NHS Education for Scotland (NES)

Introduction

NES is a national special health board responsible for education, training and workforce development for those who work in and with NHSScotland.

A well developed workforce is crucial to delivering new models of integrated health and care services which cross traditional public service boundaries. Our role is to support positive change through education which develops a workforce with the right skills and behaviours to provide these new models of care.

Our aim is to improve health and care through education and a significant proportion of our work focuses on the clinical workforce, with the majority of our funding used to pay for doctors and dentists in training. In addition we prepare professionals for practice in psychology, pharmacy, optometry and healthcare science and we provide educational development for the nursing, midwifery and allied health professions, healthcare chaplains, healthcare support workers and managers. We also support public service reform and current policy priorities through education for improving quality, role development (in particular support workers), leadership and management, mental health, dementia, older people and children and young people with a particular emphasis on enabling sustainable quality through the 2020 Vision.

The NES LDP for 2015/16 shows a baseline RRL allocation of £393 million with additional anticipated recurrent allocations of approximately £18m and anticipated non-recurrent allocations of £10m, a total of £421m. 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 since the draft budget was issued in September, this has been achieved for £12.0m of funding. We are optimistic that this work will be completed during 2015/16.

In expenditure terms: £258m is committed to the payment of Training Grade salaries for trainees employed and delivering services in NHS Boards and the salaries of GP Trainees employed by NES but working in GP Practices. A further £90m 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 £348 million or 83% of the ‘revised total’ NES RRL.
Performance budgeting

1. Which of the following performance frameworks has the most influence on your budget decisions:
   - National Performance Framework
   - Quality Measurement Framework (including HEAT targets)
   - Other (please specify)

Our strategic framework for 2014-19 “Quality Education for a Healthier Scotland” is aligned with the Scottish Government’s 2020 Vision of everyone being able to live longer healthier lives at home, or in a homely setting.

Our local delivery plan is aligned with the six NHSScotland improvement priorities of: health inequalities and prevention; antenatal and early years; person-centred care; safe care; primary care, and integration.

Priorities are also identified from our engagement and intelligence gathering process.

All activities within our integrated operational and financial planning model must be aligned with these priority areas.

2. Please describe how information on performance influences your budget decisions:

   Given the nature of our role, specific operational targets such as those detailed are not as relevant to NES as ensuring that staff have the correct range of skills to carry out their specific role effectively. There are regulatory requirements in relation to clinical training which we must meet and if these were to change it would impact on our budget decisions. We aim to ensure that the specific activities within our local delivery plan cover the range of improvement priorities set by Government so budget will be targeted to ensure an appropriate spread of investment. Feedback on performance from our stakeholders via our Strategic engagement process will also have an impact on budget decisions.

3. Do you consider the performance framework(s) to reflect priorities in your area?

   The performance framework(s) for Territorial NHS Boards are not directly relevant to our activities as a Special NHSBoard however, we do provide direct educational support and training to ensure that Territorial NHSBoards have the appropriate workforce to deliver against the targets set for them.
4. Where allocations are made in relation to specific targets, are you able to spend this effectively in the required areas? (please provide examples where relevant).

We do not tend to receive funding directly related to specific targets however in some areas we do receive a significant amount of funding on a non-recurrent basis relating to specific priorities/pieces of work.

The fragmented nature of these does make planning more complex although we are working with Scottish Government on a ‘bundling’ approach related to outcome requirements which would make this process more effective

**Integration of health and social care**

5. Please set out, as per your integration plans/schemes with each of your partner local authorities, the method under which funding for the joint boards will be determined?

N/A

6. What functions will be delegated via the integration plan/scheme? Please explain the rationale for these decisions

N/A

7. How much is being allocated to the Integration Joint Board for 2015-16?

   a. by the health board

   b. by local authority partners?

N/A

8. Please provide any further comments on budgetary issues associated with integration:

  Whilst, as a national board, we do not have an integration scheme the drive towards health and social care integration is embedded in many of the activities within our local delivery plan, and we work closely with partners such as SSSC and JIT in this respect. Some examples include:

   Role development for a Generic Health and Social Care support worker – currently particularly focussed on rural areas.

   Engagement with social care, working closely with the Joint Improvement team (JIT) and Scottish Social Services Council (SSSC) to capture key intelligence regarding workforce development from the health and social care partnerships across Scotland.
NHS Education for Scotland

Support for NHS Boards and local authorities to embed educational resources for integration and the Equal Partners in Care principles.

Specific challenges

9. Please provide details of any specific challenges facing your board in 2015-16 in respect of your budget:

A significant amount of the NES budget is committed to paying the salaries of doctors, dentists, pharmacists, clinical psychologists and others while they are in training. 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 number of trainees available to staff rotas and deliver services. As a result the increases in pay and employers costs created a cost pressure of £6.1m on the NES budget, which we have had manage against a total increase in income of £2.5million. This increase of £2.5m is after a reduction of £1.5m to cover the efficiency savings required of us by Scottish Government. This has resulted in NES having to identify an additional £3.6m of savings just to balance the pay pressure; inevitably this impacts on our ability to fund investment in education and training to support new initiatives, including health and social care integration.

B: Increase the proportion of babies with a healthy birth weight

Indicator measure: The proportion of new born babies with a weight appropriate for gestational age

1. How does performance in your area compare with the national performance?

<table>
<thead>
<tr>
<th>Year</th>
<th>Board</th>
<th>Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>2009</td>
<td></td>
<td>89.6%</td>
</tr>
<tr>
<td>2010</td>
<td></td>
<td>90.0%</td>
</tr>
<tr>
<td>2011</td>
<td></td>
<td>90.1%</td>
</tr>
<tr>
<td>2012</td>
<td></td>
<td>89.9%</td>
</tr>
<tr>
<td>2013</td>
<td></td>
<td>90.1%</td>
</tr>
</tbody>
</table>

Source: [http://www.scotland.gov.uk/About/Performance/scotPerforms/indicator/birthweight](http://www.scotland.gov.uk/About/Performance/scotPerforms/indicator/birthweight)

N/A to NES in our national role.

2. What factors can help to explain any observed differences in performance?

N/A
3. How does performance against this indicator influence budget decisions?

N/A

4. Do you consider this to be a useful performance indicator? (If not, what alternatives would you suggest?)

N/A

5. What programmes or services are specifically aimed at improving performance against this indicator? Please provide details for the three main areas of activity in the table below.

<table>
<thead>
<tr>
<th>Programme/service area</th>
<th>Expenditure 2014-15 £000</th>
<th>Planned expenditure 2015-16 £000</th>
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<tr>
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</table>

6. What statutory partners or other partners (if any) contribute towards performance in this area?

N/A

7. Please provide any further comments on this indicator e.g. other areas of activity that contribute to performance

Whilst not aimed solely at improving this indicator these are some of the activities within our local delivery plan which aim to improve the health and well being of pregnant women, and which therefore contribute to these targets. Examples include:

The Family Nurse Partnership (FNP), which is a maternal and early years public health programme. Using a psycho-educational approach it provides on-going, intensive support to young, first-time mothers and their babies (and fathers/ other family members, if mothers want them to take part). Structured home visits are delivered by highly trained nurses and start in early pregnancy, continuing until the child’s second birthday.

(A report from April 2013 from the Care Inspectorate on Children’s Services in Edinburgh states FNP is providing "outstanding support for young women through pregnancy and at meeting their babies needs as they grow")
NES provides the educational support to FNP nurses and supervisors and during 2015/16 we aim to spread this programme to 3 new NHS Boards and to increase the workforce by 36 nurses and supervisors.

During 2014/15 we will provide counselling skills for 20 midwives to provide care for women with perinatal mental health support needs.

Through the Scottish Multi professional Maternity development programme www.scottishmaternity.org we deliver clinically relevant and accessible courses to all health professionals involved in maternity care provision in Scotland.

We are committed to maintaining and enhancing the Nursing and Midwifery Practice Education Facilitator (PEF) network across all NHS Boards and placement partners. The PEF's support the continuing professional development of nurses and midwives in care giving roles by bringing educational resources closer to practice.

We also aim to improve the continuity of maternity care via national workshops and the use of the Compassionate Connections resource. Compassionate Connections is a collaborative programme run by NES and NHS Health Scotland. It was initiated to support implementation of the Refreshed Framework for Maternity Care in Scotland and Improving Maternal and Infant Nutrition – a Framework for Action. The resources were designed to support a national workforce development programme aiming to:

- Increase understanding of the impact of health and social circumstance on engagement with services and clinical outcomes

- Enable staff to make the most of their individual and collective contributions towards improving maternal, newborn and infant health and well-being.

- Build on the existing knowledge and skills staff currently have and connect them with new insights, experiences and understanding

### C: Improve end of life care

Indicator measure: Percentage of the last 6 months of life which are spent at home or in a community setting

1. How does performance in your area compare with the national performance?

<table>
<thead>
<tr>
<th>Board</th>
<th>Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>2008-09</td>
<td>90.4%</td>
</tr>
<tr>
<td>2009-10</td>
<td>90.5%</td>
</tr>
<tr>
<td>2010-11</td>
<td>90.7%</td>
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</tbody>
</table>
NHS Education for Scotland

<table>
<thead>
<tr>
<th>Year</th>
<th>Board</th>
<th>Scotland</th>
</tr>
</thead>
<tbody>
<tr>
<td>2011-12</td>
<td></td>
<td>91.1%</td>
</tr>
<tr>
<td>2012-13</td>
<td></td>
<td>91.2%</td>
</tr>
</tbody>
</table>

Source: [http://www.scotland.gov.uk/About/Performance/scotPerforms/indicator/endoflifecare](http://www.scotland.gov.uk/About/Performance/scotPerforms/indicator/endoflifecare)

N/A to NES in our national role.

2. What factors can help to explain any observed differences in performance?

N/A.

3. How does performance against this indicator influence budget decisions?

N/A.

4. Do you consider this to be a useful performance indicator? (If not, what alternatives would you suggest?)

N/A.

5. What programmes or services are specifically aimed at improving performance against this indicator? Please provide details for the three main areas of activity in the table below.

<table>
<thead>
<tr>
<th>Programme/service area</th>
<th>Expenditure 2014-15 £000</th>
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</tbody>
</table>

6. What statutory partners or other partners (if any) contribute towards performance in this area?

N/A

7. Please provide any further comments on this indicator e.g. other areas of activity that contribute to performance.

Activity areas within NES local delivery plan for 2015/16 which support achievement of this indicator include;

Establishment of the Scottish Grief and Bereavement Hub and development of closer alignment between end of life, palliative care and bereavement education and training.
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Supporting/enabling care at home, or in homely settings through our – Cleanliness Champions programme resources – “Preventing infection in Care and Care at home” and “Catheter Care”.

Adapting existing HAI resources for healthcare support workers and district nurses.

Providing more qualified pharmacy independent prescribers to help shift the balance of care into the community.

Palliative care and hospice funding

8. Please provide an estimate of spending on palliative care services (as defined by the Scottish Partnership for Palliative Care, [here](#))

<table>
<thead>
<tr>
<th></th>
<th>Expenditure 2014-15 £000</th>
<th>Planned expenditure 2015-16 £000</th>
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</thead>
<tbody>
<tr>
<td>Specialist palliative care services</td>
<td></td>
<td></td>
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<tr>
<td>General palliative care services</td>
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In May 2012, the Scottish Government published new guidance for NHS Boards and independent adult hospices on establishing long-term commissioning arrangements. It stated that funding of agreed specialist palliative and end-of-life care (PELC) should be reached by NHS Boards and independent adult hospices on a 50% calculation of agreed costs. Funding should be agreed for a 3 year period, though this could be longer if appropriate. In addition it indicated intent for NHS Boards and local authorities to jointly meet 25% of the running costs of the independent children’s hospices which provide specialist palliative care and respite services for children with life-limiting conditions.

N/A

9 Please provide details of funding agreed by your Board for hospices:

<table>
<thead>
<tr>
<th></th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agreed funding for hospice running costs for specialist PELC (£000)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>£000</td>
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<tr>
<td>As % of total hospice funding</td>
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<tr>
<td>Agreed funding for running costs of independent children’s hospices (including local authority funding where relevant)</td>
<td></td>
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<tr>
<td>£000</td>
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<tr>
<td>As % of total independent children’s hospice running costs</td>
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<td>N/A</td>
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10 Please provide any further comments on palliative care / hospice funding that you consider to be relevant:
**D: Reduce emergency admissions**

**Indicator measure:** Emergency admissions rate (per 100,000 population)

1. How does performance in your area compare with the national performance?

<table>
<thead>
<tr>
<th></th>
<th>Emergency admissions rate (per 100,000 population)</th>
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<tbody>
<tr>
<td>Board</td>
<td>Scotland</td>
</tr>
<tr>
<td>2009-10</td>
<td>9,849</td>
</tr>
<tr>
<td>2010-11</td>
<td>9,874</td>
</tr>
<tr>
<td>2011-12</td>
<td>10,090</td>
</tr>
<tr>
<td>2012-13</td>
<td>10,130</td>
</tr>
<tr>
<td>2013-14 (p)</td>
<td>10,188</td>
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Source: [http://www.scotland.gov.uk/About/Performance/scotPerforms/indicator/admissions](http://www.scotland.gov.uk/About/Performance/scotPerforms/indicator/admissions)

N/A

2. What factors can help to explain any observed differences in performance?

N/A

3. How does performance against this indicator influence budget decisions?

N/A

4. Do you consider this to be a useful performance indicator? (If not, what alternatives would you suggest?)

N/A

5. What programmes or services are specifically aimed at improving performance against this indicator? Please provide details for the three main areas of activity in the table below

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6. What statutory partners or other partners (if any) contribute towards performance in this area?

N/A
7. Please provide any further comments on this indicator e.g. other areas of activity that contribute to performance

N/A