

## Minutes of the Governing Body meeting (held in public)

Thursday, 21 May 2015, 1.30pm-3.30pm

Danson Room, 221 Erith Road, Bexleyheath, Kent DA7 6HZ

**PRESENT:**

Dr Howard Stoate (Chair)	GP, Chair
Dr Nikita Kanani	Clinical Vice Chair & GP Locality Representative, Clocktower
Dr Varun Bhalla	GP Locality Lead, North Bexley
Dr Sid Deshmukh	GP Locality Lead, Frognal
Dr Peter Fish	GP Locality Lead, Clocktower
Tina Khanna	Locality Representative, North Bexley
Sarah Blow	Chief Officer
Simon Evans-Evans	Director of Governance and Quality
Theresa Osborne	Chief Financial Officer
Sarah Valentine	Director of Commissioning
Dr Graham Rehling	Secondary Care Specialist
Mary Currie	Nurse Member
Keith Wood	Lay Member
Lionel Eastmond	Bexley Patient Council Vice-Chair

**IN ATTENDANCE:**

Mary Stoneham (notes)	Board Secretary
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**APOLOGIES:**

Sandra Wakeford	Lay Member, PPI
Dr Sonia Khanna-Deshmukh	Locality Representative, Frognal
Dr Nada Lemic	Director of Public Health NHS Bexley CCG & NHS Bromley CCG

Item No	
<b>STANDING ITEMS</b>	
<b>75/15</b>	<b>WELCOME AND APOLOGIES FOR ABSENCE</b>
75.15.1	Dr Howard Stoate welcomed everyone. Apologies from Dr Sonia Khanna-Deshmukh, Dr Nada Lemic and Sandra Wakeford were noted.
<b>76/15</b>	<b>DECLARATION OF INTEREST</b>
76.15.1	All GP members were conflicted for item 82/15 Enc G 2015 Election Process for GB Chair and Locality Leads and 84/15 Enc I Primary Care Improvement Fund (PCIF) 2015/16 and would take no part in the discussion or decision. Keith Wood to chair both these items. Dr Nikita Kanani conflicted for item 85/15 AQP Procurement Process for Audit Hearing, Anticoagulation Services (Tier 1 and Tier 2) and Termination of Pregnancy Services and would take no part in the discussion or decision.

<b>77/15</b>	<b>MINUTES OF THE GOVERNING BODY PUBLIC MEETING DATED 26 MARCH 2015</b>
77.15.1	Theresa Osborne advised that she had previously amended item 49/15 2015/16 Planning & Budget Update (Pages 7 & 8) and item 60/15 Primary Care Development Team Update and these changes would be reflected in the agreed minutes of the 26 March 2015 uploaded to the NHS Bexley CCG website.
77.15.2	Sarah Valentine referred to item 51/15 South East London Treatment Access Policy (SEL TAP) 2015 and asked that the action point under 51.15.1 be formally recorded and placed on the action log: 'Sarah Valentine requested an impact assessment in terms of quality and finance as the CCGs need to know what to change in their contracts before signing'. Dr Lemic to action;
77.15.3	The Governing Body <b>AGREED</b> the minutes of the Governing Body (public) meeting dated 26 March 2015 with the above amendments.
77.15.4	<b>Action:</b> Mary Stoneham to ensure amended minutes uploaded to CCG website and to amend the Action Log in line with meeting discussion.
<b>78/15</b>	<b>MATTERS ARISING/ACTION NOTES</b>
78.15.1	The meeting noted that the outstanding issues on the meeting action log would be addressed at the July Governing Body meeting.
<b>79/15</b>	<b>CHAIRMAN'S UPDATE REPORT</b>
79.15.1	Dr Stoate welcomed Mary Currie to the Governing Body after being appointed Governing Body Nurse Member. Mary Currie had extensive NHS experience and expertise which started 30 years ago as a registered nurse and her most recent role was director of clinical services for a commissioning support unit, where she provided nursing leadership at an executive level.
79.15.2	Dr Stoate welcomed everyone to the meeting and stated that at the CCG hoped to build on the successes of the past two years. The 2014/15 Annual Report will be on the CCG website shortly.
79.15.3	All six south-east London CCGs and NHS England will develop co-commissioning through the joint commissioning committee with each CCG having influence on how GP services are commissioned for local people. GB members at the Joint Commissioning Committee are Sandra Wakeford (Chair), Keith Wood (Vice Chair), Howard Stoate, Sarah Blow, Dr Sid Deshmukh and Mary Currie along with representatives from NHS England.
79.15.4	This week was 'dying matters' week and the theme for the campaign was to promote healthy attitudes towards dying and death and encourage people to have discussions about making plans for the end of their life – 'Talk, Live, Plan'. The CCG had worked in partnership with Age UK

<p>79.15.5</p> <p>79.15.6</p>	<p>Bexley in the engagement work across the borough which included attending local pop-in parlours and holding a stall in the Bexleyheath Broadway.</p> <p>Dementia awareness weeks organised by the Alzheimer's Society also takes place this week and the CCG had been actively encouraging local residents to help raise awareness. Dr Sid Deshmukh is the CCG's dementia lead and has been supporting practices with dementia diagnosis among their patient lists.</p> <p>The Governing Body <b>NOTED</b> the <b>DECISION LOG FROM OTHER FORA</b> This report covers decisions made since the Governing Body (public) meeting held on 26 March 2015.</p> <p><b>Co-commissioning of primary care</b>  <b>AGREED</b> that the CCG should make an expression of interest for Level 2 with a view to full delegation.</p> <p><b>Procurement of Learning Disability Service Provision in Bexley and Contract Award</b>  <b>APPROVED</b> the proposed award of Contracts to the successful Providers who were invited to tender for the provision of learning disability services within Bexley.</p> <p><b>APPROVED</b> the reassignment of the property leases under the existing 28a agreement.</p> <p><b>Procurement Approval for Dementia Beds (for patients with challenging behaviour)</b>  <b>APPROVED</b> the procurement for Dementia Beds (for patients with challenging behaviour).</p>
<p><b>80/15</b></p> <p>80.15.1</p> <p>80.15.2</p>	<p><b>2014/15</b></p> <ul style="list-style-type: none"> <li>• <b>INTEGRATED QUALITY, SAFETY &amp; PERFORMANCE REPORT</b></li> </ul> <p>Simon Evans-Evans stated that the Integrated Quality, Safety &amp; Performance Report now included a section on the Quality Strategy Priorities 2015/16 (pages 4 &amp; 5) which would be the focus of CCG quality and safety agenda for the coming year. The Quality, Safety and Performance Focus Report (page 7) details performance against measures in each domain. Areas are now beginning to turn 'green' showing improvements achieved; in particular the 2 week cancer wait has improved significantly. However the 31 day cancer target in Q 4 is still red and the CCG is working with Lewisham CCG on the 100 day breach analysis. The 4 hour A&amp;E target is improving and there has also been improvement in the key mental health quality performance targets. The mystery shopper initiative in Bexley has provided the CCG with valuable knowledge about Bexley patient experience of local services with a significantly higher proportion of positive than negative feedback received.</p> <p>Simon Evans-Evans advised that Marino Latour started at the CCG as the safeguarding adults and quality lead and would be going out to locality meetings to introduce himself and talk about how he can help</p>

	GPs to support adults at risk.
80.15.3	Keith Wood asked how co-commissioning in primary care would be reported to the Governing Body and Simon Evans-Evans confirmed that NHS England would provide the report which would be discussed at the Quality & Safety Sub-Committee and at the Governing Body.
80.15.4	The Governing Body <b>NOTED</b> the Integrated Quality, Safety & Performance Report.
80.15.5	<ul style="list-style-type: none"> <li>• <b>CONSOLIDATED CONTRACTS REPORT MONTH 11 &amp; 12</b></li> </ul> <p>Sarah Valentine confirmed that all acute contracts for the 2015/16 had been agreed and signed. The Oxleas Summit work continued and the new e-referral form has now been finalised for testing and the development of new KPIs for district nursing with vacancy numbers by service to be included. Integrated Care for Older People performance is above targets set. Step up step down review of all KPIs is nearing completion and Sarah Valentine thanked Dr Bhalla for his commitment to this work. There is an issue within the MSK services relating to the calculation of average waiting times; an action plan would be agreed. Patient feedback on the MSK services has been excellent which is supported by the Mystery Shopper feedback report (30 positive and 1 negative). Cardiology contracts for 2015/16 with sub-contractor contracts are currently being finalised. The KPIs for cardiology are being developed and are currently good (two green and two amber). The Ophthalmology contract with King's has been agreed and there would be development of Ophthalmology services on the Erith Hospital and Queen Mary's Hospital sites with King's making payment for the equipment. An action plan has been agreed with the Hurley Group for the Urgent Care Services to ensure that there was a regular flow of agreed data provided directly to the CCG.</p>
80.15.6	The Mental Health IAPT target in Quarter 4 of 3.75% prevalence target was reached with 3.82% being achieved. Additional funding has been approved to increase therapist's capacity to deliver national targets which will be monitored with payment on the agreed achievements. Out of Borough spot purchase placements has reduced and are being closely monitored. New mental health access requirements would be integrated into contract variations with conditional sanctions if targets are not achieved (including in IAPT and dementia services).
80.15.7	111 performance continues to meet agreed targets and referrals to GPs have reduced.
80.15.8	Agreement had been reached with the London Ambulance Service for a new investment over the next two years which will improve patient services.
80.15.9	During discussion Sarah Valentine confirmed that the issues relating to the MSK bookings have been rectified, the service should now operate in

<p>80.15.10</p> <p>80.15.11</p>	<p>line with contract. There would be a more detailed update on orthopaedics and pain management to the next Governing Body meeting. Dr Fish suggested that a proposal to reduce physiotherapy waiting lists could be that the patient attends the doctor's surgery one week in advance of physiotherapy appointment. Dr Kanani advised that training for GPs should be looked at for treatment of patients with mental health.</p> <p><b>Action:</b> SV to provide more detailed update on orthopaedics and pain management to the next Governing Body meeting in July.</p> <p>The Governing Body <b>NOTED</b> the performance of the Acute, Community and Mental Health contracts shown in the attached.</p>
<b>ITEMS FOR DECISION</b>	
<p><b>81/15</b></p> <p>81.15.1</p> <p>81.15.2</p> <p>81.15.3</p> <p>81.15.4</p>	<p><b>CONSTITUTION AND COMMITTEE IN COMMON FOR STRATEGIC DECISION MAKING</b></p> <p>Simon Evans-Evans stated that in order to facilitate decision making in South East London over major strategic decisions (including the Our Healthier South East London Programme) the six CCGs have agreed in principle to create a committee in common across the six CCGs (Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark) plus as appropriate NHS England and other relevant (surrounding) CCGs. Formal changes to the constitution is required and these have been approved by the Primary Care Advisory Group (PCAG) membership following consultation.</p> <p>Minor amendments to the scheme of delegation and wording of the constitution are proposed to ensure that constitutional changes are not required in the future when the CCG or Governing Body are desirous of creating a committee. The application to NHS England needs to be made by 1st June 2015.</p> <p>Simon Evans-Evans confirmed that legal opinion has been taken and the documentation had been provided acted upon. Sarah Blow stated that these amendments and the establishment of the committee in common would enable NHS England and the six south-east London CCGs to make decisions across borders without compromising the statutory duty of the CCGs. Keith Wood raised concerns on the increasing number of committees being set up and Sarah Blow confirmed that the committee in common would only meet when necessary.</p> <p>The Governing Body :</p> <ol style="list-style-type: none"> <li>1. <b>APPROVED</b> the application to NHS England to change the constitution as laid out in the report and attachments.</li> <li>2. <b>PASSED A RESOLUTION</b> authorising: <ol style="list-style-type: none"> <li>a) the Governing Body representatives to take decisions that are within the remit of the Committee in Common for the purpose of</li> </ol> </li> </ol>

	<p>Strategic Decision Making (or any subsequent name the committee may adopt) on behalf of the CCG and</p> <p>b)that decisions are to be taken by a majority of the NHS Bexley CCG representatives that</p> <p>i) are present at the meeting of the committee in common at which the decision is to be taken and</p> <p>ii) in addition to being present at the meeting, vote on the decision.</p>
<b>82/15</b>	<b>2015 ELECTION PROCESS FOR GB CHAIR AND LOCALITY LEADS</b>
	<b><i>Keith Wood Chaired this item - all GP members were conflicted for item and took no part in discussion or decision.</i></b>
82.15.1	Simon Evans-Evans summarised the process and timeline for the GP Election for the GB Chair and Locality Leads which had been approved by the Remuneration Committee on Tuesday 5 May 2015. The meeting paper detailed the job description and person specification for both the chair and locality leads. Voting for all posts would take place at the AGM/GP engagement event on 10 September 2015.
82.15.2	During discussion Simon Evans-Evans confirmed that the time commitment for the post of Chair should be 2 or 3 days per week and that all individual names would be removed from the documentation.
82.15.3	The Governing Body <b>RATIFIED</b> the election process for the 2015 election of the CCG Chair and Locality Leads as laid out in the meeting paper.
<b>83/15</b>	<b>SELF-ASSESSMENT OF COMPLIANCE WITH THE UK CORPORATE GOVERNANCE CODE ISSUED BY THE FINANCIAL REPORTING COUNCIL</b>
83.15.1	Simon Evans-Evans stated the report examined how the CCG compared with the corporate governance code and the prospect of continued success in the long term and was part of a framework of legislation, regulation and best practice standards which aims to deliver high quality corporate governance.
83.15.2	One of the essential elements of the code is dialogue, constructive challenges and debate. It is also about establishing a culture, values and ethics of the organisation, setting the tone from the top.
83.15.3	There is emphasis in the code on risks and how this affects long term viability.
83.15.4	The Governing Body <b>APPROVED</b> the CCG's Self Assessment of Compliance with the UK Corporate Governance code as laid out in the meeting report.

<p>84/15</p> <p>84.15.1</p> <p>84.15.2</p> <p>84.15.3</p>	<p><b>PRIMARY CARE IMPROVEMENT FUND (PCIF) 2015/16</b>  <i>Keith Wood chaired this item on the agenda – All elected members were conflicted and took no part in discussion or decision</i></p> <p>Sarah Valentine explained that in September 2014 the Governing Body approved the new Primary Care Improvement Fund (PCIF) and the process to agree the details. . £230K has been allocated to Medicines Management and Dementia with £152K each had been allocated to Childhood Obesity and End of Life Care. The CCG’s Primary Care Development team would support practices to achieve the incentive and deliver the outcomes required.</p> <p>Mary Currie asked how the CCG would monitor the schemes and Sarah Valentine explained that the Finance Sub Committee would monitor the quality and activity. Keith Wood stated that the prescribing budgets would need to be reviewed for 2016/17. In response to concerns about the tight timescales involved in implementing the schemes, Sarah Valentine confirmed that work would commence immediately.</p> <p>The Governing Body <b>APPROVED</b> the final 2015/16 Primary Care Improvement Scheme (PCIF), valued at £768K, as detailed in the attached report.</p>
<p>85/15</p> <p>85.15.1</p> <p>85.15.2</p> <p>85.15.3</p>	<p><b>AQP PROCUREMENT PROCESS FOR ADULT HEARING, ANTICOAGULATION SERVICES (TIER 1 AND 2) AND TERMINATION OF PREGNANCY SERVICES</b>  <i>(Dr Nikita Kanai was conflicted and took no part in discussion or decision).</i></p> <p>Sarah Valentine advised that the Any Qualified Providers (AQPs) for Adult hearing; Tier 1 anticoagulation and Termination of pregnancy were due to end on 31 March 2016 and the three options were to withdraw the services, or extend current contracts or to re-procure the services. The Governing Body were asked to approve re-procurement of the services.</p> <p>During discussion Sarah Valentine confirmed that the option to extend the current arrangements could raise the risk of legal challenge and reputational damage. In line with the original procurement the CCG will seek to re-procure Tier 1 and Tier 2 anticoagulation for locally based services subject to receipt of satisfactory bids.</p> <p>The Governing Body <b>APPROVED</b> the re-procurement of the adult hearing, anticoagulation and termination of pregnancy Any Qualified Provider (AQP) services as set out in the meeting paper.</p>
<p>86/15</p> <p>86.15.1</p>	<p><b>111 PROCUREMENT AND PERFORMANCE UPDATE</b></p> <p>Theresa Osborne explained that Angela Bhan (NHS Bromley CCG) was leading the procurement for 111 services and summarised the meeting paper. The SEL NHS 111 programme board with commissioning, clinical and patient representatives from SEL CCGs would oversee the procurement and make recommendations to the CCGs with regard to the procurement programme checkpoints. Bexley, Bromley and Greenwich</p>

86.15.2	<p>use 111 to connect to the provider while Lambeth, Southwark and Lewisham currently use SELDOC as their out of hours providers.</p> <p>Sarah Blow confirmed that the 111 service provided to Bexley has probably contributed to the reducing attendances at A&amp;E. Dr Rehling stated that a Doctor could be available on the 111 service at all times to help reduce the number of 999 calls as detailed in the meeting paper and maybe this could be included in the specification.</p>
86.15.3	<p>The Governing Body:  <b>NOTED</b> the update contents of this report;  <b>GAVE DELEGATED AUTHORITY</b> to the Chair and Chief Officer to sign off the procurement process, tender documentation and the 111 service specification.</p>
<b>87/15</b>	<b>CCG HR WORKFORCE REPORT</b>
87.15.1	<p>Simon Evans-Evans advised that the CCG HR Workforce Report, prepared by the South East CSU HR, provided an annual HR report for the year ending 31 March 2015 and a Q4 current activity update.</p>
87.15.2	<p>Mary Currie commended the quality of report which provided a good picture of equality profiles and asked if the CCG could provide any opportunities to support the local population aged 18-23. Sarah Blow advised that the CCG would look to provide training schemes to support school leavers and Theresa Osborne confirmed that currently the CCG offer work experience to local school children.</p>
87.15.3	<p>The Governing Body <b>NOTED</b> the CCG HR workforce report.</p>
<b>88/15</b>	<b>QUESTIONS FROM THE PUBLIC</b>
88.15.1	<p>1. A question was raised relating to the performance report about the trial podiatry services carried out at Lakeside Surgery and when the outcomes of the trial would be published.</p>
88.15.2	<p>Sarah Valentine explained that the discussions with the CCG and Oxleas would take place on the podiatry service trial and would be presented to the Governing Body in due course.</p>
88.15.3	<p>2. A question was raised regarding Enc J and the re-procurement of the anticoagulation services on whether the whole service would be procured this time.</p>
88.15.4	<p>Sarah Valentine confirmed that the re-procurement was for the whole of the Bexley anti-coagulation services (as previously) and would depend on the CCG receiving suitable bids for both services.</p>
88.15.5	<p>3. Positive feedback received from the Pensioners Forum meeting on the performance of the 111 local services; 90% of members using the mystery shopper to feedback.</p>

<b>ITEMS FOR DISCUSSION</b>	
<b>89/15</b>	<b>2015-15 PLANNING UPDATE</b>
89.15.1	Theresa Osborne provided a summary on the financial process which had been on-going since month 5 with monthly updates to the Governing Body. Major changes to the revised submission was summarised on the meeting paper front sheet with a copy of the full submission in the attached appendix A. Directors and budget holders had signed off budgets, based on the previous submission, which was approved by the Governing Body; and this will form the initial budget upload to the Business Planning System (BPS) and Integrated Finance and Accounting (ISFE) systems. All changes reflected in this submission will be adjusted as month 1 variations to the budget.
89.15.2	A further update on the final budget and planning submission will be presented after the remaining contracts have been agreed, and budgets adjusted to reflect this. Contract negotiations are continuing between all parties to ensure that they are signed as soon as possible. A further iteration of the planning submission for NHS England is expected in mid-May. Theresa Osborne confirmed that the block contracts were fully inclusive of costs.
89.15.3	The Governing Body: <ul style="list-style-type: none"> <li>• <b>NOTED</b> the submission of the 2015-16 financial planning template on 24-04-2015 in accordance with the national timetable;</li> <li>• <b>NOTED</b> the changes made to the planning submission on 24-04-2015;</li> <li>• <b>NOTED</b> the requirement for another planning submission in mid-May, which will be reported to the Governing Body.</li> </ul>
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<b>90/15</b>	<b>DRAFT ANNUAL ACCOUNTS 2014-15 SUBMISSION</b>
90.15.1	Theresa Osborne advised the draft annual accounts had not been attached to the meeting paper and was tabled for the meeting to consider. The CCG has used the national template which has been completed and submitted on 23 April 2015 in line with national deadline and met all of its statutory duties in 2014/15.
90.15.2	The main achievements/items to note in 2014/15 are detailed in the meeting paper attached to the report.
90.15.3	The auditors began their work on Monday 27 April 2015 and any issues will be discussed with the CCG with any adjustments required to the accounts made during the adjustment period, when the ledger is opened again for a limited period. The adjustments will be discussed and approved at the May Audit & Integrated Assurance Committee (AIAC) meeting when the committee would also receive from the auditors a "report to those charged with governance". This will detail both the agreed changes and any requests for changes where the CCG has declined to make the changes.

90.15.4	Following the May AIAC meeting, the final submission of the 2014/15 accounts will be made in accordance with the national timetable.
90.15.5	Sarah Blow confirmed that the agreed signed Annual Accounts 2014/15 would be included on the July Governing Body agenda.
90.15.6	The Governing Body: <ul style="list-style-type: none"> <li>• <b>NOTED</b> the submission of the 2014-15 draft accounts in accordance with the national timetable;</li> <li>• <b>NOTED</b> the achievement of all the required financial targets in 2014-15;</li> <li>• <b>NOTED</b> final audited submission of accounts to be made at the end of May following approval from AIAC.</li> </ul>
<b>91/15</b>	<b>UPDATE ON OUR HEALTHIER SOUTH EAST</b>
91.15.1	Sarah Blow advised that the current phase of the strategy programme continues to focus on testing and modelling the impact of the whole system model and the individual clinical models. The target model has been further developed and tested through the Partnership Group and has been positively received. The programme published an <i>Issues paper</i> on the website <a href="http://www.ourhealthiersel.nhs.uk">www.ourhealthiersel.nhs.uk</a> on 28 March 2015 (there is also a link through the CCG website).
91.15.2	The Governing Body <b>NOTED</b> the Our Healthier South East London – Governing Body update April 2015.
<b>92/15</b>	<b>DEVELOPMENT OF THE COMMISSIONING INTENTIONS 2016/17</b>
92.15.1	Sarah Valentine advised that the CCG produced the ‘Our Plans 2014/2019’ document to comply with NHS England Assurance requirements, approved by the Governing Body in May 2014. The document aligns the development of the commissioning intentions over the five year period. The CCG now need to produce an updated plan for the remaining period until 2018/19. The meeting paper documented the timeline of work until final submission for approval at the Governing Body November meeting.
92.15.2	The Governing Body <b>NOTED</b> the process being proposed to engage with stakeholders to draft and inform the Commissioning Intentions document, to cover the period from 2016/2017 onwards.
<b>93/15</b>	<b>PERSONAL HEALTH BUDGES FOR CHILDREN &amp; YOUNG CHILDREN</b>
93.15.1	Sarah Valentine summarised the meeting paper and explained that a policy to cover the offer of Personal Health Budgets (PHBs) to children with continuing care needs and Education, Health and Care Plans was being finalised. The paper highlighted a PHB has been agreed for one young person in advance of this, using the principal of the existing PHB policy for adults with CHC eligibility, and proposed next steps.
93.15.2	The Governing Body <b>NOTED</b> the current position with regard to

	introducing personal health budgets (PHB's) for children, and proposed next steps with regard to other groups of patients.
<b>94/15</b>	<b>SOUTH EAST LONDON COMMUNITY</b>
94.15.1	Lewisham System Resilience Group had worked over the last few years to develop a systems wide approach to improvement, to support the delivery of urgent care targets. An action plan, that has been externally reviewed (including by the National Tripartite) has led to significant positive steps in performance and an agreed trajectory to meet the national four hour wait target by September 2015. Increased performance in the four hour wait was already providing 94% and 97% across the Lewisham and Greenwich Trust; Queen Elizabeth achieved had 95% in the current week.
94.15.2	Sarah Blow chaired the Systems Resilience Group until 1 April 2015 and the leadership responsibility had now transferred to the Chief Officer at Lewisham CCG. The group will need to remain focussed on improvements in quality as delivery of access target reflect the local systems ability to support patient effectively through the system. Reports on progress against the plan and delivery of the trajectory will come to future Governing Body meetings.
94.15.3	Sarah Blow noted that the integrated care provided in the community through the Better Care Fund, End of Life care with support from social services and excellent community services had contributed to the improved target performance. Dr Nikita Kanani stated that there had been improvement to the A&E target over the past year and improvements needed to be continued.
94.15.4	The Governing Body <b>NOTED</b> the significant progress on achieving urgent care targets and the on-going governance and work streams to achieve further improvement.
<b>95/15</b>	<b>BOARD ASSURANCE FRAMEWORK REPORT</b>
95.15.1	Simon Evans-Evans asked the Governing Body to note the three risks highlighted in the Board Assurance Framework with ratings of 15 and above – one from Commissioning and two from Governance and Quality. Mary Currie referred to Risk 201 regarding QEH and DVH not being compliant with Safeguarding Children training which meant that they were not compliant with Section 111 of the Children Act 1989. Simon Evans-Evans stated that QEH had not been able to evidence this target accurately at present as their data systems needed to be upgraded. Level 1 training met the target but Level 3 training levels needed to be improved. DVH have a joint role for safeguarding and the CCG is in discussion to clarify time allocated to child safeguarding issues.
95.15.2	The Governing Body <b>NOTED</b> the Board Assurance Framework as laid out in the meeting report.

<b>ITEMS FOR INFORMATION</b>	
<b>96/15</b>	<b>CCG ASSURANCE FRAMEWORK 2015-16 BRIEFING</b>
96.15.1	Simon Evans-Evans stated that the meeting report detailed the process for NHS England approach to the CCG's approach to assurance in 2015/16. The framework will be supported by an operational manual which will be issued following further discussion with the CCGs. The five components of the assurance framework are illustrated in the meeting paper. Sarah Blow confirmed that she had been involved in discussion with NHS England on the assurance framework and had shared the information with the chair, Dr Stoate, regarding clinical issues.
96.15.2	Simon Evans-Evans stated that the initial results of the 360 survey with the CCG stakeholders/partners feedback had been received with initial review showing improvement. A paper would be submitted to the July Governing Body meeting.
96.15.3	The Governing Body <b>NOTED</b> the CCG's assurance framework 2015-16 as laid out in the meeting report.
<b>97/15</b>	<b>ANNUAL REPORT OF THE AUDIT &amp; INTEGRATED ASSURANCE COMMITTEE (AIAC)</b>
97.15.1	The chair advised this item should have been placed on the agenda for discussion and this should be noted for future agendas.
97.15.2	Keith Wood advised the Annual Report of the Audit & Integrated Assurance Committee (AIAC) and the self- assessment provided assurance to the Governing Body that: <ul style="list-style-type: none"> <li>• The system of risk management is effective in identifying risks and enabling the Governing Body to understand the management of those risks.</li> <li>• The AIAC has reviewed and used the assurance framework and considers it fit for purpose and supports the Governing Body's decisions and declarations.</li> <li>• No significant areas of omission in the systems of governance came to the attention of the AIAC.</li> </ul> The auditors agreed with the self-assessment.
97.15.3	The Governing Body <b>NOTED</b> the meeting report and self-assessments.
<b>98/15</b>	<b>MINUTES FROM MARCH BEXLEY HEALTH &amp; WELLBEING BOARD UPDATE</b>
98.15.1	The Governing Body <b>NOTED</b> the minutes from Bexley's Health and Wellbeing Board (HWB) meeting on 17 March 2015.
<b>99/15</b>	<b>SOUTH EAST LONDON CLINICAL STRATEGY COMMITTEE 15 JANUARY 2015</b>
99.15.1	The Governing Body <b>NOTED</b> the Clinical Strategy Committee minutes for 15 March 2015.

<b>100/15</b> 100.15.1	<b>OFFICE OF LONDON CCGSs DIRECTOR'S REPORT</b> The Governing Body <b>NOTED</b> the office of London CCGs Director's Report as laid out in the meeting papers.
<b>101/15</b>  101.15.1	<b>MINUTES OF COMMITTEES/SUB-COMMITTEES OF GOVERNING BODY TO NOTE:</b> <ul style="list-style-type: none"> <li>• <b>PATIENT COUNCIL 17 FEBRUARY 2015</b></li> </ul> <b>EXECUTIVE SUMMARIES FOR COMMITTEES/SUB-COMMITTEES FOR THE GOVERNING BODY TO NOTE:</b> <ul style="list-style-type: none"> <li>• <b>EXECUTIVER MANAGEMENT COMMITTEE 5 MARCH 2015</b></li> </ul> The Governing Body <b>NOTED</b> the minutes and the executive summary of the above mentioned meetings.
<b>102/15</b> 102.15.1	<b>UPDATE FROM PATIENT COUNCIL</b> Lionel Eastmond provided a verbal update on the work of the Patient Council which included representation on the development of patient transport services and QMH services. Members of the Patient Council were also involved in the MSK and cardiology monitoring of patient services. Two more members of the patient council are being recruited to focus on ophthalmology services and patient care services. He advised that the mystery shopper scheme was successful and provided the CCG with invaluable information to feedback to services to improve patient care.
<b>103/15</b> 103.15.1	<b>ANY OTHER BUSINESS</b> None.
<b>104/15</b> 104.15.1	<b>PUBLIC FORUM</b> Questions 1-4 were received via email prior to the meeting.
104.15.2	Q1. Having previously requested that Minutes of Meeting, at least, be published more than a day or two before the next meeting 2 months later; item 73.15.13 says that all papers are available on the website 5 days in advance of the meeting. In fact they were not available this time until Tuesday 18th May. Could we please have them earlier?
104.15.3	Simon Evans-Evans stated that there had been problems with printing the papers this month due to new equipment being used. All the issues had now been addressed and going forward Governing Body papers should be on the CCG website at least five working days before the meeting.
104.15.4	Q2. I assume item 73.15.3 on MOM of 26th March should be after item 73.15.11, as I noted that Sarah Blow was going to supply ambulance turnaround times at, particularly, QEH. It was said that this might take some time. This was in response to my question noted in item 73.15.10. As item 73.15.11 says Sarah Blow receives a daily report, could we please have some figures? I understand that CQC will be inspecting LAS on 6th June and they will require these figures.

104.15.5	Sarah Valentine confirmed that there would be a full update on the London Ambulance performance at the July Governing Body meeting. <i>*Post meeting response emailed – see below</i>
104.15.6	Q3. I understand that the provider of CCG support services (CSU) is changing. Can you please advise who will be providing these services in the future?
104.15.7	Dr Stoate confirmed that a couple of months ago the South East London CSU merged to become the South London CSU. But there are no plans the CCG is aware of to change the CSU.
104.15.8	Q4. I understand the Bexley commissioners are not keeping registers or providing the services for Autistic Spectrum Disorder sufferers as required by the Care Act, due to lack of funding. Would the CCG care to comment?
104.15.9	Sarah Valentine stated that this question would be looked at outside the meeting and a response emailed.
104.15.10	<i>Post meeting response sent via email to requestor.</i> There are no requirements within the Care Act for either the CCG, or the London Borough of Bexley (as commissioners), to maintain registers for Autistic Spectrum Disorder sufferers.
104.15.11	However, there is a joint agreement between NHS England (NHSE) & the Local Government Association (LGA) post the Winterbourne View to maintain a register of people with “behaviour that challenges”. The Council, CCG & Oxleas agreed to develop such a register and that is now maintained by the Council. This was reported to the HWBB <a href="http://democracy.bexley.gov.uk/documents/s56641/Item%2012.2.1%20Rev%20Winterbourne%20Action%20Plan%20and%20SAFs%20-%20Report%20to%20HWBB.pdf">http://democracy.bexley.gov.uk/documents/s56641/Item%2012.2.1%20Rev%20Winterbourne%20Action%20Plan%20and%20SAFs%20-%20Report%20to%20HWBB.pdf</a>
104.15.12	Q.5 An update was requested on the pulmonary rehab position as patient services appeared to be deteriorating rapidly.
104.15.13	Sarah Valentine stated that the CCG had requested an urgent update from the providers which would be included in the next contract update to the Governing Body meeting in July.
<b>105/15</b>	<b>DATE OF NEXT MEETING</b>
105.15.1	The next Governing Body Public meeting will be held on Thursday 30 July 2015 from 1.30-3.30 pm, Queen Mary’s Hospital, Hockendon Seminar Room Number 1, Level 3, Frognal Avenue, Sidcup, Kent DA14 6LT

*\*Post meeting response emailed*

## **Lewisham & Greenwich Trust – Ambulance Handover Delays Report at 11<sup>th</sup> June 2016**

### **1. Overview:**

This report provides an overview of ambulance handover breaches at University Hospital Lewisham (UHL) and Queen Elizabeth Hospital (QEH) over the period December 2014 to date. Specifically, it reviews the number of 60 minute breaches on a week by week basis.

This report is being provided in response to a member of the public enquiring of Bexley CCG about the number of ambulance handover delays experienced by Bexley residents.

However, data is not available by CCG and therefore this report provides information on the total number of 60 minute breaches at both of Lewisham & Greenwich Trust's (LGT) hospitals from December 2014 to date. This report therefore contains information on other CCG's residents.

The data used to compile this report was obtained from the North West London Commissioning Support Unit's Ambulance Turnover Portal.

The London Ambulance Service provides emergency ambulance services (known as "blue light") across London – these services are commissioned on a pan London basis by all CCGs in London. Delays in handing over patients after 15 minutes are recorded however the expectation is that 100% of patients are handed over within 30 minutes.

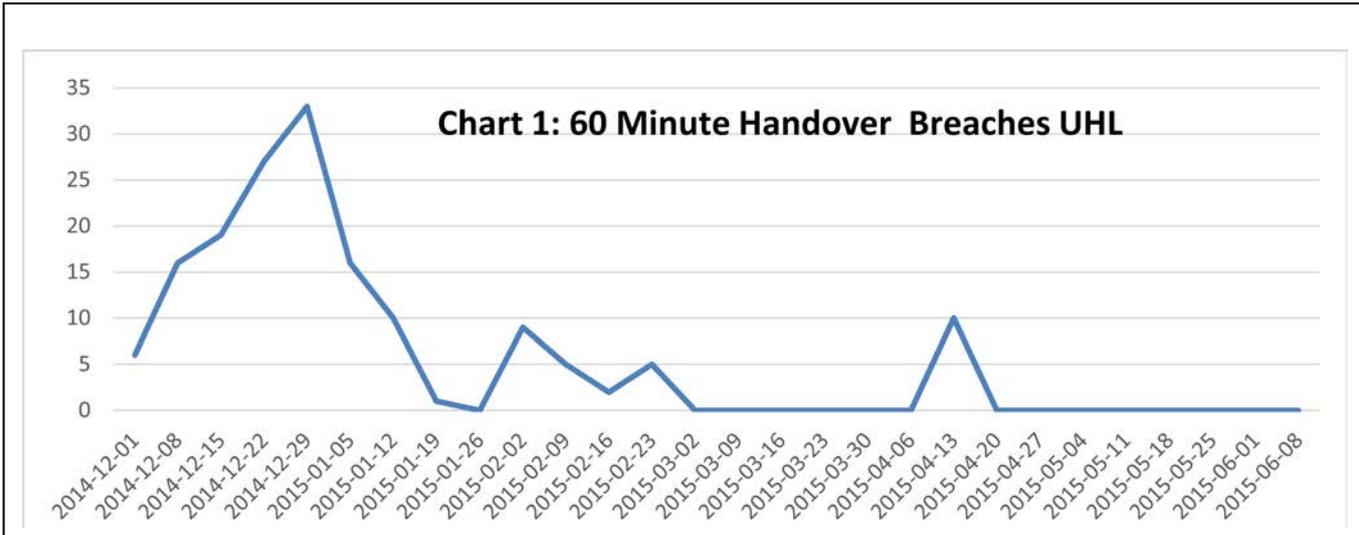
The following sections of this report provide information on the number of 60 minute breaches since December 2014 at each of the LGT sites.

### **2. University Hospital Lewisham (UHL)**

Chart 1 below, provides an overview of the number of 60 minute breaches per week that were experience at UHL. As one would expect, there is a peak in breaches in December 2014 and declines thereafter. Although there were peaks in 4 of the week's post January, these result in 10 or less breaches in each of these weeks with all other weeks experiencing zero 60 minute breaches.

It should be noted that 97% of ambulance handovers over the 28 week period were made within 30 minutes.

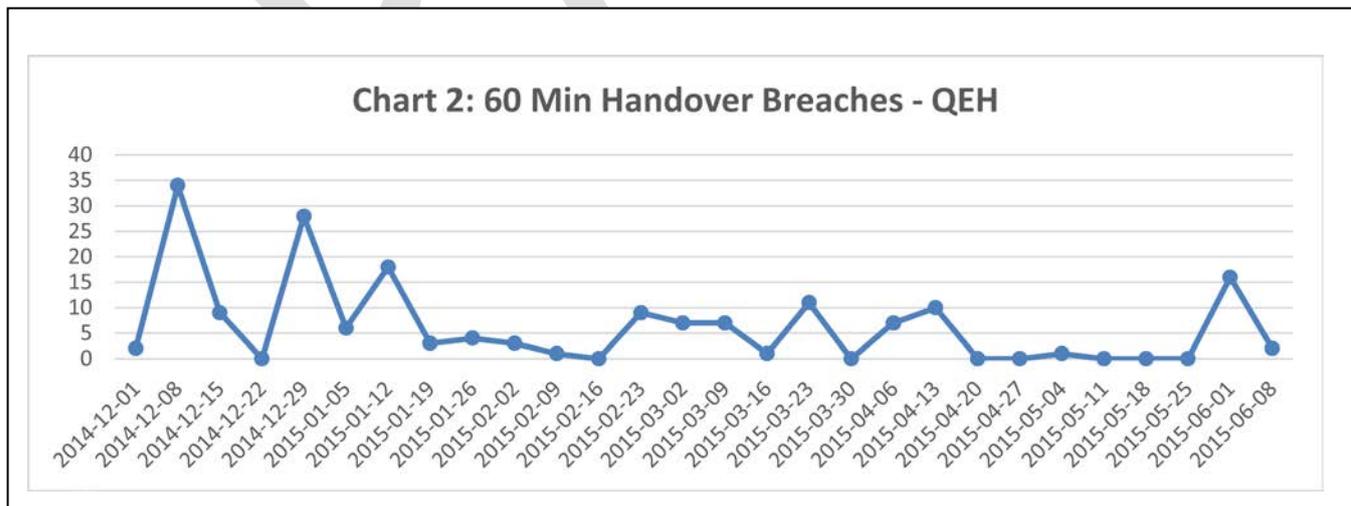




### 3. Queen Elizabeth Hospital

Chart 2 below, provides an overview of the number of 60 minute breaches per week that were experience at QEH. As one would expect, there is a peak in breaches in December 2014 and declines thereafter. Although there were peaks and troughs over the period the number of breaches declined significantly since January 2015 with 16 breaches in any week being the highest level since January 2015 with a number of weeks experience zero breaches.

It should be noted that 96% of ambulance handovers over the 28 week period were made within 30 minutes.



The above shows a clear decline in handover breaches since December (that also reflects the A&E 4 hour wait improvements in performance), although there is a recent increase in numbers in the first week of June at QEH site.

**Sarah Valentine**  
**Director of Commissioning**  
 11<sup>th</sup> June 2015