



AHSN-stakeholder research 2015



West of England
Academic Health
Science Network

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Overview



Survey details

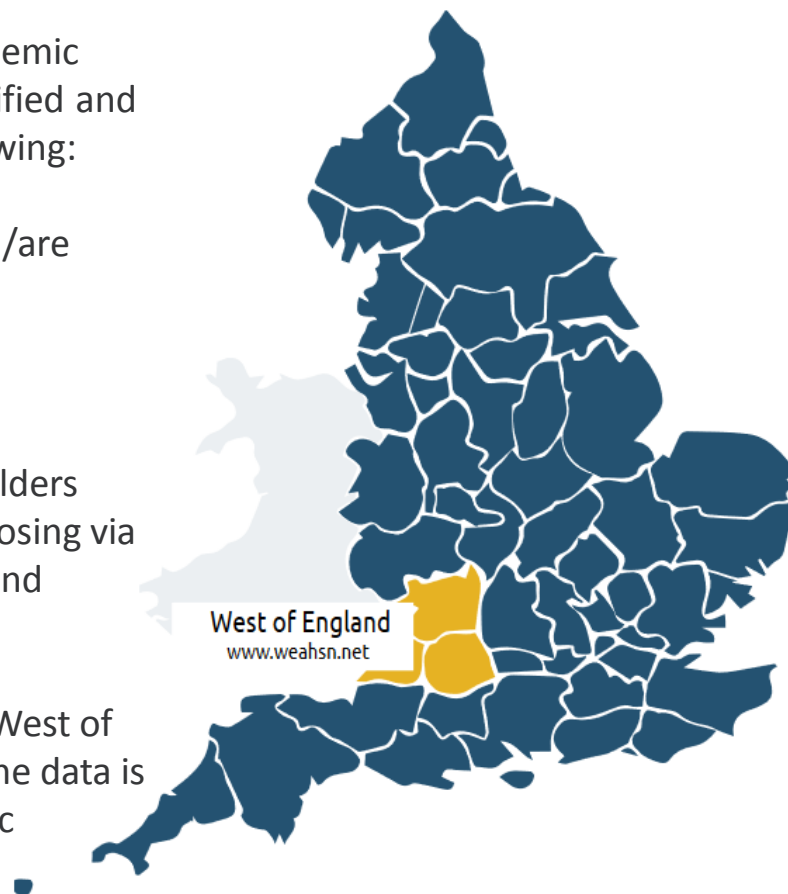
An online survey was administered to stakeholders of the Academic Health Science Networks. Stakeholders were initially pre-identified and provided with the opportunity to comment on any of the following:

- The AHSN which they are identified as having worked with/are associated with;
- Any other AHSN; and
- The entire AHSN network at a national level.

In addition, individuals who were not pre-identified as stakeholders were also given the chance to comment on AHSNs of their choosing via open links disseminated by NHS England, other stakeholders, and through AHSNs' own communication channels.

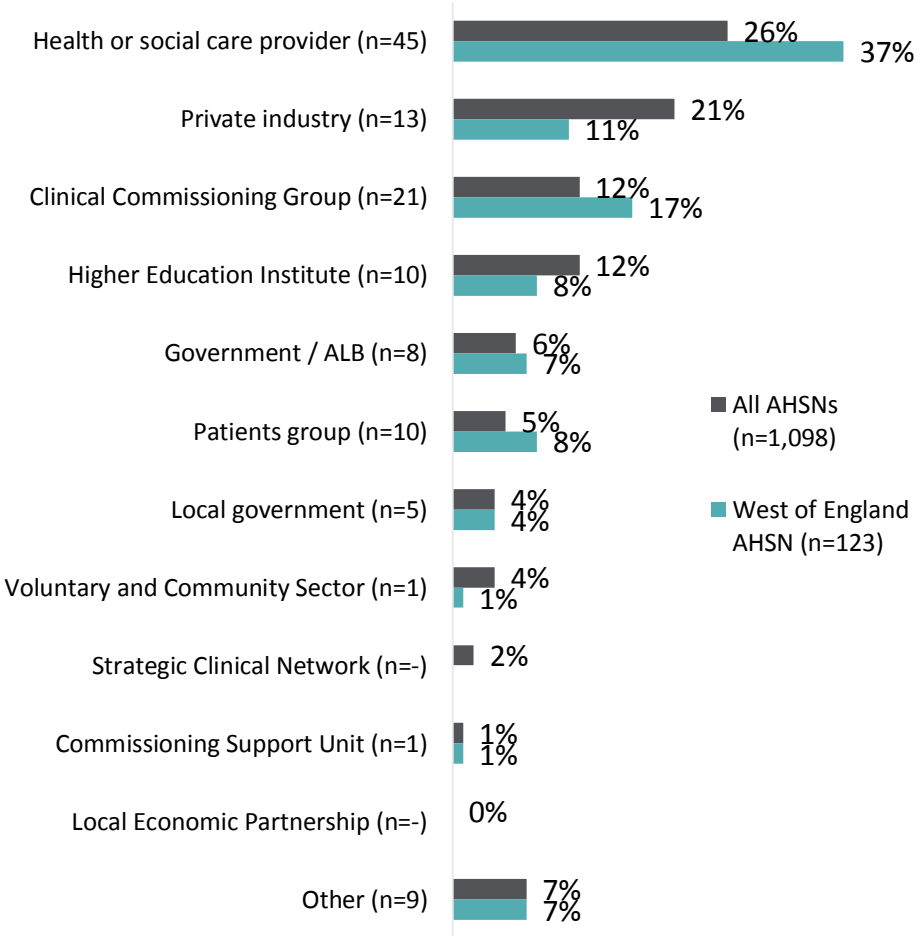
This report contains responses specifically given in relation to West of England AHSN. This is based on 123 responses. In the report, the data is compared against the total figure for all AHSNs for each specific question.

The survey ran between July 9th and 7th August 2015.

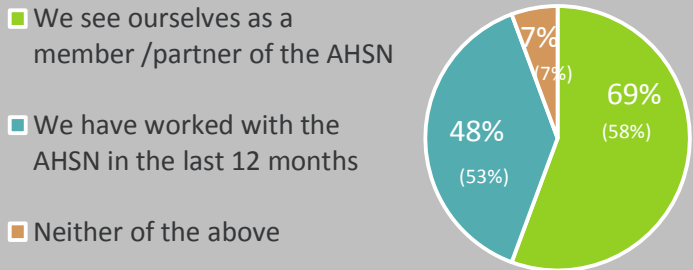


Who took part?

Stakeholder type

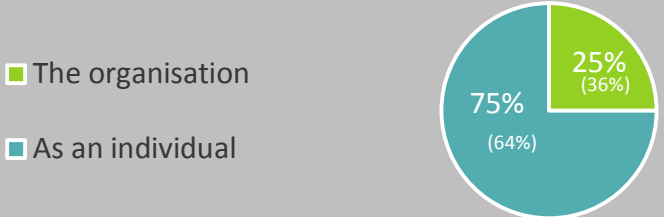


Working relationship



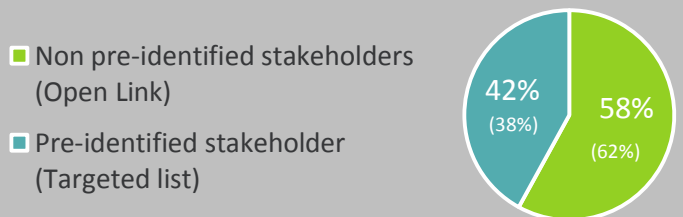
Note: All AHSN figures in brackets

Answering on behalf of their organisation or as an individual



Note: All AHSN figures in brackets

Sample source



Note: All AHSN figures in brackets



Understanding the results

A **sample of stakeholders** were surveyed, rather than the entire population of stakeholders. The percentage results are subject to **sampling tolerances** – which vary depending on the size of the sample and the percentage concerned.

Confidence levels say how ‘sure’ we are about the results. That is, at 95% confidence level we have 95% probability that the results didn’t happen by chance but are similar to what is real for the population. If the survey was rerun 100 times the results in 95 of those surveys would fall very closely to the first run.

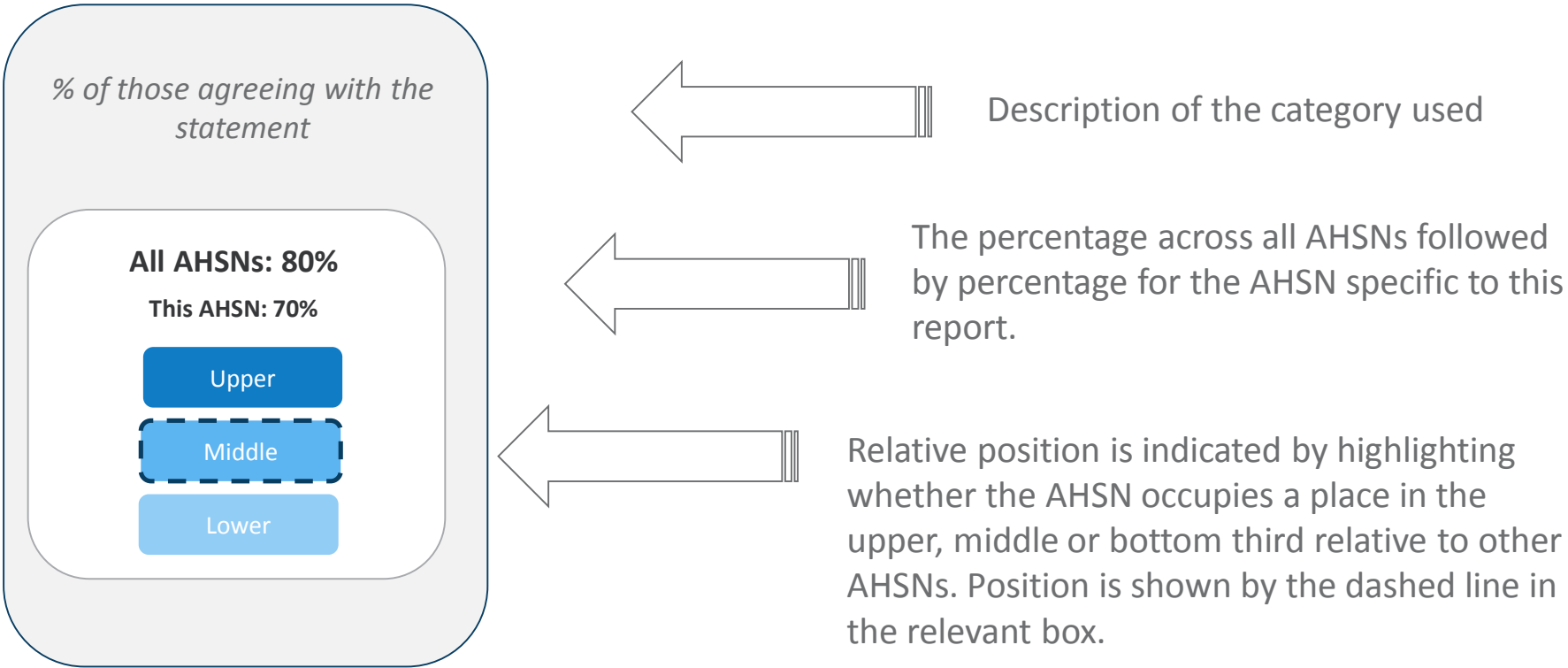
When comparing an individual AHSN’s results to the ‘all AHSNs’ average or other AHSNs, a difference must be of at least a certain size to be statistically significant. The table below illustrates the percentage difference needed based on example size sizes and percentages at the 95% confidence level.

Size of sample	Approximate sampling tolerances applicable to percentages at or near these figures (at the 95% confidence level)		
	90% / 10%	70% / 30%	50%
100	+/- 6	+/- 9	+/-10
70	+/- 7	+/- 11	+/-12
50	+/-8	+/- 13	+/-14



Explanation of the positioning graphic

A comparator display has been included to help support the AHSN in their development. Although caution should be taken in light of the sampling tolerance levels outlined previously, AHSNs have indicated it will be useful to understand their results in relation to other AHSNs.



Summary



Summary (1)

- Nine out of ten (91%) West of England AHSN stakeholders recommend working with it, a figure that is 16 percentage points (pp) higher than the all AHSNs average (slide 42).
- 44% feel it has achieved more than expected in the last 12 months and only 9% less than expected (slide 41). Many (69%) agree that it has helped them towards achieving their objectives in the last year (slide 40).
- Over half (55%) have a 'good' understanding of its role (slide 11) which is again higher than the AHSNs average (11 pp) and encouragingly many (78%) feel that its role has become clearer in the last 12 months (slide 12).
- Over a third (34%) have a good understanding of West of England AHSN's plans and priorities (slide 14) and 90% report a 'good working relationship' with the AHSN. This compares favourably with the all AHSNs average of 72% and 68% feel the relationship has improved in the last year (slide 17).

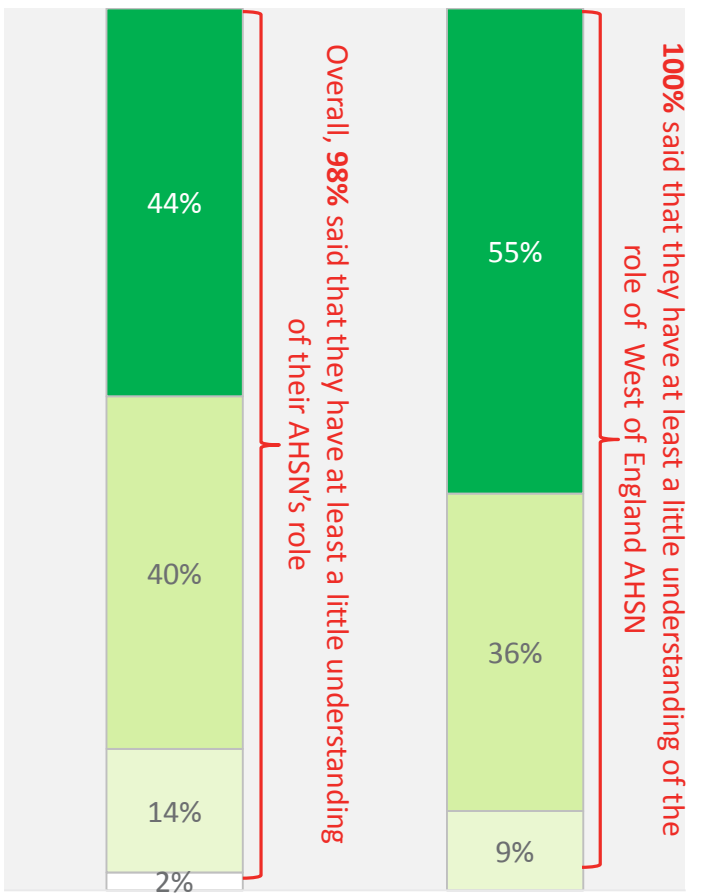
Summary (2)

- 84% agree that West of England AHSN has ‘clear and visible leadership’ (slide 19) which is 15pp higher than the all AHSNs figure and the vast majority (78%) have confidence it will ‘deliver its plans and priorities’ (slide 20).
- 70% feel that its priorities are aligned to local priorities (slide 23) and, accordingly, all three measures of engagement and involvement are in the upper third of AHSNs. For example 76% feel ‘involved’ in West of England AHSN, compared to 62% across all AHSNs (slide 24).
- Three-quarters (75%) have found value in its ‘facilitating collaboration’ work and 69% in the ‘identification, adoption and spread of innovation’ (slides 29 and 30).
- 83% rate its ‘quality of advice’ as quite or very good, a proportion that is 18pp higher than the all AHSNs average. The same percentage rate its ‘knowledge of the local landscape’ (slide 35).
- The vast majority (85%) consider West of England AHSN effective at ‘building a culture of partnership and collaboration,’ a proportion that is 18pp higher than the all AHSN average (slide 37).

Understanding the role of the AHSN



Q. To what extent do you feel you understand the role of the AHSN?



All AHSNs (n=1,100) West of England AHSN (n=125)

- A good understanding
- A fair understanding
- A little understanding
- None at all

% of those with a good understanding of the AHSN's role

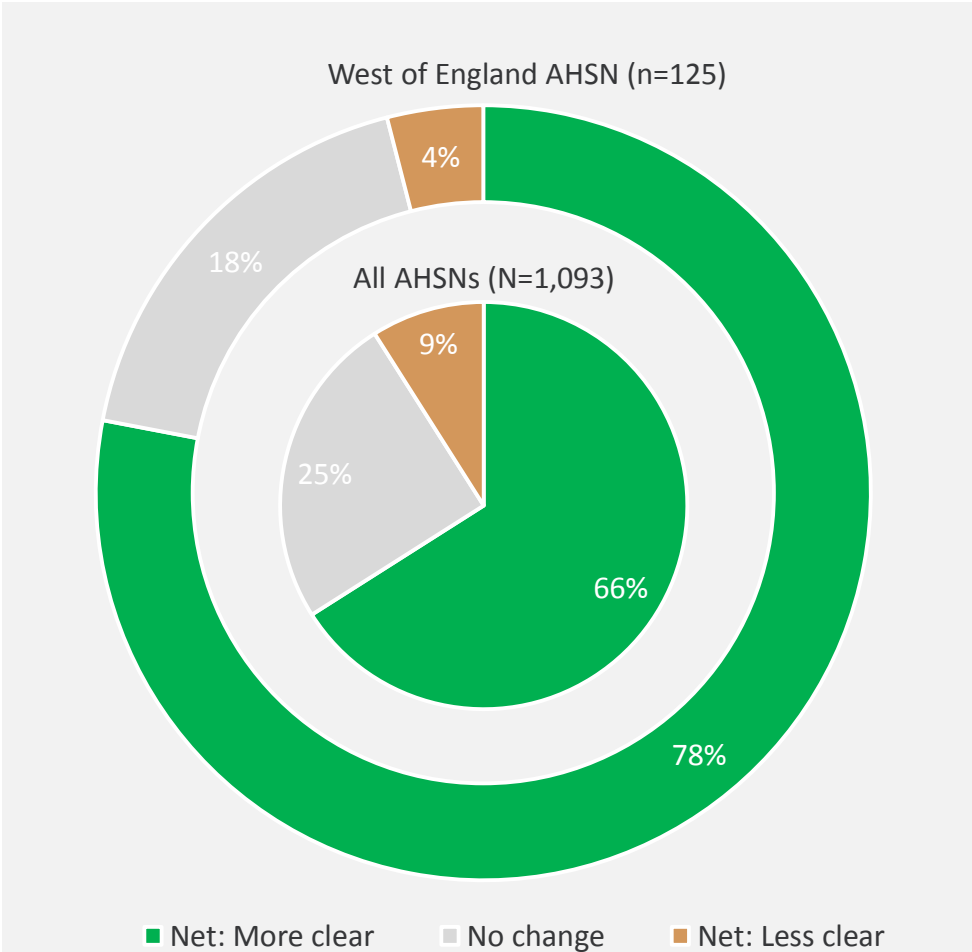
All: 44%
West of England AHSN : 55%

Upper

Middle

Lower

Q. And thinking about the past 12 months, to what extent has the role of the AHSN become more or less clear?



% for whom role has become more clear

All: 66%
West of England AHSN : 78%

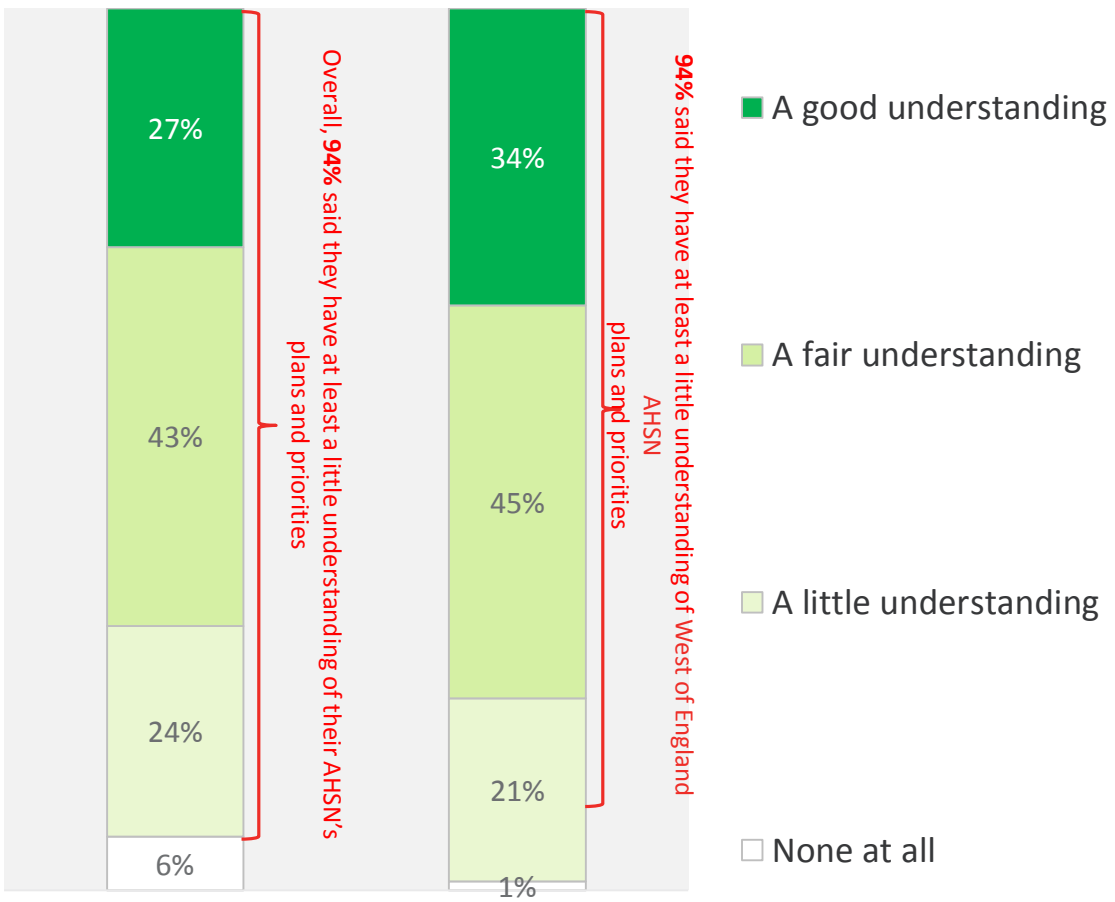
Upper
 Middle
 Lower

Net: more clear = % much more clear + % more clear
 Net: less clear = % much less clear + % less clear

Understanding of AHSN plans and priorities



Q. To what extent, if at all, do you understand the AHSN's plans and priorities?



All AHSNs (n=1,090) West of England AHSN (n=125)

Overall, 94% said they have at least a little understanding of their AHSN's plans and priorities

94% said they have at least a little understanding of West of England AHSN plans and priorities

- A good understanding
- A fair understanding
- A little understanding
- None at all

% of those with a good understanding of the AHSN's plans and priorities

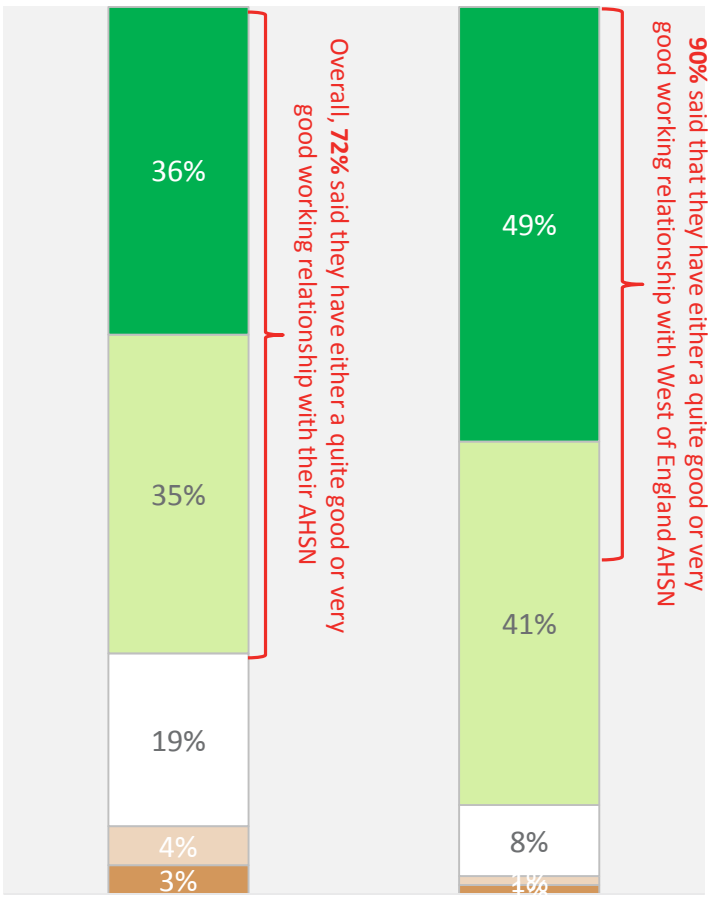
All: 27%
West of England AHSN : 34%

Upper
 Middle
 Lower

Stakeholder relationship with the AHSN



Q. Overall, how would you rate your working relationship with your AHSN?



Overall, **72%** said they have either a quite good or very good working relationship with their AHSN

90% said that they have either a quite good or very good working relationship with West of England AHSN

- Very good
- Quite good
- Neither good nor poor
- Quite poor
- Very poor

% with a quite or very good working relationship with the AHSN

All: 72%
West of England AHSN : 90%

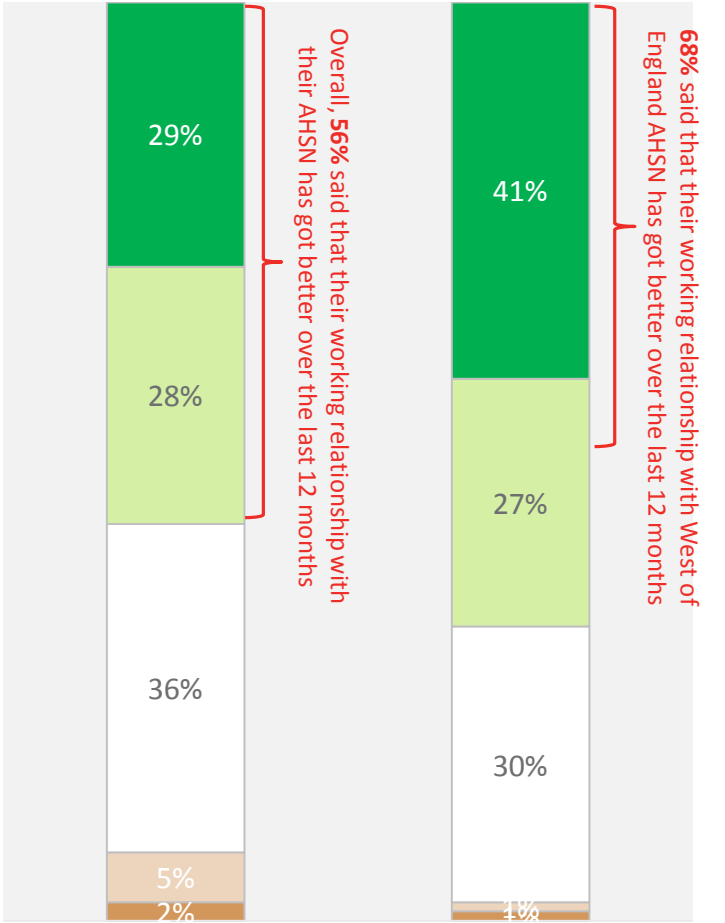
Upper

Middle

Lower

All AHSNs (n=1,083) West of England AHSN (n=125)

Q. Thinking back over the past 12 months, would you say your working relationship with the AHSN has got better, worse, or is about the same?



Overall, 56% said that their working relationship with their AHSN has got better over the last 12 months

68% said that their working relationship with West of England AHSN has got better over the last 12 months

- A lot better
- A little better
- About the same
- A little worse
- A lot worse

% relationship has got a lot or little better in the last 12 months

All: 56%
West of England AHSN : 68%

Upper
 Middle
 Lower

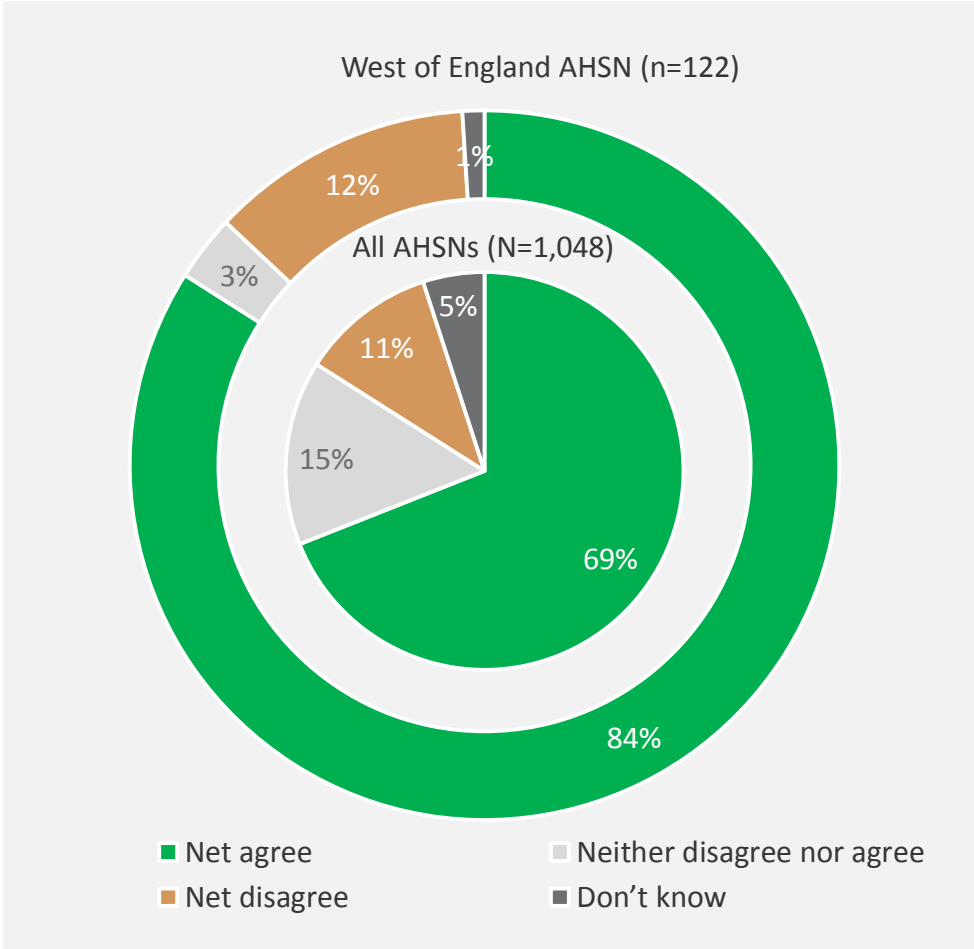
All AHSNs (n=1,077) West of England AHSN (n=125)



Stakeholder perceptions



Q. To what extent do you agree or disagree with the following?
The AHSN has clear and visible leadership



% agree the AHSN has clear and visible leadership

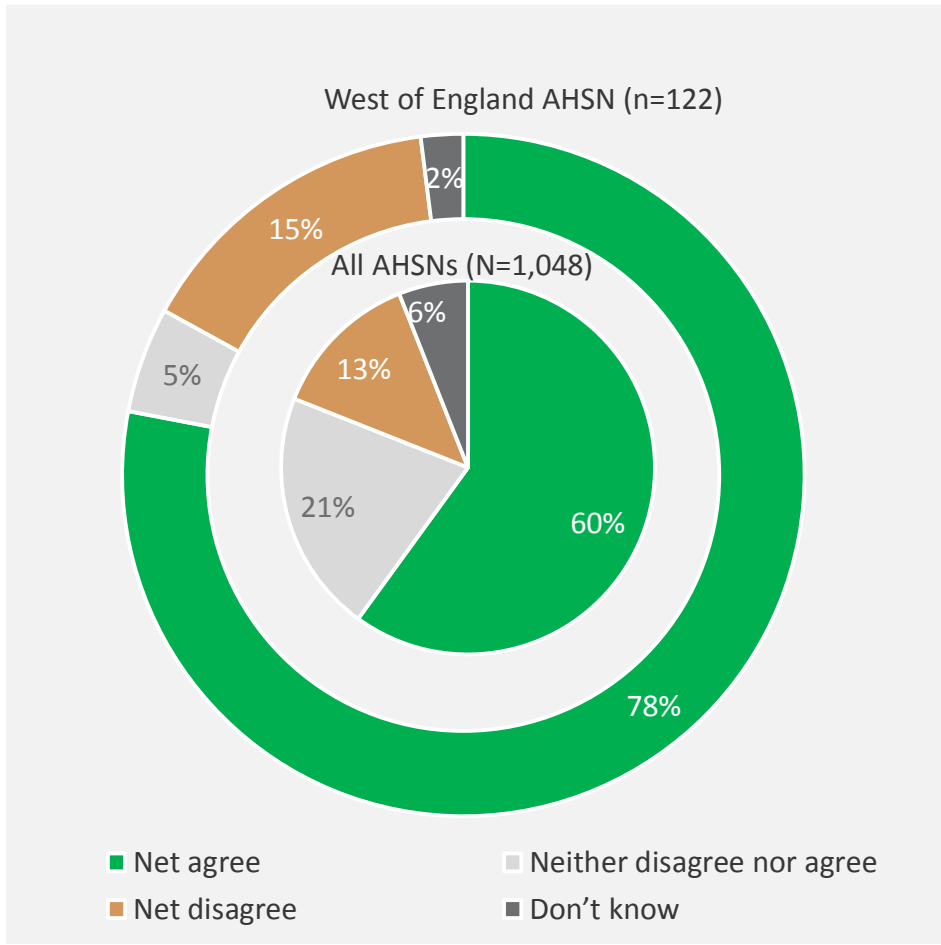
All: 69%
West of England AHSN : 84%

Upper
 Middle
 Lower



Net agree = % strongly agree + % tend to agree
 Net disagree = % strongly disagree + % tend to disagree

Q. To what extent do you agree or disagree with the following?
I have confidence in the AHSN to deliver its plans and priorities



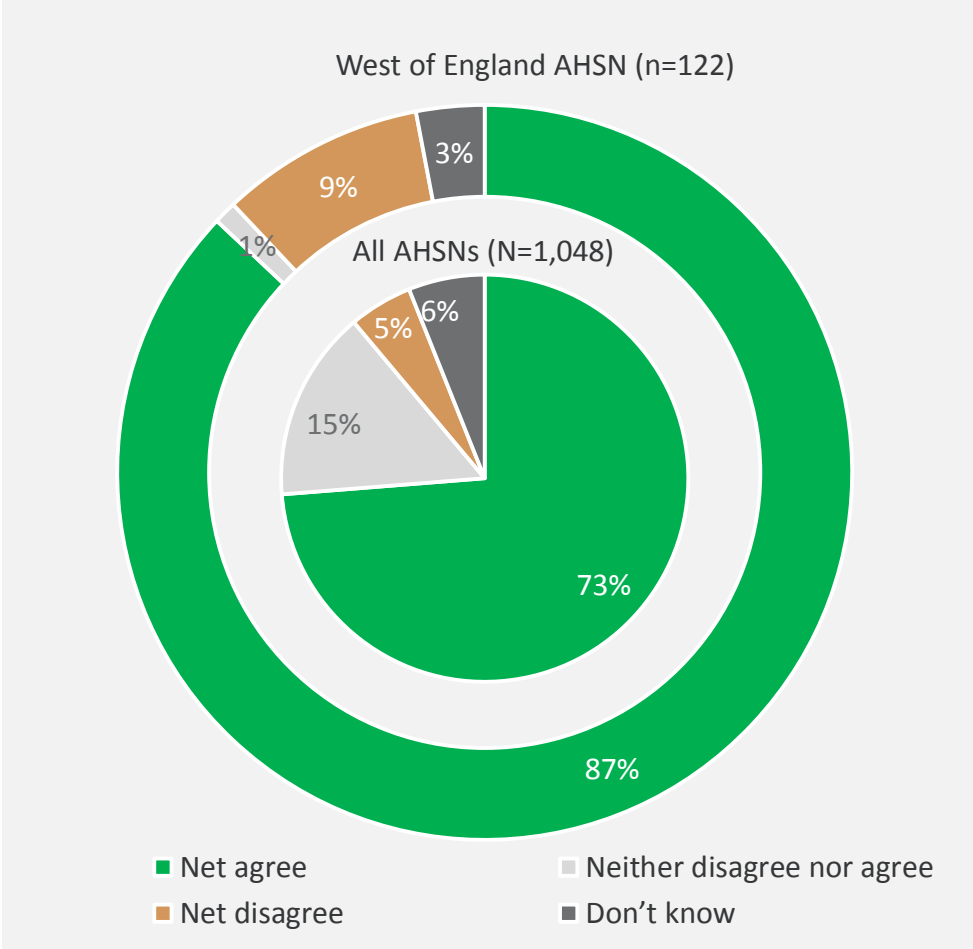
% agree have confidence to deliver plans and priorities

All: 60%
West of England AHSN : 78%

Upper
 Middle
 Lower

Net agree = % strongly agree + % tend to agree
 Net disagree = % strongly disagree + % tend to disagree

Q. To what extent do you agree or disagree with the following? *AHSN staff are knowledgeable*



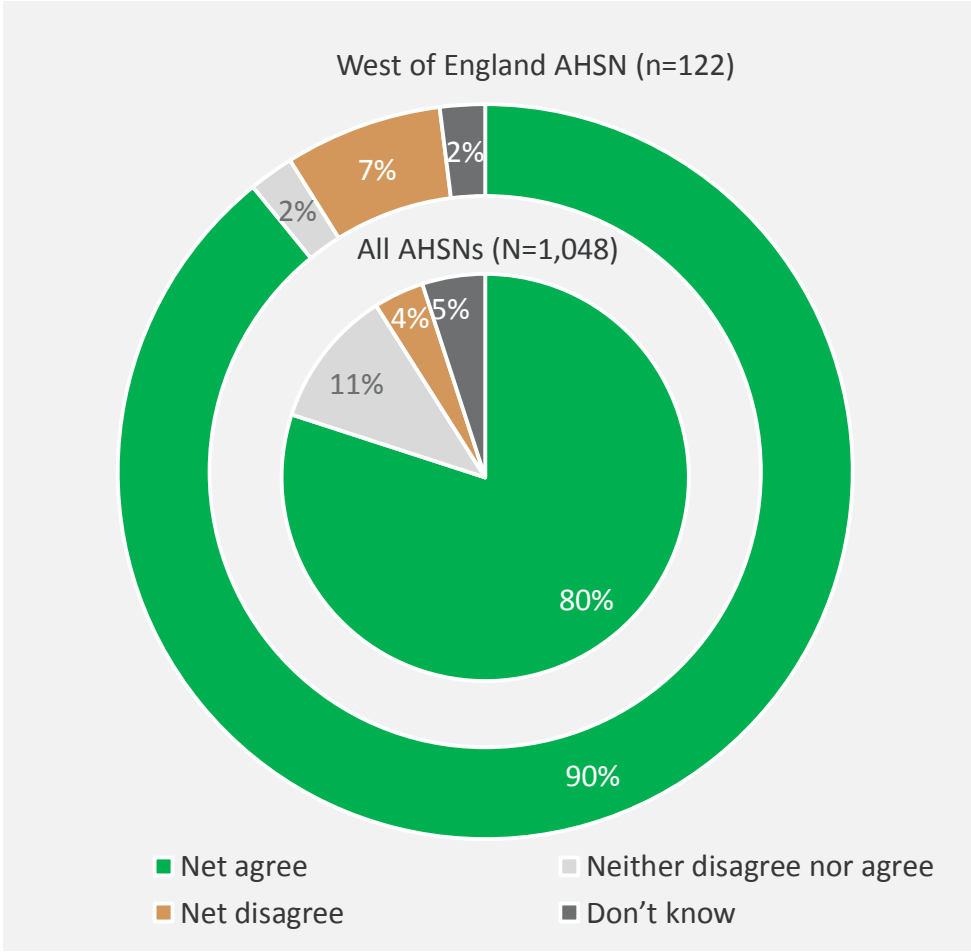
% agree AHSN staff are knowledgeable

All: 73%
West of England AHSN : 87%

Upper
Middle
Lower

Net agree = % strongly agree + % tend to agree
Net disagree = % strongly disagree + % tend to disagree

Q. To what extent do you agree or disagree with the following?
AHSN staff are helpful



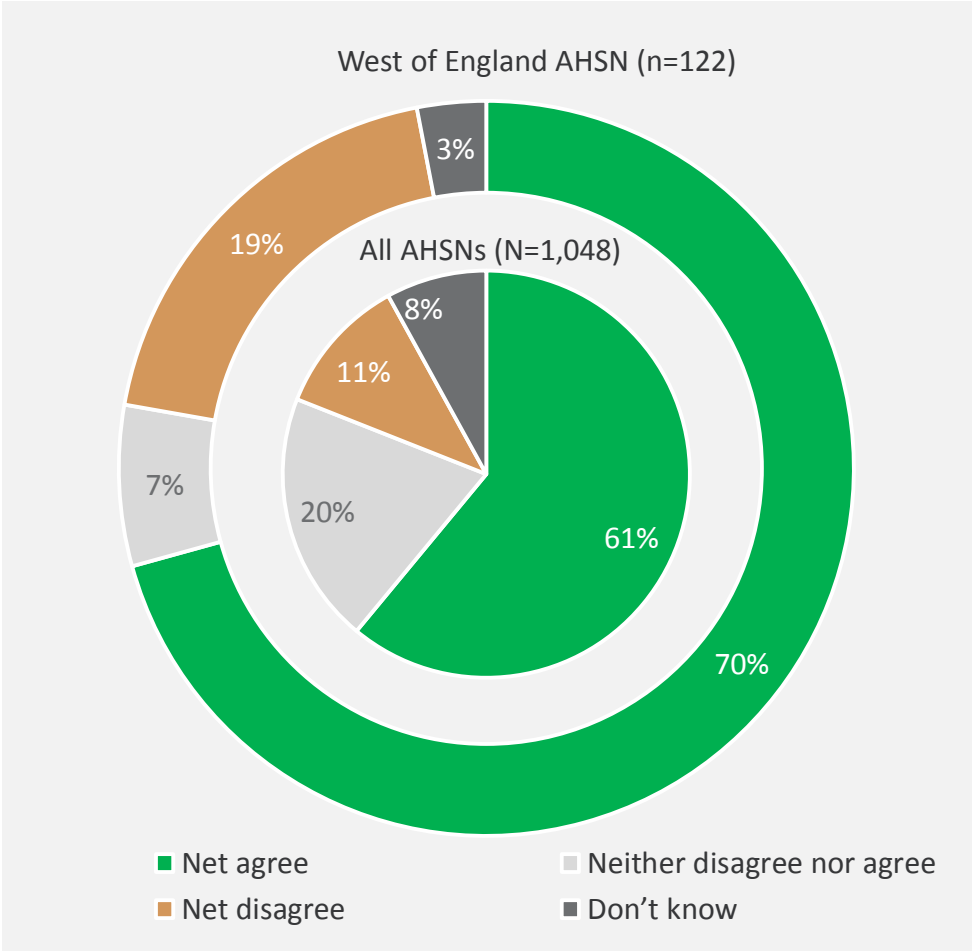
% agree that AHSN staff are helpful

All: 80%
West of England AHSN : 90%

Upper
 Middle
 Lower

Net agree = % strongly agree + % tend to agree
 Net disagree = % strongly disagree + % tend to disagree

Q. To what extent do you agree or disagree with the following?
AHSN priorities are aligned to local priorities



% agree that AHSN priorities are aligned to local priorities

All: 61%
West of England AHSN : 70%

Upper
 Middle
 Lower

Net agree = % strongly agree + % tend to agree
 Net disagree = % strongly disagree + % tend to disagree

Q. To what extent do you agree or disagree that in the last 12 months?



Attitudes towards AHSN staff



Q. If you have any comments about the AHSN's staff, leadership and priorities, please type in below

Theme(s) identified within the answers provided by specific stakeholder groups include:

Clinical Commissioning Group

Theme: The team

"Professional, collaborative and very approachable and personable."

"Excellent leadership and staff."

"Clear and effective Leadership of AHSN."

Health or social care provider

Theme: The team

"Great leadership with a good team."

"We have found the WEAHSN leadership and staff to be responsive to the needs of partner organisations."

Theme: Focus

"(Priorities) are becoming clear as the organisation emerges, but they could be clearer still."

"The vision has become much clearer over the past year or so. I would like more focus on innovation from within the NHS and supporting it."

Higher Education Institute

Theme: The team

"The leadership is very visible and accessible and all staff very professional. I cannot commend highly enough the positive impact they have had in the past year or so."

"They are a fantastic team. Professional, focused and delivery driven. The engagement is clear and the level of knowledge high."



Q. If you have any comments about the AHSN’s staff, leadership and priorities, please type in below *[continued from previous page]*

Theme(s) identified within the answers provided by specific stakeholder groups include:

Other

Theme: The team

“The AHSN staff provide highly visible leadership across the system at a time when it is most needed, concentrating on clear priorities for the NHS and local businesses.”

“All the staff are a pleasure to work with and seem to revel in the challenge.”

Theme: Focus

“As a new organisation, the AHSN is remarkable clear-sighted.”

“Clear alignment with local and national NHS priorities.”

“Leadership is strong, direct, honest and rigorous. Expectations are clear.”

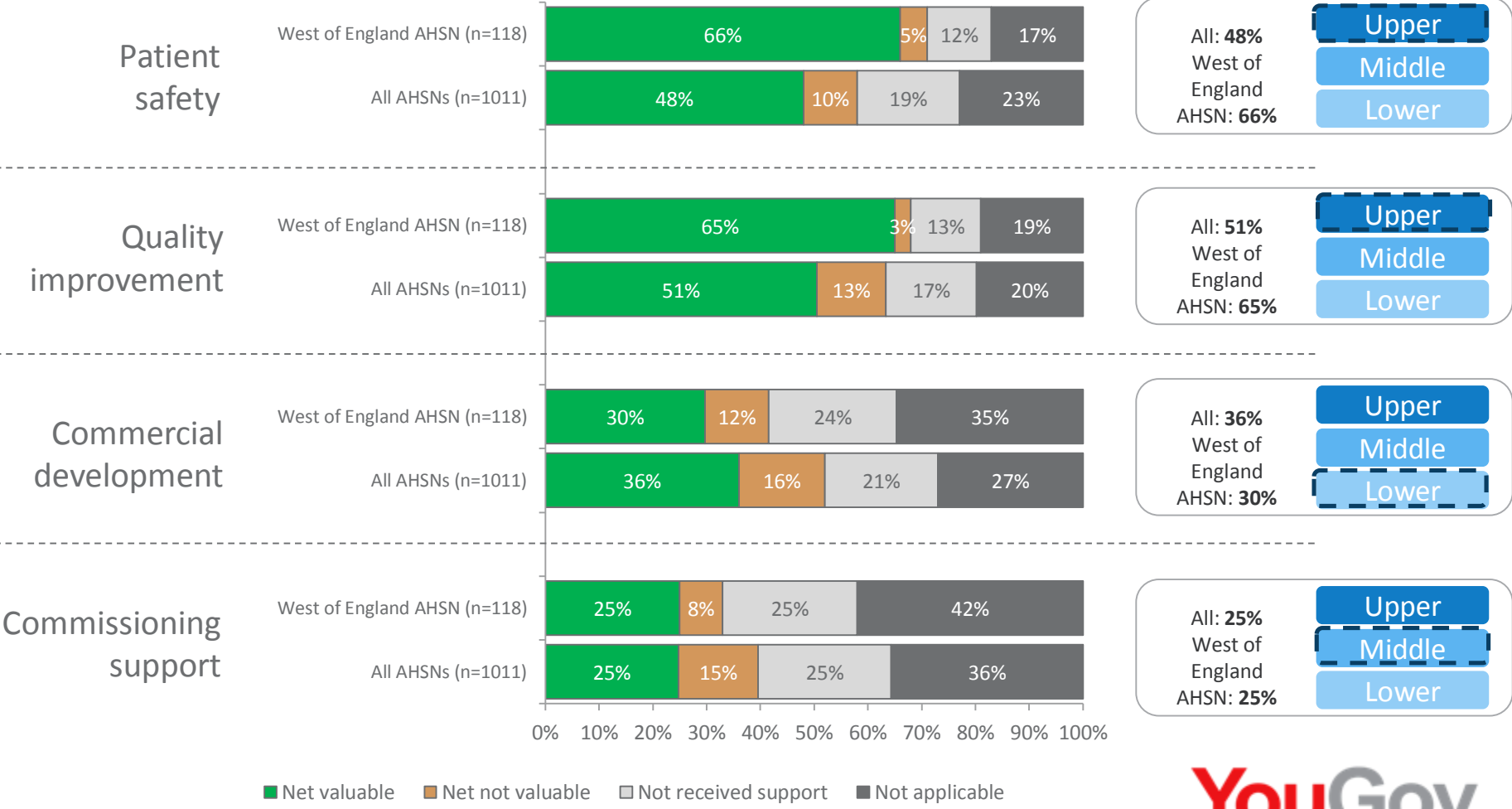


Value associated with the level of support provided



Q. The AHSN aims to work with organisations on the following themes. For each theme, how valuable or not has been the support from the AHSN in the last 12 months?

Position indicator:
% of those who think that that the AHSN has provided valuable support on....

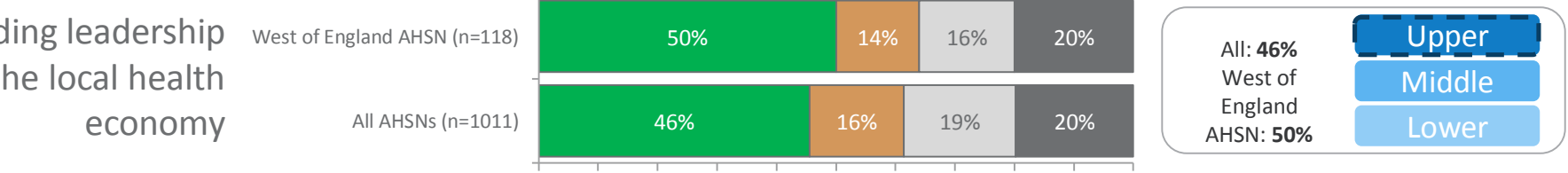
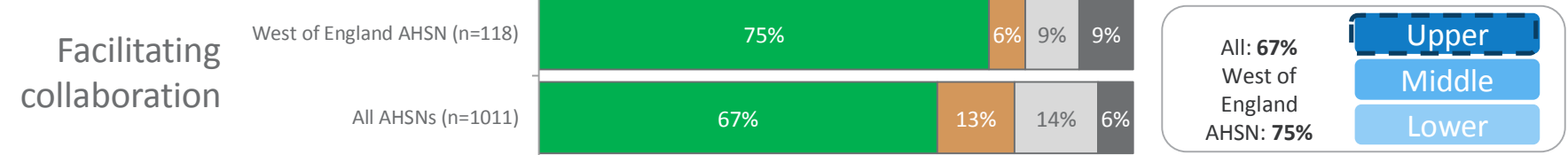
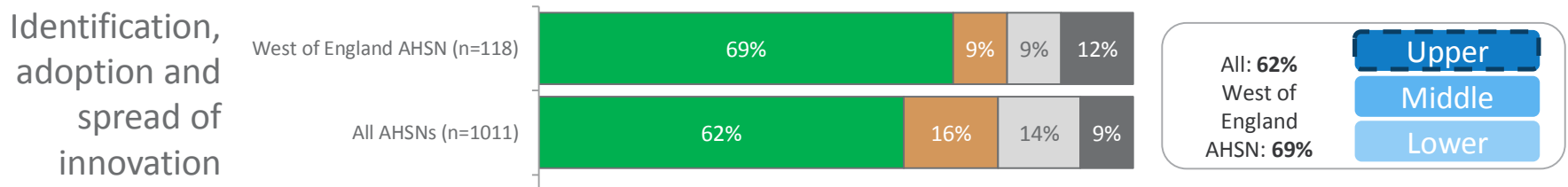


■ Net valuable ■ Net not valuable ■ Not received support ■ Not applicable



Q. The AHSN aims to work with organisations on the following themes. For each theme, how valuable or not has been the support from the AHSN in the last 12 months? *[continued from previous page]*

Position indicator:
% of those who think that that AHSN has provided valuable support on..



0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%

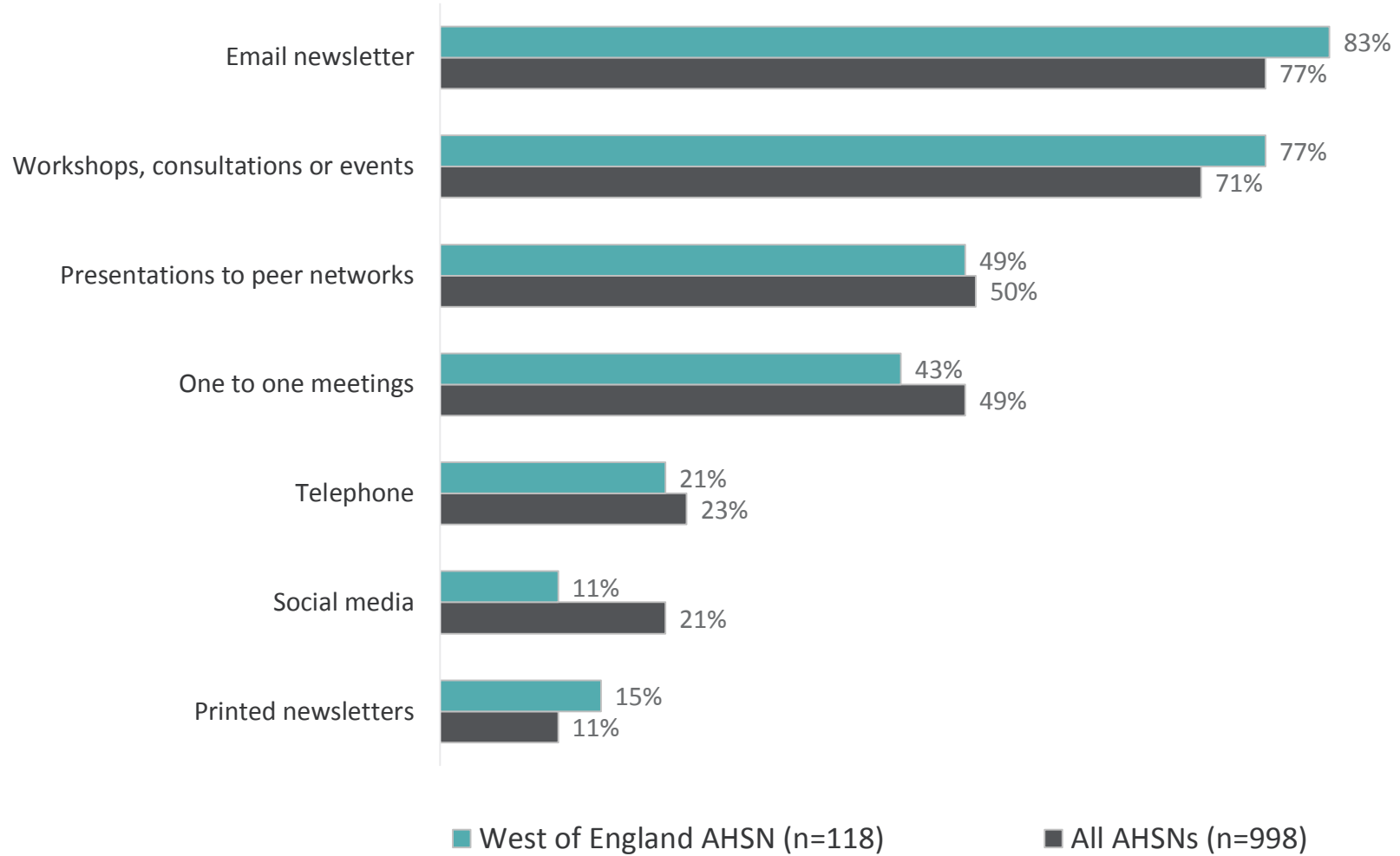
■ Net valuable ■ Net not valuable ■ Not received support ■ Not applicable



Preferred methods of communication between AHSN and stakeholders



Q. Which, if any, of the following are or would be your preferred ways for the AHSN to communicate with you?



Impressions of AHSN performance & effectiveness



Q. Overall, how would you rate the AHSN's...

Position indicator:
% of those who rate the AHSN as very / quite good for...

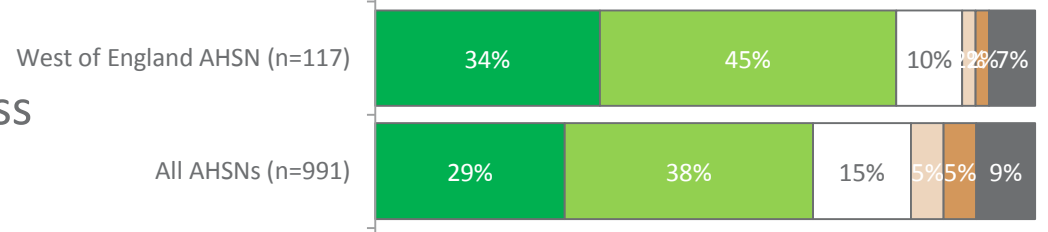
Accessibility



All: 67%
West of England AHSN: 81%

Upper
Middle
Lower

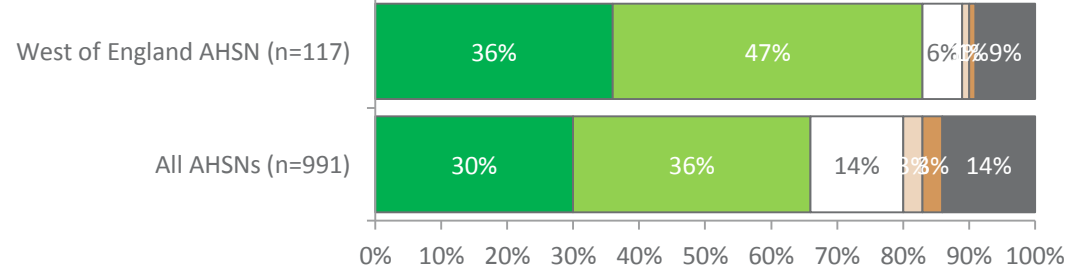
Responsiveness



All: 67%
West of England AHSN: 79%

Upper
Middle
Lower

Quality of advice



All: 65%
West of England AHSN: 83%

Upper
Middle
Lower

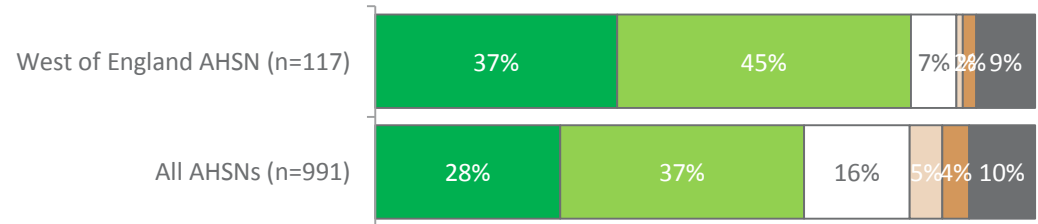
Very good Quite good Neither good nor poor Quite poor Very poor Don't know



Q. Overall, how would you rate the AHSN's... [continued from previous page]

Position indicator:
% of those who rate the
AHSN as good for...

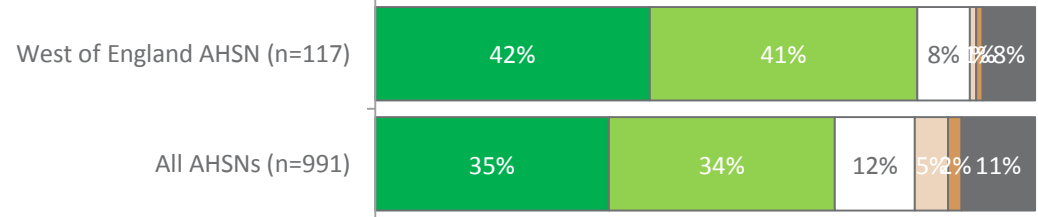
Quality of support



All: 65%
West of England AHSN: 82%

Upper
Middle
Lower

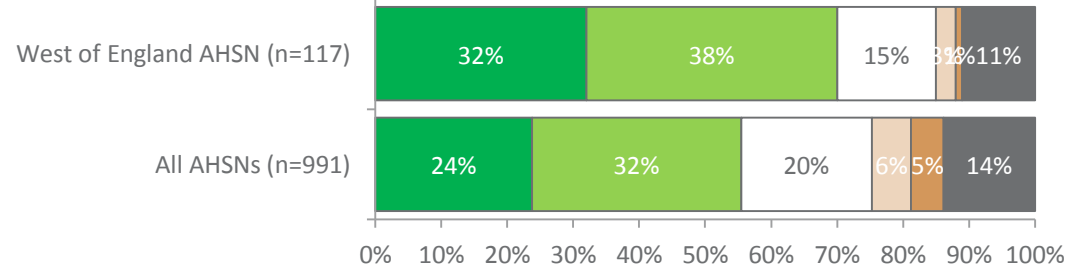
Knowledge of the local landscape



All: 69%
West of England AHSN: 83%

Upper
Middle
Lower

Promoting change in the local health economy



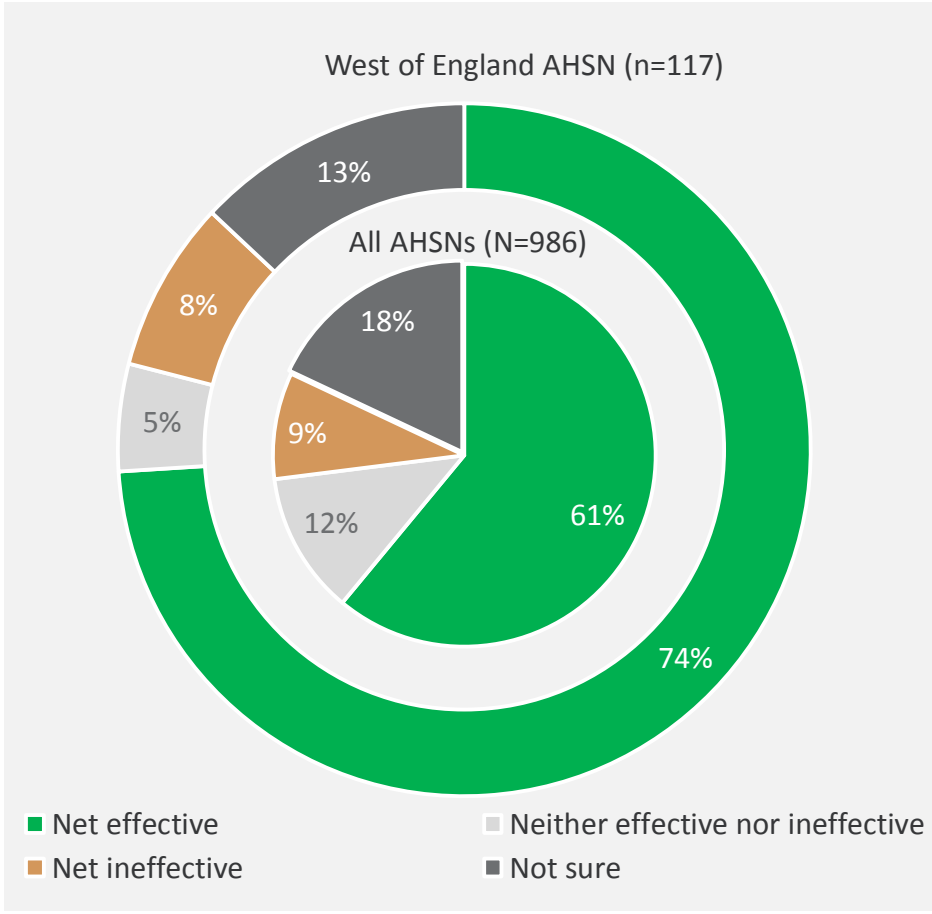
All: 56%
West of England AHSN: 70%

Upper
Middle
Lower

Very good Quite good Neither good nor poor Quite poor Very poor Don't know



Q. How effective or ineffective is the AHSN in doing each of the following? *Focusing on the needs of patients and local populations*



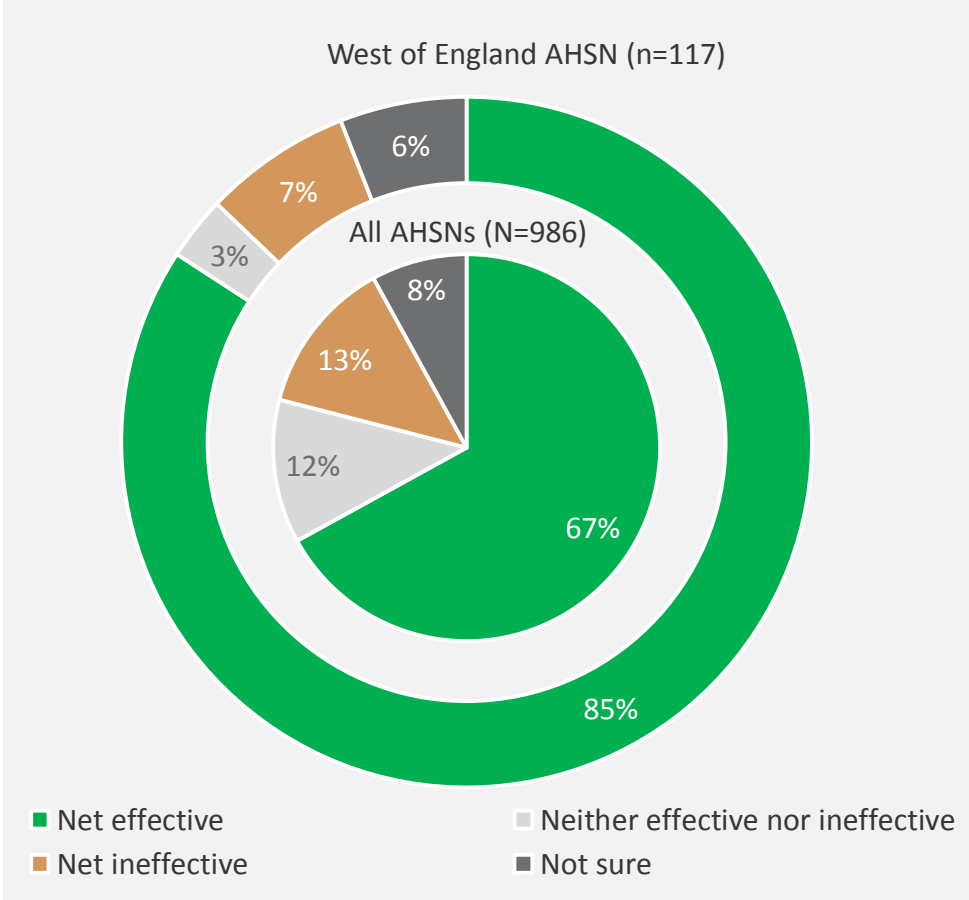
% effective at focusing on the needs of patients and local populations

All: 61%
West of England AHSN : 74%

Upper
 Middle
 Lower

Net effective = % very effective + % quite effective
 Net ineffective = % quite ineffective + % very ineffective

Q. How effective or ineffective is the AHSN in doing each of the following? *Building a culture of partnership and collaboration*



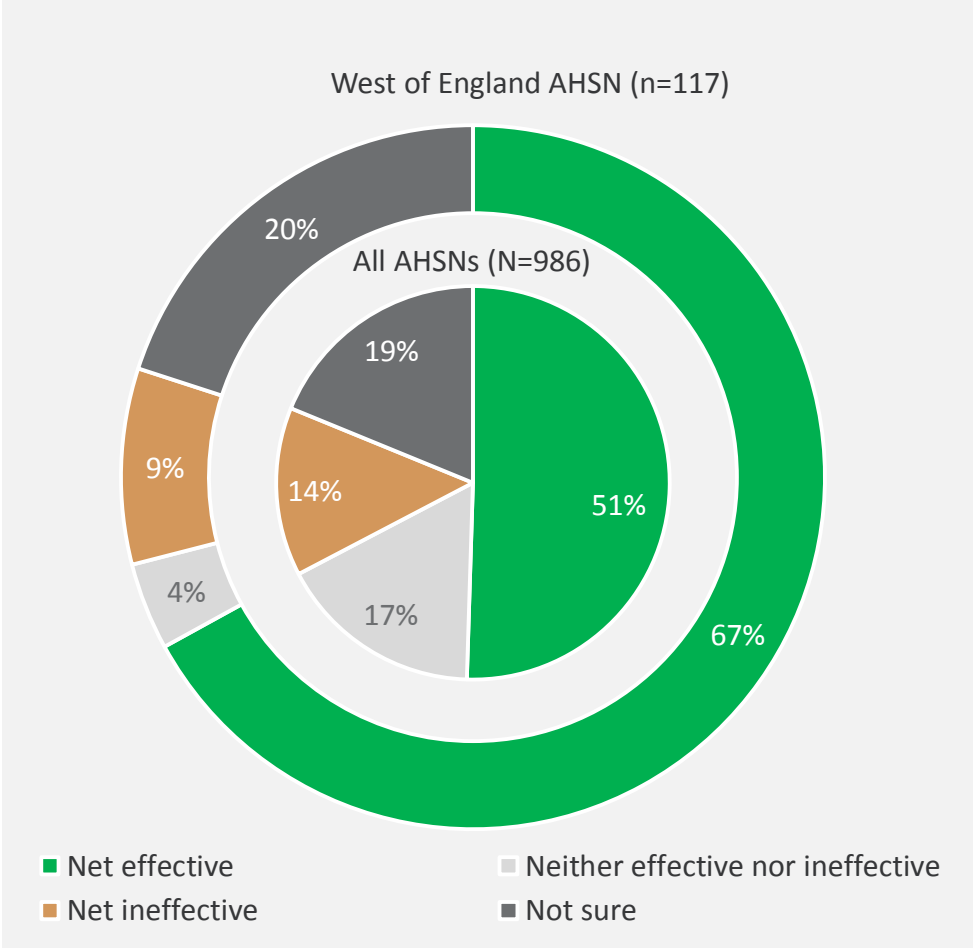
% effective at building a culture of partnership and collaboration

All: 67%
West of England AHSN : 85%

Upper
 Middle
 Lower

Net effective = % very effective + % quite effective
 Net ineffective = % quite ineffective + % very ineffective

Q. How effective or ineffective is the AHSN in doing each of the following? *Speeding up adoption of innovation into practice*



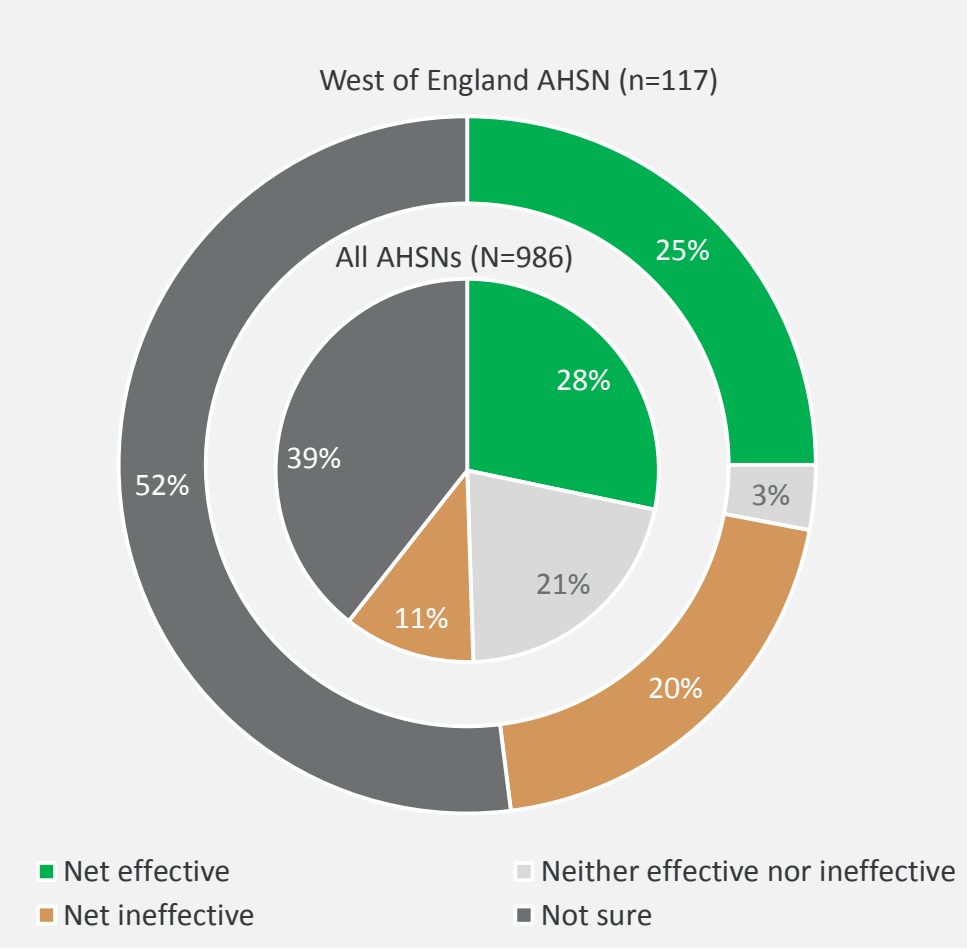
% effective at speeding up adoption of innovation into practice

All: 51%
West of England AHSN : 67%

Upper
 Middle
 Lower

Net effective = % very effective + % quite effective
 Net ineffective = % quite ineffective + % very ineffective

Q. How effective or ineffective is the AHSN in doing each of the following? *Creating wealth*



% effective at creating wealth

All: 28%
West of England AHSN : 25%

Upper

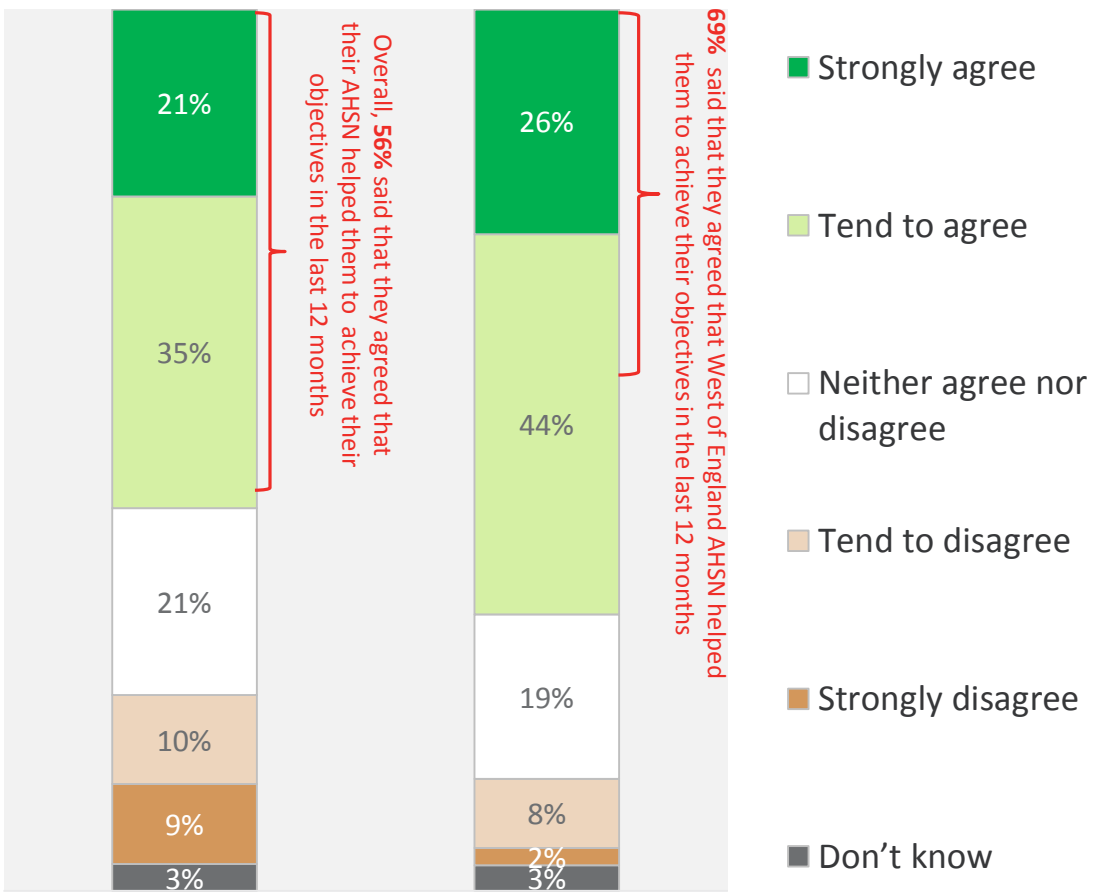
Middle

Lower



Net effective = % very effective + % quite effective
 Net ineffective = % quite ineffective + % very ineffective

Q. Thinking about the last 12 months to what extent would you agree or disagree that the AHSN has helped you / your organisation achieve your objectives?



Overall, **56%** said that they agreed that their AHSN helped them to achieve their objectives in the last 12 months

69% said that they agreed that West of England AHSN helped them to achieve their objectives in the last 12 months

- Strongly agree
- Tend to agree
- Neither agree nor disagree
- Tend to disagree
- Strongly disagree
- Don't know

% agreeing that AHSN has helped you / your organisation achieve its objectives

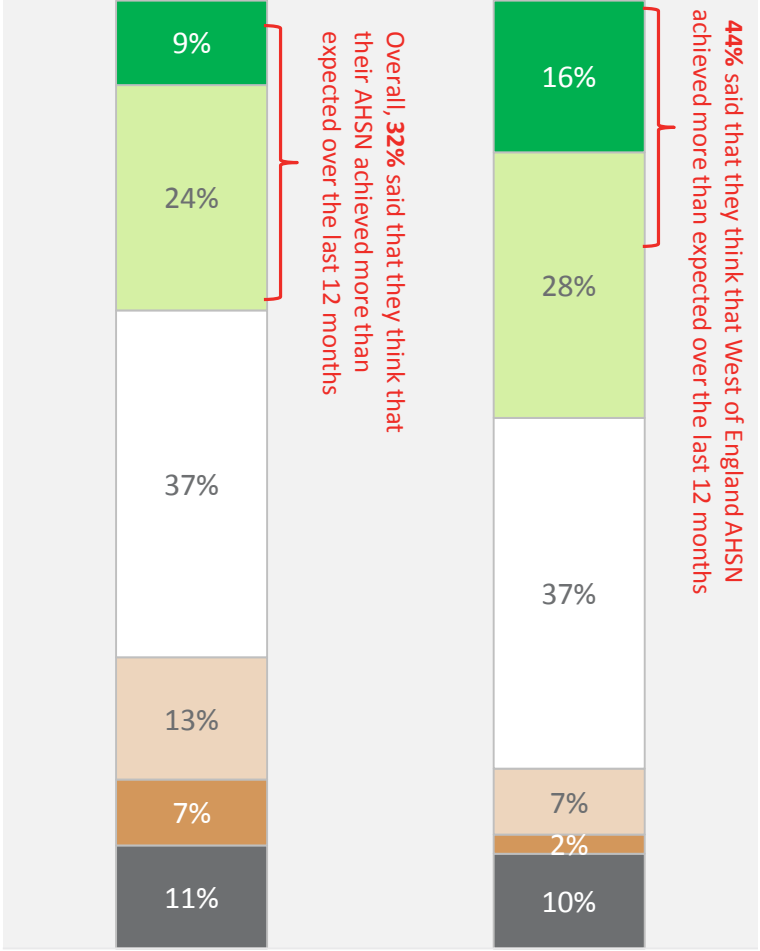
All: 56%
West of England AHSN : 69%

Upper
 Middle
 Lower

All AHSNs (n=982) West of England AHSN (n=117)



Q. Has the AHSN achieved more or less than you expected in the last 12 months?



Overall, **32%** said that they think that their AHSN achieved more than expected over the last 12 months

44% said that they think that West of England AHSN achieved more than expected over the last 12 months

- Much more
- Somewhat more
- About what was expected
- Somewhat less
- Much less
- Not sure

% stating AHSNs have achieved more than expected in the last 12 months

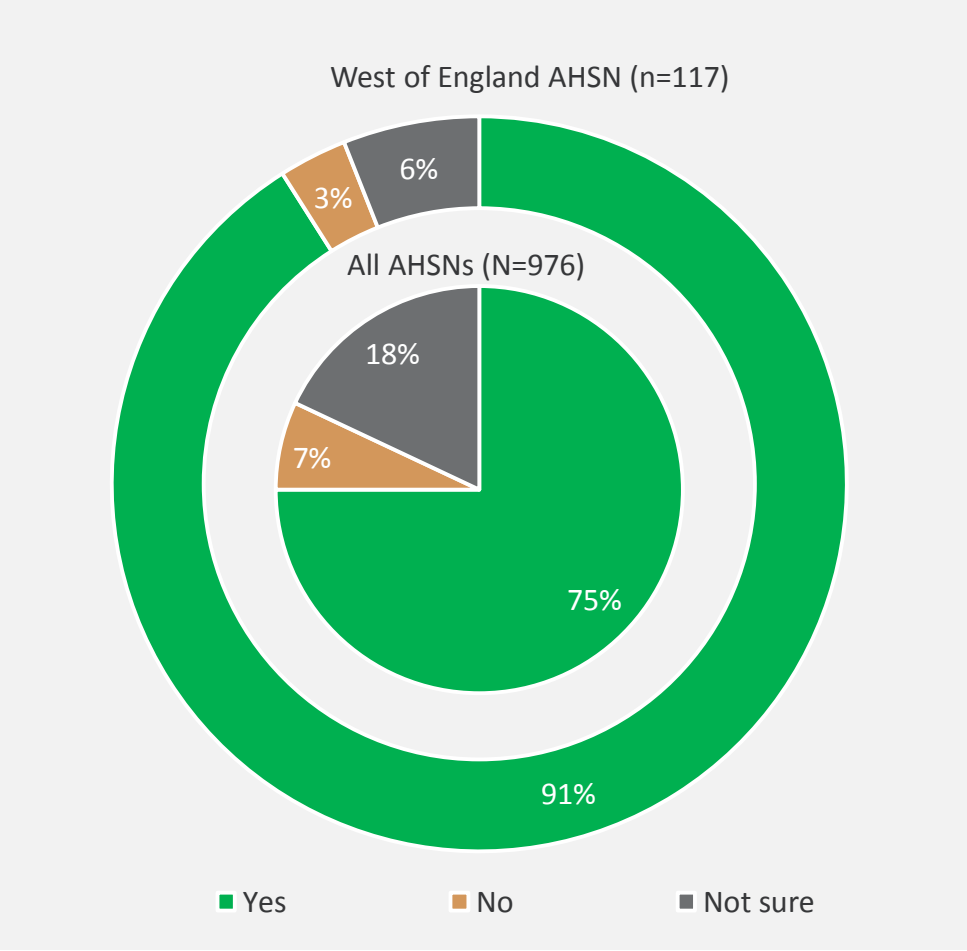
All: 32%
West of England AHSN : 44%

Upper
 Middle
 Lower

All AHSNs (n=981) West of England AHSN (n=117)



Q. Would you recommend involvement in /working with the AHSN to others?



% that would recommend involvement in / working with the AHSN

All: 75%
West of England AHSN : 91%

- Upper
- Middle
- Lower

Q. What would you like AHSNs to keep doing?

Theme(s) identified within the answers provided by specific stakeholder groups include:

Private sector

Theme: Facilitate

“Facilitating collaboration through conferences, workshops etc.”

“Facilitating collaboration.”

Other

Theme: Facilitate

“Creating the environment for collaborative learning and working.”

“Continue in leadership role in bringing together the health communities.”

Q. What would you like AHSNs to keep doing? *[continued from previous page]*

Theme(s) identified within the answers provided by specific stakeholder groups include:

Health or social care provider

Theme: Guidance

“Keep us all on track with patient safety, continue to drive standards.”

“Continue to support quality improvement across the region and to join up good ideas and best practice.”

“Embedding best quality improvement capability in the health service.”

Theme: Facilitate

“Keep joining the communities together.”

“Provide the back up/liaison between different professional groups.”

“Occasional workshops, conferences, partnership projects.”



Q. What improvements could the AHSNs make over the next 12 months?

Theme(s) identified within the answers provided by specific stakeholder groups include:

Health or social care provider

Theme: Engage

“Becoming more hardwired in to the local innovation implementation i.e. a closer engagement with partner organisations with more coherent and observed linkage.”

“More openness with staff involved about other ongoing projects/ areas of work for the AHSN.”

Patients group

Theme: Communication

“Improve speed of response and communication.”

“Better communications with patients.”

AHSN specific questions



What could West of England AHSN do to help build capacity and capability for rapid improvement / innovation?

- *Better public involvement.*
- *Build on the foundations it has established.*
- *Capability - easy access to qi training and provision of oversight mentoring. Capacity - more tricky.*
- *Continue with their planned strategy.*
- *Demonstrate individual willingness to take on new learning - especially on is methods.*
- *Develop a pool of subject matter experts with the freedom to work directly with partners.*
- *Develop patient/public leadership.*
- *Develop toolkits for training and frontline service improvement.*
- *Empower people within organisations by providing learning and mentorship so people can push the changes themselves.*
- *Extend the type of innovation they will support.*
- *Have a pool of well trained working groups who are well versed in the topic / approach and work - not dissimilar to NICE.*
- *Have funding for projects from ppi's as patients have better ideas of what is needed and how we can help to save money that is wasted by the NHS also save life for patients.*
- *Improve understanding of improvement and innovation in NHS boards/ senior leaders. Building on 'A promise to learn – a commitment to act' (Berwick) we need to have senior leaders who can ask the right questions to get to the root of quality challenges and use data effectively.*
- *Improvement takes time.*
- *More grants.*
- *Need to be closer to CCGs.*
- *Partner with the business incubation centres. Find exemplars nationally and internationally to provide use cases and create visits to learn about these successful models. Fund high profile speakers/authors (e.g. Clayton Christiansen type people).*
- *Preceptorships, job swaps, secondments and knowledge transfer partnerships.*
- *Provide direct access to funding to facilitate this.*
- *Support improvement practitioners within organisations.*
- *Targeted meetings, implementation and innovation funds.*
- *Train, communicate, build relationships, use evidence from other AHSNs.*
- *Working in the thick of quality improvement and operational agenda's?*

What could West of England AHSN do to support collaborative working across the NHS and its partners? (1)

- *Already doing this and needs to continue.*
- *Arrange for meetings between different regions e.g. SWON.*
- *Build on the foundations it has established. More of the same.*
- *Circulation of newsletters between trusts, and also of all research developments, so that ideas have a base for innovation.*
- *continue to hold meetings and workshops in accessible geographic locations across the area. continue the focus on standardisation.*
- *Continue to leave the door open to all providers. Sometimes things with health in the title makes some providers think that they are excluded.*
- *Continue to work with CEOs/ Medical Directors across the health system.*
- *Do more events where instead of the innovators approaching the purchasers and chasing them around all over the place do it the other way - have an event where innovators present their innovation and take questions - the event can be themed so that those attend are generally interested in the innovation we are presenting.*
- *Enable clinicians to be released to think about implementation and innovation.*
- *Encourage and facilitate keystone programmes that require collaboration in order to succeed.*
- *Encourage involvement from across the care pathways and frequently highlight their achievements in all possible ways (local press / internal emails and memos etc.) That will encourage support and desire to be involved.*
- *Facilitate networks of like-minded individuals in parallel organisations. Show off a bit.*
- *Have a more visible partnering system. Encourage NHS to incentivise clinicians to participate in innovation.*

What could West of England AHSN do to support collaborative working across the NHS and its partners? (2)

- *Have an industry reference group or equivalent.*
- *Holding more events.*
- *Keep sharing the learning and the successes and failures of collaborative working. Expect that collaboration will become the way we do things around here and not accept silo thinking. Keep challenging the most senior leaders to change the way they and their organisations work together.*
- *Local meetings with public.*
- *More collaborative events and development of strong networks.*
- *More influence in Trusts.*
- *More of the same - this is a really important role.*
- *More partnership events and projects.*
- *More workshops on current commissioning issues - e.g. ophthalmology demand, managing cancer waits*
- *Need to get better engagement and sign up at Board level of partner organisations so staff are encouraged to engage.*
- *Partner with the corporates to get fixed resource (consultancy, workshops etc.) to accelerate corporate/SME partnerships.*
- *Provide a forum for condition-related exchanges of ideas, experiences, feedback and support for all interested agencies. The 'villages' at the October conference will be a good proving ground for this.*
- *provide clear guidance on what methodologies it intends to follow, and through this prompt the adoption of IS principles across the region.*
- *Support Patients who have the ideas to save lives for other Patients and what is needed and how to prevents wastage in the NHS.*