NHS Education for Scotland (NES)

Introduction

The NES LDP for 2014/15 shows a baseline RRL allocation of £390 million with additional anticipated recurrent allocations of almost £23m. This reflects the fact that over the last few years a number of allocations have been made to NES to support recurrent expenditure on an 'earmarked' basis. NES has been working very closely with SGHSCD to move these allocations into our baseline and are optimistic that this work will be completed during 2014/15. The impact of this would be that our RRL would rise to £413m which would more accurately reflect our committed expenditure.

In expenditure terms: £224m is committed to the payment of Training Grade salaries for trainees employed and delivering services in NHS Boards. A further £33m is committed to the salaries of GP Trainees employed by NES but working in GP Practices and £9m is spent on the Additional Costs of Teaching (ACT) monies; distributed by NES to NHS Boards to cover the additional costs of training undergraduate medical and dental students whilst they are on clinical placements. These amounts total £348million or 84% of the 'revised' NES RRL.

NES is unable to target any of these areas of expenditure for efficiency savings, as to do so would have a direct impact on NHS Boards – by reducing the compensation they receive for training undergraduates; or by reducing the number of trainees available to staff rotas and deliver services. As a result the balance of budget where NES needs to look for savings is reduced to £65m, or 16%. In this context our efficiency target for 2014/15 of £2.5m represents an efficiency saving of 3.8%.

Service development

1. Please give THREE examples of services that:

    (a) you plan to develop in 2014-15 (territorial boards should list local service developments, rather than national programmes)

Service	Expenditure 2013-14 £'000	Planned expenditure 2014-15 £'000
Additional Training for HealthCare Support Workers	120	250
Additional investment in Quality Improvement Training	120	200

Implementation of a Digital Strategy in Education and Training	100	200

(b) you would like to develop if you had additional funding i.e. what is next on your list of priorities? (territorial boards should list local service developments, rather than national programmes)

We have set aside modest funding in 2014/15 to provide additional training for Health Care Support Workers, but given the size of the population in this area we would certainly commit more funding to this if it were available to us.

(c) you plan to withdraw, restrict or reform in 2014-15 (please provide reason(s) and anticipated savings in 2014-15) (territorial boards should list local service developments, rather than national programmes)

We have no plans to withdraw or restrict services in 2014/15. Our Organisational Performance Improvement Programme continues to review areas in which we can reform the way in which we provide services; to improve quality and efficiency.

2. During 2014-15, do you plan to consult on the delivery of any specific services i.e. those resulting in significant service change?

No

Preventative spending

3. What specific preventative health programmes are included in your budget plans for 2014-15? (please give details of planned NHS board expenditure **over and above any ring-fenced allocations** in 2014-15 compared with 2013-14 within the categories shown)

Programme area	Expenditure 2013-14 £'000	Planned expenditure 2014-15 £'000
Smoking prevention/cessation	(Note 1)	
Weight management (child/adult)		
Childsmile	250 (Note 2)	311
Keep Well		
Maternal and infant nutrition	158 (Note 3)	53
Blood borne virus prevention	29	Note 4
Immunisation programmes	20	Note 4
Screening programmes		

Programme area	Expenditure 2013-14 £'000	Planned expenditure 2014-15 £'000
Sexual health programmes	10	Note 4
Drug and alcohol programmes	Note 1	
Other (please specify)		

Note 1: Within our CPD Programme for Pharmacists we run training on smoking prevention/cessation and drug & alcohol; however it is not possible to separate out the costs of these specific programmes within the overall total.

Note 2: Included here is the cost of 'Caring for Smiles' which is aimed at the vulnerable elderly, with the training being managed as part of the Childsmile programme.

Note 3: This forms part of more general midwifery training.

Note 4: We anticipate specific non recurrent funding from SGHSCD to support initiatives in these areas but do not yet have any confirmation.

Please note that in many instances additional funding for 2014/15 is not yet included in our financial plan as it is dependent on non recurrent allocations from SGHSCD which are not yet confirmed.

With regard to assessment of preventative spend programmes:

(a) What savings do you anticipate that these preventative spend programmes will deliver over the next 5-10 years (please provide specific examples)

Our role in all these programmes is in training and developing the workforce to deliver preventative programmes; as such we anticipate that any savings from the programmes will accrue to the Territorial Health Boards.

(b) Are the results of any such assessments reflected in your financial planning? (Please give any specific examples of how financial plans have been adjusted to reflect potential savings)

No, See above.

Change Fund / Integration Fund

4. With regard to the Change Funds:

(a) Please give examples of THREE services that will be funded using Change Funds in 2014-15? (please include details of Change Fund spending on these services in 2013-14 and 2014-15 and related outcomes)

(b) Have these programmes/services been evaluated? (If so, please provide details)

(c) Do you plan to continue to fund these services in 2015-16 through the Integration Fund?

Not Applicable to NES as a Special Health Board

5. Can you give examples of any specific services that you are developing with local authority and/or third sector parties as a result of the planned Integration Fund (please provide details of the service, along with planned investment by each partner)?

We have been working for some time with SSSC to develop and deliver training interventions that will support the integration agenda. Our investment here is in the region of £200k per annum.

Reducing inequalities

6. What specific programmes are aimed at reducing inequalities? (please include details of THREE services in the format shown below)

Programme	Expenditure 2013-14 £000	Planned expenditure 2014-15 £000	Outcome measures	Progress on outcome measures
Family Nurse Partnership	380	126	Better outcomes for teenage parents	
Parenting interventions	140	100	Improved social, emotional and developmental outcomes for infants and young children	
Health Inequalities Fellows	136	137	GPs better equipped and confident to work in practice in deprived areas	

Backlog maintenance

7. Please provide details of the THREE main actions in 2014-15 that will address backlog maintenance, providing:
   (a) details of the action (investment/disposal etc.);

   During 2014/15 we will complete the refurbishment of our leased office premises in 2 Central Quay, Glasgow. This development involved taking on some additional space, enabling us to exit from another commercial lease in Glasgow and focus our operations on a single building. The refurbishment allowed us to remodel the space, moving to no owned offices and in accordance with SFT space standards and the 'Smarter Offices' initiative and at the same time removes our backlog maintenance, and substandard accommodation issues in Glasgow.

   (b) planned expenditure/receipts from this action in 2014-15; and

   Planned expenditure in 2014/15 is £1.4m. However this covers the full refurbishment and remodeling costs which are designed to achieve many more improvements over and above tackling the long term maintenance issues.

   (c) the impact this will have on your overall level of backlog maintenance (high/medium/low risk)

   Will reduce proportion of estate requiring major works from 30% to 8%.

   (d) What proportion does your planned spending on backlog maintenance in 2014-15 represent of your total capital budget?

   Unable to respond to this as it is impossible to separate out the long term maintenance element of the spend (see b) above_

Brokerage

8. (a) Did you have any brokerage in 2013-14?

   No

   (b) If YES, was this brokerage anticipated at the start of the accounting period or did the requirement emerge during the year?

9. (a) Do you anticipate the need for any brokerage in 2014-15?

No

(b) If YES, how much would you anticipate requiring and for what purpose?

NRAC formula

10. What are your views on progress towards achieving NRAC parity?

This does not impact on NES as a Special Health Board.

Equalities

11. Please provide up to THREE specific examples of how the use of an equality and diversity impact assessment has influenced budget decisions.

Our operational planning system requires that planners assess the equality and diversity impact of all their planned activities at the planning stage. We do not plan to withdraw any services during 2014/15 and therefore we have not had to assess the impact of removal of funding.

We have taken into account equality and diversity issues in our investment decisions, particularly with regard to seeking to identify scarce resources to invest in education for Health Care Support Workers.

Sustainable development

12. Please provide up to THREE specific examples of how the NHSScotland sustainable development strategy has influenced budget decisions.

The main impact of the NHSScotland sustainable development strategy on our budget decisions has been on the decision to commit substantial resource in 2014/15 (following on from a similar commitment in 2013/14 and 2012/13) towards the consolidation and refurbishment of our property estate and move towards agile working, supported by our technology strategy. This has helped us achieve positive action in terms of the sustainable development strategy as follows:

- Enabling us to reduce the footprint that we occupy, and to address issues of over occupation and under utilisation in our estate;
- Enabling us to improve the technology available to all staff to support agile working enabling staff to work more flexibly and further pursuing the aim of having working for NES as being 'something that you do' as opposed to 'somewhere that you go'.
- Adopted 'follow me' multi functional devices enabling us to remove multiple small printers and replace with significantly fewer single units with a reduction in the usage of all printer consumables.

- Reducing travel between sites in the same geographical location by consolidating on a fewer number of sites.
- Enhancing VC/AV facilities enabling meetings, and training sessions to be delivered remotely reducing the travel required within and outwith Scotland.