1. Title of Paper: Year End Report 2013/14

2. Strategic Objectives supported by this paper:
   (check those which apply)
   ☒ To create a viable & sustainable organisation, whilst facilitating the development of a different, more innovative culture
   ☒ To commission high quality services which will improve the health & wellbeing of the people in Scarborough & Ryedale
   ☒ To build strong effective relationships with all stakeholders and deliver through effectively engaging with our partners
   ☐ To support people within the local community by enabling a system of choice & integrated care
   ☐ To deliver against all national & local priorities incl QIPP and work within our financial resources

3. Executive Summary:
   During 2013/14 Scarborough and Ryedale CCG has commissioned a range of services from the North Yorkshire and Humber CSU. This report outlines the progress made by the CSU during 2013/14, including key achievements, satisfaction ratings and achievement of year-end financial requirements.

4. Risks relating to proposals in this paper:
   n/a

5. Summary of any finance / resource implications:
   n/a

6. Any statutory / regulatory / legal / NHS Constitution implications:
   n/a

7. Equality Impact Assessment:
   n/a

8. Any related work with stakeholders or communications plan:
   n/a

9. Recommendations / Action Required
   To note the year-end report for 2013/14.

10. Assurance
For further information please contact:

<table>
<thead>
<tr>
<th>Name:</th>
<th>Sally Brown</th>
<th>Title:</th>
<th>Associate Director of Corporate Affairs</th>
</tr>
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<tbody>
<tr>
<td>☎:</td>
<td>01723 343671</td>
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</table>
Year End Report 2013/14

Introduction

North Yorkshire Humber Commissioning Support Unit (CSU) operated in shadow form from 1 October 2012 to 31 March 2013 prior to being formally established from 1 April 2014. The CSU’s mission is “to be a trusted partner that delivers excellence in commissioning”.

During our first year Scarborough CCG has commissioned a range of services from the CSU. This report outlines the progress made by the CSU during 2013/14, including key achievements, satisfaction ratings and achievement of year-end financial requirements.

CSU Services

The CSU provides a range of commissioning and business support services of which the following are delivered to Scarborough and Ryedale CCG:

<table>
<thead>
<tr>
<th>Commissioning Support</th>
<th>Business Support</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract management</td>
<td>X Financial accounting and reporting X</td>
</tr>
<tr>
<td>Service Delivery and Assurance</td>
<td>Data infrastructure services (IM&amp;T) ✓</td>
</tr>
<tr>
<td>• Strategic projects</td>
<td></td>
</tr>
<tr>
<td>• Specialist commissioning support</td>
<td>✓ GP IT services</td>
</tr>
<tr>
<td>• Specialist neuro rehab support</td>
<td>✓ Communications and engagement ✓</td>
</tr>
<tr>
<td>• Personal health budgets*</td>
<td>✓ Corporate services</td>
</tr>
<tr>
<td>• Referral management</td>
<td>✓ Human resources inc Payroll ✓</td>
</tr>
<tr>
<td>• Individual funding requests</td>
<td></td>
</tr>
<tr>
<td>• Project management office</td>
<td>X</td>
</tr>
<tr>
<td>• Directory of service maintenance</td>
<td></td>
</tr>
<tr>
<td>Business intelligence</td>
<td></td>
</tr>
<tr>
<td>Clinical quality and assurance inc patient relations</td>
<td>✓</td>
</tr>
<tr>
<td>Medicines management</td>
<td></td>
</tr>
</tbody>
</table>

*Transferred to NY Partnership Commissioning Unit from 1 April 2014

Key Service Achievements and CCG Satisfaction Scores

During 13/14 many of the CSU services were heavily involved in legacy requirements as the NHS moved to the new commissioning structure. This absorbed a significant amount of staff time in many services. Our main focus throughout the year, however, has been
to work closely with CCGs to understand commissioning plans, agree work requirements and provide our services to effectively support delivery of the CCG plans.

During the year we introduced customer satisfaction ratings which have provided us with valuable feedback on our services. It is fair to say that some services started from a low position, due to a range of issues including historical under-investment, volume of legacy work being undertaken and capacity issues due to restructuring being undertaken. The feedback we have received has enabled us to tailor our actions and improvement plans. The table below outlines the key achievements delivered by CSU services as well as the range, average and year end satisfaction scores for 2013/14.

Customer satisfaction ratings 1=very dissatisfied, 5 neither dissatisfied/satisfied, 10 very satisfied

<table>
<thead>
<tr>
<th>Service Achievements</th>
<th>Average Satisfaction Score 13/14</th>
<th>March 2014 Satisfaction Score</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Service Delivery and Assurance</strong></td>
<td></td>
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<tr>
<td>• Integrated urgent care service – service redesign and procurement – successful completion of pre-procurement phase including stakeholder and public engagement process, market engagement process, service assurance process, overall programme management to ensure appropriate resource management and delivery in line with timeline. June 2014 - commenced procurement phase as planned.</td>
<td>Average 8.1</td>
<td>8</td>
</tr>
<tr>
<td>• Perfect Week Project – successful delivery of perfect week project on behalf of CCG including planning, delivery and evaluation. Providing support for phase 2 – operation fresh start.</td>
<td>Range 5-8</td>
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<tr>
<td>• Successful completion of independent mini review of cardiology at Scarborough site with recommendations to take forward.</td>
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<tr>
<td>• Completion of work programme with trust to achieve provisional accreditation of level 2 stroke service at Scarborough hospital site. Now working on options appraisal for short term maintenance and region wide work on sustainability and resilience of services.</td>
<td></td>
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<tr>
<td>• Integrated Care Programme (handed over to SRCCG April 2014) – Health Trainer Project: Model and Service Spec complete; awaiting financial sign-off from County Integration Board to commence tender process – Neighbourhood Care Teams: established NCTs in Hunmanby, Eastfield, Filey and Whitby; Qualitative Evaluation procured and awarded Respiratory: project progressing well on hand-over; education events delivered and reporting on inhaler changes moved to quarterly rather than annually – Care Home Link Nurses: phase-2 of project started and plan agreed; new care homes invited and review of original homes for progression to Level 2 – single Point of Access: pilot service implemented</td>
<td></td>
<td></td>
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</tbody>
</table>
- MRI Radiology – Project Group established and project progressing
- Pathology – Project Group established and project progressing.

**Business Intelligence**
- Continued development of Performance dashboard in support of the Governing Body Performance report, including BI attendance at performance committee meeting.
- Introduction of the Business Intelligence Zone (Biz) designed to be the one stop place for performance information and other associated reporting
- Introduction of a new risk stratification tool to primary care.
- Support for applicable elements of the planning round
- Unscheduled Care system modelling in support of procurement.

<table>
<thead>
<tr>
<th>Average 4.1</th>
<th>6</th>
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<tr>
<td>Range 3-6</td>
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**Clinical Quality and Assurance**
- Embedded quality and safety lead from CSU into SRCCG from February 2014 who has designated work streams around patient safety and quality of care who deputises as directed.
- New infection prevention service introduced providing expert support to the infection prevention agenda, reviewing providers service and gathering assurance across the health economy.
- Serious incident service established and working well.
- Developed and introduced effective pathways for the management of patient feedback and complaints.

<table>
<thead>
<tr>
<th>Average 7.2</th>
<th>9</th>
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<tbody>
<tr>
<td>Range 5-9</td>
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</table>

**Medicines Management**
- All GP practices are engaged in the delivery of MM QIPP.
- All practices have had an annual prescribing visit and are also receiving a follow up visit as well as regular ongoing contact with the MM team.
- Practice based respiratory review implemented and delivering best value in key areas of inhaler therapy.
- IT support tools in place to underpin cost effective prescribing decisions.
- New medicines management commissioning processes in place to ensure cost effective prescribing in line with national standards and which promotes collaborative working with secondary care.
- New medicines email helpline established to enable quick and easy access to specialised MM advice.

<table>
<thead>
<tr>
<th>Average 7.8</th>
<th>8</th>
</tr>
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<tbody>
<tr>
<td>Range 7-8</td>
<td></td>
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</tbody>
</table>

**Data Infrastructure Services**
- IT strategy development.
- Successfully moved to new accommodation.
- Achieved stability of the network.
- Development of a safeguarding app.

<table>
<thead>
<tr>
<th>Average 4</th>
<th>4</th>
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<tbody>
<tr>
<td>Range 2-5</td>
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</table>
### GP IT Services
- 229 PCs replaced as part of the PC replacement programme (between Jan – March 2014) out of a total of 470 PCs. Printers and scanners replaced if required.
- All GP Practices moved onto a hosted Clinical system, either SystmOne (15) or Emis Web (1).
- Merged clinical systems for practice mergers.
- The majority of practices have uploaded to Summary Care record (2 to go).
- Practices are now starting to move to the Electronic Prescribing service.
- There is now a training plan in place to optimised the usage of clinical systems in practices.

### Communications and Engagement
- Established a fully functioning CCG patient representatives group.
- Built strong relationships with key stakeholders including the North Yorkshire Scrutiny of Health Committee which is reflected in a positive result in the ‘360’ stakeholder survey.
- Undertaken comprehensive public consultation to inform the development of a new integrated urgent care service.
- Established a strong social media presence and secured vast coverage of CCG initiatives in local print and broadcast media.

### Corporate Services
- All FOIs were completed within 20 days with an average process time of 15 days
- Risk Management Strategy developed and approved
- Risk registers and assurance framework in place and regularly reviewed by Governing Body
- Arrangements established for Translation and Interpretation Services.

### Human Resources
- Significant progress on the approval of HR policies with the following being approved to date including: Whistleblowing, Flexitime, Flexible Working, Career Break, Professional Registration, Management of Attendance, Bullying and Harassment, Learning and Development, Recruitment and Selection, Recruiting Ex-Offenders, Recruitment and Retention Premia, Starting Salaries, Induction and Probationary
Periods, Secondment Policy, Temporary Promotion

- Provision of wide ranging employee relations advice including management re-structures, remuneration reports, absence and performance management, procurement/TUPE.
- Implementation of Quarterly Workforce Information Reports for CCG and PCU highlighting key staffing statistics to enable longer.
- Provision of statutory and mandatory training package including reports identifying staff compliance statistics.
- Training sessions undertaken with staff and managers on appraisals and the new NHS Jobs system.
- De-merge of CCG payroll and progression of new payroll provider.

Over the year, an average score of 9.5 was received for relationship management with the CSU.

Service improvements plans have been developed for each service. In relation to BI a vision and strategic options appraisal for improving our service provision is currently underway. IM&T improvements include a restructure of the team to provide an enhanced local service, live realtime monitoring and alerting for all networks/servers across NYH patch, deploy and exploit a new IT asset management system across all estate to provide accurate control of all assets, support to develop IMT strategies and programmes which support CCG corporate delivery objectives particularly related to efficiency and safety.

Financial Performance 2013/14

Outlined below is a summary of the financial performance of the CSU during 2013/14.

North Yorkshire & Humber Commissioning Support Unit - Financial Performance
March 2014

<table>
<thead>
<tr>
<th>YTD Profit and Loss Account</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Total Revenue</strong></td>
<td>29,558,247</td>
</tr>
<tr>
<td><strong>COST OF SALES</strong></td>
<td></td>
</tr>
<tr>
<td>Direct Staffing Costs</td>
<td>17,586,380</td>
</tr>
<tr>
<td>Direct Non Pay Costs</td>
<td>10,506,604</td>
</tr>
<tr>
<td><strong>Total Direct Costs</strong></td>
<td>28,092,984</td>
</tr>
<tr>
<td><strong>Gross Profit</strong></td>
<td>1,465,262</td>
</tr>
<tr>
<td><strong>Profit Utilisation</strong></td>
<td>1,464,000</td>
</tr>
</tbody>
</table>
North Yorkshire and Humber CSU delivered a surplus of £1,465,000 which represented 5% of CSU income for the year which is in line with the target set by NHS England in 2013/14.

To ensure these resources would be utilised within the North Yorkshire and Humber area, a programme of expenditure was submitted and approved for the use of 2013/14 surplus. Total spend against the surplus was £1,464,000.

Recognising that this was the first year of the CSU a significant proportion of the resource was utilised to close down legacy issues associated with the old system or the development of the CSU. This has included £422,000 to support closedown of legacy systems and accounts, £300,000 commitment to an organisational development programme and £169,000 on premises development to overall accommodation and associated recurrent costs.

In terms of establishing the surplus required for 2014/15 discussions are taking place with NHS England. The CSU is committed to ensuring we deliver the required surplus whilst maximising our resources for the benefit of clients.
The Future of the CSU

• Our Merger

North Yorkshire and Humber CSU and West, South Yorkshire and Bassetlaw CSU recently announced the aim of merging into one organisation by 1 October 2014. It has been confirmed that Maddy Ruff will be the Managing Director for the newly formed Yorkshire and Humber Commissioning Support Unit and work is underway to realise the merger. Key benefits to the CCG from the merger will include:

- Continued commitment to a local focus through local leadership and delivery teams, building on the local NHS legacy.
- Efficiencies - we are currently reviewing economies of scale across the CSU, including aspects such as IT systems, overheads and supporting infrastructure as well as investments for eg in business intelligence and increasing our buying power with suppliers/partners. We will have greater ability to attract and retain talented staff with a larger resource pool and ability to learn from wider experience of CCG support.
- Financial strength - bringing together two financially robust and sustainable organisations with a healthy surplus for reinvestment, eg in business intelligence with reduced overheads and unit costs.
- Partnerships - Strategic partnership with Attain, an independent provider of commissioning support services, greater links with universities, wider academia and other partner organisations.

• Lead Provider Framework

In response to requests from CCGs across the country for a quick and easy way to procure the commissioning support services they require in the future, NHS England is currently in the process of developing a ‘Lead Provider’ Framework for commissioning support services. The framework will be optional, and will allow CCGs to buy some, or all, of their support services from providers on the framework without going through their own formal procurement process.

In order to secure a place on the framework, providers will need to demonstrate that they can provide the full range of commissioning support services to a high level of quality and value for money. This will be assessed against a number of criteria that are currently being developed by NHS England. The full range of services includes:

- Business Support Services.
- Healthcare Procurement and Provider Management.
- Support for Transformation and Service Redesign.
- Communications and Patient, Public Engagement.
- Business Intelligence.
- Clinical support services (optional).

The CSU is working to secure a place on the framework so that our customers can access the services we provide as easily as possible in the future. NHS England are planning to start the Official Journal of the European Union (OJEU) process to procure the framework in April 2014, and are expecting the framework to ‘go live’ from April 2015 onwards.
• **Service Level Agreement**

Work is currently ongoing, working closely with CCG leads, to revise the CSU service specifications, introduce service improvement plans and agree an SLA which will operate from 1 October 2014 to 31 March 2016.

**Conclusion**

A significant amount of progress has been made locally in establishing the NY&H CSU over the last year. The CSU achieved the financial targets set by NHS England. Services have continued to develop and improve during 13/14 and, through working closely in partnership with local CCGs, much has been achieved. Customer satisfaction ratings have generally improved and where services do require further improvement, work continues to ensure service improvement plans are agreed to reflect CCG requirements and ensure services are fit for purpose in the future.