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SECTION 1 – PERFORMANCE REPORT

OVERVIEW

Foreword from Chair and Chief Officer

Welcome to our annual report and accounts for 2018/19. We are delighted to announce that we have met our statutory obligations, an exceptional achievement particularly when set against the continued challenges and increased pressure on health services.

We continue to be innovative and forward thinking in our development of health services that provide our patients with high quality healthcare; including social prescribing for mental health and reducing prescribing costs and growth.

Our strong clinical leadership allows us to make the best possible decisions for healthcare across Rotherham. We are a high achieving organisation that has delivered on key health priorities throughout the year, however, we recognise that there are areas where we can make further improvements.

The dedication of our staff and GP members is a major strength of the organisation and we continue to harness their talents to enable us to make the best possible commissioning decisions.

During the year we have built upon our credible, robust and deliverable commissioning plan by developing a place based plan to integrate health and social care in Rotherham, which all partners have signed up to and are committed to its delivery. We are passionate about providing the best possible services and outcomes for our population and are committed to a whole system partnership approach, as we recognise that it is only through working together that we can provide sustainable services over the long-term.

Having taken on responsibility for commissioning primary care services (GP services) in 2015 we have made significant developments over the last year to improve the care of our patients. Working closely with GP colleagues we have continued to implement our quality contract to ensure we provide resilient, equitable health services for patients in their community. Every practice in Rotherham has received an inspection visit from the Care Quality Commission (CQC) and it is extremely positive to see that we have a practice in Rotherham who received an ‘outstanding’ rating, whilst 93% of them were rated as good. None of our practices received a rating of inadequate and only one was rated as requires improvement.

Summary of our achievements in 2018/19

Some of our recent successes are highlighted below:

- Rated ‘Good’ as CCG by NHS England in our annual assessment
- Continued enhancement of the Rotherham Health Record to include mental health and adult social care information
- Integration of hospital discharge team across health and social care, improving our delayed transfer of care position
- Re-commissioning our equipment and wheelchair services to meet increasing demand and use new technology to improve the quality of service provision
- Implementation of 24 hour mental health services at The Rotherham NHS Foundation Trust, allowing both physical and mental health needs of patients to be met
• Using improvements in technology we have introduced tele-dermatology to improve patient experience and reduce delays in service.

Moving forward, we need to continue our work with partners, both in Rotherham and across South Yorkshire and Bassetlaw, to improve the already high quality services for our patients that we all care so passionately about.

As we continue to see a significant financial challenge across health and social care it is important that we commission provision of services for Rotherham patients in line with recommended best practice clinical standards, achieving value for money in our service delivery.

Thank you for taking the time to read our annual report, which reviews our sixth year as a Clinical Commissioning Group (CCG).

Dr Richard Cullen, Chair

Chris Edwards, Accountable (Chief) Officer
About NHS Rotherham CCG – Our Purpose and Activities

We are the custodians of NHS Rotherham CCG’s commissioning resource which in 2018/19 totalled £410 million. We are a clinically-led group responsible for making sure that the people of Rotherham have the healthcare services they need at the right time. We identify, plan, buy and manage health services (commission), making sure they are of high quality and perform within expected standards.

We do not commission pharmacy, optometry, dental and most specialist services (which are the responsibilities of NHS England) or public health services (which are the responsibility of Rotherham Metropolitan Borough Council (RMBC)).

The CCG is a membership organisation, the 30 GP practices in Rotherham are our members, and there are eight commissioning localities. Our main decision making body is the Governing Body, made up of five GPs, three executives, a nurse, a hospital consultant, and three lay members (for patient involvement, finance and audit and GP commissioning). We access additional expert advice we may require through Rotherham’s Public Health service and the Chair of Rotherham’s Health and Wellbeing Board who are in attendance at our Governing Body public meetings.

We have well developed involvement processes with our GP members. The GP Members Committee is a strong advisory body to the CCG Governing Body and Strategic Clinical Executive, with a responsibility to ensure member practices are linked into all the wider commissioning decisions. The GP Members Committee works through a locality structure using monthly locality meetings, regular surveys, bi-monthly Rotherham wide education and commissioning events and regular contacts with executive GPs to ensure that the views of all Rotherham GP practices contribute to our plans.

We remain a going concern as a statutory NHS body.

Our mission is ‘Working with the people of Rotherham to sustain and improve health services, to improve health and to reduce health inequalities’.

Our values are in everything we do, we believe in:

- clinical leadership
- putting people first, ensuring that patient and public views impact on the decisions we make
- working in partnership
- continuously improving quality of care whilst ensuring value for money
- showing compassion, respect and dignity
- listening and learning
- taking responsibility and being accountable

Our work to reduce health inequalities in Rotherham is a key focus of our Commissioning Plan. Each of our 15 commissioning priority areas address health inequalities in order to work towards our organisational mission. The commissioning will be refreshed for 2018/19 in line with the ongoing challenges faced across health and social care services.
Our Relationships

We work with individual practice Patient Participation Groups (PPGs) and have jointly developed with them our CCG patient network. We also work closely with Healthwatch, where they have helped us with public involvement on our commissioning plan, the South Yorkshire and Bassetlaw hospital services review and the planning of joint public events in year. We are accountable to NHS England for delivery of agreed outcomes, aimed at improving the health of Rotherham people. In addition we work in partnership with NHS England in areas where both our responsibilities overlap, such as the interface between primary care commissioning (NHS England), hospital and community service commissioning (CCG) and specialist commissioning (NHS England).

We are an active member of the Rotherham Health and Wellbeing Board (H&WB) and the Rotherham Together Partnership. The CCG works closely with RMBC and other local partners to ensure delivery of the Rotherham’s Health and Wellbeing Strategy, which was refreshed in 2018.

There have been, and continue to be, great benefits from working in partnership bringing together planning, funding and delivery of health and social care. We all aspire to reducing health inequalities and providing better care outside hospital. The CCG is an integral partner in the Rotherham Integrated Care Partnership (ICP), and the Rotherham ICP is part of the South Yorkshire and Bassetlaw Integrated Care System (ICS) which was named as one of the first areas in the country to be an ICS – putting the region at the forefront of nationwide action to provide joined up, better co-ordinated care, breaking down the barriers between GPs and hospitals, physical and mental healthcare, social care and the NHS.

The Chair of the Health and Wellbeing Board, Counsellor David Roche, attends our monthly Governing Body meetings and provides feedback on the preparation and approval of this annual report for 2018/19.

Both the Chair and Vice-chair of the H&WB Board, Dr Richard Cullen, attends the monthly ICP Place Board as participating observers.

Throughout 2018/19 the CCG and RMBC have continued to work proactively to deliver the Better Care Fund (BCF). The BCF enables the creation of a single joint budget to enable the CCG and RMBC to work more closely together to further improve the lives of some of the most vulnerable people in our society, and places them at the centre of their own care and support.

We have maintained strong relationships with our neighbouring CCGs including meetings between chief officers to share best practice and jointly commission services.

South Yorkshire and Bassetlaw Integrated Care System/Sustainability and Transformation Plan

The South Yorkshire and Bassetlaw Sustainability and Transformation Partnership (STP) was named is a partnership of 25 organisations responsible for looking after the health and care of the 1.5 million people living in Barnsley, Bassetlaw, Doncaster, Rotherham and Sheffield. More information about the ICS can be found on the ICS website: https://www.healthandcaretogethersyb.co.uk/

ICS partners join forces where it makes sense to do so and where it makes a positive difference to patients, staff and the public. The aim is to break down organisational barriers so that it can wrap support, care and services around people as individuals and positively change lives.
Since inception the governance of the ICS has been, and continues to be, strengthened with updated interim arrangements expected to take affect from the 1 April 2019. Whilst the ICS does not replace any legal, or statutory, responsibilities of any of the partner organisations, a number of groups discuss regional issues and agree how best to take things forward in collaboration. The ICS Oversight and Assurance Group (OAG) are attended by chairs from clinical commissioning groups, hospital trusts and health and wellbeing boards. The OAG offers support and challenge to the ICS Collaborative Partnership Board which has continued in 2018/19 and is attended by chief executives and accountable officers from acute and mental health hospitals, primary care, commissioning groups, local authorities, umbrella voluntary action organisations, Healthwatch organisations, NHS England and other arm’s length bodies. CCGs are also currently reviewing their terms of reference for the Joint Committee Clinical Commissioning Groups (JCCC) with announcements regarding future working expected to be announced in the coming year.

A number of work streams have been identified as priorities for the ICS, they are: mental health and learning disabilities; urgent and emergency care; primary and community care; cancer; maternity and childrens; elective and diagnostic; and population health management. In 2018-19 the work streams have continued to work as networks, with key individuals from each partner organisation meeting on a regular basis to identify and develop opportunities to work together to improve health and care services.

In November 2017 the Treasury committed £3.5 billion of capital funding nationally for the period between 2017/18 – 2022/23 largely to support STP/ICS transformation schemes which will help to bring real benefits to patients including those across South Yorkshire and Bassetlaw. £10 million had previously been set aside to support expansion of hyper-acute stroke services at Sheffield Teaching Hospitals and in February 2019 work began on the building of a £4.9 million scanner facility at Doncaster and Bassetlaw Hospitals NHS Foundation Trust. Following capital funding being received by Barnsley Hospital NHS Foundation plans have been put forward to locate and bring about close functional working of the Children’s Assessment and Paediatrics Emergency Unit with a full business case expected to be completed by the trust by March 2019.

The ICS commissioned independent review of hospital services concluded in 2018. The review looked at how hospital services are provided and what needs to happen to future proof them, taking into account local and national issues such as rising demand, workforce and resource challenges and consistently delivering quality standards.

Recommendations from the review, which were published in a report (including an easy read version) in May 2018, proposed that to continue providing high quality services, hospitals in Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham and Sheffield must work together even more closely in a variety of different ways. This included ways for the hospitals to work together better with the development of hosted networks. It also included transforming the way we use our workforce, to make the best use of the staff we have at the moment, and to ensure that people receive care as close to their own homes as possible. The report can be found here: [https://bit.ly/2Xgrmoi](https://bit.ly/2Xgrmoi).

Following publication of the independent report the ICS produced the Strategic Outline Case, which was accepted by all partners in August 2018. Since then modelling has taken place, hosted networks have been established, and next steps will be decided in March 2019.

Some of the South Yorkshire and Bassetlaw system achievements in 2018/19 have included:
• the ‘Be Cancer SAFE’ social movement campaign creating over 12,000 cancer champions in the five Places; raising awareness of signs and symptoms and encouraging conversations within communities

• 1,300 additional patients accessing support through the Living With and Beyond Cancer programme

• meeting the 18-week waiting times target for elective and diagnostics across South Yorkshire and Bassetlaw

• improvements to the emergency out of hours ophthalmology service across the region to support a sustainable 7-day service

• becoming a national exemplar on reducing out of area placements in adult mental health services

• involvement in the national trial ‘Working Win’ which supports people with long term physical or mental health conditions into work, with over 2000 people already accessing the trial

• social prescribing support has been extended to mental health services

• mental health liaison services have been put in place in Rotherham and Sheffield Emergency Departments.

• extended GP access at evenings and weekends has been available for 100% of patients since 1 October 2018

• 21 clinical pharmacists - who are able to prescribe - have joined the workforce and are now working in general practice

• establishing and developing 36 primary care networks covering 100% of the population, ensuring more joined up services at a local level

• a South Yorkshire and Bassetlaw Workforce and Training Hub has been established - recruiting local people into the NHS and helping them develop

• reducing extended length of stay and delayed transfers of care (helping patients get home quicker when they are medically fit for discharge)

• implementation of NHS 111 online, including direct booking and clinical assessment service

• completed procurement for Integrated Urgent Care – due to start from March 2019

• saved £4.3 million by working with NHS organisations across South Yorkshire and Bassetlaw to procure some surgical supplies as a group rather than as individuals

• set up and launched the first Allied Health Professions (AHP) Council in the country where a broad range of Allied Health Professionals, including physiotherapists, dietitians and paramedics, come together to develop new ways of supporting health and care services

• gathered the views of over 14,000 people to help inform next steps for prescribing over the counter medicines

• introduced 135 trainee nurse associates into health and care services in Doncaster and Sheffield to undertake more routine tasks while better utilising the time of registered nurses in focusing on patients with more complex needs

• set up five “hosted networks” for the hospital services covered in the Hospital Services Review, with each one of our South Yorkshire and Bassetlaw acute trusts taking the lead for an individual service, co-ordinating it’s running and supporting the future planning in closer collaboration with partners

• 825 non-clinical members of staff are now working as Care Navigators across the system, freeing up GP appointments by signposting patients to different services that might be more beneficial to them so they get the quickest and best care that is appropriate for their needs

• hospitals across the region have joined forces in a region-wide approach to support people to quit smoking. This initiative could see as much as a 40% reduction in smoking related deaths in two years.
Health and Wellbeing Strategy and Integrated Health and Social Care Place Plan

Over the last 12 months we have continued to work closely with partners to implement the latest Rotherham’s Health and Wellbeing Strategy. The Health and Wellbeing Strategy provides a high level framework, directing the Health and Wellbeing Board activity, of which the CCG is a key member. It supports the Board’s role to provide leadership for health and wellbeing by making the most of our collective resources in the Borough.

The strategy sets out four key aims:

1. all children get the best start in life and go on to achieve their potential
2. all Rotherham people enjoy the best possible mental health and wellbeing and have a good quality of life
3. all Rotherham people live well for longer
4. all Rotherham people live in healthy, safe and resilient communities.

Each aim includes a small set of high-level priorities, which demonstrate the particular areas of interest that will contribute to achieving the aim.

The Rotherham Integrated Health and Social Care (IH&SC) Place Plan is closely aligned to the H&WB Strategy and is the main delivery mechanism for the health and social care elements of the Strategy.

The transformational approach has been to identify five closely linked work streams to maximise the value of our collective action and transform our health and care system:

- Children and Young People
- Mental Health
- Learning Disabilities
- Urgent Care
- Community Care

The CCG Commissioning Plan aligns with the Rotherham IH&SC Place Plan and the H&WB strategy. It sets out, as a key partner, how we will support both their delivery.

Reducing Health Inequality

We continue to work closely with partners to reduce inequalities. We are a member of the Rotherham Partnership which has three priorities: helping local people and businesses benefit from a growing economy; ensuring the best start in life for children and families and supporting the vulnerable within our communities.

Our work with Rotherham Public Health has helped to implement the plans for Public Health commissioning. These include important areas such as NHS Health Checks which provides screening for cardiovascular disease and other conditions and services for important causes of inequalities in Rotherham such as smoking, sexual health and substance abuse, including alcohol.

We have continued to work with partners to address the high impact changes for health inequalities identified by the National Audit Office; smoking cessation, blood pressure control and management of cholesterol.
Key Risks

The CCG’s risk management and assurance framework was reviewed during Quarter 4 in line with internal audit recommendations.

A new integrated risk management system including a new framework (policy and procedural documents) has been implemented throughout the year. This has enabled the organisation to have a clear view of the risks and issues affecting each area of its activity; how those risks are being mitigated, the likelihood of occurrence and their potential impact on the successful achievement of the CCG objectives.

Full details of the CCG’s risk management arrangement and effectiveness is reported in the Annual Governance Statement within this report.

Performance Analysis

2018/19 has been a positive year for CCG performance, working closely with our commissioned providers and other partners. A number of key challenges remain for the CCG and the wider health system, where targeted work streams are in place to improve the position.

Some of the key successes for the CCG in 2018/19 have included:

- the 18 week referral to treatment standard has been achieved during 2018/19. January 19 performance was 92.4% against the 92% standard.
- waits for Improving Access to Psychological Therapies (IAPT) have been consistently above the standard during 2018/19. The national standard for patients accessing IAPT services is 75% within 6 weeks and 95% within 18 weeks. The 6 week wait position as at the end of February was 94.4%. The 18 week wait position was 98.5%.
- the CCG has seen excellent performance in the move to use of electronic referrals from GPs for a first outpatient appointment. 100% of applicable referrals were made using electronic referral in December 2018.
- dementia has been a key priority across the Rotherham health system for some time. Diagnosis is a key part of the work on dementia with the CCG continuing to perform well on estimated diagnosis rates. The national standard for estimated diagnosis rate is 66.7%. The CCG achieved 86.4% in February 2019.
- the nationally expected level of Delayed Transfers of Care (DTOCs) has been met nine out of 10 months in 2018/19 to date. The nationally expected rate for the CCG’s main acute provider is a maximum of 3.5% of bed days taken up by delayed patients. The rate has been between 1.6% and 3.7% during 2018/19, with 2.6% year to date as at January 2019.

Some of the key challenges for the CCG have included:

- A&E waiting times have been particularly challenged for the Rotherham health system in 2018/19. The CCG continues to work with partners as part of the A&E Delivery Board to improve the A&E position. This work includes effective delivery of a sustainable Urgent and Emergency Care model through the Urgent and Emergency Care Centre. March 2019 performance was 84.2% against the national standard of 95%.
- The 62 day wait for cancer treatment has underperformed for most of 2018/19. The CCG is very actively engaged with the Cancer Alliance and the shared Cancer Board with The Rotherham NHS Foundation Trust, to improve this position. Focused work is being undertaken on particular tumour site pathways, such as Urology, where performance is particularly challenged.
Commissioning Plan Performance

A review of performance against our commissioning plan for 2018/19 took place in July 2018, October 2018 and March 2019, and reported to Governing Body each time. The Quarter 3 position showed that 79% of milestones were on track or complete. A year-end position will be reported in June 2019.

IH&SC Plan Performance

A review of performance against the IH&SC Place Plan for 2018/19 took place in July 2018, October 2018 and March 2019, and reported to ICP Place Board each time. The Quarter 3 position showed that 70% of milestones were on track or complete. A year-end position will be reported in June 2019.

Finance Review

As in previous years NHS Rotherham CCG had a number of obligations to meet, all of which were achieved:

- to deliver in year financial balance
- to remain within a running cost allocation
- to remain within the capital resource allocation provided
- to pay at least 95% of non-NHS trade creditors within 30 days

The CCG received three types of allocation from NHS England; one to fund care for our registered population (programme allocation £404.5 million), one to fund the costs of commissioning that healthcare (running costs £5.5 million), and another to fund capital investment (£98,000). The programme allocation included £3 million of historical surpluses returned to the CCG from a total of £18.5 million that it has banked with NHS England.

With the impact of investment priorities arising from the CCGs commissioning plan and national planning guidance and demand and costs of services tracking in excess of nationally funded growth, planned Quality, Innovation, Productivity and Prevention (QIPP) schemes of £10.2 million were required to deliver a balanced financial plan.

This total allocation of £410 million was utilised as follows:
In year the financial position was reported monthly at each Governing Body meeting with accompanying narrative identifying key risks. A number of financial challenges were encountered but successfully managed within the overall financial resource available.

Recognising the nature of some of the challenges to be recurrent, and possibly in excess of growth monies likely to be available in the following year, the Governing Body took the decision to participate in a national incentive scheme thereby guaranteeing the return of £4 million of previously banked surplus to the CCG in 2019-20, in return for contributing £2 million to the national position during 2018-19.

Looking ahead, the 2019-20 financial position will remain challenging despite an uplift of 5.35% overall. QIPP plans in the region of £10 million to £13 million are likely to be required, with similar levels in subsequent years. There is sustained pressure on activity and demand across the CCG’s portfolio and there are challenging national planning requirements to be met, including continued and significant investment in primary care, community services and mental health and learning disabilities.

In order to achieve success we will need to continue to work closely with our partners across the Rotherham Integrated Care Partnership and across the wider South Yorkshire and Bassetlaw Integrated Care System.

**Audit**

The CCG’s external auditor is KPMG. They audit the financial statements and provides opinion on:

- Whether the statements give a true and fair view of the financial position of the CCG and its expenditure and income for the year
- Whether the accounts have been prepared properly in accordance with relevant legislation and applicable accounting standards
- The regularity of the CCG’s expenditure and income.

KPMG also has responsibility to satisfy itself that the CCG has proper arrangements in place to secure economy, efficiency and effectiveness in its use of resources.

Each director has stated that as far as he/she is aware there is no relevant audit information of which the CCG’s auditors are unaware and he/she has taken all the steps that he/she ought to have taken as a director in order to make himself/herself aware of any relevant audit information and to establish that the CCG’s auditors are aware of that. The audit fee in relation to the statutory audit for 2018/19 was £43,644.

**Wendy Allott**
**Chief Finance Officer**
NHS Rotherham CCG is a socially and environmentally responsible organisation. The Social Value Act 2012 requires us to consider how to use its contracts to improve the economic, social and environmental well-being of our communities. During the year, NHS Rotherham CCG sustainable development plan was refreshed and we remain committed to the NHS Carbon Reduction Scheme and there is an on-going focus to reduce our direct building related greenhouse gas emissions, business travel and waste going to landfill. We have ensured that all procurements have clauses requiring sustainability actions and all our core providers have sustainability plans in place, including the economic, social and environmental wellbeing of our local communities. Our facilities management provider, NHS Property Services, have this year led on energy efficiency within the building that we are a tenant. They measure the reduction in our carbon footprint with our baseline for energy usage reported through the annual Estates Return Information Collection (ERIC), that they produce. We are always looking for ways to reduce the use of natural resources, including water consumption. NHS Rotherham CCG is committed to recycling within the organisation, where staff are encouraged to separate their rubbish into recycling containers provided in the kitchen area. NHS Rotherham CCG has also introduced a battery recycling scheme. Recycling containers are placed around the 2nd floor of Oak House for staff to dispose of batteries. NHS Rotherham CCG has also replaced its printing paper with recycled paper which is from the Nationally Contracted Products list which is also used by other NHS organisations.

NHS Property Services provide utility and waste data for 2018/19. The estimation in the tables below is based on an average consumption and cost per meter per annum for different building types which is then applied to our building Gross Internal Area (GIA).

<table>
<thead>
<tr>
<th>CCG</th>
<th>Building</th>
<th>Building GIA</th>
<th>Tenant Occupancy GIA</th>
<th>Electricity</th>
<th>Gas</th>
<th>Water</th>
<th>Electricity</th>
<th>Gas</th>
<th>Water</th>
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<td>NHS Rotherham</td>
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<td>2,115.60</td>
<td>745.75</td>
<td>104,746</td>
<td>83,038</td>
<td>370</td>
<td>16,898.06</td>
<td>2,765.56</td>
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NHS Rotherham CCG sustainable development management plan consists of eight modules:

- leadership, involvement and workforce development
- carbon hotspots
- commissioning and procurements
- sustainable clinical and care models
- healthy, sustainable and resilient communities
- metrics
- innovation, technology and research and development
- creating social value.

**Leadership, Engagement and Workforce Development**

Sustainability forms part of the culture that transforms health, public health and social care delivery towards more integrated and enabling services. Sustainable and resilient services will only emerge from a culture that understands and values environmental and social resources alongside financial. This requires strong leadership from within NHS Rotherham CCG coupled with raising the awareness of staff and the profile of sustainability.
Carbon Hotspots

NHS Rotherham CCG health, and the health of the environment, are damaged by pollutants released and resources used in delivering care. The world’s first combined health, public health and social care carbon footprint for a national health system estimates the health and care system carbon footprint to be 32 million tonnes of carbon dioxide equivalent (MtCO2e).

To protect the well-being of the UK population the NHS, public health and social care system has set an ambitious goal to reduce carbon dioxide equivalent emissions across building energy use, travel and procurement of goods and services by 34% by 2020.

One in every 100 tonnes of domestic waste generated in the UK comes from the NHS, with the vast majority going to landfill. The new economic foundation calculates that recycling all the paper, cardboard, magazines and newspapers produced by the NHS in England and Wales could save up to 42,000 tonnes of Carbon Dioxide. This is equivalent to the savings made by replacing over half a million 100W incandescent light bulbs with 20W energy-saving bulbs, or taking around 17,000 cars off the road.

The NHS aims to reach every individual and community in the country. Consequently travel, by patients, staff and visitors, is a crucial part of the way the NHS delivers services. The NHS accounts for 5% of all road traffic in England and travel is responsible for 18% of the NHS carbon footprint in England. This is an important area for reducing carbon impact, improving sustainability, convenience and safety, as well as saving time and money.

Reducing the use of private cars, either travelling to the NHS or on NHS business, is one of the big opportunities to reduce our carbon footprint related to travel. In total they account for over 50% of carbon emissions in the UK domestic travel sector. 56% of all journeys by car are less than five miles and 23% are less than two miles.

Commissioning and Procurement

In England over £88 billion of public money is spent on health and care services commissioned for local people. Delivering health and care services in turn involves the procurement of a large amount of goods, services and infrastructure, with the health and care system spending over £40 billion each year. Every pound spent enables positive health, social and environmental outcomes.

The commissioning of services and the procurement of products are powerful levers to influence the delivery of sustainable services. NHS Rotherham CCG recognises that we can develop and use criteria to stimulate more ambitious and innovative approaches to delivering care that costs less, creates less environmental harm and reduces inequalities. Sustainable commissioning takes a whole system approach to improving health and well-being of the people it buys services for.

NHS Rotherham CCG understands that commissioning services in a way that utilises local assets, improves the local environment and empowers local people and communities and can achieve wider benefits from the same investment.

Sustainable Clinical and Care Models

All services aim to deliver the best quality of care within the resources available. This has always been a challenge and will become increasingly so as costs escalate, scarce resources diminish and weather patterns become more unpredictable. To be prepared for changing times, climates
and events it is increasingly important to consider the environmental and social impact of how services are delivered.

Healthy, Sustainable and Resilient Communities

Every place has a different geographical, social, economic and demographic set of circumstances which means that a local approach is needed to support communities to thrive, be more sustainable, resilient and healthy in changing times and climates. The NHS, public health and social care organisations play an important role in local communities, as employers, and as core public service providers. They are an integral part of communities and can help support community groups, local agencies and local people to further build a sense of place and identity so people want to live, work and invest there. These elements create the conditions for improved health and well-being.

Metrics

In monitoring progress towards achieving a sustainable health and social care sector, NHS Rotherham CCG is required to have a measurable process in place which quantifies what matters. The NHS Sustainable Development Unit confirms that it is not currently possible to measure the full impact of sustainable development because these are not fully defined or understood yet and many of the benefits from sustainability are not mapped.

The purpose of the module document is to set out a vision for measuring progress in continually improving health and well-being in England, now and for future generations within available financial, social and environmental resources.

Innovation, Technology and Research and Development

A more sustainable health and care system should utilise innovation, technology and research and development, particularly, where they act as catalysts for each other and the rest of the system.

The purpose of the module document, Innovation, Technology and Research and Development is to set out proposals and approaches that will improve the sustainable health and well-being of people across England. It is the product of collaboration with many organisations and individuals across the system that has helped to highlight and define good practice in innovation, technology, research and development.

Creating Social Value

Actively designing and delivering social value is a core part of the transformation needed across public sector organisations; and as such, this concept is now enshrined in legislation through the Public Services (Social Value) Act 2012. The Act places a clear expectation on public services to demonstrate how their work makes a difference and delivers greater social value.

It further emphasises the importance of considering social value in advance of value. It further emphasises the importance of considering social value in advance of value in advance of commencing any commissioning and procurement processes.

Such considerations should help inform and shape the purpose of the products needed, and perhaps more importantly, the design of the services required.

Our Sustainability Development Management Plan consists of four components:
1. Corporate leadership - ‘The NHS has the potential to touch almost every person in this country. By demonstrating how to reduce carbon emissions and promoting healthy, sustainable lifestyles, the NHS can lead the way to a healthier, happier society.’ – Neil McKay, NHS England.

2. Staff health and wellbeing and community engagement - the CCG as an employer will enhance the health and wellbeing of staff, patients, the public and suppliers. We will improve the wellbeing of local communities, the economy and the environment through building relationships and minimising negative impacts.

3. Reducing our internal impact - we will support the Government target to reduce the NHS carbon footprint by 80% by 2050. This will involve measuring our baseline and setting targets for; a) energy management b) travel reduction and greener travel c) material management and the waste hierarchy.

4. Sustainable commissioning and procurement - Sustainable procurement means purchasing goods and services in a way that maximises positive benefits and minimizes negative impacts on society, the economy and the environment through the full life-cycle of the product. The NHS spends around £11 billion a year. It contributes enormously to local economies and has the significant market power needed to drive innovation. The NHS contributes up to 10% of regional GDP, and in more deprived areas a NHS Trust can have an even greater economic impact. The majority of our impact comes from our commissioning and procurement activities. While we intend to focus on our internal impact, the health and wellbeing of staff and embedding sustainability into the organisation as a priority this year, we must begin to put measures in place to challenge and support our providers to reduce their impact too.
Our Duties

Quality Assurance and Quality Improvement

The Chief Nurse, Mrs Sue Cassin, has continued to work closely with GP leads, CCG officers and stakeholders to seek assurance of the quality of all commissioned services. This includes GP primary care services, acute and community services, mental health and continuing healthcare. Quality assurance includes three overarching key themes of:

- patient safety
- clinical effectiveness
- patient experience as outlined in High Quality Care For All – NHS Next Stage Review Final Report (2008)

The Chief Nurse is supported by the Deputy Chief Nurse in all aspects of the clinical quality agenda. This incorporates safeguarding, governance, incident reporting/investigation and learning, infection control, patient experience and public involvement. Additionally, the role leads on continuing healthcare for adults and children, personal health budgets and representing the CCG at the regional quality leads meeting. This assurance is reported in detail at the Governing Body public session on a monthly basis, and bi-monthly to the NHS England Quality Surveillance Group.

Throughout the year, the CCG has worked with commissioned providers to secure continuous improvements in the quality of services ensuring that health services are provided in an integrated and transparent way. Integration of health and social care services remains high on the national and local agendas.

Patient Safety

Monthly Contract Quality meetings take place with main providers, where the agenda is set around the main domains of quality, safety, outcomes and patient experience in line with the NHS Outcomes Framework. The CCG has held all its providers to account to continue reductions in cases of clostridium difficile with a root cause analysis of all cases. We also have a zero tolerance approach to Methicillin Resistant Staphylococcus Aureus (MRSA).

All providers’ Cost Improvement Plans (CIPs) are signed off by providers’ medical and nurse directors to ensure Trust Board level ‘line of sight’ also ensuring that the CCG is assured that CIPs can be delivered without compromising quality and safety.

Where it would improve quality or reduce inequalities GP leads, CCG officers and commissioning nurses take part in a series of clinically led visits to main providers which provide opportunities for seeking quality assurance and agreeing actions where appropriate.

Safeguarding

The Chief Nurse is the CCG’s Executive Lead for Safeguarding. This work is supported by a team of dedicated staff, including Designated Doctors and Nurses. Together we ensure that safeguarding is central to all that the CCG does.

Our published Safeguarding Annual Report 2017/18 offers a flavour of our commitment to drive up standards across all agencies. 2017/2018 was a particularly busy year in a number of safeguarding areas, leading to objectives being set for 2018/19; taking account of emerging safeguarding themes and drivers for change. The annual report highlights key areas of progress and key areas that require further attention, generally utilising the “‘Signs of Safety’” format. The safeguarding team provides assurance via the patient safety report to Governing Body that the
CCG is fulfilling its statutory safeguarding responsibilities and that safeguarding is fundamental to all that we do as a CCG.

The landscape of safeguarding is always changing and we promise to change and adapt with it. We endeavour to keep the health economy, and public, as up to date with safeguarding as possible. As an organisation with a vital role to play in protecting vulnerable clients, we are committed to responding quickly and flexibly to new demands as they arise. Above all, we are committed to ensuring that we listen to the voices of the vulnerable and act on what we hear. For the year 2018/19 priorities for the Safeguarding Team have been agreed in line with local/national drivers and will be taken forward and monitored during the year.

1. **Changing Landscapes**
   Responsive practice to changing landscape (eg Integrated Care Systems, Working Together 2018)

2. **Looked After Children**
   Working in partnership to fulfil our corporate parenting functions; to deliver health care to those children that we would aspire to for our own children and young people

3. **Developing Areas**
   Proactive in identifying trending themes/concerns and strengthening practices.
Safeguarding Adults
- Rotherham Safeguarding Adult Board (RSAB) moving forward due to the statutory powers of the Care Act 2014
- Committed to all 5 sub-groups of the RSAB and chair of the training & development group
- LeDeR (Learning Disability Mortality Review) programme has been embedded across the health economy. 8 cases are identified and reviewed with learning shared
- Prevent/Channel – remain high priorities for RCCG with multi-agency work continuing at both local, regional and national levels.
- MCA/DoL to remain lawful
- MAPPA – oversight and assurance of RCCG/s commissioned health services within individual cases
- Serious Incidents (including SARs, DHRs, SCRs and MHHRs).

Safeguarding Children
- The CCG has attended Regional Safeguarding Networks to share best practice. NHSR CCG have attended Rotherham Safeguarding Children Board (RLSCB) and Sub-groups
- Safeguarding updates are presented to NHSR CCG Assurance and Quality Audit Committee and Operational Executive groups.
- The CCG Chair the RLSCB Performance & Quality sub-group
- The CCG representation at strategic complex abuse meetings
- The CCG member of Multi-agency Review Panel (MARP) – strategic review of complex cases requiring innovative jointly agreed solutions to safeguard children & young people.

Rotherham Multi-agency Safeguarding Hub (MASH)
- Worked in partnership with RMBC and partners to respond to Multi-agency Information Sharing
- Chaired Health MASH meetings – presenting data that outlines themes and outcomes of cases
- The CCG regularly attend at senior level Strategic MASH meetings
- The CCG attended Multi-agency Operational Delivery Group Meetings
- Health colleagues ensure all decisions and outcomes are reported to clinicians working directly with children and their families
- Provide demographic maps based on themes e.g. CSE to partners reporting number of cases and locality
- Data reports to The Rotherham NHS Foundation Trust and RDASH regarding information sharing at Health MASH meetings
- Working in partnership to undertake auditing of MASH Information Sharing as part of MASH process
- MASH health manage local and national ‘missing’ notifications for children and young people – providing monthly reports for the CCG Governing Body and to the RLSCB CSE and Missing Sub-Group.

Adult & Children Safeguarding
- The CCG delivered 3 Step Approach to Rotherham GP Surgeries (GP Surgery Assurance Questionnaire, face to face education opportunity for surgery staff & safeguarding children supervision with the Named GP) on domestic abuse and bruising in non-mobile children
- In-depth work with GPs, training following the 3-step approach to domestic abuse and bruising in non-mobile children
- KPI and standards in place for providers and reviewed in line with legislation changes and guidance. December 2018 moving towards joint children and adult safeguarding standards from RSAB and RLSCB, sent to GP surgeries for safeguarding assurance.
Clinical Effectiveness

The CCG continues a programme of six Professional Leadership, Training and Commissioning (PLTC) meetings for GPs, which have a strong focus on clinical quality and strong engagement from secondary care clinicians. The newly reformed Practice Nurse Forum has been supported to develop over the last year via these events.

Looked After Children (LAC)

In 2015 the Department of Health and NHS England stated (Future in Mind 2015) ‘If we can get it right for the most vulnerable, such as looked after children and care leavers, then it is more likely we will get it right for all those in need.’

Whilst it is agreed that all children have health needs, and that Local Authorities (LA) have a major role in meeting these through their commissioning of health services, including universal healthcare such as health visiting, and school nursing and specialist public health services such as sexual health and substance misuse services for under 19’s. There is most certainly an acknowledgement that LAC and Care Leavers (CLs) have higher levels of health needs than their peers, and these are often met less successfully – leading to poorer outcomes. The CCG takes responsibility for LAC health needs very seriously and works with the LA and healthcare providers to ensure that these are met effectively.

In Rotherham it is accepted that the physical, emotional and health needs of LAC and CLs are intrinsically interwoven. The CCG aims high for a future where LAC and CLs enjoy the same levels of health as their peers. Early identification and timely support of their health and wellbeing needs is critical as it reduces the escalation of problems and, getting this right, can improve life chances. Therefore robust management and monitoring of care delivery remains a priority. The CCG shares its Key Performance Indicators (KPIs) with the LA, Corporate Parenting Panel and the Local Safeguarding Children Board. Areas that fall short are challenged and assurance of service improvement sought.

Infection Prevention and Control (IPC)

Infection Prevention and Control involvement with the national Health Care Associated Infection (HCAI) agenda ensures patient safety and clinical effectiveness relating to IPC.

Assurance relating to this from providers is gained whilst providing support along with and holding providers to account for their performance in relation to the management and reduction of HCAIs in line with nationally set objectives.

This is done by monitoring work programmes that detail how they will plan, manage and mitigate against HCAIs. Monitoring is undertaken through:-

1. attending IPC committees for provider Trusts – The Rotherham NHS Foundation Trust and RDaSH to gain ongoing assurance of local IPC strategy and contractual performance indicators.
2. attending joint provider/commissioner PIR meetings – a comprehensive strategy to review all cases to reduce incidence.
3. monthly meetings with Trust IPC Leads.
4. outbreak meeting attendance.
5. Close work between providers and the CCG ensures there are robust surveillance programmes in place for all Rotherham residents to identify and respond to new and re-emerging threats.
6. Collaborative working on developing solutions and innovations aimed at prioritising exceptional IPC quality standards across Rotherham takes place involving The NHS Rotherham Foundation Trust, NHS Rotherham CCG, Public Health England, Public Health (local), and Rotherham Doncaster and South Humber Mental Health Trust (RDaSH) with the aim of reducing the overall number of HClAs and reducing the number of people who die from treatable health care associated infection related conditions.

**Serious Incidents (SI)**

No serious incidents relating to information governance in 2018/19.

The Chief Nurse is responsible for the management of serious incidents, performance management of provider investigation into SIs reported to them and is the Caldicott Guardian for the CCG. The role also has the lead for clinical governance, responsibility for strategic development and operational implementation of patient safety, clinical risk management, safeguarding, quality of commissioned services and IPC. The Chief Nurse provides written evidence of assurance to the Governing Body on a monthly basis.

The Chief Nurse has delegated responsibility for clinical risk management including:

- the executive lead responsible for safeguarding adults and children
- managing and overseeing the performance management of serious incidents reported by providers of its commissioned services regarding Rotherham registered patients as per delegated responsibility by NHS England
- ensuring that processes are in place to provide assurance with regard to clinical risk management within commissioned services, this includes, (but not exclusively), patient safety regarding commissioned services in line with local and national legislation and guidance
- collating intelligence from the Strategic Clinical Executive with responsibility for the quality of primary care, secondary care and mental health services.

There are processes in place for incident reporting and investigation of serious incidents. We have developed information risk assessment and management procedures and a programme is established to fully embed an information risk culture throughout the organisation against identified risks.

**NHS Continuing Healthcare and Children and Young People’s Continuing Care**

**Children and Young People’s Continuing Care** is a package of care for children and young people aged 0 to 17 years, whose complex needs cannot be met by universal or specialist health services.

**NHS Continuing Healthcare (CHC)** means a package of ongoing care that is arranged and funded solely by the National Health Service (NHS) where the individual aged 18 years and over, has been assessed and found to have a ‘primary health need’ as set out in the National

The CCG’s CHC service recognises that individuals being assessed for NHS Continuing Healthcare and Children’s Continuing Care are frequently facing significant changes in their lives and, therefore, a positive experience of the assessment process is crucial. The CCG is committed to providing an assessment of eligibility and decision-making which is person-centred
and places the individual at the heart of the assessment and care-planning process, to ensure that individuals have a positive experience of the assessment process and receive high quality and cost-effective care.

Section 117 Mental Health Aftercare

Section 117 after-care is a statutory, joint-responsibility shared with our LA to provide support to those patients discharged from hospital following detention under certain sections of the Mental Health Act. This applies to those with both mental health and learning disabilities.

After-care takes many forms but is generally provided by our commissioned community services. For some, there is a requirement to support a supplementary package of care, either in the person’s home or in a community placement, such as a nursing home or specialist provision. Packages can be supported by the CCG, the local authority, or both. We are working with partners to develop a comprehensive joint-funding approach to improve efficiency, equity and value for money.

Partnerships with the LA have been strengthened further to support the Transforming Care agenda, in which we are developing robust processes to minimise hospital admission, or reduce the length of any subsequent admission for those with a learning disability.

Patient Experience

The NHS has access to a wealth of information on people’s needs and experience of services.

The Joint Services Needs Assessment (JSNA) is produced by Public Health and gives all organisations in Rotherham information about the health needs of the population. This helps us to target communities and populations experiencing the greatest need or barriers.

A number of national surveys are published annually, these include:

- the national inpatient survey
- GP patient survey
- mental health survey
- maternity survey
- children and young people survey.

1. We analyse and report internally and externally on the findings within these; they can be very useful in highlighting areas that we need to consider more closely. Providers also have to provide a response to issues highlighted.

2. The Friends and Family Test is used extensively in both secondary and primary care. We review the available data each month, looking at the number of responses, how positive the feedback is, and look for exceptions to national averages. In addition, where we receive free text comments through our providers, we seek to identify themes and trends, and what actions have been taken by providers to address issues raised.

3. We monitor informal social media (such as Twitter and Facebook) - responding and acting where appropriate. We also use these mechanisms to obtain fast feedback to simple questions. In addition, we monitor more formal patient feedback sites such as NHS Choices and Care Opinion, responding where appropriate, and encouraging our providers to reply as needed. This type of feedback again enables us to identify themes and local concerns.
4. Healthwatch collects a significant amount of data and feedback, both electronically, and through events and drop-ins, which is shared with us. In addition, Healthwatch pro-actively seek data as and when needed to inform campaigns and consultations.

5. Practice based participation groups (PPGs) also raise current issues that are important to patients in real time, which is extremely valuable. The PPGs have the opportunity to raise these issues directly at the Rotherham wide PPG Network meetings, and through the lay-member for engagement, who chairs these meetings.

**Being a real partner in your own health care - meeting the individual participation duty**

As well as ensuring that collective engagement and involvement takes place, NHS Rotherham CCG has a duty to support patients, and to enable people to feel in control of their own health and the choices they make, when it comes to the care and treatment they receive. This means making sure that information, tools and support are available so that patients can make informed decisions about their care. Our priorities around the individual duty and some of the ways that we meet them are:

- **Self-Management** – we are committed to our social prescribing programme, working with the voluntary and community sectors. This programme firmly puts people with long term conditions in control of their own mental and physical health and wellbeing.
- **Shared decision making** – we have worked extensively with clinicians to produce clinical pathways; these ensure parity of treatment for patients, and that best practice is integral to all. In addition, the pathways (locally called ‘Top Tips’) embed patient information and provide a solid format for shared decision making. They are available on the CCG website.
- **Personalised care planning and health budgets** – we are working to involve patients and carers through feedback, but also through a user led support mechanism, via ‘Active Independence’. Currently this group is leading on planning an event to recruit and inform personal assistants.

**How to get involved and share your experiences**

There are lots of ways that people can be involved, informed and represented through:

- **Patient Participation Groups (PPGs)** - Each GP practice must, as part of their core contract, set up a Patient Participation, or Reference Group. These should meet regularly, and look at patient feedback, working with the practice on an action plan to address the issues patients raise. These groups should be representative of the practice population in their makeup.

- **The PPG Network** links local PPGs and the CCG and meets quarterly. Over the last year, the network has considered and influenced the following issues:
  - **June 2018** – Integrated Care System and Rotherham Place Plan – Chris Edwards attended to offer an overview and update
  - **September 2018** – Information Sharing – several brief updates and information shared to help support and inform PPGs
  - **November 2018** – Medicines over the counter
March 2019 – The regionally led hospital services review - considering the next stage of the review

Healthwatch Rotherham - an independent organisation representing the views of local people across health and care.

Reader group - a number of people have offered to read drafts of papers and offer their views – this includes everything from the CCG commissioning plan to public leaflets.

Public events and engagement activities – where anyone can find out more about our work, can meet staff, and have their say.

NHS Choices or Care Opinion – anyone can access these sites and leave feedback on health services they have experienced. NHS Rotherham CCG responds where appropriate, and encourages our providers to also respond and act on the information.

Lay Patient and Public Engagement (PPE) Chair – Represents the patient voice at the Governing Body, and various committees and work-streams

‘Your Say’ section of the NHS Rotherham CCG website – a range of information and resources, including open and recent consultations, and forthcoming events and opportunities for people to get involved.

Focus groups and formal and informal consultations – relating to specific work-streams as needed. We pride ourselves on our approach to using different and innovative mechanisms for involvement, and in the past have used song, poetry, cartoons and drama to add depth and interest to our activities.

Formal consultations - where appropriate, we undertake formal consultations, advertising these widely both on our website and through a variety of electronic and paper based media.

Engaging with our Community

As an organisation we want to continuously improve and develop how we engage with our communities. We want people to see what we have done; how feedback helped to shape local services and just how much we value all engagement.

All CCGs have a legal duty to involve the public in the commissioning of services for NHS patients (‘the public involvement duty’), outlined in Section 14Z2 of the 2012 Act. To fulfil the public involvement duty, the arrangements must enable the public to be involved in:-

(a) the planning of services,
(b) the development and consideration of proposals for changes which, if implemented, would have an impact on services and
(c) decisions which, when implemented, would have an impact on services.

However, our engagement and involvement work is not just about meeting our statutory duties; our aim is to put patients and the public at the heart of our work. By listening to local people and those who represent them, we can improve the decisions we make and make sure we are considering the health needs of Rotherham residents. We want to continuously improve and develop how we engage with our communities. We want people to see what we have done; how their feedback helped to shape local services and just how much we value all feedback and
engagement. How we do this is set out in our Communication and Engagement Strategy, and our values are outlined in our constitution.

Structures, Governance and Assurance for Engagement

We make the aims and values set out in the plan real in the following ways:

- **Governing Body** – our Governing Body lay member with responsibility for patient and public engagement has a remit to support and challenge our work in this important area. Governing Body meetings are held in public and the public are able to submit questions.
- **Primary Care Committee** - also meets in public and takes questions in the same way.
- **Communication and Engagement Governing Body Sub-Committee** - includes representatives from the voluntary sector and Healthwatch, and allows open discussion of our plans, and challenge to ensure we meet statutory requirements and our aims and values. It ensures that we have the time and expertise to plan, monitor and evaluate its communications and engagement activity. Details of the committee are provided in the Annual Governance Statement.
- **Monthly reports to Governing Body** share an overview of current patient experience and key engagement activity.
- **Engagement mapping** – we have a system to record and capture all the work we do with patients, the public and stakeholders, and use this to identify gaps and priorities.

To add – case studies in boxes highlighting great practice/reaching out – possible include CCG funding to youth cabinet for film on body image, ‘569 Million Reasons’ - 14,000 plus responses; 48% from Rotherham – highest response to a survey.

Working with Partners and Communities

NHS Rotherham CCG has a proven track record of working with a variety of statutory and voluntary sector partners to ensure the best value possible engagement with our communities; we fundamentally believe that our community partners are the key to ensuring that all voices can be heard. Much of this work takes the form of engagement, rather than formal consultation. Below are just some examples:

- **Healthwatch** - we continue to work closely with Healthwatch colleagues, as we acknowledge and value the ‘ear to the ground’ that Healthwatch provides, using patient experiences and stories to influence and inform its work – these are often shared at Governing Body, bringing the patient voice into the room. During 2018-19, this has included:
  - Participation in procurement for Minor Eye Condition Service
  - Healthwatch produced and shared with the CCG and other stakeholders their review on Child and Adolescent Mental Health Services (CAMHS)
  - Working together on events to inform and feed into the Hospital Services Review

- **Voluntary Action Rotherham** - we work with a range of community organisations for engagement and consultation; occasionally using small incentives or service level agreements.
  - A variety of very small groups hosted workshops on depression for us; enabling us to reach into unheard communities
  - **Rotherham Parents Forum** have lead engagement around several issues, co-producing materials and activity, designing questions and consultations and carrying
out electronic surveys for NHS Rotherham CCG. During 2018-19 work has included focus on the Special Education Needs and Disabilities Sufficiency Assessment; enabling us together to consider the children’s health services needed for the future
o **Maternity voices partnership** – our newly established Maternity Voices Group is building a solid membership, and working with us to reach out to the unheard mums and families; using social media and outreach activities
o **Work with young people;** Rotherham Youth Cabinet contributed to Our AGM and NHS70 event in July 2018; sharing 70 aspirations for the NHS of the future. In addition, members of the Youth Cabinet used funding from the CCG to develop a film on body image – see the ‘True to You’ report here [http://www.rotherhamccg.nhs.uk/closed-consultations-and-reports.htm](http://www.rotherhamccg.nhs.uk/closed-consultations-and-reports.htm)

The ICS has involved patients, the public, staff and stakeholders on the Hospital Services Review, NHS 111 procurement, over the counter medicines and ophthalmology services and transport and travel with regard to accessing services. The Citizens’ Panel has continued to develop with members offering feedback on engagement planning and direct involvement in working groups. The “Get Involved” page of the ICS website directs members of the public to opportunities to become involved in work being carried out by the organisation. Members of the public can keep abreast of ways in which they can contribute their thoughts, views and time via the ICS’s social media channels as well as by signing up to an ICS mailing list. Detail about feedback received and how we put it to use is available.

**Hospital Services Review**

In August 2017 the ICS commenced a piece of work looking at hospital services in the region. Patient, public and clinical involvement was key to this work. A number of methods were employed in order to discuss with and gather the thoughts of staff, stakeholders, patients and the public to help inform the independent report. The involvement which took place during the review included: public events; an online survey, which was made available in an easy ready version; paper surveys at a range of events, by request and in hospital out-patient department waiting areas, main entrances, and areas convenient for staff; a telephone survey with 1000 members of the public who were selected to be as representative as possible of the demographic makeup of South Yorkshire and Bassetlaw; discussions with the Youth Forum of Sheffield Children’s NHS Foundation Trust; discussions with GP Practice Patient Participation Networks; sessions with a wide selection of seldom heard groups including: young mothers, asylum seekers and refugees, members of ESOL (non-english speaking) groups, members of the deaf and mute community, Pakistani and Somali women, members of the Roma community, members of the LGOVERNING BODYT community, young people’s groups, elderly people’s groups, recovering addicts, current drug and alcohol addicts, members of a support group for people with physical and/ or mental health conditions, and young people from the autistic community.

Findings from the involvement that took place before May 2018 can be found here: [https://bit.ly/2U3M0pY](https://bit.ly/2U3M0pY) and [https://bit.ly/2lwOqMg](https://bit.ly/2lwOqMg)

Recommendations from the review, which were published in a report (including an easy read version) in May 2018, proposed that to continue providing high quality services, hospitals in Barnsley, Bassetlaw, Chesterfield, Doncaster, Rotherham and Sheffield must work together even more closely in a variety of different ways. This included ways for the hospitals to work together better with the development of hosted networks. It also included transforming the way we use our workforce, to make the best use of the staff we have at the moment, and to ensure that people receive care as close to their own homes as possible. The report, which can be found here:
https://bit.ly/2U3M0pY details how patient and public involvement has influenced the report findings.

Following the publication of the Hospital Services Review report on the 9th May 2018 (and subsequent easy read version of the report), the partners involved in the HSR were invited to consider their response to the Review and its recommendations. Stakeholders including patients and the public were invited to respond with their views on the full report by 12th July.

The specific written responses to the Hospital Services Review final report have been included in Annex A of the Strategic Outline Case and have, along with the wide range of public views collected during 2018/19 helped to shape the drafting of the Strategic Outline Case. The public feedback received, as well as the review team’s response, is detailed in Annex A of the Strategic Outline Case, which can be found on our website here: https://bit.ly/2Nm0r5X.

In order to ensure patients and the public were given enough time to give their responses, engagement did not cease on the 12th July and continued until the end of September. In recognition of the length and complexity of the Hospital Services Review Report materials which highlight the recommendations and key points in the report, and an accompanying easy-read survey were developed.

At this stage engagement was carried out with over 400 patients, the public, staff and stakeholders, again using range of methods to gather peoples’ views. Face to face workshops were held with organisations and groups of people including Sheffield Futures young people’s groups, the prisons service, SAVTE (charity for people for whom English is not a first language), mother and baby groups, dementia groups, groups for people with physical and mental disabilities, groups for vulnerable women, groups for people with alcohol dependencies, people from a traveller background, asylum seekers, ROMA communities, children and families affected by deprivation, carers, young carers, victims of domestic violence, sex workers, people who live in isolated rural communities, deaf community and armed forces/veterans. Survey responses on the review recommendations were also obtained from workplaces including Stagecoach, South Yorkshire Fire & Rescue, Distinction Doors Ltd Barnsley, GP practices, PPG Network meetings and National Citizenship Service events. Work was also carried out to communicate to wider audiences at public events such as NHS 70th Birthday celebrations, Annual General Meetings of NHS organisations, Sheffield University Health and Social Care nursing students lecture. Flyers were handed out and conversations held at local events and leaflets were also sent to local community centres and libraries. A report on this stage of the engagement can be found here: https://bit.ly/2XgSoMu.

In January 2019 focus groups with pregnant women, new mothers and groups most affected by gastroenterology conditions were conducted to help understand what is most important to the population, in particular current or recent service users, should there be any reconfiguration of services. The report is currently being pulled together and will be given to the maternity, paediatric and gastroenterology work stream leads to inform their thinking and development of business cases, should the decision be made to further explore potential reconfigurations in these services.

Citizen’s Panel

In January 2018 the ICS launched a Citizens’ Panel in recognition that as its work develops, it is vital that the voice of local people is at the heart of what it does. The Panel brings together people from across South Yorkshire and Bassetlaw to provider an independent view and critical friendship on matters relating to the work of the Integrated Care System. There are currently 13 volunteers who sit on the Panel with all areas of the region represented. The Citizen’s Panel has been
speaking to different communities about the Hospital Services Review, contributed to the ‘569 Million Reasons’ medicines campaign shared their views on the orthopaedic pathway for hip and knee replacements as well as the NHS 111 procurement.

Transport and Travel Panel

Following the formulation of the recommendations from the Hospital Services Review a transport panel comprising of patients and members of the public from each area of South Yorkshire and Bassetlaw was set up in November 2018. The panel looks at the potential impact changes to services would have on patients, the public, carers and families with regard to travel including testing journey times where possible to provide realistic insight into the impact of any service change. The panel looks at how to improve transport and travel planning and infrastructure around NHS services.

NHS 111/Integrated Urgent Care Service Procurement

The Citizen’s Panel has also taken a role in the procurement of a £17.6 million contract which will see the Yorkshire Ambulance Service provide an Integrated Urgent Care Service to the people of Yorkshire and the Humber. The Yorkshire Ambulance Service will continue to provide the NHS 111 call handling service which provides patients with core clinical advice but now patients will benefit from a number of enhancements. The new enhanced service has been procured in partnership by Yorkshire and Humber’s CCGs and will commence in April 2019. The Citizen’s Panel were involved throughout this procurement work providing the patient representative voice.

Long Term Plan

The NHS Long Term Plan was published by NHS England in January 2019 and sets out how the NHS will improve the quality of patient care and health outcomes. It also explains how the £20.5 billion budget settlement for the NHS, announced by the Prime Minister in summer 2018, will be spent over the next 5 years.

The South Yorkshire and Bassetlaw Integrated Care System (ICS) has been tasked with working with their local partners to develop their local response by producing an ICS five-year strategic plan by the Autumn of 2019. As an essential part of this process wide involvement with health and care staff, patients, the public and other stakeholders across South Yorkshire and Bassetlaw about the ambitions the Long Term Plan sets out, as well as the process by which we will translate it into local action is underway.

Discovery Days

In November 2018 the ICS worked with NHS England and all South Yorkshire and Bassetlaw partners to develop a co-designed communications and involvement approach. In January 2019 the organisations came together again to develop a co-designed action plan for clinical engagement and leadership.

Patient Engagement and Consultation

Since 2009, NHS organisations have had a duty to report to the public about all involvement and consultation activities which have helped to shape the services bought (commissioned) on behalf of local people. This is the ‘Duty to Report’ (Section 24A of the NHS Act 2006). This could be work we have carried out, or it could have been completed by partner organisations and used to
inform the decisions that NHS Rotherham CCG has made. To meet the criteria within the ‘Duty to Report’, we need to include a lot of detail, such as the information that was sent out to people, the range of views expressed, and how the feedback has influenced decisions. We have included in this report an overview of activity between 1st April 2017 and 31st March 2018.

<table>
<thead>
<tr>
<th>Name of consultation or engagement activity</th>
<th>Rotherham Equipment and Wheelchair Service Re-procurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>See the full report here:</td>
<td><a href="http://www.rotherhamccg.nhs.uk/closed-consultations-and-reports.htm">http://www.rotherhamccg.nhs.uk/closed-consultations-and-reports.htm</a></td>
</tr>
<tr>
<td>Timescales</td>
<td>January – September 2018</td>
</tr>
<tr>
<td>What were people asked for the views on?</td>
<td>There is a comprehensive report on this process; involvement was carried out throughout the procurement process with staff, stakeholders and the public. People currently using the service were asked about their experiences of the current equipment and wheelchair service, and what they would like to see improved. People were able to complete this electronically and on paper. In addition, a third sector organisation supported the whole process through:-</td>
</tr>
<tr>
<td>Who was consulted/engaged?</td>
<td>Staff</td>
</tr>
<tr>
<td></td>
<td>Stakeholders</td>
</tr>
<tr>
<td></td>
<td>Voluntary and community organisations</td>
</tr>
<tr>
<td></td>
<td>People using the service currently</td>
</tr>
<tr>
<td></td>
<td>PPG members</td>
</tr>
<tr>
<td>What information was given to people?</td>
<td>This varied through the process and the different engagement exercises, and included the reasons for change, the scope of the current service and the options for the future.</td>
</tr>
<tr>
<td>Feedback summary</td>
<td>The main themes to emerge from the public engagement strand were</td>
</tr>
<tr>
<td></td>
<td>• issues around accessibility – for example opening times, and access online; knowing what is available</td>
</tr>
<tr>
<td></td>
<td>• access to quality support and instruction on use of equipment</td>
</tr>
<tr>
<td></td>
<td>• value; re-use and re-cycling</td>
</tr>
<tr>
<td></td>
<td>• having a voice in the service.</td>
</tr>
<tr>
<td>Decisions taken</td>
<td>These issues and themes were used to inform the service specification.</td>
</tr>
<tr>
<td></td>
<td>The service is planning outreach work to improve information and access, and has been asked to establish a user group.</td>
</tr>
<tr>
<td>Name of consultation or engagement activity</td>
<td>Diagnostics services – relocation of partial service to the NHS Rotherham Foundation Trust</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Timescales</td>
<td>June 2018 – February 2019</td>
</tr>
<tr>
<td>What were people asked for the views on?</td>
<td>The diagnostic equipment at the Rotherham Community Health Centre (RCHC) will need replacing in the very near future at considerable expense. The alternative is to consolidate all diagnostics on one site at The Rotherham NHS Foundation Trust. We shared the issues with a number of groups and stakeholders, and asked if people generally thought this was a good idea or not.</td>
</tr>
<tr>
<td>Who was consulted/engaged?</td>
<td>We discussed this in a number of ways, with practice group members, community organisations, and other stakeholders. In addition, patients attending the CHC diagnostics were asked if using the alternative services at The Rotherham NHS Foundation Trust would have an impact them; with just under 100 people completing a face to face survey. Rotherham PPG Network discussed this issue at the June and September meetings - expressing concern around access issues at The Rotherham NHS Foundation Trust generally. Engagement and Communications Sub–Committee meeting September 2018; update received March 2019. Via this committee, health scrutiny members were advised about the issue, but did not seek further discussion or information.</td>
</tr>
<tr>
<td>What information was given to people?</td>
<td>Presentation detailing issues was shared with the PPG network.</td>
</tr>
<tr>
<td>Feedback summary</td>
<td>The PPG network felt very strongly that access at The Rotherham NHS Foundation Trust was a major issue for those with mobility problems. From people attending RCHC diagnostics; for many people this would be an inconvenience; many expressed a preference for the RCHC location, but would access The Rotherham NHS Foundation Trust. For a small number of people with significant mobility problems, there would be a much greater problem.</td>
</tr>
<tr>
<td>Decisions taken</td>
<td>The decision was taken to consolidate diagnostics at the main site, to maximise the use of resources and ensure a quality service now and in the future.</td>
</tr>
</tbody>
</table>
| How were views taken into account/what changed/was done differently? | To mitigate the issues raised, the following is now in place:-
  - The Rotherham NHS Foundation Trust have recognised the issues raised with drop off points and has now dedicated space as a drop off point within the main car |
park opposite the main entrance, adequate and visible signage is in place for this. All visitors get 30 minutes free to drop off patients/visitors. Drop off spaces have more than doubled in size and The Rotherham NHS Foundation Trust have confirmed that monitoring has shown that there is now always a space for drop off.

- The Rotherham NHS Foundation Trust is out to advert for additional volunteers so that patients who struggle with walking etc can be escorted from the drop off area into the main hospital and to appointments.
- In addition, the wheelchairs are now stored right beside the drop off point.

Since these have been implemented, The Rotherham NHS Foundation Trust have received praise from patients saying that it is the first time in years they have been able to drop off or get a blue badge spot.

Work is also ongoing to identify suitable services from The Rotherham NHS Foundation Trust to transfer from the main site to Rotherham Community Health Centre.

<table>
<thead>
<tr>
<th>Name of consultation or engagement activity</th>
<th>Maternity voices</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Timescales</strong></td>
<td>Work started during 2018 to develop a strong and independent Maternity voices group in Rotherham, the work is ongoing.</td>
</tr>
<tr>
<td><strong>What were people asked for the views on?</strong></td>
<td>Mums and dads, and mums to be have been asked for their views on a number of issues related to Maternity Services, including keeping baby safe, stopping smoking, and general views on services.</td>
</tr>
<tr>
<td><strong>Who was consulted/engaged?</strong></td>
<td>All the work undertaken is available on the CCG website here:- <a href="http://www.rotherhamccg.nhs.uk/maternity-services-2.htm">http://www.rotherhamccg.nhs.uk/maternity-services-2.htm</a></td>
</tr>
<tr>
<td><strong>Feedback summary</strong></td>
<td>To date this includes views on services, smoking and keeping baby safe.</td>
</tr>
<tr>
<td><strong>How were views taken into account/what changed/was done differently?</strong></td>
<td>Although the work is at an early stage, the group is working with staff and commissioners to build a solid foundation and ensure that women and families will have the chance to influence how services develop going forward. Already, the group are influencing strongly the information that is provided to families, and are working with families to design this. They have established a strong presence on social media, and use this to test out ideas and share views and concerns.</td>
</tr>
<tr>
<td>Name of consultation or engagement activity</td>
<td>Special Educational Needs and Disability (SEND) Health Sufficiency Assessment</td>
</tr>
<tr>
<td>-------------------------------------------</td>
<td>--------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Timescales</td>
<td>Oct – Dec 2018</td>
</tr>
<tr>
<td>What were people asked for the views on?</td>
<td>To understand the current levels of demand for Childrens SEND health provision.</td>
</tr>
<tr>
<td></td>
<td>To identify future need and the levels and types of services necessary to meet it.</td>
</tr>
<tr>
<td>Who was consulted/engaged?</td>
<td>Views were sought from partners, schools, parent and carers forum.</td>
</tr>
<tr>
<td>What information was given to people?</td>
<td>Many of the areas addressed in the report were originally highlighted by parents and carers, through work undertaken jointly by the CCG, The Rotherham NHS Foundation Trust and the Parent Carer Forum in identifying gaps.</td>
</tr>
<tr>
<td></td>
<td>RMBC had worked on the educational needs for people with learning disabilities, further work was undertaken to look at the wider needs, including health services to consider the requirements needed for the next 2-5 years.</td>
</tr>
<tr>
<td></td>
<td>From this needs analysis, key priority areas were identified for further development; following this NHS Rotherham CCG engaged with families, carers and stakeholders to confirm and challenge this approach, and identify any additional areas of need.</td>
</tr>
<tr>
<td>Feedback summary</td>
<td>Parents, carers and stakeholders all agreed that the priorities identified were the right ones to take forward as commissioning intentions, subject to funding being identified.</td>
</tr>
<tr>
<td>Decisions taken</td>
<td>Formal decisions to be taken April 2019</td>
</tr>
<tr>
<td>How were views taken into account/what changed/was done differently?</td>
<td>A plan has been developed as a result of feedback, and will be implemented following the formal decision process.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of consultation or engagement activity</th>
<th>'569 Million Reasons' - Over the Counter (OTC) Medication</th>
</tr>
</thead>
<tbody>
<tr>
<td>Timescales</td>
<td>Summer 2018 - October 2018; building on work carried out in previous years.</td>
</tr>
<tr>
<td>What were people asked for the views on?</td>
<td>Following work completed in Rotherham, and a national consultation, NHS Rotherham CCG worked with partners across South Yorkshire and Bassetlaw on this survey and campaign, with an unprecedented number of responses, giving us some really strong messages about people’s attitudes to OTC medication.</td>
</tr>
<tr>
<td></td>
<td>Click <a href="#">here</a> to see the report.</td>
</tr>
</tbody>
</table>

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Who was consulted/engaged?

- people who are entitled to free prescriptions
- patient groups including children and their parents/care givers
- people over 60
- people with long term conditions
- frequent users of health and care services, especially people with long term conditions (LTC)
- GP/Advanced Nurse Practitioners (ANPs) in practices

What information was given to people?

A suite of assets with the ‘569 Million Reasons’ branding was prepared in support of the research process. These were used in combination with existing assets from the CCG to support conversations.

Secondary message lines under the overarching campaign heading of ‘569 Million Reasons’ included ‘Please don’t ask’ and ‘Don’t delay your treatment’. The campaign messages were framed using three approaches based on how people receive information. These are:

- direct message about prospective changes
- what’s in it for me?
- individual responsibility.

In addition, a web platform [www.569millionreasons.co.uk](http://www.569millionreasons.co.uk) was the central touch point for individuals to engage with the campaign and access the survey digitally to test the messaging and to view self-care/help educational resources.

Analytics provided clear insight into the route of access e.g. practice website, CCG website, text link, direct, Google and more to support evaluation of the campaign.

Feedback summary

Over 14,000 responses were received, half of these from Rotherham residents

Highlights from responses:

- awareness of the campaign was relatively high but knowledge of what prescriptions actually cost the NHS was relatively low.
- where the respondents knew about the extra costs that have to be paid, more than half said that this does not change their views.
- 82% of respondents then said they would be happy to purchase their medication OTC if told to do so by a GP – suggesting prescribers should not fear the conversation.
- the difficult conversations will be with people holding an exemption or pre-paid certificate. Some of these responded positively, however, it is a stumbling block.
• only 4% of respondents believe they have the right to have all medicines prescribed, even those available to buy OTC.
• people told us that they are reasonably confident to treat themselves where appropriate – either without further medical assistance or advice from a pharmacist.

How were views taken into account/what changed/was done differently?
As of March 2019 the findings of the patient involvement are being used to develop further messages for the public and guidance for staff, which will be rolled out during 2019.

Work completed by partner organisations that have influenced NHS Rotherham CCG decisions

Rotherham Council
The local authority runs a large number of formal consultations as well as informal involvement activity. All consultations are well documented on their website, in a format that complies with the legal duty to report on consultations http://www.rotherham.gov.uk/consultations.

Most will have limited impact on health services those listed below will have most impact. During 2018-19, these have included:

• Development of the All-Age Autism Strategy
• Work on Intermediate care and re-ablement

Healthwatch
For Healthwatch Rotherham to be delivered effectively, local relationships with stakeholders are required to build legitimacy and influence impact. Healthwatch Rotherham has built positive co-operative working relationships with the CCG.

Healthwatch Rotherham regularly attends the following meetings; - Patient, Public Experience and Communications Sub-Committee, Primary Care Sub-Committee, Patient Participation Group Network and CAMHS Transformation Plan.

Future Plans
During 2019-20, our involvement work will focus on:

• Working with our colleagues in other organisations as part of the Rotherham Place Plan, to ensure that our patients and communities are included in a meaningful and informed manner.

• Working across South Yorkshire and Bassetlaw on the Hospital Services Review and the themes within this, such as stroke and maternity services and implementing ‘Better Births’.

However, we also will continue to engage with patients as we do now, linking with a variety of groups and organisations who offer a voice to those experiencing barriers; developing involvement with GP practices and supporting PPGs, and working collaboratively wherever we can.
Engagement and Communications  Governing Body  Sub-committee
The Committee meets every other month to discuss relevant topics to commissioned services, as well as local and wider NHS issues, consultations and other engagement. It includes representation from Healthwatch, Voluntary Action Rotherham (VAR) and Health Scrutiny, and offers challenge and assurance.

Patient Participation Groups Network
All practices are invited to send representation.
The aims are
To share information and offer support in terms of developing effective patient groups
To consider cross practice issues
To inform and impact plans and initiatives

Rotherham Wide Networks and 'Umbrella' groups
Forums, Networks - Rotherham Older Peoples Forum (ROPF), Parents Forum, Carer Forums; Rotherham Ethnic Minorities Alliance (REMA) - among others

Practice based participation groups
As part of their core contracts, all GP practices should have some form of patient group

Community based groups
Patients - primary care
Patients - secondary care

Health interest groups
Patients - mental health

Partners & Stakeholders Members
i.e. RDaSH, Healthwatch, THE ROTHERHAM NHS FOUNDATION TRUST

General public
Carers
Listening to our Patients - Comments and Complaints

We aim to ensure that all complaints are used positively as a learning opportunity and will ensure that the patient or carer is not detrimentally treated as a result of lodging a complaint, whilst being fair and supportive to staff. We will ensure that we will work with the complainant on a customer and person centred, responsive and timely basis, in accordance with our values:

- clinical leadership
- putting people first
- ensuring that patient and public views impact on the decisions we make
- working in partnership
- continuously improving quality of care whilst ensuring value for money
- showing compassion, respect and dignity
- listening and learning; taking responsibility and being accountable, with a view to addressing and resolving the complaint at the earliest possible opportunity.

We work with all providers of NHS services to ensure that a similar customer focussed approach is taken to complaint handling. During the year, we received 28 formal complaints. Of these, 14 related to matters around Continuing Healthcare i.e. lack of communication, dissatisfaction with decisions and continuing healthcare/retrospective decisions. Three related to individual funding requests, three related to over the counter medicines and three related to the CAMHS service. One complaint was received in each of the following areas, a) waiting times, b) location offering phlebotomy services, c) rehabilitation services available to Rotherham patients, d) regarding a suitable placement for a patient and e) NHS 111 service.

Principles for Remedy

We adhere to the Parliamentary and Health Services Ombudsman’s ‘Principles of Good Complaint Handling and Principles for Remedy’, when dealing with complaints. This is incorporated within our Complaints Policy.

Equality and Diversity

Promoting equality and human rights is one of the cornerstones of all of NHS Rotherham CCG’s functions and activities, as an employer and commissioner. This will be applied by ensuring that NHS Rotherham CCG has an ongoing programme of equality work, covering all our functions.

NHS Rotherham CCG has a strong commitment to involvement and understands the need to reach out to communities and individuals whose voice may be otherwise unheard. Our involvement is targeted in two ways, against our commissioning priorities, and against the nine protected characteristics in all the work we do. We have a robust process to record all our involvement activity, ensuring we identify and address priorities and gaps. Below are examples of some of our work:

- **Age** - we acknowledge that older people are more likely to use services, and have worked in partnership with Rotherham Older People’s Forum, who have carried out surveys and consultations. We also work with young people to design and produce information they told us they needed
- **Disability** - our Social Prescribing Service links patients with voluntary organisations, it was developed from community discussions, and is valued by patients
- **Gender** - we have met with targeted groups for example, women from South Asian backgrounds, to both deliver messages and to hear their specific concerns and issues.
- **Race** – where possible, we audit patient feedback (for example, Friends and Family Test data) by race, to identify any difference in experience
• **Sexual Orientation** - we have strong links with local Lesbian, Gay, Bi-sexual and Transgender (LGBT) groups, and aim to ensure people are involved in any consultation work we complete, as well as listening to this overlooked community

• **Pregnancy and Maternity** – we are working regionally to develop a Maternity Voices Partnership. Locally we are working with a community organisation who are leading on developing a perinatal mental health support group, and a major consultation

• **Gender Reassignment** – our Medicines Management team are working proactively with a transgender group to look at medication in primary care and access to services.

The Equality Act 2010 brought with it Public Sector Equality Duties. Public bodies are required to declare their compliance with the duties on an annual basis. NHS Rotherham CCG equality delivery system (EDS2) can be viewed on our website – [Public Sector Equality Duty](#).

Information on NHS Rotherham CCG’s equality and diversity annual report can be viewed on the website – [Public Sector Equality Duty](#).

### Looking after Personal Information

We have a clear Information Governance Strategy and Policy, and have a Senior Information Risk Owner (Mr Ian Atkinson, Deputy Chief Officer) and Caldicott Guardian (Mrs Sue Cassin, Chief Nurse) at Governing Body level.

We have undertaken various initiatives this year to ensure good information governance within the organisation working with our partners, including:

- The Information Governance policies/procedures listed below have been reviewed, updated and approved:
  - Information Governance Policy and Management Framework
  - Records Management Policy
  - Email Policy
  - Internet Acceptable Use Policy
  - Data Protection Impact Assessment Procedure

- The following procedures have been developed and introduced:
  - Procedure for the Review of Asset Register and Dataflow Risk Assessments
  - Privacy by Design Procedure

- In line with the introduction of the Procedure for the Review of Asset Register and Dataflow Risk Assessments, the CCG’s Information Assets and Dataflows have been reviewed, risk assessed and updated where needed.

- All known data flows have been mapped and the legal basis for the lawful sharing of information has been documented and risk assessed alongside the security of the transfer.

- The results of the risk assessments have been reported to the Senior Information Risk Owner (SIRO). This process will now take place on a six monthly basis for on-going assurance.

- A Record of Processing has been produced combining information from the Information Asset Register and Dataflow Register to demonstrate compliance with the new Data Protection legislation.

- An Information Governance compliance spot check has been carried out to provide assurance that CCG staff are compliant with national and local information governance requirements.
A number of Data Protection Impact Assessments (DPIAs) have been undertaken in line with the requirements of the new Data Protection legislation. This demonstrates an increased awareness across the CCG of the need to consider DPIAs when introducing or procuring new systems, services or projects which involve personal information.

An updated Privacy Notice has been produced in line with the requirements of the new Data Protection legislation and published on the CCG’s website.

In addition to the above activities, during 2018/19 the CCG has carried out a programme of work to prepare for and implement the requirements of the Data Protection Act 2018 which incorporates the EU General Data Protection Regulation (GDPR). This has included engaging a Data Protection Officer for the CCG and carrying out a review of CCG contracts for inclusion of relevant clauses.

The Data Security and Protection Toolkit (DSPT) is a compulsory web-based self-assessment tool which is governed by NHS Digital. The requirements of the toolkit are designed to encompass the national data guardian reviews ten data security standards. In 2018/19 Rotherham CCG met all of the DSPT standards and received an internal audit opinion of Significant Assurance for the work undertaken to implement GDPR.

**Information Governance Serious Incidents**

We reported no Serious Incidents (SIs) relating to Information Governance in 2018/19.

**Emergency Preparedness, Resilience and Response (EPRR)**

NHS Rotherham CCG has incident response plans in place, which are fully compliant with the NHS Commissioning Board Emergency Preparedness Framework 2013 and meet NHS Rotherham CCG requirements to act as a Category 2 responder. The Clinical Commissioning Group works in partnership with NHS England to regularly review and make improvements to local major incident plans.

NHS Rotherham CCG has undertaken a self-assessment against required areas of the EPRR core standards self-assessment tool which can be seen [here](#). Following the assessment, the organisation has been assigned as an EPRR assurance rating of full compliance against the core standards.

**NHS Rotherham CCG Emergency Preparedness, Resilience and Response Policy** can be found [here](#).

**Fraud**

We are committed to deterring and detecting all instances of fraud, bribery and corruption and to ensuring that losses are reduced to an absolute minimum, therefore, freeing up public resources for better patient care. Employees received fraud awareness training, provided by 360 Assurance, at one of the monthly all staff meeting. The Counter Fraud officer from 360 Assurance had a standing invite to our Audit and Quality Assurance Committee (AQuA) throughout the year. All employees and members adhere to our fraud, bribery and corruption policy and response plan ([available on our website](#)).

**Health and Safety**

A health and safety inspection is undertaken on an annual basis by the CCG’s internal health and safety team, based on the ‘Health and Safety at Work Act 1974’ and ‘The Management of Health
and Safety at Work Regulations 1999’. The assessment of our premises, located within a NHS Property Services managed building, focuses on physical issues that may require attention. An inspection was undertaken within the year and an appropriate action plan put in place.

All employees and members adhere to our health and safety policy which can be found here and have received mandatory training in this area. The training includes every member of staff receiving a “Health and Safety at Work” booklet covering the normal risks faced by staff in office premises.

Chris Edwards
Accountable Officer
SECTION 2 - ACCOUNTABILITY REPORT

CORPORATE GOVERNANCE REPORT

Members’ Report

Throughout the year, we have demonstrated our clear commitment to being open and transparent by conducting our business in the public domain at our monthly Governing Body meetings.

Member Practices

All 30 Rotherham GP practices are members of the CCG. Seven GPs, nominated by individual locality areas, sit on a GP Members Committee. This is responsible for two-way communication and involvement with all 150 GPs in Rotherham.

The names of the 30 member practices can be viewed on our website – member practices.

Details of Directors - Who’s Who

Governing Body

Throughout the year the Governing Body has met in public every month. Through these meetings the body has been responsible for making key strategic decisions, gaining assurance on how we use resources, agreeing priorities and overseeing the organisations budgetary spend. During the year, the Governing Body has been updated on the national expectations on CCGs related to the United Kingdom leaving the European Union. The CCG has complied with all relevant national requirements.

Composition of Governing Body

The Governing Body is made up of four GPs, three executives, a nurse, a hospital consultant, three lay members overseeing patient involvement, primary care and governance, finance and audit. During the year, all meetings were fully quorate.

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Richard Cullen</td>
<td>Chair</td>
</tr>
<tr>
<td>Mr John Barber</td>
<td>Lay Member for Governance, Finance and Audit – Vice Chair</td>
</tr>
<tr>
<td>Mr Chris Edwards</td>
<td>Chief Officer (Accountable Officer)</td>
</tr>
<tr>
<td>Mr Ian Atkinson</td>
<td>Deputy Chief Officer and Senior Information Risk Officer (SIRO)</td>
</tr>
<tr>
<td>Dr Geoff Avery</td>
<td>Chair of GP Members Committee</td>
</tr>
<tr>
<td>Dr Jason Page</td>
<td>Vice Chair of Strategic Clinical Executive</td>
</tr>
<tr>
<td>Dr Simon Mackeown</td>
<td>Vice Chair of GP Members Committee</td>
</tr>
<tr>
<td>Dr Robin Carlisle</td>
<td>Lay Member for Primary Care</td>
</tr>
<tr>
<td>Mrs Sue Cassin</td>
<td>Chief Nurse and Caldicott Guardian</td>
</tr>
<tr>
<td>Mrs Wendy Allott</td>
<td>Chief Finance Officer</td>
</tr>
<tr>
<td>Mrs Kathryn Henderson – to 31 October 2018</td>
<td>Lay Member for Patient and Public Engagement</td>
</tr>
<tr>
<td>Ms Debbie Twell – from 1 November 2018</td>
<td>Lay Member for Patient and Public Engagement</td>
</tr>
<tr>
<td>Dr Ryan D’Costa – from 6 June 2018 (vacant prior)</td>
<td>Secondary Care Doctor</td>
</tr>
<tr>
<td>Dr David Clitherow</td>
<td>Independent GP on Governing Body</td>
</tr>
</tbody>
</table>
Register of Interests of the Governing Body and Senior Officers

The register of interests declared by the Governing Body can be viewed [here](#).

This register includes interests declared by the Governing Body and senior officers of our CCG. In accordance with our constitution, the Accountable Officer is informed of any conflict of interest that needs to be included in the register within not more than 28 days of the change in circumstance.

To be eligible to be a member of the Governing Body, all GPs are required to practice within the geographic boundary covered by Rotherham Council, therefore, ‘GP in a Rotherham practice’ is not covered in any declaration on the register of interests.

Each director states: I know of no information which would be relevant to the auditors for the purposes of their audit report, and of which the auditors are not aware, and I have taken all the steps that I ought to have taken to make myself aware of any such information and to establish that the auditors are aware of it.

**Pension Liabilities**

We follow the NHS Pension Scheme which is open to all its employees. Details of how pension liabilities are treated within the CCG can be found in the accounting policies in the statement of accounts.

**Committees of the Governing Body**

**Strategic Clinical Executive**

The Strategic Clinical Executive (SCE) comprises eight Rotherham GPs and CCG executive officers. It meets weekly to direct work on commissioning activities.

**Members**

Dr Richard Cullen – Chair  
Dr Jason Page – Vice Chair  
Dr Avanthi Gunasekera  
Dr Phil Birks  
Dr David Clitherow  
Dr Anand Barmade  
Dr Russell Brynes  
Dr Sophie Holden

**Register of Interest of the Strategic Clinical Executive**

The register of interests declared by the Strategic Clinical Executive can be viewed [here](#).

**GP Members Committee**

The GP Members Committee is a strong advisory group to the SCE and Governing Body that ensures that the member practices are linked into all of the wider commissioning decisions of the CCG.

It is representative of all GP Practices in Rotherham and is mandated by them. It makes sure that practices are linked into wider commissioning decisions. A full list of our 30 member practices is available in our [constitution](#). The committee’s key role is to provide a reference point for all
commissioning developments, support the GPs on the SCE, to hold the SCE to account for its commissioning activities and agree the annual commissioning plan. The GP Members Committee works through a locality structure having regular contact with executive GPs to ensure that the views of all Rotherham GPs are heard. Over the year, the committee’s aim was to facilitate the commissioning of good medical services and positively affect the health and wellbeing of the people of Rotherham, leading to improved quality and enhanced efficiency with cost effectiveness.

Members

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Locality</th>
<th>Practice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Geoff Avery</td>
<td>Chair</td>
<td>Maltby/Wickersley</td>
<td>Blyth Road Practice</td>
</tr>
<tr>
<td>Dr Simon Mackeown</td>
<td>Vice Chair</td>
<td>Health Village</td>
<td>St Ann’s Practice</td>
</tr>
<tr>
<td>Dr Subbannan Sukumar</td>
<td></td>
<td>Central 2</td>
<td>Dalton Health Centre</td>
</tr>
<tr>
<td>Dr Simon Bradshaw</td>
<td></td>
<td>Wath/Swinton</td>
<td>Markey Surgery, Wath</td>
</tr>
<tr>
<td>Dr Bipin Chandran</td>
<td></td>
<td>Rother Valley North</td>
<td>Treeton Medical Centre</td>
</tr>
<tr>
<td>Dr Simon Langmead</td>
<td></td>
<td>Central North</td>
<td>Broom Lane Practice</td>
</tr>
<tr>
<td>Dr Tim Douglas</td>
<td></td>
<td>Rother Valley South</td>
<td>Dinnington Group Practice</td>
</tr>
<tr>
<td>Dr Shivalingham Chandran</td>
<td></td>
<td>Wentworth South</td>
<td>Rawmarsh Health Centre</td>
</tr>
</tbody>
</table>

Register of Interest of GP Members Committee

The register of interests declared by the GP Members Committee can be viewed here.

Audit and Quality Assurance Committee (AQuA)

AQuA provides the Governing Body with an independent and objective view of the CCG’s financial systems, financial information and compliance with laws, regulations and directions governing the group, in so far as they relate to finance. It provides assurance on the quality of services commissioned and promotes a culture of continuous improvement and innovation with respect to safety of services, clinical effectiveness and patient experience.

The purpose of the committee is to gain assurance that:

- there is an effective and consistent process in commissioning for quality and safety across the CCG
- high standards of care and treatment are delivered. This will include areas regarding patient safety, effectiveness of care and patient experience
- an effective system of integrated governance, risk management and assurance across the Governing Body activities is established and maintained
- risks to the achievement of Governing Body objectives are identified and assurances obtained that appropriate mitigating action is being taken.

The committee membership during 2018/19 was comprised of the three lay members of the CCG and two GPs supported by representatives of both internal and external audit and senior CCG officers.

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr John Barber</td>
<td>Lay Member for Governance, Finance and Audit – Chair</td>
</tr>
<tr>
<td>Dr Robin Carlisle</td>
<td>Lay Member – Primary Care</td>
</tr>
<tr>
<td>Dr Jason Page</td>
<td>GP Governance Lead</td>
</tr>
<tr>
<td>Mrs Kathryn Henderson – to 31 October 2018</td>
<td>Lay Member for Patient and Public Engagement</td>
</tr>
<tr>
<td>Ms Debbie Twell – from 1 November 2018</td>
<td>Lay Member for Patient and Public</td>
</tr>
</tbody>
</table>
There are standing invitations to attend the committee to:

- The Deputy Chief Officer
- The Chief Finance Officer
- The Chief Nurse
- The Assistant Chief Officer
- The CCG’s Internal Auditors – provided by 360 Assurance
- The CCG’s External Auditors – provided by KPMG
- The Counter Fraud Officer – provided by 360 Assurance
- The Chief Officer is invited to attend one meeting in the year

In addition, other officers from within the organisation have been invited to attend where it was felt that to do so would assist in the effective fulfilment of the committee’s responsibilities.

The register of interests declared by the AQuA committee can be viewed on the NHS Rotherham CCG public website

### Primary Care Committee

The Primary Care Committee is a corporate decision making body, meeting monthly in public, for the management of the delegated functions given by NHS England from 1st April 2015. It makes decisions on the review, planning and procurement of primary care services in Rotherham. The committee has delegated authority from the Governing Body to make decisions about primary care on its behalf.

### Members of the Primary Care Committee

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Robin Carlisle</td>
<td>Lay Member for Primary Care - Chair</td>
</tr>
<tr>
<td>Mr John Barber</td>
<td>Lay Member for Governance, Remuneration, Conflicts of Interest &amp; Audit</td>
</tr>
<tr>
<td>Mrs Kathryn Henderson to 31.10.18</td>
<td>Lay Member for Patient and Public Engagement</td>
</tr>
<tr>
<td>Ms Debbie Twell from 1.11.18</td>
<td>Lay Member for Patient and Public Engagement – Vice Chair</td>
</tr>
<tr>
<td>Mr Chris Edwards</td>
<td>Chief Officer</td>
</tr>
<tr>
<td>Mrs Wendy Allott</td>
<td>Chief Finance Officer</td>
</tr>
<tr>
<td>Mrs Sue Cassin</td>
<td>Chief Nurse</td>
</tr>
<tr>
<td>Mrs Jacqui Tuffnell *</td>
<td>Head of Commissioning</td>
</tr>
</tbody>
</table>

**Non-voting members**

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Avanti Gunasekera</td>
<td>SCE GP Primary Care</td>
</tr>
<tr>
<td>Dr David Clitherow</td>
<td>SCE GP</td>
</tr>
<tr>
<td>Dr Geoff Avery</td>
<td>GP Members Committee Rep</td>
</tr>
</tbody>
</table>

There are standing invitations to attend the committee to:

- Healthwatch representation
- Health and Wellbeing Board representation
- NHS England
- Senior Contracting and Service Improvement Manager (Primary Care)
- Connect Healthcare Rotherham (Rotherham GP Federation)
Deputy Head of Financial Management.

The register of interests declared by the Primary Care Committee can be viewed on the [NHS Rotherham CCG public website](https://www.nhsrotherhamccg.nhs.uk).

**Personal Data Related Incidents**

NHS Rotherham CCG had no Serious Untoward Incidents relating to data security breaches, which also means zero were reported to the Information Commissioner.

**Statement of Disclosure to Auditors**

Each individual who is member of the CCG at the time that the Members’ Report is approved confirms:

- so far as the member is aware, there is no relevant audit information of which the CCG’s auditor is unaware that would be relevant for the purposes of their audit.
- the member has taken all the steps that they ought to have taken in order to make himself or herself aware of any relevant audit information and to establish that the CCG’s auditors are aware of it.

**Modern Slavery Act**

NHS Rotherham CCG fully supports the Government’s objectives to eradicate modern slavery and human trafficking but does not meet the requirements for producing an annual slavery and Human Trafficking Statement as set out in the Modern Slavery Act 2015.
Statement of Accountable Officer’s Responsibilities

The National Health Service Act 2006 (as amended) states that each Clinical Commissioning Group shall have an Accountable Officer and that Officer shall be appointed by the NHS Commissioning Board (NHS England). NHS England has appointed the Chief Officer to be the Accountable Officer of NHS Rotherham CCG.

The responsibilities of an Accountable Officer are set out under the National Health Service Act 2006 (as amended), Managing Public Money and in the Clinical Commissioning Group Accountable Officer Appointment Letter. They include responsibilities for:

- the propriety and regularity of the public finances for which the Accountable Officer is answerable,
- keeping proper accounting records (which disclose with reasonable accuracy at any time the financial position of the Clinical Commissioning Group and enable them to ensure that the accounts comply with the requirements of the Accounts Direction),
- such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error;
- safeguarding the CCG’s assets (and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities).
- the relevant responsibilities of accounting officers under Managing Public Money,
- ensuring the CCG exercises its functions effectively, efficiently and economically (in accordance with Section 14Q of the National Health Service Act 2006 (as amended)) and with a view to securing continuous improvement in the quality of services (in accordance with Section 14R of the National Health Service Act 2006 (as amended)),
- ensuring that the CCG complies with its financial duties under Sections 223H to 223J of the National Health Service Act 2006 (as amended).

Under the National Health Service Act 2006 (as amended), NHS England has directed each CCG to prepare for each financial year a statement of accounts in the form and on the basis set out in the Accounts Direction. The accounts are prepared on an accruals basis and must give a true and fair view of the state of affairs of the CCG and of its income and expenditure, Statement of Financial Position and cash flows for the financial year.

In preparing the accounts, the Accountable Officer is required to comply with the requirements of the Government Financial Reporting Manual and in particular to:

- observe the Accounts Direction issued by NHS England, including the relevant accounting and disclosure requirements, and apply suitable accounting policies on a consistent basis;
- make judgements and estimates on a reasonable basis;
- state whether applicable accounting standards as set out in the Government Financial Reporting Manual have been followed, and disclose and explain any material departures in the accounts; and,
- Assess the CCG’s ability to continue as a going concern, disclosing, as applicable, matters related to going concern;
- Use the going concern basis of accounting unless they have been informed by the relevant national body of the intention to dissolve the CCG without the transfer of its services to another public sector entity;
- prepare the accounts on a going concern basis; and
- confirm that the annual report and accounts as a whole are fair, balanced and understandable and take personal responsibility for the annual report and accounts and the judgements required for determining that it is fair, balanced and understandable.
As the Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that NHS Rotherham CCG auditors are aware of that information. So far as I am aware, there is no relevant audit information of which the auditors are unaware.

I also confirm that:

as far as I am aware, there is no relevant audit information of which the CCG’s auditors are unaware, and that as Accountable Officer, I have taken all the steps that I ought to have taken to make myself aware of any relevant audit information and to establish that the CCG’s auditors are aware of that information.

Chris Edwards
Accountable Officer

Governance Statement

• Introduction and context

NHS Rotherham CCG is a corporate body established by NHS England on 1 April 2013 under the National Health Service Act 2006 (as amended).

The CCG’s statutory functions are set out under the National Health Service Act 2006 (as amended). The CCG’s general function is arranging the provision of services for persons for the purposes of the health service in England. The CCG is, in particular, required to arrange for the provision of certain health services to such extent as it considers necessary to meet the reasonable requirements of its local population.

As at 1 April 2018, the CCG is not subject to any directions from NHS England issued under Section 14Z21 of the National Health Service Act 2006.

• Scope of responsibility

As Accountable Officer, I have responsibility for maintaining a sound system of internal control that supports the achievement of the clinical commissioning group’s policies, aims and objectives, whilst safeguarding the public funds and assets for which I am personally responsible, in accordance with the responsibilities assigned to me in Managing Public Money. I also acknowledge my responsibilities as set out under the National Health Service Act 2006 (as amended) and in my CCG Accountable Officer Appointment Letter.

I am responsible for ensuring that the CCG is administered prudently and economically and that resources are applied efficiently and effectively, safeguarding financial propriety and regularity. I also have responsibility for reviewing the effectiveness of the system of internal control within the CCG as set out in this governance statement.

• Governance arrangements and effectiveness

The main function of the Governing Body is to ensure that the group has made appropriate arrangements for ensuring that it exercises its functions effectively, efficiently and economically and complies with such generally accepted principles of good governance as are relevant to it.
NHS Rotherham CCG is a membership organisation of 30 practices that are responsible for commissioning a range of health services on behalf of the people of Rotherham.

3.1 Constitution
The Group’s constitution sets out the arrangements to meet the responsibilities and to ensure that decisions are made in an open and transparent way and that the interests of patients and the public are central. The constitution covers the responsibilities of individual member practices, the GP Members Committee (GPMC), the Governing Body and committees of the Governing Body. The constitution was reviewed and updated in 2018 with the amendments going to NHS England for approval.

3.2 Scheme of Reservation and Delegation
The Group’s scheme of Reservation and Delegation sets out the decision-making responsibilities reserved for the membership as a whole and those decisions that are the responsibility of the GOVERNING BODY (and its committees, sub-committees, individual members and employees).

When discharging their delegated functions they must comply with the Group’s principles of good governance, operate in accordance with the Group’s scheme of reservation and delegation, comply with the Group’s standing orders, arrangements for discharging its statutory duties and operate in accordance with their approved terms of reference.

3.3 The Governing Body
The Governing Body is made up of 13 members, seven clinical members and six non-clinical members, which ensures all decisions have a clinical majority focus.

The Governing Body has been in place throughout the period 2018/19 and was quorate at each meeting.

The budget for which the Governing Body is responsible for, includes the resources for community health services, maternity care, elective hospital services, urgent care, ambulance services, emergency and non-elective hospital services, older people’s healthcare, children and young people’s healthcare, rehabilitation services, healthcare for people with mental health and learning disabilities, Continuing Healthcare and GP primary care services.

Governing Body membership and attendance at meetings is tabled overleaf:
Table 1: Membership & Attendance at Governing Body

<table>
<thead>
<tr>
<th>RCCG member</th>
<th>Position</th>
<th>From – To</th>
<th>Possible attendance</th>
<th>Attended</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Richard Cullen</td>
<td>GP – SCE member Chair</td>
<td>01.04.18 – 31.03.19</td>
<td>11</td>
<td>1</td>
<td>90%</td>
</tr>
<tr>
<td>Dr Simon Mackeown</td>
<td>GP – GPMC</td>
<td>01.04.18 – 31.03.19</td>
<td>11</td>
<td>10</td>
<td>90%</td>
</tr>
<tr>
<td>Dr Geoff Avery</td>
<td>GP – GPMC</td>
<td>01.04.18 – 31.03.19</td>
<td>11</td>
<td>10</td>
<td>90%</td>
</tr>
<tr>
<td>Mr John Barber</td>
<td>Lay Member</td>
<td>01.04.18 – 31.03.19</td>
<td>11</td>
<td>11</td>
<td>100%</td>
</tr>
<tr>
<td>Dr Robin Carlisle</td>
<td>Lay Member</td>
<td>01.04.18 – 31.03.19</td>
<td>11</td>
<td>9</td>
<td>81%</td>
</tr>
<tr>
<td>Mrs Wendy Allott</td>
<td>Chief Finance Officer</td>
<td>01.04.18 – 31.03.19</td>
<td>11</td>
<td>11</td>
<td>100%</td>
</tr>
<tr>
<td>Mrs Kath Henderson</td>
<td>Lay Member</td>
<td>01.04.18 – 31.10.18</td>
<td>6</td>
<td>5</td>
<td>83%</td>
</tr>
<tr>
<td>Ms Debbie Twell</td>
<td>Lay Member</td>
<td>01.11.18 – 31.03.19</td>
<td>5</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>Dr Ryan D’Costa</td>
<td>Secondary Care Doctor</td>
<td>06.06.18¹ – 31.03.19</td>
<td>9</td>
<td>7</td>
<td>77%</td>
</tr>
<tr>
<td>Dr Jason Page</td>
<td>GP Representative</td>
<td>01.04.18 – 31.03.19</td>
<td>11</td>
<td>10</td>
<td>90%</td>
</tr>
<tr>
<td>Mr Chris Edwards</td>
<td>Chief Officer</td>
<td>01.04.18 – 31.03.19</td>
<td>11</td>
<td>11</td>
<td>100%</td>
</tr>
<tr>
<td>Mr Ian Atkinson</td>
<td>Deputy Chief Officer</td>
<td>01.06.18 – 31.03.19</td>
<td>11</td>
<td>11</td>
<td>100%</td>
</tr>
<tr>
<td>Dr David Clitherow</td>
<td>Independent GP Representative</td>
<td>01.04.18 – 31.03.19</td>
<td>11</td>
<td>9</td>
<td>81%</td>
</tr>
<tr>
<td>Mrs Sue Cassin</td>
<td>Chief Nurse</td>
<td>01.04.18 – 31.03.19</td>
<td>11</td>
<td>11</td>
<td>100%</td>
</tr>
</tbody>
</table>

Invited Attendees

<table>
<thead>
<tr>
<th>Public Health</th>
<th>Senior Public Health Officer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health &amp; Wellbeing Board (H&amp;WBB)</td>
<td>Chair of H&amp;WBB</td>
</tr>
</tbody>
</table>

In Attendance:
Mrs Ruth Nutbrown, Assistant Chief Officer
Mr Gordon Laidlaw, Head of Communications
Ms Alison Hague, Ms Lindsey Hill – RCCG Administration

3.3.1 Vote of Confidence
In accordance with the CCG’s constitution, NHS Rotherham CCG undertakes a vote of confidence from its members each year. Two questions were asked:

- Do you have confidence in the executive teams of the CCG?
  Percentage of respondents in agreement with the statement = 95%

- Do you have confidence in the direction of travel?
  Percentage of respondents in agreement with the statement = 95%

¹ Post was vacant prior to June 18
3.3.2 Functions of the Governing Body
Listed below are the additional functions which are connected to the main functions of the Governing Body:

1) Lead the setting of vision and strategy
2) Approve consultation arrangements for the commissioning plan and approve the 2018 – 2020 commissioning plan
3) Monitor performance against delivery of the Annual Commissioning Plan
4) Provide assurance of strategic risk
5) Ensure the public sector Equality Duty is met
6) Ensure active membership of the H&WBB
7) Secure public involvement
8) Promote the NHS Constitution
9) Delegate assurance of continuous improvement in quality to the AQuA
10) Promote increased co-commissioning of primary care services to increase quality, efficiency, productivity and value for money to remove administrative barriers
11) Monitor the clinical quality of commissioned services
12) Have regard to the need to reduce health inequalities
13) Promote involvement of patients, their carers and representative in decisions about their healthcare
14) Act with a view to enable patients to make choices
15) Promote innovation
16) Promote research
17) Promote education and training
18) Promote integration of health services where this would improve quality or reduce inequalities
19) Have responsibility for all financial duties.

The Governing Body considered a range of strategies, policies quality/financial/performance assurance reports and risk/governance reports throughout the year.

The Governing Body monitored performance on a monthly basis against the key performance indicators, which included the headline and support measures identified in the Operating Framework. For those indicators assessed as being below target, reasons for current performance were identified and included in the report along with any remedial actions to improve performance.

The Governing Body ensured that the organisation consistently followed the principles of good governance applicable to NHS organisations. This includes the oversight and development of systems and processes for financial control, organisational control, clinical governance and risk management, with the risk management system being refreshed in year. The Governing Body assessed strategic and corporate risks against the CCG strategic objectives which were reviewed in year, via the assurance framework.

3.3.3 CCG Governing Body Performance including self-assessment
The CCG developed as a Governing Body with workshops such as:

- Accountable Care and Hospital Services Review/Place Plan and 2019/20 QIPP Opportunity
- 2019/20 Planning and HSR Strategic Outline Planning
- Draft Financial Plan

The organisation has a number of officers and advisors with lead responsibilities for governance and risk management.
3.3.4 Responsibilities

The Chief Officer has responsibility for:

1) ensuring that the CCG fulfils its duties to exercise its functions effectively, efficiently and economically thus ensuring improvement in the quality of services and the health of the local population whilst maintaining value for money.

2) ensuring that the regularity and propriety of expenditure is discharged, that arrangements are put in place to ensure that good practice is embodied and that safeguarding of funds is ensured through effective financial and management systems.

3) working closely with the Chair of the Governing body and ensuring that proper constitutional, governance and development arrangements are put in place to assure the members (through the Governing Body) of the organisation’s on-going capability and capacity to meet its duties and responsibilities. This has included arrangements for the on-going developments of its members and staff.

The Deputy Chief Officer has the responsibility of working with the clinical executive for developing and delivering the CCG’s commissioning plan. Also within this role additional responsibilities include the required contract management of all clinical commissioned services as well as taking the lead role in performance management for the CCG. The Deputy Chief Officer is also the organisation’s SIRO.

The Chief Nurse is responsible for the management of serious incidents and is the organisation’s Caldicott Guardian. The role also has the lead for clinical governance, responsibility for strategic development and operational implementation of patient safety, clinical risk management, safeguarding, quality of commissioned services and infection prevention and control. The Chief Nurse provides written evidence of assurance to the Governing Body on a monthly basis.

The Chief Finance Officer has responsibility for the implementation of financial risk management and ensuring strong financial governance processes and procedures are in place.

The Assistant Chief Officer is responsible for corporate governance including risk management, co-ordinating the CCG’s approach to governance, risk management and measures/monitors overall governance and risk management performance within the organisation. Also responsible for complaints, claims and Freedom of Information requests, providing written evidence of assurance to the Governing Body on a quarterly basis.

Lay Members in conjunction with the executive team, have responsibility for reviewing risk management strategies, processes and risk related issues via reports to the relevant committees. Individuals have particular responsibilities in relation to their membership and chairmanship of various sub-committees.

All staff undertake a workplace induction which raises awareness of risk management policies and procedures and complete core mandatory training.

A mandatory training needs analysis is in place which clearly identifies the mandatory training requirements for all staff.

3.4 GP Members Committee (GPMC)

The GPMC main function is to be a strong advisory group to the Strategic Clinical Executive (SCE) and the Governing Body and to ensure that member practices are linked into all of the wider commissioning decisions of the Group.
It is representative of all of the GP Practices in Rotherham and is mandated by them. The Committee’s key role is to support the GPs on the SCE and to hold the SCE to account for its commissioning activities. It should provide a ‘reference’ point for all commissioning developments.

The Committees responsibilities are:

- to ensure that the opinions of the wider GP Community on strategic commissioning decisions are communicated to the SCE through the locality representatives including agreeing the Commissioning Plan.
- to ensure that communication from the SCE is discussed at both locality and practice level through the locality representatives on the Committee.
- to promote the involvement of Rotherham GPs in the quality and efficiency agenda via the Commissioning Local Incentive Scheme.
- to help the CCG identify other GPs interested in becoming more involved in commissioning and to assist with succession planning.
- to encourage patient engagement in commissioning decisions.
- to provide a forum for the discussion and recommendation of ideas to the SCE and the Governing Body.
- to agree the commissioning plan before being submitted to the Governing Body.
- to propose amendments to the constitution to NHS England on behalf of member practices.
- to keep under review the locality boundaries and to make recommendations to members, as appropriate.
- to make recommendations to the Governing Body with a view to securing continuous improvement to the quality of services.
- to assist and support NHS England.

The table overleaf shows the membership and attendance at the GPMC:
### Table 2: Membership and Attendance at GPMC

<table>
<thead>
<tr>
<th>Member</th>
<th>Position</th>
<th>From-To</th>
<th>Possible attendance</th>
<th>Attended</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr Geoff Avery Maltby/Wickersley</td>
<td>GP/Chair</td>
<td>01.04.2018-31.03.2019</td>
<td>10</td>
<td>10</td>
<td>100%</td>
</tr>
<tr>
<td>Dr Simon Bradshaw Wath/Swinton</td>
<td>GP</td>
<td>01.04.2018-31.03.2019</td>
<td>10</td>
<td>9</td>
<td>90%</td>
</tr>
<tr>
<td>Dr Bipin Chandran Rother Valley North</td>
<td>GP</td>
<td>01.04.2018-31.03.2019</td>
<td>10</td>
<td>7</td>
<td>70%</td>
</tr>
<tr>
<td>Dr Shivalingam Chandran* Wentworth South</td>
<td>GP</td>
<td>01.04.2018-31.03.2019</td>
<td>10</td>
<td>5</td>
<td>50%</td>
</tr>
<tr>
<td>Dr Tim Douglas** Rother Valley South</td>
<td>GP</td>
<td>01.04.2018-31.03.2019</td>
<td>10</td>
<td>9</td>
<td>90%</td>
</tr>
<tr>
<td>Dr Simon Langmead*** Central North</td>
<td>GP</td>
<td>01.04.2018-31.03.2019</td>
<td>10</td>
<td>8</td>
<td>80%</td>
</tr>
<tr>
<td>Dr Simon Mackeown Health Village</td>
<td>GP/Vice Chair</td>
<td>01.04.2018-31.03.2019</td>
<td>10</td>
<td>8</td>
<td>80%</td>
</tr>
<tr>
<td>Dr Subbannan Sukumar**** Central 2</td>
<td>GP</td>
<td>01.04.2018-31.03.2019</td>
<td>10</td>
<td>9</td>
<td>90%</td>
</tr>
<tr>
<td>LMC Representative</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Gokul Muthoo GP/ LMC Rep</td>
<td></td>
<td>01.04.2018-31.03.2019</td>
<td>10</td>
<td>10</td>
<td>100%</td>
</tr>
<tr>
<td>Representatives of other GP Members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Sarada Garapati*</td>
<td>GP</td>
<td>01.04.2018-31.03.2019</td>
<td>10</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>Dr Neil Thorman**</td>
<td>GP</td>
<td>01.04.2018-31.03.2019</td>
<td>10</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>Dr David Stott***</td>
<td>GP</td>
<td>01.04.2018-31.03.2019</td>
<td>10</td>
<td>1</td>
<td>10%</td>
</tr>
<tr>
<td>Dr Ahsan Goni****</td>
<td>GP</td>
<td>01.04.2018-31.03.2019</td>
<td>10</td>
<td>1</td>
<td>10%</td>
</tr>
</tbody>
</table>

*Represents attendance on behalf of a member

### 3.5 Strategic Clinical Executive (SCE)

The SCE provides a forum for the Commissioning Lead-GPs to give CCG staff a clinical perspective in progressing the business of the Group.

- To be the ‘engine house’ of the Governing Body with regards to producing its plans and leading on their delivery.

- Specific functions include:
  - operational delivery of individual GPs’ lead areas
  - preparing strategic plans for Governing Body
  - approving changes to clinical pathways
  - seeking the views of the GPMC on all strategic matters and receive its recommendations.

### 3.6 Audit and Quality Assurance Committee (AQuA)

The AQuA committee was established in April 2013 at the inception of the CCG as a statutory sub-committee reporting directly to the Governing Body.
The committee’s primary role has been to review and report upon the adequacy and effective operation of the organisation’s overall governance and internal control system, including risk management, financial, operational and compliance controls, together with the related assurances that underpin the delivery of the organisation’s objectives contained within the assurance framework. This role is set out clearly in the committee’s Terms of Reference which have been revised during 2018/19 to ensure these key functions are embedded within the constitution and governance arrangements of NHS Rotherham CCG.

The committee reviews the effective local operation of internal and external audit, as well as the counter fraud service. In addition it ensures that a professional relationship is maintained between the external and internal auditors so that reporting lines can be effectively used. In addition the committee maintains oversight of the assurance processes associated with the quality of services commissioned on behalf of Rotherham patients.

The Committee membership and attendance at meetings is tabled below:

### Table 3: Audit and Quality Assurance Committee membership and attendance at meetings.

<table>
<thead>
<tr>
<th>AQuA Member</th>
<th>Position</th>
<th>From - To</th>
<th>Possible attendance</th>
<th>Attendance</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr John Barber</td>
<td>Lay member Governance</td>
<td>01.04.18–31.03.19</td>
<td>7</td>
<td>7</td>
<td>100%</td>
</tr>
<tr>
<td>Mrs Kath Henderson</td>
<td>Lay member Public and Patient Engagement</td>
<td>01.04.18–31.10.18</td>
<td>4</td>
<td>4</td>
<td>100%</td>
</tr>
<tr>
<td>Ms Debbie Twell</td>
<td>Lay member Public and Patient Engagement</td>
<td>01.11.18–31.03.19</td>
<td>3</td>
<td>3</td>
<td>100%</td>
</tr>
<tr>
<td>Dr R Carlisle</td>
<td>Lay member Primary Care</td>
<td>01.04.18–31.03.19</td>
<td>7</td>
<td>7</td>
<td>100%</td>
</tr>
<tr>
<td>Dr J Page</td>
<td>GP Governance</td>
<td>01.07.18–31.03.19</td>
<td>7</td>
<td>7</td>
<td>100%</td>
</tr>
</tbody>
</table>

**In Attendance:**  Mr Ian Atkinson, Deputy Chief Officer, Mrs Wendy Allott, Chief Finance Officer, Mr Matthew Jones, Head of Financial Services, Mrs Sue Cassin, Chief Nurse, Mrs Ruth Nutbrown, Assistant Chief Officer, Ms Alison Hague, Corporate Services Manager. The CCG’s internal auditors – provided by 360 Assurance; the CCG’s external auditors – provided by KPMG; and the local counter fraud officer – provided by 360 Assurance. Unison Representative.

In addition, other officers from within the organisation have been invited to attend where it was felt that to do so would assist in the effective fulfilment of the committee’s responsibilities. According to the Terms of Reference the Chief Officer attends one meeting annually, unfortunately the Chief Officer did not attend an AQuA Committee this year.

Administration has been provided by the corporate business support team.
3.7 Primary Care Committee (PCC)

In accordance with its statutory powers under section 13Z of the National Health Service Act 2006 (amended), NHS England has delegated certain specified primary care commissioning functions to a CCG.

The CCG has established the NHS Rotherham CCG PCC. The Committee functions as a corporate decision-making body for the management of the delegated functions and the exercise of the delegated powers.

The Committee has been established in accordance with the above statutory provisions to enable the members to make collective decisions on the review, planning and procurement of primary care services in Rotherham, under delegated authority from NHS England.

In performing its role the committee will exercise its management of the functions in accordance with the agreement entered into between NHS England and NHS Rotherham CCG, which will sit alongside the delegation and terms of reference.

The functions of the committee are undertaken in the context of a desire to promote increased co-commissioning to increase quality, efficiency, productivity and value for money and to remove administrative barriers.

The role of the Committee is to carry out the functions relating to the commissioning of primary medical services under section 83 of the NHS Act 2006.

This includes the following:

- General Medical Services (GMS), Personal Medical Services (PMS) and Alternative Provider Medical Services (APMS) contracts (including the design of PMS and APMS contracts, monitoring of contracts, taking contractual action such as issuing branch/remedial notices, and removing a contract)
- Newly designed enhanced services (“Local Enhanced Services” and “Directed Enhanced Services”)
- Design of local incentive schemes as an alternative to the Quality Outcomes Framework (QOF)
- Decision making on whether to establish new GP practices in an area
- Approving practice mergers; and
- Making decisions on ‘discretionary’ payment (e.g. returner/retainer schemes).

The CCG will also carry out the following activities:

- To plan, including needs assessment, primary medical care services in Rotherham;
- To undertake reviews of primary medical care services in Rotherham; to co-ordinate a common approach to the commissioning of primary care services generally;
- To manage the budget for commissioning of primary medical care services in Rotherham.

During the year the committee has discussed:

- LES Coverage – the committee noted the work done to date and the processes in place to monitor activity going forwards.
- Translation Services – the committee discussed and approved the proposals and agreed to trial for one year before review.
• Annual Report for NHSE – the report gave an overview of the work undertaken by the Primary Care Team.
• GP Forward View (GPFV) the committee noted the teams progress against the work streams in the GPFV and will support as and when actions are off track.
• Access – the paper encouraged diversifying the workforce to increase clinical appointments available. The committee noted the increase in appointment capacity across Rotherham and continuing action to meet demand.
• Cardiothoracic (CT) Fellowship – the Committee approved the 3 posts subject to assurance that Rotherham will receive their proportional share. It was agreed to fund for 1 year then review before agreeing to further funding.
• Memory Jogger (MJOB) Results Update – the Committee supported the recommendations and will wait for the update of the app to determine whether MJOB should continue.
• Performance Dashboard – the Committee discussed, noted and supported the recommendations. The committee will keep an oversight of the quality visits and ensure that the capacity to carry them out is in the system.
• Emergency Procurement - this provides a framework of willing participants the Primary Care Team can call upon to take part in an emergency procurement process. The committee were assured by the framework now being in place.
• NHS England Delegation Agreement - the initial delegation was agreed in 2015 and has been reviewed to reflect the changes in General Data Protection Regulation (GDPR). The committee noted the changes.
• IUCD LES (Inter Uterine Contraceptive Delivery) - the introduction of this LES was approved.
• Estates Strategy - the committee agreed the recommendations and approved the strategy.
• Post Payment Verification (PPV) Report - the committee agreed with the recommendations and endorsed the continued work of the team for 2019/20.
• Primary Care Medical Services review of Governance - the actions of the reports was discussed and noted.

The Committee membership and attendance at meetings is tabled overleaf:
### Table 4: Primary Care Committee membership and attendance at meetings

<table>
<thead>
<tr>
<th>Member</th>
<th>Position</th>
<th>From to</th>
<th>Possible Attendance</th>
<th>Attended</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs Wendy Allott</td>
<td>Chief Finance Officer</td>
<td>01/04/2018 - 31/03/2019</td>
<td>9</td>
<td>9</td>
<td>100%</td>
</tr>
<tr>
<td>Mr John Barber*</td>
<td>Lay Member - Attends if Lay member Chair unavailable</td>
<td>01/04/2018 - 31/03/2019</td>
<td>1</td>
<td>1</td>
<td>100%</td>
</tr>
<tr>
<td>Dr Robin Carlisle</td>
<td>Lay Member Chair</td>
<td>01/04/2018 - 31/03/2019</td>
<td>9</td>
<td>8</td>
<td>89%</td>
</tr>
<tr>
<td>Mrs Sue Cassin/Deputy **</td>
<td>Chief Nurse</td>
<td>01/04/2018 - 31/03/2019</td>
<td>9</td>
<td>8</td>
<td>89%</td>
</tr>
<tr>
<td>Mr Chris Edwards/Deputy ***</td>
<td>Chief Officer</td>
<td>01/04/2018 - 31/03/2019</td>
<td>9</td>
<td>9</td>
<td>100%</td>
</tr>
<tr>
<td>Mrs Kath Henderson</td>
<td>Lay Member PPE – Vice Chair</td>
<td>01/04/2018 - 31/10/2019</td>
<td>5</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>Mrs Jacqui Tuffnell2</td>
<td>Head of Co-commissioning</td>
<td>01/04/2018 - 31/01/2019</td>
<td>8</td>
<td>8</td>
<td>100%</td>
</tr>
<tr>
<td>Ms Debbie Twell</td>
<td>Lay Member PPE - Vice Chair</td>
<td>01/11/2018 - 31/03/2019</td>
<td>5</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>Non-Voting Members</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dr Geoff Avery</td>
<td>GP Members Rep</td>
<td>01/04/2018 - 31/03/2019</td>
<td>9</td>
<td>6</td>
<td>67%</td>
</tr>
<tr>
<td>Dr Avanthi Gunasekera****</td>
<td>SCE GP Lead for Primary Care</td>
<td>01/04/2018 - 31/03/2019</td>
<td>9</td>
<td>9</td>
<td>100%</td>
</tr>
<tr>
<td>Dr David Clitherow/Dr Phil Birks</td>
<td>2nd Lead SCE GP</td>
<td>01/04/2018 - 31/03/2019</td>
<td>9</td>
<td>8</td>
<td>89%</td>
</tr>
</tbody>
</table>

* Only required to attend when covering for one of the other lay members on the committee
** Deputy to be assigned by Chief Nurse as and when required
*** Deputy Chief Officer will cover for Chief Officer
**** An SCE GP will cover for SCE GP Lead for Primary Care to be assigned as and when required.

3.8 Patient, Public Engagement (PPE) and Communications Sub-Committee
The PPE and Communications sub-committee was established in 2015/16, to provide strategic and operational leadership for the development of effective public and patient involvement and communication.

Its main responsibilities are to:

- monitor delivery of the Communications and Engagement Strategy
- monitor delivery against a range of standards relating to involvement, communications and consultation
- encourage continuous improvement in the quality of engagement and communication

2 Member (changed to In attendance in Feb 2019)
• provide assurance to the Governing Body on communication and patient, carer and public involvement. This includes assurance that the needs, views and aspirations of patients, carers, local community groups and the general public have:
  o helped shape and influence service delivery;
  o are being used to develop priorities, strategies and plans;
  o have helped to procure services;
  o are being used to monitor services in terms of safety, quality and positive patient experience.

During the year the committee has:

• Considered the regional and local involvement plans for the Integrated Care System (ICS) and Rotherham Place Plan
  o Received regular reports on the ICS Hospital Services Review Work stream as relevant to involvement and communication, seeking and receiving assurance that the NHS Rotherham CCG contribution to this is proportionate and appropriate, and that we are influencing the direction of this work.
  o Sought assurance on engagement and communications relevant to the integrated locality Pilot, receiving regular updates.

• Overseen the planning and considered the outcomes of the Annual General Meeting and NHS 70 event

• Received reports on:
  o The Rotherham Equipment and Wheelchair Service Procurement
  o Diagnostics, and consolidation at The Rotherham NHS Foundation Trust
  o How to strengthen and support PPGs
  o SEND Sufficiency Assessment
  o Improvement and Assessment Framework (IAF) Engagement submission
  o Rotherham Health Record
  o National consultation on gluten free prescribing
  o Rotherham Compact
  o Winter communications plan
  o Communications and Engagement Strategy refresh
  o Overview of all engagement activity
  o Equality and engagement assessments
  o Autism Strategy

Composition of the PPE (Patient and Public Engagement) and Communications Sub-Committee is shown in the table overleaf:
### Table 5: Patient, Public Engagement and Communications Sub-committee membership and attendance at meetings

<table>
<thead>
<tr>
<th>RCCG Member</th>
<th>Position</th>
<th>From – To</th>
<th>Possible Attendance</th>
<th>Attended</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mrs Kath Henderson</td>
<td>Lay member – Patient and Public Engagement</td>
<td>01.04.18 – 31.10.18</td>
<td>2</td>
<td>2</td>
<td>100%</td>
</tr>
<tr>
<td>Ms Debbie Twell</td>
<td>Lay member – Patient and Public Engagement</td>
<td>01.11.18 – 31.03.19</td>
<td>3</td>
<td>3</td>
<td>100%</td>
</tr>
<tr>
<td>Mrs Helen Wyatt</td>
<td>PPE Manager</td>
<td>01.04.18 – 31.03.19</td>
<td>5</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>Mr Gordon Laidlaw</td>
<td>Head of Communications</td>
<td>01.04.18 – 31.03.19</td>
<td>5</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>Mrs Sue Cassin/Deputy</td>
<td>Chief Nurse</td>
<td>01.04.18 – 31.03.19</td>
<td>5</td>
<td>4</td>
<td>80%</td>
</tr>
<tr>
<td>Mrs Ruth Nutbrown/Deputy</td>
<td>Assistant Chief Officer</td>
<td>01.04.18 – 31.03.19</td>
<td>5</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>Mrs Lydia George</td>
<td>Planning and Assurance Manager</td>
<td>01.04.18 – 31.03.19</td>
<td>5</td>
<td>1</td>
<td>20%</td>
</tr>
<tr>
<td>Mr Tony Clabby/Ms Lesley Cooper</td>
<td>Healthwatch</td>
<td>01.04.18 – 31.03.19</td>
<td>5</td>
<td>3</td>
<td>60%</td>
</tr>
<tr>
<td>Mrs Janet Wheatley</td>
<td>Chief Executive Voluntary Action Rotherham</td>
<td>01.04.18 – 31.03.19</td>
<td>5</td>
<td>2</td>
<td>40%</td>
</tr>
<tr>
<td>Dr Richard Cullen</td>
<td>Lead GP</td>
<td>01.04.18 – 31.03.19</td>
<td>5</td>
<td>5</td>
<td>100%</td>
</tr>
<tr>
<td>Cllr. Simon Evans/Ms Janet Spurling</td>
<td>Chair of Health Select Committee, RMBC</td>
<td>01.04.18 – 31.03.19</td>
<td>5</td>
<td>1</td>
<td>20%</td>
</tr>
<tr>
<td>Mrs Teresa Roche/Ms Jacqui Wiltshinsky</td>
<td>Director of Public Health, RMBC</td>
<td>01.04.18 – 31.03.19</td>
<td>5</td>
<td>2</td>
<td>40%</td>
</tr>
</tbody>
</table>

### 3.9 Remuneration and Terms of Service Committee (RaTS)

The RaTS was established in April 2013 reporting directly to the Governing Body.

The Committee, on behalf of the Governing Body, proposes changes to all aspects of remuneration - including any performance related payments, pensionable pay and other entitlements, as applicable.

It will also propose arrangements for termination of employment and other contractual terms for those staff.

It proposes allowances payable to members of the Governing Body, the SCE and the GPMC.
In undertaking these responsibilities it operates within the relevant contractual provisions for these staff groups, taking due account of relevant national guidance, directions and legislation.

Committee Membership during 2018/19 is shown in the table below:

Table 6: Remuneration Committee membership and attendance at meetings

<table>
<thead>
<tr>
<th>Member</th>
<th>Position</th>
<th>From - To</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mr John Barber</td>
<td>Lay Member for Governance</td>
<td>01.04.18 – 31.03.19</td>
</tr>
<tr>
<td>Mrs Kath Henderson</td>
<td>Lay Member – Public and Patient Engagement</td>
<td>01.04.18 – 31.10.18</td>
</tr>
<tr>
<td>Ms Debbie Twell</td>
<td>Lay Member – Public and Patient Engagement</td>
<td>01.11.18 – 31.03.19</td>
</tr>
<tr>
<td>Dr Robin Carlisle</td>
<td>Lay Member – Primary Care</td>
<td>01.04.18 – 31.03.19</td>
</tr>
<tr>
<td>Dr Richard Cullen</td>
<td>GP (Governing Body Chair)</td>
<td>01.04.18 – 31.03.19</td>
</tr>
<tr>
<td>Dr Jason Page</td>
<td>GP – SCE (Finance and Governance)</td>
<td>01.04.18 – 31.03.19</td>
</tr>
<tr>
<td>Dr Geoff Avery/Dr Simon MacKeown</td>
<td>GP – GPMC</td>
<td>01.04.18 – 31.03.19</td>
</tr>
<tr>
<td>Mr Chris Edwards</td>
<td>Chief Officer</td>
<td>01.04.18 – 31.03.19</td>
</tr>
<tr>
<td>Mrs Wendy Allott</td>
<td>Chief Finance Officer</td>
<td>01.04.18 – 31.03.19</td>
</tr>
</tbody>
</table>

In Attendance: Mrs Ruth Nutbrown, Assistant Chief Officer; and Mr Peter Smith, Head of HR

The Committee has met five times this year (twice virtually) to approve pay awards and changes to policies.

3.10 Health and Wellbeing Board

The Health and Wellbeing Board is a statutory, sub-committee of Rotherham Council. Locally, it is the single strategic forum to ensure co-ordinated commissioning and delivery across the NHS, social care, public health and other services directly related to health and wellbeing in order to secure better health and wellbeing outcomes for the whole Rotherham population, better quality of care for all patients and care users and better value for the taxpayer.

The Board brings together key decision makers to address issues of local significance and to seek solutions through integrated and collaborative working, whilst being an advocate and ambassador for Rotherham collectively on regional, national and international forums.

Functions of the Board include:

- to enable, advise and support organisations that arrange for the provision of health or social care services to work in an integrated way, for the purpose of advancing the health and wellbeing of people in Rotherham
- to ensure that Public Health functions are discharged in a way that help partner agencies to fully contribute to reducing health inequalities.
- to oversee the development of local commissioning plans, to ensure that all commissioning plans take account of the Health and Wellbeing Strategy and are aligned to other policies and plans that have an effect on health and wellbeing, and where necessary initiate discussions with the NHS England if an agreed concern exists regarding a failure to take account of the strategy.
• to hold relevant partners to account for the quality and effectiveness of their commissioning plans
• to ensure that there are arrangements in place to provide assurance that the standards of service provided and quality of service are safe, meet national standards and local expectations
• to reduce health inequalities and close the gap in life expectancy by ensuring that partners are targeting services to those who need it the most
• to develop a shared understanding of the needs of the local community through the statutory Joint Strategic Needs Assessment (JSNA), and ensure public engagement and involvement in the development of the JSNA so that the experiences of local people influence policy development and service provision
• to promote the development and delivery of services which support and empower the citizen taking control and ownership for their own health, whilst ensuring the safeguarding of vulnerable adults and children
• to develop a joint Health and Wellbeing Strategy to provide the overarching framework for commissioning plans for the NHS, social care and public health and other services that the board agrees to consider such as education, housing and planning and to subject this strategy to regular review and evaluation
• to assess whether the commissioning arrangements for social care, public health and the NHS are sufficiently aligned to the joint Health and Wellbeing Strategy and promote joined up commissioning plans and pooled budget arrangements where all parties agree this makes sense
• to prioritise services (through the development of the Health and Wellbeing Strategy) that are focused on prevention and early intervention to deliver reductions in demand for health and social care services
• to oversee at strategic level the relevant joint communications, marketing/social marketing and public relations programmes and campaigns required to support the delivery of health and wellbeing objectives in the borough and ensure that local people have a voice in shaping and designing programmes for change
• to ensure that the people of Rotherham are aware of the Health and Wellbeing Board, have access to the relevant information and resources around the different work streams and can contribute where appropriate.

The Rotherham Health and Wellbeing Board developed a new 2018-25 strategy. This strategy fulfils the duty set out in the Health and Social Care Act (2012) and sets out the overarching framework for health and care commissioning plans in Rotherham. The Rotherham Integrated Health and Social Care Place Plan 2018-20 aligns to the refreshed H&WB Strategy.

4.0 UK Corporate Governance Code

NHS Bodies are not required to comply with the UK Code of Corporate Governance.

5.0 Discharge of Statutory Functions

In light of recommendation of the 2013 Harris Review, the CCG has reviewed all of the statutory duties and powers conferred on it by the National Health Service Act 2006 (as amended) and other associated legislative and regulations. As a result, I can confirm that the CCG is clear about the legislative requirements associated with each of the statutory functions for which it is responsible, including any restrictions on delegation of those functions.

Responsibility for each duty and power has been clearly allocated to a lead officer. Executive officers have confirmed that their structures provide the necessary capability and capacity to undertake all of the CCG’s statutory duties.
6.0 Risk Management Arrangements and Effectiveness

NHS Rotherham CCG’s integrated risk management system continued to be developed during 2018/19 in line with internal audit recommendations.

The CCG has a responsibility to ensure that the organisation is properly governed in accordance with best practice corporate, clinical and financial governance. Every activity that the CCG undertakes or commissions others to undertake on its behalf, brings with it some element of risk that has the potential to threaten or prevent the organisation achieving its objectives.

This integrated risk management system includes a framework (policy and procedural documents), Governing Body assurance framework, and the issues log to support the risk register, to enable the organisation to have a clear view of the risks and issues affecting each area of its activity how those risks are being mitigated, the likelihood of occurrence and their potential impact on the successful achievement of the CCG objectives. This system continued to embed during the year.

The policy applies to all members of the CCG, the SCE, Operational Executive and all managers to ensure that risk management is a fundamental part of the CCG’s approach to the governance of the organisation and all its activities.

The organisation’s strategic objectives have been reviewed and affirmed in year with a new objective being added during a Governing Body development session.

This process is cyclical and will commence again as the new Commissioning Plan is developed ensuring our strategic objectives are aligned.

The policy:

- sets out the organisational attitude to and appetite for risk
- clearly defines the structures for the management and ownership of risk
- clearly identifies how to manage and mitigate situations in which a potential risk develops into an actual risk
- specifies the way in which risk issues are considered at each level of business planning
- specifies how new and existing activities are assessed for risk and dependent on the level of risk
- uses common terminology and scoring in relation to risk issues which is replicated across the assurance framework and risk register
- defines the structures for gaining assurance about the management of risk
- defines the way in which the risk register, assurance framework, issues log and risk evaluation criteria will be regularly reviewed
- is easily available to all staff on the CCG website.

7.0 Capacity to Handle Risk

7.1 NHS Rotherham CCG Governing Body

The Governing Body has a duty to assure itself that the organisation has properly identified the risks it faces, processes and controls in place to mitigate those risks and the impact they have on the organisation and its stakeholders. The Governing Body discharges this duty as follows:

- Identifies risks to the achievement of its strategic objectives:
- monitors these on an on-going basis via the assurance framework
- ensures that there is a structure in place for the effective management of risk throughout the CCG
receives assurance regarding risk management within organisations providing services commissioned by the CCG
approves and reviews strategies for risk management on an annual basis
receives the minutes of the AQuA, and any items that have been identified for escalation to the Governing Body
receives the assurance framework on a regular basis, assures itself of progress on mitigating actions and assurance regarding the significant risks identified in relation to commissioned services; and

demonstrates leadership, active involvement and support for risk management.

7.2 The AQuA
One of the committee’s primary roles is:

- ensuring risks to the achievement of Governing Body objectives are identified and assurances obtained that appropriate mitigating action is being taken.

This role is set out clearly in the committee’s Terms of Reference which have been revised during 2018/19 to ensure that key functions are embedded within the Constitution and governance arrangements of the CCG. This will be reviewed again in 2019/20

The committee reviews the effective local operation of internal and external audit, as well as the counter fraud service ensuring that a professional relationship is maintained between the external and internal auditors, so that reporting lines can be effectively used.

In addition the committee maintains oversight of the assurance processes associated with the quality of services commissioned on behalf of Rotherham patients.

7.3 The SCE and GPMC
The eight GP members of the SCE and members of the GPMC promote risk management processes, as part of clinical governance with all member practices. This ensures that practices continuously improve quality of primary care and report risks relating to commissioned services to the CCG, and risks relating to primary care to NHSE to ensure that risks are identified and managed.

7.4 The Chief Officer
The Chief Officer has overall accountability for the management of risk and is responsible for:

- continually promoting risk management and demonstrating leadership, involvement and support
- ensuring an appropriate committee structure is in place, with regular reports to the Governing Body
- ensuring that the OE, SCE and senior managers are appointed with managerial responsibility for risk management
- ensuring appropriate policies, procedures and guidelines are in place and operating throughout the CCG
- ensuring complaints claims and health and safety management are managed appropriately.

7.5 Deputy Chief Officer
The Deputy Chief Officer has delegated responsibility for contractual and performance risk management. They have the responsibility working with the SCE for developing and delivering the CCG’s commissioning plan. Also within this role additional responsibilities include the required contract management of all clinical commissioned services as well as taking the lead role in performance management for the CCG.
7.6 Chief Finance Officer
The Chief Finance Officer has delegated responsibility for financial risk management.

7.7 Chief Nurse
The Chief Nurse has delegated responsibility for clinical risk management including:

- the executive lead responsible for safeguarding adults, safeguarding children
- managing and overseeing the performance management of serious incidents reported by providers of its commissioned services regarding Rotherham registered patients as per delegated responsibility by NHSE
- ensuring that processes are in place to provide assurance with regard to clinical risk management within commissioned services, this includes (but not exclusively), patient safety regarding commissioned services in line with local and national legislation and guidance
- collating intelligence from the SCE with responsibility for quality of primary care, secondary care and mental health services.

7.8 The Assistant Chief Officer
The Assistant Chief Officer has delegated responsibility for the overarching management of risk within the CCG including:

- ensuring risk management systems are in place
- ensuring the assurance framework is regularly reviewed and updated and reported to AQuA
- ensuring that an organisational risk register is established, maintained and reported to AQuA
- ensuring that there is appropriate external review of risk management systems, and that these are reported to the CCG Governing Body overseeing the management of risks as determined by the executive team
- ensuring that identified risk mitigation and actions are put in place, regularly monitored and implemented
- providing advice on the risk management process.

7.9 Individuals Responsible
The following individuals: Clinical Chair NHS Rotherham Governing Body, Vice Chair of NHS Rotherham Governing Body, GPs with lead responsibility for primary care quality, secondary care, mental health quality, children’s and adult safeguarding have responsibility for identifying risks in their specific areas and discussing these with the Chief Nurse and ensuring that assessment and mitigation is carried out providing assurance to the Governing Body via the AQuA.

7.10 All Senior Managers
Senior Managers are responsible for incorporating risk management within all aspects of their work and for directing the implementation of the CCG Integrated Risk Management System by:

- demonstrating personal involvement and support for the promotion of risk management
- ensuring that staff accountable to them understand and pursue risk management in their areas of responsibility
- setting personal objectives for risk management and monitoring their achievement
- ensuring risks are identified and managed and mitigating actions implemented in functions for which they are accountable and are included in the organisational risk register as appropriate;
- ensuring risks are escalated where they are of a strategic nature
- Implementing the framework in relation to Health and Safety and other employment legislation by:
  
a) ensuring that they have adequate knowledge and/or access to all legislation relevant to their area and as advised by appropriate specialist officers ensure that compliance to such legislation is maintained
b) ensuring that adequate resources are made available to provide safe systems of work;
c) ensuring that all employees attend appropriate mandatory training, as relevant to the role, e.g. health and safety, fire, moving and handling and risk management training
d) ensuring that all staff are aware of the system for the reporting of accidents and near misses
e) monitoring of health and safety standards, including risk assessments, and ensuring that these are reviewed and updated regularly
f) ensuring the identification of all employees who require Health Surveillance according to risk assessments; ensuring that where Health Surveillance is required no individual carries out those specific duties until they have attended the Occupational Health Department and have been passed fit
g) ensuring that the arrangements for the first-aiders and first aid equipment required within the organisation are complied with. That the location of first aid facilities are known to employees; ensuring that proper care is taken of casualties and that employees know where to obtain appropriate assistance in the event of serious injury
h) making adequate provision to ensure that fire and other emergencies are appropriately dealt with.

7.11 All Staff
All staff working for the CCG are responsible for:

- being aware that they have a duty under legislation to take reasonable care of their own safety and the safety of others who may be affected by the CCG’s business and to comply with appropriate CCG rules, regulations, instructions, policies, procedures and guidelines
- taking action to protect themselves and others from risks
- identifying and reporting risks to their line manager
- ensuring incidents claims and complaints are reported using the appropriate procedures and channels of communication
- co-operating with others in the management of the CCG’s risks
- attending mandatory and statutory training as determined by the CCG or their Line Manager.
- being aware of emergency procedures relating to their particular locations
- being aware of the CCG’s Integrated Risk Management Policy and complying with the procedures.

7.12 Contractors, Agency and Locum Staff
Managers are aware through training that they must ensure that where they are employing or contracting agency and locum staff they are made aware of and adhere to, all relevant policies, procedures and guidance of the CCG, including the CCG Incident Reporting Policy and Procedure and the Health and Safety Policy. This includes a duty to take action to protect themselves and others from risks and to bring to the attention of others the nature of risks which they are facing in order to ensure that they take appropriate protective action.

8.0 Risk Assessment

Risk identification, assessment and monitoring is a continuous structured process in ensuring that the CCG works within the legal and regulatory framework, identifying and assessing possible risks facing the organisation, and planning to prevent and respond to these. The process of risk management covers the following five steps to risk assessment:

- Step 1 - Identify the risk
- Step 2 – Assess the risk
- Step 3 – Evaluate the risk
- Step 4 – Record the risk
- Step 5 – Review the risk
Risk management is embedded in the activity of the organisation through the above measures and also through assessments of specific risks e.g. information governance, equality impact assessment, business continuity.

Control measures are in place to ensure that all the CCG’s obligations under equality, diversity and human rights legislation are complied with.

8.1 Risk Assessment in Relation to Governance, Risk Management and Internal Control

The CCG operates a standard 5 x 5 matrix for assessing risk as shown below in figures 1 and 2.

**Figure 1: NHS Rotherham CCG Risk Matrix.**

<table>
<thead>
<tr>
<th>Risk Matrix</th>
<th>Likelihood</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(1) Rare   (2) Unlikely (3) Possible (4) Likely (5) Almost certain</td>
</tr>
<tr>
<td>(1) Negligible</td>
<td>1          2          3          4          5</td>
</tr>
<tr>
<td>(2) Minor</td>
<td>2          4          6          8          10</td>
</tr>
<tr>
<td>(3) Moderate</td>
<td>3          6          9          12         15</td>
</tr>
<tr>
<td>(4) Major</td>
<td>4          8          12         16         20</td>
</tr>
<tr>
<td>(5) Extreme</td>
<td>5          10         15         20         25</td>
</tr>
</tbody>
</table>

**Figure 2: Risk Scores**

<table>
<thead>
<tr>
<th>Risk Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-5</td>
<td>Low</td>
</tr>
<tr>
<td>6-11</td>
<td>Medium</td>
</tr>
<tr>
<td>12-15</td>
<td>High</td>
</tr>
<tr>
<td>16-20</td>
<td>Very High</td>
</tr>
<tr>
<td>25</td>
<td>Extreme</td>
</tr>
</tbody>
</table>

The CCG risk register and assurance framework were updated on an on-going basis to reflect any changes to currently identified risks or to add newly identified risks and were both updated on a quarterly basis throughout 2018/19.

The table overleaf shows the number of risks on the risk register and Governing Body assurance framework as at end January 2019:
Table 7: Number of risks on the CCG Risk Register and Assurance Framework as at the end of January 2019:

<table>
<thead>
<tr>
<th>Risk Score</th>
<th>Assurance Framework</th>
<th>Risk Register</th>
<th>Rating Explained</th>
</tr>
</thead>
<tbody>
<tr>
<td>5</td>
<td>0</td>
<td>0</td>
<td>Low Risk</td>
</tr>
<tr>
<td>6</td>
<td>0</td>
<td>1</td>
<td>Medium Risk</td>
</tr>
<tr>
<td>8</td>
<td>0</td>
<td>2</td>
<td>Medium Risk</td>
</tr>
<tr>
<td>9</td>
<td>1</td>
<td>3</td>
<td>Medium Risk</td>
</tr>
<tr>
<td>10</td>
<td>0</td>
<td>1</td>
<td>Medium Risk</td>
</tr>
<tr>
<td>12</td>
<td>2</td>
<td>11</td>
<td>High Risk</td>
</tr>
<tr>
<td>15</td>
<td>1</td>
<td>0</td>
<td>High Risk</td>
</tr>
<tr>
<td>16</td>
<td>1</td>
<td>4</td>
<td>Very High Risk</td>
</tr>
<tr>
<td>20</td>
<td>0</td>
<td>0</td>
<td>Very High Risk</td>
</tr>
<tr>
<td>25</td>
<td>0</td>
<td>0</td>
<td>Extreme Risk</td>
</tr>
<tr>
<td>Total</td>
<td>(4 scoring 12 or above)</td>
<td>(15 scoring 12 or above)</td>
<td></td>
</tr>
</tbody>
</table>

The CCG continues to develop the Governing Body Assurance Framework, Risk Register and Issues log with regular confirm and challenge conversations with principal risk owners, and Operational Executive members.

9.0 Other Sources of Assurance

9.1 Internal Control Framework

A system of internal control is the set of processes and procedures in place within the CCG to ensure it delivers its policies, aims and objectives. It is designed to identify and prioritise the risks, to evaluate the likelihood of those risks being realised and the impact should they be realised, and to manage them efficiently, effectively and economically.

The system of internal control allows risk to be managed to a reasonable level rather than eliminating all risk; it can therefore only provide reasonable and not absolute assurance of effectiveness.

The CCG has established and maintains, via the AQuA, continual reporting, auditing and monitoring to ensure standards are being implemented, and therefore, risk is controlled to the lowest reasonably practicable levels.

Methods for identifying and managing levels of risk would include:

- internal methods, such as; incidents, complaints, claims and audits, project risks based on the achievement of project objectives, patient satisfaction surveys, risk assessments, surveys including staff surveys, whistle-blowing and contract quality monitoring of commissioned services.
• external methods, such as; media, national reports, new legislation, National Patient Safety Agency (NPSA) surveys, reports from assessments/inspections by external bodies, reviews of partnership working.

All identified risks are recorded and managed through the organisational risk register/issues log and risks identified which could impact on the achievement of the CCG’s strategic objectives are recorded and managed through the assurance framework.

All groups reporting to the CCG Governing Body highlight risks for inclusion within the organisational risk register/issues log or assurance framework.

Risk identification is also obtained from member practices through practice visits, locality meetings, GPMC meetings, patient engagement forums, practice feedback forums and practice manager’s meetings.

9.2 Annual Audit of Conflicts of Interest (CoI) Management

The revised statutory guidance on managing conflicts of interest for CCGs (published June 2016) requires CCGs to undertake an annual internal audit of conflicts of interest management. To support CCGs to undertake this task, NHS England has published a template audit framework.

The annual internal audit of CoI has been carried out. The audit was undertaken to evaluate the design and operating effectiveness of the arrangements that the CCG has in place to manage CoI and gifts and hospitality, including compliance with NHS England’s statutory guidance on managing CoI for CCG. The review focussed on the following five areas:

• Governance arrangements – including, whether policies/procedures comply with legal requirement and statutory guidance, an appropriate number of lay members and a conflict of interest guardian is/are appointed, required training has been provided;
• Declarations of interests and gifts and hospitality – including whether declarations are being made and recorded in accordance with legal requirements and statutory guidance;
• Register of interests, gifts and hospitality and procurement decisions – including whether each of these registers is maintained and published in accordance with legal requirements and statutory guidance;
• Decision making processes and contract monitoring – including, whether there are mechanisms for the management of conflicts within meetings, when making procurement decisions and in relation to contract management;
• Reporting concerns and identifying and managing breaches/non-compliance – including, whether processes are in place for managing breaches and for the publication of anonymised details of breaches on the CCG’s website.

Significant Assurance was given as the outcome of this audit.

9.3 Data Quality

The majority of numerical data presented to the Governing Body is produced by our in house team supported by eMBED, who process provider information under a Service Level Agreement with the CCG.

The CCG has regular performance meetings with eMBED and gives monthly feedback on quality. The CCG’s major providers including The Rotherham NHS Foundation Trust and RDaSH participate in internal and external audits of their data quality.
9.4 Information Governance (IG)
In 2018 the Data Security and Protection Toolkit (DSPT) replaced the Information Governance Toolkit. The DSPT is used to assess organisations against the National Data Guardian’s data security standards. Assessment of organisational practice using the DSPT is carried out annually. Over the year 2018/19 the CCG, supported by eMBED, has carried out an action plan to ensure that the organisation has robust information governance practices in line with the requirements of the data security standards. In 2018/19, NHS Rotherham CCG met all of the DSPT standards.

We place high importance on ensuring there are robust information governance systems and processes in place to help protect patient and corporate information. The CCG has an established Information Governance Group which meets monthly. The Group, chaired by the CCG’s Senior Information Risk Owner (SIRO), oversees the information governance agenda and ensures that systems are in place to deliver high standards of information governance. It provides assurance to NHS Rotherham CCG Operational Executive (OE) and the AQuA Committee that Rotherham CCG is compliant with relevant law, external accreditations, mandatory regulation and guidance. We have established an information governance management framework and continue to develop information governance processes and procedures in line with the Data Security and Protection Toolkit. The CCG has appointed experienced members of staff to key roles including the SIRO, Caldicott Guardian and the IG Lead and provided them with an appropriate level of training and support. We have ensured all staff undertake annual information governance training and have implemented policies and procedures to ensure staff are aware of their information governance roles and responsibilities.

There are processes in place for incident reporting and investigation of serious incidents. We have developed information risk assessment and management procedures and a programme is established to fully embed an information risk culture throughout the organisation against identified risks.

9.5 Business Critical Models
An appropriate framework and environment is in place to provide quality assurance of business critical models, in line with the recommendations in the Macpherson report.

9.6 Third Party Assurances
There are partnership arrangements with the Rotherham Partnership and also the Rotherham Health and Wellbeing Board. There are a range of other partnerships relevant to stakeholder groups including PPGs, the Local Safeguarding Boards, ‘Working Together’ for collaborative arrangements with other CCGs and meetings with NHS England both to provide assurance and as a co-commissioner. Arrangements are in place to effectively share information between partners.

We achieve a dialogue with our shareholders based on the mutual understanding of our objectives by engaging our stakeholders in our strategic planning rounds and in specific clinical leadership events.

10.0 Control issues
The CCG identified no issues via the Month 9 Governance Statement Return.

11.0 Review of Economy, Efficiency and Effectiveness of the Use of Resources
The governing Body has overarching responsibility for ensuring that the CCG has appropriate arrangements in place to exercise its functions effectively, efficiently and economically and in accordance with the principles of good governance. Our constitution delegates responsibility to ensure appropriate arrangements are in place for the CCG to fulfil this duty to the AQuA. The Chief Finance Officer has delegated responsibility to determine arrangements to ensure a sound system of financial control.
The AQuA Committee receives opinions from the work of the internal and external auditors to the CCG and is able to advise the Governing Body on the assurances available with regards to the economic, efficient and effective use of resources by the CCG.

The CCG’s rating for quality of leadership is published on MyNHS with the latest results for quarter 3 currently available. The year-end results for the quality of leadership indicator will be available from July 2019 at https://www.nhs.uk/service-search/performance/search.

11.1 Delegation of functions
During establishment, the arrangements put in place by the CCG and explained within the Corporate Governance Framework were developed with extensive expert external legal input, to ensure compliance with the all relevant legislation. That legal advice also informed the matters reserved for GPMC and Governing Body decisions and the scheme of delegation.

During 2018/19, the CCG delegated responsibility for the commissioning of children’s surgery, anaesthesia and hyper acute stroke services to the joint committee of CCGs.

The joint committee did not make any decisions to change the services during 2018/19

11.2 Counter fraud arrangements
An accountable counter fraud specialist is contracted to undertake counter fraud work proportionate to identified risks.

The CCG adheres to NHS Counter Fraud Authority standards in ensuring that the CCG has appropriate anti-fraud, bribery and corruption arrangements in place and that the counter fraud specialist will look to achieve the highest standards possible in their work.

The AQuA Committee receives a regular progress report against each of the standards for commissioners. The AQuA Committee also receives a Counter Fraud Specialist Report on an annual basis. There is executive support and direction for a proportionate proactive work plan to address identified risks.

We have a GP Lead and Lay Member with responsibility for audit who are members of the Governing Body and proactively and demonstrably responsible for tracking fraud, bribery and corruption.

12.0 Head of Internal Audit Opinion
Following completion of the planned audit work for the financial year for the CCG, the Head of Internal Audit issued an independent and objective opinion on the adequacy and effectiveness of the CCG’s system of risk management, governance and internal control. The Head of Internal Audit concluded that:

“My opinion is provided on the basis of work undertaken within the Internal Audit plan for 2018/19 and is limited to the scope of work that has been agreed with the organisation’s executive officers, shared with the Audit and Quality Assurance Committee prior to the commencement of work and as detailed within the final report. Any opinion level provided must, therefore, be considered in terms of the agreed review scope only and no inference may be assumed by the CCG (or other users of my report), that this opinion extends to the adequacy of controls and processes outside the scope agreed. I have also taken into account findings and recommendations from reviews undertaken on an advisory basis that have not included a formal opinion.”

During the year, Internal Audit issued the following audit reports:
### Table 9: Internal Audit Reports

<table>
<thead>
<tr>
<th>Area of Audit</th>
<th>Level of Assurance Given</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contract Management Review</td>
<td>Significant Assurance</td>
</tr>
<tr>
<td>Workforce Planning</td>
<td>Significant Assurance</td>
</tr>
<tr>
<td>Governance and Risk Management – ICP</td>
<td>Significant Assurance</td>
</tr>
<tr>
<td>Integrity of the General Ledger and Key Financial Systems</td>
<td>Full Assurance</td>
</tr>
<tr>
<td>Delegated Primary Medical Care Functions</td>
<td>Substantial Assurance (NHSE)</td>
</tr>
<tr>
<td>General Data Protection Regulations</td>
<td>Significant Assurance</td>
</tr>
<tr>
<td>Conflicts of Interest</td>
<td>Significant Assurance</td>
</tr>
<tr>
<td>Data Security and Protection Toolkit</td>
<td>Significant Assurance</td>
</tr>
</tbody>
</table>

### 13.0 Review of the Effectiveness of Governance, Risk Management and Internal Control

My review of the effectiveness of the system of internal control is informed by the work of the internal auditors, executive managers and clinical leads within the CCG who have responsibility for the development and maintenance of the internal control framework. I have drawn on performance information available to me. My review is also informed by comments made by the external auditors in their annual audit letter and other reports.

Our assurance framework provides me with evidence that the effectiveness of controls that manage risks to the CCG achieving its principle objectives have been reviewed.

I have been advised on the implications of the result of my review by the Governing Body and the AQuA Committee. The role and conclusions of each were:

- the assurance framework is used as the plan to address weakness and ensure continuous improvement of the system. The CCG have been involved with the review and development of the assurance framework and have maintained an overview of the assurance framework, commenting as appropriate and endorsing actions. The assurance framework has been approved by the AQuA Committee.

- the Governing Body has overseen the work of the AQuA Committee, determining the CCG’s approach to risk management and ensuring that systems of internal control exist and are functioning properly. The AQuA Committee oversee all issues of risk management within the CCG, ensuring that all significant risk management concerns are considered and communicated appropriately to the Governing Body. The governance systems and Governing Body agreed a process to ensure that the assurance framework is monitored and updated as a live document.

- the CCG Governing Body and the AQuA Committee review the establishment and maintenance of an effective system of internal control and risk management and also received and reviewed the assurance framework.

### 14.0 Conclusion

No significant control weaknesses have been identified during the year. The CCG has received positive feedback from Internal Audit on the assurance framework and this, in conjunction with other sources of assurance, leads the CCG to conclude that it has a robust system of control.

Chris Edwards  
Accountable Officer
REMUNERATION AND STAFF REPORT

Remuneration Policy

Chaired by the Lay Member for Governance, Finance and Audit, the Remuneration Committee is a sub-committee of the Governing Body that advises on determinations about the remuneration, fees and other allowances for employees and for people who provide services to the organisation and on determinations about allowances under any pension scheme that the organisation may establish as an alternative to the NHS pension scheme.

For the purpose of this report senior managers are defined as:

‘those persons in senior positions having authority or responsibility for directing or controlling the major activities of the Trust. This means those who influence the decisions of the organisation as a whole rather than the decisions of individual directorates or departments.’

The salaries and relevant pension details of the most senior managers, and the Lay Members of the Governing Body, who had control over the major activities of the CCG in 2018/19 can be found in the Summary Financial Statement. There were no early termination issues for senior officers to report in the year.

Costs of staffing to the organisation can be found in the staff report section.

The Remuneration Committee members this year consisted of:

- Mr John Barber - Chair Lay Member for Governance, Finance and Audit
- Mrs Kath Henderson - Lay Member for Public and Patient Engagement up to 31 October 2018.
- Ms Debbie Twell – Lay Member for Patient and Public Engagement from 1 November 2018.
- Dr Robin Carlisle – Lay Member for Primary Care
- Dr Richard Cullen – Chair of NHS Rotherham CCG
- Dr Geoff Avery – GP – Members Committee
- Dr Jason Page - GP Lead for Finance and Governance

The Committee had the opportunity to request specific advice from others including the Chief Officer and Chief Finance Officer.

Senior Managers Remuneration and Terms of Service

For the purposes of the Remuneration Report senior managers are defined as:

‘those persons in senior positions having authority for directing or controlling the major activities of the clinical commissioning group. This means those who influence the decisions of the clinical commissioning group as a whole rather than the decisions of individual directorates or departments. Such persons will include advisory and lay members’

The Accountable Officer of the CCG has determined that this definition applies to all voting members of Governing Body as set out in the CCG’s Constitution. The executive directors, GP Chair, GP elected members, and lay members’ remuneration for 2018/19 was determined by the Remuneration Committee and took account of national guidance where this had been issued.

Executive Officers (Directors) are on permanent contracts. The only contractual liability on the CCG’s termination of an Executive’s contract is six months' notice. Details of the terms of office of
other Governing Body members can be found in the CCG’s Standing Orders which form part of the CCG’s Constitution - available on our website.

**Compensation for Early Retirement or Loss of Office**

No payments have been made in compensation for early retirement or loss of office.

**Payments to Past Directors**

No payments have been made to past directors.

**Off- Payroll Engagements**

Off-payroll engagements as of 31 March 2019, for more than £245 per day and that last longer than six months are as follows:

<table>
<thead>
<tr>
<th>The number that have existed:</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>• For less than one year at the time of reporting</td>
<td>0</td>
</tr>
<tr>
<td>• For between one and two years at the time of reporting</td>
<td>0</td>
</tr>
<tr>
<td>• For between two and three years at the time of reporting</td>
<td>0</td>
</tr>
<tr>
<td>• For between three and four years at the time of reporting</td>
<td>0</td>
</tr>
<tr>
<td>• For four or more years at the time of reporting</td>
<td>0</td>
</tr>
</tbody>
</table>

**Total number of existing engagements as of 31 March 2019**

0

All existing off-payroll engagements, outlined above, have at some point been subject to a risk based assessment as to whether assurance is required that the individual is paying the right amount of tax and, where necessary, that assurance has been sought.

<table>
<thead>
<tr>
<th>Total number of new engagements, or those that reached six months in duration, between 1 April 2018 and 31 March 2019</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

| Of which…                                                                                                      |
| Number assessed as caught by IR35                                                                             | 0      |
| Number assessed as NOT caught by IR35                                                                           | 0      |

| Number engaged directly (via PSC contracted to department) and are on departmental payroll                      | 0      |
| Number of engagements reassessed for consistency/assurance purposes during the year                             | 0      |
| Number of engagements that saw a change to IR35 status following the consistency review                          | 0      |
| Number of off-payroll engagements of Membership Body and/or Governing Body members, and/or, senior officials with significant financial responsibility, during the financial year | 0 |
| Number of individuals that have been deemed “Membership Body and/or Governing Body members, and/or, senior officials with significant financial responsibility”, during the financial year (this figure includes both off-payroll and on-payroll engagements) | 2 |

**Pay Multiples**

Reporting bodies are required to disclose the relationship between the remuneration of the highest-paid director/member in their organisation and the median remuneration of the organisation’s workforce.

The banded remuneration of the highest paid director/member in NHS Rotherham CCG in the financial year 2018/19 was £137,346 (2017/18: £134,643). This was 4.1 times (2017/18: 4.1) the median remuneration of the workforce, which was £33,222 (2017/18: £32,731).

In 2018/19, no employees received remuneration in excess of the highest-paid director/member. Remuneration ranged from £8,093 to £137,346 (2017/18: £7,931 to £134,653).

Total remuneration includes salary, non-consolidated performance-related pay, benefits-in-kind, but not severance payments. It does not include employer pension contributions and the cash equivalent transfer value of pensions.

GPs on the Governing Body are treated as non-executives for the purpose of the pay multiple ratio and so their remuneration has not been grossed up on an annualised basis.

**Exit Packages and Non-Contractual Payments**

There were no exit packages or non-contractual payments in year.

**Staff Report**

We recognise our staff as our biggest asset and work in partnership with them to develop our organisation. We were delighted with their response to the recent NHS annual staff survey, which shows we have developed. The response rate was 88%, this fantastic response allows us to understand our employees’ perception and satisfaction levels, which again were favourable when compared with the national average.

We have a dedicated and adaptable workforce, with the capacity and capability to deliver our objectives. We are proud to be compliant with all mandatory and statutory training, scoring within the top CCGs in the country for completion.

We have a monthly All Staff meeting which all staff, managers, senior managers and directors attend to discuss issues and receive feedback particularly about transition arrangements.

We recognise that the importance of effective staff communication and involvement is especially crucial for the development of our organisation. The arrangements described above, along with
our staff intranet, help to keep staff informed about developments, organisational policies. Our Human Resource function provided by NHS Sheffield CCG as a joint service, help us to manage all relevant activity related to our workforce.

**Staff Policies**

We are committed to ensuring equal opportunities in employment and have appropriate policies in place to provide guidance, including in specific areas such as Maternity Leave and Retirement, and via our Equality Strategy and Single Equality Scheme which covers six equality strands. Our staff related policies are consulted on with staff before being approved by the Governing Body. All approved staff related policies are available on [http://www.rotherhamccg.nhs.uk/hr-policies.htm](http://www.rotherhamccg.nhs.uk/hr-policies.htm)

**Average Number of People Employed**

<table>
<thead>
<tr>
<th></th>
<th>2018/19</th>
<th></th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Total Number</td>
<td>Permanently Employed Number</td>
<td>Other Number</td>
</tr>
<tr>
<td>Total</td>
<td>104</td>
<td>86</td>
<td>18</td>
</tr>
</tbody>
</table>

Of the figure above, number of whole time equivalents people engaged on capital projects was nil (2017-18, 0)

**Staff Composition**

<table>
<thead>
<tr>
<th>As at 31/03/2019</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Governing Body</td>
<td>3</td>
<td>9</td>
</tr>
<tr>
<td>Very Senior Managers</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Operational Executive (Directors equivalent)</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>All Employees</td>
<td>92</td>
<td>29</td>
</tr>
</tbody>
</table>

**Consultancy Expenditure**

The total expenditure for consultancy during 2018/19 is £50,000. Expenditure during 2017/18 was £81,000.
Employee Benefits

Employee Benefits

Employee benefits 2018-19

<table>
<thead>
<tr>
<th></th>
<th>Permanent Employees</th>
<th>Other</th>
<th>Total £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and wages</td>
<td>4,724</td>
<td>3,787</td>
<td>937</td>
</tr>
<tr>
<td>Social security costs</td>
<td>410</td>
<td>410</td>
<td>0</td>
</tr>
<tr>
<td>Employer Contributions to NHS Pension scheme</td>
<td>532</td>
<td>532</td>
<td>0</td>
</tr>
<tr>
<td>Apprenticeship Levy</td>
<td>7</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td><strong>Gross employee benefits expenditure</strong></td>
<td><strong>5,673</strong></td>
<td><strong>4,736</strong></td>
<td><strong>937</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Permanent Employees</th>
<th>Other</th>
<th>Total £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less recoveries in respect of employee benefits</td>
<td>(187)</td>
<td>(187)</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total - Net admin employee benefits including capitalised costs</strong></td>
<td><strong>5,486</strong></td>
<td><strong>4,549</strong></td>
<td><strong>937</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Permanent Employees</th>
<th>Other</th>
<th>Total £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less: Employee costs capitalised</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Net employee benefits excluding capitalised costs</strong></td>
<td><strong>5,486</strong></td>
<td><strong>4,549</strong></td>
<td><strong>937</strong></td>
</tr>
</tbody>
</table>

Employee benefits 2017-18

<table>
<thead>
<tr>
<th></th>
<th>Permanent Employees</th>
<th>Other</th>
<th>Total £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and wages</td>
<td>4,341</td>
<td>3,521</td>
<td>820</td>
</tr>
<tr>
<td>Social security costs</td>
<td>390</td>
<td>390</td>
<td>0</td>
</tr>
<tr>
<td>Employer Contributions to NHS Pension scheme</td>
<td>501</td>
<td>501</td>
<td>0</td>
</tr>
<tr>
<td>Apprenticeship Levy</td>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td><strong>Gross employee benefits expenditure</strong></td>
<td><strong>5,237</strong></td>
<td><strong>4,417</strong></td>
<td><strong>820</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Permanent Employees</th>
<th>Other</th>
<th>Total £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less recoveries in respect of employee benefits</td>
<td>(209)</td>
<td>(209)</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total - Net admin employee benefits including capitalised costs</strong></td>
<td><strong>5,028</strong></td>
<td><strong>4,208</strong></td>
<td><strong>820</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Permanent Employees</th>
<th>Other</th>
<th>Total £'000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less: Employee costs capitalised</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Net employee benefits excluding capitalised costs</strong></td>
<td><strong>5,028</strong></td>
<td><strong>4,208</strong></td>
<td><strong>820</strong></td>
</tr>
</tbody>
</table>

Positive About Disabled People

All job applicants who meet the minimum criteria for a post are shortlisted for interview in accordance with our two tick’s disability symbol employer status.

Sickness Absence and Ill Health Retirements Data

<table>
<thead>
<tr>
<th></th>
<th>2018-19</th>
<th>2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Days Lost</td>
<td>561</td>
<td>754</td>
</tr>
<tr>
<td>Total Staff Years</td>
<td>102</td>
<td>95</td>
</tr>
<tr>
<td>Average Working Days Lost</td>
<td>5.5</td>
<td>8</td>
</tr>
</tbody>
</table>
The figures for staff sickness absence are in calendar years. NHS Rotherham CCG has had no ill health retirements during 2018/19 and 2017/18 – nil).

**Employee Consultation**

Throughout the year we have maintained good relationships with trade unions consulting with them where appropriate on policy and procedure decisions. We have held monthly All Staff meetings to generate discussions and ideas, where each team in the organisation is given the opportunity to organise table work to inform others about their area of work and to provide staff with the opportunity to ask questions and make suggestions.

Where staff have ideas and suggestions for improvement they are encouraged to share these with their line manager for further exploration and then an appropriate route for discussion and implementation is identified.

A staff suggestion box has been maintained throughout the year, where ideas for improvement within the organisation are gathered, shared with the operational executive and then actioned appropriately. All outcome decisions from suggestions are communicated back to staff at the monthly all staff meeting. Feeding back to staff on how their ideas and suggestions have been actioned and is key to having good engagement with our staff.
**Trade Union Facility Time**

**Relevant Union Officials**

What was the total number of your employees who were relevant union officials during the relevant period?

<table>
<thead>
<tr>
<th>Number of employees who were relevant union officials during the relevant period</th>
<th>Full-time equivalent number</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>0.17</td>
</tr>
</tbody>
</table>

**Percentage of time spent on facility time**

How many of your employees who were relevant union officials employed during the relevant period spent a) 0%, b) 1%-50%, c) 51%-99%, d) 100% of their working hours on facility time?

<table>
<thead>
<tr>
<th>Percentage of time</th>
<th>Number of employees</th>
</tr>
</thead>
<tbody>
<tr>
<td>0%</td>
<td>0</td>
</tr>
<tr>
<td>1%-50%</td>
<td>1</td>
</tr>
<tr>
<td>51%-99%</td>
<td>0</td>
</tr>
<tr>
<td>100%</td>
<td>0</td>
</tr>
</tbody>
</table>

**Percentage of pay bill spent on facility time**

Provide the figures requested in the first column of the table below to determine the percentage of your total pay bill spent on paying employees who were relevant union officials for facility time during the relevant period.

<table>
<thead>
<tr>
<th>First Column</th>
<th>Figures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide the total cost of facility time</td>
<td>£4,921.28</td>
</tr>
<tr>
<td>Provide the total pay bill</td>
<td>£3,787,000.00</td>
</tr>
<tr>
<td>Provide the percentage of the total pay bill spent on facility time, calculated as:</td>
<td>0.13%</td>
</tr>
<tr>
<td>(total cost of facility time ÷ total pay bill) × 100</td>
<td></td>
</tr>
</tbody>
</table>

**Paid Trade Union activities**

As a percentage of total paid facility time hours, how many hours were spent by employees who were relevant union officials during the relevant period on paid trade union activities?

<table>
<thead>
<tr>
<th>Time spent on paid trade union activities as a percentage of total paid facility time hours calculated as:</th>
<th>11.54%</th>
</tr>
</thead>
<tbody>
<tr>
<td>(total hours spent on paid trade union activities by relevant union officials during the relevant period ÷ total paid facility time hours) × 100</td>
<td></td>
</tr>
</tbody>
</table>
## Directors Remuneration

<table>
<thead>
<tr>
<th>Name and Title</th>
<th>Salary and Fees (taxable)</th>
<th>Expense Payments (taxable)</th>
<th>Performance pay and bonuses</th>
<th>Long term performance pay and bonuses</th>
<th>All Pension Related Benefits**</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.Edwards* Chief Officer</td>
<td>105-110</td>
<td>4.7</td>
<td>0</td>
<td>0</td>
<td>42.5-45</td>
<td>150-155</td>
</tr>
<tr>
<td>I.Atkinson Deputy Chief Officer</td>
<td>95-100</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10-12.5</td>
<td>110-115</td>
</tr>
<tr>
<td>W.Allott Chief Finance Officer (from 1st July '17)</td>
<td>95-100</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>100-102.5</td>
<td>200-205</td>
</tr>
<tr>
<td>S.Cassin Chief Nurse</td>
<td>75-80</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>40 - 42.5</td>
<td>120-125</td>
</tr>
<tr>
<td>R.Cullen Chair of Governing Body</td>
<td>60-65</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>60-65</td>
</tr>
<tr>
<td>J Page Vice Chair of Strategic Clinical Executive</td>
<td>60-65</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>60-65</td>
</tr>
<tr>
<td>D Clitherow (from 1st June '17) Independent GP</td>
<td>30-35</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>30-35</td>
</tr>
<tr>
<td>G.Avery Chair of GP Members Committee</td>
<td>15-20</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>15-20</td>
</tr>
<tr>
<td>S.Mackeown Vice Chair of GP Members Committee</td>
<td>15-20</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>15-20</td>
</tr>
<tr>
<td>Dr R.D.Costa Secondary Care Specialist Doctor (from 6 June 2018)</td>
<td>5-10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5-10</td>
</tr>
<tr>
<td>J.Barber Lay Member / Chair of Audit Committee</td>
<td>10-15</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10-15</td>
</tr>
<tr>
<td>R.Carlisie Lay member</td>
<td>10-15</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>10-15</td>
</tr>
<tr>
<td>K Henderson Lay Member (to 31 October 2018)</td>
<td>5-10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5-10</td>
</tr>
<tr>
<td>D Twell Lay Member (from 1 November 2018)</td>
<td>5-10</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>5-10</td>
</tr>
</tbody>
</table>
* The Chief Officer in 2018/19 has carried out work one day a week for the South Yorkshire and Bassetlaw Integrated Care system (ICS). The cost of this time has been recharged back to the ICS. The total value was £35k.

** Taxable benefits relate to Car Allowance.

*** All Pension Related Benefits. For defined benefit schemes, the amount included here is the annual increase in pension entitlement determined in accordance with the "HMRC" method shown below.

Increase = ((20 x Pension as at 31.3.19) + Pension lump sum as at 31.3.19) - ((20 x Pension as at 31.3.18 adjusted by inflation) + Pension lump sum as at 31.3.18 adjusted by inflation) less the employees’ pension contributions for 2018/19.

Remuneration of Very Senior Managers (VSMs)
During 2018-19, there have been no staff employed by NHS Rotherham Clinical Commissioning Group who are classed as full or part-time employees that have received remuneration greater than £150,000.

In determining the remuneration of the senior managers of the CCG, the remuneration committee has taken account of national guidance and benchmarked against salaries in other CCGs in order to satisfy itself that the remuneration is reasonable.
## Salary and Pension Entitlements

### Salary and Pension Entitlements of Senior Managers*

<table>
<thead>
<tr>
<th>Name and title</th>
<th>Real increase in pension at age 60 (bands of £2,500)</th>
<th>Real increase in pension at age 60 (bands of £5,000)</th>
<th>Total accrued pension at 31 March 2019 (bands of £5,000)</th>
<th>Lump sum at age 60 related to accrued pension at 31 March 2019 (bands of £5,000)</th>
<th>Cash Equivalent Transfer Value at 1 April 2018</th>
<th>Real increase in Cash Equivalent Transfer Value at 31 March 2019</th>
<th>Employer’s contribution to partnership pension</th>
</tr>
</thead>
<tbody>
<tr>
<td>C.Edwards, Chief Officer</td>
<td>2.5 - 5.0</td>
<td>0 - 2.5</td>
<td>35-40</td>
<td>100-105</td>
<td>524</td>
<td>98</td>
<td>658</td>
</tr>
<tr>
<td>I.Atkinson, Deputy Chief Officer</td>
<td>0 - 2.5</td>
<td>-2.5 - 0</td>
<td>20-25</td>
<td>45-50</td>
<td>225</td>
<td>42</td>
<td>293</td>
</tr>
<tr>
<td>W.Alott, Chief Finance Officer (from 1st July '17)</td>
<td>5 - 7.5</td>
<td>5 - 7.5</td>
<td>35-40</td>
<td>90-95</td>
<td>550</td>
<td>137</td>
<td>700</td>
</tr>
<tr>
<td>S.Cassin**, Chief Nurse</td>
<td>0 - 2.5</td>
<td>5 - 7.5</td>
<td>25-30</td>
<td>75-90</td>
<td>539</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

* As Lay Members, GPs and the Secondary Care Specialist Doctor do not receive pensionable remuneration from the CCG, there are no entries in respect of pensions for those members.

** Member has reached retirement age, therefore no option of transfer value is applicable.

### Real Increase in CETV

A Cash Equivalent Transfer Value (CETV) is the actuarially assessed capital value of the pension scheme benefits accrued by a member at a particular point in time. The benefits valued are the members’ accrued benefits and any contingent spouse’s pension payable from the scheme. A CETV is a payment made by a pension scheme or arrangement to secure pension benefits in another pension scheme or arrangement when the member leaves a scheme and chooses to transfer the benefit accrued in their former scheme. The pension figures shown relate to the benefits that the individual has accrued as a consequence of their total membership of the pension scheme, not just their service in a senior capacity to which disclosure applies.

The CETV figure, and the other pension details, include the value of any pension benefits in another scheme or arrangement which the individual has transferred to the NHS pension scheme. They also include any additional pension benefit accrued to the member as a result of their purchasing additional years of pension service in the scheme at their own cost. CETVs are calculated within the guidelines and framework prescribed by the Institute and Faculty of Actuaries.

### Real Increase in CETV

This reflects the increase in CETV effectively funded by the employer. It takes account of the increase in accrued pension due to inflation, contributions paid by the employee (including the value of any benefits transferred from another scheme or arrangement) and uses common market valuation factors for the start and end of period. The % uplift for inflation is 3%.

### Real Increase in CETV

### Real Increases

### Real Increases

### Real Increases

### Real Increases

### Real Increases

### Real Increases

### Real Increases

### Real Increases

### Real Increases

### Real Increases

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### Real Increases
Parliamentary Accountability and Audit Report

NHS Rotherham CCG is not required to produce a parliamentary Accountability and Audit Report. Disclosures on remote contingent liabilities, losses and special payments, gifts and fees and charges are included as notes in the Financial Statements of this report at page 1 to page 22. An audit certificate and report is also included in this Annual Report.