

# Stakeholder views and perceptions

## Summary Report

February 2017

## **Introduction**

In November 2016 Ben Jones, from AMJ Comms, was commissioned by King's Health Partners Academic Health Sciences Centre (AHSC) to conduct a perceptions and views project. The project had two objectives:

- to build a picture of how King's Health Partners most important local, national and international stakeholders view the AHSC, and its progress in delivering world-class clinical care, research and education; and,
- to use these views and perceptions of key stakeholders to inform the King's Health Partners Board meeting on Friday 27 January 2017.

## **Methodology**

Feedback was gathered in 25 (from an invite list of 36) telephone interviews, held with a wide range of stakeholders who were split into several groups that reflected King's Health Partners' key relationships (national, local, international, internal and non-executive directors).

## **Summary**

King's Health Partners has established itself as a respected and credible organisation in its short life. In the view of its key stakeholders, if it didn't exist, it would need to be invented.

This report provides feedback from a wide range of stakeholders who are very positive about the work of King's Health Partners. As it looks forward, there are excellent foundations upon which to build and support for the work it is doing.

There are some challenges from stakeholders; notably a call for the pace of delivery on key areas of work, such as the Institutes Programme, to be increased and more practical and tangible results to be produced. Stakeholders have also asked King's Health Partners to stick to its core mission and to do more to tell a coherent story about all of its work.

In an extraordinarily challenging environment, especially within the NHS, King's Health Partners is viewed by its stakeholders as managing the tensions inherent in a partnership that brings together long-standing and distinct organisation well, and maintaining a commitment and focus on world class standards as it delivers its tripartite mission.

The main challenge now for King's Health Partners, in the eyes of its stakeholders, is how to continue the positive contribution the AHSC is making to the lives of its patients, building on the strong foundations it has laid, but with an increased pace of delivery.

## The feedback

The stakeholder interview feedback is grouped under five themes that arose during the discussions:

- 1. King's Health Partners has established itself as a credible and important organisation - if it didn't exist, it would need to be invented.**

During its short life, King's Health Partners has established itself with its key stakeholders. They regard it as a "*credible*" organisation, doing important work on research, healthcare delivery and education and training. The overall feedback on King's Health Partners was very positive, with stakeholders speaking with some passion about King's Health Partners and its work, including praising the "*high calibre*" of King's Health Partners staff and the highly professional approach it takes to its work and interactions with stakeholders. It was felt by stakeholders that the argument for AHSCs has been won and that King's Health Partners has played an important role in demonstrating the success of the AHSC model, with both its work, and the way it has done its work, over the past six years.

- 2. King's Health Partners has a difficult job to do in an increasingly challenging landscape - for the most part, it does it well.**

There was a strong sense from stakeholders that King's Health Partners has made good progress over the last six years – some considered the progress to be "*significant*", especially since the decision not to merge the partner organisations in 2014. It is clear that stakeholders regard the landscape that King's Health Partners operates within as more challenging than at any time in recent history. But there was a widely shared view that progress had been slower than was ideal in some areas and that now was the time to accelerate delivery.

- 3. The progress being made by King's Health Partners is positive but patchy - there is a need to accelerate delivery in some key areas, for example, demonstrating more tangible progress on the Institutes Programme.**

Stakeholders spoke about the commitment existing at King's Health Partners to be "*world-class*" but only if this commitment is coupled with implementation – they felt that greater progress was now needed on delivery. Whereas stakeholders felt the argument had been won on why King's Health Partners existed, it felt more needed to be done to demonstrate tangible progress. Overall, the sense was that the Institutes Programme afforded a huge opportunity but that not enough had been achieved yet. Those who had knowledge of Clinical Academic Groups (CAGs) were often critical of the progress they had made. That said, stakeholders generally felt that the focus on CAGs and the Institutes was the right way to structure King's

Health Partners' work given the 2014 decision not to merge organisations – and that CAGs provided an opportunity to get the right people together to discuss the way forward on key areas of work, but that it was time for these to move from “*good conversations*” to “*delivery*”.

**4. King's Health Partners needs to continue to focus on its core mission – it also needs to tell a coherent story about its work and how it is delivering its tripartite mission.**

Although stakeholders who engaged with this project were very positive about King's Health Partners and its work, a number of stakeholders said they would find it helpful to have the “*elevator pitch*” of “*what King's Health Partners is all about*” better articulated for them. The focus on mental health and the link between physical and mental health was often suggested by stakeholders as a possible USP for King's Health Partners, especially in relation to the other AHSCs. Overall, those who had a view on local stakeholder engagement felt King's Health Partners' work in this area was sufficient. They felt King's Health Partners had enough – possibly even too many – fora and opportunities to engage local stakeholders and that King's Health Partners turned up at the right external events and fora and played an active and constructive role. There was also positive feedback on King's Health Partners' use of social media and its newsletter to spread the word about the work it was doing. However, a plea was made for “*more of a story to be told*” about how it all joins up into a vision and strategy.

**5. It is sometimes hard to discern King's Health Partners specific contribution over and above the contribution of its individual partner organisations - this is not perceived as a problem as long as the right outcomes are being achieved for patients.**

For many of the stakeholders involved in this project – especially those who did not hold roles with King's Health Partners – they were unclear exactly what King's Health Partners contribution was over and above the contribution of its individual partners. They did not raise this feedback in a critical sense but just acknowledging they were not always aware of where King's Health Partners' influence on agendas had been felt. There was a feeling that “*on the shop floor*” King's Health Partners was “*not relevant*” and that people felt a belonging to the hospital or department they worked within. That said, those stakeholders felt that it wasn't a problem as long as staff within the partner organisations had some sense of the King's Health Partners agenda, strategy and vision and how it was in some way helping them and their patients. Overall, there was a feeling that despite the challenges faced by King's Health Partners, it was managing the tensions inherent in an academic and NHS partnership well, and that King's Health Partners maintained a strong commitment to world-class standards as it delivers its tripartite mission.

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