

**HAVERING HEALTHWATCH LIMITED**

Company number 08416383

**MINUTES**

of a meeting of the Management Board  
8 December 2015 (2pm-4.30pm)

**Present:**

**Directors:**

**Anne-Marie Dean, Chairman**

**Hemant Kumar Patel, Executive Director**

**Carole Howard, Administrative Officer**

**Bev Markham, Community Support Officer**

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

**Active Members Donal Hayes, Diane Meid, Val Perry, Lorna Poole and Vivien Saxby**

**An apology for absence were received from Ian Buckmaster**

**236 MINUTES OF LAST MEETING**

The minutes of meeting of the Board held on 10 November 2015 were confirmed as a correct record and were signed by the Chairman.

**237 DECLARATION OF INTERESTS**

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

**238 OUTSTANDING ACTIONS**

The Chairman reported that the Council's Health Overview & Scrutiny Committee had agreed in principle to a joint inquiry with Healthwatch into the backlog of Referrals To Treatment (RTT) that had arisen at Queen's Hospital.

The Chairman also reported that arrangements were in hand for an article about Healthwatch to be published early in the New Year in the Council's newsletter *Living in Havering*, which would hopefully be the first of many to come. It was possible that this could be used in place of the proposed Healthwatch newsletter as a more effective way of publicising

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31: Recruitment – it was agreed that recruitment be reviewed in March/April 2016.

33: Enter & View Programme – it was agreed to that Mr Patel should consider and advise on specifics for focused further visits relating to medication issues on hospital discharge and social care transfer from hospital. To be considered by the Board in January/February 2016.

In addition, it was agreed that the labelling, and advice on the handling, of drugs issued on discharge should be looked at, to be led by Ms Buggle.

#### **239 FINANCE REPORT**

Hemant Patel, Executive Director read the Finance Report. There were no questions arising.

The Chairman explained that members could go on any courses that they felt would help them in their role, for which Healthwatch would provide funds.

Attention was drawn to the possible surplus at year end and suggestions were invited as to how it might best be used.

#### **240 MEETINGS**

##### **Paediatrics Visit**

Jenny Gregory and Di Old commented that there was a great deal of confidence on this ward with proper clinical pathways. The triage nurse watches the children in the waiting area just in case they fall ill. The nurses are mentored continually. A presentation was given and the Doctor in charge recently won an award at the Pride Awards for Excellent Service. Carole had sent an email to the hospital to pass on the congratulations of the HW team for an impressive visit.

##### **Enter & View Reports**

Christine Ebanks was concerned that a senior member of staff on the maternity ward that was on duty at the time of the E&V had not seen our report.

Action – It was agreed that hospital management would be asked to ensure that senior staff have an opportunity to comment on E&V reports.

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#### **Visual Strategy Group**

The Chairman explained that Healthwatch should look at macular degeneration as Havering does not have many patients registered in the borough despite having the largest population of older people; referrals can take 9 months before a patient is seen.

Once the report of the E&V of the Ophthalmology department at Queen's Hospital is available, consideration can be given as to whether there is enough evidence to make a case for Healthwatch to look at this.

#### **Health Overview and Scrutiny Committee**

It was noted that the CCG allocation of monies to GPs in Havering is less than in Barking and Dagenham and Redbridge. The Chairman would write to the Chairman of the HOSC, Cllr Nic Dodin, to arrange a meeting with him on this issue.

#### **Enter and View Trainer Session**

The Community Support Officer commented that other Healthwatches were asked about how many enter and view visits they were doing. Havering appeared to be carrying out more than most.

#### **Vanguard**

The Chairman confirmed that the bid has gone in. The Secretary of State had refused permission for the A&E department at King George Hospital to close overnight.

#### **241 NORTH STREET SURGERY**

Ms Perry raised the triage situation at North Street surgery. The North Street surgery had been a good practice before it became a Hub. Another member reported that her husband had to wait 3 hours for a doctor to ring back from Rosewood Surgery.

The Chairman suggested that further discussion of these issues take place in the New Year.

#### **242 OTHER MATTERS**

Ms Lexton had recently attended Brentwood Community Hospital and felt it was very good.

The Chairman reported that Redbridge had formally objected to the CCG proposals for re-organising intermediate care, which involved the closure of respite care wards at the former Wanstead Hospital site (much as St George's

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Hospital in Hornchurch had already closed). The Secretary of State's decision on the Redbridge referral was awaited (note: it was subsequently learned that the Redbridge referral had been rejected).

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**Chairman**