

Minutes Directors Meeting Amber Valley Health 12/11/18

Attendees: Cheryl, Marion, Kaysia, Anne, Justine, Nic

1. Review action points from last meeting:
 - a. Contract signing page signed AT and NH. **NH will scan and email across to Carol Foster**
 - b. Marion/Cheryl feel opinion strongly voiced in CCG meeting, formal complaint therefore not completed.
 - c. No new concerns about DNAs but audit not updated, will move on to next agenda before discussing further. **CA will bring to next meeting.**
 - d. Cheryl will arrange meeting with Marion to create patient survey questionnaire, asked if directors can email any extra questions to her if they like. Plan to complete survey in Feb/March time.
 - e. Not sure if staff cancellation info in handbook - but has been emailed around all current staff. **CA will add to staff handbook.**
 - f. Julie replied that rooms from 4pm esp. on Friday shouldn't be a problem. Prior to looking at longer shifts on Friday over winter CA will check no additional cost to this. **CA to email Julie.**
 - g. NH has had email from Rob Hill about resilience money, but not heard about the transformation money. It seems NH primary contact on certain emails from CCG and no-one else gets these. Agree better to have 2 people. **NH will reply to email to ask CA to be added to distribution list. NH will continue to chase resilience money/transformation money.**
 - h. No email sent about special resolution. **NH will do.**
 - i. No progress on patient group meeting. Agree this would be helpful to have in place/completed by end of March as shows engagement with patients and may help with any other CCG bids. **ML will set date and contact PPGs to invite.**
 - j. JR looked at logistics of Specialist GP clinics. No reason we can't just set up informally but would need booking route and information disseminating to other practices. Agree leave for now.
 - k. Walk-in policy not discussed. Will leave on action point
 - l. 1 x SEA not heard back from Julie yet. 2nd SEA with GP taking smart card agree following actions: locked box with combination for prescriptions and smartcards, email to affected member of staff to inform of outcome, email to Julie to inform of outcome, email to staff to inform of box, when they are allowed to access and the code. **CA will source box, send email to staff and Julie, JR email to staff member. CA will chase Julie about 1st SEA.**

- m. JR has completed EMIS extra info for handbook, NH not done system1 yet. **NH will complete and re-format clinician handbook to be re-distributed.**

2. Friends and family

- a. Positive feedback again. No concerns raised. Specific comment about a clinician. Agree forward this to the clinician and CA to do this in future as collates data if specific person mentioned. CA to email named GP about comment.

3. Audit

- a. AT completing initial audit over the next week or so. Generally all positive, only recurring point is some DNAs not coded. Also noticed by KH when working shifts. Agree this is something to watch but hopefully with feedback it will improve. **AT will give individual feedback to clinicians once completed.**

4. PM on calls Jan/ongoing

- a. Agree that due to problems with CA getting calls anyway about hub and on call cover, no longer needed on rota. To email reception team to use common sense approach and hope that no longer needed. **CA will action on rota and email staff.**
- b. Discussed possibility of clinicians WhatsApp group for the hub. Agree could be helpful as support mechanism and also to foster relationships. Discussed pros/cons of allowing work to encroach personal life, agree need to ask clinicians if would like to be invited.
- c. Discussed inductions, will still need manager for these. **CA will arrange as needed.** Other PMs might also like to be involved with doing.

5. Going home time:

- a. Seems clinicians leaving together now but still early as work is completed. Agree 30min last appointment no longer necessary as system and clinicians more used to way of work. To remove this from December onwards on evening appointments. With weekends agree move to middle of rota as will allow catch-up time. **CA to action on rota and email to inform staff.**
- b. Agree induction to have shift with manager and catch up, last patient 30mins for first 2 shifts and then like other clinicians for any new GPs working. (e.g. for evening shifts: 4patient slots, 5patient slots then 6). **CA to add into induction plans for new clinicians.**

- c. Discussed booking issues e.g. mental health and importance of this being reinforced, especially if losing buffer of extra time on weeknights.
- 6. Thermometers in boxes:
 - a. Agree thermometers, alongside batteries for both these and sats probes. AA/AAA. **CA will order.**
- 7. Rooms from 4pm
 - a. See 1.f
- 8. EMIS prescription issues
 - a. Much improved, ?due to more clinicians being used to S1 than EMIS. All staff seem to be aware to handwrite if unable to print, agree this is sensible.
- 9. Xmas cover
 - a. Agree need to offer. 1.5x normal rate of pay. CA waiting to hear from DHU about their availability as well. Suggest 8:30-10:30 shift with 6 patients as per evening as this is minimum level of cover. **CA will email directors once heard from DHU.**
- 10. Clinic types (GP Special interest):
 - a. See 1.j
- 11. AOB:
 - a. Finance: update from ML. No concerns. Have 3m money and invoice sent for next 3m. 15p/p going to practices this month (as per set up cost).
 - b. Discussed communications with other practices and how effectively information is going to reception teams/AVH staff. Agree need to discuss this in organisational meeting. **CA will add to agenda.**
 - c. Discussed communication from us. ?should be using AVH emails rather than personal for some things. Agree depends on what, but could be better for CA/ML as they are getting responses as emails come from them directly. Agree start using AVH [nhs.net](mailto:avh@nhs.net) email where possible for "AVH" communications. **CA will set up and monitor email address.**
 - d. Discussed website and having staff area, agree might be helpful. No changes at present as will discuss on Thursday with wider group.

- e. Winter pressures indemnity. Seems AVH staff would be eligible for this. Up to individuals to contact their indemnity to arrange. **CA will share with clinical staff.**
- f. PCP learning event discussed. Seems good idea to use AVH to co-ordinate this. Agree pick a Summer QUEST and invite all Place practices. **CA will coordinate.**

Action Points from Meeting:

Who	What	When
Nic	Email Carol Foster contract	20/11/18
Cheryl	Continue DNA Audit	Bring to next meeting
Cheryl	Add clinic cancellation to staff handbook	1/12/18
Cheryl	Email Julie M to ask about cost of rooms	Aim reply 1/12/18
Nic	email about resilience/transformation money	Update at next meeting
Nic	Email around special resolution	20/11/18
Marion	Create PPG event and invites	1/1/19
Cheryl	Update as per SEA, email Julie to inform	December
Justine	Email about SEA	1/12/18
Nic	Update clinician handbook	1/12/18
Cheryl	Email F&F comment	1/12/18
Anne	Complete clinician audit and email feedback to clinicians	1/12/18
Cheryl	Update on PM on call for future rotas and email staff to inform	1/1/19
Cheryl	Update induction protocol and ensure manager cover to induct 1st shift	1/12/18
Cheryl	Inform clinical staff of change to evening clinic last appointment from December	20/11/18

Cheryl	Order thermometers (braun) and batteries for hub	1/1/19
Cheryl	Create policy for “walk-ins” and email for discussion	Prior to next meeting
Cheryl	email about xmas when heard from DHU	20/11/18
Cheryl	Update organisational group agenda with communications discussion	15/11/18
Cheryl	Pick QUEST and set up joint learning event	1/12/18
Cheryl	Email clinical staff indemnity information	1/12/18

g.

Next meeting: 10/12/18