Paper Summary Sheet

Presented to:	Governing Body - Public
Date of Meeting:	22 May 2018
For:	Discussion

Agenda Reference:	GOV/18/05/16
Title:	2017/18 Staff Survey Summary Report and 2017/18 Ipsos Mori 360 Survey Summary Report

Executive summary:

The third **annual staff survey** was open between 30 January to 28 February 2018, with all 144 Wiltshire CCG staff invited to complete it and share their views. 75 out of 144 staff (52%) completed the survey compared to 76 (of 120) staff (63%) in 2016/17 – demonstrating the difference to percentage ratings effected by very low numbers of participants. As usual, responses are anonymous and participants have the ability to skip questions – meaning some categories do not reflect the views of all 75 staff. The questions and categories were replicated from 2016/17 survey to allow trend analysis, but two new questions were included for 2017/18. The summary report attached includes highlights and lowlights information, together with general themes from the verbatim comments of those who gave them and comments pertaining to the two new questions asked this year.

Next Steps:
- The full report, together with detailed breakdowns of responses by directorate, have been shared privately with respective Directors and the Interim Chief Officer for discussion.
- The summary report has been shared with staff at the All Staff Briefing held on 1 May 2018 and the full report (minus the verbatim comments) will be shared with staff at the next Staff Briefing (and made available on the intranet) at the end of May. Staff will be invited to suggest follow-up actions.
- Following completion of the discussions between Directors and ICO, and sharing of the full report with staff, a full action list (including any further recommendations from staff) will be developed for approval by the Audit and Assurance Committee in July 2018.

The fifth 360° Stakeholder Survey was undertaken as usual by Ipsos Mori between 15 January 2018 and 28 February 2018 on behalf of NHS England. The survey is sent to stakeholders identified by the CCG (but does not include patients or members of the public) and allows them to provide feedback on their relationship with the CCG. Where more than one individual is identified by the CCG to respond from within the same organisation, the organisation can designate one response on behalf of all those asked. For instance, of the 31 GP member practices who responded, 100% of the responses were completed by Practice Managers. Coincidentally, GP practices provided the largest proportion of stakeholder responses. Although invited, the Wiltshire Health & Well Being Board did not respond to the survey.

The overall response rate was 62% (53 of the 85 stakeholders invited) therefore percentage shifts do not therefore signify large statistical differences. The summary report attached provides responses and comparisons with previous years, with the main theme being visibility of CCG leadership. At a time of major transformational change for the NHS, Wiltshire CCG has been without a permanent Accountable

Officer since June 2016. The effect of this would appear to be reflected in the 'Leadership' section of the survey responses. The survey responses indicate that stakeholders are increasingly concerned that the CCG Leadership needs to improve its blend of skills and experience, to be more visible and that leaders must communicate better about delivering improved outcomes to patients. The people who responded to the survey – the vast majority of whom were practice managers and the people we work most closely with – do not feel they know about the CCG's plans and priorities.

Next steps:
- The summary feedback was shared with the GP Executive Committee on 1 May 2018, and again with the CCG Executive Management Team on 3 May 2018, with an action for the CCG Chair to develop a programme of practice visits to GP membership practices to discuss CCG plans and to gather feedback about concerns in primary care.
- A discussion was held at the CCG Clinical Executive meeting on 8 May 2018 with an action for the development of a review of the CCG's clinical leadership and associated governance and constitutional structures, in order to strengthen the resilience of primary care as well as support the CCG corporate leadership.

Recommendations:	The Governing Body is asked to discuss the content of the two summary documents and associated actions with a view to further detail on the actions returning to future Audit and Assurance Committee and Governing Body meetings.
Previously considered by:	Staff Survey: At EMT 9 April 2018 and All Staff Briefing 1 May 2018. 360 Stakeholder Survey: At EMT 16 April 2018, GP Executive Committee 1 May 2018, CCG EMT (again) 3 May 2018, Clinical Executive 8 May 2018.
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Sponsoring Director / Clinical Lead/ Lay Member:	Linda Prosser, Interim Chief Officer

Risk and Assurance:	The involvement of stakeholders and feedback contained in this report contributes to risk management arrangements.
Financial / Resource Implications:	There are no financial implications pertaining directly from this paper
Legal, Policy and Regulatory Requirements:	This report incorporates information on compliance with the NHS Constitution and the CCG's Statutory Duty to Involve
Communications and Engagement:	This report will be shared with key stakeholders and will be available to public via the CCG website.
Equality & Diversity Assessment:	☐ Paper is not for decision

NHS Wiltshire Clinical Commissioning Group

360^oStakeholder Survey Summary Report

Introduction

As part of the national assurance process a CCG 360° stakeholder survey is carried out yearly and NHS England commission Ipsos MORI to carry out the survey on behalf of all CCGs.

The questions, where appropriate, have stayed more or less the same since the first 360° stakeholder survey was carried out five years ago (2013) as part of the authorisation process in order to provide a comparison between results and progress made.

The survey is sent to stakeholders identified by the CCG (but does not include patients or members of the public) and allows them to provide feedback on their relationship with the CCG. Where more than one individual is identified by the CCG to respond from within the same organisation, the organisation can designate one response on behalf of all those asked. For instance, of the 31 GP member practices who responded, 100% of the responses were completed by the practice manager.

The result from the survey provides a wealth of data for the CCG to help with our ongoing organisational development and enables us to continue to build a strong and productive relationship with our stakeholders.

The survey also forms part of the evidence used by NHS England to assess whether stakeholder engagement feeds into the commissioning of services, helping to improve quality and outcomes for patients.

Objectives

Clinical Commissioning Groups need to have strong relationships with a range of health and care partners in order to be successful commissioners within the local system. These relationships provide CCGs with ongoing information, advice and knowledge to help them make the best possible commissioning decisions.

The CCG 360° stakeholder survey is a key part of ensuring these strong relationships are in place. The survey allows stakeholders to provide feedback on their working relationship with CCGs. The results of the survey will serve two purposes:

- To provide a wealth of data for CCGs to help with their ongoing organisational development, enabling them to continue to build strong and productive relationships with stakeholders. The findings also provide a valuable tool for all CCGs, enabling them to evaluate their progress and inform their organisational decisions.

- To feed into assurance conversations between NHS England sub-regions and CCGs. The survey also forms part of the evidence used to assess whether stakeholder relationships,

forged during transition through authorisation, continue to be central to the effective commissioning of services by CCGs, and in doing so, improve quality and outcomes for patients.

Methodology and technical details

- It was the responsibility of each CCG to provide a list of stakeholders for inviting to take part in the CCG 360° stakeholder survey.
- CCGs were provided with a core list of stakeholder organisations (Appendix A) to be included in their stakeholder list. Beyond this however, CCGs had the flexibility to determine which individual within each organisation was the most appropriate to nominate. Similarly, each organisation can determine the most appropriate individual to respond on its behalf.
- CCGs were also given the opportunity to add up to ten additional stakeholders they wanted to include locally (they are referred to in this report as 'Wider stakeholders'. These included: Commissioning Support Units, Health Education England, lower tier local authorities, MPs, private providers, Public Health England, social care/community organisations, Voluntary Sector Council/Leader, voluntary/third sector organisations, local care homes, GP out of hours providers and other stakeholders and clinicians.
- The survey was conducted primarily online via email invitation. Stakeholders who did not respond to the email invitation, and stakeholders for whom an email address was not provided, were telephoned by an Ipsos MORI interviewer who encouraged response and offered the opportunity to complete the survey by telephone.

Core stakeholder framework

GP member practices	One from every member practice
Health and Wellbeing Boards (HWB)	Up to two per HWB
Local Healthwatch	Up to three per local Healthwatch
Other patient groups	Up to five
NSH providers – Acute	Up to two from each provider
NHS providers – Mental health trusts	Up to two from each provider
NHS providers – Community health trusts	Up to two from each provider
Other CCGs	Up to five
Upper tier or unitary local authorities	Up to five per LA

Survey response rate for Wiltshire CCG

Fieldwork was conducted between 15 January 2018 and 28 February 2018.

53 out of the 85 stakeholders invited to take part completed the survey, giving an overall response rate of 62% which varied across the stakeholder groups shown in the table below.

Stakeholder	Number invited to take part	Completed survey	Response rate
GP member practices	47	31	66%
Health and wellbeing boards	1	0	0%
Local Healthwatch/ voluntary patient groups	13	8	62%
NHS providers	10	3	30%
Other CCGs	4	4	100%
Upper tier or unitary local authorities	3	2	67%
Wider stakeholders	7	5	71%

Interpreting the results

Within the survey, stakeholders were asked a series of questions about their working relationship with the CCG. In addition, to reflect each core stakeholder group's different area of expertise and knowledge, they were presented with a short section of questions specific to the stakeholder group they represent.

For each question, the responses to each answer are presented as a percentage of stakeholders giving a certain answer. The number of stakeholders answering (the base size) is stated at the top of each column.

It is worth noting that some stakeholders will have received the request to complete the survey from more than one CCG and this may discourage them from responding.

Using the results

The overall summary shows the results for all questions in the survey including any local questions where CCGs included them. The results for each question are provided at CCG levels with a breakdown also shown for each of the core stakeholder groups where relevant.

Where the information is available, the results for the CCG are compared with:

- The CCG results in 2016 and 2017
- The 2018 average across all CCGs in the CCG's cluster
- The national average in 2018

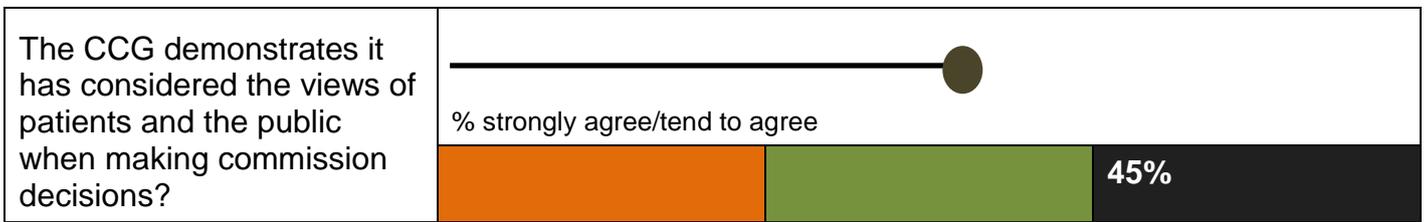**2018 Wiltshire Clinical Commissioning Group Survey Summary**

The following charts presents the summary findings across the CCG for the questions asked of all stakeholders. This provides the percentage of stakeholders responding positively to the key questions, including year on year comparisons where the questions we also asked in 2016 and 2017. This year the survey had new questions for stakeholders to respond to, so no comparisons were available.

Overall engagement

Year	2016	2017	2018
Number of responses unless otherwise stated	**(54)**	**(53)**	**(53)**
Overall, how would you rate the effectiveness of your working relationship with the CCG? % a great deal/fair amount			
	72%	**77%**	**77%**
How satisfied or dissatisfied are you with how the CCG involves patients and the public? % very/fairy satisfied			
			47%

Commissioning services

Year	2016	2017	2018
Number of responses unless otherwise stated	**(54)**	**(53)**	**(53)**
The CCG involves the right individuals and organisations when commissioning services % strongly agree/tend to agree			
	46%	**58%**	**51%**
The CCG provides adequate information to explain the reasons for decisions it makes when commissioning services % strongly agree/tend to agree			
			49%
I have confidence the CCG's plans will deliver high quality services that demonstrate value for money % strongly agree/tend to agree			
			51%
I have confidence in the CCG to commission services appropriately % strongly agree/tend to agree			
			57%

The CCG demonstrates it has considered the views of patients and the public when making commission decisions?			
% strongly agree/tend to agree			
			45%

Leadership of the CCG

Year	2016	2017	2018
Number of responses unless otherwise stated	**(54)**	**(53)**	**(53)**
How effective, if at all, do you feel your CCG is as a local system leader? % very effective/fairly effective	57%	68%	64%
The leadership of the CCG has the necessary blend of skills and experiences % strongly agree/tend to agree	59%	51%	42%
There is clear and visible leadership of the CCG % strongly agree/tend to agree	61%	58%	53%
I have confidence in the leadership of the CCG to deliver its plans and priorities % strongly agree/tend to agree	54%	53%	55%
The leadership of the CCG is delivering continued quality improvements % stongly agree/tend to agree	58%	52%	53%
The leadership of CCG is delivering high quality services within the available resources % strongly agree/tend to agree			64%
I have confidence in the leadership of the CCG to deliver improved outcomes for patients % stongly agree/tend to agree	59%	51%	47%
The leadership of CCG is contributing effectively to local partnership arrangements (STPs, ACSs) where applicable % strongly agree/tend to agree			42%

Monitoring and reviewing services

Year	2016	2017	2018
Number of responses unless otherwise stated	**(54)**	**(53)**	**(53)**
I have confidence that the CCG effectively monitors the quality of the services it commissions in an effective manner % strongly agree/tend to agree	56%	51%	47%
If I had concerns about the quality of local services I would feel able to raise my concerns with the CCG % strongly agree/tend to agree	83%	91%	89%
I have confidence in the CCG to act on feedback it receives about the quality of services % strongly agree/tend to agree	63%	62%	55%

Plans and priorities

Year	2016	2017	2018
Number of responses unless otherwise stated	**(54)**	**(53)**	**(53)**
How much would you say you know about the CCGs plans and priorities? % a great deal/a fair amount	80%	81%	62%
I have been given the opportunity to influence the CCG's plans and priorities % strongly agree/tend to agree	56%	55%	51%
When I have commented on the CCG's plans and priorities I feel that my comments have been taken on board % strongly agree/tend to agree	41%	55%	43%
The CCG has effectively communicated its plans and priorities to me % strongly agree/tend to agree	67%	66%	45%

In addition, to reflect each core stakeholder group's different area of expertise and knowledge, they were presented with a short section of questions specific to the stakeholder group they represent.

Upper tier and unitary local authorities

Number invited: 3
Number reposed: 2

How well, if at all, would you say the CCG and your local authority are working together to deliver shared plans for integrated commissioning?	Very well	Not well at all
	50%	50%
How effective, if at all, has the CCG been as part of the Local Safeguarding Children's Board	Not very effective	Don't know
	50%	50%
How effective, if at all, has the CCG been part of the Safeguarding Adults Board	Very effective	Don't know
	50%	50%

Health and wellbeing board member

We had no responses from this stakeholder group. The Chair is also the Leader of Wiltshire Council and completes the survey once only, through the Upper tier and Unitary Local Authorities section. Nb two separate invitations were sent for response.
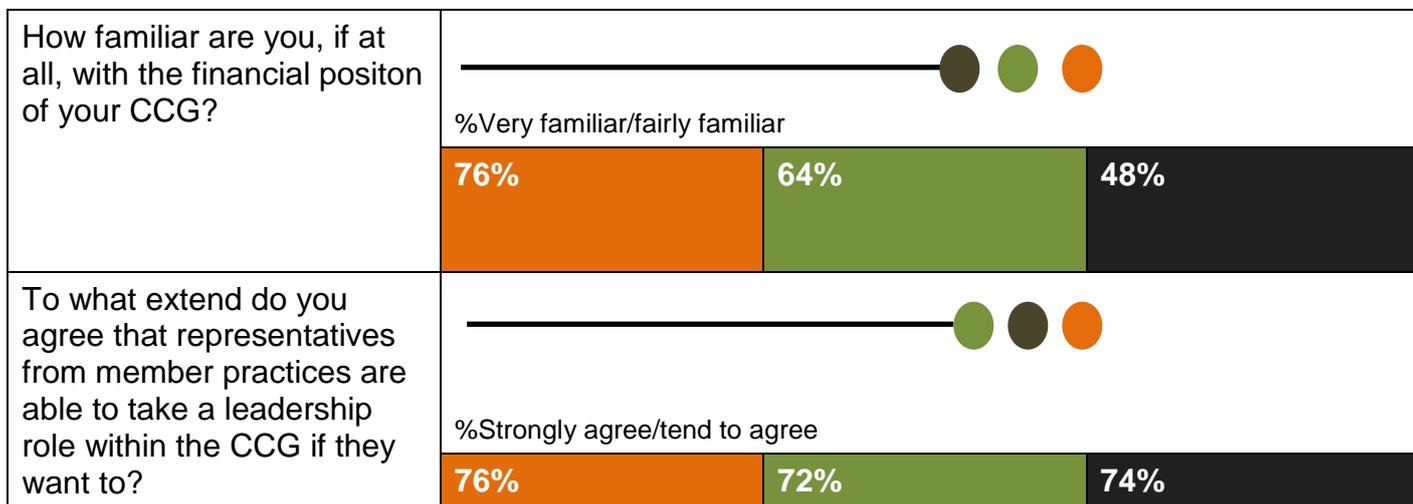
Healthwatch and patient groups

Number invited: 13
Number responded: 8

To what extent, if at all, do you feel that the CCG has engaged with seldom heard groups?	A fair amount	Just a little
	13%	38%
To what extent do you agree or disagree that the CCG listens to and acts on any concerns, complaints or issues that are raised?	Tend to agree	Neither agree or disagree
	38%	63%

Member GP practices

Year	2016	2017	2018
Number of responses unless otherwise stated	**(28)**	**(37)**	**(36)**
To what extent, if at all, do you feel able to influence the CCG's decision making process? % A great deal/a fair amount	38%	22%	29%
I have confidence in the clinical leadership of the CCG % strongly agree/tend to agree	57%	58%	65%
There is clear and visible clinical leadership of the CCG % strongly agree/tend to agree			58%
The clinical leadership of my CCG has effective influence within local partnership (STPs/ACSs) % strongly agree/tend to agree			42%
How well if at all, would you say you understand the financial implications of the CCG's plans % Very well/fairly well	68%	64%	35%
How well if at all, would you say you understand the implications of the CCG's plans for service improvements % Very well/fairly well	73%	53%	42%
How well if at all, would you say you understand the referral and activity implications of the CCG's plans % Very well/fairly well	76%	58%	39%
How well if at all, would you say you understand the CCG's plans to improve health of the local population and reduce health inequalities % Very well/fairly well			42%
To what extent to you agree that value for money is a key factor in decision making when formulating my CCG's plans and priorities? % Strongly agree/Tend to agree	84%	78%	97%

How familiar are you, if at all, with the financial positon of your CCG?	
	%Very familiar/fairly familiar
	76% **64%** **48%**
To what extend do you agree that representatives from member practices are able to take a leadership role within the CCG if they want to?	
	%Strongly agree/tend to agree
	76% **72%** **74%**

NHS providers

Number invited: 10
Number responded: 3

How well, if at all, would you say the CCG and your organisation are working together to develop long-term strategies and plans?	**Very well**	
	100%	
Would you say the amount of monitoring the CCG carries out on the quality of your services is too much, too little or about right?	**Too much**	**About right**
	67%	**33%**
To what extent to you agree with the following statement – When there is an issue with the quality of services, the responses of the CCG is proportionate and fair	**Tend to agree**	**Tend to disagree**
	33%	**67%**
How involved, if at all, would you say clinicians from the CCG are in discussions about Quality	**Very involved**	**Not very involved**
	33%	**67%**
How involved, if at all, would you say clinicians from the CCG are in discussions about Service Redesign	**Very involved**	**Not very involved**
	33%	**67%**
How involved, if at all, would you say the CCG understands the challenges facing your provider organisation?	**Very well**	
	100%	

Summary

62% (53 out of the 85 invited) stakeholders responded to the survey request. The majority of the invitation list is advised by NHSE and therefore most stakeholders will have received the request for the last five years as well as from more than one CCG on each occasion. Survey fatigue is therefore expected to be high and this is reflected in the number of respondents, which is generally low: any shifts are not necessarily statistically significant differences, therefore. 31 out of the 47 practice managers who were invited to respond did so, meaning that the largest proportion of responses came from general practice.

That said, the overall response indicates an improvement in the effectiveness of their working relationship with the CCG, and that the right individuals and organisations are involved in the commissioning of services.

At a time of major transformational change for the NHS, Wiltshire CCG has been without a permanent Accountable Officer since June 2016. The effect of this would appear to be reflected in the 'Leadership' section of the survey responses.

The survey responses indicate that stakeholders are increasingly concerned that the CCG Leadership needs to improve its blend of skills and experience, to be more visible and that leaders must communicate better about delivering improved outcomes to patients. The people who responded to the survey – the vast majority of whom were practice managers and the people we work most closely with – do not feel they know about the CCG's plans and priorities.

In conclusion, the CCG leadership must prioritise the opportunity to finalise, take ownership of and share the Wiltshire vision and care plans amongst stakeholders and membership in order to regain the good will of the people we work most closely with, and restore their faith that improved patient outcomes are our key priority.

Appendix A

Stakeholder list:

- GP member practices
- Bath and North East Somerset CCG
- Swindon CCG
- Wiltshire Council
- Healthwatch Wiltshire
- Alzheimer's Support
- Carers Support Wiltshire
- Royal United Hospital
- Great Western Hospital
- Salisbury Foundation Trust
- Avon and Wiltshire Mental Health Partnership
- Wessex Local Medical
- Wiltshire Health and Care
- Dorothy House
- Prospect Hospice
- Patient Participation Groups x 2 (The Avenue, Warminster and White Horse Surgery, Westbury)
- Wiltshire Age UK
- Wiltshire Parents Carer Council
- Wiltshire Centre for Independent Living
- Health and Social Care Forum