to William Wells, June 2004). By contrast, rigorous work to set boundaries has been less evident, and this has contributed to suspicion of NHSU's acquisitiveness on the part of important partner organisations and confusion as to the organisation's focus

- a discrepancy between the remit described by NHSU and its leverage: NHSU has few powers (and, in particular, no power either to fund or to direct). Until recent discussions (still under way) about formal mechanisms for obtaining SHA commitment to its own-badged training provision, its strategy for making an impact on the NHS rested almost exclusively on its ability to influence and the "pulling power" of its products. This reliance on persuasion sits uneasily with the substantial investment of public money in NHSU

- a lack of emphasis placed on responding to customers' wishes: NHSU appears to have given relatively little weight to identifying what services its customers are interested in and would be prepared to buy, although some relevant work was undertaken on behalf of NHSU to inform its Learning Needs Observatory report in 2004. The MORI survey commissioned by NHSU focused on attitudes to training rather than a harder-edged survey of the market. Only recently has NHSU developed a Gateway process through which SHAs can systematically influence the development of its provision from an early stage

- a lack of recognition of the changing NHS system in NHSU's strategic planning: the emergence of Foundation Trusts (FTs), with greater autonomy within the NHS, will test NHSU's power to influence still further. We have not found evidence that NHSU's strategic planning has taken this into account, nor recognised the need to link more closely with the newly emergent NHS regulatory bodies (including the FTs Regulator).

SUMMARY

1.6 We have been struck, in the course of our review, by the absence of simple, clear descriptions of NHSU's purpose and the parameters of its role. Therefore it is not surprising that we have been given different descriptions of the NHSU role from within the organisation and by stakeholders. We have spent some time setting the context, describing the relative lack of clear boundaries round NHSU's role and the organisation's ambitions because these are fundamental to an assessment of its progress -

- it has made it difficult for NHSU to focus on key early priorities, and equally difficult for it or its stakeholders to assess its progress and performance

- the lack of clear boundaries between NHSU's role and that of other organisations in health education and training has caused confusion and friction. This, in turn, has created a difficult climate for the establishment of strong and effective partnerships with stakeholders on which NHSU is crucially dependent.