

**Wickford Health Centre
Patient Participation Group**

**Thursday 7th January 2016 @ 2.30 pm
Wickford Health Centre (WHC)**

In Attendance:

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| Ray Hilliard (RH) Chair | Jan Hilliard (JH) |
| BL | JD |
| ME | Tracey McCabe (TMc) Associate Practitioner |
| Sharon Newman (SN) Secretary | Jayne Johns (JJ) Practice Manager and minutes |

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| Guest: | Ron Capes (RC) Governor at Basildon & Thurrock University Hospital (BTUH) |
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1. Apologies

IC, AE

2. Welcome to Mr Ron Capes (RC), Governor at BTUH

RH thanked RC for attending the meeting and introductions were made.

RC gave some background history to his own personal circumstances. He reported that he has a background in civil engineering and has worked in management in Essex County council and the Highways Agency. He stated his life changed seventeen years ago when he had a heart attack, which made him re-evaluate his life and he decided to take early retirement and that's when he became involved with BTUH

3. Briefing from Mr Ron Capes on his with BTUH

RC provided some very interesting information around his work at BTUH and the roles of others within the Trust and also about the Trust itself. Full details are in *appendix A* of these minutes.

4. Minutes of meeting held on 5th November 2015

JJ apologised for omitting to record that ME was actually at the meeting. Apart from this, the minutes were accepted as accurate.

5. Update/briefing on WHC

Nothing to report.

6. Future of WHC

JJ confirmed that Kerry Harding from NHS England has arranged a meeting at Wickford Health Centre to be attended by JJ, Colleen Shelley, Director for SEMC Ltd, Belinda Cooper, Practice Manager at Applewood surgery (unsure at this time if anyone else from Applewood will be in attendance) and also Sean Perry from NHS

Property services who was supposed to undertake a survey of the building following the meeting held way back in June 2014.

RH reported that he had spoken to the head of the Council who advised that he saw the building of the new London Road surgery across the road as “phase 1” of a two phase project. He told RH that no new houses would be built adjacent to the new Health Centre but he envisaged phase 2 being building provision alongside this for Wickford Health Centre and Swanwood Surgeries to inhabit with the Wickford Health Centre building being demolished and replaced with housing.

BL asked if it would be prudent to find out who owns the land that Wickford Health Centre is built on. RH/JH to look into this and let JJ know for the meeting on 13th.

7. Feedback on the last SEMC Locality PPG Meeting

RH confirmed he had not been able to attend this meeting but would send the minutes out when he receives them.

8. Date of next meeting

Thursday 10th March 2016 at 2.30 pm

9. Any other Business

BL asked about the electronic prescription service and how it works as he had requested items on two occasions which he had either not received or received in duplicate. JJ reported that she had spoken to Elaine Fleming, the Receptionist who had been helping BL to resolve this latest issue. BL said it hadn't been a major problem but he would be photocopying his requests from now on. JJ agreed that it was odd and would be difficult now to retrospectively look into this as the original request would not be available but asked BL to let her know if it happens again and they can sit down together, with the request and try and find an audit trail.

APPENDIX A

Hospital Board of Directors / Non-executive Directors / Governors

RC clarified that the Hospital Board of Directors is appointed by the non-executive Directors and there is always one more Director on the Board than there are non-executive directors. The Governors set the condition of services and it's the job of the Governors to oversee the way the Board works. There are up to 30 governors on the Governor's council. They Governors are not directly involved in board meetings but interact with the Board Directors and the non-executive Directors report back to the Governors. The Governors and the non-executive Directors meet regularly and the meetings take the form of discussion rather than being structured with a rigid agenda.

The Board meets regularly and has open meetings (to anyone, including the public) and closed meetings (with just the Board). Governors get the minutes of the meeting, although some sections of the closed meeting may be omitted.

RC also confirmed that the Governors also make sure that Members views are represented when important decisions are taken about services or the future direction of the Trust.

Member of the public can submit questions to be raised at Board meetings and Governors can also request the non-executive directors ask questions on their behalf although generally Governors raise questions outside of the meetings as they, the Directors and non-executive Directors are all easily accessible to each other.

Membership of BTUH

RC advised that any local people, patients and staff can become members of the Trust and have a say in the healthcare services that are provided by BTUH. It's easy to join via the website or by completing a form, which RC gave out to the group. Members receive regular emails informing on services and asking for feedback and opinion. Newsletters and other relevant information are sent to members.

CQC and special measures

RC confirmed that BTUH is no longer in special measures. Out of 5 hospital in Essex (BTUH, Southend, Chelmsford, Colchester and Harlow) 3 are still in special measures (Chelmsford, Colchester and Harlow) and are working with other trusts to try and rectify this. Southend Hospital has an inspection shortly. As for BTUH, they have had a 2nd inspection and are now 'good' and have been taken out of special measures. BTUH is now in the top 28% of hospitals in the country with a good rating being between 5% and 28%.

Problem with recruitment

Staffing levels have improved greatly and RC detailed a major recruitment drive where 250 people were hired in one go. For qualified nursing staff the Trust looked in this country and Europe first and then following that the Philippines. He pointed out that qualified staff from Europe can start work immediately but qualified staff sought from the Philippines needed to undertake 6 months working as a HCA first, despite being fully qualified nurses.

Blood sample analysis system

Basildon Hospital and Southend Hospital manage this system now and did so by joining together to set up a Company with a third party to create a private company owned by Basildon Hospital and Southend Hospital, with Basildon Hospital holding 51%.

Boots Pharmacy based at BTUH (located in outpatients department)

RC reported on the new Boots Pharmacy in the Hospital and that its service is working very well and also that there are some Boots Chemists in the area who will be able to fill a hospital prescription if a patient isn't able to wait.

Payments/Incomes

RC reported that BTUH serves a population of 442,000, with a £293 million budget last year and there were 88,000 inpatients, 325,000 outpatient's appointments and 126,900 A&E attendances.

Payments are different depending on the treatment. Money per patient is allocated based on 2009 figures of how many patients were treated. In 2009 any extra patients seen above the agreed base figure were paid at 30% of the original tariff but this has now increased to 70%.

RC confirmed that incomes generated for the hospital including the blood sample analysis company and from the Boots pharmacy and put back into the hospital for patient services. This is also why the car park at BTUH is controlled in house and not sourced out to private companies. This brought up a discussion about whether in some cases patients can claim back their car parking or park for free. RC confirmed that yes, in certain circumstances this is the case i.e. if a patient has cancer and is received treatment often.

Place Audits

RC detailed this system where a patient led assessment of care of the environment in wards is undertaken. Volunteers audit wards and look at all the facilities, cleanliness and observe the lunch hour. This is how the "red tray" system came into play which means a patient whose meal is presented on a red tray will be either fed by staff or accompanied by staff who will watch to check that the patient eats. RC also confirmed that random checks are carried out but in other situations wards may only be told on the morning of the audit that it is occurring.