

**NHS DORSET CLINICAL COMMISSIONING GROUP  
GOVERNING BODY MEETING**

**COMMISSIONING SUPPORT SERVICES ANNUAL REPORT 2014/15**

<b>Date of the meeting</b>	15/07/2015
<b>Author</b>	K Spiller - Strategic Planning Coordinator
<b>Sponsoring Clinician</b>	T Goodson – Chief Officer
<b>Purpose of Report</b>	This is the Annual Report for 2014/15 of the work undertaken by the Commissioning Support Service on behalf of the Clinical Commissioning Group and forms part of its assurance demonstrating that we are fit for purpose and value for money.
<b>Recommendation</b>	The Governing Body is asked to <b>note</b> the report.
<b>Stakeholder Engagement</b>	All deputy directors and associated heads of service have been involved in the compilation of the report. Locality Leads, Locality Deputies and Clinical Commissioning Programme Chairs have participated in the survey.
<b>Previous GB /Committee/s, Dates</b>	A&Q 08/07/15

**Monitoring and Assurance Summary**

<b>This report links to the following Strategic Principles</b>	<ul style="list-style-type: none"> <li>• Services designed around people</li> <li>• Preventing ill health and reducing inequalities</li> <li>• Sustainable healthcare services</li> <li>• Care closer to home</li> </ul>		
	<b>Yes</b>	<b>Any action required?</b>	
		<b>Yes</b>	<b>No</b>
All three Domains of Quality (Safety, Quality, Patient Experience)	✓		✓
Board Assurance Framework Risk Register	✓		✓
Budgetary Impact	✓		✓
Legal/Regulatory	✓		✓
People/Staff	✓		✓
Financial/Value for Money/Sustainability	✓		✓
Information Management & Technology	✓		✓
Equality Impact Assessment	✓		✓
Freedom of Information	✓		✓
<b>I confirm that I have considered the implications of this report on each of the matters above, as indicated</b>	✓		

Initials : KS

## 1. Introduction

- 1.1 This is the Clinical Commissioning Group's Annual Report of its in-house commissioning support service. The purpose of this report is to provide an annual overview and assurance on the work being undertaken by the commissioning support service in a clear and transparent way and to demonstrate quality and value for money for the activities performed.

## 2. Report

- 2.1 The attached Annual Report consists of the following elements:

- Introduction;
- Executive summary;
- Organising for delivery;
- Supporting performance schedules:
  - Key Performance Indicators;
  - Customer Satisfaction Survey 2014/15;
  - Staff Survey 2014/15;
  - Running costs;
  - Next steps.

- 2.2 The supporting schedule on key performance indicators (KPIs) as at quarter four gives an indication of the throughput and quality of work undertaken by directorate functions within the support services. The points to note at year end are that out of the 54 indicators there were:

- 81.6% (44) green rated as being complete or on target;
- 11% (6) amber rated as being slightly behind target;
- 3.7% (2) red rated as being significantly behind target;
- 3.7% (2) where there is no data available for Q4.

- 2.3 The red rated KPIs are:

- *Number of policy review deadline dates outstanding;*
- *Average response time to weekly testing of telecoms equipment, emergency on call bleep.*

- 2.4 An internal customer survey has also been compiled and issued on 30 April 2015 to GP Locality Leads, GP Locality Deputies, GP Clinical Commissioning

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Programme (CCP) Leads and GP Clinical Working Group (CWG) Leads for completion by 22 May 2015. The overall ranking for the quality and efficiency of commissioning support services averaged at 5.31 out of 7 (75.9%) demonstrating a 0.2% increase on last year's result of 5.57 out of 10 (75.7%).

2.5 Areas for improvement were highlighted as:

- Increase membership involvement and engagement in setting organisational priorities and ensure membership's awareness of decision making processes;
- Ensure membership have influenced and are involved in decision making and producing feedback to demonstrate where this has happened;
- Increase level and availability of information to membership around contracting processes, including provider contracts;
- Increase opportunities for involvement with service redesign;
- Increase leadership and direction given by locality management team and increase visibility within with practices.

2.6 More detailed results have been shared with directors responsible for individual support functions and with the Organisational Development team to be included in their development plans.

2.7 In addition to the CSS Customer Survey a CSS Staff Survey was introduced in 2014/15 in order to provide insight for areas of development during 2015/16. This was sent out for completion between 10 December 2014 and 23 January 2015. We had a response rate of 73%. Areas of improvement were highlighted as:

- Personal Development:
  - Design and develop a formal succession planning programme;
  - Provide robust coaching and mentoring opportunities;
  - Design and develop a robust feedback system for unsuccessful applicants;
  - Design and develop a formal shadowing programme;
- Team and Role:
  - Provide guidance on holding effective 1:1 meetings with staff;
- Health, Wellbeing and safety;
  - Appointing a dedicated Welfare Officer who is a point of contact for staff to raise concerns in confidence;

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- Provide specific development to managers on creating a positive, inclusive working environment and the skills to spot and address areas of concern;
- Continue to have a dedicated item on the Our Voice:Our Forum agenda on work environment and facilities, responding to queries and concerns promptly.

## 3. Conclusion

- 3.1 Members are asked to note the report which has previously been presented to Directors and the Audit and Quality Committee.

**Author's name and Title :** K Spiller, Strategic Planning Coordinator

**Date :** 23/06/2015

**Telephone Number :** 01305 213520

<b>APPENDICES</b>	
<b>Appendix 1</b>	<b>Commissioning Support Services Annual Report 2014/15</b>