



Health Education England

Stakeholder review 2019

Objectives and methodology

Stakeholders' views on...

Working relationships

HEE's impact

Stakeholder expectations

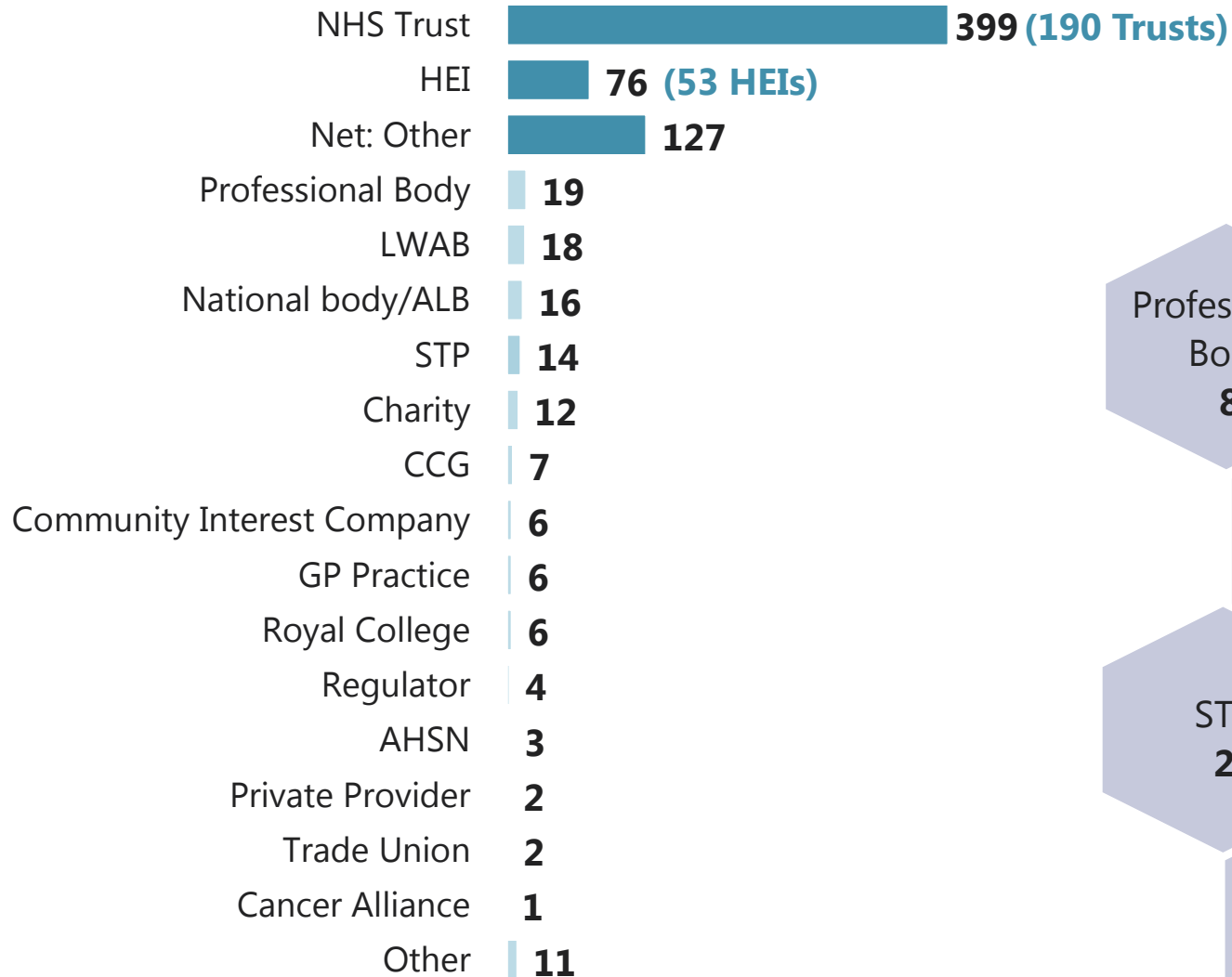
Areas for improvement

Methodology

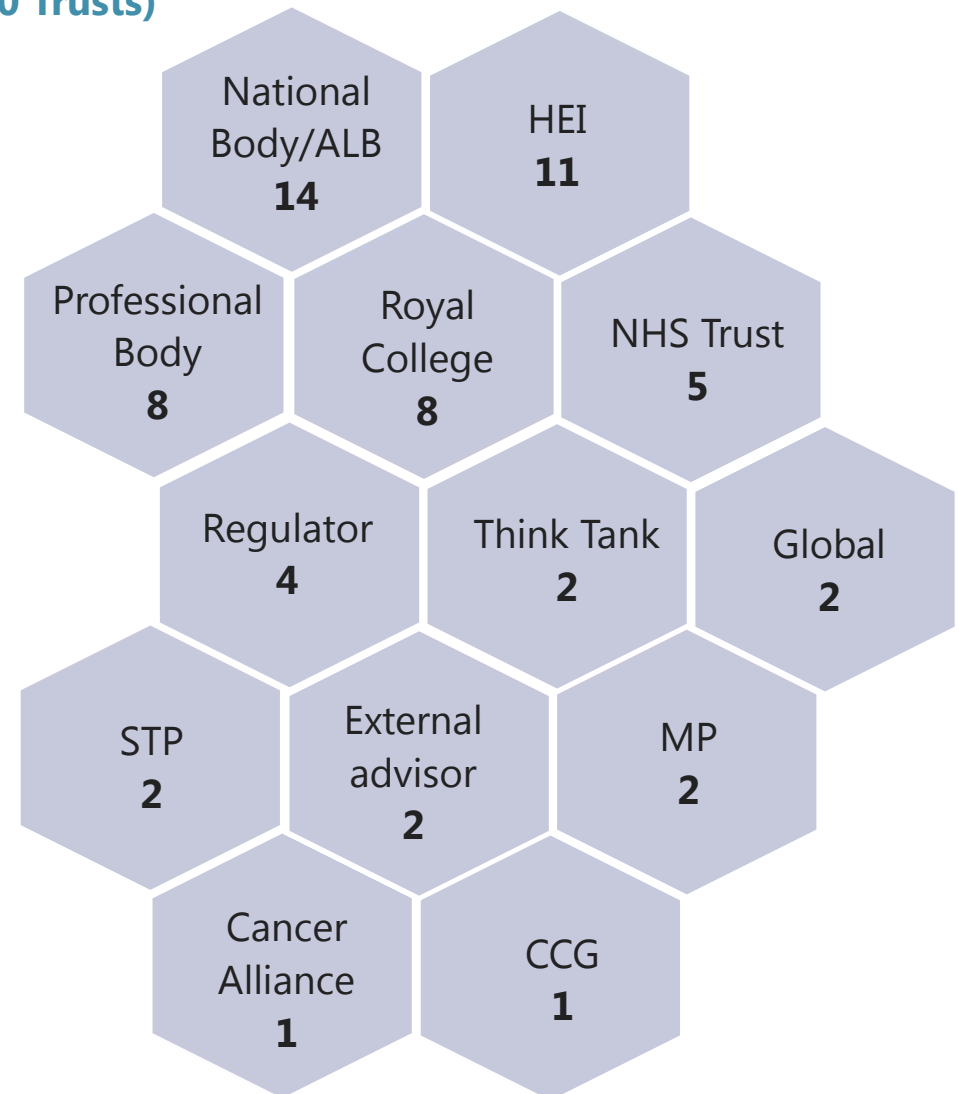
- **Immersion interviews** with 7 senior directors within HEE
- **61 qualitative depth interviews**
 - 15 July – 6 September
- **Online survey**
 - 602 completes
 - 23% response rate
 - 15 July – 26 August

Sample profile

Quantitative



Qualitative





Working with HEE

Individual relationships are generally viewed positively

Individuals are most commonly described as...

Supportive

Knowledgeable

Open

Approachable

Professional

Willing to help

But organisational and wider system constraints can limit their work

The positive relationships stakeholders have with individuals are not always translated to HEE as a whole with organisational and wider system constraints limiting the good work of individuals.



I respect HEE colleagues, who are talented/motivated/passionate about making a difference. However organisational structure/processes often seem to work against this.

National Body/ALB



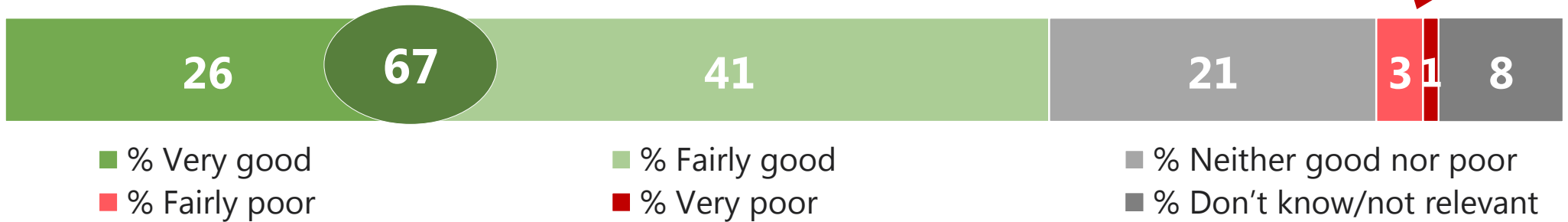
I think the quality of the people that work in HEE is high, they've got a lot to build on, a lot of potential, it's just about agreeing their vision/ purpose/ role in the system how that relates at a national, regional and local level.

NHS Trust

Working relationships are broadly positive

How would you describe your working relationship with Health Education England?

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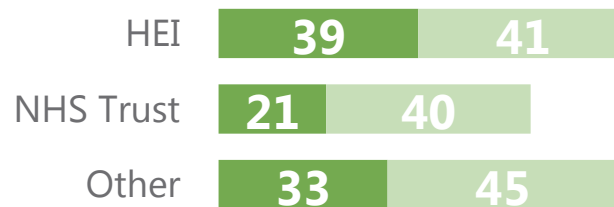


■ % Very good
■ % Fairly poor

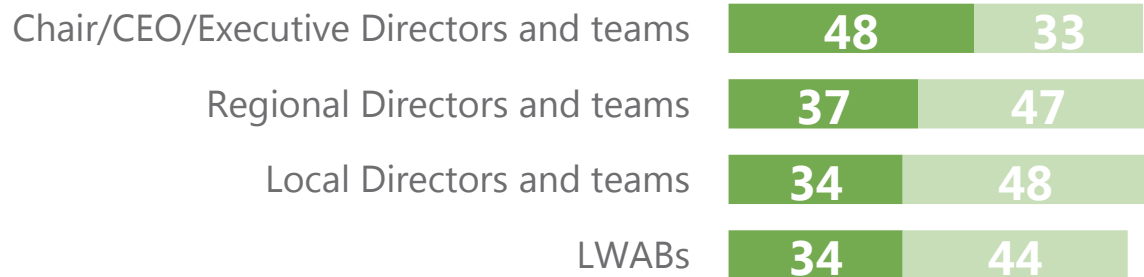
■ % Fairly good
■ % Very poor

■ % Neither good nor poor
■ % Don't know/not relevant

Stakeholder type



Level of interaction



Relationships work best where there is...

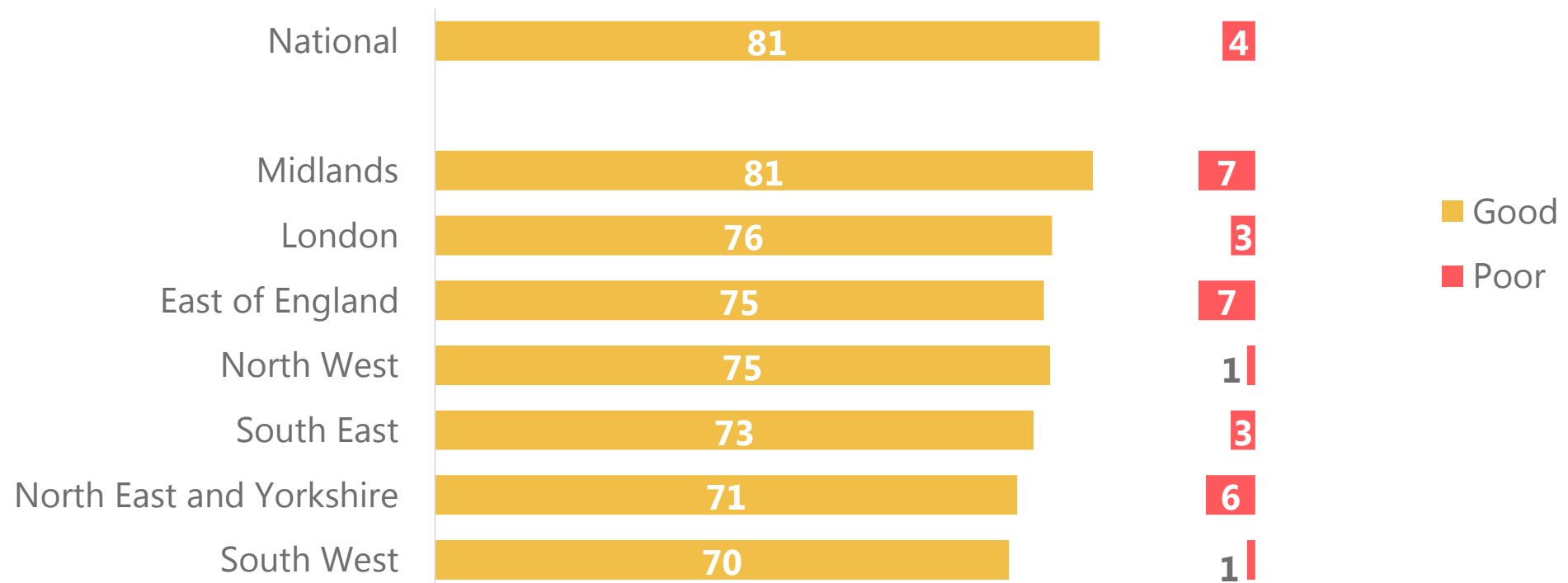
1. Collaborative working and openness
2. Strong interpersonal relationships
3. Ability to pick up the phone and seek help

Base: All stakeholders (602); HEI (76); NHS Trust (399); Other (127); Chair/CEO/Executive Directors (112); Regional Directors (304), Local Directors (350), LWABs (243)

But there is some variation between regions

- There were positive mentions of all regions (and none score poorly on working relationships).
- Some of the quantitative differences may reflect the differing profile of stakeholder types completing the survey in each region.
- However, there was some acknowledgement of variation in how easy the different regional teams are to work with, and the quality of work they produce.

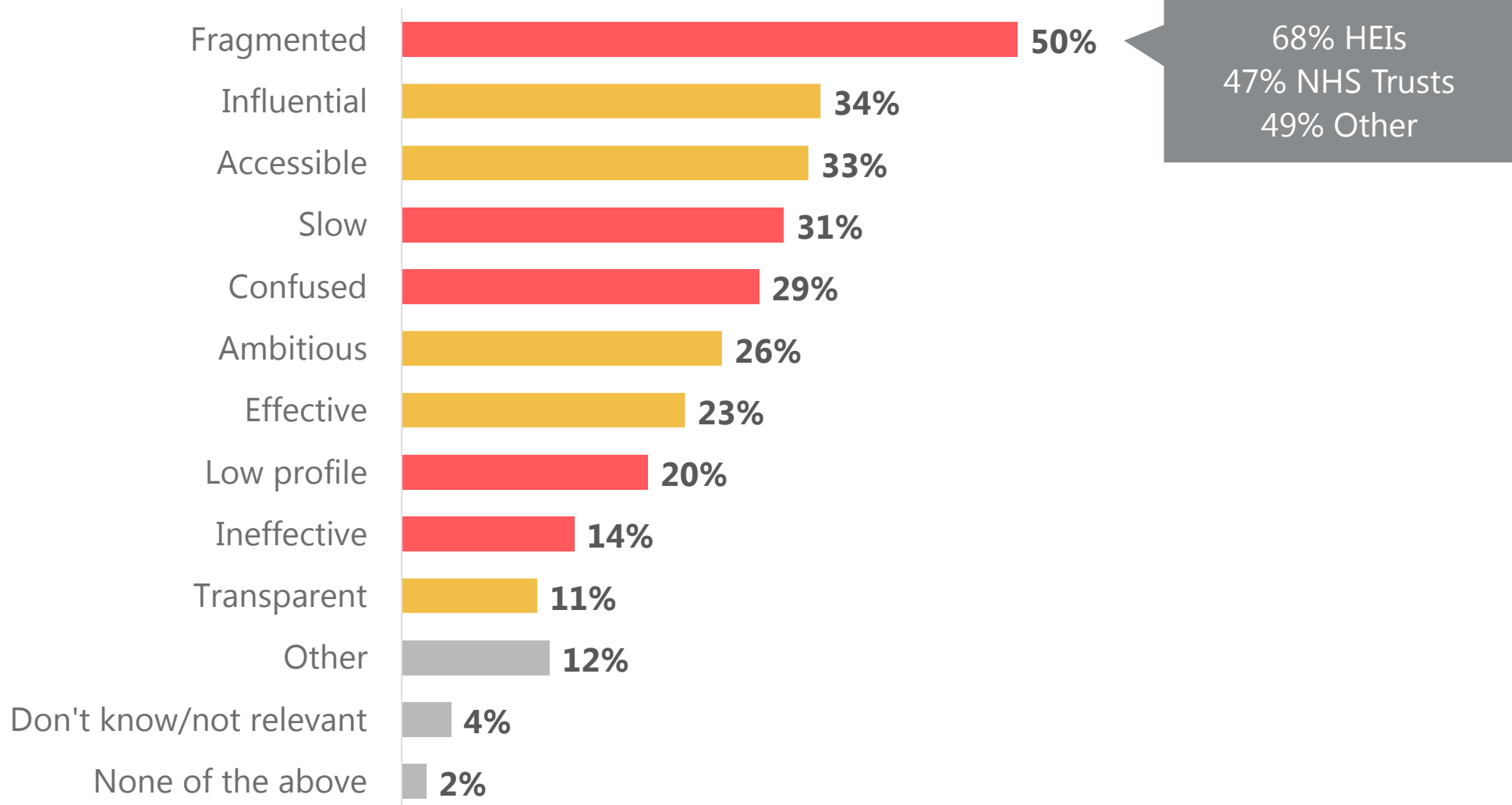
How would you describe your working relationship with Health Education England?



Base: All stakeholders (602); East of England (75); Midlands (122); North West (68); North East and Yorkshire (99); South West (70); London (157); South East (71); National (106)

And many describe HEE as 'fragmented'

From your interactions with Health Education England to date, which of the following words/phrases would you use to describe Health Education England as an organisation?



Base: All stakeholders in contact with HEE (560); HEI (75); NHS Trust (364); Other (121)

Stakeholders are looking for greater consistency

Variation in working relationships and messages

Many stakeholders feel there is **variability** and **inconsistency** between:

- Regions
- Teams
- Individuals
- And some have experienced a disconnect between national and regional offices

This can result in:

- Mixed messages
- Siloed working and overlapping workstreams
- Duplication of work at a national and regional level
- Easier/harder working relationships



The interactions vary enormously from being proactive and helpful, to confused and contradictory.

NHS Trust (survey)



We need to get the same message wherever we are in the country, we shouldn't get a different message depending on different geography.

Professional body



There seem to be a lot of people within HEE who don't know what other regions or their own national teams are working on which leads to confusion and disengagement – have a clearer and more consistent 'offer' across the country and less variation.

National Body/ALB (survey)

Stakeholders support a multidisciplinary strategy

Qualitatively, there were suggestions that HEE is too medically focused, with less consideration given to the priorities of stakeholders across the system.

Stakeholders commenting in this way did not acknowledge the large proportion of HEE's spending which is allocated to the training of doctors.

"[HEE have been] less successful with AHPs and nursing - focused too much on the medical workforce and it needs to broaden its focus. Other clinical professions need more attention now".

NHS Trust

Stakeholders recognised that historically HEE's work with the nursing profession has been more fraught.

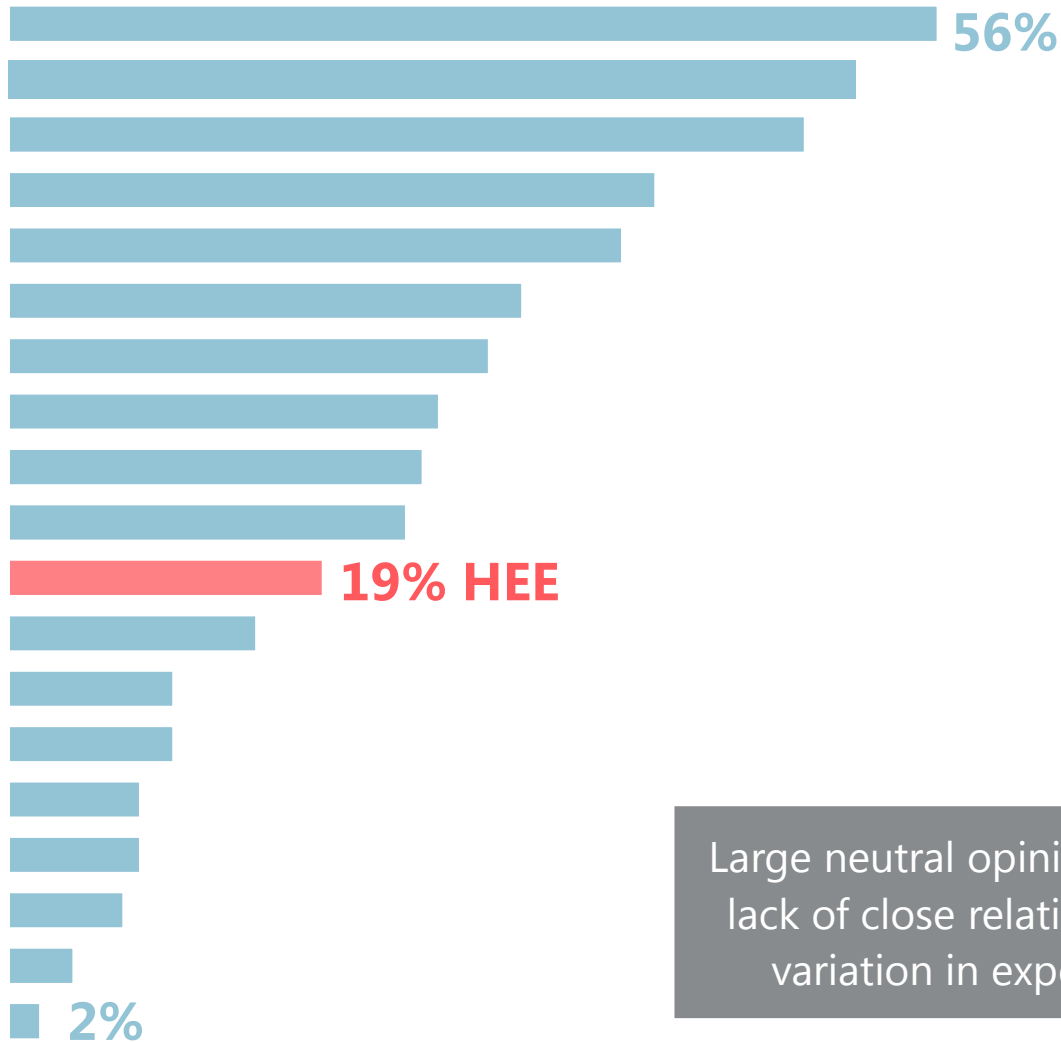
"Restoration around CPD is a key part of whatever settlement they are able to achieve as part of the spending review, being able to demonstrate that is material to their reputation".

NHS Trust

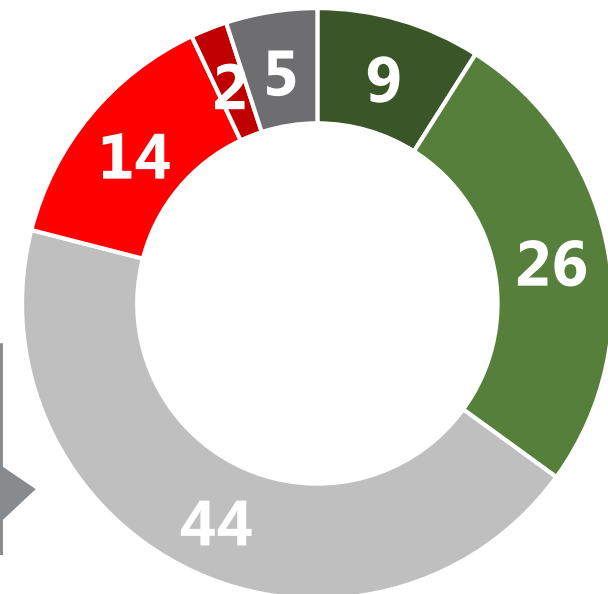
Across all stakeholders, there was recognition that working relationships were improving but that more progress could be made.

Advocacy is mixed

Which of these phrases best describes the way you would speak of HEE to other people?
 Proportion saying they *would speak highly* minus those who *would speak critically* (%)



- % Speak highly without being asked
- % Speak highly if asked
- % Neutral
- % Critical if asked
- % Critical without being asked
- % Don't know

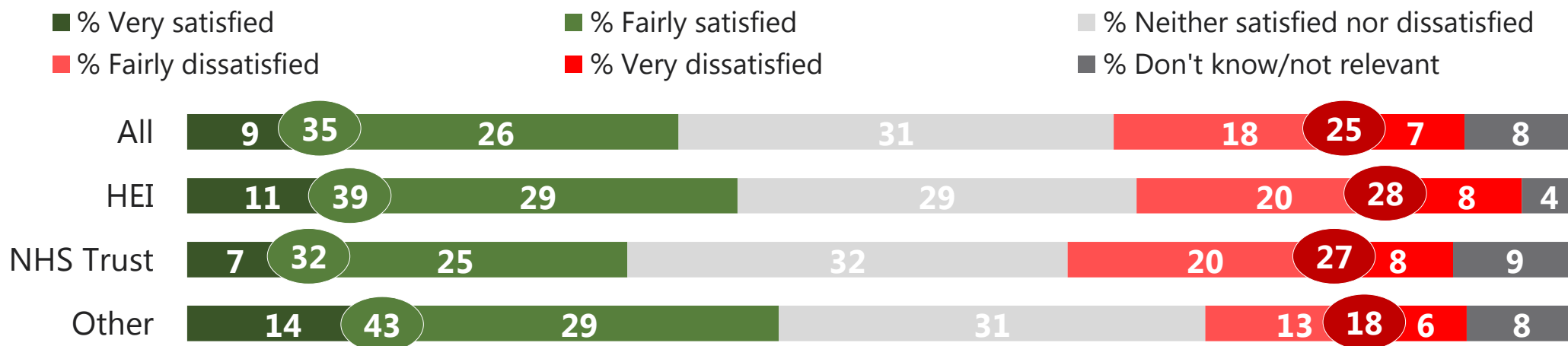


Large neutral opinion reflects lack of close relationship or variation in experience

Base: Various public sector stakeholder surveys since 2008. All stakeholders (602)

There are opportunities to improve engagement

Overall, to what extent are you satisfied or dissatisfied that HEE seeks your views at the right time?



Stakeholders (particularly NHS Trusts) feel HEE could do more to engage them earlier and expressed concerns about:

- Short turnaround times (e.g. for data requests)
- Insufficient advance notice (e.g. of policy changes)
- And a lack of visibility and understanding about decision making processes

Some thought HEE could do more to understand experiences at the frontline.

It is extremely difficult to get a solid answer for training and funding and so as a manager it is extremely difficult to forward plan and provide a business case for the future workforce.

NHS Trust (survey)

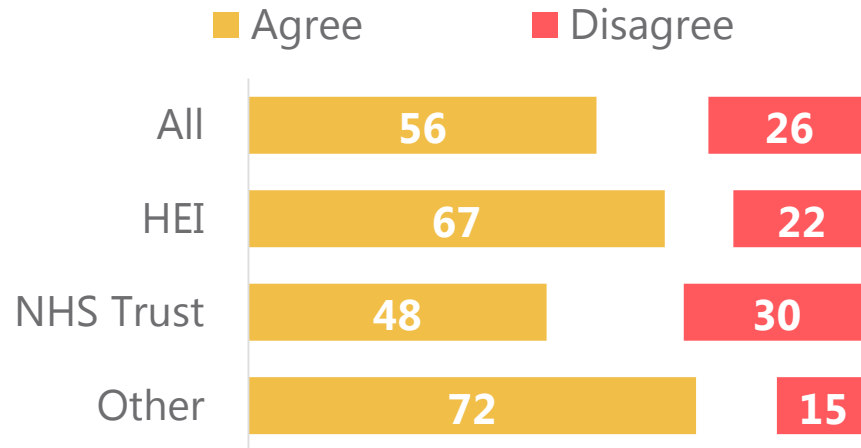
Unreasonably short deadlines to receive back information.

HEI (survey)

Base: All stakeholders (602); HEI (76); NHS Trust (399); Other (127)

And provide better points of contact

To what extent do you agree or disagree... I have a clear point of contact to get in touch with HEE?



Some stakeholders expressed difficulty in reaching the right people

The repeated reorganisations with the local HEE offices particularly of the administrative and support staff have been very disruptive and have caused many issues - predominantly with lines of communication. The introductions of group email addresses rather than correspondence from an individual are particularly unhelpful.

NHS Trust (survey)

Stakeholders felt a high turnover of staff and organisational re-structuring (at regional and local level) had resulted in:

- *Fragmentation* – due to a lack of awareness of programmes/workstreams elsewhere. Also leading to a loss of organisational memory.
- *Loss of familiar contacts* – meaning stakeholders can not know who to contact and it takes time to rebuild relationships.
- *Reduced response capacity* – as it was harder to get answers to questions which meant to delays to decisions.

Base: All stakeholders (602); HEI (76); NHS Trust (399); Other (127)

And improve the alignment and transparency of funding


Stakeholders (particularly those interacting at a local or regional level) expressed some concerns about funding:

Short turnaround
for funding
opportunities


Funds released
late in the year
with impetus to
spend quickly

Lack of
transparency
around funding
arrangements


Funding cycles not
aligned

 *The information released around funding is often late, and when it is released we are given very short timelines to turn things around.*

NHS Trust (survey)

 *HEE-funded research and educational projects sometimes are advertised in a 'rushed' way with minimal turnaround time for potential providers.*

HEI (survey)

 *HEIs work to a different financial year and there is a mismatch between awarding funding and the timescale for delivery.*

HEI (survey)

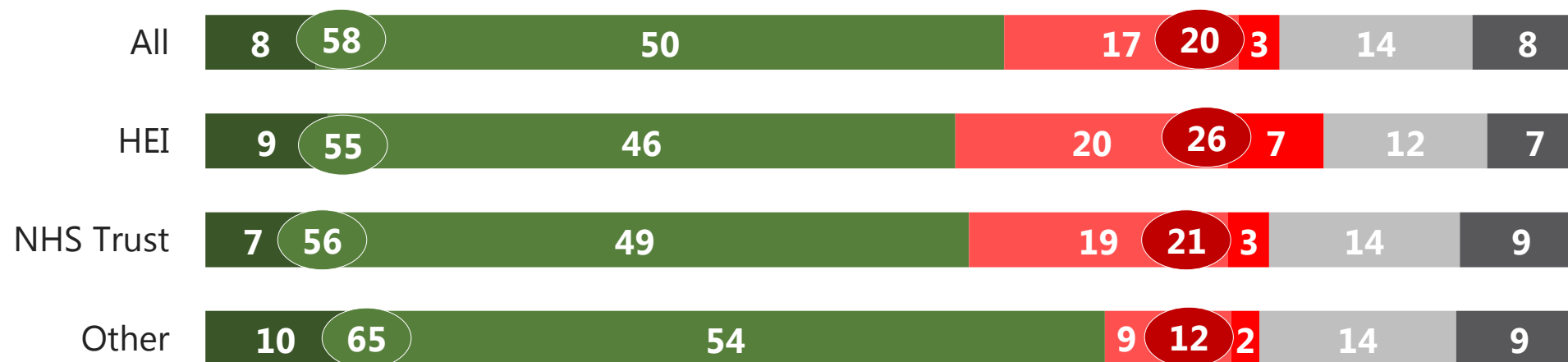
Impact



HEE is perceived as fairly effective but views are mixed

Overall, how would you rate the effectiveness of HEE and its work?

- % Very effective
- % Fairly effective
- % Not very effective
- % Not at all effective
- % Has some effectiveness in some areas but not in others
- % Don't know



Base: All stakeholders (602); HEI (76); NHS Trust (399); Other (127)

HEE has had good impact in certain areas

Some stakeholders thought HEE should be proud of what they have achieved in certain areas. They felt:

- HEE played a key role in the development of **new roles** such as nursing associates and physician associates.
- And HEE's **expertise** was recognised with the drafting of the Interim People Plan.

Areas of impact

Interim People Plan

Nursing associates and
Physician associates

Mental health and
cancer strategies

International
influence

I think they are quite good at innovation so thinking about new roles and challenging traditional boundaries which are rigid in healthcare to say we need a different, positive leadership role in nursing and physician associates, that has been really imaginative and instrumental - they need to keep doing that.


National Body/ALB

We need an organisation that looks at the interests of the system as a whole rather than just themselves. The People Plan has been a good mechanism for trying to do that, with the senior [HEE] team heavily involved in that process.

National Body/ALB

But the workforce is still in crisis

- There was an acknowledgment that the workforce was in crisis and that overall, HEE **had not achieved** as much as it could have.
- While recognising HEE had sometimes been criticised for things outside of its control, some stakeholders felt nevertheless its **influence** had been **limited**.
- Stakeholders felt HEE had a key role to play in leading the conversations around **workforce transformation** and had the right expertise to do so.

 *HEE is a very, very important of the future of the NHS – there is a chunk of work that must be done at a national or international level, we couldn't implement the LTP without a high functioning HEE, I suspect they don't really feel that enough or don't think the rest of the systems feels that.*

National body/ALB

Specific areas HEE should focus more on

Workforce

Technology

Flexible training

Apprenticeships



They have a good vision of what the world might look like in 15 years' time... I think they need to make more of that story.

National body/ALB



As an organisation, it feels HEE is sometimes not present at the big policy discussions. They are often not in the room or have taken a narrow perspective about what they are willing to talk about.

Other

Stakeholders do recognise the constraints of the system

HEE has to operate in a complex system...

Many stakeholders recognised HEE is in a **difficult position** as:

- It has been set challenging tasks, and due to financial cuts and resource constraints, it has not always been given enough **resources and power** to tackle it.
- It can be criticised for things **outside of its control**.
- It can sometimes **lack the visible support** of other power brokers in the system.
- A lot of its work remains **unseen** and therefore **unvalued**.

There was a perception that HEE has been historically **defensive** of its position in the system rather than working with the system as a whole.

- But there is sense that things are **changing** and HEE is able to work more collaboratively.



It has been very easy to blame HEE for something which is actually a systematic failure to recruit and retain enough people. It's very easy just to blame HEE, particularly if HEE try to roll up the drawbridge and take responsibility for the whole problem rather than wanting to share it with the system.

National Body/ALB

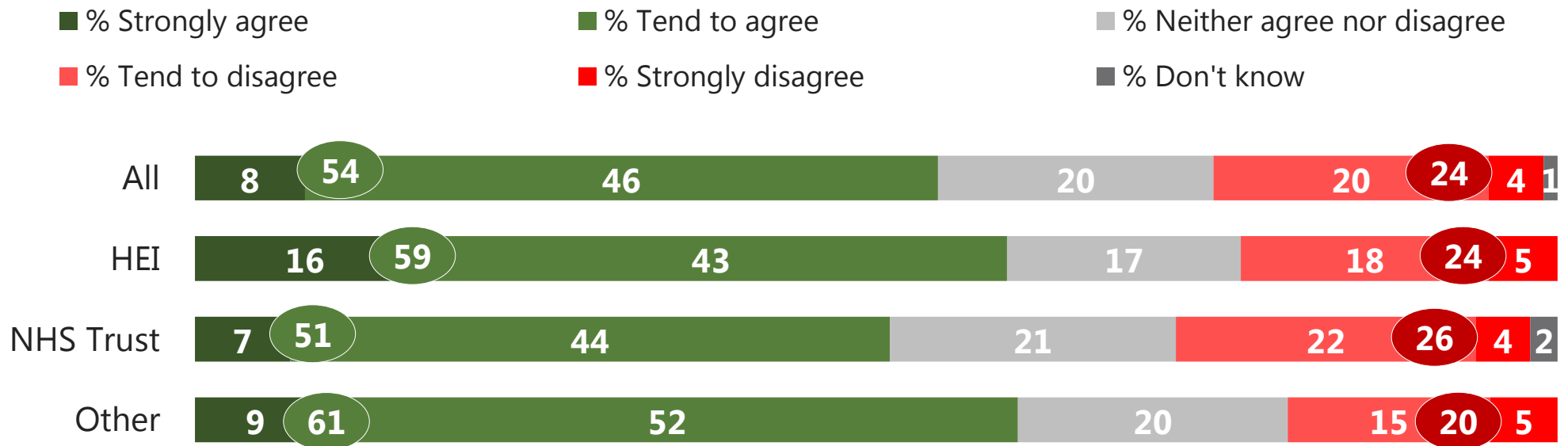


It is certainly not responsible for the current workforce crisis but it could have played a more active role in reducing it.

NHS Trust (survey)

The system is complex and HEE could be clearer about its role

To what extent do you agree or disagree HEE's role within the system is clear to you?



- It was widely acknowledged that there was a **lack of clarity** in the system on who was responsible for workforce.
- Stakeholders want HEE to be clearer about its **role** and **remit**.
- Regional stakeholders commented on the **national part of HEE** being particularly unclear to them.

More collaborative work within the sector is required

Improve collaborative work

There was a widespread view that more collaboration within the sector would be **beneficial**:

- Some felt that the historic **lack of partnership** between organisations within the sector had limited HEE's influence on the workforce.
- It was acknowledged that HEE was **improving** its collaboration, mentioning that **cross-collaborative** work was happening. Stakeholders wanted to see more of this.



Before it was 'we are HEE, do what we say', and now it's 'we're HEE lets work together'. Recognising a need to form partnerships to get the job done has been important. The Interim People Plan has been a really useful vehicle for the senior leaders to forge those relationships. HEE is behaving differently.

National body/ALB

Devise a clear strategy and follow it through

- Some stakeholders discussed how HEE can get caught up in **micro issues** while it should be focused on its **wider strategy** and tackling the big challenges.
- They want to see it being more **proactive** rather than reactive.
- Some also felt that the HEE **lacked follow-through** and didn't always take good ideas through to implementation.



HEE doesn't always feel strategic and ahead of the curve.

NHS Trust (survey)



Challenges and opportunities

The workforce crisis is HEE's biggest challenge...

Workforce shortages and funding cuts

- Concerns were raised that current workforce shortages could lead to an **undermining** of the commitment to high quality **education and training** (such as shorter training).
- Stakeholders also raised concerns over the **funding cuts** to HEE's budget. Some stakeholders worried HEE was losing valuable staff and expertise.
- However, it was felt the workforce crisis had the potential to **strengthen HEE's voice** by putting back workforce planning and intelligence at the top of the political agenda.



The challenge [for HEE] is to maintain the profile, the importance of education and training, for it not to be sacrificed on the altar of clinical services.

Royal College



Whoever holds the purse strings has the power. And it's a matter of them wrestling to carve out a budget which is theirs and make final budget decisions. It's not soluble by changing staff, there are not better or worse people.

HEI

... but also its biggest opportunity

To deliver the workforce of the future

HEE was seen as having a **critical role** to play in delivering the workforce of the future:

- Increasing **staff numbers** through training and recruitment
- Creating a **multi-professional, flexible** workforce
- Able to cope with **technology's** rapidly evolving abilities

Some felt that to do so, HEE had a key role to play in getting the Royal Colleges and HEIs onboard and adapting with them.

To jointly deliver the Interim People plan

- The Interim People Plan is seen as a good platform for HEE to **work with others** and collectively deliver on its strategic priorities.
- Through its work on the plan, stakeholders are more aware of the **breadth and depth of expertise** held within HEE.



There is a really exciting role for HEE to play in getting the medical education establishment to move faster towards the future world, to multi-professional, multi-disciplinary teams, more digitally enabled workforce.

National Body/ALB



The tides have turned quite significantly in the last 2 years – the system accepting what's been developed in the People Plan which gives HEE a more prominent place in driving change in the NHS over the next 10 years... It's an exciting moment for HEE, the wind is in their sails.

Professional body

Closer working with NHSE/I is ultimately seen as a good opportunity

- Stakeholders mentioned that historically NHSE/I and HEE had **not worked together** as effectively as they could have.
- Overall, stakeholders want to see HEE remain **distinct** rather than be merged into NHSE/I but this view is not held uniformly.

It's good to keep education separate because when there is lack of funding, education is the first thing to go. So there is a worry of bringing the bodies together, however it may be more efficient that way.

National body/ALB

Ultimately it doesn't matter whether HEE is entirely independent or whether it comes under NHSE/I, it's about what happens in practice. But our sense so far is that the closer relationship is leading to more alignment and people being on the same page.

National body/ALB

How the relationship should develop

On balance, the closer alignment with NHSE/I was perceived to be a good **opportunity** for HEE, although stakeholders expressed some caveats to this. They want to see:

- a clearer **delineation** of roles between HEE and NHSE/I
- no **duplication** between both organisations
- a **change** of both organisations' working processes to ensure greater partnership working
- HEE retaining its **independence** and ability to exert political influence



Implications

Implications

There are good opportunities ahead

- Overall, stakeholders feel HEE is moving in the right direction.
- The Interim People Plan offers a good platform for HEE to take forward its strategy.

HEE can improve its engagement of stakeholders

- Provide clearer points of contact and greater transparency about organisational structure
- Re-establish relationships following recent restructure and avoid future restructures
- Provide longer turnaround times and earlier notification
- Provide greater transparency over funding arrangements and decision making

Clarity and consistency are important

- It's important that HEE and NHSE/I provide greater clarity on role and remit
- Reduce variation in messaging and siloed working across the organisation

Organisational behaviours can evolve further

- Avoid defensive behaviour and the need to protect position in the system
- Have greater confidence and self-belief in HEE being critical to workforce transformation
- Harness the opportunity brought by closer alignment with NHSE/I
- Remain strategic and avoid being drawn into micro-problem solving
- Work in greater collaboration and consider levers for change such as progressive allies

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