

**Minutes of the meeting of NHS Sheffield Clinical Commissioning Group  
Governing Body held in public on 4 July 2013  
in the Wesley Booth Suite, The Mega Centre, Bernard Road, Sheffield**

**Present:** Dr Tim Moorhead, CCG Chair, GP Locality Representative, West  
Dr Margaret Ainger, GP Elected City-wide Representative  
Ian Atkinson, Accountable Officer  
Kevin Clifford, Chief Nurse  
Dr Richard Davidson, Secondary Care Doctor.  
Amanda Forrest, Lay Member  
Tim Furness, Director of Business Planning and Partnerships  
Dr Anil Gill, GP Elected City-wide Representative  
Idris Griffiths, Chief Operating Officer  
Dr Andrew McGinty, GP Locality Representative, Hallam and South  
Dr Zak McMurray, Joint Clinical Director  
Julia Newton, Director of Finance  
Dr Richard Oliver, Joint Clinical Director  
Dr Leigh Sorsbie, GP Locality Representative, North  
Dr Ted Turner, GP Elected City-wide Representative

**In Attendance:** Tony Clarke, HealthWatch representative  
Katrina Cleary, Locality Manager, Hallam and South  
Katy Davison, Communications and Engagement Manager  
Rachel Dillon, Locality Manager, West (up to item 166/13)  
Joe Fowler, Director of Commissioning, Sheffield City Council (on behalf of  
the Executive Director – Communities)  
Carol Henderson, Committee Administrator  
Simon Kirby, Locality Manager, North  
Linda Tully, Head of Corporate Governance and Company Secretary  
Dr Jeremy Wight, Sheffield Director of Public Health  
Paul Wike, Locality Manager, Central

**Members of the public:**

11 members of the public were in attendance.

A list of members of the public who have attended CCG Committee / Governing Body meetings is held by the Company Secretary

**147/13 Welcome**

The Chair of the meeting welcomed members of the Sheffield Clinical Commissioning Group (CCG) Governing Body, those in attendance and observing, and members of the public to the meeting.

**148/13 Apologies for Absence**

Apologies for absence had been received from Dr Amir Afzal, GP

Locality Representative, Central, John Boyington, CBE, Lay Member (Vice Chair) and Dr Marion Sloan, GP Elected City-wide Representative

Apologies for absence from those who were normally in attendance had been received from Dr Mark Durling, Chairman, Sheffield Local Medical Committee, and Richard Webb, Executive Director – Communities, Sheffield City Council.

**149/13 Declarations of Interest**

There were no declarations of interest.

The full Governing Body Register of Interest is available at:  
<http://www.sheffieldccg.nhs.uk/Downloads/CCG%20Corporate/CCG%20Register%20of%20interest%20April%202013.pdf>

**150/13 Minutes of the CCG Governing Body meeting held in public on 6 June 2013**

The minutes of the Governing Body meeting held in public on 6 June 2013 were agreed as a true and correct record and were signed by the Chair, subject to the following amendments.

**a) Community Nursing (minute 133/13 refers)**

First bullet point to read as follows:

Establishing a Core Offer (a high level description of what the service is there to provide), which was now in draft form.

Second sentence of second bullet point to read as follows:

The Locality Manager, West, was leading this work.

Third sentence of second paragraph to read as follows:

He reported that the pilot template for referral to district nursing service seemed to be working well with the community teams, and there was a commitment from all parties to make it work.

**b) Update on the Implementation of the new NHS111 Service in South Yorkshire and Bassetlaw (minute 136/13 refers)**

First sentence of second paragraph to read as follows:

The Chief Nurse advised members that Yorkshire and Humber had not seen many of the problems or serious incidents experienced elsewhere in the country

**c) Questions from the Public (minute 143/13 refers)**

Final sentence of second paragraph to read as follows:

He affirmed the CCG had a commitment to be as open and transparent as possible and would undertake this in the most efficient way.

**d) Minute Numbers (144/13 and 145/13 refer)**

The minute numbers for the last two items to be changed to 145/13 and 146/13 respectively.

The Chair drew members' attention to Appendix A, detailing questions that had either been submitted before or at the meeting and the CCG's responses to these, which had been emailed or posted following the meeting.

**151/13 Matters arising from the minutes of the meeting held in public on 6 June 2013**

**a) Development of CCG Commissioning Intentions for 2013/14 (minute 126/13(a) refers)**

The Director of Business Planning and Partnerships reported that the Area Team of NHS England had been advised that the commissioning responsibility for Hepatitis B Screening for the Roma Slovak population would lie with CCGs, but the CCG had asked for formal confirmation of this in writing, given the potential conflict of interest of NHS England as the other possible responsible organisation. The Area Team Director had agreed and advised that we proceed on the basis that it is a CCG responsibility, but if in due course it was confirmed that the commissioning responsibility lies with NHS England, then they would reimburse CCG expenditure on this. He reminded members that this was an important health issue, however, there was a process to follow in terms of resourcing the CCG's commissioning intentions priorities.

Governing Body Members felt that the need for this service was such that we should seek to commission an intervention as soon as possible, and asked if this proposal could be reviewed by Clinical leads to allow the necessary action and reduce the risk for this population in the current financial year. An update on this would be given at the next meeting.

**TF**

**b) Quality and Outcomes report: PALS data (minute 126/13(c) refers)**

The Chief Nurse advised members that he has continued discussions with Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) with regard to the trust's review of its patient services team.

**KeC**

**c) Questions from the Public (minute 126/13(d) refers)**

The Chair advised members that with regard to the request to have a slot for questions from members of the public at both the beginning and end of Governing Body meeting agendas, after very careful consideration he had decided that the slot would remain at the end of the agenda; the reasoning being that, first and foremost, this was a business meeting held in public, rather than a public meeting, and secondly that a member of the public may have undue influence on any debate that follows a question put to the Governing Body before the Governing Body themselves have debated the issue and formed their own conclusions.

**d) Venues for future Governing Body meetings (minute 102/13(b) refers)**

The Company Secretary advised members that she continued to look at other venues and at improvements that could be made to the 722 Boardroom.

LT

**e) Quality and Outcomes Report: Summary Hospital Mortality Patient Complaints**

An update on the underlying causes for the doubling of numbers (from a relatively small numerical base) of complaints at Sheffield Children's NHS Foundation Trust (SCHFT) and the increase in the number of complaints at Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) would be discussed under minute 158/13.

**f) Communications and Engagement Strategy (minute 134/13 refers)**

Ms Forrest would give an update under minute 157/13. from the 4 July workshop she had attended with members of the Quality Engagement Group to explore different ways of engagement.

**152/13 Chair's Report**

The Chair presented this report and offered to expand on any issues if members so wished. He gave an update from the NHS Confederation annual event he had attended from 5 to 7 June, and advised members that it had been a helpful event, and was pleased to be able to report that one of the key speakers had been from Sheffield presenting information about the Health Champions programme.

In addition to his report, he advised members that Professor Mark Gamsu had been appointed as third lay member to the CCG.

The Governing Body received and noted the report.

### **153/13 Accountable Officer's Report**

The Accountable Officer presented this report. He also reported from the NHS Confederation annual event in that his observation was that the Sheffield response to integrating services was entirely in keeping with the national direction.

The Governing Body received and noted the report.

### **154/13 Governance Report**

The Company Secretary presented this report. She reminded members of a letter from Sir David Nicholson, Chief Executive of the NHS, dated 2 May 2013, regarding the perception of 'gagging' clauses in CCG constitutions that might prevent members or employees from speaking out about the work of the CCG without the written approval of its governing body. Although the Sheffield CCG Constitution was compliant, paragraph 9.9 of the CCG's Constitution had been reviewed and some wording amended to strengthen the CCG's statement of compliance to the Public Interest Disclosure Act 1998, and she proposed to adopt the following recommended statement:

*"The CCG recognises and confirms that nothing in or referred to in this Constitution (including in relation to the issue of any press release or other public statement or disclosure) will prevent or inhibit the making of any protected disclosure (as defined in the Employment Rights Act 1996, as amended by the Public Interest Disclosure Act 1998, and as amended by the Enterprise and Regulatory Reform Act 2013) by any member of the CCG, any member of its Governing Body, any member of any of its committees or sub-committees or the committees or sub-committees of its Governing Body, or any employee of the CCG or of any of its Members, nor will it affect the rights of any worker (as defined in that Act) under that Act".*

The Governing Body noted the report and that the revised constitution continued to meet the requirements of the Public Disclosure Act 1998, enabling the CCG to meet its legal responsibilities.

### **155/13 CCG Assurance Framework (AF) and Risk Register (RR)**

The Company Secretary presented this report. She advised members that the Assurance Framework (AF) was one of the key documents to assure the Governing Body that the organisation was appropriately managing the key risks to the delivery of its agreed strategic objectives. The AF addresses the strategic risks and records the controls and assurances in place to manage these risks. It also identifies any gaps in control and assurance. She advised members that at this stage there were 25 risks, five of which had a current high risk assessment including one that had been assessed as very high (scoring over 15). This had been identified in the report to Governing

Body as the budgetary constraints faced by Sheffield City Council, potentially resulting in actions by a key partner which could adversely impact on the CCG's ability to implement its priorities. Mitigation would be addressed through continued joint working.

Setting out the context, she advised members that the old Sheffield PCT Risk Register had been built around Datix software, which was considered not flexible or intuitive to use. Following extensive research, the CCG was now adopting a more user friendly and interactive electronic framework developed by the West and South Yorkshire and Bassetlaw Commissioning Support Unit (W&SY&BCSU) and tested by CCGs in West Yorkshire.

The new AF scores had undergone an initial moderation and were now ready to present to the Governance Sub Committee on 7 August for review and then to the Audit and Integrated Governance Committee on 19 September for further scrutiny. She would also present a revised Risk Management Strategy to Governing Body in September.

**LT**

The Locality Manager, North, agreed to action risk 5.3 ineffective succession planning for clinical engagement as part of his OD Steering Group work.

**SK**

The Governing Body:

- Approved the initial draft of the Assurance Framework.
- Noted the steps being taken to establish a new Risk Register for the CCG and the mitigating actions being taken against the current very high risk reported.
- Approved the minor changes to the risk stratification, which would then be incorporated into the next draft of the Risk Management Strategy.

## **156/13 Finance Report**

The Director of Finance presented this paper reporting the financial position to the end of May 2013 and an assessment of the key risks and challenges to deliver the planned 0.5% or £3.5 million surplus at year end. She advised members that, at Month 2, unscheduled care activity at the hospitals had been significantly higher than expected, with £1.5 million more spend than that planned. She highlighted that to prevent a significant cost pressure by year end there would need to be continued focus on full implementation of the QIPP programme.

The Chair asked about the CCG inheriting the responsibility to complete the Continuing Health Care (CHC) review process for retrospective claims made to Sheffield PCT before 31 March 2013. The Director of Finance responded that this was an agreed position nationally and that the CCG would inherit the provisions included within the PCT's balance sheet, which should provide sufficient funding for the CCG to discharge these inherited responsibilities.

The Governing Body received and noted the report and the risks and challenges that need to be managed as the year progresses.

**157/13 Procurement Update, including Progress Against 2013-14 Procurement Plan**

The Director of Finance presented this report. She advised members that the Commissioning Support Unit (CSU) had been asked to provide the technical support into updating the Procurement Strategy for the CCG, which she hoped to present to Governing Body in September. She drew members' attention to the table at page 4 of her report which detailed the planned procurements identified from the CCG's Commissioning Intentions. She clarified that as the Adult Autism Assessment and Diagnostic service would be a new service, with no existing provider, there was a requirement to go out to tender.

JN

Ms Forrest referred to a meeting she had attended earlier in the day to explore different ways of public and patient engagement, and stressed the need to ensure we consider feedback as to what the public want. The Director of Finance confirmed that all procurements would include public engagement.

The Chief Nurse confirmed that there was an interim service being provided at the existing Headache and Migraine clinic, even though the service had been closed to new referrals for a while due to clinical staff shortages.

The Governing Body:

- Noted progress to fully refresh the CCG's Procurement Strategy in the context of new legal requirements and Monitor guidance.
- Noted progress against the previously approved 2013/14 procurement plan.
- Endorsed the procurement approach being taken for both the new city-wide care planning service and the North Locality's similar service.

**158/13 Quality and Outcomes Report**

The Chief Operating Officer presented this report which reflected the CCG's statutory responsibilities. He advised members that it was an overwhelmingly positive report, albeit with some concerns especially around high levels of activity at STHFT. He presented the key performance issues and drew members' attention to the following key highlights.

- a) 25 NHS Constitution Rights and Pledges for 2013/14: We continued to make significant improvement on delivery of the Rights and Pledges.
- b) A&E waiting times: This continued to be a national problem. Over the last month an urgent care board had been established, and we have seen week on week improvement at STHFT, who the

previous day had achieved year to date 95.42% of patients waiting less than four hours in A&E, the highest percentage for over a year. However, we were conscious this was not a sustainable position and were now turning our attention to the winter months.

- c) Quality Premium: this was a nationally set measure and the report identified some of the pressure areas we have.
- d) Quality
  - (i) Healthcare Acquired Infections (HCAIs): although this was reported as Red on the dashboard it reflected a real terms reduction but against an extremely challenging target set for this year (zero cases of MRSA).
  - (ii) Eliminating Mixed Sex Accommodation: there had been no breaches since September 2012.
  - (iii) Patient Compliments and Complaints: we had looked in depth and over time at figures for SCHFT and SHSCFT, which were within the normal variation. The overall level of complaints at SHSCFT was fairly static. SCHFT had demonstrated an increase in complaints, which was, however, reflective of a national trend.

Ms Forrest asked about complaints at STHFT, and why only 80% had been handled within the timeframe. The Chief Nurse responded that the complaints function was being raised with the trust as part of the discussions about the patient services team. He also reported that there was a time lag with the information we receive, and there are also some complex multi-agency complaints and co-ordinating some of these was incredibly challenging. We were looking at these with the Foundation Trusts and Local Authority to see whether some could be separated out.

**KeC**

Dr Oliver, Joint Clinical Director, asked Governing Body to note that SHSCFT had received more compliments than complaints, and that 93% of patients were seen within the 18 weeks target.

The Governing Body:

- Noted how Sheffield CCG compares to other similar CCGs on key areas of Health Outcomes.
- Noted Sheffield performance on delivery of the NHS Constitution Rights and Pledges.
- Noted the key issues relating to Quality, Safety and Patient Experience.
- Noted the initial assessment against measures relating to the Quality Premium.

**159/13 Monitoring the effectiveness of the movement of the resources from Secondary to Primary / Community Care**

The Accountable officer presented this report. He commented that effective movement of these resources was about integration, community budgets and bringing a range of services together.

Members welcomed this debate. Dr Turner reported from the meeting to explore different ways of engagement he had also attended earlier and advised members that there was a real appetite from patients wanting to be involved, and evaluating and assessing what has been commissioned. He saw an opportunity for patients to dictate some of the parameters and the CCG needed to facilitate the mechanisms to be able to do this.

The Accountable Officer would bring a further iteration of the report to a future meeting after responding to some of the ideas generated in the meeting

**IA**

The Governing Body received and noted the report.

**160/13 2013/14 Business Plan 2013/14**

The Director of Business Planning and Partnerships presented the outline business plan for 2013/14, which he reported was aligned with the CCG's Commissioning Intentions (CIs). He drew members' attention to the table at page 3 which detailed a small number of objectives in the CIs that it was not proposed to include in the business plan, and also drew their attention to a drafting note in the table, which should have been deleted. He advised members that the plan did not fully reflect the contribution of localities to the city-wide objectives, which he proposed to do through separate reports to the Planning and Delivery Group.

The Chair advised members that the plan had been grouped into portfolios, and clinical leads should have specific oversight of their portfolio areas. .

Progress of delivery of the plan would be reported through the Quality and Outcomes report. The final plan will be available on the members' area of the CCG website.

**TF**

The Governing Body:

- Endorsed the proposed business plan framework.
- Delegated oversight of delivery of the plan to the Planning and Delivery Group, which would provide exception reports to the Governing Body as and when required.

**161/13 Planning for 2014/15**

The Director of Business Planning and Partnerships presented this

report. He reported that we need a very clear planning process, to take account of the Joint Strategic Needs Assessment, the Health and Wellbeing Board Strategy and other intelligence, such as benchmarking data. An OD session would be held in September to start this work, as outlined in the paper.

Ms Forrest commented that it needed to include an ongoing engagement process with members of the public and HealthWatch.

Dr Oliver, Joint Clinical Director, asked that we be mindful of the other primary care providers (ie dentists, pharmacists and optometrists) and the acute trusts in our planning as we need to work co-operatively with these providers to achieve our aims.

The Governing Body endorsed the proposed timetable for planning for 2014/15.

**162/13 Proposals for Commissioner Joint Working (“Working Together”) in South Yorkshire and Bassetlaw, Mid Yorkshire and North Derbyshire**

The Chair presented this report. He advised members that the providers had collectively discussed the issues and challenges they faced, and that CCGs, as commissioners, wanted to be part of that discussion as the configuration of clinical services should be driven by the commissioners.

The Accountable Officer advised members that the paper would be presented to all the CCG Boards, with a version presented to provider Boards. Practically every area of the country was looking at these issues, especially in light of the probable spending review. There is a financial driver with opportunity for cost savings by providers, particularly through amalgamating services, and trusts working more collaboratively together.

The Governing Body:

- Recognised and supported the case for commissioners working together.
- Recognised the initial list of priorities, noting that further work is being done to quantify this list against the evidence and to finalise a proposal for the service priorities for joint commissioner working, including the evidence for each priority.
- Agreed to the governance proposal set out, including South Yorkshire Commissioners (SYCOM), with representatives for the other CCGs, as the steering group.
- Agreed to the development of a programme initiation document, including the development of a governance proposal in more detail.

**163/13 Pioneer for Integration Pilot**

The Chair gave an oral update and advised members that we had submitted a joint application with Sheffield City Council (SCC) to

become an Integration Pioneer pilot, which would support us in achieving our ambition to integrate services and commissioning responsibilities. The detail of this would be worked through with the Health and Wellbeing Board in the next couple of months. It was noted that, irrespective of the success or otherwise of the bid, the CCG and City Council's shared intention of greater integration would be pursued.

The Governing Body noted the update.

#### **164/15 Urgent and Emergency Care Review**

The Chief Operating Officer presented this report which set out the background to the current review of urgent and emergency care being undertaken by a steering group led by professor Keith Willett, Director of Acute Episodes of Care. He advised members that the NHS England consultation period, led by Sir Bruce Keogh, was seeking comments and views from the NHS, Local Authority and individuals. Daniel Mason, CCG Urgent Care Commissioning Lead, was co-ordinating the Governing Body response.

The Governing Body:

- Noted the purpose of the review and the expected outcome.
- Noted that individuals may wish to contribute on a personal basis rather than representing the CCG.
- Agreed that the CCG would contribute a formal response and that the CCG Urgent Care Commissioning Lead would pull together comments from the Commissioning Executive Team (CET) and Governing Body, which would then be circulated.

#### **165/13 Update on the Implementation of the new NHS111 Service in South Yorkshire and Bassetlaw**

The Accountable Officer presented this report. Dr Oliver, Joint Clinical Director, advised members that the service had gone live in Sheffield on 2 July. Early data confirmed that it was performing well, with minimal delays to the answering of calls and clinical call backs. Clearly this would be closely monitored along with any impact on other services - ambulance, A&E and out of hour GP provision. Practices had been kept fully informed of the go live arrangements and had been sent further publicity documents on 3 July, however, the national campaign would be delayed until all areas had transferred their services across to 111. In the Yorkshire area it was notable that 111 had received more compliments than complaints. The Chief Nurse reported that in the past two weeks he had had conversations with HealthWatch about how they could get involved, and with the Yorkshire Ambulance Service (YAS) and the Commissioning Support Unit about how they would be collecting patient experience.

The Accountable Officer expressed his thanks to the CCG's 111 team for all their hard work in getting to this very positive position.

The Governing Body:

- Noted the progress to date.
- Noted the key risk identified.

The Locality Manager, West, left the meeting at this stage.

## **166/13 Audit and Integrated Governance Committee (AIGC)**

### **Unadopted minutes of the meeting held on 13 June 2013**

The Vice Chair of the AIGC presented the unadopted minutes of the meeting held on 13 June 2013. She advised members that the audit of Sheffield PCT's financial accounts had been presented. She further advised that AIGC had approved the External Audit Fee for 2013/14 and the updated internal audit and counter fraud plans for 2013/14. The Director of Finance advised members that a further legacy update had been received from the Company Secretary about late changes that had been made to the legal transfer scheme.

The Governing Body received and noted the minutes.

## **167/13 Quality Assurance Committee (QAC)**

### **a) Unadopted minutes of the meeting held on 31 May 2013**

The Chair of the Quality Assurance Committee presented the unadopted minutes of the meeting held on 31 May 2013. She updated members on the meaningful discussion that had taken place on how the CCG could work with the Care Quality Commission (CQC), which the Committee was keen to see develop. She asked that future QAC updates to Governing Body run seamlessly after the Quality and Outcomes report.

The Governing Body received and noted the minutes.

### **b) Safeguarding update**

The Chief Nurse presented this report which he was presenting for the first time in the public domain. He drew members' attention to the links to the two safeguarding annual reports that were available for information on the CCG website.

He advised members that over 300 GPs and practice staff had attended an Adult Safeguarding Protected Learning Initiative (PLI) event that had taken place on the afternoon of 3 July. Most practices had now identified a lead GP for adult safeguarding. With regard to named GPs in the children's services, these were Helen McDonough and Heather Innis. Dilys Noble and Ian Davidson were the outgoing doctors and he recognised the work they had done and expressed his thanks.

The Governing Body received and noted the report.

## **168/13 Updates from the Locality Executive Groups (LEGs)**

### a) Central

The Locality Manager gave an oral update and advised members that discussions had focused on the Locality's GP Association (GPA) development, the introduction of a commissioning incentive scheme concentrating on non-elective admissions and reducing length-of-stay, the future of primary care in Sheffield, and potential developments and CCG support.

### b) HASC

The Locality Manager advised members that HASC had held a further meeting since the report was published and discussions included progress with implementation of their business plan, development of their GPA, and clarity about the CCG's expectations.

### c) North

The Locality Manager advised members that the main focus for the next few months was to get care planning up and running.

### d) West

The Chair reported that GP Associations were the main focus, with interesting early work being undertaken.

The Governing Body received and noted the report.

## **169/13 Reports for Noting**

The Governing Body received and noted the following reports:

- Key highlights from Commissioning Executive Team and Planning and Delivery Group meetings.
- Summary report on Specialised and Collaborative Commissioning.

## **170/13 Feedback from GPs and Lay Members**

There was no further feedback from GPs or Lay Members this month.

## **171/13 Questions from the Public**

Peter Hartley, Independent, and Dorothy Cook, Sheffield Health and Social Care NHS Foundation Trust Governor, submitted a number of questions at the meeting. The CCG's responses to these are attached at Appendix A.

## **172/13 Confidential Session**

The Governing Body resolved that representatives of the press and

other members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest, section (2) Public Bodies (Admission to Meetings) Act 1960.

**173/13 Any Other Business**

**2014 Tour de France**

The Chair reminded members that Sheffield would be hosting a stage of the 2014 Tour de France. He asked that the planning for this, especially for out of hours services, be communicated well in advance.

There was no further business to discuss this month.

**174/13 Date and Time of Next Meeting**

Thursday 5 September 2013, 2.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

## Questions to the Governing Body 4 July 2013

The following questions were submitted by a member of the public at the Governing Body meeting.

**Question 1:** The Governing Body feels it is appropriate that it offers public questions at the end of the session. You also say that agendas are full and do not allow time for questions at both ends. I beg to differ. I suggest a Board member moves a motion to change the constitution so that there are two public question sessions.

### **CCG response:**

*First and foremost we need to be clear the Governing Body meeting is a corporate business meeting that we have agreed to hold in public. The practice of holding our business meeting in public should not be confused with our Public Meetings which we define as:*

- *An open meeting where members of the public are actively encouraged to participate and influence discussions throughout the meeting, and where they have opportunity to impact on our decision making process. To be effective these meetings operate a fairly relaxed approach.*

*In contrast the Governing Body Meeting is defined as:*

- *A corporate business meeting, at which members of the public are welcome to observe. In addition, we feel it is good practice to offer members of the public the opportunity to ask questions relevant to the agenda (there are alternative systems in place for asking other questions). This meeting is where the Governing Body essentially formulates decisions informed by a tested evidence based system and overseen by a rigorous governance process. To be effective, this meeting has to be conducted with a degree of formal propriety, with a structured and considered agenda that suggests best practice dictates public questions at the end of the meeting, thus allowing questions from members of the public to be informed by the agenda.*

**Question 2:** In West Yorkshire / Calderdale area there has been a private finance deal where the local NHS Trust has to pay £773.2x10<sup>6</sup> to pay for Calder Royal Hospital which cost £64.6x10<sup>6</sup>. When this nearly £1 billion is finally paid, the Trust will still not own the Calder Royal Hospital. Has Sheffield NHS Trust fallen into such a trap in the past? Who owns all the hospitals and other NHS Buildings in Sheffield?

### **CCG response:**

*Sheffield Teaching Hospitals NHS Foundation Trust owns the Northern General, Royal Hallamshire, Jessop Wing, Weston Park and Charles Clifford Dental Hospitals. Sheffield Children's NHS Foundation Trust owns the Children's Hospital*

*There was a PFI project to build the Hadfield Wing on the Northern General Site. Sheffield Teaching Hospitals will be able to provide the information regarding this PFI project.*

**Question 3: Has the CCG any plans to assess the need for a mother and baby safe bed at Sheffield Health and Social Care NHS Foundation Trust (SHSCFT)?**

**CCG response:**

*The current service is commissioned by NHS England. Sheffield patients would be admitted to a bed in the specialist units at Nottingham or Leeds. On discharge, mothers would be supported in their own home by specialist perinatal community support provided by the Sheffield Health and Social Care NHS Foundation Trust.*

*Whilst the arrangement is probably not as convenient as having a facility in Sheffield, there are very few occasions when this service is required. It is therefore considered unviable for Sheffield to commission a new service. NHSE Commissioners have not raised the need for a local specialist unit with us and we are not aware of any specific problems with the current arrangements therefore the CCG does not have any local plans to review these arrangements or provision.*