practice activities
- SIC 85.14 – Other human health activities

▪ **Achieved sample by sizeband**

Table 1: Interviews Achieved by Sizeband within the Health Sector & All Sectors

Establishment Sizeband (Employees)	Achieved Unweighted Sample			
	Health Sector		All Sectors	
	Number	%	Number	%
2-4	19	4	1,672	12
5-24	107	21	4,296	32
25-49	119	23	2,517	19
50-249	201	40	3,689	27
250+	59	12	1,382	10
Total	505	100	13,556	100

Base: All Establishments

▪ **Achieved sample by UK country**

Table 2: Interviews Achieved by UK Country within the Health Sector

UK Country	Achieved Unweighted Sample	
	Health Sector	
	Number	%
England	341	67
Scotland	95	19
Northern Ireland	36	7
Wales	33	7
Total	505	100

Base: All Establishments

▪ **Achieved sample by sub-sector**

Table 3: Interviews Achieved by UK Country within the Health Sector & by Sub-Sector Groups

Sub-Sector Group	Achieved Unweighted Sample	
	Health Sector	
	Number	%
Sub-Sector 1 – SIC 85.11 (Hospital Activities)	221	44
Sub-Sector 2 – SIC 85.12 & 85.13 (Medical & Dental Practice Activities)	230	45
Sub-Sector 3 – SIC 85.14 (Other Human Health Activities)	54	11
Total	505	100

Base: All Establishments

1.3. Survey methodology summary

The Skills for the Workplace: Employer Perspective survey was conducted using Computer Aided Telephone Interviews (CATI) with employers conducted by IFF Research from their call centre in London between December 2007 and February 2008.

Interviews were undertaken at the establishment (for example local branch rather than head office) rather than the organisation level, as recruitment and training decisions are actually taken at this level

(within the overall organisational policy context), and skills supply problems experienced.

The sample and telephone contact details was drawn from the Experian Business Survey, but supplemented for the public sector with establishments sourced from the IDBR database.

Minimum quotas of 500 interviews were set for employers within each SSC footprint, and then distributed by employer sizebands. An additional 1,000 interviews were shared across establishments not covered by any of the SSCs. Finally, there was an additional set of quotas to ensure large enough base sizes in each constituent nation within the UK to allow analysis at this level.

Data was the grossed up to reflect the total business populations of establishments employing 2+ people using a sub-sector by sizeband grid for each SSC).

1.4. Report structure and notes

This report presents key findings from the Employer Perspectives survey 2008 and is divided into the following sections:

- Key Findings and Messages
- Skills Challenges
- Training
- High Performance Working Practices
- Vocational Qualifications
- Perceptions of Skills for Health
- Employer Expenditure on Training and Workforce Development

For tables and data presentation the standard conventions have been used:

- All percentages have been rounded to whole numbers – this may mean on occasion that percentages do not round to 100 per cent
- A N/A indicates that the value is less than 0.5 per cent
- In general only data with unweighted bases of more than 30 will be reported – however on occasions percentages will be provided with a lower unweighted base but with the bases clearly shown and with supporting caveats and cautions

2. Skills challenges

Section summary

This section of the report looks at the wide variety of skills and recruitment challenges that businesses face, including examining employers' perceptions of the challenges of recruiting employees with the right skills, the ability of the education system to supply potential employees with the right skill and the difficulties of retaining valued staff.

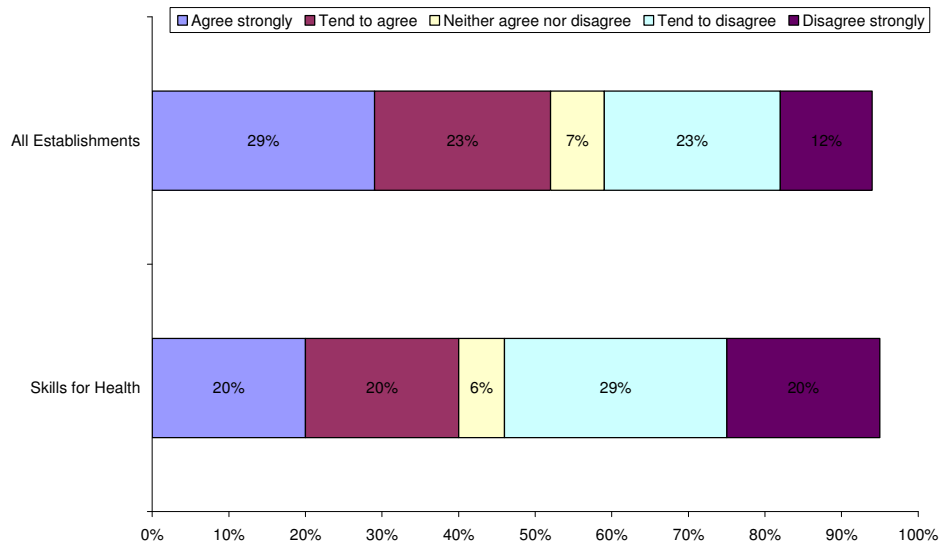
- Two fifths of health establishments report having problems in finding suitably skilled new recruits, but this is lower than the 52% of all establishments reporting this.
- About a fifth of health establishments believe that the education system does NOT supply enough skilled people, it would also seem that the sector has a more positive outlook to the education system meeting their recruitment needs.
- Given a consistent cause of skills gaps are new recruits, it is important to assess the issue of staff retention within the sector. Three quarters of health establishments do not report staff retention is an issue causing them problems.

2.1. Recruitment difficulties

All employers in the survey were asked the extent to which they have problems finding people with the skills they need when they are looking to take on new recruits.

Two fifths (40%) of health establishments surveyed agreed (strongly or tended to agree) that they had problems in finding suitably skilled recruits. This is a significantly lower percentage when compared to the 52% of all establishments surveyed agreeing they had difficulties finding people with the right skills. Almost half (49%) of health establishments disagreed with the statement (either strongly or tended to disagree), compared to 35% of all establishments.

Chart 1: Recruiting Staff with the Skills Needed – Agreement/Disagreement with the Statement



When looking to take on new recruits, we have problems finding people with the skills required

Source: Employer Perspectives 2008
Base: All Establishments

▪ **UK country**

Given the small unweighted sample bases outside of England, analysis of health employers' views, by which UK country they are located is limited. However, it appears that employers in England are less likely than establishments located elsewhere in the UK to describe problems recruiting suitably skills staff at 37%. Establishments in Northern Ireland are the most likely to report difficulties in recruiting people with the required skills, followed by Wales and then by Scotland (44%).

This pattern across UK countries mirrors that for all establishments within the Employer Perspectives survey.

▪ **Establishment size**

The difficulties finding suitably skilled new recruits seem to be less of a problem for larger establishments than for smaller ones. 45% of establishments employing between 5-49 employees agree they find it difficult to recruit people with the right skills, this compares to 34% of establishments employing 50+ employees.

▪ **Sub-sector group**

47% of establishments in Hospital Activities (Sub-Sector 1) reported they were agree (strongly or tend to agree) that when looking to take on new recruits they have problems finding people with the required skills. This compares to only 26% of Medical and Dental Practices (Sub-Sector 2) agreeing with this statement. The

unweighted sample base is too small to present any reliable results for Other Human Health Activities (Sub-Sector 3).

▪ **Whether part of a larger organisation or not**

Establishments that are part of a larger organisation that has a Head Quarters (HQ) function are the most likely to report difficulties in recruiting people with the required skills at 70%. Next are establishments that are part of a larger organisation but which doesn't have a HQ function at 48%, and least likely to report difficulties are establishments that are not part of a wider organisation at 39%.

▪ **Whether train or not**

41% of the establishments that have trained their workforce in the last 12 months report difficulty in finding new recruits with the right skills. This percentage then varies by whether the training that has taken place is only to meet legislation (48%) or the training provided is broader (33%).

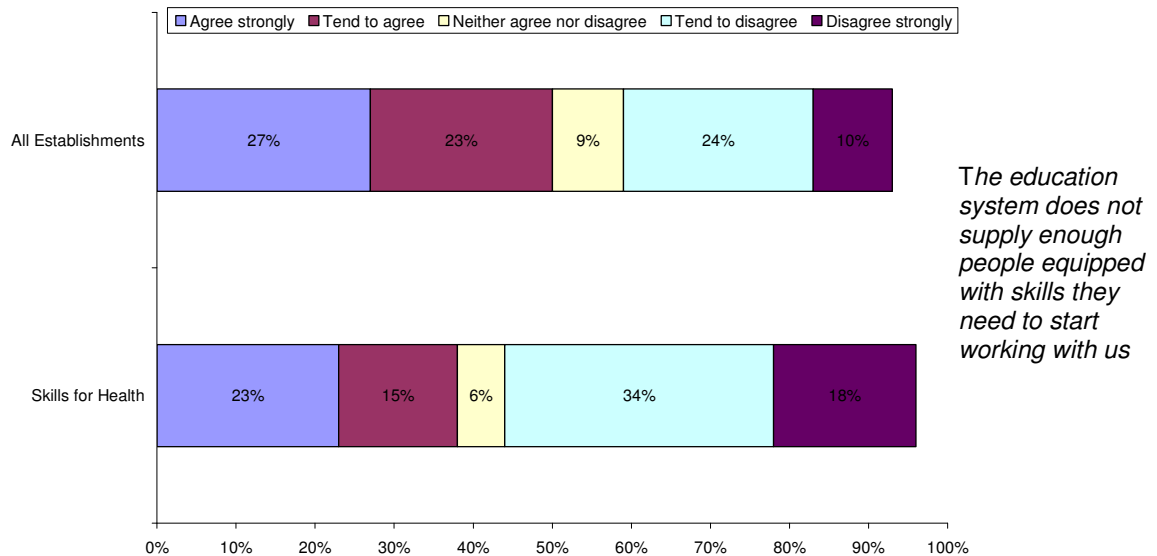
2.2. Education system skills supply

A key source of new recruits available to health employers is the young people leaving education. The National Employer Skills Survey (NESS) 2007 found that 33% of health establishments thought 16 year old school leavers were not (fully) prepared for work, followed by 17/18 college leavers at 31% of establishments and then university graduates at 14% of establishments.

In order to look at this issue all employers in the Employer Perspectives survey were asked the extent to which they agreed or disagreed that *'the education system does not supply enough people equipped with skills they need to start working with us'*.

Almost two fifths (38%) of health establishments agreed (either strongly or tended to agree) that the education system does NOT supply enough skilled people, with 56% disagreeing (either strongly or tending to disagree). Half of all establishments agreed that the education system does NOT supply enough skilled people. Therefore it would seem that the health sector have a more positive outlook on the adequacy of the education system in meeting their recruitment skill needs.

Chart 2: Supply of Skills through the Education System – Agreement/Disagreement with the Statement



Source: Employer Perspectives 2008
Base: All Establishments

▪ **UK country**

Wales, followed by Northern Ireland appears to have the greatest level of agreement with the statement 'the education system does not supply enough people equipped with the skills they need to start working with us', although this conclusion is based on a low unweighted sample base (below 30) and thus it is not appropriate to provide statistics for these two countries.

A similar percentage of establishments in England and Scotland (35% and 36% respectively) agreed with the statement regarding the education system.

▪ **Establishment size**

By establishment size it is the smaller establishments (5-49 employees) that are more likely to agree that the education system does NOT supply enough people equipped with the skills they need to start work at 45%, this compares to 33% of establishments with 50+ employees.

▪ **Sub-sector group**

By sub-sector it is Hospital Activities (Sub-Sector 1) that are more likely to agree that the education system does NOT supply enough people equipped with the skills they need to start work at 41% of establishments, whilst for Medical and Dental Practices (Sub-Sector 2) the percentage is 34%. The unweighted sample base is

too small to provide reliable data for Other Human Health Activities (Sub-Sector 3).

▪ **Whether part of a larger organisation or not**

Over half (56%) of establishments that are part of a larger organisation with a HQ function believe the education system is NOT supplying enough skilled people. 42% of establishments that are part of a larger organisation but without a HQ function believe this and only 34% of those establishments not part of a larger organisation.

▪ **Whether train or not**

41% of establishments that have trained in the last 12 months agree the education system is NOT supplying enough skilled people, rising to 44% of those who only provide training to meet legislation requirements. 38% of establishments that provide broader training agree with the statement.

2.3. Retention of valued staff

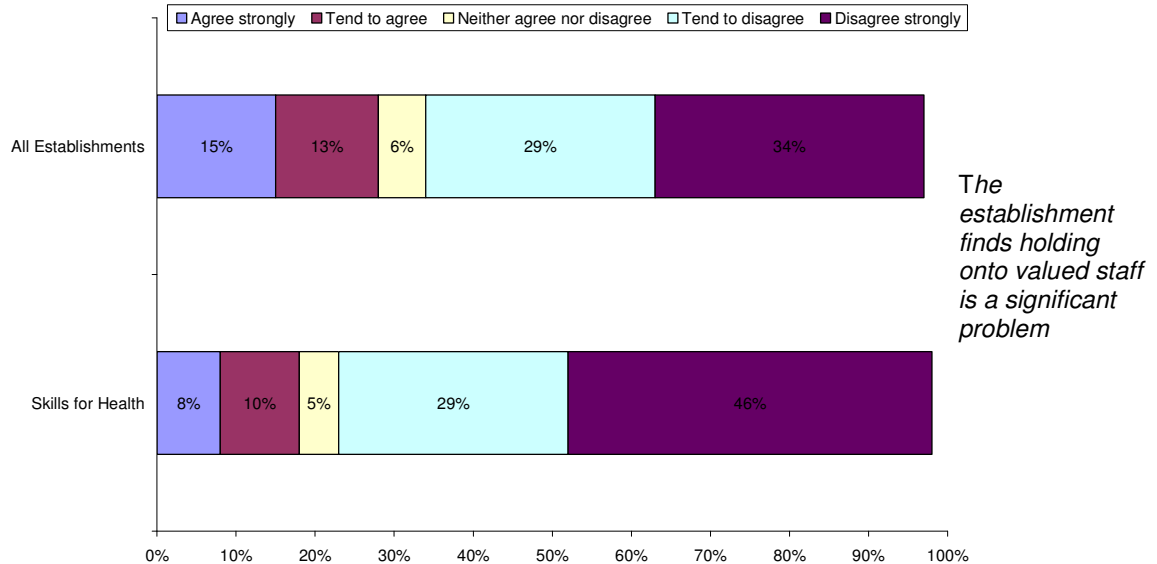
Establishments face internal skills challenges as well as those of recruiting suitably experienced and qualified staff. A consistent cause of skills gaps (found in NESS surveys) is where staff are new or inexperienced. It is therefore important to assess the level of staff turnover that is occurring in an establishment or within the health sector, as these establishments are more likely to have skills gaps and face recruitment difficulties and higher recruitment costs.

The CIPD has estimated that an average cost of filling a single vacancy is £4,667 or £5,800 when associated labour turnover costs are included (CIPD, 2008 – referenced in the IFF National Skills for the Workplace: Employer Perspectives report Nov 2008).

All health establishments were asked the extent to which they agreed or disagreed that holding onto valued staff presented them with a significant problem.

Three quarters (75%) of health establishments disagree (strongly or tended to disagree) that holding onto valued staff presented them with a significant problem. Nationally the percentage is 63% of establishments disagree with the statement.

Chart 3: Holding onto Valued Staff is a Significant Problem – Agreement/Disagreement with the Statement



Source: Employer Perspectives 2008
Base: All Establishments

▪ **UK country**

Health establishments located in England are the most likely to disagree with the statement that holding onto valued staff presented them with a significant problem at 80% of establishments.

Although based on very low unweighted sample bases it appears that establishments located in Wales are the most likely to agree that holding onto valued staff presented a significant problem, followed by those based in Scotland and the Ireland.

▪ **Establishment size**

Smaller establishments (5-49 employees) are more likely to disagree that that holding onto valued staff presented a significant problem at 75% of establishments, compared to 60% of establishments employing 50 plus employees.

▪ **Sub-sector**

Over four out of five (84%) of Medical and Dental practices (Sub-Sector 2) disagree that holding onto staff is a significant problem. Hospital Activities (Sub-Sector 1) are less likely to disagree (i.e. staff retention is more of a problem in this sub-sector) at only 68% of establishments.

- **Whether part of a larger organisation or not**

Establishments that are part of a larger organisation but without a HQ function are most likely to disagree that holding onto valued staff presented a significant problem at 80% of these establishments. Least likely to disagree are establishments that are part of a larger organisation with a HQ at 64%, and 70% disagree where the establishment is not part of a larger organisation.

- **Whether train or not**

Three quarters (75%) of establishments that train disagree that holding onto valued staff presented a significant problem, and there is no significant difference by type of training provided.

3. Training

Section summary

This section of the report looks at the training and workforce development activity amongst employers to gain an understanding of employers' response to training needs amongst their staff. It examines the extent to which employers plan and budget for training, the use of informal training practices, perceived barriers to investing in training and knowledge of where to seek help and advice.

- About three quarters of the sector's establishments have a training plan setting out the training required for the next year, whereas across all sectors it is only 48%.
- This is translating into comparatively high levels of establishments arranging or funding training within the sector, particularly larger establishments.
- The sector is also more likely to make use of informal training practices such as supervision, opportunities to shadow staff, and go beyond job role.
- The main barriers to offering (further) training are cost, time (unable to spare staff), and reluctance of staff to take up the training opportunities.
- Lack of knowledge is also apparent within the sector in terms of where to go for help and advice (outside of the organisation).

3.1. Training planning and budgets

Employers were asked whether they had a training plan which specified in advance what training employees would receive, and whether there is a site-specific budget for training expenditure.

Almost three quarters (72%) of health establishments had a training plan which specified in advance the type and level of training required for the coming year. This compares favourably to the 48% of all establishments with a training plan. 55% of health establishments had a site-specific budget for training expenditure, and this is higher than the national percentage for all establishments of only 36% a 19 percentage point difference.

Table 4: Training Budgets and Training Plans within the Health Sector

Training Plans & Budgets	% of Establishments	
	Health Sector	All Sectors
Has a training plan specifying the type and level of training required for the coming year	72	48
Has a site-specific budget for training expenditure	55	36
Weighted Base	51,440	1,743,075
Unweighted Base	505	13,556

Source: Employer Perspectives 2008
Base: All Establishments

- **UK country**

Health establishments within Wales would seem to be more likely to have training plans and budgets but the significance of the higher incidence needs to be treated cautiously due to the small sample base. Within England health establishments show a very similar percentage to that of all health establishments with 71% holding a training plan and 54% with a training budget.

- **Establishment size**

The larger establishments are more likely to have a training plan and budget for training, with 90% of those employing 50 or more having a training plan and 85% with a training budget. This compares to 75% of those employing 5-49 employees that have training plan and 58% with a training budget.

- **Sub-sector group**

Within the Hospital Sub-Sector (Sub-Sector 1) 81% of establishments (which tend to be larger) have a training plan and 77% have a sit-specific budget for training expenditure. Within the Medical and Dental practices (Sub-Sector 2) the percentages are 77% have a training plan but only 43% have a site-specific budget for training expenditure.

- **Whether part of a larger organisation or not**

The establishments that are part of a larger organisation that has a HQ function are the most likely to hold training plans and budgets at 93% and 78% respectively. 59% of independent establishments have training plans and 50% of these have training budgets, whilst 57% of establishments that form part of larger organisations but without a HQ function have training plans and 60% of these have training budgets.

- **Whether train or not**

As would be expected, a slightly higher percentage of health establishments that have trained in the last 12 months hold a training plan (80%) and have a training budget (59%).

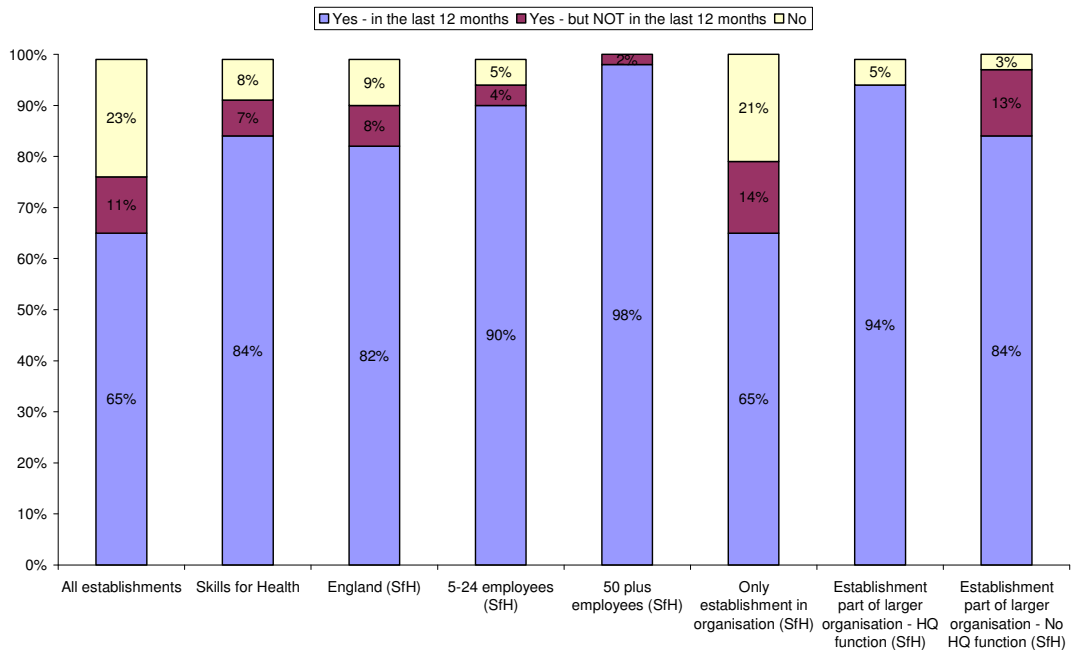
3.2. Training levels

Within the health sector there are comparatively high levels of establishments reporting they have funded or arranged any training for any employees in the last 12 months at 84% of establishments. This compares to 65% of all establishments nationally.

Chart 4 shows how the percentage of establishments reporting they have training staff in the last 12 months varies by a series of

establishment characteristics. Larger health employers (50 plus employees) are the most likely to have trained staff in the last 12 months at 98% of establishments, followed by establishments that are part of a larger organisation with a HQ function at 94% of establishments.

Chart 4: Training Status of Establishments



Source: Employer Perspectives 2008
Base: All establishments

Establishments not part of a larger organisation or those that are but without a HQ function show a relatively high percentage of establishments 14% and 13% respectively as having training but not in the last 12 months i.e. 'lapsed trainers'.

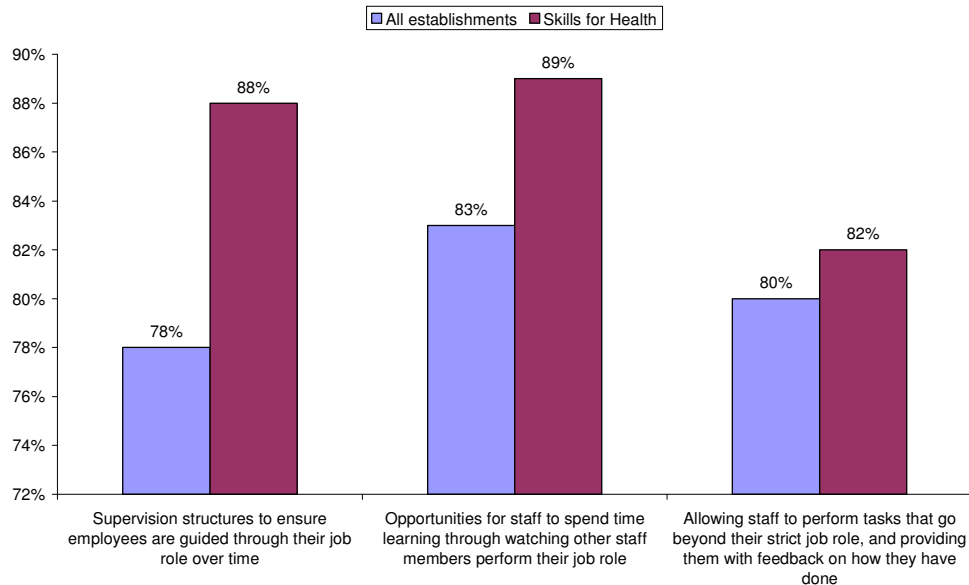
3.3. Informal training practices

As well as formal training practices, establishments have other more informal methods at their disposal to help their staff develop skills and capabilities. It is therefore important to examine the role of informal training and supervision amongst employers. Employers in this survey were asked if they used any of the following methods to develop their employees' skills:

- Supervision structures to ensure employees are guided through their job role over time
- Opportunities for staff to spend time learning through watching other staff members perform their job role

- Allowing staff to perform tasks that go beyond their strict job role, and providing them with feedback on how they have done

Chart 5: Use of Informal Training Practices



Source: Employer Perspectives 2008
Base: All establishments

As well as being more likely than all establishments to conduct formal training, health establishments are also more likely to use informal training practices as well.

The analysis by IFF of the link between all establishments offering formal and informal training found that establishments with informal training practices use these to complement formal training, rather than as an alternative to conducting formal training.

Larger establishments are more likely to use supervision and provide opportunities to learn by watching other staff than smaller establishments. Whereas smaller establishments are more likely to allow staff to perform tasks outside of their job role and then provide feedback on how well they performed.

Medical and Dental practices (Sub-Sector 2) are more likely to use supervision and allow staff to perform tasks outside of their job role and then provide feedback on performance than in Hospital Activities (Sub-Sector 1). Sub-Sector 1 is more likely than Sub-Sector 2 to provide opportunities for staff to spend time learning through watching the performance of others whilst doing their job.

3.4. Barriers to training

All establishments surveyed were asked what barriers (from a list) they felt prevented them from funding or arranging (more) training for their employees.

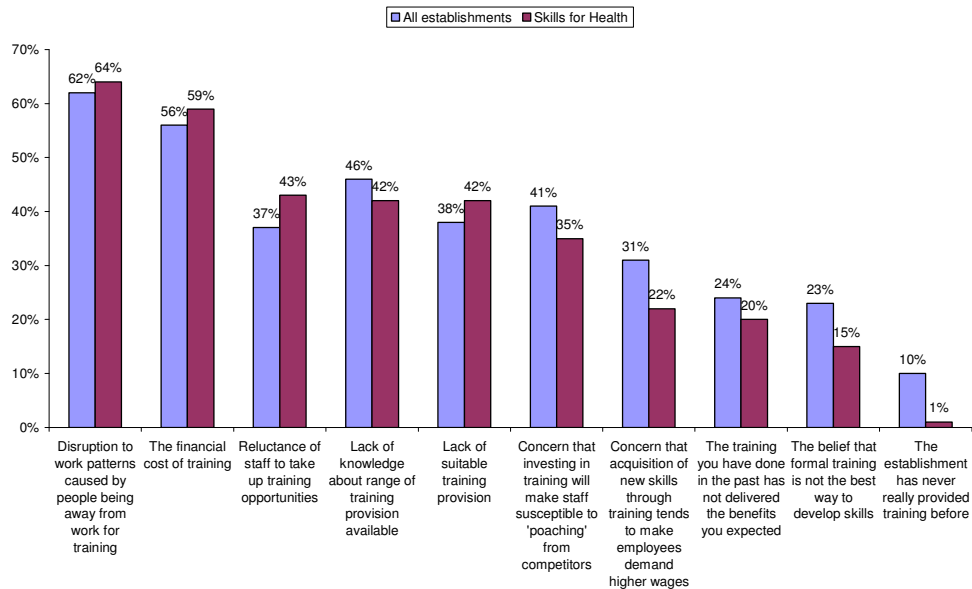
Chart 6 shows that it is the concern regarding disruption to work (64%) followed by the financial cost of training (59%) that are the two most cited barriers to training in the health sector and mirrors the national picture. It is interesting to see the third more cited barrier within the health sector is a reluctance of staff to take up training opportunities at 43% of establishments, compared to 37% of all establishments.

There still appears to be work to do to ensure employers within the sector are aware of the range of training provision available as 42% of health establishments reported lack of knowledge as a barrier to (further) training. Also that the training provision is seen as suitable given 42% of the sector establishments see there is a lack of suitable provision.

Health establishments are slightly less concerned than nationally that training will make staff susceptible to poaching at 35% of establishments in the sector compared to 41% nationally across all sectors.

Smaller establishments are in general more likely to show a higher percentage across the range of barriers reporting these as an issue for their business. By sub-sector it is the Medical and Dental practices (more likely to be smaller organisations) that show a higher percentage of establishments reporting barriers, particularly the 'disruption to work patterns caused by people being away from work for training'.

Chart 6: Barriers to (further) Training



Source: Employer Perspectives 2008
Base: All establishments

3.5. Access to help and advice

Lack of knowledge about available provision is an important barrier to employers funding or arranging training for their employees. Therefore the survey explored how confident employers were about to whom to approach (outside of their organisation) to access help and advice on skills and training related issues. Also the organisation(s) they would approach for advice and help and their overall (unprompted) awareness of business support organisations.

Four out of five (80%) of health establishments report they are either very confident (32%) or fairly confident (48%) about knowing where to go outside of their organisation for help and advice on skills and training issues. This percentage compares favourably to the 72% across all sectors.

Table 5: Confidence in Terms of Knowing Where to go for Skills/Training Help or Advice

Level of Confidence	% of Establishments				
	All Establishments	Health Establishments	England	Size 5-49	Size 50+
Very/Fairly confident	72	80	82	77	87
Not very/Not at all confident	27	19	16	19	10
Weighted Base	1,743,075	51,440	43,425	30,325	5,160
Unweighted Base	13,556	505	341	226	260

Source: Employer Perspectives 2008
Base: All Establishments

Although it needs to be treated cautiously it would appear that less health employers located in Wales report they are very or fairly confident in knowing where to go for skills/training help or advice.

Larger employers (50 plus employees) are more likely to report they are very or fairly confident in knowing where to go for help or advice on skills or training at 87% of employers compared to 77% of those employing 5-49 employees.

Establishments that are part of a larger organisation with a HQ function are the most likely to report they are very or fairly confident on seeking skills or training help or advice at 87% of employers. Least likely to be confident are those that are part of a larger organisation but without a HQ function at 73%, whilst 81% of those that are independent establishments are very or fairly confident.

Interestingly (given the profile is one of smaller establishments), it is the Medical and Dental practices (Sub-Sector 2) that show a higher percentage (83%) reporting they are very or fairly confident in knowing where to go for information, help or advice on skills or

training-related issues from someone outside the organisation. For the Hospital Activities (Sub-Sector 1) the percentage is 76%.

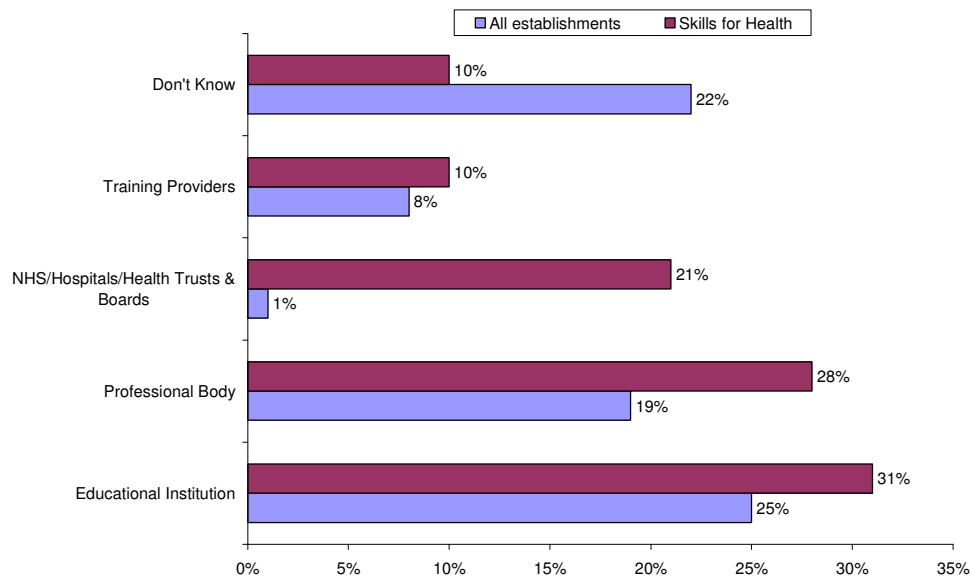
3.6. Organisations that establishments approach for information or advice

All establishments except those that had previously stated they were not at all confident in who to approach for help or advice on skills or training were asked to list (unprompted) those organisations they would approach for help and advice on training.

The interpretation of these results needs to be treated with caution because they compare individual organisations such as the Learning and Skills Council (LSC), SSC and Business Link as well as types of organisations such as educational institutions.

The five main organisations cited by health establishments that they would approach for information or advice are presented in Chart 7 below and how they compare to the all sector picture. The other organisations mentioned did not achieve a response rate that allows analysis to be presented due to the low unweighted sample base.

Chart 7: Organisations Establishments would Approach for Information or Advice



Source: Employer Perspectives 2008

Base: All Establishments with some idea who to approach for information, help or advice on skills or training-related issue

3.6.1. Overall awareness of business support organisations

All employers were asked to list, again unprompted, all those organisations that they were aware of that provided help and advice on skills or training-related issues, regardless of whether or not they would approach them.

Again, the results should be treated with some caution, as they compare individual organisations, with types of organisations.

Unique to the health sector is the high percentage of establishments mentioning the NHS/Hospitals/NHS Trusts & Boards that they are aware of that provides help or advice on skills or training-related issues at 22% of establishments. Only 6% of health establishments mentioned Business Link, half that for all establishments at 12%. Positively a lower percentage of health establishments' state they don't know or aren't aware of any organisations at 6% compared to 14% of all establishments.

Table 6: Overall Awareness of Business Support Organisations

Level of Confidence	% of Establishments	
	All Establishments	Health Establishments
NHS/Hospitals/Health trusts & boards	1	22
Training Providers	13	13
Business Link	12	6
Don't know	14	6
Weighted Base	1,743,075	51,440
Unweighted Base	13,556	505

Source: Employer Perspectives 2008

Base: All Establishments

4. High performance working practices

Section summary

This section of the report examines the organisational practices employers adopt to help them absorb training and skills amongst their workforce, referred to as High Performance Working Practices (HPWP).

- Examination of High Performing Working Practices (HPWP) shows, once again, a relatively positive picture for the health sector, as the sector's establishments are more likely (than the all sector picture) to use these practices.
- Adopting 10 out of the 16 HPWP is used to classify an establishment as a HPWP employer. On this basis, half of the sector's establishments are classed as HPWP, compared to only 30% across all sectors.
- 80% of health establishments report having a link between their Human Resources strategy and their business strategies, again relatively high compared to the all sector percentage of 69%.

Formal and informal training practices are examined alongside twelve others.

Training Plan	Business Plan
Training Budget	Creates Teams to Work on Projects
Training Needs Assessment	Individual Performance Related Pay
Conduct Staff Appraisals	Flexible Benefits
Formally Assess Performance	Accredited IIP
Conducted Training in the Past 12 Months	Accredited ISO 9000
Work shadowing/Stretching/Supervision	Performance Bonuses
Employee Consultation	Consults with Trade Unions

4.1. Extent of high performance working practices

Chart 8 shows the extent of HPWP within the health sector and how this compares to the all sector profile.

As was already demonstrated, the vast majority of establishments offer at least one of the informal training practices (work shadowing, 'stretching' or supervision structures) therefore it is no surprise that this is by the far the most common area of High Performance Working Practice, with 98% of health establishments adopting it.

Over nine out of ten (94%) of health establishments conduct appraisals of their staff (nationally the percentage is 74%). Over eight out of ten (84%) of health establishments have conducted formal training in the last 12 months (nationally the percentage is 65%), and 83% have conducted training needs assessments (nationally the Chart is 61%).

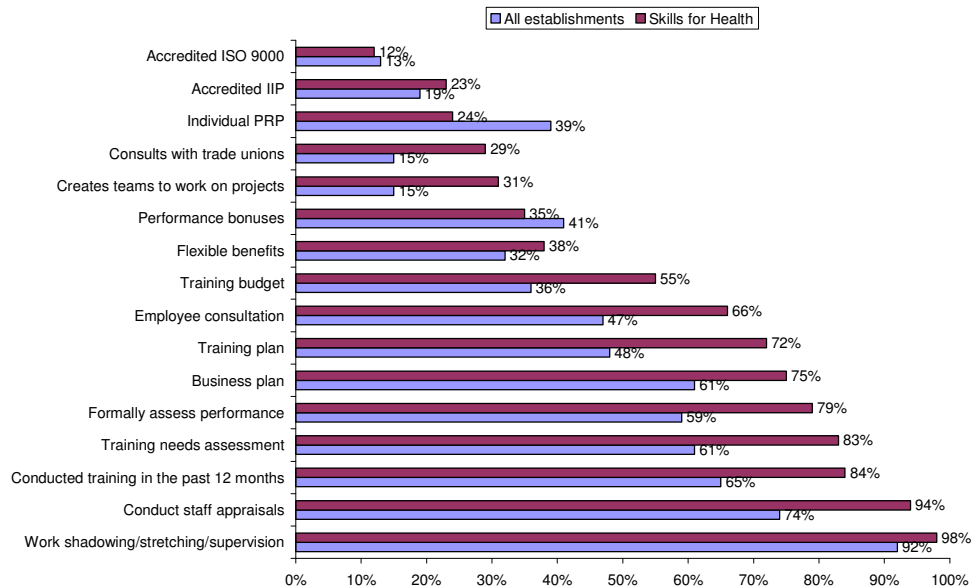
Almost eight out of ten (79%) health establishments report they formally assess performance of staff, this compares to only 59% of all establishments – a twenty percentage point difference.

Around three quarters of health establishments either have a business plan (75%) or a training plan (72%), whilst two-thirds (66%) consult with employees, this compares to only 47% of all establishments. Just over a half (55%) of health establishments have a training budget, compared to 36% of all establishments.

A round a third of health establishments offers flexible benefits (38%), or performance bonuses (35%) or creates teams to work on projects (31%). Almost three out of ten (29%) consult with trades unions.

Approximately a quarter of health establishments either offer individual performance related pay (24%) or have Investors in People accreditation (23%). Only 12% of establishments have achieved ISO 9000 accreditation.

Chart 8: HPWP amongst Health Establishments



Source: Employer Perspectives 2008
Base: All Establishments

4.1.1. Average number of HPWP and whether undertake 10 or more HPWP

In order to assess the extent to which establishments can generally be thought of as adopting HPWP a measure of 10 out of the 16 has been taken. The belief is that it is not always appropriate for businesses of all sizes and in all sectors to adopt all of the practices, therefore 10 has been used as a reasonable benchmark to measure those who are closer to high performance working practices.

Table 7: Average Number of HPWP's and the Percentage of Establishments Adopting 10 or More HPWP's

Level of Confidence		
	All Establishments	Health Establishments
Average number of HPWPs Undertaken at Establishment	7.2	9.0
Whether Undertake 10 or More HPWPs at Establishment	30%	51%
Weighted Base	1,743,075	51,440
Unweighted Base	13,556	505

Source: Employer Perspectives 2008
Base: All Establishments

Over half (51%) of health establishments are engaging in ten or more HPWPs, this compares very favourably to the 30% across all establishments.

Larger establishments (50 plus employees) are much more likely to be engaging in ten or more HPWPs at 81% of establishments, compared to only 52% of those employing 5-49 employees.

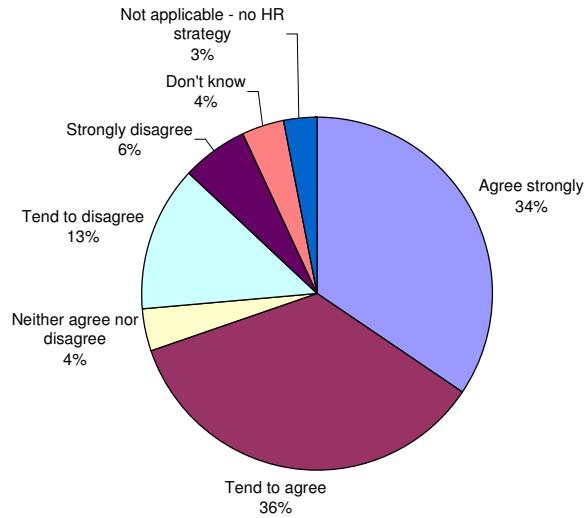
Hospital Activities (Sub-Sector) do engage in an average of 10 out of 16 HPWP's and therefore can be seen as a HPWP sub-sector, whereas Medical and Dental practices (Sub-Sector 2) engage in an average of 9 HPWP's, just below the HPWP sector threshold.

4.2. Link between human resources and business strategies

For Human Resources (HR) planning to be strategic it needs to link to the overall business strategies i.e. skills needs are driven by business needs and any if the two are disconnected it could reduce the effectiveness of both.

The survey asks employers to indicate the extent to which they agree or disagree that their HR strategy is closely linked with their overall business strategy.

Chart 9: Linkage between HR and Business Strategies – All Establishments



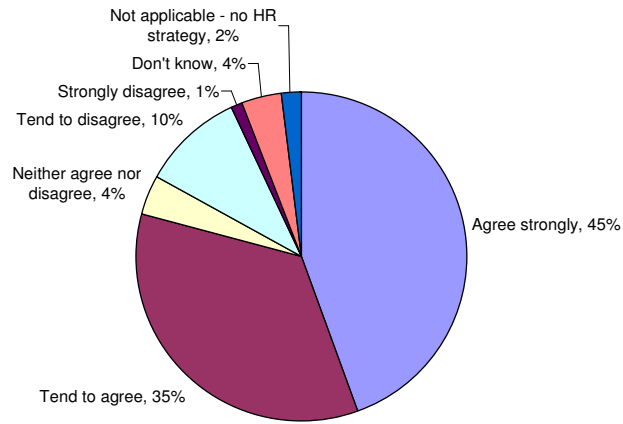
Source: Employer Perspectives 2008
Base: All Establishments

Chart 9 shows the percentage of establishments that agree or disagree that their HR strategy is closely linked with their overall business strategy across all sectors, whilst Chart 10 shows the percentage across establishments just within the health sector.

Four out of five health establishments either strongly agree (45%) or tend to agree (35%) that their HR strategy is closely linked to the establishments overall business strategy. Nationally the percentage is only 69%. Only 11% of health establishments either tend to disagree (10%) or strongly disagree (1%) with the statement, compared to 19% of all establishments.

There is little variation in the percentage agreeing or disagreeing with the statement when analysed by business size, or other business characteristics.

Chart 10: Linkage between HR and Business Strategies – Health Sector



Source: Employer Perspectives 2008
Base: All Establishments

5. Vocational qualifications

Section summary

This section of the report explores the awareness, knowledge, and usage of Vocational Qualifications (VQs) as well as general perceptions of VQs and benefits of, and barriers to, their take-up.

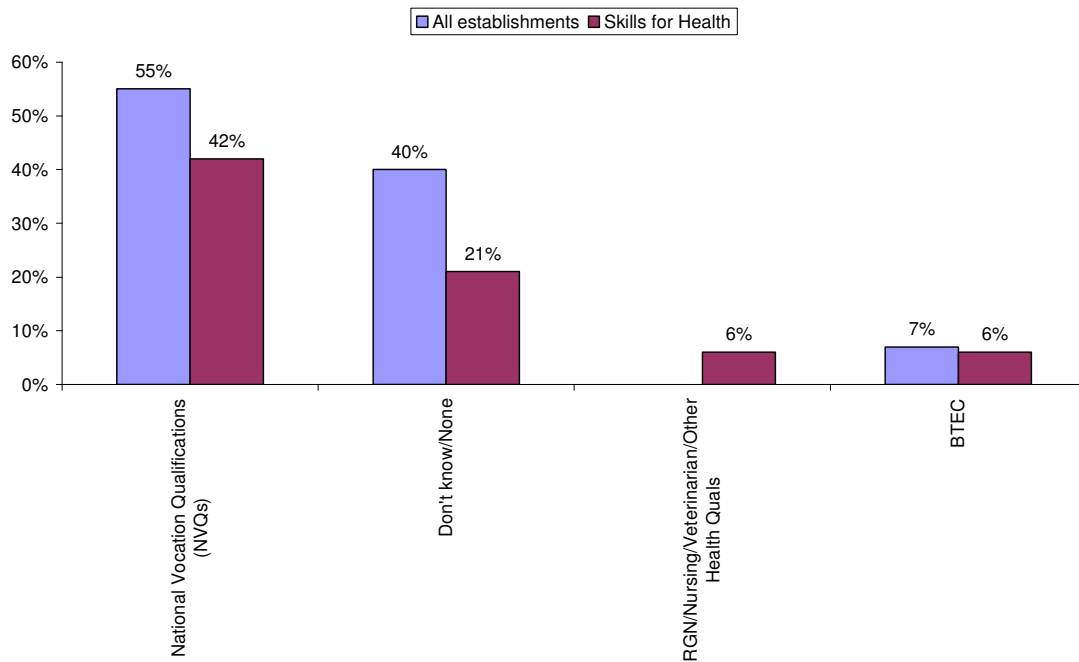
- There are some issues within the sector on the level of unprompted awareness of Vocational Qualifications (VQs), despite the health sector comparing favourably to the all sector profile
- There is also still plenty of work still to be done within the health sector to increase the depth of understanding of VQs amongst establishments, particularly smaller ones – only 25% of the sector’s establishments report knowing a lot i.e. know fully what they are
- Two fifths of establishments that have trained their staff in the last 12 months reported using VQs. Of those using VQs two thirds report that they trained staff to a VQ to fully or partially meet legislative requirements
- When recruiting the sector’s establishments rate VQs lowest in terms of value when assessing new recruits, while personality and attitude are rated highest in terms of assessing the value of a new recruit
- The main benefit of VQs is seen as an increase in knowledge, and VQs are seen by establishments using them as relevant and flexible to their business needs
- However, for those establishments not using VQs the main barrier to take up is cited as VQs not fitting with their business needs, suggesting there is a need to communicate more effectively with this group of employers

5.1. Awareness and Knowledge of Vocational Qualifications

▪ Unprompted awareness of VQs

Establishments were asked to name (unprompted) all the Vocational Qualifications they could think of (“top of the mind” awareness) and then were prompted with a list of different types of VQs.

Chart 11: Linkage between HR and Business Strategies – Health Sector



Source: Employer Perspectives 2008
Base: All Establishments

The VQ that health establishments are most aware of are NVQs with 55% of establishments mentioning this unprompted, nationally 42% of all establishments mentioned NVQs unprompted.

The percentage of establishments mentioning unprompted other VQs then drops dramatically with 6% of health establishments mentioning either Nursing or other health qualifications, with another 6% mentioning BTEC qualifications. Outside of these qualifications the percentage of Health employers mentioning them unprompted is too small to be reliably analysed and presented.

Larger establishments (employing 50 or more employees) were more aware of NVQs at 79% of establishments within the health sector.

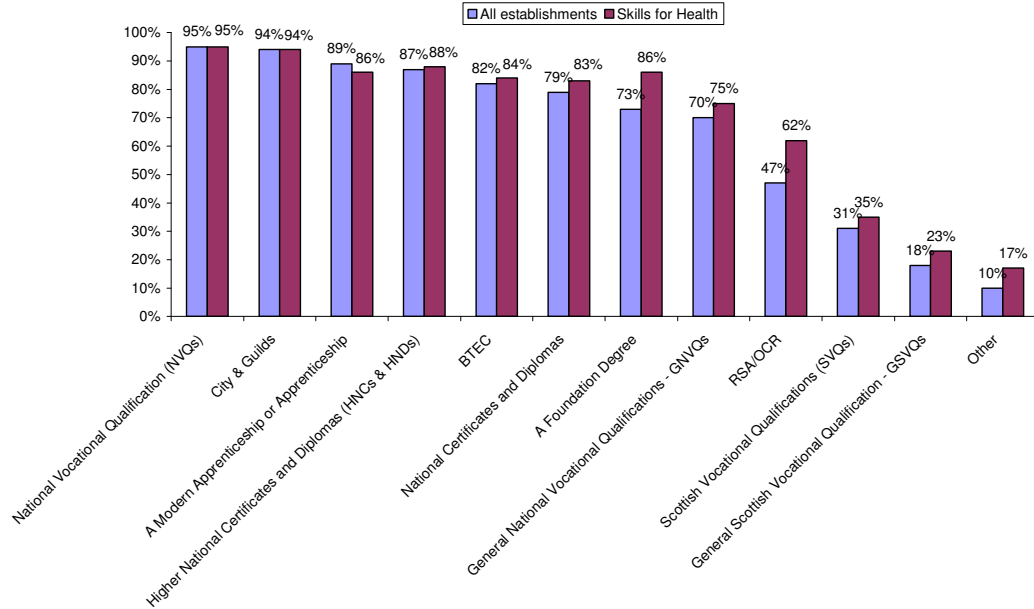
Around a fifth (21%) of health establishments can not spontaneously name any type of VQ, which suggests there is still work to be done to promote VQs. However, the sector compares favourably to the all sector percentage of 40% unable to name any VQs unprompted.

▪ Prompted awareness of VQs

When establishments were prompted the picture on the awareness of VQs changes dramatically. There is almost universal awareness of NVQs (95%) with the health sector once

establishments are prompted, followed closely by City & Guilds VQs at 94% of establishments.

Chart 12: Prompted Awareness of Vocational Qualifications



Source: Employer Perspectives 2008
Base: All Establishments

Prompted awareness is high for all types of vocational qualifications, except for Scottish qualifications but this is reflective of the fact that only 19% of establishments within the sector are located in Scotland. Scotland based establishments within the health sector show a 93% awareness of Scottish Vocational Qualifications (SVQs), and 43% awareness of General SVQs.

Apart from Scottish VQs there is limited variation in prompted awareness among employers in the different countries of the UK.

The gap in levels of awareness between employers of different sizes is generally much smaller on a prompted basis than unprompted.

5.2. Depth of knowledge of Vocational Qualifications

As well as establishing the breadth of employers' awareness, the Employer Perspectives survey also explored the depth of their knowledge. Employers who were aware of NVQs or SVQs and/or other VQs were asked how much they knew about them, using a scale from 'a lot – fully know what they are' to 'only the name – nothing more is known about them'.

- **Level of knowledge of NVQs/SVQs**

Almost three quarters (73%) of health employers (aware of these VQs) claim to either know a lot (25%) or have broad understanding (48%) of NVQs/SVQs, this compares to only 58% of all establishments.

However, there is still plenty of work still to be done given over a quarter (27%) of these employers report either having only a vague idea (17%) or no idea about NVQs/SVQs (10%) other than the name, but again this percentage compares favourably to the 42% of all establishments with a vague or no idea.

In-depth knowledge for NVQs/SVQs increases with the size of the organisations, 72% of employers with 5-49 employees have a lot or a general understanding of NVQs/SVQs compared to 88% of employers with 50 plus employees.

The unweighted sample bases do not allow for reliable analysis by UK country.

Establishments that form part of a larger organisation with a HQ function are the most likely to have in-depth or general knowledge on NVQs/SVQs at 83%, least are independent establishments at 67%.

Table 8: Depth of Knowledge of NVQs/SVQs

Depth of Knowledge – NVQs/SVQs	% of Establishments	
	All Establishments	Health Establishments
A lot – know fully what they are	16	25
A bit – have a broad general idea of what they are	42	48
Not much – just have a vague idea of what they are	27	17
Only the name – don't know anything else about them	15	10
Weighted Base	1,666,619	49,146
Unweighted Base	13,162	500

Source: Employer Perspectives 2008

Base: All Establishments Aware of NVQs/SVQs

▪ Level of knowledge about other Vocational Qualifications

There is a significantly lower percentage of health employers reporting in-depth knowledge (9%) or general understanding (47%) of other vocational qualifications at 56% of employers; nationally the percentage is 46%.

43% of the sector employers only have a vague idea or no idea (other than the name) of what other vocational qualifications are, this rises to 54% across all sectors. Therefore there appears to be much more work required to raise employers' understanding of the full range of vocational qualifications.

Again, there is a slight rise in knowledge of other VQs from smaller to larger organisations.

Table 9: Depth of Knowledge about Other Vocational Qualifications

Depth of Knowledge – Other VQs	% of Establishments	
	All Establishments	Health Establishments
A lot – know fully what they are	7	9
A bit – have a broad general idea of what they are	39	47
Not much – just have a vague idea of what they are	34	27
Only the name – don't know anything else about them	20	16
Weighted Base	1,725,497	51,396
Unweighted Base	13,404	503

Source: Employer Perspectives 2008

Base: All Establishments Aware of Other VQs

5.3. Use of Vocational Qualifications

It is obviously important to not only raise awareness and understanding amongst employers of the full range of VQs open to them but also to assess the usefulness of VQs to those employers using them in their training and workforce development practices.

5.3.1. Use of Vocational Qualifications in training funded or arranged by employers

As discussed in section 3 of the report 84% of health establishments have funded or arranged training for at least some of their employees in the 12 months prior to the survey, rising to 91% having done so at any time in the past.

The most commonly used VQ are those such as NVQs/SVQs which are designed to provide skills to specific occupations with 52% of the sector's employers using these in their training for all establishments that have trained their staff at some point in the past, dropping to 40% of the sector's employers that have trained some of their staff in the last 12 months.

Next in popularity are those qualifications that will support a person's general employability skills such as IT training qualifications with 43% of employers' in the sector using these (if ever trained) and 33% of those establishments that have trained some staff in the last 12 months.

The qualifications least used in the sector are those designed to support or lead to further learning, such as A levels with only 7% of all sector establishments that have ever trained some of their staff reporting using these, dropping to 6% for those who have trained some of their staff in the last 12 months.

Table 10: Vocational Qualifications Trained to in the Last Year or Ever

Vocational Qualifications Used	% of Establishments			
	All Establishments		Health Establishments	
	In Last Year	Ever	In Last Year	Ever
Arranged training intended to lead to a vocational qualification designed to provide skills for specific occupations (e.g. NVQs, SVQs, BTECs, Apprenticeships)	25	32	40	52
Arranged training intended to lead to a vocational qualification designed to provide skills for a broad range of occupations (e.g. GNVQs, GSVQs)	3	4	6	10
Arranged training intended to lead to a vocational qualification designed to increase general employability by providing life skills (e.g. IT qualifications such as ECDL)	18	23	33	43
Arranged training intended to lead to a qualification designed to lead to or support further learning (e.g. non-vocational GCSEs, A Level or Higher)	4	5	6	7
Arranged training intended to lead to any other type of vocational qualification	15	19	26	29
Weighted Base	1,743,075		51,1440	
Unweighted Base	13,556		505	

Source: Employer Perspectives 2008

Base: All Establishments

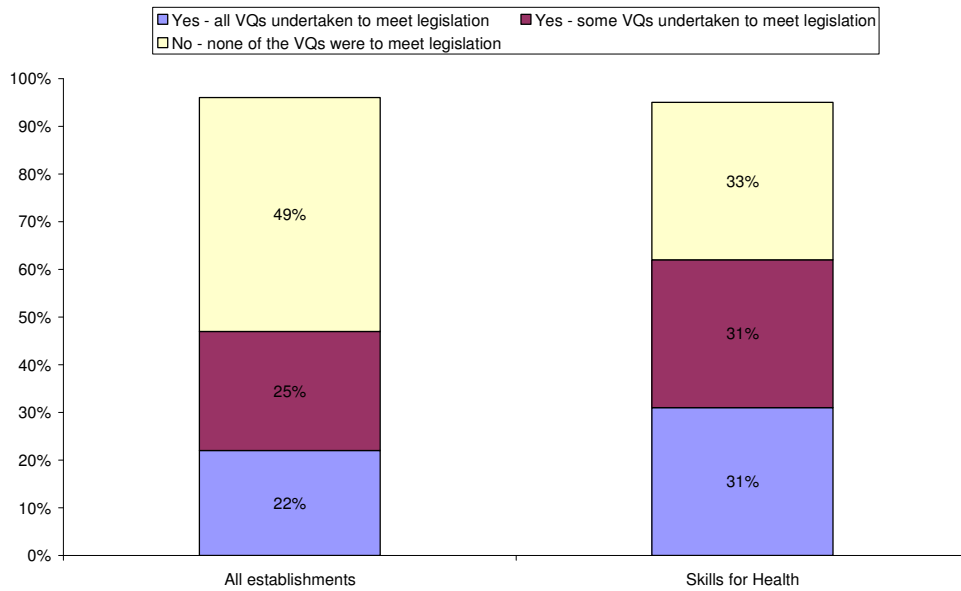
5.3.2. Training to meet legislative requirements

Employers who had ever trained their staff to VQs were asked whether all, some or none of the training was undertaken to meet legislative requirements in order to explore the extent to which employers use and place a value on VQs for reasons other than legislation.

Within the health sector there is an almost even split between those establishments that have trained staff to a vocational qualification only when legislation required (31%), whilst another 31% had trained staff to VQs at least some of the time to meet legislation, leaving 33% that had trained staff to VQs without being required to by legislation.

The low underlying sample bases do not allow for much further analysis. By establishment size there is some difference in the percentage of establishments stating that none of the VQ training was for legislative reasons. For smaller establishments the percentage is 39% falling to 25% amongst establishments employing 50 or more employees.

Chart 13: Prompted Awareness of Vocational Qualifications



Source: Employer Perspectives 2008

Base: All establishments who have funded or arranged training in any vocation qualifications

5.3.3. Training to NVQs/SVQs

Of those who had trained to vocational qualifications² 53% had used NVQs/SVQs in their training either in totality or for some qualification training. Just over two fifths (44%) of establishments have not used NVQs/SVQs at all in their funded or arranged training.

Table 11: Whether VQs Trained to were NVQ/SVQs

Whether NVQs/SVQs	% of Establishments			
	All Establishments	Health Establishments	Size 5-49	Size 50 plus
Yes – all are NVQs/SVQs	32	28	26	35
Yes – some are NVQs/SVQs	24	25	29	41
No	42	44	44	21
Weighted Base	763,120	35,986	21,565	4,819
Unweighted Base	8,397	425	172	242

Source: Employer Perspectives 2008

Base: All establishments who have funded or arranged training in the first three types of vocational qualifications

The largest establishments were the most likely to use NVQs/SVQs, amongst those employing 50 or more employees 76% of the sectors establishments have used NVQs/SVQs in their

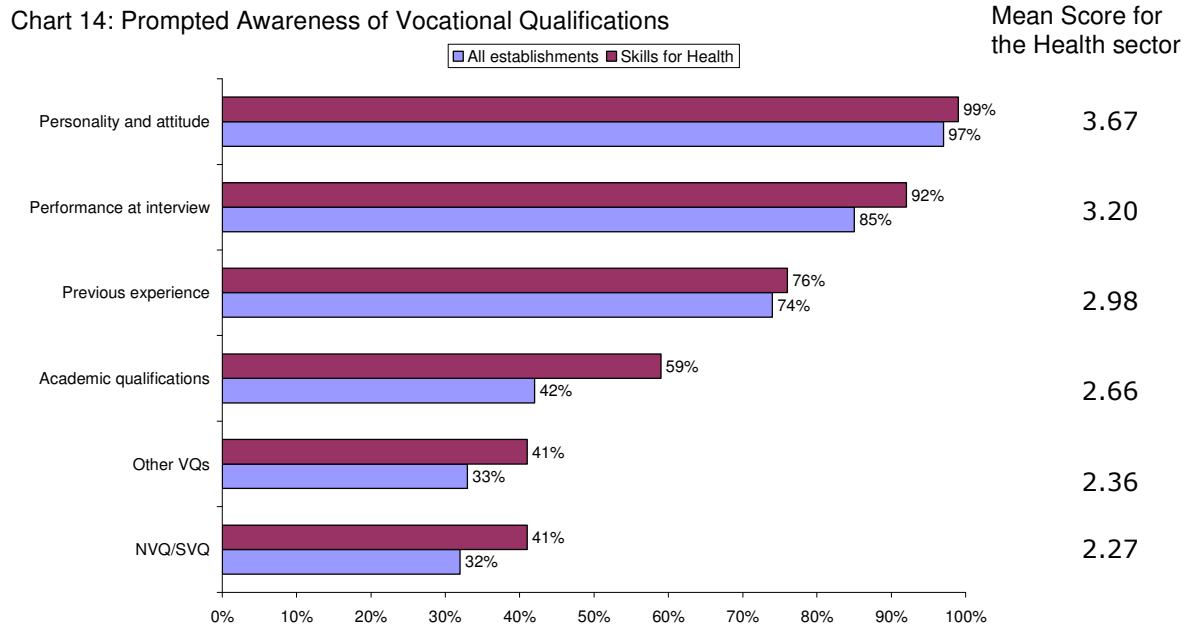
² That is training to a VQ designed to (a) provide skills for specific occupations (b) provide skills for a broad range of occupations or (c) increase general employability

training, compared to 55% of those employing between 5-49 employees.

Although it needs to be treated cautiously (given the low unweighted sample base) health establishments located in Scotland would appear to be less likely to use NVQS/SVQs in their funded or arranged training.

5.3.4. Use of Vocation Qualifications in recruitment

As well as measuring the extent to which employers fund or arrange training leading to VQs, the survey explored the extent to which employers value VQs in new recruits. Employers were asked how much they valued a range of factors when assessing new recruits. For each factor answers were given on a four point scale with 1 indicating that the factor had no value during the recruitment process, 2 that it had a small amount of value, 3 that it has significant value and 4 that it was critical. For each factor, the proportion of all establishments who said that it had significant value or was critical is presented in Chart 12 below for the health sector and across all sectors, with mean scores (out of 4) presented on the right-hand side.



Source: Employer Perspectives 2008
Base: All Establishments

Of those factors explored with establishments NVQs/SVQs and other VQs are rated the least important when employers are recruiting new recruits. The factors that are rated most highly are those aspects that rely on the employers' judge in the recruitment process as such personality and attitude (99%) and performance at the interview (92%).

Next aspect in the rated important is relevant previous work experience at 76% of establishments rating this as of significant or critical value.

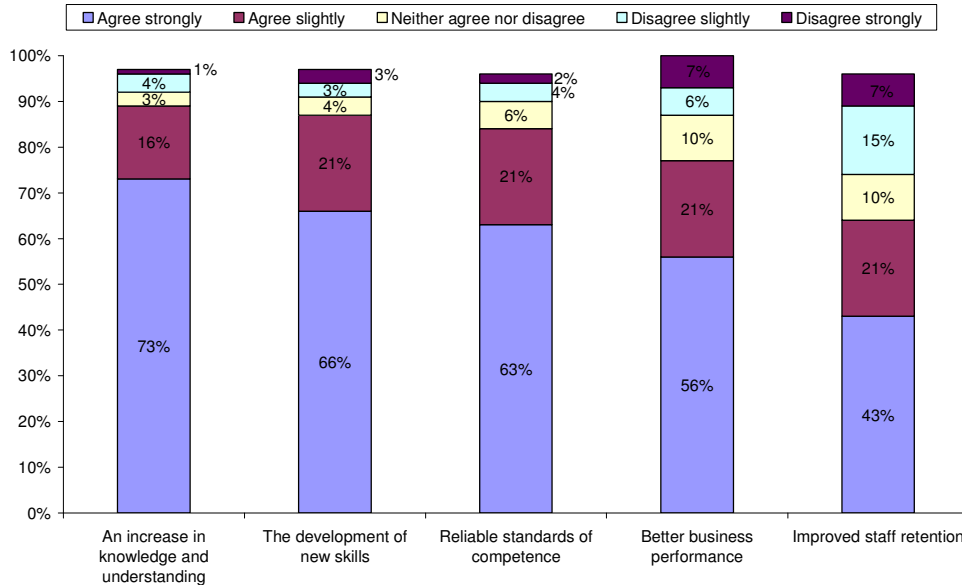
Formal qualifications whether academic or vocational show a significantly lower rating of importance by the sector's employers (and employers more generally).

There is little variation in the mean scores when analysed by UK country or business characteristics.

5.4. Benefits of Vocational Qualifications to employers

All employers in the survey (regardless of whether or not they trained to VQs) were asked their opinions of how VQs might help their business, by saying whether or not they agree strongly (given a rating of 100), agree slightly (50), neither agree or disagree (0), disagree slightly (-50), or disagree strongly (-100) that a number of benefits would happen. Chart 15 presents the percentage profiles for each benefit of vocational qualifications employers were asked to agree or disagree with.

Chart 15: Benefits of Vocational Qualifications – Health Establishments



Source: Employer Perspectives 2008
Base: Health Establishments

Table 12: Benefits of Vocational Qualifications

Benefits of VQs	Mean Scores of Agreement with Benefit Statements	
	Mean Score - All Establishments	Mean Score –Health Establishments
An increase in knowledge and understanding	73	79
The development of new skills	65	75
Reliable standards of competence	61	69
Better business performance	50	57
Improved staff retention	35	41
Weighted Base	1,743,075	51,440
Unweighted Base	13,556	505

Source: Employer Perspectives 2008
Base: All Establishments

There was most agreement that VQs brought about an increase of knowledge and understanding with 73% of health establishments agreeing strongly that VQs do bring this business benefit, followed those agreeing strongly VQs bring about an increase of new skills at 65% of establishments.

Fewest employers with the sector strongly agreed that VQs bring about increased staff retention at 43%.

Larger employers tend to provide a higher average mean score across all of the categories, possibly indicating the greater importance they attach to VQs, or their greater ability to reap the rewards of training staff using VQs.

5.5. Relevance and Value of Different Qualifications to Employers

In order to understand employers opinions in terms of how they rate different types of qualifications in terms of the relevancy and value to their establishment they were asked to rate a number of different qualification types on a scale of 1 to 10 in terms of how far they provide relevant and valuable skills - where 1 means not relevant or valuable and 10 means extremely relevant and valuable.

Table 13: Relevancy and Value of Different Types of Qualifications

Benefits of VQs	Mean Scores of Agreement with Benefit Statements	
	Mean Score - All Establishments	Mean Score – Health Establishments
Other VQs (apart from NVQ/SVQs)	5.1	6.0
Degrees	4.8	5.9
NVQs/SVQs	4.9	5.8
Qualifications up to A levels or Highers	5.0	5.5
Weighted Base	1,743,075	51,440
Unweighted Base	13,556	505

Source: Employer Perspectives 2008

Base: All Establishments

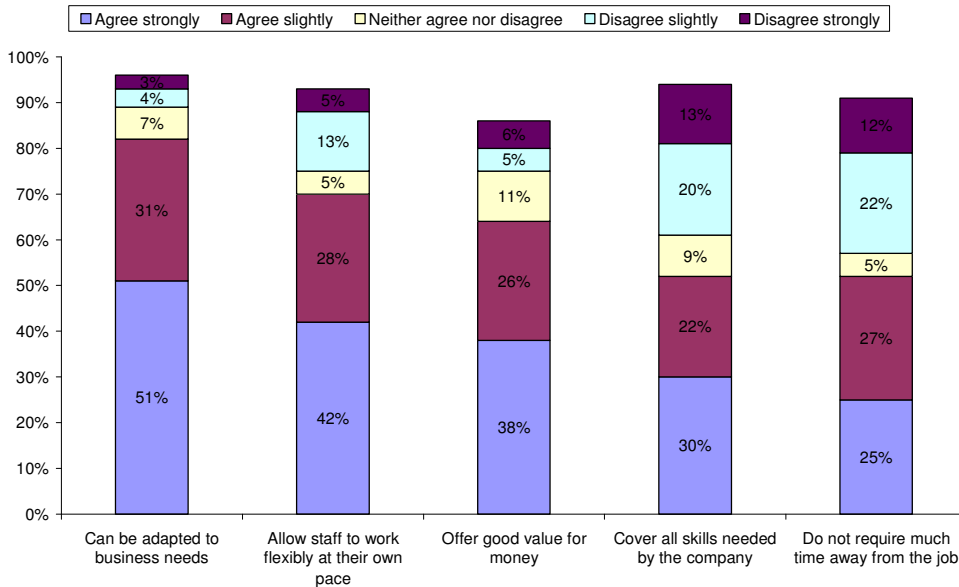
Based on mean scores health employers rate VQs (that aren't NVQs/SVQs) as most relevant and valuable to their establishment with a mean score of 6.0, closely followed by degrees with a mean score of 5.9, then NVQs/SVQs at 5.8. Overall, there is little variation in the mean score from other VQs to the least rated 'A levels or Highers with a mean score of 5.5.

Again, the larger establishments in the sector (and across all sectors) are more likely to give a higher rating to each type of qualification – again, possibly due to better knowledge and utilisation of the benefits of using qualifications within their workforce development activity.

5.6. Flexibility of Vocational Qualifications

All establishments were asked to indicate how flexible they perceived VQs to be in a number of different ways and how good value for money they were. They were asked to rate their agreement with statements where agreed strongly (rated +100), agree slight (+50), neither agree/disagree (0), slightly disagree (-50) and strongly disagree (-100).

Chart 16: Flexibility of Vocational Qualifications – Health Establishments



Source: Employer Perspectives 2008
Base: All Health Establishments

82% of health establishments agree either strongly or slightly that VQs can be adapted to the business needs, followed by 70% agreeing that VQs allow staff to work flexibly at their own pace. Least agreement is found with the statement that VQs do not require much time away from the job, at 52% of health establishments.

Table 14: Flexibility of Vocational Qualifications

Flexibilities of VQs	Mean Scores of Agreement with Flexibility Statements	
	Mean Score - All Establishments	Mean Score – Health Establishments
Can be adapted to business needs	55	65
Offer good value for money	42	50
Allow staff to work flexibly at their own pace	34	49
Cover all skills needs by the company	16	19
Do not require much time away from the job	20	16
Weighted Base	1,743,075	51,440
Unweighted Base	13,556	505

Source: Employer Perspectives 2008
Base: All Establishments

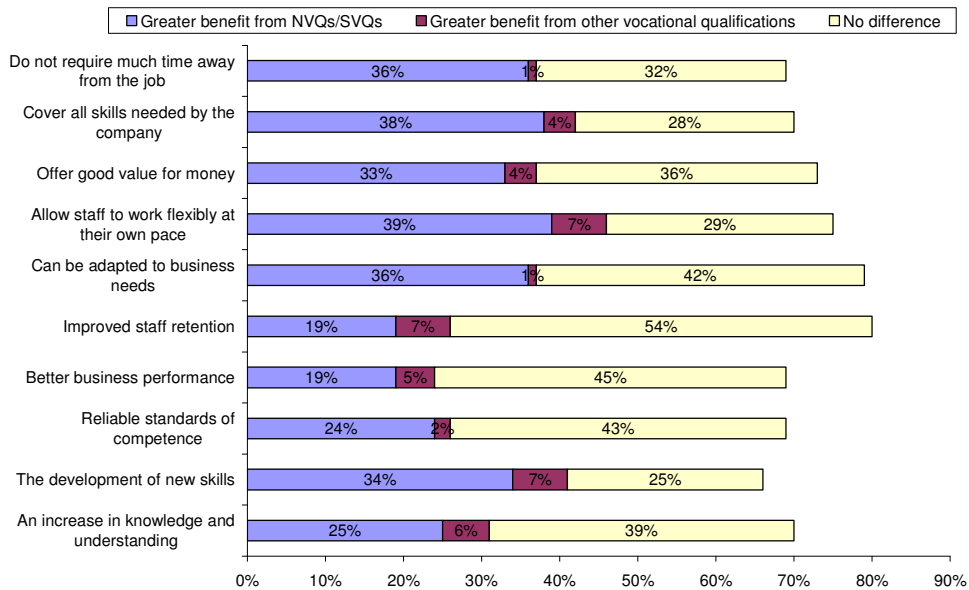
When the statements are analysed by their mean scores, then VQs offer value for money is ranked second with a mean score of 50, top remain VQs can be adapted to business needs with a mean of 65. The two areas of flexibility that show the lowest mean scores i.e. very weak agreement with the statements are that VQs

cover all the skill needs of the company with a mean score of 19 and that they do not require much time away from the job with a mean of 16.

5.7. Comparison of NVQs/SVQs and other Vocational Qualifications

Already shown is the greater brand awareness of S/NVQs compared to other VQs in terms of top of mind awareness and levels of training. Employers who trained to both S/NVQs and other VQs were asked which brought the greater benefits to the business in a number of respects – across the business benefits and flexibilities – for those establishments that agreed with each statement.

Chart 17: Relative Benefits of NVQs/SVQs and other Vocational Qualifications – Health Establishments



Source: Employer Perspectives 2008

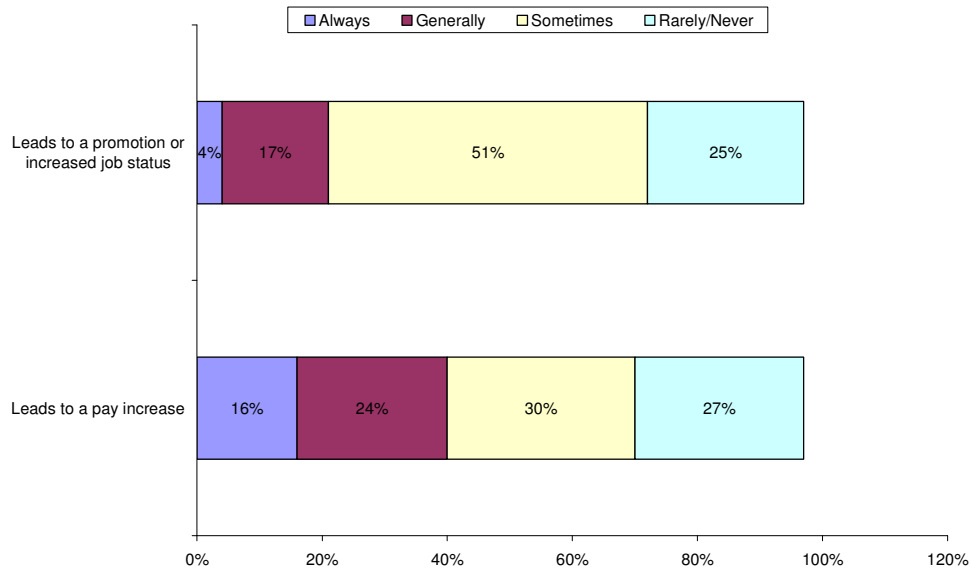
Base: All establishments who have trained to both S/NVQs and other VQs and agree with each statement

Chart 17 shows that the NVQ/SVQ brand is perceived as being more beneficial to businesses than other VQs by providing better skill, knowledge, staff retention, flexibility, and value for money. The difference across each aspect is very striking; generally the proportion considering NVQs/SVQs to provider greater benefits is between 20-30 percentage points higher. However, this should also be balanced by the fact that around 30-40% for each aspect thought there was no difference. Also as was shown in Chart 12 employers in the sector show a slight favouring of other VQs compared to NVQs/SVQs when recruiting.

5.8. How Vocational Qualifications reward individuals

Employers who had funded or arranged training for some of their staff towards a VQ were asked what the benefits were for their staff in terms of pay and job status (e.g. whether it led to a promotion).

Chart 18: Impact of Acquisition of VQs on Employee Pay and Promotion – Health Establishments



Source: Employer Perspectives 2008

Base: All establishments who have funded or arranged training in any vocational qualifications

Four out of ten (40%) of health establishments said that gaining a VQ either always or generally leads to a pay increase for their staff, this compares to 31% of all establishments across all sectors. A lower percentage of health establishments report that the gaining of a VQ always or generally leads to a promotion or increased job status at 21% of establishments, this compares closely to the 20% across all establishments.

A very similar proportion of health establishments reported that gaining a VQ rarely or never leads to either a promotion (25%) or a pay increase (27%); nationally the percentages are 31% and 33% respectively.

Unlike the national picture where gaining a VQ in a smaller establishment was more likely to lead to benefits to the individual within the health sector there was little discernable difference in percentages between those employing 5-49 employees, and those employing 50 plus –

the unweighted bases do not allow for a more detailed sizeband analysis within the sector.

Given the evidence that the gaining of VQs will in some led to improved pay or job promotion this message needs to be brought out more to overcome a key barrier to training which is lack of enthusiasm by staff – shown in the 5.9 below.

5.9. Barriers to greater take up of Vocational Qualifications

To get a rounded picture of employers' views on vocational qualifications it is also important to examine aspects of VQs that might be back the uptake of VQ training.

Employers who trained their staff but not to VQs (but who were aware of them were asked whether a number of factors were barriers to training designed to lead to VQs.

Table 15 presents the results on the barriers to the take up of VQs across all sectors and within the health sector. Percentages for each reason given (multiple responses) by establishments within the health sector have been provided but must be treated with caution given the very low underlying unweighted sample base of 42.

Table 15: Barriers to Uptake of Vocational Qualifications

Barriers to Uptake of VQs	% of Establishments	
	All Establishments	Health Establishments
VQs don't fit our business needs for any other reason	69	87
Staff don't want vocational qualifications	38	53
The Government does not provide funding or grants to cover the costs	33	51
Don't think VQs are as rigorous as other qualifications	17	34
Don't know enough about what VQs are available	33	33
VQs take too long to deliver	27	33
VQs are too expensive to deliver	29	31
VQs are too complicated for our needs/too much bureaucracy	32	31
Have tried VQs in the past and they don't work for us	11	22
Weighted Base	410,917	7,570
Unweighted Base	2,587	42

Source: Employer Perspectives 2008

Base: All establishments who have not funded or arranged training for vocational qualifications

The single most important reason for not training to VQs within the sector is the belief that VQs don't fit the business needs of the employer at 87% of establishments compared to 69% for all establishments. Next main reasons are the belief that staff don't want VQs at 53% and the Government does not provide funding or grants to cover the costs at 51% of the sector's establishments.

6. Perceptions of Sector Skills Councils

Section summary

This section of the report explores how employers engage with Skills for Health and their perceptions of the role of Skills for Health and its impact on the skills system. It assesses the level of awareness to identify establishments which can provide a more detailed consideration of Skills for Health (SSCs and the Skills for Business network). At the time of the survey the SSSA and the 25 SSCs comprised the Skills for Business network.

- 17% of health sector establishments were aware (unprompted and prompted) of the Skills for Health SSC.
- Of those establishments that were aware of Skills for Health, only 14% state they have either a detailed or fairly detailed knowledge of what the SSC does, with a further 44% stating they have a patchy knowledge.
- Approximately 5% of the health sector establishments surveyed reported having ever had any dealings or had engaged with the Skills for Health SSC.

6.1. Awareness and understanding of SSCs

Firstly, employers were given a chance to mention their SSC spontaneously as one of the organisations they would approach for advice on skills and training related issues, and then as one of the business organisations they were aware of.

Overall, 29% of all establishments surveyed within the Employer Perspectives survey (and who were covered by an SSC) were aware (both prompted and unprompted) of their SSC by its correct name, with a further 3% knowing the SSC by a previous name (e.g. a legacy name as the SSC network has evolved over a number of years).

Within the health sector, 17% of the establishments were aware of the SSC by its correct name (prompted and unprompted responses).

6.2. Awareness of elements of the Skills for Business Network

The survey sought to gauge awareness of the constituent parts of the Skills for Business Network amongst employers. Employers had two opportunities to mention each element (SSCs only, SSSA or the SfBN) on an unprompted basis either for advice on skills or training or as a business support organisations they were aware of, they were then prompted with each element of the network.

Table 16: Awareness of SfBN Elements

Awareness of SfBN Elements	% of Establishments	
	All Establishments	Health Establishments
Sector Skills Councils generally	21	17
The Sector Skills Development Agency	10	8
The Skills for Business Network	24	23
SSCs Only	9	7
SSDA Only	1	2
SfBN Only	15	17
All three	5	2
Any of three	38	36
Weighted Base	1,743,075	51,440
Unweighted Base	13,556	505

Source: Employer Perspectives 2008

Base: All establishments who have not funded or arranged training for vocational qualifications

The same percentage of the health sector's establishments is aware of the Skills for Health SSC and SSCs more generally, also at 17%.

Around a quarter of the sector's establishments and across all establishments report being aware of the Skills for Business Network at 23% and 24% respectively – although it must be remembered this includes prompted as well as unprompted awareness.

Around a third (36%) of the sector's establishments are aware of any of the three elements of the Skills for Business Network.

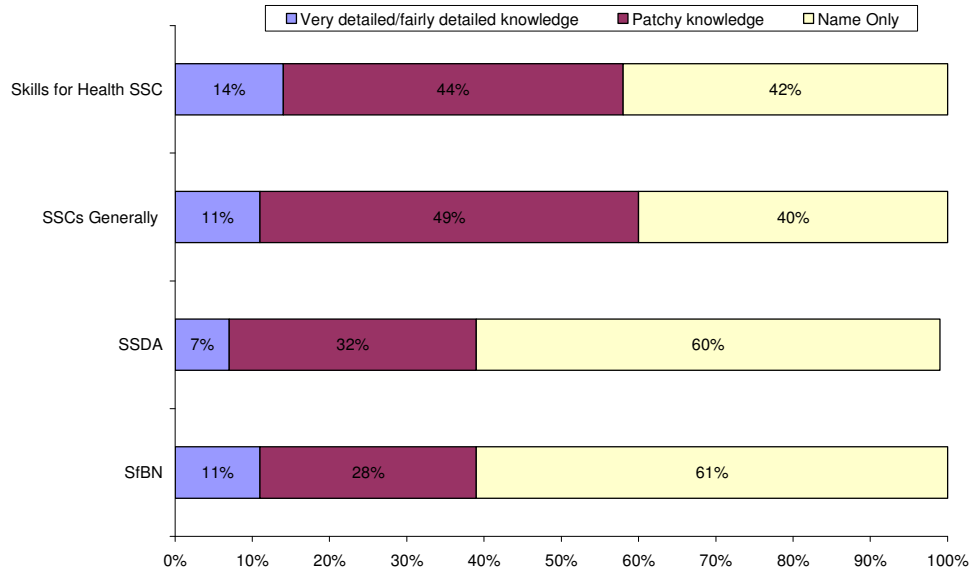
6.3. Understanding of SfBN, SSDA, SSCs and Skills for Health

Those establishments which were aware of an element of the network were asked about their level of understanding.

Around two thirds of the sector's employers awareness of the SfBN and SSDA only goes as far as knowing the name, whilst around two fifths of the sector's employers only know the name of Skills for Health or SSCs generally.

14% of those who were aware of Skills for Health state they have either a detailed or fairly detailed knowledge of what the SSC does, with a further 44% stating they have a patchy knowledge.

Chart 19: Levels of Understanding of Network Elements –Health Establishments



Source: Employer Perspectives 2008
Base: All aware of each element

6.4. Perceived role of Skills for Health

Those establishments which had at least a patchy knowledge of the Skills for Health SSC were asked what its role was.

The five main responses provided by sector establishments (aware of and with at least a reported patchy knowledge of the SSC) to the perceived role of the Skills for Health SSC are as follows:

1. Don't know – 30%
2. To run training courses for the sector's employees – 23%
3. To ensure relevant/quality training is available for the sector's employees – 23%
4. To develop skills among employees in the sector – 20%
5. To develop/maintain National Occupational Standards – 9%

It is interesting to see that 30% of those establishments in the health sector who claimed to have at least some understanding of the roles of their SSC were unable to say what its role was.

Overall, all establishments asked this question in the survey most frequently cited the running of training courses for the sector's employees as a known role of their SSC, with 28% of all establishments reporting this as an SSC role.

6.5. Engagement with Skills for Health

For the purposes of the Employer Perspectives survey, employers (at least partially aware of the role Skills for Health) were asked to say whether they had ever had any 'dealings' with the Skills for Health SSC. Of the 18% of establishments that fall into this category only 18% reported having had any 'dealings' with Skills for Health. Therefore only about 5% of those health sector establishments surveyed reported having ever had any 'dealings' or had engaged with the Skills for Health SSC.

6.5.1. Nature of engagement with Skills for Health

Establishments which had had dealings with their own SSC were asked about the type of dealings that had had with their SSC. For the small number of health establishments that fall into the category of having had dealings with their SSC, the main types of reported dealings are provided below from most reported downwards; no percentages have been provided due to the low unweighted sample base:

1. Obtaining a publication or accessing information or research about the sector
2. Attending a marketing event, employer event or conference, seminar or workshop
3. Training
4. Providing strategic leadership in skills for the sector
5. Vocational Qualifications relevant to the industry

Nationally, across all sector the most common response for employers' dealing with an SSC was to do with training, with 71% citing this (that fall into the question sub-group), followed by 41% citing VQs relevant to their industry and the obtaining a publication or accessing information at 46%.

6.6. Satisfaction with and impact of Skills for Health

▪ Satisfaction

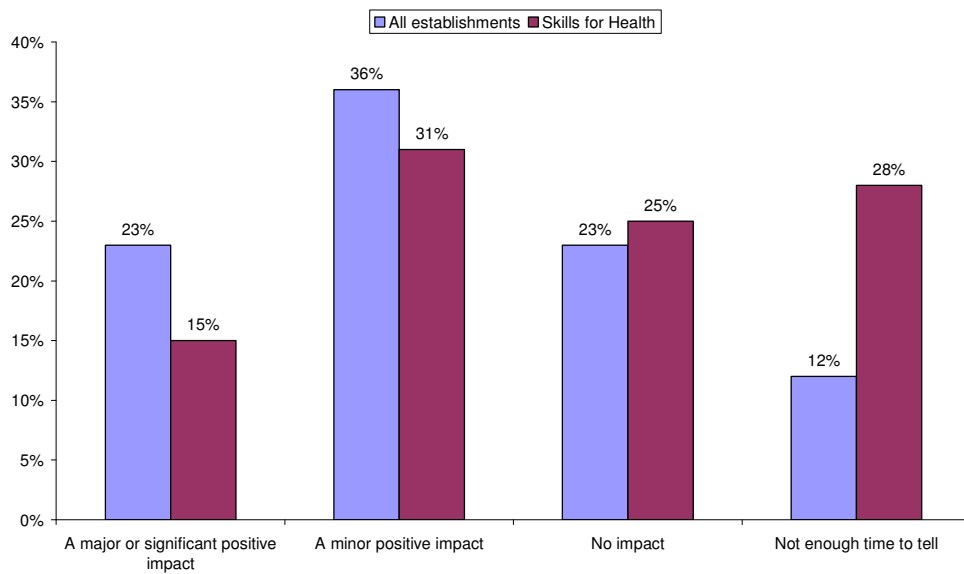
Of the 5% of health establishments surveyed who had had dealings with the SSC they were asked to rate their satisfaction with these dealing both overall and in relation to the specific dealings they had had. Given the very low unweighted samples bases no information is provided on the specific dealings and just the overall mean score is provided for overall satisfaction with their dealing with Skills for Health.

Establishments rated their experience on a scale of 1-10, with 1 meaning highly dissatisfied and 10 meaning highly satisfied. Health establishments (within the small sub-sample) had a mean score of 7.3, this compares to 6.3 for all establishments within the survey (again within the sub-sample).

▪ **Impact**

Establishments which had dealings with the Skills for Health SSC were asked about the impact of their SSC had had on their approach to skills development.

Chart 20: Impact on Establishment's approach to Skills Development



Source: Employer Perspectives 2008

Base: All establishments who have ever engaged with Skills for Health or their SSC in the last year

Of those who have had dealings with Skills for Health in 12 months prior to the survey 46% report either a major/significant or minor positive impact, a further 25% report no impact and 28% felt there had not been enough time to tell.

7. Conclusion

Overall, the survey results for Skills for Health are similar to the national UK picture. The survey shows a stabilising picture in skills challenges, and a greater use of training and high performance working practices. The National Employer Skills Survey (NESS) 2007 also provides a similar picture i.e. one of falling recruitment difficulties, skills shortages, and employee skills deficiencies.

The health sector shows a relatively lower proportion of establishments reporting they have difficulties when looking to take on new recruits compared to the sector picture. Also health employers hold a more positive outlook on the education system in supplying sufficient number of young people equipped with the skills to enter employment.

A consistent cause of skills gaps (as found in the NESS) are the new or inexperienced staff within the workforce. Thus, assessing the level of staff turnover is important. Again, the Employer Perspective Survey shows a relatively strong picture of staff retention within the health sector, with three quarters of health establishments disagreeing that staff retention was a significant problem. Nationally only two thirds of establishments disagree that staff retention is a significant problem.

Compared to the all sector profile the health sector shows a higher proportion of its establishments with training plans and budgets, which then translates into comparatively high levels of the sector's establishments reporting they have funded or arranged training for their employees in the last 12 months. However, the survey also shows that more of the sector's establishments need to link their Human Resource strategies with their business strategies.

Furthermore, the sector also makes strong use of informal training practices such as supervision, shadowing and allowing staff to undertake tasks beyond their job role; this is particularly true for larger establishments.

Examination of High Performing Working Practices (HPWP) shows, once again, a relatively positive picture for the health sector, as the sector's establishments are more likely (than the all sector picture) to use these practices.

There does, however, appear to be more work to be done to ensure employers within the sector are aware of the range of training provision available, given that two fifths of health establishments report lack of knowledge as a barrier to (further) training, this is particularly an issue for smaller establishments. Awareness and understanding of SSCs although having increased since the last survey still have a long way to go before it is embedded within the sector.

Information failure is also apparent in terms of unprompted knowledge of VQs within the sector, although prompted knowledge is almost universal. There is also scope to improve the depth of understanding of VQs, and their usage within the sector, the most commonly used VQs are NVQs and SVQs. Two thirds of establishments that had used VQs to train their staff was either to fully or partially meet legislative requirements.

When recruiting staff VQs are ranked lowest in value when assessing new recruits, whilst personality and attitude is ranked highest in value. Analysis of barriers to take up of VQs shows that a relatively high proportion of the sector views VQs as not fitting with their business needs.

The above aspects highlights the continuing need for employer dialogue and engagement in the on-going qualification reforms, as well as making the business case for skills development and deployment within the sector to face the challenges both now and in the future.