DELIVERY AND VALUE FOR MONEY

3.1 We have assessed NHSU's performance and value for money using its own objectives for stage one of delivery of its strategic plan (up to March 2004) –

- to establish initial programmes to meet immediate NHS needs (taking particular account of the imperative to improve corporacy)
- to launch a range of learning services (taking account of the need to improve access, education and training for staff at the lower end of the skills escalator)
- to set up and test delivery operations and processes

INPUTS AND INVESTMENTS

3.2 NHSU's performance need to be measured against its inputs. The key figures are –

- a forecast staff complement of 412 by March 2005, including 46 interims / consultants
- a budget of £28m in 2003-04, and £44m in 2004-05 (with a budget bid of £73m for 2005-06).

DELIVERY OF INITIAL PROGRAMMES

3.3 NHSU has a portfolio of some 35 programmes at development, pilot or very early rollout stage. The majority fall into the categories of corporate training (e.g induction and material on customer care or statutory mandatory skills) and material aimed at staff / future staff at the lower end of the skills escalator (for example Foundation Degrees and Health Learning Works). A list of the programmes is attached (Annex C). In the view of SHAs and Trusts we have spoken to the content of material is generally of high quality but development times have been slow (material to support Agenda for Change, developed for NHSU by the MA, has been quoted as an example).

3.4 The portfolio of NHSU programmes is reasonably weighted towards corporate or generic training and initiatives aimed at staff at the lower end of the skills escalator and, as such, is in line with two of the original objectives. We believe there are two deficiencies in the NHSU approach -

- until recently, NHSU has not had a systematic approach to agreeing development priorities with DH and NHS stakeholders. Such an approach would reinforce the credibility and logic of NHSU's offer which some stakeholders consider is weak. Work on a systematic approach has only now been finalised. To date, most NHSU programmes have been commissioned directly by DH