

**HAVERING HEALTHWATCH LIMITED**

Company number 08416383

**MINUTES**

of a meeting of the Management Board

10 November 2015 (2m-4pm)

**Present:**

**Directors:**

**Anne-Marie Dean, Chairman**

**Ian Buckmaster, Company Secretary**

**Carole Howard, Administrative Officer**

**Bev Markham, Community Support Officer**

**Specialist members Irene Buggle, Christine Ebanks, Jenny Gregory, Emma Lexton, Kathleen Meddeman, Diane Meid\* and Dianne Old**

**Apologies for absence were received from Hemant Patel and Donal Hayes**

Note: Except as noted, all resolutions were passed unanimously

**225 MINUTES OF LAST MEETING**

The minutes of meeting of the Board held on 6 October 2015 were confirmed as a correct record and were signed by the Chairman.

Arising out of minute 218, it was noted that the use of SAFECIC had begun but was currently suspended as that firm was seeking clarification as to the eligibility of Healthwatch members for DSB checking.

In connection with minute 223, it was noted that enquiries had been made of BHRUT about mobile signal reception etc. There had been a helpful response: the hospital was aware of the problem and taking action to resolve it so far as practicable. A detailed reply had been placed on the website.

**226 DECLARATION OF INTERESTS**

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

**227 OUTSTANDING ACTIONS**

There was nothing to report on outstanding actions.

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**228 FINANCE REPORT**

The Company Secretary submitted the Finance Report for October. Total expenditure in September had amounted to £9,918.56 against income brought forward of £64,819.19 (including the second instalment of the year's grant from Havering Council).

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.

**229 MEMBERSHIP OF THE COMPANY, AND AUTHORISATION TO ENTER AND VIEW**

Two further 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):**

Carol Dennis

Christine Suett

**230 SHAPING THE STRATEGY OF THE CARE QUALITY COMMISSION**

The Care Quality Commission (CQC) had published a discussion paper setting out choices for responding to changes to how health and social care is delivered, so that regulation continues to help people receive safe, high-quality and compassionate care.

Two years ago, the CQC had made fundamental changes to the way it undertook regulatory activity, resulting in a more robust way of inspecting and rating providers. Inspections were leading to the public having clear judgements on the quality of their local services (through ratings of Outstanding, Good, Requires Improvement or Inadequate), which are helping them to make informed choices about their care.

The Board was now informed that the CQC was seeking to develop further its regulatory regime, taking into account what had been learnt from its inspections and as new 'models of care' emerge., dissolving the traditional, provider-based boundaries between primary, community, hospital and social care so that they are structured around the needs and experiences of the people who rely on their services.

There were two objectives: first, to become a more efficient and effective organisation; and secondly, to develop the model to ensure that regulation would be flexible and responsive enough to adapt with the sectors as they changed.

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The CQC had invited comments and suggestions about its plans. The Board was now invited to let the Company Secretary know of any comments that could be made, for submission to the CQC in due course.

### 231 **MEETINGS ATTENDED**

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

<b>Date</b>	<b>Meeting attended</b>	<b>Representative</b>
30/9	London Antenatal and Newborn Screening Commissioning Board	Christine Ebanks
4/10	CCG, and B&D and Redbridge Healthwatch	Anne-Marie Dean
7/10	I & A Stakeholder Engagement Meeting (Carepoint)	Carole Howard
8/10	Joint meeting of Children's and Health Overview & Scrutiny Sub-Committees	Ian Buckmaster
12/10	LD Working Group	Donal Hayes / Bev Markham
20/10	North East London Health Joint Overview & Scrutiny Committee	Ian Buckmaster
21/10	Healthwatch and General Medical Council (GMC) event: Working together for patients	Irene Buggle (and record of telephone conversation by Ian Buckmaster)
22/10	System Resilience Group	Anne-Marie Dean
29/10	Richmond Fellowship Trust (with Health OSC Councillors)	Kathleen Meddeman
30/10	Vanguard meeting	Anne-Marie Dean
6/11	NELFT Integrated Patient Experience Panel	Ian Buckmaster

Arising from these reports, the following matters were discussed.

(i) CCG, and B&D and Redbridge Healthwatch

The Chairman referred to the matters recorded in minutes 23x and 23y following.

(ii) LD Working Group

The Community Support Officer reported that toilet facilities in Queen's Hospital were unsatisfactory, especially for people with learning disabilities or others who had little or no control over their toilet needs. It had also been reported that facilities for nursing mothers wishing to breastfeed were wholly inadequate.

Other members now reported that some escalator and lift equipment in the hospital had fallen into disrepair and had been taken out of use; the understanding was that there were no immediate plans to carry out the necessary repairs.

**It was agreed** that BHRUT be approached about these issues.

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### (iii) Healthwatch and General Medical Council (GMC) event: Working together for patients

Ms Buggle indicated that she would be happy to add liaison with the GMC to her portfolio of Specialist responsibilities. The Board welcomed, and accepted, her offer.

### (iv) Richmond Fellowship Trust

Ms Meddeman expressed concern that the new arrangements for rehabilitating mental health patients were concentrated on seeking employment. Although that was important, there would always be patients for whom employment was not an immediate necessity; they needed aftercare simply to cope with life. What aftercare was available was not immediately apparent. She felt that Healthwatch could usefully make further enquiries in that regard.

### (v) NELFT Integrated Patient Experience Panel

In the course of the meeting now reported, reference had been made to the desirability of closer working between the IPEP, the CCG's Patient Experience Referral Forum (PERF), BHRUT's Patient Experience Group (PEG) and Healthwatch – all four organisations dealt with broadly the same people and co-operation would have benefits for all.

The Company Secretary suggested that it might be helpful for Healthwatch to organise a "Have Your Say" type event, perhaps next Spring, bringing together the four organisations and local voluntary and other groups to explore what options there might be for closer collaboration.

The Board agreed to pursue the possibility of such an event.

## **232 WEBSITE – LINKS TO OTHER ORGANISATIONS – further discussion**

At the last meeting, consideration of requests for links from our website to various private health or related services such as counselling had been deferred to enable further information to be obtained about how other Healthwatches had responded to such requests.

The Company Secretary now reported that search of a random range of Healthwatch websites across the country had shown that the majority did not provide such links.

Having considered the matter, the Board agreed not to provide facilities for external organisations to set up links from the website.

## **233 BHRUT/QUEEN'S HOSPITAL – Referral to Treatment (RTT) backlog**

BHRUT had reported that, following introduction of a new reporting system, it had become aware of a large number of patients waiting for treatment for longer than 18 weeks. The backlog was such that around 5,000 operations and some 93,000 outpatient appointments would be needed – in addition to current workloads – over the coming 18 months or so.

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While acknowledging that this build-up of work had occurred prior to the current management assuming responsibility for the Trust, it was nonetheless a matter of considerable concern, not only that the build-up had occurred but that it would take time and scarce resources to deal with it. It was particularly concerning that, in order to deal with the backlog, it would be inevitable that patients would need to seek treatment other than at Queen's Hospital or King George Hospital. There could be no guarantee that it would be possible to clear the backlog in 18 months.

Following discussion, it was agreed that the Chairman of the Council's Health Overview & Scrutiny Sub-Committee be approached to ascertain whether the Sub-Committee would be interested in working jointly with Healthwatch to investigate in greater depth BHRUT's plans to deal with the backlog and to ensure it was never repeated.

**234 KING'S PARK SURGERY/ HAROLD WOOD POLYCLINIC**

The Chairman reported that NHS England and the CCG had recently begun a review of the contractual arrangements for the provision of both the Polyclinic and the GP service co-located with it, now known as King's Park Surgery. Apparently unusually, patients had been very supportive of the current providers of the GP service and had indicated that they wished the practice to continue as at present.

NHS England was now considering the response it had received to that consultation.

It was agreed that Healthwatch should maintain a watching brief as the re-commissioning exercise continued.

**235 VANGUARD PROJECT – NHS ENGLAND PATIENT EXPERIENCE GROUP**

It was noted that NHS England was seeking to establish a Patient Experience Group for the Vanguard Project, it which Havering (including Healthwatch) was a leading area.

Members of the Havering Over Fifties Forum had been informed of the opportunity and invited to let the Company Secretary know if they were interested in participating and Healthwatch members were now also invited to consider participating.

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**Chairman**  
**8 December 2015**