

**HAVERING HEALTHWATCH LIMITED**

Company number 08416383

**MINUTES**

of a meeting of the Management Board  
9 September 2013 (2pm-4.30pm)

**Present:**

**Directors:**

**Anne-Marie Dean, Chairman**

**Ian Buckmaster, Company Secretary**

**Joan Smith, Manager**

**An apology was received for the absence of Hemant Patel**

Note: except as noted, all resolutions were passed unanimously

**46 MINUTES OF LAST MEETING**

The minutes of meeting of the Board held on 12 August were confirmed as a correct record and were then signed by the Chairman.

It was noted that the meetings of the Strategy, Governance and Assurance and Advisory Boards due in September had been cancelled as insufficient Lead Members were available to make the SGA meeting viable and the formal launch of Healthwatch Havering had been arranged for the day that the Advisory Board would have met. The first SGA meeting would now be on 14 October and the Advisory Board on 25 November.

The Chairman and Manager were due to appear at a Topic Group of the Council's Health OSC, looking into patient discharge issues. The Board thanked Active Member Donal Hayes for his work bringing up to date a report into discharge that had been prepared by the former LINK. That report would form the basis of the presentation to the Topic Group, in which the issue of lack of clarity about advocacy services would be raised.

**47 FINANCE REPORT**

The Company Secretary submitted the Finance Report for August (including total expenditure in the year to date).

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Total expenditure had amounted to £8,476.74 against income brought forward of £33,802.76.

Details were **NOTED** of contracts and business arrangements entered into by or on behalf of the Company to the end of August.

#### **RESOLVED:**

**That the Finance Report be NOTED and ACCEPTED.**

The Board agreed that a slightly simplified Finance Report should be provided to each meeting of the SGA Board.

## **48 REPORTS OF MEETINGS WITH STATUTORY AND OTHER BODIES**

### **A. Havering Council Social Care Commissioning**

The Chairman, Company Secretary and Manager had met Tom O'Vens of the Social Care Commissioning team, sponsors of Healthwatch Havering. He had appeared impressed by the progress made since Healthwatch Havering was commissioned and had raised no issues of concern. He agreed that a proposal that Havering should participate in a pilot scheme for assessing the performance of local Healthwatches should not be pursued for the present.

He indicated that there was a view within the Council that it was inappropriate for the Social Care Commissioning team to sponsor Healthwatch Havering in view of the potential for conflict of interest should Healthwatch Havering need to investigate the work of the team (directly, or in relation to commissioned services). An alternative sponsor within the Council might be sought.

### **B. CQC Dementia Group**

Healthwatch Havering had been invited to participate in the work of a group set up by the CQC, looking at Dementia services (the only local Healthwatch participating). Lead Member Cliff Reynolds had been designated as the representative, and his report was awaited.

### **C. BHRUT Learning Disabilities Conference**

The Manager had attended the conference, at which the Trust had explained what was happening in furthering their understanding of people with learning disabilities. The Trust had a passport which was given to those patients to ensure a more streamlined way in which to treat them.

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### **D. Meeting with Deputy Director of Nursing Services**

The Chairman, Manager and Barry Wood had met Gary Etheridge, DDNS at Queen's to discuss various issues. The DDNS had agreed to provide Safeguarding training for Healthwatch Havering (at no cost) and had also agreed to meet regularly with Healthwatch Havering to discuss matters of mutual concern.

### **E. St Francis Hospice**

During a recent SFH Clinical Governance meeting, SFH representatives had mentioned that they were experiencing difficulty in obtaining pharmaceutical supplies. Healthwatch Havering had agreed to assist in pursuing the matter and Mr Patel had been in touch with them to offer advice.

### **F. Survey of A&E patients**

The Manager had assisted in a survey of patient attending at A&E in Queen's during the beginning of September. It had been an interesting experience, and it was clear that many attendances were the result of GPs' reluctance to make home visits.

### **G. Health & Wellbeing Board**

The Chairman of BHRUT had attended the HWB meeting to discuss the proposal for overnight closures of the A&E service at King George Hospital. There was particular concern that the change had been announced without prior consultation and at an apparent lack of engagement by BHRUT with stakeholders. Statistics indicated that, contrary to BHRUT belief, the volume of attendances at A&E had not increased, indicating the need for better gathering and analysis of data. BHRUT representatives would attend the HWB again in a couple of months.

The HWB had agreed express its concerns to NHS England.

### **H. Urgent Care Board**

The UCB had agreed an audit trail for the frail elderly. Analysis of ambulance call statistics showed that Havering's call-rate was not exceptional although there was a higher than average call-rate for attendances at care homes.

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BHRUT had introduced 7 day working though Havering Council had not. Consultants were moving to 7 day clinical responsibility.

#### **I. Over 50s Forum and Havco**

The Manager had given presentations to the Over 50s Forum (at which Healthwatch Havering now had a regular “slot”) and Havco.

#### **J. Healthwatch Havering Teams**

The GPs and Social Care teams had met, and the Hospitals team was due to meet.

#### **K. Care homes**

Social Care Lead Member, Christine Ebanks and the Manager had met with Bernadette Ganley, Manager Compass Care Homes. They were pleased with the visit; the care homes were run well but the Healthwatch Havering representatives raised the need for the home to be redecorated. The representatives had also advised the Manager of Compass Care Homes to work on her action plan for the CQC.

## **49 MEMBERSHIP OF THE COMPANY, AND AUTHORISATION TO ENTER AND VIEW**

The Company Secretary reported that the individuals mentioned below had now fulfilled the agreed conditions for being admitted members of the Company and were now eligible, subject to satisfactory completion of the appropriate training, to undertake enter and view exercises.

### **RESOLVED:**

**That the following be admitted members of the Company and, subject to satisfactory completion of the appropriate training, be authorised to enter and view:**

**Joan Philomena Smith**  
**Christine Anne Ebanks**  
**Terence Frank Matthews**  
**Clifford T M Reynolds**  
**John Skillman**

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**50 POLICY DOCUMENTS**

The Board had before them the policy documents mentioned below. Each was approved as submitted.

**RESOLVED:**

**That the following policy documents be approved and the policies within them adopted for use by Healthwatch Havering:**

- **Volunteer Handbook**
- **Volunteer Policy**
- **Declaration of Interests Guidance**
- **Expenses Policy**
- **Complaints Procedure**
- **Health and Safety Policy**
- **Escalation Policy**
- **Whistle Blowing Policy**
- **Safeguarding Policy**
- **Equality & Diversity**
- **What is Healthwatch Havering?**

**51 CONTRACTS OF, AND FOR, SERVICES: DIRECTORS AND MANAGER**

The Board had before them the draft contracts for services for the Directors, the draft contract of service for the Manager, and draft supplementary contracts for the Chairman and the Company Secretary.

**RESOLVED:**

**That each of the draft contracts be approved and the relevant individuals be invited to sign those applicable.**

***Note: Mr Patel being absent from the meeting, the Company Secretary was requested to secure Mr Patel's acquiescence to his draft contract. Mr Patel duly signified his acceptance.***

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**52 OTHER MATTERS**

The Manager reported that she had obtained a video on Enter & View from Healthwatch England and intended, once the initial E&V training had taken place, to train new recruits on E&V.

The Board endorsed that intention.

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**Chairman**  
**14 October 2013**

## Management Structure

### Management Board

#### Role:

- To manage the corporate and financial affairs of Healthwatch Havering as a limited company and employer, and in exercising statutory functions
- To ensure due and proper compliance with the Companies Acts, the Health & Social Care Act 2012 and the Local Government & Public Involvement in Health Act 2007, and all other relevant regulations and regulatory requirements
- To liaise with the Havering Council as funder of Healthwatch Havering
- To authorise (and where appropriate to withdraw authorisation of) Directors, Lead Members and Active Members to undertake activities on behalf of Healthwatch Havering, including (but not limited to):
  - Representing Healthwatch Havering at meetings
    - of Havering Council
    - with other Healthwatch organisations at local, regional or national level
    - with other local authorities
    - of relevant NHS bodies
  - carrying out “Enter and View” of premises and facilities within the purview of Healthwatch Havering
  - meeting with community groups and charitable and other voluntary organisations with interests in Health and Social Care issues
- To prepare the Annual Report of Healthwatch Havering
- To approve all statutory and other returns required of Healthwatch Havering as a limited company

**Membership: Chairman, Company Secretary and Director (Quorum: 2)**

**Frequency of meetings: The Management Board will meet monthly,**

### Strategy, Governance and Assurance Board

#### Role:

- To ensure there are appropriate tools and mechanisms in place to enable any individual to express their views and concerns about the local health and social

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care services and ensuring that this contribution is recognised and helps to build a picture of local services.

- To ensure that appropriate support is available to provide people with information about their choices and what to do when things go wrong; information about local health and care services and how to access them
- To provide authoritative, evidence-based feedback to organisations responsible for commissioning or delivering local health and social care groups, and support Clinical Commissioning Groups to make sure the services really are designed to meet individual's needs.
- To ensure the views and experiences of patients, carers and other services users are taken into account by the Health and Wellbeing Board when local needs assessments and strategies are being prepared.
- To promote public health, health improvements and tackling health inequalities
- To alert Healthwatch England, Care Quality Commission (CQC) and/or other statutory regulators to concerns about specific care providers
- To work with the CCG and Havering Council to develop a consistent set of quality standards that support best practice and define good outcomes.
- To ensure sound stewardship of the funds and working methods of the organisation
- To support and develop the members of Healthwatch Havering, enabling them to become vibrant and effective ambassadors on behalf of their local communities.

Membership: 8 persons (Quorum: 50% of appointed membership, plus 1, provided 2 Directors are present)

Healthwatch Havering Chairman, Company Secretary, Director and Manager

Lead Member with responsibility for Quality, Safety and Risk

Lead Member with responsibility for Hospital Services

Lead Member with responsibility for the co-ordination of the 6 CCG Healthwatch cluster teams

Lead Member with responsibility for Social Care

Frequency of meetings: The Strategic, Governance and Assurance Board will meet monthly, usually immediately following the monthly Management Board meeting. Meetings will be held in public, except to the extent that it may be necessary to exclude the public if the personal details of individuals are likely to be discussed

## Advisory Board

### Role:

To consider reports from the Healthwatch CCG cluster and specialist teams on matters of interest, and to advise the Management Board and/or Strategy, Governance and Assurance Board thereon, including (but not limited to):

- Outcomes of “Enter and View” exercises
- Public consultations
- Presentations to, and other activities with, local community groups and charitable and other voluntary organisations with interests in Health and Social Care issues
- To consider reports from Healthwatch Havering representatives at meetings of local authority and NHS bodies
- To determine the action to be taken, if any, in the light of such reports
- To approve the Annual Report of Healthwatch Havering
- To approve all formal reports by Healthwatch Havering to any local authority or NHS bodies

Membership: 19 persons (Quorum: 50% of appointed membership, plus 1, provided 2 Directors are present)

Healthwatch Chairman, Company Secretary, Director and Manager

The 9 Specialist Lead Members and the 6 Lead Members representing the individual Cluster groups

Frequency of meetings: The Policy Advisory Board will meet every two months, usually during the second week after the Management Board meeting for that month – meetings will be held in public, except to the extent that it may be necessary to exclude the public if the personal details of individuals are likely to be discussed.

## Committees

The Strategy, Governance Assurance Board and the Policy Advisory Board may, with the approval of the Management Board, establish such Committees as they think fit. Such Committees may be permanent or set up for a specific task, then dissolved.

No Committee shall have power to commit Healthwatch Havering (or Havering Healthwatch Limited) to expenditure without the approval of the Company Secretary.

The terms of reference of all Committees shall be agreed by the Board establishing them (but may be altered and amended subsequently), subject to approval by the Management Board.