

Appendix A

Q.1. Appointment of Dr Nikita Kanani GP Locality Representative, Clocktower as Clinical Vice Chair.

The Governing Body (public) meeting Thursday, 28 November 2013 Co-opted Dr Kanani to cover for Dr Gunen Ucyigit whilst on maternity leave and approved Dr Kanani to the Governing Body as the Clocktower Locality Representative until September 2014.

Governing Body (public) meeting Thursday, 30 January 2014, "Simon Evans-Evans announced that Dr Nikita Kanani received the majority of votes and was duly elected as the Clinical Vice Chair"

From papers for Governing Body (public) meeting Thursday, 29 May 2014:

- The full membership of the CCG (PCA) is the only group who can approve changes to the constitution.
- Under the Health and Social Care Act (2012) the final amended constitution can only come into force if approved by NHS England.
- At the meeting on 8th May 2014 PCAG agreed the final version of the amended constitution as recommended by the governing body at their meeting 27th March 2014 with minor revision to the standing orders...
- Changes will be submitted to NHS England by 2nd June 2014 for approval.

(a) Since the election of Dr Kanani as the Clinical Vice Chair pre-dates CCG (PCA) approval of these changes by a period in excess of three months and the election took place four months prior to submission to NHS England for an approval that has not yet been granted; does that not render the nomination, selection and election of Dr Kanani as the Clinical Vice Chair unconstitutional?

The Primary Care Advisory Group (PCAG) agreed to have a clinical vice-chair, this operational change does not necessitate a constitutional change, however the PCAG have decided to embed this operational approach into the revised constitution that the Governing Body agreed should be sent to NHS England.

Q.2. Dr Kanani was "co-opted to cover for Dr Gunen Ucyigit who is taking leave of absence for maternity" and was approved as the Clocktower Locality Representative until September 2014.

- It is assumed that September 2014 will see Dr Ucyigit return to duty with the CCG, reinstated as the Clocktower Locality Representative and Dr Kanani's cover of that position will cease as per the terms of being co-opted.
- Eligibility for the office of Clinical Vice Chair is "An elected clinical member of the governing body (either Locality Lead or Locality representative)".

However, if the submitted changes to the constitution are approved by NHS England:

- Dr Kanani's term of office as elected Clinical Vice Chair would be "3 years".
- The only grounds for removal from office would be: "Material failure to comply with the terms of the constitution and/or the passing of a vote of no confidence..."
- Notice period is "6 months".

(a) Therefore, unless Dr Kanani was appointed to that role on a fixed term contract until September 2014 in order to circumvent the constitutional term of office (certainly not mentioned when the election took place!), when Dr Ucyigit returns to duty as the Clocktower Locality Representative, September 2014 it is difficult not to see the possibility that as a result of what may have been an unconstitutional appointment, the CCG may well then have an elected Clinical Vice Chair no longer eligible to hold that office but still with some two years and three months of their term in office remaining? How will this situation be resolved? Please note, none of the forgoing is intended to cast any doubts upon Dr Kanani's qualification, capability or ability for the role of Clinical Vice Chair, only to highlight the situation resulting from the election to that office.

The eligibility for the role of Clinical Vice Chair requires that the person is an elected clinical member of the Governing Body.

Q.3. Dr Nada Lemic, is listed on Bexley CCG web site as a non-voting member of the governing body (Director of public health) but does not appear in its published remuneration report.

(a) Do all Executive Members of the Governing body receive remuneration for attending meetings, including those who hold a professional appointment - eg the Bexley director of Public Health?

The London Borough of Bexley Director of Public Health is not remunerated for her role as a non-voting member of the Bexley CCG Governing Body

(b) If so, what are the details of remuneration as per the published list for other members?

See above.

(c) Since Dr Nada Lemic is also employed as the Director of Public Health for the London Borough of Bromley, does she work part-time for Bexley Council or Bexley CCG?

Dr Lemic does not work part time for NHS Bexley CCG, save as a member of our Governing Body, for which she is not remunerated.

(d) If so, how many hours does she work?

n/a

(e) Her profile on the CCG's website describes her view that "improvement in quality of life and reduction of health inequalities as important elements of her work, which includes working with vulnerable groups". Where can members of the public read the details of her work to tackle health inequalities such as those related to poverty and malnutrition, the rise of food-bank use and for vulnerable people, including children, the sick and disabled?

More information about the work of the public health departments, led by Dr Lemic at the London Borough of Bromley and Bexley, can be found online:

- <http://www.bexley.gov.uk/index.aspx?articleid=15791>
- http://www.bromley.gov.uk/news/article/20/public_health

(f) The LB of Bexley web site tells us "This year Trussell Trust Foodbanks have fed nearly 200,000 people across the UK". Can Dr Lemic advise on how many vulnerable residents in Bexley CCG's area of responsibility have had cause or needs to utilise the services provided by local food-banks YTD and how that figure compares with the same period in 2013?

The CCG does not hold this information and would refer you to the London Borough of Bexley.

Q.4 Specialist Care for Heart Failure Patients in Acute Cardiac Wards at Lewisham & Greenwich Trust Hospitals and Darent valley Hospital.

(a) What is the incidence of heart failure among the Bexley Borough population?

(b) How many of those patients admitted to Lewisham and Greenwich NHS Trust (QEH and UHL) and/or Darent Valley hospitals had access to the beds in the Cardiac Wards in 2013/14?

- (c) How many Cardiac beds and wards are in use in each hospital?
- (d) How many of those patients were admitted to other wards throughout each hospital, and which wards were these?
- (e) On what basis is the decision made to select one patient for specialist treatment, and place another on a non-cardiac ward?
- (f) What are the criteria? Is the deciding factor the availability of Cardiac beds and staff?

This information is not held by the CCG and can be obtained from the relevant acute hospitals treating Bexley patients

Lewisham and Greenwich NHS Trust communications.lg@nhs.net

Darent Valley Hospital generalenquiries@dvh.nhs.uk

Q.5 ACCESSIBILITY OF AGENDA PAPERS TO THE PUBLIC & THE BOARD'S POLICIES ON PUBLIC INVOLVEMENT AND EQUALITIES.

The Agenda papers for today's meeting typically demonstrate the barriers presented to members of the public wanting to be involved in the work of the Board, and the provision of their healthcare services.

The volume of papers received only days before meetings, make it extremely difficult to read, let alone study, research or discuss the contents with others.

- (a) Has the Board considered, in view of their workload with the new NHS structure and re-organisation of the Health Service the use of monthly Board Meetings instead of bi-monthly?

NHS Bexley CCG's governing body holds a meeting in public every two months. The governing body is able to fulfil its statutory duties and undertake its workload following the adopted meeting structure by the CCG.

Recently, no doubt with the laudable aim of reducing use of paper, often the main body of some reports are in smaller type than that traditionally used for the rest of the agenda.

This is causing difficulty for those with sight problems, and making these important reports inaccessible.

The use of abbreviations throughout the reports, often without explanation, is also hindering access for the general public. Whilst the inclusion of 'Glossary of terms' is of some help with this ISMT the ICIR can be VDTF whilst having to CSBP.

- (b) Do the Board's policies on Equalities and Public Involvement cover these issues, and who has the designated responsibility for monitoring them?

There are a number of ways in which NHS Bexley CCG engages with members of the public. Governing body meetings held in public are just one of the ways in which local people can find out more about what the CCG does and interact with members.

NHS Bexley CCG regularly monitors its meeting papers to ensure:

- They meet accessibility guidelines
- The papers are made available at the earliest opportunity
- Are transparent and concise

Many of NHS Bexley CCG's public facing documents are available, on request, in large print. Papers are also available online, where they can be enlarged to suit the needs of the reader. NHS Bexley CCG's website uses an accessibility tool called 'Browsaloud', which adds speech and reading support tools to online content to extend the reach of websites for the 20 per cent of the population that requires reading support. This includes those with dyslexia, learning difficulties, mild visual impairments and those with English as a second language.

However, the CCG is continually looking to improve accessibility of governing body papers and will be introducing a number of tools to help the reader further understand the content of papers. Further engagement will be undertaken with the CCG's patient council but some of the tools the CCG hopes to introduce include:

- Glossary of abbreviations and acronyms. Currently the CCG's standard in reports is to reference in full the first time and abbreviation is used thereafter.
- The ability to transform PDF files into MP3 audio files

Simon Evans-Evans is the executive lead for both quality and patient engagement, both of which are monitored by the Governing Body, Executive Management Committee and the patient council.