

HAVERING HEALTHWATCH LIMITED

Company number 08416383

MINUTES

of a meeting of the Management Board
18 February 2014 (2pm-3.30pm)

Present:

Directors:

Anne-Marie Dean, Chairman
Ian Buckmaster, Company Secretary
Hemant Patel

Joan Smith, Manager

Note: except as noted, all resolutions were passed unanimously

89 MINUTES OF LAST MEETING

The minutes of meeting of the Board held on 21 January 2014 were confirmed as a correct record and were signed by the Chairman.

The Board noted that the photocopier (minute 82) had now been delivered; some £120 had been spent but that represented a considerable reduction when compared with the cost of printing previously.

The Awayday (minute 86) had now been booked for 25 March at the Harefield Manor Hotel, Romford.

90 IMPROVING THE RESILIENCE OF HEALTHWATCH HAVERING – POSSIBLE EMPLOYMENT OF PART-TIME ASSISTANT

The changes in structure and operations agreed in November last year had been successful but it had since become clear that there was still administrative and other, low-level, work needing to be done. There was a growing need to support the Lead and Active Members as their workload continued to build up and new areas requiring Healthwatch input continued to emerge.

The Manager's workload had continued to rise, notwithstanding the additional hours being put in by the Company Secretary.

It was therefore proposed that the Company should seek to employ a part-time assistant to the Manager for 15 hours a week (the exact allocation of time to be agreed) on a fixed-term contract for one year commencing 1 April 2014 at a salary of £7,620 (equivalent to approximately £9.75 per hour). It was envisaged that the employee would work to the Manager and undertake such duties as she considers necessary to provide support, particularly to the Lead Members, including:

- Keeping the diary and updating it on the computer

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- Booking rooms and refreshments
- Weekly post to those who do not have access to a computer
- General post duties
- Generally keeping the office tidy and the files up to date

The proposed level of salary, £7,620 per annum, was affordable from within the resources currently, and likely to be, available.

A commitment to more than one year's employment would not be possible as there was no present certainty about the continuation of the Company's involvement in Healthwatch Havering, or of continued funding, beyond 31 March 2015.

It was also agreed that a temporary appointment be made until the end of March 2014. The Manager had identified someone suitable (whose CV was submitted to the Board) and it was agreed that she be appointed, subject to satisfactory interview.

It was noted that, as a private small business, the Company was not bound to follow all of the processes required of a public authority. The Council would, however, expect broad compliance with accepted practice and, therefore, the vacancy would need to be advertised to ensure that proper process was followed in a non-discriminatory way.

RESOLVED:

- 1 That the proposed post be authorised and the Company Secretary be authorised to take all steps necessary to secure a suitable appointment on the terms proposed.**
- 2 That, subject to satisfactory interview, Beverley Markham be appointed for the period to 31 March 2014 for a single payment of £[REDACTED].**

[Note: Beverley Markham was interviewed on 21 February by the Chairman, Company Secretary and Manager, and duly appointed]

91 FINANCE REPORT

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

Total expenditure had amounted to £12,866.56 against income brought forward of £60,793.03. The end of month balance carried forward was £47,926.47. The level of expenditure had been above the monthly forecast but well within the funding available.

A forecast of expenditure expected to the year end was also submitted.

92 **ANNUAL RETURN, ANNUAL ACCOUNTS, ANNUAL REPORT AND ANNUAL GENERAL MEETING**

The end of the Company's first year of operation was approaching and the Board was reminded that there were various statutory and practical/good practice obligations to be complied with.

At the end of February, the **Annual Return** would have to be made to Companies House. This largely consisted of confirming and/or updating existing registered information – for example, the names of Directors and Company Secretary and location of the Registered Office. The Annual Return did not require ratification by the Board.

The financial year would end on 31 March and the **Annual Accounts** for 2103/14 would need to be made up to that date. Thereafter, the accounts would require audit (there was no statutory obligation for that but given that the Company was funded by public monies, it would be good practice to do so) and a return made to both Companies House and HM Revenue & Customs. Once approved by the Board, the accounts would need to be referred to the Strategy, Governance and Assurance Board and then to an Annual General Meeting (AGM) of members.

The Company was required to prepare, no later than 30 June, its **Annual Report**, copies of which must be supplied to NHS England, Healthwatch England, the Council, its relevant Overview & Scrutiny Committees and the CCG, and be published widely. There were Ministerial Directions as to the content of the Annual Report that would need to be complied with. The Annual Report would also require approval by the Board, referral to the Strategy, Governance and Assurance Board and thence to the AGM.

Although there was no obligation to hold an **Annual General Meeting** of members of the Company, the Board agreed that it would be good practice – and sensible – to do so, and to use the occasion to obtain members' agreement to the Annual Accounts and Annual Report.

RESOLVED:

- 1 **That the Company Secretary be authorised to submit the Annual Return to Companies House within the statutory timescale.**
- 2 **That the Company Secretary submit the draft Annual Accounts and draft Annual Report to the Board for initial approval and subsequent referral to the Strategy, Governance and Assurance Board and to the Company's members in Annual General Meeting.**
- 3 **That an Annual General Meeting of the members of the Company be held in mid-June 2014, to receive the Annual Accounts and the Annual Report (the exact date to fixed in due course).**

93 **GOVERNANCE REVIEW**

At the last meeting, the Board had considered a paper by the Chairman, initiating a review of current governance arrangements in the light of experience. It was then agreed that the Advisory Board should be suspended, that the Lead Member structure revised to reflect what had actually been achieved rather than original aspirations and that the Management Board and the Strategy, Governance and Assurance Board arrangements be revised.

The Board now CONFIRMED the new arrangements, as follows:

Strategy, Governance and Assurance Board

Meetings of the SGA Board to take place in two parts:

Part 1 of the SGA Board – Closed meeting

Membership: Members of the Board, the Manager and all designated Lead Members

Role: This part of the meeting will undertake all aspects of the role as set out in the governance structure. It is anticipated that this will be a short meeting directly following the Management Board and in many ways preparation for the Part 2 of the meeting.

In addition, where the Management Board deem it appropriate, matters of a confidential nature will also be shared and discussed with the members of the SGA. “Confidential” information is defined as information that:

- A - has been provided to Healthwatch Havering by a government department or agency, NHS body or Havering Council on terms requiring confidentiality; or
- B - is commercially sensitive or restricted; or
- C - relates to an individual, publication of which is likely to breach the Data Protection Act or other legislation protective of an individual’s privacy, or would cause the person harm if it became public knowledge; or
- D - relates to the personal, medical, social or financial affairs of any person other than Havering Healthwatch Limited itself

Part 2 of the SGA Board – General meeting

Membership: All members of the SGA Board; all members of Healthwatch Havering will be invited to attend if they so wish.

Role: As set out in the current structure, together with the functions of the Policy Board.

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Frequency of Meetings: All meetings will run on a monthly basis on the same day in the following order: Management Board, Part 1 of the SGA Board and Part 2 of the SGA Board.

The Role of Lead Members

It was originally envisaged that there would be a total of 15 Lead Members: 9 Specialist and 6 appertaining to GP Clinical Delivery Groups. However, the recruitment process and a greater understanding of local and national health needs and trends had led to re-consideration of the skills, talents and abilities that were now needed.

Hospital and Social Care Services remained unchanged but the need for the Mental Health team as proposed had been reviewed and it had been agreed that the most appropriate way forward to respond to national and local initiatives would be to prioritise and to develop two new roles:

- Lead Member for Dementia
- Lead Member for Learning Disabilities.

Future position

It was important as the New Year began and with now greater knowledge of the local and national issues that changes be made in Lead roles better to reflect local need. The Board would discuss this is greater depth at the Awayday on 25 March.

94 ENTER AND VIEW VISITS – AUTHORISATION AND RECORDING

The nature and purpose of Enter & View (E&V) visits required effective governance. A statement of the procedure for authorising and undertaking E&V visits was submitted to the Board and approved for use.

95 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:

Adrienne Saunderson
Alan Jones

96 ATTENDANCE AT CONFERENCES AND OTHER EVENTS

The Company was increasingly being invited to send delegates to attend a wide variety of conferences (and similar events). Most were local or in Central London but some invitations came for events farther afield. In some cases, although attendance at the event itself would incur little or no cost, travel to and from the venue and even of overnight accommodation would be likely to cost a significant amount.

Although attendance at every event needed assessment as to what value would be added to Healthwatch Havering by that attendance, particular care was needed when deciding whether or not to attend an event that would incur significant cost.

RESOLVED:

- 1 Healthwatch Havering will only attend conferences and other events where it can be shown that the cost of so doing is likely to be offset by the value added by the attendance (“cost” including any charge for attendance at the event, travel to and from the event and subsistence (including overnight accommodation if required))**
- 2 As a general rule, events outside Central London will only be attended if they are within either**
 - a. the TfL Oyster Card area or**
 - b. 25 miles of Romford**
- 3 Attendance at any event must be authorised by:**
 - a. One of the Directors (who is not one of the persons proposed to attend) where parameters 1 and 2 above are met or**
 - b. by decision of the Board in any other circumstances (which may be made by the “Directors’ written resolution” procedure rather than at a formal meeting)**

97 SPEECH BY SIR MERRICK COCKELL

The Board was gratified to note that Sir Merrick Cockell, Chairman of the Local Government Association, had spoken approvingly of an initiative taken by Healthwatch Havering in relation to a care home in the borough. Sir Merrick had been addressing the Board of Healthwatch England, and cited the initiative as an example of what local Healthwatch could do to improve the delivery of health and social care services.

98 DISCHARGE FROM HOSPITAL ARRANGEMENTS

The Board noted that there was to be a further meeting on 4 March of the Health OSC’s Topic Group on Discharge from Hospital. It was agreed that the

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Company Secretary should attend on behalf of the Company and comment on what was reported by the health and social care providers who would also be attending.

99 **NEWSLETTER**

It was agreed that a newsletter should be produced regularly in future, with the first edition being circulated by the end of April.

100 **MEETING WITH CHAIRMAN OF HEALTHWATCH ENGLAND**

The Chairman reported that she had recently attended a meeting of the Chairman of Healthwatch England with chairmen of local Healthwatches. The meeting had been poorly attended and it was clear that many Healthwatches had failed to make the transition from LINK to Healthwatch as well as they should have. Many Healthwatch organisations were finding themselves in financial difficulty, which explained why Healthwatch England had recently embarked on a campaign criticising some local authorities for failing to pass on the full amount of cash allocated by the Department for Health for Healthwatch activity.

101 **JACKIE HIMBURY, CCG DIRECTOR OF NURSING**

It was agreed that Ms Himbury should be invited to attend the Part 2 SGA meeting in May.

102 **PUBLIC PHARMACY PARTNERSHIP (PPP)**

Mr Patel referred to a leaflet being distributed to homes across North East London about the PPP, in which there would be conspicuous references to Healthwatch.

103 **GP SURGERY CLOSURE**

The Company Secretary reported that he had been approached by an officer of NHS London, seeking assistance from the Company with a public consultation exercise relating to the impending closure of a GP surgery in Havering. It was noted that further details of the assistance sought were awaited.

Chairman
15 April 2014