



G4S Healthcare

STAFF MEETING

DATE: 7 June 2017
TIME: 1230
LOCATION: ADMIN OFFICE
HOUSE: BROOK HOUSE

Present: Name and Role	Initials	Distribution
Michael Wells – Practice Manager – Brook	MW	
Chrissie Williams – Clinical Lead	CW	
Pam Bowers - Admin	PB	
Emily Parr - RNLD	EP	
Eavan Owens - HCA	EO	
Jacqui Felton – Pharmacy HCA	JF	
Karen Churcher	KC	
Melissa Morley	MM	
Donna Batchelor	DB	
Ray Little	RL	
Jo Buss	JB	
Jim Newlands	JN	
Jacintha Dix	JD	
Hannah Christian	HC	
DJ	DJ	

No:	Item	Action
1	Apologies for Absence	
	<p>If you are unable to attend the next meeting please apologise for your absence.</p> <p>Pete K requested that all staff give one word as how we are feeling at this moment. MW to give feedback.</p>	MW
2	Minutes of Meeting and actions arising	
	Minutes distributed at meeting for staff to add anything that needs action.	All

3	Nurse Development	
	CW - Nurse revalidation is ongoing, if anyone needs help with 'signing off' please see Chrissie. Dahliah due August, Donna due September.	All
3a	Clinical Supervision 1:1	
	CW – If anyone wants/needs clinical supervision please speak to Chrissie. JB/EP/HD can do supervision if required.	
3b	Training	
	<p>Staff attending Triage training yesterday, this needs to be put into action for doctors clinics. Doctors don't want unnecessary bookings.</p> <p>Mental health awareness training due shortly</p> <p>Online training has all been re-set, people must access and start using on-line training.</p> <p>This can also be done at home, it's for your own personal development.</p> <p>Mental Health Awareness training, to be arranged.</p> <p>Training Paediatric ILS to be booked shortly, awaiting a date.</p> <p>Supervision for RMN's to be set up</p>	
4	Clinical Quality Care	
	<p>JB said, Care plans not being completed. System one trainer will be in next 2 Thursdays to show how to complete., she will be attending Brook and Tinsley.</p> <p>RMN referrals need to be relevant, just because they are tearful, doesn't mean they require mental health referral.</p>	
4a	Policies/NICE guidelines	
	<p>Uniform policy – no nail polish, jewellery, coats/jackets whilst doing clinics, You must be bear below elbows.</p> <p>Sickness Policy, - phone in sick to the on-call nurse/manager on call phone in 2 hrs before shift.</p> <p>Lateness is a big issue, repeat offenders, it needs to be documented, pay will be deducted from offenders, if you stay late, document this stating as to why then you will get paid. It needs to be documented/reported. Talk to each other about taking it turns to stay late. All 3 agency staff late this week??? MW to speak with agency.</p> <p>Annual leave – start using leave it will all be booked, you may get refused. Use it or lose it policy. 6 weeks notice must be given, unless absolute emergency then given at managers discretion.</p>	MW

4b	Documentation	
<p>213's seem to be getting lost in transit, need to be photocopied and put them in the pile, so it can prove that it's been done.</p> <p>1st responses, need to fill these in, even if it's a call out, we need to know how many we go to during the day.</p> <p>1st nurse to be the 1st responder and HCA,</p> <p>New policy has been written as to who is going to go to 1st responder, awaiting signoff.</p> <p>If you're struggling call over radio, need additional health care and request who you need, i.e. RMN/RGN</p> <p>Response bags – only one bag, blue bag has equipment in if required. Do you need a completely separate bag???</p> <p>First response bags not being checked, if anything is used it must be restocked.</p> <p>First response bags need to be checked every day, check and sign it is checked. A form will be made up so this can be put into use. For Tinsley as well, including the Paed bag.</p>		
4c	Clinics	
<p>Clinics – Hoping that we now have extra staff, lots of different clinics should start to run, use rooms downstairs as well. Clinics to run at Tinsley as well as Brook in the afternoons</p>		
14d	Medication	
<p>CD's – we need to be really careful, any errors need to be flagged up immediately.</p> <p>Seals for medication boxes that haven't been used. 2 people need to sign. Dates seem to be getting missed on CD book.</p> <p>Half an hour not long enough??? – CW said times can't be changed to 1130-1200, times have been extended to 0845, on a trial basis.</p> <p>Staff complaining Wings/officers not bringing detainees up in time. Need to speak to DCM's. At the morning briefing give them a list. Wing managers will make sure it's done. Phone wing if they are short, go to Oscar 1, needs to be rung every day. MW to speak with SS to let him know what is going on.</p> <p>Night staff to take a list to each wing/ or maybe give list out at morning meeting?</p> <p>Print CD due medication screen.</p> <p>IP meds a Formula is in pharmacy of what can and can't be given.</p> <p>Waste not acceptable anymore, we need to reduce it. Prescriptions being generated on system 1, need to stop doctor re-ordering it.</p> <p>Whoever is sending scripts to boots they need to check list before ordering from Boots.</p> <p>Meds being left on shelf and not dealing with it. Why is it on the shelf? Need to check and see who it's for.</p>		

<p>Are we giving slips to detainees to tell them the medication is here? Need to let them know it's here, Doctor to hand detainee a slip to say medication will arrive next day etc...?</p> <p>Once boots have signed the contract, IP medication will be brought over in the mornings, then they can collect at lunch time.</p> <p>COMPACTS – need to be completed. Substance misuse compacts not being completed/signed.</p> <p>If people are struggling with regards to documents they need to speak to each other/ask.</p> <p>Detainees leaving centre, not being made aware they have left. If a PER is being signed detainees going without medication, Spare meds is in the regular cabinet and also other cabinets. EP said When filling out PERS, document on system 1 PER has been completed.</p> <p>PERS, Admissions/Rule 40's/ need to sort out who can sign them, qualified nurse??? MW to get advise clarification on this.</p>		
5d	Reports	
<p>Home office are asking us to document Adults at risk. If a part C needs to be done also a SLP needs to be done. Torture adult risk 1. DSC adult at risk policy, MW to send out for all to see.</p> <p>Stock ordering in advance, need to order an advance. Stock ordering list needs to be updated/completed.</p> <p>Food in clinics, not to eat any hot food in clinics.</p> <p>Pharmacy Gate – it's being left open on a regular basis. It needs to be locked.</p> <p>Route to healthcare – you need to go through administration. No access through reception, no access through visits door. Come through discharge door or through visits in lift, through admin and down lifts.</p> <p>Clinic phone not to be rung during clinic time?? Clinic times to be sent round to wings.</p>		SS
6.	Staff Feedback/Engagement	
<p>Meeting had to end as 1330. Any issues staff want to raise, speak with MW/CW outside the meeting.</p>		
7.	AOB	
<p style="text-align: center;">Date of Next Meeting</p> <p style="text-align: center;">Calendar invites will be sent out</p> <p style="text-align: center;">July 2017</p>		