

MINUTES

of a meeting of the Management Board
3 February 2015 (11am-3:10pm)

Present:

Directors:

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

Carole Howard, Administrative Assistant
Bev Markham, Community Support Assistant

Lead Members Irene Buggle, Jenny Cody and Christine Ebanks were also present

Apologies were received for the absence of Joan Smith, Manager, and Di Old.

Note: Except as noted, all resolutions were passed unanimously

153 MINUTES OF LAST MEETING

The minutes of meeting of the Board held on 9 December 2014 were confirmed as a correct record and were signed by the Chairman.

154 OUTSTANDING ACTIONS

Action

20 – The Council had now confirmed who was responsible for Advocacy Services in Havering:

- mental health – MIND
- learning disability – People First or HavCare
- nursing or care home, whether 'in or out of borough' concern – Age Concern or Age UK
- assessments for benefits – Carers Trust or HavCare

23 - It had still not been possible to progress the newsletter. Mrs Buggle agreed to pursue it.

27 – The work programme was generally progressing well:

- End of Life Care: following discussion with representatives of St Francis Hospice, the possibility of a “Have your say...” event, jointly with the Hospice, remained under consideration for April/May 2015;

Havering Healthwatch Limited

Minutes of a meeting of the Board

- Care for the Frail & Elderly would be examined in an Enter & View visit to a ward for the elderly in Queen's Hospital. The visit is to be arranged ASAP;
 - The programme of Enter & View visits to care homes continued to gather pace; and
 - Although it had still not been possible to identify a project for work with young people, there would be a meeting shortly with the Chairman of the Children & Learning OSSC following which a clearer idea of what should be done was expected.
- 30 – On medicine monitoring, Mr Patel had met representatives of the Council and the CCG, who were taking forward his concerns.
- 31 - The recruitment campaign would begin shortly. There was discussion as to whether a press advert was the most cost-effective way forward; it was thought that simple leaflets might be more effective and less costly; the Company Secretary would investigate.

155 FINANCE REPORT

The Company Secretary submitted the Finance Report for December.

Total expenditure had amounted to £11,692.77 against income brought forward of £53,225.82.

The latest, revised forecast of expenditure expected to March 2015 was also submitted. It was noted that, on current levels of spending, there continued to be forecast an underspending of about £2,000 at the year end.

156 REVIEW OF GOVERNANCE ARRANGEMENTS

The Board was reminded of the background to the current governance arrangements. Experience had shown that those arrangements were not working as well as had been hoped. Not all Lead (or other) Members were interested in the governance of the organisation, preferring to focus their efforts on their chosen field, with the consequence that the SGA Board had not been as effective as had been hoped. Moreover, it had not been possible to recruit sufficient Active or Lead Members to provide strong teams in all of the areas originally envisaged.

Proposals were now submitted for a revised governance structure.

Management Board

It was suggested that the Strategy, Governance and Assurance Board be discontinued but that its terms of reference be added as specific points for attention by the Management Board as “operational matters”, and that the

Havering Healthwatch Limited

Minutes of a meeting of the Board

volunteer members of the SGA become formally members of the Management Board.

The membership of the Management Board would thus be the Directors, Staff Members and all Specialist Members (see below); only the Directors would be entitled to vote on statutory and corporate matters (as provided for in the Articles) but the Staff Members and Specialist Members would be entitled to speak on such matters as appropriate. All members of the Board would be entitled to speak and vote on operational matters.

Meetings of the Management Board would generally be open to attendance by members and the public but certain business would necessarily need to be discussed in private. The Board would be entitled to resolve to exclude the public when necessary; and the Directors would also have power to exclude staff and volunteer members in certain circumstances, especially when employment issues were to be discussed.

Membership

Current membership was divided between Lead Members, who took leading roles, and Active Members, who had a lesser commitment to Healthwatch activity and were not expected to take any lead responsibility. Generally, this approach had worked well, other than that the original intention to set up teams of members led by each Lead Member had not worked as envisaged.

It was proposed that there continue to be two categories of membership but that those currently designated as Lead Member would be designated instead "Specialists" and the use of the term "Active" would be discontinued.

In addition, the existing teams of members be discontinued and all members would be entitled (subject to training) to participate in Enter & View visits of any type of premises and to participate in other activities, such as surveys and publicity events.

Each Specialist member would take an interest in a particular area of health or social care activity and lead for Healthwatch on it, both in internal discussion and with other organisations, representing Healthwatch at appropriate meetings and events. Specialists would be members of the Management Board and would advise the Board and Directors on issues within their specialism.

Enter and View visits

The programme of Enter & View visits had proved successful, with 20 visits so far, the majority to residential care or nursing homes but also one each to Queen's Hospital and Goodmayes Hospital. There was a growing programme of future visits.

Havering Healthwatch Limited

Minutes of a meeting of the Board

Visits had been organised by teams of members on the basis of their respective areas of interest, and reflecting their levels of activity. This gave rise, however, to a risk that the programme would develop in an uncoordinated way, with imbalances between different areas. It was therefore proposed that there be an Enter & View Panel comprising the Company Secretary (as Panel Chairman), Staff Members, the Specialists and any other Member who wished to take part in Enter & View visits. The Panel would meet monthly; its function would be to:

- Receive feedback from recent visits
- Agree arrangements for forthcoming visits
- Consider recent CQC reports, advice from Specialist Members and feedback from Havering Quality and Assurance Team meetings and determine what action is required in response
- Determine the programme of future visits

The Company Secretary's role in authorising individual visits on behalf of the Management Board was not affected by this and would continue.

Following discussion of the various proposals, the Board agreed to proceed with the restructuring as proposed.

RESOLVED:

- 1 That the Strategy, Governance and Assurance Board be discontinued and its role absorbed by the Management Board.**
- 2 That the title Lead Member be re-designated as Specialist and use of the term Active Member be discontinued.**
- 3 That the current member teams be discontinued.**
- 4 That an Enter & View Panel be established as proposed in paragraph 16 to monitor that activity.**
- 5 That the revised Management Structure set out in the Appendix be approved and adopted.**
- 6 That these changes be implemented on and from 4 February 2015 and reviewed in September 2015.**

During the course of discussion, it was agreed that notification of imminent Enter & View visits be sent to homes etc. by Signed For Post to specified individuals such as the Home Manager rather than by ordinary post to "To whom it may concern" and that homes be asked to display a poster about the visit.

Havering Healthwatch Limited

Minutes of a meeting of the Board

157 ENTER & VIEW PROGRAMME

The current E&V Programme was submitted. It was noted that the Programme would in future be submitted to the Board at each meeting.

The Board discussed a recent incident where the visiting team was denied access to registered premises. It was agreed that a further, unannounced, visit be carried out as soon as practicable. Arrangements were also agreed for a visit to a ward at Queen's Hospital that had previously been postponed.

158 INTERMEDIATE CARE PROGRAMME - developments

Redbridge Health OSC had recently decided to refer to the Secretary of State the plans by the Tri-Borough CCGs to develop further the Intermediate Care Programme, in view of the intention as part of the programme to close rehabilitation beds at Wanstead Hospital. In doing so, they had been supported by Healthwatch Redbridge.

The CCGs had indicated that the consequent delay, should the Secretary of State decide to act on the referral, might put the Programme at risk, not only in Redbridge but also in Havering (and Barking & Dagenham).

Although not directly involved in the matter, it was agreed that, if asked to express a view, Healthwatch Havering would express regret at the referral and support for the continued development of the Programme without delay.

159 HAVE YOUR SAY – developments in health and social care in Havering

It had previously been tentatively agreed that the "Have your say" programme for 2015 should include one or more sessions on the future development of health and social care in the borough: there were several potential areas for discussion, including developments in primary care, improvements in hospital services and the implementation of the new Care Act.

Dr Dan Weaver, of the Havering GP Hub, had recently asked for Healthwatch Havering's support with consulting the public on Hub GPs' access to patients' medical records, and the Board was asked to consider whether that would be a relevant subject for "Have your say" event.

Following brief discussion, it was agreed that it would be suitable for a "Have your say" event and it was agreed to proceed accordingly.

160 ATTENDANCE AT EXTERNAL MEETINGS

The Manager's continuing absence from the office and pending retirement had prompted a review of the various meetings to which the Healthwatch Havering was asked to send representatives.

Havering Healthwatch Limited

Minutes of a meeting of the Board

While it was most flattering to be invited to a range of meetings of various bodies, the Board considered that, with only limited resources available, it would be impossible for people to attend every one of them and prioritisation was necessary. A list of bodies for which invitations had been received was submitted and the Board considered which of them must be attended, which should be attended (if someone was available to go) and which could be declined.

It was agreed that, as a general rule:

- a Director or Staff Member should attend statutory (and quasi-statutory) meetings
- a Director, Staff Member or Specialist should attend meetings of special interest Groups

It was also agreed that:

- The Community Support Assistant should attend future meetings of the Children and Learning OSSC
- The Quality Assurance Team meetings be attended by Mrs Ebanks and either the Chairman or the Community Support Assistant
- Mrs Ebanks should attend the Tri-Borough safeguarding/QA meeting

It was further agreed that future meetings of the Board be held on the third Tuesday of each month (other than August and November), except in December (when the meeting shall be at the beginning of the month), beginning at 2pm, at the Town Hall if possible.

161 INFORMATION GOVERNANCE

A recent incident in the office had drawn attention to a vulnerability of data storage. The MyCloud device, on which all electronic files were stored, had been accidentally disconnected from the mains supply and appeared faulty; it was soon reconnected and all was well but while it was offline, no data could be accessed. This prompted the realisation that, if it had failed, there was a strong risk that all data would be irrecoverable.

Accordingly, a second storage device had been bought to which files were backed up at least weekly. This had the advantage also of enabling historic versions of some documents to be retained, without cluttering the everyday files.

But it had also highlighted the advantage of retaining paper documents. This was already done in some instances, but in future more documents would be held on paper as well as electronically. Additional storage equipment had recently been purchased for that reason.

Havering Healthwatch Limited

Minutes of a meeting of the Board

The Board noted the position.

Reference was also made to the use of email within Healthwatch Havering. Although every member who used email had been allocated a Healthwatch emails address, the majority of members were still using personal or work addresses (and a couple of members did not even have their own email addresses).

While personal email addresses were not a problem when non-confidential information was being exchanged, their use for confidential information exposed Healthwatch to possible risk should such information inadvertently be passed on to unauthorised recipients. While use of a Healthwatch address did not guarantee complete avoidance of that risk, it greatly reduced the risk.

The Board agreed that all members should be requested only to use their Healthwatch addresses for Healthwatch business and authorised the Company Secretary to proceed accordingly.

162 FUTURE OF ST GEORGE'S HOSPITAL SITE

The Chairman reported that she had recently attended a meeting of the steering group on the future of the St George's site. Outline plans for the site were now nearing agreement. On behalf of Healthwatch, she would be pressing for the inclusion of both a GP practice and accommodation for the new "1000" service for people with more than five chronic conditions.

It was noted that the CCG were to provide a presentation to be uploaded to the website outlining the plans for the site, including the redevelopment of those areas not to be retained for health purposes.

163 JOAN SMITH, MANAGER

The forthcoming retirement of Joan Smith had recently been notified to members, supporters and other contacts. It was agreed that, if Joan so wished, Healthwatch would organise a suitable "farewell" event for her.

Chairman
24 March 2015

Havering Healthwatch Limited

Minutes of a meeting of the Board

Management Structure

Appendix

Management Board

Statutory and Corporate matters

- To manage the corporate and financial affairs of Healthwatch Havering as a limited company and employer¹, 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, Specialist Members and 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
 - With relevant NHS bodies
 - Carrying out “Enter and View” visits to premises and facilities within the purview of Healthwatch Havering
 - Meeting community groups and charitable and other voluntary organisations with interests in Health and Social Care issues
- To approve all statutory and other returns required of Healthwatch Havering as a limited company

Operational matters

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

¹ The Directors may by resolution exclude Staff and Specialist Members from any part of a meeting of the Management Board at which confidential information, particularly relating to the affairs of the Company as an employer, is under discussion.

Havering Healthwatch Limited

Minutes of a meeting of the Board

- 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.
- To receive and consider reports from the Directors, Staff Members, Specialist Members and others on matters of interest, 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
 - Reports from Healthwatch Havering representatives at meetings of local authority and NHS bodies
 - Determining the action to be taken, if any, in the light of such reports
- To approve the Annual Report of Healthwatch Havering for submission to the Annual General Meeting
- To approve all formal reports by Healthwatch Havering to any local authority or NHS bodies

Membership: Directors, Staff Members and all appointed Specialist Members (Quorums - for discussion of corporate matters: 2 Directors; for discussion of operational matters: 50% of appointed membership, plus 1, provided 2 Directors are present)

Frequency of meetings: The Management Board will generally meet monthly (normally other than in August and November). Discussion of corporate matters will take place first, in private where necessary, followed by discussion of operational matters to which other Members of Healthwatch Havering may be invited to attend, as required, for matters of particular interest. Except where necessary to protect the confidentiality of information relating to individuals or that is commercially sensitive, meetings shall be open to attendance by the public.

Annual General Meeting

An Annual General Meeting (AGM) of the Members of the Company shall be convened in June of each year on a date agreed by the Management Board.

The business to be transacted at the AGM shall comprise:

1. The Minutes of the preceding AGM and any General Meeting held subsequently.
2. Reception and, if thought fit, approval of the Annual Accounts of the Company and any auditor’s report thereon.
3. Appointment of auditors for the coming year.
4. Approval of the Annual Report of the Company, agreement to its formal submission to the authorities to whom it must be submitted and authorisation of its general publication.
5. Endorsement of the Work Plan for the ensuing year.

Havering Healthwatch Limited

Minutes of a meeting of the Board

6. Consideration of any resolutions to be proposed, of which due notice shall have been given.

General Meetings

In accordance with the Companies Acts and the Articles of Association of Havering Healthwatch Limited, General Meetings of the Members of the Company may be convened from time to time.

As required by Article 33.2, notice of any such general meeting shall specify the time, date and place of the meeting, the general nature of the business to be transacted and the terms of any resolution to be proposed at it.

Committees

The Management Board may 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 (but may be altered and amended subsequently).

Specialist Members

Specialist Members will:

- Be senior volunteers who help to provide the leadership, governance and accountability framework
- Ensure that Healthwatch Havering is inclusive and reflects the diversity of the community it serves
- Take the lead in running and co-coordinating such specialist teams of Members for particular areas of interest as they think fit
- Give authoritative, evidence-based feedback to organisations responsible for commissioning or delivering local health and social care
- Develop specialist knowledge and expertise which will enable Healthwatch Havering to alert commissioners, Healthwatch England and CQC where appropriate, to concerns about specific care providers, health or social care matters
- Play an active part in the management of the Company as members of the Management Board

Specialist Members will be appointed for such Service specialisms as the Management Board thinks fit, and may include facilitators who will advise on cross-cutting themes such as

- Black and minority ethnic issues
- Disability issues
- Communications

Enter & View Programme Panel

The Panel will oversee the programme of Enter & View visits, including:

- Receiving feedback from recent visits
- Agreeing arrangements for forthcoming visits

Havering Healthwatch Limited
Minutes of a meeting of the Board

- Considering recent CQC reports and feedback from Havering Quality and Assurance Team meetings and determining what action is required in response □ Determining the programme of future visits

Membership: the Company Secretary (Chairman), all appointed Specialist Members and any member who wishes to take part in Enter & View visits (Quorum – Chairman, at least one Specialist Member and two other members)