



**G4S Healthcare**

## STAFF MEETING

**DATE:** 2 November 2017  
**TIME:** 1130  
**LOCATION:** ADMIN OFFICE  
**HOUSE:** BROOK HOUSE

| Present: Name and Role                   | Initials | Distribution |
|--|----------|--------------|
| Sandra Calver – Head of Healthcare       | SC       |              |
| Michael Wells – Practice Manager – Brook | MW       |              |
| Chrissie Williams – Clinical Lead        | CW       |              |
| Pam Bowers - Admin                       | PB       |              |
| Haava Daines                             | HD       |              |
| Shaun Philpott                           | SP       |              |
| Jacqui Felton – Pharmacy HCA             | JF       |              |
| Karen Churcher                           | KC       |              |
| Maria – Agency                           | M        |              |
| Raymond – Agency                         | R        |              |
| Doctor Chowdrey                          | Dr       |              |
| Hannah Christian                         | HC       |              |

| No:      | Item   | Action     |
|----------|--|------------|
| <b>1</b> | <b>Apologies for Absence</b>   |            |
|          | Donna Batchelor, Donna Speller, Emily Parr, Nikki Wells<br><br>If you are unable to attend the next meeting please apologise for your absence. |            |
| <b>2</b> | <b>Minutes of Meeting and actions arising</b>  |            |
|          | Minutes distributed at meeting for staff to add anything that needs action.  | <b>All</b> |

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| <p>Actions to previous minutes:</p> <p>One Word – no feedback MW</p> <p>Nurse revalidation – ongoing</p> <p>MW spoke with staff regarding lateness</p> <p>Clinic phone – requesting that it shouldn't ring during clinic was an extreme request</p>   |                                 |              |
| <b>3</b>  | <b>Nurse Development</b>        |              |
| <p>Revalidation – revalidation is ongoing</p>   |                                 |              |
| <b>3a</b>   | <b>Clinical Supervision 1:1</b> |              |
| <p>Supervision is ongoing, EDR's to be completed by the end of this year. Senior nurses, Practice managers. SC to share templates to KC, need to be closed by 1<sup>st</sup> week December</p>  |                                 | Senior staff |
| <b>3b</b>   | <b>Training</b>                 |              |
| <p>We are one of the worse sites for training, pushing for everyone to get mandatory training done, it is for nurses revalidation, needs to be completed, looking at getting the MMC to come to give a talk on professional responsibilities, SC to update with a date when she hears they are coming.</p>  |                                 | SC           |
| <b>4</b>  | <b>Clinical Quality Care</b>    |              |
|   |                                 |              |
| <b>4a</b>   | <b>Policies/NICE guidelines</b> |              |
| <p>Policies and NICE guidelines - a new DSO has come out today for Food, it's in depth, needs to be completed in full, SC to read through and see what is relevant to us. SC said when a lot of detainees are on food fluid list, pull on healthcare assistant to help.. This will impact on all, , everyone on a DSO will have to have a routine doctor appointment booked from first day.</p> |                                 | SC           |
| <b>4b</b>   | <b>Documentation</b>            |              |
| <p>Not writing enough on our documentation, need to write a full, accurate and in depth report, including admission screenings, writing 'well on arrival' is not sufficient, more information required. Use the QOF templates on system.</p>  |                                 | All          |
| <b>4c</b>   | <b>Clinics</b>                  |              |
| <p>Chronic Disease clinics need to be up and running, use the QOF templates. We are one of the worse sites. MW attending course next week with regard to templates, Need to be put in place for the New Year. Patsy and her colleagues will come and support us on both sites. Re-coding must take place, shows an audit trail, shows work is being completed.</p>                              |                                 | All          |

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| <b>4d</b>  | <b>Medication</b>                    |   |
| <p>JF – we now have 2 new CD books in clinic, miscellaneous and named medication. Other books have been taken out of circulation. Medication is not being logged on screen when giving medication to detainee in discharge.</p> <p>Auto consultation will automatically go into journal. IP meds, DB said IP medication is not being put away properly. Whoever brings Boots up, then they need to put medication away properly. Anda slip to detainee informing them it is here needs to be sent out. IP stated as recorded on notes.</p> <p>Emergency GP medication box, this is not stock items, they have to have a doctor to authorise it, sign out each tablet, it has to be signed and authorised by doctor. Needs to be clear, doctor to do one off script for each item.</p> <p>E Wing medication, script needs to be printed from a script, need to take it with you to the wing. Take the dispensing and script together in box. Envelopes not to be used only use the locked black box.</p> <p><b><u>Complaints</u></b></p> <p>Attitudes of staff main thing that they are complaining about.. Incident reports for verbal abuse need to be completed. Dignity needs to be respected.</p> <p>Medication – Detainees are not been told it's there.</p> <p>Appointments - need to inform detainees appointments are booked, give answers to questions, give information, help to prevent complaints.</p> <p>Health Care forums and walkabouts to take place, everyone to take part. Sort out problems before they increase. Anyone got any helpful pointers to help with our detainees please share.</p> |                                      | <p>All</p> <p>All</p> <p>All</p> <p>All</p> |
| <b>5</b>   | <b>IT Systems and Administration</b> |   |
| <p>System 1 – templates changing.</p> <p>DNR rates decreasing</p> <p>Waiting lists – very high, dangerously high, need to be reduced, look at what is being referred to doctor, nurses need to do triaging more, mental health referrals are being booked and they have already been seen. Notes need to be read.</p> <p>Doctor – repeat medication, check system.</p> <p>Emails – make sure permanent staff have access and looked at daily.</p> <p>System 1 – log ins, MW needs to be informed if you can't get on. It's everyone's responsibility.</p> <p>IT – DVD's, Computer misuse on night shifts, you will be disciplined if found to be using the computer for personal entertainment. Only to be used for work related use.</p>  |                                      |   |

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| <p>If you have down time, make use of it for training.</p> <p><b>Organisational structure</b></p> <p>Changes taking place, Kerry George has been appointed interim clinical manager , further reviews and profiles are to be looked at this will be taking place next week<br/>Clinical lead, advert has been stopped whilst reviews taking place. Chrissie has handed in her notice. She will be leaving after Christmas. Please keep this within healthcare. She will be retiring.</p> <p><b>Reports</b></p> <p>Stephen Shaw is here next week 8/9 November, various senior people will be at Brook next week.<br/>Main focus points will include mental health, dignity and respect, Stephen Shaw will be looking at waiting lists, things coming into the centre. Questions will be asked, be on your toes, if unsure of answer to questions next week, just say you'll find out rather than you don't know answers</p> <p>.</p> <p>Oversight of all immigrations centres are taking place not just Gatwick. Actions on previous report are being worked through. The Report is on line if you want to read through it.</p> <p>Action plans coming from the Panorama Report, being worked on.<br/>Negatives have been picked up, but positives have also been picked up, MW will feed back any positives that are picked up.</p> <p>We must let all senior management know when things are tough. 'Thank you' letters have been received from SS and Senior Management for the last difficult patch .</p> |                                  | All |
| <b>6.</b>   | <b>Staff Feedback/Engagement</b> |     |
| <p>Staff survey has closed, 32.5% people completed survey, should have been 70/80%.<br/>Speak out – if you feel anyone or anything is unsafe, please remember speak out confidential line, please use it. A credit card system will be issued next week.</p>  |                                  | All |
| <b>7.</b>   | <b>AOB</b>                       |     |
| <p>Emails from Nikki Wells, Donna Speller and Donna Batchelor were received.</p> <p>NW - staff all be aware rooms downstairs need to be tidy and cleaned daily, she is happy to show staff where things should go. She feels people have become closer since the Panorama programme. She said she'd like to thank everyone with the support they gave her with a difficult detainee who was recently dealt with</p>   |                                  |     |

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| <p>DS – She thought that everyone were working well together, She enjoys coming to work and feels moral is up.</p> <p>DB – She would like more debriefing of serious incidents, try and introduce more of these debriefs</p> <p>New starters need to get access to computers sooner rather than later, MW to take this on board.</p> <p>IP medication, discussed earlier.</p> <p>Rule 35 ledgers, need to document clearly in Rule 35 ledger make sure it's been sent.</p> <p>Praise where praise is due as a team we need to appreciate everyone's hard work</p> <p>KC – JN/KC went on a course held by MIND this week – implementing CTS and hearing voices groups, training is free, it has Government backing to introduce these groups, need more staff on course, offering another course in the future. If you're interested in the group let MW know. A meeting will be held next week Doctor would like to attend/sit in</p> <p>PB - CID numbers need to be put on any paperwork that needs scanning, it would be helpful and save time trying to tie paperwork up with detainee record.</p> <p>.</p> <p>HD – After the Panorama programme she feels everyone is working well together</p> <p>SC - We need to work together, we provide a lot of good care, need to show everyone what we do. There will be a Tinsley re-union coming up next year.</p> <p>Maria – She appreciates staff for being welcoming and making her feel part of the team. Obs in reception, she feels new equipment is needed, MW has ordered this.</p> <p>Shaun – He would like to thank everyone for being welcoming and helpful.</p> <p>SC said new induction programme will be issued for all new staff</p> <p>Doctor – Dr enjoys working here, he feels it is a good environment, positive, no conflict in healthcare.</p> <p>Raymond – He agrees with the above from the other members of staff</p> <p>Hannah – She feels there is a need for team work with admissions, need support.</p> <p>MW – he had a Few negative comments about a member of agency staff who was recently here, he just would like to say that they have been removed.</p> <p><b>AOB</b></p> <p>On call Managers - When nurses on call, they are being called at silly hours for something that can wait for a more appropriate time to report. i.e. when someone is off sick, Although the Manager needs to know, calling at 4am in the morning is not</p> | <p>MW</p> <p>All/MW</p> <p>MW</p> |
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| <p>acceptable it can it be put in an email?, this would Save on calling. When staff on call they are on call all week and <b>not</b> paid for this. Use on call for emergencies only.</p> <p>Blood forms, need to be completed correctly, hard copy results are not been sent due to the forms not being correctly completed..</p> <p>BBV form to be completed, this should be on a 'opt out' rather than 'opt in'</p> |  |
| <p><b>Date of Next Meeting</b><br/><b>December</b></p> <p><b>Calendar invites will be sent out</b></p>   |  |