

## **MINUTES**

of a meeting of the Management Board  
29 May 2018 (2pm-3.50pm)

**Present:**

**Directors:**

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

**Bev Markham, Community Support Officer**  
**Carole Howard, Office Administrator**

**Members Mary Bell, Carol Denis, Jenny Gregory, Dildar Khan, Dawn Ladbrook,  
Emma Lexton, Robyna Levitt, Di Meid, Di Old and Vivien Saxby**

**Prospective member Kehinde Ayeni was also present**

**Apologies for absence were received from Val Perry, Nina Reardon and Ron Wright**

All resolutions were passed unanimously

**338 MINUTES OF LAST MEETING**

The minutes of meeting of the Board held on 6 March 2018 were confirmed as a correct record and the Chairman was authorised to sign them.

**339 DECLARATIONS OF INTEREST**

Mr Patel reminded all present of his role in connection with the pharmacy industry given the matters mentioned in Minute .. following. There were no new declarations of interest in business before the meeting.

**340 OUTSTANDING ACTIONS**

Action item 51 – 6/3/18

The Company Secretary reported that changes in HW policies, procedures and practices had been implemented or were in hand. The matter was reported on further during the meeting, as recorded in Minute .. following.

Action item 52 – 6/3/18

The Company Secretary reported that ear wax removal by syringe remained available to patient.

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#### **341 CHAIRMAN'S REPORT**

The Chairman thanked members for the work they had done in 2017/18 and continued to do for Healthwatch. The extent of their efforts had only become fully apparent to her while drafting the Annual Report – contact had been made with over 1,600 people during the year.

Adult Social Care had asked Healthwatch to survey people who were on the verge of admission to residential care to see whether alternative care provision in the community was feasible for them. In response to enquiry whether such work was within Healthwatch's remit, the Chairman replied that contacting vulnerable, frail and hard to reach people was very definitely within the remit, as their views were valuable and might otherwise not be easy to obtain. A group of Healthwatch members would meet ASC colleagues to discuss the project.

It was pleasing to note that many of the recommendations made as a result of Enter and View visits had been accepted and acted upon. The report on services for people with a visual impairment would be finalised and published shortly.

The priorities and projects for the coming year would include a survey of the services available to support people caring for others in their homes.

#### **342 FINANCE REPORT**

The Company Secretary submitted the Finance Report for April 2018. £8,080 had been spent on Healthwatch activity (including residual spending from 2017/18).

There were no issues arising.

#### **343 GENERAL DATA PROTECTION REGULATION (GDPR)**

As previously reported, the GDPR had come into force across the European Union on 25 May. The Board was now invited to formally agree new policy statements that conform to the GDPR requirements.

Members were reminded that Healthwatch Havering held "personal data" about:

- Members (including employees)
- Service users
- Contacts – that is, people who received emails giving news about Healthwatch activity and people who visited the Healthwatch Havering website

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The general effect of GDPR was that organisations that held personal data were required to do so in a secure manner, must not share that data with others without the data subject's permission and must "forget" a data subject if requested to do so (unless there was a legal basis for refusing to do so). Organisations were required to appoint a Data Protection Officer (DPO) to oversee the use made of personal data, who could be appointed from outside the organisation if those within it were unable to be DPO.

The Board now noted that a number of changes had been made to IT hardware and software to ensure compliance with GDPR, including the purchase of new computers and Wi-Fi infrastructure, new or updated antivirus, Wi-Fi protection and office software.

Data was stored mainly in electronic format but some paper records were also maintained.

It was noted that business data, such as accounts for payment or paid, was generally outside the scope of GDPR but it was noted that paper files were held containing invoices and receipts and expenses claims, together with brief personal details of past and present employees.

Healthwatch was contacted by or on behalf of service users in a number of ways: in person, by telephone, by letter, by email and through the contact facility in the website, small amounts of whose personal data was retained for no longer than necessary. Some data was also held relating to members and officers/officials of organisations involved in the provision of health and social care services.

The Board was invited to consider and approve three draft documents:

- 1 Information Governance Statement (IG statement)
- 2 Privacy Statement (Privacy)
- 3 Information Assets Register (Register)

It was also noted that, in anticipation of the implementation of GDPR, steps had been taken within the office to enhance the security of the data held.

Agreement has been reached with Healthwatch Redbridge for a member of their staff to act as Data Protection Officer for HWH, with the Company Secretary taking up the role of DPO for them

The changes had not been without cost. The new PCs and other equipment, updates and compliance had cost more than £3,000 to date, with more likely (partially off-set by the sale of the old PCs for £250 and income of £2,500 as payment for the survey undertaken on behalf of the CCG).

Cost aside, however, the overall impact of GDPR on HWH was unlikely to be significant in the longer term. Existing data was being reviewed to ensure that it was deleted in accordance with the timescales given in the Register and

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nothing was kept unnecessarily. Recipients of information emails from HWH were being asked to confirm that they wished to continue to receive them, and others who are emailed were being informed how to view Privacy etc.

The Board was also asked to review the use of social media platforms (Twitter, Facebook, LinkedIn, YouTube and Vimeo etc). Only three such accounts were currently active: Twitter, YouTube and Vimeo.

- **Twitter** was used for occasional tweets about Healthwatch Havering activities, principally the publication of Enter & View reports, or to congratulate others on significant achievements, such as “Outstanding” ratings from the CQC. As well as being circulated on Twitter, these tweets were embedded on the homepage of the website (where all could be viewed).
- **YouTube** and **Vimeo** (both platforms for posting video clips) were used for the posting of videos accessible from the Healthwatch Havering website.

Although other Healthwatch organisations used Facebook and other platforms, Healthwatch Havering had not done so, partly because of a lack of resources but also because of concerns about data security etc.

All Healthwatch Havering directors, staff and volunteers were allocated Healthwatch Havering email addresses when joining. The ISP, 1and1 held all email sent to or from such addresses on a GDPR-compliant, secure server. Emails to personal addresses were also held securely by personal ISPs but ought not be used for dealing with the personal information of third parties.

The Healthwatch Havering email addresses were to be used when dealing with third party details, such as passing on complaints that involve passing on names, addresses and other personal information including details of illness/indisposition giving rise to a complaint. That way such personal information would be held within an area that under the control of Healthwatch Havering, enabling for example the data to be deleted should a data subject so request.

#### **The Board AGREED:**

- 1 **To approve:**
  - (a) **The Information Governance Statement**
  - (b) **The Privacy Statement**
  - (c) **The Information Assets Register**
  - (d) **The arrangement with HW Redbridge for them to make available a member of staff to act as DPO (and the availability to HW Redbridge of Ian Buckmaster to act as their DPO)**

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- 2 To note the expenditure so far incurred on compliance arrangements, and that further costs are likely to be incurred
- 3 To note that:
  - (a) The Data Controller on behalf of Havering Healthwatch Limited (Healthwatch Havering) is the Management Board
  - (b) The Chairman of the Board has overall responsibility for ensuring compliance with Information Governance
  - (c) The Company Secretary is IG Lead
  - (d) All Directors and employees are Data Processors
  - (e) Healthwatch England, Mazars LLP, Messrs Sharman Fielding, Sumobaby Limited and 1and1 Internet Limited are also Data Processors for Healthwatch Havering for limited purposes
- 4 To confirm that the use of social media platforms be confined to:
  - (a) Twitter – publicising Healthwatch Havering activity, congratulating local health and social care organisations on significant achievements (such as gaining “Outstanding” ratings from the CQC) and re-tweeting others’ tweets that are useful
  - (b) YouTube and Vimeo – posting videos accessible from the Healthwatch Havering website
- 5 To note that only Healthwatch Havering email addresses should be used for dealing with third party personal information.

**344 CONSENT TO USE OF IMAGES**

As a consequence of the GDPR, it was necessary for Healthwatch to obtain the consent of any person whose photograph was used in publications to the use of that image, for which Healthwatch England had produced a standard form of consent.

Although there is no immediate intention to use images, Members were asked to complete a consent form so that any future use would be covered.

**345 GOOD GOVERNANCE BOARD ASSURANCE**

Healthwatch England (HWE) had devised a **Good Governance Board Assurance Tool** to enable local Healthwatch Boards to assess their operational performance, partnership working and collaboration with other Healthwatches.

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It was now suggested that it would be useful if some Members were to form a working group to complete the tool in respect of this Healthwatch; it would be better for Members who have no direct role in managing the organisation to do this task, rather than Directors or staff.

Ron Wright, Di Old and Jenny Gregory agreed to carry out the assessment and to report back in due course.

#### **346 URGENT AND EMERGENCY CARE – SURVEY**

In March, the BHR CCGs had commissioned Healthwatch Havering, jointly with HWs Barking & Dagenham and Redbridge, to carry out a further survey of people's views on Urgent and Emergency Care.

The findings had now been published by the CCG as a contribution to their review of Urgent and Emergency Care.

#### **347 SERVICES IN HAVERING FOR PEOPLE WITH A VISUAL IMPAIRMENT**

Although the review of services for the visually-impaired was completed in March, its publication had been delayed until after the Council elections at the beginning of May and the subsequent decisions about the Council leadership.

That period was now over and the Board noted that it was intended to publish the report at the beginning of June.

#### **348 SPENDING NHS MONEY WISELY**

The BHR CCGs had now published their final conclusions on their Spending Money Wisely programme. A letter to patients and summaries of the decisions on both phase 1 (July 2017) and phase 2 (January 2018) of the original consultation proposals were now received and noted.

The CCG's aim was to save around £3.5 million a year.

#### **349 PROVISION OF A PHARMACY AT HAROLD WOOD CLINIC**

At the last meeting, it had been reported that the proposal to re-open the pharmacy at Harold Wood Polyclinic had been refused on appeal. The Chairman had written to the Accountable Officer (AO) for the NEL CCGs' Commissioning Alliance to point out the inconsistency between that decision and the aim of providing a "one-stop shop" approach to NHS services in patients' interest.

The AO had responded that the CCGs had no direct input into the commissioning of community pharmacy, which was a matter for NHS England

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(NHSE), having regard to the local Health and Wellbeing Board's (HWBB) local pharmaceutical needs assessment (PNA). There appeared to be several nearby pharmacies, able to offer local services, albeit not as part of the polyclinic offer itself.

She acknowledged that there would be some patients inconvenienced by the loss of the service and suggested that the issue be raised with the Havering HWBB and NHSE as commissioners. In the meantime, she would ask the team working on the UEC engagement programme to bear the issue in mind.

The Chairman subsequently raised the matter at the Council's HWBB, at which its Chair was asked to raise with NHSE the view that there should be a pharmacy at the Polyclinic in order to provide joined-up primary care provision.

The Board agreed that the Chairman should also write to NHSE and HW England to point out the inconsistency of removing pharmacy facilities from what was intended to be a one-stop shop Polyclinic service.

#### **350 WORKPLAN AND PRIORITIES FOR 2018/19**

The workplan and priorities for 2018/19 had been discussed during the Awayday preceding this meeting.

It was now noted that the priorities for 2018/19 would be:

- Compliance with the Healthwatch England five-year strategy and Havering Council's specification for Healthwatch
- Working with the CCG and ACS to improve the standard of care provided in their own homes for people living with dementia
- Reviewing the support available for people in residential care who were living with dementia
- Completing the Domiciliary Care Survey currently in hand
- Carrying out a further Enter and View visit to Queen's Hospital to assess the meals provision

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**Chairman**  
**27 June 2018**