

MINUTES

of a meeting of the Management Board
6 October 2015 (10.30am-1pm)

Present:

Directors:

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

Carole Howard, Administrative Officer
Bev Markham, Community Support Officer

Specialist members Irene Buggle*, Kathleen Meddeman, Diane Meid* and Dianne Old

Apologies for absence were received from Christine Ebanks

Note: Except as noted, all resolutions were passed unanimously

211 MINUTES OF LAST MEETING

The minutes of meeting of the Board held on 28 July 2015 were confirmed as a correct record and were signed by the Chairman.

212 DECLARATION OF INTERESTS

There were no declarations of interest in business before the meeting.

213 OUTSTANDING ACTIONS

Action

- 23 - It had not been possible to pursue a newsletter. It was agreed that I Buggle be no longer involved in view of her other commitments.
- 33 – The need for improved liaison between hospital, PGs and community pharmacies had emerged from recent E&V visits to Queen’s Hospital. It was agreed that a meeting be held to discuss the requirements as soon as practicable.
- 34 - It was agreed that this action had been completed and could be removed from the list.

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214 **FINANCE REPORT**

(a) Monthly reports

The Company Secretary submitted the Finance Reports for August and September. Total expenditure in September had amounted to £11,062.93 against income brought forward of £17,202.62.

The latest, revised forecasts of expenditure expected to March 2016 were also submitted. It was noted that, on current levels of spending, there continued to be a small forecast underspending in 2015/16, though that was likely to change significantly over the year.

(b) Bank accounts

The Company Secretary reminded that Board that, when Healthwatch Havering was formed in March 2013 and banking arrangements were made with Barclays, two bank accounts had been automatically opened: one current account and a savings account.

Advice from the payroll providers, Mazars, at the time was that it was not worth using the savings account as the rate of interest was derisory (at just 0.1% pa gross), any income derived would be taxable and the need to transfer sums between accounts meant that the small amount of interest (unlikely to exceed around £40 per annum) accruing was not worth pursuing. Although at times since the accounts were opened fairly large amounts of money had been held in the current account without attracting interest, on the basis of the advice obtained the savings account had not been used.

Barclays had recently announced a change in policy. With effect from 10 November, there would be a significant increase in savings interest payable: the rates would vary according to the amount on deposit, but interest would be in a range of 0.25% to 0.50%, significantly in excess of the current rate.

Although there would rarely be in excess of £50,000 in the bank account, for around eight months of the year there was likely to be in excess of £25,000. If the savings account were to be used, therefore, interest would accrue on average at some four times the rate of the current arrangement, which would make use of the account more worthwhile. The daily amount of interest would average around 40p, producing additional income of £150 or thereabouts per annum.

RESOLVED:

That the savings account be brought into use and that the Company Secretary be authorised to arrange that funds not immediately required for expenditure be invested in it until needed.

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215 MOBILE TELEPHONES

The Board was reminded that, when Healthwatch was first set up, a mobile telephone was obtained for the manager from Three; subsequently, a total of eight further handsets had been obtained (four each from Three and O2): one each for the Chairman and the Company Secretary; one each for the then Lead Members and four for future Lead Members. Each telephone was obtained on a two-year contract with “built-in” usage, at a total of £135 per month (plus any additional usage costs).

In the event, this level of provision had proven over-optimistic and the majority of telephones had been used very little, if at all. Only those issued to the Company Secretary and Manager (before her departure) had been used regularly. However, as contract cancellation fees would have been very expensive and, in any event, it was possible that users for the telephones would emerge, it was decided to retain the telephones/contracts and review the position when they were approaching expiry.

The Manager’s telephone contract expired in May and has not been renewed. The remaining contracts were due to expire in November and the period when cancellation would become feasible would begin in October.

A review of need indicated that the Company Secretary would continue to require use of a telephone. It was also suggested that one handset be retained for issue to members undertaking Enter & View visits (so that they do not need to use their own telephones).

It was noted that the telephone handsets were the property of Healthwatch. Once the contracts expired, they could be disposed of. As they were all in good condition, it was likely to be possible to obtain a reasonable second hand value for them.

RESOLVED:

- 1 That two mobile telephones and contracts be retained, for the use of the Company Secretary and for issue to members undertaking Enter and View visits.**
- 2 That the remaining contracts be cancelled as soon as practicable**
- 3 That the Company Secretary be authorised to dispose of the surplus handsets, the proceeds of sale being applied as general income.**

216 OFFICE ACCOMMODATION

Early in September, the owners of Morland House, RMS Properties, had given notice that Healthwatch would shortly be required to move to new office premises as Morland House was required for redevelopment. The new office

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was located directly across the road from Morland House, in Queen's Court, 9-17 Eastern Road RM1 3NG.

The cost of the move of equipment etc was borne by RMS. Although the new room was larger than the old, the rent payable remained the same.

It was noted that RMS expected to retain a presence in Morland House for the foreseeable future so that, for example, callers to the office could be redirected and postal items collected for delivery.

The major inconvenience was the need to pack up equipment and papers, and unpack them. The email addresses, website and telephones were unaffected.

The move went well; little effort was required to re-establish the office apart from filling filing cabinets etc. Some additional furniture was made available for use in the office.

Unfortunately, just before the change of address, 5000 "Tell us what you think" cards for the new mystery shopping programme had been printed and a reply-paid postage arrangement had been set up with Royal Mail using the Morland House address. Given that there would continue to be a presence in Morland House, however, there was no immediate need to change the arrangement or scrap the printed cards: when RMS eventually withdrew from Morland House, if need be Royal Mail could redirect post for up to a year. Only then would it be necessary to change the reply paid postage arrangement.

The Company Secretary advised that the Registered Office address at Companies House would need to be changed to Queen's Court.

RESOLVED:

- 1 That references to Morland House in emails and letterheads be altered to Queen's Court.**
- 2 That holders of business cards alter the address as and when necessary by hand.**
- 3 That the Company Secretary be authorised to take all steps necessary to change the Registered Office address to Queen's Court.**

217 OFFICE OPENING TIMES AND ATTENDANCE

As agreed at the Board meeting in June, the office was closed between 14 and 31 August, and as also agreed, Chairman, Company Secretary and Community Support Officer worked from their homes and attended all scheduled meetings. Arrangements were put in place to provide details of the closure on both the office answer machine and the website.

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Having carefully assessed the closure dates using the last two years as a guide, predictably only one message was received from a member of the public. Although the caller did not provide any indication of the matter they were calling about, they did raise concerns about the closure.

Healthwatch is not an “emergency service” – and as such would not offer, nor be able or qualified, to give people support in circumstances where urgent action was needed. Individual enquiries would be referred to the most appropriate provider of assistance, and the website homepage explained this and gave details of possible providers, for example the London Borough of Havering, Queens Hospital, Care Point etc.

This had prompted a review of the way in which the service operated, as a result of which the following now applied:

- There would normally be at least two staff available on each of the days the office is open, which is 9.30am - 4.30pm Monday to Thursday (always subject to business commitments outside the office, annual leave etc)
- Voicemail is available on which to leave a message and this also provides advice for individuals who need urgent assistance.
- The website shows that the office is open 9.30am-4.30pm, Monday to Thursday and also provides advice for individuals who need urgent assistance.
- The “enquiries” email has been adjusted so that emails received in it are automatically forwarded to staff for attention and, as appropriate, response
- The website emphasises that we are not an emergency service and shows some links to alternative organisations.

It was noted that there would still be occasions in the future when it would be appropriate to close the office for a period, for example over the Christmas/New Year period and during public holidays; during such times, telephone callers and users of the website would be able to access the information described above.

218 DISCLOSURE AND BARRING SERVICE (DBS) CHECKS

There was a statutory obligation to carry out DBS checks on members before they could undertake Enter & View visits; and checks were also made on even those members who did not actively participate in visits.

Since the beginning, a company called UKCRBs had been used to undertake the checks, which now cost £31.60 each.

Recently, carrying out checks through UKCRBs had become difficult; several new members had reported problems in completing their online DBS forms. It was possible to obtain DBS checks through sources other than UKCRBs. In

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particular, a DBS service was offered by SAFECIC, used for online Safeguarding training; the cost per check through them would be £12.

By way of experiment, their service had been used for checks on several new members. It was most satisfactory.

The process used by SAFECIC differed to that of UKCRBs but the outcome was, of course, the same. The checks were with the UK DBS service rather than Disclosure Scotland, who had been used up to now.

RESOLVED:

That DBS checks be made through SAFECIC rather than UKCRBs.

219 MEMBERSHIP OF THE COMPANY, AND AUTHORISATION TO ENTER AND VIEW

Four new recruits had now provided satisfactory DBS checks and were nearing completion of their training. It was, accordingly, **RESOLVED:**

To admit, and approve for Enter & View (subject to satisfactory completion of all necessary training):

Maria Dugdale

Valerie Irene Perry

Jennifer Margaret Smith

Mary Elizabeth Ann Bell

The Board noted that Adrienne Saunderson had resigned and agreed that she be sent a note of thanks for her efforts while a member.

220 PATIENT SAFETY SUMMITS

It was reported that the Director of Surgery at Queen's Hospital had introduced weekly Patient Safety Summits (PSS) at which Serious Incidents were discussed and "lessons learned", attended by senior medical and nursing staff, and others. There was an opportunity for Healthwatch to be represented at those PSS.

There was no obvious need for every PSS to be attended; the purpose was to seek assurance that they continued to provide opportunity for open and honest discussion and patient care improvement, which could be judged by periodic rather than weekly attendance.

Specialist member Irene Bugle had indicated that she was willing to attend and it may be that other members would appreciate the opportunity, especially as it did not need to be a regular commitment.

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220 MEETINGS ATTENDED

The Board received and noted reports about recent meetings attended on behalf of Healthwatch Havering:

Date	Meeting attended	Representative
17/6	Local Healthwatch London network meeting	Irene Buggle
15/7	Health & Wellbeing Board – mental health	Anne-Marie Dean
16/7	JSNA meeting	Anne-Marie Dean
22/7	System Resilience Group/Urgent Care	Anne-Marie Dean
28/7	Appointments Cancellation Topic Group	Bev Markham
30/7	BHRUT Improvement Programme	Ian Buckmaster and Bev Markham
5/8	Primary Care Commissioning Committee	Ian Buckmaster
5/8	Healthwatch England Committee Meeting	Anne-Marie Dean
1/9	BHRUT Improvement Programme	Anne-Marie Dean and Ian Buckmaster
8/9	HOFF	Bev Markham
9/9	Primary Care Commissioning Committee	Ian Buckmaster
16/9	VCS Forum	Ian Buckmaster
17/9	Havering Volunteer Managers Forum	Ian Buckmaster
23/9	Mental Health Workshop	Kathleen Meddeman and Donal Hayes
29/9	BHRUT Improvement Programme	Ian Buckmaster

221 WEBSITE – LINKS TO OTHER ORGANISATIONS

The Company Secretary reported there had been approaches from several organisations wishing to be linked to the Company’s website, in order to draw services to the attention of potential users who might become aware of them while browsing the Company website.

It was noted that there were both advantages and drawbacks to such arrangements – while users might well appreciate the ability to access additional information from other sources, there was a significant risk that (notwithstanding the use of clear disclaimers of responsibility) users might assume that such services were endorsed by Healthwatch Havering or that Healthwatch gained income from them, and seek redress from Healthwatch if the service(s) proved not to be as expected.

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Following discussion, it was agreed to defer consideration of the matter until the next meeting.

222 MOBILE TELEPHONE RECEPTION AT QUEEN'S HOSPITAL

Mr Patel suggested that BHRUT be approached about the question of signal reception in Queen's Hospital for out-patients and visitors when in communal and reception areas; he had experienced considerable difficulty in obtaining a signal to advise his family of delays when attending an out-patients clinic. It was also suggested that Queen's be approached about introducing some sort of automated call system so that people awaiting attention at out-patients etc could go elsewhere to wait but be easily called back when their turn came.

It was agreed that BHRUT be approached accordingly.

223 HAVERING HEALTH LIMITED – request for assistance

The Administrative Officer reported that Havering Health was seeking a Healthwatch representative to attend a Panel that was being set up in connection with the GP hub service. It was agreed in principle that Healthwatch accept the invitation.

224 NEXT MEETING

In view of the postponement of this meeting to the present date, it was agreed also to postpone the next meeting until 10 November at 2pm.

Chairman
10 November 2015