

Healthwatch Milton Keynes

Board of Trustee Meeting Minutes, 4th September 9.30am at Milton Keynes Business Centre, Linford Wood.

Attendees: Hilda Kirkwood (HK) (Chair), Jeff Maslen (JM) Mike Newton (MN), Anita Devi (AD), George Assibey (GA), Maxine Taffetani (MT)

Apologies: Marion Wale (MW)

PART 1

Agenda Item No.	Agenda Item	Action
1	Opening Remarks HK welcomed George Assibey and Anita Devi to the Board of Trustees	
2	Declaration of Interests None Agreed that AD and GA need to sign a declaration of interest form. MN noted that his declaration may need reviewing. Declaration forms will be sent to all trustees for review/refresh.	MT
3	Adoption of Agenda All agreed. HK noted that the agenda needs to reflect part 1 and private (part 2) of the meeting.	
4	Adoption of Minutes of Board of Trustees Meeting of 19th July 2017	
5	Matters Arising from Meeting 19th July 2017 Overpayment to D. Gordon to be discussed in Part 2. There was a brief discussion on public attendance at Board meetings, in relation to the previous minutes. JM noted how difficult it can be to attract the public to such meetings. MN queried whether the Health and Social Care Committee (HSCC) meetings would be more relevant for	

	<p>the public to attend. AD discussed that setting all Board meetings in the morning could prevent professionals and public from schools attending, as an example. There was an agreement to keep meetings at 9.30-1pm in the interim.</p> <p>HSCC standing procedures needed to be reviewed again and will be presented for sign off by the Board at the meeting in November.</p> <p>Finance actions:</p> <ul style="list-style-type: none"> • MT explained issues with Metro bank account manager • all financial information was handed over by Peter Lewis. • MT and HK agreed MK Business Centre licence will stay with HK as named lead • Accruals have been resolved/removed to present better picture of current financial picture • Pensions staging date brought forward to 1st August, MT managing communications with staff • MT monitoring charity commission reporting requirements 	
6	<p>CEO's Operational Exception Report (<i>Projects, HR, Health and Safety etc.</i>)</p> <p>MT noted that there was little to report to the Board, due to the holiday season.</p> <p>Annual Event: Agreed to reduce the stall from 96 to 80 due to issues recruiting to stalls over the summer period but the event is booked out. #HWMK2017 is the twitter handle. MT asked the board to publish on their social media.</p> <p>Projects: Enter and View starting next week. JM expanded on the questions that will be asked at the assessment and detailed how the first Enter and View will be a good test around effective communications in the planned discharge process.</p> <p>MN asked if Healthwatch will be undertaking E&V on the weekends at the hospital, noting that patients could have quite a different experience on weekends. GA agreed that this may give a fairer view of the operations over a whole week. JM noted that planned, effective discharge is failing every day of the week and that MK is very poor, in terms of outcomes for transfers of care.</p> <p>MT has concerns about the lack of activity in Quarter 2 (June - September). Enter and View and the Annual Event has taken significant resource.</p>	

	<p>Prison project is under review, as the prison contact has changed direction of the focus group to a prevention, instead of mental health one. Is delayed until December.</p> <p>MT will be reviewing work streams and activity plans for quarter 3 reporting period (Oct - Dec) and liaising with JM.</p> <p>MT stated concern for the amount of resource focussed on gathering information from meetings and not designing/delivering meaningful project activity</p> <p>Quality Assurance: MT is beginning the process of building a monitoring and assurance framework for the HSCC. JM noted that there is more work to do to enable the Health and Social Care committee to be effective.</p> <p>IT survey: Had only a few respondents. MT will be sending reminders out shortly.</p>	
7	<p>Finance</p> <p>MT presented a draft financial reforecast to the Board. MT explained that the September finances will be uploaded and a final presented at the November meeting with a full explanation of any surplus.</p> <p>JM questioned whether there had been any reserves accrued. Not yet. JM recommended that the Board revisit what provision of reserves, and ensure there is a policy in place. AD suggested that the Board need to agree and amount for reserves and a reserves policy.</p> <p>MT noted that Peter Lewis did plan for reserves across the contract period and will circulate these, but agreed they should be reviewed.</p> <p>HK noted that there was an agreement that there would be 3 months operating costs.</p> <p>The Board agreed to revisit soon.</p> <p>Meeting rooms charges and Internet charges to be moved from other establishment costs, into their own budget lines</p>	<p>MT</p> <p>MT</p>
8	<p>Risk Register</p> <p>MT presented the Risk Register. JM noted that he and Alan Hancock created the Risk Register for the Board of Trustees.</p> <p>Some work needs to be undertaken so it aligns with the Risk Register for the HSCC (still being created)</p>	

	<p>JM recommended that the Board risk register be reviewed once a quarter.</p> <p>The board were in agreement.</p>	
9	<p>Governance</p> <p>MT noted there was nothing specific to bring to the meeting. MT highlighted that it is an area that requires her attention, to ensure that governance is considered to the level at which was maintained by Alan Hancock.</p> <p>JM commented that the LGA will assess the governance health of the organisation. HK in agreement that we should action this. AD sought clarification whether this should be completed before or after the AGM next year. The Board agreed before the AGM, Spring 2018.</p>	
10	<p>HSCC Report from Chair of Health and Social Care Committee</p> <p>Mental Health: The discussion at the HSCC highlighted operational issues about how we manage and agree activity relating to Mental Health. There are issues with the flow on information. JM recommended a pause in further MH activity and have an internal review. This hasn't been started yet.</p> <p>Planning Processes: JM discussed the purpose of the HSCC, for the benefit of the new trustees. HSCC responsible for delivering the service agenda, setting priorities, objectives, targets, develops the workplan and delivers it. MT creating a mechanism for monitoring.</p> <p>JM noted that the HSCC will meet every two months with informal meetings in between, where Health and Social Care matters can be discussed in more depth.</p> <p>JM aims to resolve the appointment of deputy chairs at the HSCC meeting on 10th October.</p> <p>JM discussed the Clinical Commissioning Group's (CCG) concerns and focus regarding delayed transfer of care (DToC) and some background about the initiatives being implemented/funded. JM sits on the Getting People Home Project Management Group meeting. JM commented that what Healthwatch achieves in Enter and View at the hospital has the potential to make a huge contribution and test the effectiveness of initiatives being implemented to reduce DToCs. Those on the programme management board recognise that and support our E&V activity.</p> <p>JM noted that he has concerns about resource capacity at that Healthwatch may struggle to complete our activity plans. JM highlighted the resource the STP is likely to take</p>	

	<p>up when the Case for Change is released, and our need to improve our engagement is pressing.</p> <p>AD mentioned The Winter Night Shelter and new resource at The Old Bus Station programme and recommended it as an opportunity for engagement</p>	<p>MT to ask TK to follow-up</p>
11	<p>Strategic Planning for 2018/21</p> <p>HK commented that HWE paid for a consultant to support the building of the previous strategy to 2018. As we are a changing organisation, the Board of Trustees and CEO need to revisit the strategy. The timeline will run along the same timeline as the HWB strategy.</p> <p>There was a brief discussion around considerations of when and how we plan/build the new strategy and whether the board should invest in support, externally.</p> <p>MN commented that the previous support (Pat) was an experienced facilitator, who used a standard set of procedures to extract the information from Healthwatch personnel and pulled it together as a cohesive strategy.</p> <p>AD stated that she has experience in building strategic plans. AD also commented on mapping strategy across MK ad suggested overarching strategic aims: Listening well, Acting Well and Being Well</p> <p>Agreed that MT will revisit the current strategy and pull together some thoughts to present to the board in the next couple of weeks.</p>	<p>MT</p>
12	<p>Treasurer Job Role Review</p> <p>Peter Lewis resigned in June. HK has sourced a JD for a treasurer and presented it at the meeting.</p> <p>MN noted that the organisation already had a treasurer JD, which has been accepted and approved.</p> <p>The board discussed the 2 main challenges of reviewing and agreeing what the board wish the new treasurer to be responsible for, now that the make-up of the operational team has changed, and how to find suitable candidates.</p> <p>MT to circulate the job description that HK presented, for the board members to review.</p> <p>In the meantime, MT and MN (as interim treasurer) to meet to discuss financial matters/arrangements</p>	<p>MT</p> <p>MT</p>
13	<p>Representation Structure</p>	

	<p>MT presented the current representation structure to the board, detailing where Healthwatch is represented at meetings across the Health and Social Care field in MK.</p> <p>MT also discussed ways that volunteers are encouraged to get involved and keep up to date with Healthwatch e.g. volunteer meetings.</p> <p>It was agreed that the representation is heavy on Health and light on social care.</p> <p>MT sought confirmation that the representation map be considered accurate and any additions to representation at meetings should now be approved through the CEO and HSCC. This was agreed.</p> <p>It was agreed that meetings are resource heavy, and all represent resource commitments from the operations team and that there are potentially different ways of representing the public at some meetings. MT recommended that the level of representation is reviewed to reflect the new strategy, moving forward.</p>	
14	<p>AOB</p> <p>MT requested to review a schedule of delegation at the next Board of Trustee meeting, so that decision-making is timely and effective.</p> <p>MT agreed to arrange induction with AD and GA in the latter half of September.</p>	
15	<p>Dates and Times of Future meetings</p> <p>14th November 2017 9th January 2018</p>	

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PART 2

Agenda Item No.	Agenda Item	Action
1	<p>D. Gordon’s overpayment</p> <p>HK detailed the background information that led to D. Gordon, previous Team Manager to be overpaid, by an error that resulted in Ms. Gordon receiving her redundancy payment under garden leave, as originally agreed with her, and in her final salary payment.</p> <p>HK read out Ms. Gordon’s letter and explained that Ms. Gordon had approached ACAS, exploring constructive dismissal.</p> <p>HK detailed her conversation with Emma William’s, Healthwatch MK’s HR support who had recommended a course of action.</p> <p>HK noted that Ms. Gordon has been offered not to have to repay the overpayment in salary, as a gesture. HK believes Ms. Gordon is considering the offer.</p> <p>HK to write to Diane and send through the corrected wage slip.</p>	<p>HK</p>

