

## Minutes Directors Meeting Amber Valley Health 10/12/18

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

### 1. Action Points from last Meeting:

- a. **DNA audit:** Discussed the ongoing DNAs, AVH reception chasing up but no single clear reason for DNAs. Discussed the practice/organisation joint responsibility and need to talk through as a larger group. Some good practice to share from certain GP surgeries with reminders etc. **CA to add to next organisational group meeting**
- b. **Additional cost of rooms:** CA still awaiting reply from Julie. As covering hours currently and no winter pressures money from CCG - no rush. Will await an answer in due course. **CA to inform group when hears.**
- c. **Special resolution:** No outcome yet, agree sensible to clarify current position to shareholders via email. **NH to clarify via email.**
- d. **PPG Event:** Seems to be developing alongside PAG and AT/Emma at CCG are organising this. **AT will liaise with Emma to ensure we have a spot for AVH to discuss service.**
- e. **SEA:** Locked box for smart cards now in place
- f. **Clinician Handbook:** JR has updated EMIS pages, NH still to do for System1. Would be nice to have an updated version soon. **NH to complete and update Version 2.**
- g. **Walk-in policy:** Agreed as per CA email. **CA to update staff handbook.**

### 2. Significant events:

- a. **Blood test:** A practice has commented that 2x pathology forms incorrectly filled by hub. Discussed, no harm done. Actions: one GP has been emailed to inform about forms. Agree 2nd check by reception team at hub to reduce chance of error. **CA to update reception team.**
- b. **Non hub patient:** Chat about scenario as per emails. Agree multiple organisations involved so likely SEA by practices as well as by AVH. JR appointed as AVH lead on this, to complete SEA and co-ordinate action points with practices as necessary. **JR to complete SEA form and share as appropriate.**
- c. **Other:**
  - i. **2 patient identifiers:** Reception team have been updated and now being checked routinely. Good practice for clinician to check too. **CA will update clinical team.**

- ii. **Wrong patient:** Due to individual practice not double checking while remote booking. Cascaded back to practice and in hand.
- 3. **Staff Emails:** Discussion around emails received from hub GPs raising questions about bank holiday shifts, locum GPs and the “stay until end of shift” policy. Brought to our attention both by staff directly and via PM. **JR to email individual GPs. NH to email PM.**
  - a. **Bank holiday:** Agree we had not anticipated oversubscription and therefore not stated method of allocation to the staff when contacting. Apology sent to individual GP affected. Agree clarify in future with a closing date for shift or 1st come 1st served if short notice.
  - b. **Locum GPs:** All in agreement that AVH staff asking for shifts will be considered equally. Discussed the current allocation system and agree fair and equitable.
  - c. **“Stay until end of shift”:** As paid per hour, agree policy remains appropriate and to stay in place. Part of issue seems to have been around assumption would not have been paid for overtime if stayed late, as previously discussed - overtime when submitted will be honoured. **CA to email staff to inform/clarify.**
- 4. **Monthly update email:** All agree sensible idea. To co-ordinate with the rota and give specific information to the clinical/non-clinical staff. **CA to arrange with distribution of rota.**
- 5. **Resilience money:** Discussed frustration that CCG originally asked for info in August and now are asking for more information before distributing/approving funds. NH has completed form to return to Rob Hill. **NH continue to chase.**
- 6. **MOU with DCHS:** Signed by KH/NH to give back to DCHS.
- 7. **RAIDR demo:** AT discussed a recent update she had been given into the ways of using RAIDR. Agree useful for other people also and as part of PQS to use, arrange in organisational group meeting. **AT will email RAIDR team.**
- 8. **Clinic cancellation:** CA asking about cancelling clinics with few patients booked in e.g. smear clinic with one patient. Agree better not to cancel if patients booked - but sensible if not being used at all. Discussed how to better use appointments if not filled, agree still important for individual practices to promote. Discussed additional possible services and agree ear-

syringing should be possible. Aim add to Jan rota. **ML to source/purchase machine, CA to check with nursing team if all qualified/able to perform.**

- 9. Diabetes money:** Discussed the CCG ask for one organisation to hold funds and distribute. ML has checked with accountants and NHS pension is main issue - as contract would be passing through AVH and AVH not pension authority the ongoing funds would technically be non-pensionable. Agree this would make any/all ongoing monies via AVH complex and need to look into this. **ML will explore process to become pensions authority as a company.**

**10. AOB**

- a. Discussed practices working closer with Belper:** Agree that upcoming Place events and education events should help with this.
- b. LMC have invited us to present AVH work:** JR will liaise with LMC to get a date (March/April).
- c. Friends and family feedback:** Mostly positive, not as many completed as 2m ago - need to prompt reception about this. Would like to make more in-depth patient survey. **CA/ML to arrange for ?Jan. CA to email reception.**
- d. Directors minutes circulation:** Agree to circulate to organisational group. Some discussion around AVH website, not sure as a group who will have access to this so agree clarify before ?uploading. Need to have windows 10 to upload. **AT to look at website as has windows10**
- e. CCG meeting:** CA/ML have arranged an meeting with Clive Newman on 9th Jan. Agree it would be useful for directors to be present if available.

<b>Who</b>	<b>What</b>	<b>When</b>
Cheryl	Add DNA audit to organisational group meeting	Jan OG meeting
Cheryl	Update when heard about room cost	Update at next meeting
Nic	Email around special resolution	20/12/18

Anne	Update about PPG event in place	Update at next meeting
Nic	Update clinician handbook	Jan 2019
Cheryl	Update staff handbook with walk in policy	20/12/18
Cheryl	Update reception about checking forms	With monthly email
Justine	Complete SEA form for hub.	1/1/19
Cheryl	Remind clinical and non-clinical team to check minimum 2 patient identifiers.	With monthly email
Justine	Email to hub GPs directly about issues raised	20/12/18
Nic	Email to PM about issues raised	20/12/18
Cheryl	Clarify stay to end and overtime	With monthly email
Cheryl	Add monthly update to rota distribution email (see other action points)	With next rota (?10/1/19)
Nic	Keep chasing resilience money/transformation money	Update at next meeting
Anne	Email RAIDR team to present to group	Update at next meeting
Cheryl	Clarify with nurses able to do ear syringing.	Prior to Feb rota distribution
Marion	Source and obtain ear syringing machine	1/2/19
Marion	Clarify process around becoming NHS pensions employing authority etc.	Update at next meeting
Cheryl/Marion	Create and run patient survey for hub	Run Jan 2019
Anne	Look into process of uploading documents to website	Update at next meeting
All	Try to be available for CCG meeting 9th Jan. Update CA/ML if attending.	Email CA/ML by xmas.

## 11.

Next meetings:

Agree fix on 2nd Monday of month 7-9pm.

14th Jan; 11th Feb; 11th March; 8th April 2019