

**Minutes of the meeting of NHS Sheffield Clinical Commissioning Group
Governing Body held in public on 9 January 2014
in the Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU**

A

Present: Dr Tim Moorhead, CCG Chair, GP Locality Representative, West
Dr Amir Afzal, GP Locality Representative, Central (from item 09/14 onwards)
Ian Atkinson, Accountable Officer
John Boyington, CBE, Lay Member
Kevin Clifford, Chief Nurse
Dr Richard Davidson, Secondary Care Doctor
Amanda Forrest, Lay Member
Tim Furness, Director of Business Planning and Partnerships
Professor Mark Gamsu, Lay Member
Dr Anil Gill, GP Elected City-wide Representative (from item 09/14 onwards)
Idris Griffiths, Chief Operating Officer
Dr Andrew McGinty, GP Locality Representative, Hallam and South
Dr Zak McMurray, Joint Clinical Director (from item 10/14 onwards)
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: Katrina Cleary, CCG Programme Director
Wendy Commons, PA to Chairman and Accountable Officer, Rotherham CCG
(shadowing)
Rachel Dillon, Locality Manager, West
Professor Pam Enderby, Chair, Sheffield Healthwatch
Carol Henderson, Committee Administrator
Susan Hird, Consultant in Public Health (on behalf of the Sheffield Director of
Public Health)
Simon Kirby, Locality Manager, North
Linda Tully, Head of Corporate Governance and Company Secretary
Paul Wike, Locality Manager, Central (up to item 13/14)

Members of the public:

Three members of the public were in attendance.

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

01/14 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.

02/14 Apologies for Absence

Apologies for absence had been received from 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, Gordon Osborne, Interim Locality Manager, Hallam and South, Richard Webb, Executive Director – Communities, and Dr Jeremy Wight, Sheffield Director of Public Health.

03/14 Declarations of Interest

The Company Secretary advised members that with regard to Paper F: Primary Care Enhanced Services Review, was probably low risk in terms of real conflict. However, looking forward, she felt there was future potential for individuals (either intentionally or unintentionally) to influence the provision of these services.

She reminded those present that as a member of the Governing Body their “primary interest” was to perform their public office duties with the highest degree of integrity. They should consider very carefully whether any secondary interests (for example other employment or external loyalties) had greater weight than their primary interest and should declare any circumstances that could compromise their role or unduly influence their professional judgement or actions.

There were no further declarations of interest this month.

The full Governing Body Register of Interest is available at:
<http://www.sheffieldccg.nhs.uk/Downloads/CCG%20Corporate/CCG%20Dec%20of%20Interest%20revised%201%20January%202014.pdf>

04/14 Minutes of the CCG Governing Body meeting held in public on 5 December 2013

The minutes of the Governing Body meeting held in public on 5 December 2013 were agreed as a true and correct record and were signed by the Chair.

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

05/14 Matters arising from the minutes of the meeting held in public on 5 December 2013

a) Development of CCG Commissioning Intentions for 2013/14 (minutes 126/13(a), 151/13(a), 205/13(a), 231/13(a), 256/13(a) refer)

The Chair advised members that a formal legal opinion on where commissioning responsibility and thus funding, for Hepatitis screening for the Roma Slovak population lies was still awaited.

JW

b) NHS Sheffield CCG Public and Patient Involvement (PPI) Plan (minutes 239/13 and 256/13(b) refer)

The Director of Business Planning and Partnerships confirmed that a

representative from Sheffield Healthwatch would be attending the inaugural meeting of the Patient and Public Engagement Task Group on 14 January.

c) Hepatitis B Business Case (minute 260/13 refers)

The Director of Finance advised members that further work had been undertaken to confirm the figures and costings for the likely numbers of people involved, which had not significantly changed the funding requirement.

d) Planning for 2014/16 (minute 262/13 refers)

The Director of Business Planning and Partnerships confirmed that all actions were complete.

e) Update On Equality and Diversity (minute 263/13 refers)

The Director of Business Planning and Partnerships confirmed that all actions were complete.

f) Finance Report (minute 265/13 refers)

The Director of Finance advised members that work had been completed on understanding and agreeing which winter resilience initiatives would be funded from CCG resources and which through the recently announced additional national funding.

The Chief Operating Officer advised that he would be updating the Urgent Care Working Group on the recommended allocation of the £2.883 million winter pressures funds notified by NHS England at the end of November 2013.

IG

06/14 Chair's Report

The Chair presented this report and offered to expand on any issues if members so wished. He announced that Mrs Eleri de Gilbert had been appointed as Area Team Director for South Yorkshire and Bassetlaw.

In addition to his report, he was also pleased to be able to announce that Dr Nikki Bates, GP at Porter Brook Medical Centre, had been successful in the recent ballot for the election for the vacant city-wide GP representative post on the Governing Body and would attend her first meeting of the Governing Body in February. He expressed his thanks to Dr Bates and Dr Andrew McCoye for putting themselves forward for election.

The Governing Body received and noted the report.

07/14 Accountable Officer's Report

The Accountable Officer presented this report. He drew members' attention to the key highlights of his report which included the

impending departure of Dr Richard Oliver who would be resigning as Joint Clinical Director with effect from 1 April 2014. On behalf of Governing Body he expressed thanks to Dr Oliver for his significant contribution to the improved health of the city, his clinical leadership within the organisations charged with the planning of all Sheffield health services, and the work he had played in Governing Body development.

He also advised members that planning guidance for NHS commissioners: *Everyone Counts: Planning for Patients 2014/15 to 2018/19*”, which set out what we want the NHS to look like in five years time, had been received on 20 December, and would form part of our planning conversations over the coming months. He encouraged Governing Body and members of the public to spend some time to read the guidance.

CCG Financial Allocations had been published on 18 December 2013. He reported that the NHS England Board had agreed that the allocation formula would build in a deprivation measure, which would allow more deprived communities within otherwise affluent areas to be recognised, which our local politicians had been lobbying for on our behalf. The Director of Finance advised members that there was still a significant amount of detail to go through in respect, to the overall allocation position for the CCG which would be brought back to Governing Body as planning developed.

The Governing Body received and noted the report.

08/14 Company Secretary’s Report

The Company Secretary presented this report which included a report on the Governing Body and Commissioning Executive Team (CET) review of CCG structures and working practices, and the quarterly review of the Risk Register and Governing Body Assurance Framework (AF) for Quarter 2 (closed) and a snapshot of Quarter 3 (active).

She presented the Assurance Framework and Risk Register update and described to members the process that was undertaken to make sure that Governing Body was assured, and reminded members that delegated authority, through the Scheme of Delegation and Reservation, had been given to the Committees and Sub Committees of the Governing Body to manage this process. She reported that there was improved ownership of risks, with risk leads much more active in the process. She reported that, on the advice of our Internal Auditors, where there had been little or no demonstrable progress the risk owner would be asked to undertake a ‘deep dive’, the findings of which would be reported to Governance Sub Committee and Audit and Integrated Governance Committee. A new escalation process had also been introduced.

The Quarter 3 snapshot was attached at Appendix 2, which presented a very different position to the previous quarter in that all gaps in assurance had been addressed properly. The full Quarter 3 report would be presented to Governing Body after it had progressed through

the relevant committees for scrutiny.

The Governing Body:

- Received and noted the monthly Company Secretary's report.
- Was satisfied there was a clear assurance and escalation framework with robust and reliable systems of control.
- Agreed that the information presented was adequate and that the CCG's corporate objectives and risks to their achievement were being effectively managed by accountable officers.
- Agreed the position with regard to the Governing Body Assurance Framework and arrangements in place for managing high level risks during Quarter 2 of these controls.
- Noted the Quarter 3 snapshot position.
- Noted the position with regard to the operational Risk Register.

Dr Afzal joined the meeting at this stage.

09/14 Primary Care Enhanced Services Review

The CCG Programme Director presented this report. The findings showed that all 12 enhanced services should continue in community settings and that coverage should be increased across the city to ensure equity of care and availability to all patients. She was recommending that two of the services, DMARDS and Ring Pessaries, be continued to be offered and be included in the Basket of Services offer to general practice from 1 April 2014.

She requested a 12 month extension to the existing contract for anti-coagulation monitoring whilst an Any Qualified Provider (AQP) or Primary Provider model was explored, with a recommendation presented to the CET in January 2015 on the preferred option.

Dr Gill joined the meeting at this stage.

The Director of Business Planning and Partnerships advised members that it was his view that an equality impact assessment should be undertaken as implementation progresses and offered the support of his team to ensure this was carried out, including engagement with patients and members of the public.

KCI

The Governing Body approved the next steps forward for each service, including, where requested, the extension to existing contracts.

10/14 Personal Health Budgets (PHBs)

The Chief Nurse presented an update on the CCG's current position and proposed additional work that was required to deliver personal health budgets for those people in receipt of continuing health care (CHC). He reported that the legal mechanisms to allow the budgets to come into place have now gone through Parliament. He reminded Governing Body that they were already aware of the Right to Request for a PHB which comes into place for CHC patients from April this year and reported that the Right to Have a PHB from October 2014 had

recently been announced. He advised members that this would be rolled out to other services eventually and he made Governing Body aware of the arrangements we would need to put in place and the challenges we would face as a CCG.

Dr McMurray joined the meeting at this stage.

The Chief Nurse drew members' attention to the preferred option for delivering PHBs which was to commission the service from Sheffield City Council. The Chair acknowledged the significant amount of work that needed to be done and asked the Chief Nurse to bear in mind the cost effectiveness and the risks of this model in his discussions with SCC.

KeC

The Governing Body:

- Acknowledged the progress made and supported the additional work required to implement arrangements to meet the national deadlines set for April and October 2014 respectively.
- Approved the development of the preferred option for the financial system to underpin delivery of PHBs and supported the further work required to put this in place.
- Asked that an update be presented to Governing Body in April 2014

KeC

11/14 Review of the Yorkshire and the Humber Fertility Policy

The Accountable Officer presented this report. He reminded members that in February 2013 the National Institute for Health and Care Excellence (NICE) had published new guidance to the NHS covering fertility treatment. Following this, a collaborative review of the existing Yorkshire and the Humber policy, led by Rotherham CCG, had been undertaken by South Yorkshire and Bassetlaw CCGs on behalf of Yorkshire and the Humber CCGs, to review eligibility and equity of access.

He advised members that a re-draft of the policy had been circulated to the Yorkshire and the Humber Expert Fertility Group, which had provided an expert clinical view and agreement of the policy, before being presented to the collaborative forums across Yorkshire and the Humber for final approval, and to each individual CCG Governing Body for approval for local implementation.

The Governing Body supported the revised commissioning policy for local implementation.

12/14 Finance Report

The Director of Finance presented this paper reporting the financial position to the end of November 2013, an assessment of the key risks and challenges to deliver the forecast year end surplus, and an update on delivery against the 2013/14 procurement plan. She advised members of the benefits of moving to a 1% year end surplus and this was reflected in the increased CCG's forecast surplus from £6m to £6.9m.

She drew members' attention to two areas of current risk, in terms of an increase in the forecast spend on Continuing Healthcare and the potential risk of an increase in prescribing expenditure if the very high volume of scripts dispensed in October continued. However, she advised members that there were sufficient reserves that could be deployed if necessary.

She drew members' attention to the procurement update at section 5 of her report which set out progress against the CCG's plan for 2013/14, and reported that she would present a paper outlining the 2014/15 procurement plan to Governing Body in February or March.

JN

The Chair asked if it was possible to have further details on the £53m spend on the community services contract with STHFT. The Director of Finance responded that detail by service area was available from the contract, some of which was new investment relating to the Right First Time (RFT) programme. It was agreed that information would be presented at the next Governing Body OD session on finance and contract issues.

JN

The Chief Operating Officer drew members' attention to the Quality Innovation, Productivity and Prevention (QIPP) programme summary and advised that we had an Amber-Green rating in our quarterly assessment with NHS England due to a suggested year end shortfall of £891k against the £5.5m planned net savings, however, this was now built into our financial forecast.

The Governing Body:

- Noted the Month 8 financial position.
- Noted the budget changes highlighted in section 4 of the report.
- Noted the update in relation to the 2013/14 procurement plan.

13/14 Month 8 Quality and Outcomes Report

The Chief Operating Officer presented this report which reflected the CCG's statutory responsibilities. He reported that despite some of the pressures, we remained in a favourable position as a health community, with a reasonable level of stability in terms of outcomes and reporting, presented the key performance issues and drew members' attention to the following key highlights.

a) Winter Plan

We were now into winter and there was potential pressure on A&E and the acute hospitals, which was being addressed through the significant non recurrent investment into A&E we had made both through internal CCG funding and national funding made available through us to our providers. He reported that A&E waiting times performance had been largely sustained so far this winter, with Sheffield Teaching Hospitals NHS Foundation Trust and Sheffield Children's NHS Foundation Trust (SCHFT) achieving 95.32% and 97.51% respectively. He advised members that whilst Christmas Day had been very quiet activity-wise, and the rest of December had been consistently busy, June and July had been the busiest months of the year so far.

b) Ambulance Handover

Dr Oliver, Joint Clinical Director, asked about the delays over 15 minutes in clinical handover of patients to A&E, which was given an Amber rating. The Chief Operating Officer responded that the reasons for this were being explored by the Yorkshire Ambulance Services NHS Trust (YAS) and the A&E departments, alongside YAS being asked to provide us with data on ambulance cleaning. He reported that we did not traditionally have a significant problem with some people having to wait in ambulances rather than going straight into A&E, although sometimes there was a problem with crews making themselves available for next call after handover, which was an internal YAS issue. Dr Oliver asked if a narrative could be included in the next report to reassure the public that patients were not having to routinely wait in ambulances before going into A&E.

IG

c) Mental Health, Learning Disabilities and Dementia

The Locality Manager, North, advised members that he would keep Governing Body informed on the piece of work north locality had just started on the challenges primary care faced for patients with learning disabilities.

SK

d) Quality

(i) Healthcare Acquired Infections

The Chief Nurse advised members that the number of infections had not materially changed, with no further cases of MRSA reported in November, and was still able to report significant improvement in performance on last year. The CCG had written to NHS England expressing concerns how performance was being monitored, and he was pleased to be able to report that they were looking for a different methodology for target setting for next year. He also advised members that external scrutiny of our action plan had been carried out by a Consultant Microbiologist from Leeds who had confirmed there were no omissions from the CCG action plan.

(ii) Patient Experience of NHS Trusts

The Chief Nurse advised that since the report was written he had asked SCHFT to undertake some further analysis as the number of their complaints continued to slowly increase, when they had always been historically low.

Dr Oliver, Joint Clinical Director, asked Governing Body to note that the number of compliments received was more than the number of complaints received.

e) Other Issues

(i) Health Inequalities

Professor Gamsu commented that it was very difficult to get a feeling

of performance on addressing inequalities from the report, and performance on services commissioned in primary care.

The Chair responded that Governing Body had debated and agreed not to continue to receive primary care performance information due to possible conflicts of interest. The CCG Programme Director advised members that the Area Team Director for South Yorkshire and Bassetlaw would be attending Governing Body in February to present the draft Primary Care Strategy, which would provide the basis for those discussions.

The Chief Operating Officer reported that to include information on health inequalities every month would mean that only a limited range could be covered and most patient outcome data does not show any significant variation over monthly time periods. He would discuss with the Consultant in Public Health as to when a separate report would be provided.

IG

The Director of Business Planning and Partnerships commented that data, albeit limited, relating to inequality of access to services, together with demographics from the Foundation Trusts, had been published this month on the CCG's website. He commented that although we rely more on the qualitative data we get from our equality groups, it might be worthwhile carrying out some in-depth audits on equality of access to services.

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.

14/14 **Quality Assurance Committee (QAC)**

a) Unadopted Minutes of the QAC meeting held on 6 December 2013

Ms Forrest, Chair of the Quality Assurance Committee, presented the unadopted minutes of the meeting. She advised members that Dr Richard Davidson had been invited to join the committee from the next meeting to give some insight from secondary care.

The Governing Body received and noted the minutes.

b) Hard Truths': Final Government Response to the Mid Staffordshire Public Inquiry

The Chief Nurse presented this report which detailed the key actions required from the full Government response, highlighted those actions relating to CCGs, and was a very important document in pulling

together a range of concerns under one cover. He advised members that it would help us in terms of developing the quality strategy, and it also included some primary care actions. It was the intention to appoint a temporary quality manager to give the capacity to take the work forward. With regard to our providers, we would manage this through our existing arrangements but would need to free up some quality manager time to be able to do this. He drew members' attention to a few of the recommendations where the timeframes had started to slip following the publication of the NHS planning guidance.

The Governing Body received and noted the key actions and implications from the Government response.

c) Serious Incident Report

The Chief Nurse presented this report which provided updates on new Serious Incidents (SIs) in November 2013 for which the Governing Body has either a direct or a performance management responsibility.

Professor Enderby expressed concerns on the low number of incidents reported by STHFT which, in her view, seemed to be less than other large Foundation Trusts (FTs). The Chief Nurse responded that they were not statistically different in their reporting and seemed to have a lower level of serious incidents than other FTs in the region. He had no concerns about this because of the trust's internal reporting systems and the fact that there were less rules applied to an acute trust than a care trust about reporting, for example, Sheffield Health and Social Care NHS Foundation Trust (SHSCFT) have to report every death in receipt of care, either as an inpatient or outpatient. He was assured by STHFT that they were reporting all incidents that occur, and reported that either he or the Deputy Chief Nurse attended every meeting of their Trust Board Healthcare Governance Committee, which included a number of STHFT's non executive members and was regularly challenged.

The Governing Body received and noted the report and the position for each provider.

d) Safeguarding

The Chief Nurse presented this report which provided a summary of the number of Adult's and Children's Serious Care Reviews, Care Reviews and Domestic Homicides the CCG is involved in. He advised members that there had been no major new cases and drew their attention to section 13 and the publication by the Home Office of the Domestic Homicide Reviews Common Themes Identified as Lessons to be Learned.

The Chair asked what we could do as a commissioning organisation that could make safeguarding better. The Chief Nurse responded that the role of Governing Body in safeguarding would be included as part of a development session that was being arranged.

KeC

Dr Oliver, Joint Clinical Director, reported that there was now a greater

awareness of safeguarding in general practice, which had been reflected in demand for places exceeding capacity at the recent Safeguarding Protected Learning Initiative (PLI), and so he was now looking at bigger venues or a number of events held in different venues.

The Chief Nurse also advised members that the recently appointed Designated Doctor for Children would start in post in February, which gave the ideal opportunity to raise the profile of the safeguarding team with primary care.

The Governing Body received and noted the report.

e) Compliments, Complaints and MP Enquiries Quarter 2 Report

The Chief Nurse presented this report. He advised members that due to the complexity of some continuing healthcare complaints that involved multi-agency investigations, the number of formal complaints responded to within 25 working days was only 75% and so had introduced a new system to bring the multi agencies together with the patient. The Complaints and Compliments Policy was also being re-written in consultation with providers in light of the findings of the Clwyd Hart report into the handling of complaints.

The Governing Body received and noted the report.

15/14 Audit and Integrated Governance Committee (AIGC)

Mr Boyington, Chair of the AIGC, presented the unadopted minutes of the meeting held on 12 December 2013. He had no particular items to draw to members' attention this month.

The Company Secretary drew members' attention to an important amendment to be made to minute 45/13(iii) to change Corporate Sponsorship Policy to Commercial Sponsorship Policy.

The Governing Body received and noted the minutes.

16/14 Updates from the Locality Executive Groups (LEGs)

a) HASL

The Governing Body received and noted the report.

b) North

The Locality Manager presented this report. He advised members that four practices in north and one in central were looking at how to increase capacity to support the Roma Slovak population, and welcomed volunteers from Governing Body if they were interesting in becoming involved.

He also reported that there were four GP Associations (GPAs) in north and all 22 practices would be represented in city-wide conversations with the CCG.

c) West

The Locality Manager advised members that one GPA in West would be funded, rather than four. She reported that practices had been concentrating on the Commissioning Intentions and winter pressures work that the CCG had asked them to do.

The Governing Body noted the reports.

17/14 Reports for Noting

The Governing Body received and noted the following reports:

- Quarterly Update on Communications and Engagement Plan
- Key highlights from Commissioning Executive Team and Planning and Delivery Group meetings.
- Update on National Centre for Sport and Exercise Medicine (NCESM)
- NHS111 Update

Dr Oliver, Joint Clinical Director, reported that since July 2013, the numbers of calls to 111 that were diverted to an ambulance, and to the GP Collaborative had all dropped, which suggested that the service is having a reasonably positive impact on the acute care system.

18/14 Feedback from GPs and Lay Members

The Chair advised members that this section would be removed from future agendas due to infrequent reporting.

19/14 Questions from the Public

A member of the public had submitted a number of questions prior to the meeting. The CCG's responses to these are attached at Appendix A.

20/14 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.

21/14 Any Other Business

There was no further business to discuss this month.

22/14 Date and Time of Next Meeting

Thursday 6 February 2014, 2.00 pm, Boardroom, 722 Prince of Wales Road, Sheffield S9 4EU

Questions from Mr Peter Hartley to the CCG Governing Body 9 January 2014

Question 1: I note that in item 16R, Communications and Engagement update by Katy Davison, that you now have 5995 followers on the twitter site of @nhssheffieldccg with Sept 19, Oct 35 and Nov 48 direct tweets. This is all very well. Have you any intention of having a facebook or other social media site? Is the twitter site case sensitive?

CCG response:

NHS Sheffield CCG also has a Facebook account which can be found here: www.facebook.com/SheffieldCCG

NHS Sheffield CCG also has a YouTube account which can be found here: http://www.youtube.com/channel/UC4D9oe9bJ5_OV0g9SgloXPw or use a mainstream search engine (such as Google) and input NHS Sheffield CCG YouTube.

We are currently looking into whether we should have any further social media presence.

If you use the Twitter search engine and search NHS Sheffield CCG (with or without case sensitivity) you should find the account to enable you to follow us should you so wish. Similarly if you use a mainstream search engine (such as Google) and input NHS Sheffield CCG Twitter you should also be able to find the account.

Question 2: I have asked twice in the past that you have two public question sessions and I repeat this again for the third time. My reasons for this are (i) you need to reach out to more people's involvement in CCG Board meetings. (ii) In the past eight months, to my knowledge, myself, Dorothy – a governor and Mike Simpkin are the only ones asking questions. So it is no good saying you will be overwhelmed with a lot of questions taking up a lot of your time. (ii) One month there were no questions.

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 3: In the life time of this CCG, what private procurements have been given to the private sector? Please can you send me the latest guidance that you have to follow on private service procurements from Monitor.

CCG response:

NHS Sheffield CCG complies with their procurement responsibilities under the Public Contract Regulations (2006) for all goods and services, in line with the thresholds set out in the CCG's Prime Financial Policy. Since April 2013, Monitor has taken over the regulatory responsibility for competition within the health sector and has published consultation documents describing, in broad terms, how they intend to apply the regulations in the sector. This consultation (links below) has yet to be concluded so unfortunately we cannot provide comprehensive guidance at this time.

<http://www.monitor-nhsft.gov.uk/sites/default/files/publications/ToPublishCCPMarketInvestigationReferences27March13.pdf>

<http://www.monitor-nhsft.gov.uk/sites/default/files/publications/ToPublishCCPGuidanceonCA98March13.pdf>

<http://www.monitor-nhsft.gov.uk/sites/default/files/publications/Guidance%20on%20choice%20and%20competition%20licence%20conditions.doc.pdf>

<http://www.monitor-nhsft.gov.uk/sites/default/files/publications/ToPublishCCPRelevantCustomerBenefitsInHealthCare27March13.pdf>

Since April 2013 the only procurement for a clinical service that the CSU has completed on behalf of NHS Sheffield CCG was for Autism services. A fully Official Journal of the European Union (OJEU) compliant tender was undertaken and the successful provider was Sheffield Health & Social Care Trust.

Question 4: At Woodbourne Business Centre, 10 Jessel Street, S9 3HY, there are many top quality ambulances with UK Event Medical Services Limited, Sheffield marked on them. Does the NHS ever use their services of this private firm. And, if the answer is yes, what is the contract between NHS and UK Event Medical Services?

CCG response:

We funded Sheffield Teaching Hospitals NHS Foundation Trust (STHFT) out of the winter monies to commission Event to provide a short term inter-hospital transfer service. The contract is between STHFT and Event.