

MINUTES

of a meeting of the Management Board
24 March 2015 (11am-1:05pm)

Present:

Directors:

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

Carole Howard, Administrative Assistant
Bev Markham, Community Support Assistant

Specialists Irene Buggle, Christine Ebanks, Kathleen Meddeman and Di Old

Lorna Poole was also present

Note: Except as noted, all resolutions were passed unanimously

163 MINUTES OF LAST MEETING

The minutes of meeting of the Board held on 3 February 2015 were confirmed as a correct record and were signed by the Chairman.

164 OUTSTANDING ACTIONS

Action

- 8 – Children & Families Bill: noted that there was to be discussion with Cllr Gillian Ford, Chairman of Children's OSC; and Queen's Hospital was seeking a Have Your Say event for Young People with Healthwatch support
- 23 - A tentative date of end June was agreed for the next Newsletter
- 27 – The Chairman would produce a draft work plan for the coming year shortly
- 31 - The recruitment campaign would begin shortly

165 FINANCE REPORT

The Company Secretary submitted the Finance Report for February.

Total expenditure had amounted to £11,591.78 against income brought forward of £30,503.30.

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The latest, revised forecast of expenditure expected to March 2015 was also submitted. It was noted that, on current levels of spending, there was a forecast underspending of about £5,800 at the year-end (but measures would be taken significantly to reduce that).

An initial forecast of expenditure in 2015/16 was submitted. It was noted that most of the figures were tentative only and that the forecast was a guide rather than a definitive statement at this very early stage.

Concern was expressed that the likely level of surplus would generate corporation tax liability. It was agreed that steps be taken so far as lawfully permissible to reduce the surplus and thus the corporate tax liability both in 2014/15 and 2015/16.

166 STRUCTURE OF HEALTWATCH HAVERING MANAGEMENT

The Board noted that, in consequence of the retirement of Joan Smith as Manager and the decision not to replace her, Bev Markham and Carole Howard had been offered new one-year contracts (expiring on 31 March 2016), on new terms and conditions (including pay to reflect their increased duties).

The details of the revised contracts would be the subject of a separate written decision of the directors.

Note: Both Mrs Howard and Mrs Markham subsequently accepted the new contracts as offered.

167 ENTER & VIEW PROGRAMME

The latest E&V Programme was submitted.

Consideration was invited of a revised Statement of Enter & View Policy, together with a revised Code of Conduct and a Note about Enter & view for Proprietors and Managers. The documents had been revised in the light of the experience gained in Enter & View over the past year, and the latest guidance from Healthwatch England.

The Board AGREED the revised Statement, Code of Conduct and Note.

168 MEETINGS ATTENDED

Details were submitted of the proceeding of various recent meetings attended on behalf of Healthwatch, as follows:

Date	Meeting attended	Representative
10 March	St George's Redevelopment Steering Group (Confidential)	Anne-Marie Dean

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11 March	Health & Wellbeing Board	Anne-Marie Dean
12 March	Quality & Safeguarding Team (Confidential)	Christine Ebanks
17 March	Dementia Action Alliance	Irene Buggle
18 March	Pharmacy Needs Steering Group	Jenny Cody
19 March	Local Healthwatch London Meeting	Irene Buggle
19 March	Health Overview & Scrutiny Sub-Committee	Ian Buckmaster

Arising from the report on St George’s Redevelopment, the suggestion was made that Healthwatch should suggest the provision at the new centre of a Mother & Baby Wellbeing Unit.

169 IMPARTIALITY DURING THE PRE-GENERAL ELECTION PERIOD

The Board was reminded that Healthwatch was subject to a statutory requirement to observe strict political neutrality. The national political campaign in the run-up to the General Election on 7 May would begin on 31 March, from when national and (to some extent) local government entered a period of “purdah”. Essentially, no governmental body could do anything that might be interpreted as tending to support any political party. That is not to say that decisions could not be taken nor events go ahead, but care had to be taken when dealing with them to ensure that they were, and were seen to be, politically neutral. If any area or activity became politically controversial, then it would be best to refrain from comment upon it.

Healthwatch England had issued detailed guidance, which had been circulated to Board members and staff with the agenda for the meeting.

So far as could presently be foreseen, there was nothing in the current programme of Healthwatch Havering events during the period to 7 May that would be likely to attract party political attention or otherwise be likely to breach the “purdah” rules. However, care and vigilance would have to be maintained during the period and if anyone had doubt about whether an activity might breach the rules, they were advised to seek the advice of the Company Secretary.

170 STRATEGIC COMMISSIONING FRAMEWORK FOR PRIMARY CARE

The Board noted that NHS England was consulting on a Strategic Commissioning Framework for Primary Care in London (a copy of which had been circulated to Board members and staff with the agenda for the meeting).

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171 CONFLICTS OF INTEREST

The Chairman reported the recent receipt of advice from Healthwatch England on the registration of conflicts of interest that Board and other members might have in relation to Healthwatch business. It was agreed that future agenda front sheets should include opportunity for Board members to declare any interests relevant to business for consideration at each meeting and that a general form for declarations be prepared. A further report would be considered at the next meeting.

172 COMPLAINTS ABOUT TREATMENT RECEIVED AT QUEEN'S HOSPITAL

The Company Secretary reported upon two recent referrals from Healthwatch England of complaints about treatment received by particular patients at Queen's Hospital. Unfortunately, the complaints had been anonymised so that it was not known who the complainants were or the patients they were referring to. It was agreed that the hospital should be approached for comment on the generality of the complaints that had been made.

Chairman
21 April 2015