

- As a result, NHSU has done little to identify what its customers want and are prepared to pay for. A detailed market survey, including options around pricing, would have brought more robustness, earlier on, to NHSU's business planning.

3.5 NHSU forecasts that it will achieve 103,000 "learners" in 2004-05. However –

- some 30% (29,500) is accounted for by basic induction training; other course take-up numbers are almost all in the hundreds or low thousands
- The numbers are heavily end-loaded and, in some cases, assume a very rapid ramp-up of learners. Nevertheless, NHSU is confident that these will be achieved
- As agreed with DH for this year only, training is currently provided free of charge. This is not sustainable for the longer term and means that projected volumes are not grounded in what the market will bear
- There are no projections of forecast learner numbers for 2005-06

3.6 These uncertainties, coupled with the NHS perception of slow development time, are significant given NHSU's strategy of "focusing on providing training to give NHSU credibility to start acting as a change agent".

LAUNCHING A RANGE OF LEARNING SERVICES

3.7 NHSU is putting in place a number of initiatives to help improve access to education and training for NHS staff. These include -

- Ui: NHSU has put in place this information and guidance helpline / internet service for NHS staff. This is forecast to have over 13,000 contacts by March 2005
- a network of Local Learning Resource Centres (LLRCs) in NHS and social care organisations for delivering learning. NHSU forecast 400 of these by March 2005. This is on track
- programmes to help employers identify and meet training needs (eg. Skills for Life and Health) or for mutual support by staff groups (CHAINS – Contact, Help, Advise and Information Networks)
- work with other skills development bodies to ensure the adaptation of provision to suit health sector needs

3.8 This adds up to an ambitious set of initiatives to improve access. Our discussions with SHAs and Trusts indicate that their development has not been matched by sufficient work to explain or win their "ownership" by the NHS. There is a risk that, without such engagement, take-up of initiatives will be limited. There are particular concerns around the setting up of LLRCs, which SHA Workforce Directorates have had little involvement in and which they regard as part of the creation of networks which duplicate theirs.