

Minutes of the Governing Body meeting in public

Thursday, 30 July 2015, 1.30pm-3.30pm

Hockendon Seminar Room, Queen Mary's Hospital, Sidcup, Kent DA14 6LT

PRESENT:

Dr Nikita Kanani	Clinical Vice Chair & GP Locality Representative, Clocktower (Chair)
Dr Varun Bhalla	GP Locality Lead, North Bexley
Dr Sid Deshmukh	GP Locality Lead, Frognal (left meeting item 117.15)
Dr Peter Fish	GP Locality Lead, Clocktower
Dr Sonia Khanna-Deshmukh	Locality Representative, Frognal
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
Sandra Wakeford	Lay Member, PPI

IN ATTENDANCE:

Mary Stoneham (notes) Board Secretary

APOLOGIES:

Dr Howard Stoate (Chair)	GP, Chair
Dr Nada Lemic	Director of Public Health NHS Bexley CCG & NHS Bromley CCG
Lionel Eastmond	Bexley Patient Council Vice-Chair

Item No	
STANDING ITEMS	
106/15	WELCOME AND APOLOGIES FOR ABSENCE
106.15.1	Dr Nikita Kanani welcomed everyone. Apologies from Dr Howard Stoate, Dr Nada Lemic and Lionel Eastman.
107/15	DECLARATION OF INTEREST
107.15.1	Dr Sid Deshmukh declared he received £200 from Astra Zenica for chairing educational meeting "Improving outcomes in cardiovascular disease" on 2.6.15. which would be included in the Declaration of Interest report at the next Governing Body public meeting.
108/15	MINUTES OF THE GOVERNING BODY PUBLIC MEETING DATED 21 MAY 2015
108.15.1	The minutes of the Governing Body public meeting dated 21 May 2015

108.15.2	were amended with the following amendments: 79.15.1 Chairman's Update Report Dr Sid Deshmukh is the CCG's dementia lead and has been supporting practices with dementia diagnosis reviews on their patients lists.
108.15.3	80.15.1 Consolidated Contractors Report Month 11 & 12 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 installing the equipment. 80.15.9 Dr Fish suggested that a proposal to reduce physiotherapy waiting lists in certain cases would be for patients needing joint injections they could the patient attends the doctor's surgery one week in advance of physiotherapy appointment for their injection. Dr Kanani advised that training for GPs should be looked at for treatment of patients with mental health problems.
108.15.3	84.15.1 £230K has been allocated to Medicines Management and Dementia with £150K each had been allocated to Childhood Obesity and End of Life Care. 92.15.1 Development of the Commissioning Intentions 2016/17 The document aligns the development of the commissioning intentions over a five year period with years 2014/16 completed new plans for years 2016/2019 being developed.
109/15	MATTERS ARISING/ACTION NOTES
109.15.1	The meeting noted that the outstanding issues on the meeting action log hand been completed – following action missing from report.
109.15.2	Action: Mary Stoneham to follow up and include on next action notes report to September Governing Body meeting in public. 51.15.2 23/03/2105 South East London Treatment Access Policy (SEL TAP) 2015 Sarah Valentine requested an impact assessment in terms of quality and finance as the CCG s need to know what to change in their contracts before signing – Dr Nada Lemic to action.
110/15	CHAIRMAN'S UPDATE REPORT
110.15.1	Dr Kanani welcomed everyone to the meeting Dr Stoate's absence. She stated Dr Stoate would not be standing for re-election as Chair in the September Governing Body election and had asked Dr Kanani to pass on his thanks for all the support he had received during the past two years while he had been the CCG Chair.

110.15.2	Sarah Blow congratulated Dr Stoate on his very positive work and commitment in leading the CCG during since establishment in April 2013 and that he would be greatly missed at the CCG who would continue to work with him in his capacity as a local GP. There would be an opportunity for the public to thank Dr Stoate at the Annual General Meeting on 10 September at Danson Boathouse.
110.15.3	Sarah Blow stated that the election process is underway for the CCG Chair and locality leads for each of the three localities with candidates for the positions confirmed below: Dr Nikki Kanani – Chair Dr Varun Bhalla – Locality Lead North Bexley Dr Sid Deshmukh – Locality Lead Frogna Dr Peter Fish – Locality Lead Clocktower Voting for all four posts by primary care advisory group representatives will take place at the GP event on Thursday 10 September 2015 with each candidate needing 50% of votes cast.
110.15.4	Dr Kanani stated that five new providers of diabetic eye screening services had been selected by NHS England to deliver services across London from 1 November 2015. The new provider for south east London will be Guys and St Thomas' NHS Foundation Trust and new services will introduce a standardised screening model to significantly improve the effectiveness and efficiency of the programme.
110.15.5	Following positive feedback from patients the mystery shopper awards had been presented on 1 July with the King's College Hospital NHS Foundation Trust's ophthalmology clinical services team (based at Queen Mary's Hospital) receiving the overall team award being and King's orthodontic consultant Mr Young receiving the outstanding individual award.
110.15.6	One of the first eight urgent and emergency care vanguard sites in London will open on the Barking and Dagenham, Havering and Redbridge System Resilience Group.
110.15.7	The Governing Body noted the decisions made since the Governing Body (public) meeting held on 21 May 2015:
110.15.8	ANNUAL REMUNERATION OF THE GOVERNING BODY LAY MEMBER – PPI The Governing Body AGREED that the annual remuneration of the Governing Body Lay Member – PPI, be increased in line with the current annual remuneration of the Secondary Care Dr and Nurse Member

<p>110.15.9</p>	<p>Governing Body posts, to reflect the increased responsibilities of the role, as laid out in the Executive summary.</p> <p>PHYSICAL DISABILITY PROCUREMENT</p> <p>The Governing Body APPROVED (following receipt of legal advice) the procurement of the wheelchair service and the integrated equipment service with a view to a new integrated contract being in place for 1 April 2016.</p>
<p>110.15.10</p>	<p>DRAFT CCG ANNUAL REPORT AND ACCOUNTS</p> <p>AGREED that the chief officer is authorised to make further non-material changes, prior to submission.</p> <p>CHAIRS ACTION NO. 1 – 15/16 DATED 22 MAY 2015</p> <p>Governing Body Approved the Better Care Fund: New Quarterly Reporting Template submission by the end of May which will be reported to the July Governing Body meeting. This will be the on-going process for future submissions.</p> <p>CHAIRS ACTION NO. 2 – 15/16 DATED 2 JULY 2015</p> <p>Governing Body Approved changes to the proposed establishment agreement for the Committee in Common for Strategic Decision Making.</p>
<p>111/15</p> <p>111.15.1</p> <p>111.15.2</p> <p>111.15.3</p>	<p>2014/15</p> <p>INTEGRATED QUALITY, SAFETY & PERFORMANCE REPORT</p> <p>Simon Evans-Evans stated that the Integrated Quality, Safety & Performance Report (July 2015) was presented in a new format and asked that feedback be sent to the Quality and Patient Experience team to improve future reporting. The new format gives information on the patient stories, Bexley picture, Quality Strategy, Quality Premium, NHS England Assurance meetings, Safeguarding and Providers. Discussions were on going with SEL CCGs regarding data requirements as each CCG had differing requirements. The NHS England top eight performance measures are included with SECSU data reporting evolving over time.</p> <p>Simon Evans-Evans asked the meeting to note that the CCG's outcome data analysis which included the top eight targets that NHS England discussed with the CCG at assurance meeting. Queen Elizabeth Hospital A&E waiting times were only 2% off target on a daily rate which was a significant improvement. Diagnostic tests waiting times had improved and met the green target along with some of the cancer targets improving. Plans had been agreed to develop improved cancer neurological pathways and following implementation targets should be met by the end of September.</p> <p>Action:</p> <p>Simon Evans-Evans to clarify red rag rating for IAPT – Proportion moving to recovery.</p> <p>Page 8 in the report illustrates an improving target position on the NHS</p>

111.15.4	<p>assurance targets where red areas are reducing and amber and green areas improving. The NHS Bexley CCG Quality & Safety Strategy 2015 outlines the strategy that will ensure that quality is at the heart of the work of the CCG, using the patient voice to drive improvement and hold providers to account for the quality of their services.</p> <p>Action: Sarah Blow to share with Governing Body member the letter from NHS England the CCG to confirm that the CCG had achieved assured rating in all areas and which was a very positive achievement for the CCG.</p>
111.15.5	<p>The Governing Body discussed the meeting paper and noted that the Serious Untoward Incidents (SUIs) was low and that the SUIs reporting had improved with more information would be included in the report. Concerns were raised over Queen Elizabeth Hospital (QEH) discharge arrangements and reporting process which had been highlighted through the GP Alert process and a summit meeting was being arranged to discuss related issues. There was discussion on the reporting process of SUIs and the need to ensure that there is a clear process to ensure that all reports are managed in one place and that the CCG is included in this process by NHS England. Sarah Blow asked that future reports only include data on Bexley patient activity.</p>
111.15.6	<p>The Governing Body Noted the Integrated Quality, Safety and Performance Provider Report.</p>
111.15.7	<p>FINANCE PERFORMANCE UPDATE AS AT MONTH 2 2015 Theresa Osborne stated that the CCG had reported a surplus of £26k at month 2 and a forecast for the outturn position of £151k surplus as agreed with NHS England.</p>
111.15.8	<p>A surplus of £26k was reported at month 2 compared to the plan position of a surplus of £25k. The in-month position necessitated the use of a small amount of available reserves to achieve this. Risks ((page 14) include contracts agreed with the CCG's four main providers, two of which are block and one a cap and collar, leaving just one Payments by Results contract and the prescribing budget. Bexley have introduced delegated prescribing and additional permanent prescribing advisors to reduce the financial risks. Running costs remain within the budget which has been set £477k. The outturn QIPP delivery has been assessed at £6.3m (100%) of the RAG rated QIPP and which is reviewed every month. Performance against the Better Practice Payment Code (BPPC) is continuing to perform well. The CCG submitted the revised monthly Continuing Healthcare Retrospective Review return to NHS England detailing spend on these cases during the month. The main report shows the CCG's performance against the key financial indicators; and that it is green against each one (page 1).</p>

111.15.9	The Chief Financial Officer had reviewed the report to ensure that it was fit for purpose and considers that there are few tables that could be removed to enable members to be assured of the CCG's financial governance and control. This removal would only slightly reduce the number of pages, and members are asked to consider whether they would like the removal or continue to receive the full report un-amended.
111.15.10	The meeting discussed the meeting paper and felt that the format should not be amended as it provided clarity on the CCG's finances. Sarah Blow stated that the CCG needed to understand the increase in acute data and suggested that the Governing Body discuss this at some future point.
111.15.11	<p>The Governing Body:</p> <ol style="list-style-type: none"> 1. Discussed & Noted the Month 2 (May) and forecast outturn financial position in line with the plan submitted to NHS England; 2. Noted the details of the 2015/16 allocations (programme and running costs) received and expenditure to date; 3. Noted the returns made to NHS England reporting the Month 2 financial position, QIPP delivery, use of 1.0% transformation fund, underlying position and the CCG's risks and mitigations (Appendix 1) plus the Continuing Healthcare return (Appendix 2); 4. Discussed & Noted the key risks and cost pressures identified to achieving the breakeven position in 2015/16 and the management actions being taken to address and mitigate these additional potential risks where possible; 5. Noted the month 2 actual performance against the key national finance targets. 6. Discussed whether the report satisfies members requirements for 2015/16.
111.15.12	<p>CONSOLIDATED CONTRACTS REPORT MONTH 11 & 12</p> <p>Sarah Valentine provided a brief overview on the meeting paper and stated that the CCG had given the CSU one month's reporting exemption in Month 1 to address the new accounting processes to be implemented due to the change in the provider tariff choice process.</p>
111.15.13	The Oxleas Summit work was on-going with the e-referral form being piloted and the GP training on DSX for of this new electronic referral method being undertaken. Work on the KPI reporting of the Hurley Group Out of Hours and Urgent Care Centre contract will start in July. The UCC have experienced an increase in activity and this is reflected in a reduction of A&E activity. The MSK service continues to receive glowing patient experience results although the service is still

	experiencing difficulties with waiting times. The Cardiology service has taken another step towards full prime contractor operation with Lewisham & Greenwich Trust and Dartford & Gravesham Trusts signing up as subcontractors to the service. The pulmonary heart service waiting list has been cleared with the service now back on track to meet targets.
111.15.14	The CCG and the London Borough of Bexley are working in partnership through the Integrated Commissioning Team to commence the re-procurement of services for people with physical disabilities and sensory impairment. The Learning Disability Tender is now being mobilised with service providers in consultation with staff, carers and service users. Oxleas Mental Health Service Redesign is now being given oversight through the Mental Health Placements and Advisory panel that will report to the Quality and Safety sub Committee. SLAM are now using a triage service with an high number of Bexley patients using the service in Quarter 1.
111.15.15	The London Ambulance Service had attained the first gateway in order to obtain the first quarter's additional funding agreed by CCGs.
111.15.16	The Governing Body Noted the performance of the Acute, Community & Mental Health contracts shown in the attached meeting report.

ITEMS FOR DECISION

112/15	OUR HEALTHIER SE LONDON CONSOLIDATED STRATEGY
112.15.1	Sarah Blow stated that there were several hard copies of the 'Our Healthier South East London Consolidated Strategy' available at the meeting and the meeting papers contained a website link to all the documentation.
112.15.2	The six South East London CCGs and NHS England (together with local authorities, local providers and key stakeholders) are working together to improve local health services. Our Healthier South East London is a five-year strategy aiming to improve health and services and provide a sustainable position. The strategy will build on existing work, engagement with the public and through collective action deliver improvements and better integration of services that are sustainable both clinically and financially.
112.15.3	A short presentation was screened providing a brief overview of the strategy delivered by clinicians and patients involved in the strategy across the six CCGs.
112.15.4	Sarah Blow stressed that the Governing Body was being asked to consider the direction of travel and that the document was a work in progress.

112.15.5	<p>The strategy is composed of six work streams led by Clinicians:</p> <ul style="list-style-type: none"> • Community Based Care • Maternity Services • Children and Young People • Urgent and Emergency Care • Cancer and • Planned Care
112.15.4	<p>Dr Nikki Kanani provided a summary of the Community Based Care Target Model for local care networks (LCN). This model is being developed in Bexley around the three localities and will focus on supporting patients in the community.</p>
112.15.5	<p>Sarah Blow presented the Planned Care model of care which has a focus on delivery of standardisation for those receiving elective treatment as well as specific work streams for diagnostics, elective care centres and pathway reviews for other specialties.</p>
112.15.6	<p>Theresa Osborne provided an overview of the Maternity model based on primary prevention and targeted wellness programmes within the LCN. easy access to appropriate assessments during pregnancy and birth, achievement of the London Quality Standards; better co-ordination through the postnatal and neonatal phase and smooth hand overs to LCN for continued support and advice.</p>
112.15.7	<p>Sarah Valentine summarised the Children and Young People model with a focus on the well child in the family setting. The Children’s integrated community team will deliver a range of proactive services for children with long term conditions and care needs; early intervention for acute illness and supported early discharge. Care pathways will ensure specialist advice and support back into the community with supported transition to adult services.</p>
112.15.8	<p>Dr Sonia Khanna-Deshmukh summarised the urgent and emergency care model. Increased access to primary care as well as in and out of hours’ unscheduled care will prevent unnecessary hospital admissions with easy access to specialist advice. Improved 111 and LAS capability will provide support in the pathway and where needed refer on to an enhanced single ‘front door’ to the Emergency Department. Emergency Department interfaces with mental health services will allow quicker connections to appropriate services and reduce hospital stays.</p>
112.15.8	<p>Sarah Valentine summarised the key features of the cancer model which ensures local early detection and provider collaboration to create</p>

	networked centres of excellence when required. Support in living with and beyond cancer through the LCN and coordinated end of life care.
112.15.9	During discussion Dr Bhalla asked whether timescales for the implementation of the care models had been discussed. Sarah Blow confirmed that there were varying timescales and where possible implementation had already started. Some pathways will require public consultation and may have longer lead in times. The CCG's clinical leads are part of every work stream and Bexley would be involved in decisions for each area.
112.15.10	Dr Graham Rehling stated he supported the strategy as the NHS needed to implement change to meet the increasing demands of the population with reduced funding.
112.15.11	Dr Peter Fish stressed the need to ensure integrated IT services across LCNs as these are essential to the success of the strategy.
112.15.16	Sarah Blow agreed to feedback these points and stressed that all views would be considered and asked the Governing Body to forward any further comments to herself or Dr Kanani.
112.15.16	The Governing Body: <ol style="list-style-type: none"> 1. Approved the direction of travel set out in the consolidated strategy as the appropriate basis for progressing to implementation. 2. Noted that the consolidated strategy is a work in progress and will continue to be developed throughout the duration of the programme.
113/15	NHS BEXLEY CCG QUALITY & SAFETY STRATEGY 2015
113.15.1	Simon Evans-Evans stated that the strategy had been developed through the work of the Quality and Safety sub-committee and mindful of the current commissioning intentions and reflected in the draft commissioning intentions for 2016 onwards. The strategy puts quality at the heart of the work of the CCG and uses the patient voice to drive improvement through holding providers to account on the quality of their services. The strategy details the priorities for 2015-16 and the progress of these priorities will be monitored by the Quality & Safety sub-committee and confirmed that this work was an integral part of the new format of the Integrated Quality & Safety Performance report presented to the Governing Body earlier in the meeting.
113.15.2	The meeting discussed the priorities for 2015-16 are detailed on page 18

113.15.2	of the meeting paper which would be monitored and reported to the Q&SSC on a quarterly basis.
113.15.3	Dr Fish stated that CDiff could be reduced with if less antibiotics was prescribed and there was software available for this use.
113.15.3	The Governing Body Approved the NHS Bexley CCG Quality & Safety Strategy 2015.
114/15	PROCUREMENT OF NON-EMERGENCY PATIENT TRANSPORT SERVICES (TO DARTFORD & GRAVESHAM HOSPITAL TRUST NON-EMERGENCY CONVEYANCES ONLY)
114.15.1	Sarah Valentine stated that the current contract for Non-Emergency Patient Transport Services (to Dartford & Gravesham Hospital Trust) expires at the end of June 2015. The meeting paper details proposed procurement process and risks involved.
114.15.2	The Governing Body Approved that Bexley CCG should be an associate to the procurement of Non-Emergency Patient Transport Services for the Kent & Medway area as laid out in sections 1, 3, and 4 of the attached report. The procurement will be managed via South East Commissioning Support Unit.
115/15	PERSONAL HEALTH BUDGETS POLICY FOR CHILDREN & YOUNG PEOPLE (0-25 YEARS) WHO LIVE IN BEXLEY WITH EDUCATION, HEALTH & CARE PLANS
115.15.1	Sarah Valentine stated that each CCG is required to provide Personal Health Budgets (PHBs) to a range of individuals. The CCG and the London Borough of Bexley are jointly committed to implementing the Children & Families Act and will develop joint commissioning arrangements to deliver services for children and young people with special educational needs and/or disabilities and offer a personal budget option where an EHC plan has been agreed.
115.15.2	The Governing Body Approved: <ol style="list-style-type: none"> 1. The Personal Health Budgets Policy as set out in the attached paper. 2. The Assistant Director for Integrated Commissioning to make minor amendments to the policy as required following review by relevant committees of the London Borough of Bexley.
116/15	PROPOSAL FOR AN APPRENTICESHIP SCHEME AT BEXLEY CCG
116.15.1	Theresa Osborne stated that the proposal for an apprenticeship scheme at NHS Bexley CCG in conjunction with Bexley Council had been developed following Governing Body discussions. The apprenticeship



116.15.2	scheme for a school leaver would be a two year programme with the apprentice working 4 days and 1 day at college to study for the Association of Accounting Technicians qualification.
116.15.3	Sarah Blow stated she was very supportive of the apprentice proposal who would work in the CCG's and Bexley Council's finance departments and the qualification at the end of two years could be used for the development to a fully qualified accountant.
116.15.4	The Governing Body Approved: <ol style="list-style-type: none"> 1. the establishment of a finance apprenticeship in conjunction with the London Borough of Bexley; 2. the establishment of a new post within the finance structure post apprenticeship.
116.15.4	Dr Sid Deshmukh left the meeting.
117/15	QUESTIONS FROM THE PUBLIC
117.15.1	1. Positive comments were received from a Patient Forum member involved on the MSK redesign programme and it was noted that physiotherapy waiting times was under review for improvement.
ITEMS FOR DISCUSSION	
118/15	2014/15 ANNUAL ACCOUNTS SUBMISSION
118.15.1	Theresa Osborne stated that following the Audit & Integrated Assurance committee (who had delegated authority from the Governing Body) recommendation, the CCG had submitted its draft annual accounts on 23 April 2015. The final accounts will be presented at the Annual General Meeting to be held on 10 September 2015 from 10.45 – 12.30 at the Danson Boathouse.
118.15.2	Theresa Osborne stated that the CCG had received both an unqualified opinion and an unqualified value for money conclusion which was a positive outcome.
118.15.3	The Governing Body Noted the audited Annual Accounts attached at Appendix 1 in the meeting which were submitted in accordance with the national timetable.
119/15	PRIMARY CARE DEVELOPMENT WORKING GROUP (PCDWG) UPDATE
119.15.1	Theresa Osborne stated that the membership of the Primary Care Development Team (PCDT) had evolved into the Primary Care Development Working Group (PCDWG) with expanded membership to include locality managers/GP from each locality, Head of Bexley
119.15.2	Voluntary Services Council, Community Pharmacy Representation,

	<p>Patient Representation, Governing Body Lay Member Patient & Public Involvement, Nursing representation and Local Authority representation. CCG staff from I.T., Medicines Management and Governance & Quality are invited when their professional input is required into the meetings.</p>
119.15.3	<p>Regular updates will be provided to the Governing on the progress of the committee's workplan which include the development of Primary Care Strategy which will be on the agenda for the Governing Body meeting in public in September.</p>
119.15.4	<p>Bexley localities have now agreed to implement the Bexley iPlato Family and Friends module to all practices for one year. This system allows practices to send automated reminders to patients which improves patient attendance and any cancellations automatically release appointments within clinical systems which improves access.</p>
119.15.5	<p>Dr Peter Fish stated that the Linked Care work of sharing data is being implemented and proving to be very useful with practices and there is a general consensus to share data with some providers. Work is being progressed with Lewisham & Greenwich NHST to share data via the 'Connect Care' system.</p>
119.15.6	<p>Dr Graham Rehling asked about the progress of transforming NHS estates by NHS Property Services in partnership with the community. Theresa Osborne confirmed that this work was in the development stage and an Estates Strategy would be agreed next year with a three funding plan.</p>
119.15.7	<p>Sarah Blow welcomed the major changes taking place in primary care and thanked all members of practise and the PCDWG for the innovative work being implemented.</p>
119.15.8	<p>The Governing Body Noted:</p> <ol style="list-style-type: none"> 1. The work of the Primary Care Development Working Group outlined within this report. 2. Progress to date on the Primary Care Commissioning Intentions and strategy.
120/15	DEVELOPMENT OF THE COMMISSIONING INTENTIONS 2016-18
120.15.1	<p>Sarah Valentine stated that a CCG task and finish group has been established with a lead representative from each Directorate to oversee the completion of a robust action plan for the development of the Commissioning Intentions 2016/18 which will be considered by the September Governing Body meeting in public.</p>

120.15.2	The Governing Body Noted the update regarding the progress achieved to engage with stakeholders to draft and inform the Commissioning Intentions Document to cover the period from 2016/2017 onwards.
121/15	RETROSPECTIVE NHS CONTINUING HEALTHCARE APPLICATIONS
121.15.1	Sarah Valentine stated that the meeting paper provides information on the number of Retrospective NHS Continuing Healthcare (CHC) applications received by the CCG on review process, current position on the cases, costs to date and issues that have been identified. She thanked the CCG's Continuing Healthcare Team for their hard work to date which is on target to meet the 31 March 2017 deadline.
121.15.2	The Governing Body discussed and Noted the meeting paper.
122/15	BOARD ASSURANCE FRAMEWORK REPORT
122.15.1	<ul style="list-style-type: none"> Simon Evan-Evans drew to the attention of the Governing Body two high risks Risk 198 relates to the triangulation in 2015-16 from both soft and hard data suggests that there are a number of quality and safety issues at QEH (L&Q Trust). The risk has a residual risk rating of 15 but a target of 6
122.15.2	<ul style="list-style-type: none"> Risk 220 records failure by LGT to provide adequate assurance that 18 week RTT compliance trajectory will be met. It has a residual risk rating of 15 and a target of 6.
122.15.3	Simon Evans-Evans asked the Governing Body to note The Governing Body NOTED the Board Assurance Framework as laid out in the meeting report.
ITEMS FOR INFORMATION	
123/15	MINUTES FROM MARCH BEXLEY HEALTH & WELLBEING BOARD ON 30 APRIL 2015
123.15.1	The Governing Body NOTED the minutes from Bexley's Health and Wellbeing Board (HWB) meeting on 30 April 2015.
124/15	MINUTES OF SOUTH EAST LONDON CLINICAL STRATEGY COMMITTEE 21 MAY 2015
124.15.1	The Governing Body NOTED the Clinical Strategy Committee minutes for 21 May 2015.
125/15	HEALTHY LONDON PARTNERSHIP – JULY 2015 PROGRESS REPORT
125.15.1	The Governing Body NOTED the Healthy London Partnership – July 2015 Progress Report.



<p>126/15 126.15.1</p>	<p>SEL 111 BRIEFING Sarah Valentine asked the meeting to note the meeting paper and the three month delay to the programme.</p> <p>The Governing Body NOTED the SEL 111 Briefing.</p>
<p>127/15 127.15.1 127.15.2 127.15.3</p>	<p>MINUTES OF COMMITTEES/SUB-COMMITTEES OF GOVERNING BODY TO NOTE:</p> <ul style="list-style-type: none"> • PATIENT COUNCIL 31 MARCH & 19 MAY 2015 <p>EXECUTIVE SUMMARIES FOR COMMITTEES/SUB-COMMITTEES FOR THE GOVERNING BODY TO NOTE:</p> <ul style="list-style-type: none"> • AUDIT & INTEGRATED ASSURANCE COMMITTEE 19 MARCH & 21 APRIL 2015 • EXECUTIVE MANAGEMENT COMMITTEE 9 APRIL & 2 JUNE 2015 • FINANCE SUB-COMMITTEE 10 MARCH, 10 APRIL & 12 MAY 2015 • MEDICINES MANAGEMENT SUB-COMMITTEE 25 MARCH 2015 • INFORMATION GOVERNANCE SUB-COMMITTEE 10 MARCH 2015 <p>The Governing Body NOTED the minutes and the executive summary of the above mentioned meetings.</p>
<p>128/15 128.15.1</p>	<p>UPDATE FROM PATIENT COUNCIL Sandra Wakeford stated members of the Patient Council continue to provide essential input into the redesign in services and are currently working on updating IT systems in GP practices and hospital services. Collaborative work continues with Healthwatch who now have a Board Member attending the Quality & Safety Sub-Committee meetings, a member as a patient representative on the MSK work at Queen Mary's Hospital.</p>
<p>129/15 129.15.1</p>	<p>ANY OTHER BUSINESS None.</p>
<p>130/15 130.15.1</p>	<p>PUBLIC FORUM</p> <ol style="list-style-type: none"> 1. Q1. A question was raised regarding Ophthalmology service concerns by member of the public that the designated appointment line is not answered. <p>Sarah Valentine agreed to look into this matter and feed back to the next meeting.</p> <p>Post meeting: Providers confirmed there had been admin problems which has now been resolved and new the implementation of new improved</p>



130.15.2	<p>telephony software being installed to enable telephone calls to queue until answered.</p> <p>2. Meeting papers had been paper sent out with wrong postage and addresses required to make additional payment.</p> <p>Mary Stoneham to investigate issue with printers and feedback to next week.</p> <p>Post Meeting: Printers confirmed mistake by Royal Mail – reimbursement had been made by Royal Mail which would be passed on meeting attendees who had been overcharged.</p>
<p>131/15 131.15.1</p>	<p>DATE OF NEXT MEETING</p> <p>Annual General Meeting Thursday 10 September 2015 from 10.45am-12.30pm Danson Boathouse, Danson Park, Danson Road, Bexleyheath, Kent DA6 8HL</p> <p>Governing Body meeting (held in public) Thursday 24 September 2015 from 1.30pm–3.30 pm in The Angelus Centre, Bexley Road, Erith, Kent DA8 3HQ</p>