

## Primary Care Directorate Management Team Meeting Minutes May 2021

<b>Date:</b>	<b>Wednesday 28<sup>th</sup> July 2021</b>	<b>Time:</b>	<b>14:00-16:30</b>	<b>Meeting No</b>	<b>11</b>
<b>Location:</b>	On Microsoft Teams				
<b>Chair:</b>	Marina Muirhead				
<b>Note Taker</b>	Marion Savariaud				

<b>Present</b>	
<b>Name</b>	<b>Title</b>
Marina Muirhead	Director for Primary Care
Louise Cole	Practice Manager – Leighton road surgery
Mohit Venkataram	Executive Commercial Director
Alaa Alhamoud	Finance Business Partner for PC
Louise Little	Practice Manager – Newham Transitional practice
Sri Putti	Data and Income Manager for PC directorate
Nicola Hoad	Development Manager
Gautam Bagga	Clinical Lead at CMC
Shade Olutobi	People Business Partner – Primary Care
Sultan Ahmed	Outreach Practice Manager
Emma Dirken	Lead advanced Nurse Practitioner – Health E1
Andreea Tudosa	Primary Care Communications specialist
Joanne Alder-Pavey	Quality and Compliance Lead
Sara Marsili	Communication Officer for PC
<b>Apologies</b>	
Liz Dawson	Medical Director for Primary Care

<b>No.</b>	<b>Agenda Item</b>
<b>1.</b>	<b>Welcome, Introduction and Apologies</b>
1.1	Marina welcomed everyone and apologies were noted.
<b>2.</b>	<b>Matters arising / Actions from previous meeting</b>
2.1	<p>Marina went through the actions from the last meeting:</p> <ul style="list-style-type: none"> <li>• Practice leaflets – Near the end. Practices to receive a grid to fill in info. Marina highlighted that many abbreviations were found in the templates and asked practices to keep a content understandable by public and patients. LRS graphic is ready and showcasing “the LRS offer”. Marina is keen for the other practices to mirror this. Offer to be designed for all 6-population groups, practices to use the CQC best practice sheet to set out their offer</li> <li>• High cost agency – to be covered today</li> <li>• Inequalities – to be covered today</li> <li>• Staff working groups – to be covered today</li> </ul>
<b>Spotlight on the DMT annual plan</b>	
<b>3.</b>	<b>Service plan - CMC</b>
3.1	Gautam is still settling into his new role and will present CMC service plan at the next DMT.

4.	<b>“Know your service report”</b>
4.1	<p>The Trust CQC “Know your service report” has been updated to make it fit for Primary care</p> <ul style="list-style-type: none"> <li>Survey was sent out to all leads in directorate for scoring – small uptake received so far (NTP and outreach did not submit)</li> </ul> <p>Joanne Alder-Pavey did a report on the responses received. The main highlights were:</p> <ul style="list-style-type: none"> <li>The Know Your Service document was sent to all Lead GPs, Practice Managers, Deputy Practice Managers and Lead Nurses in every Practice.</li> <li>9 responses were received from 4 Practices; 2 Practice Managers, 2 Deputy Practice Managers, 1 Lead Nurse and 4 GPs.</li> <li>The survey contained 51 questions under 13 headings and was designed to show current knowledge of practices and processes within the Practice.</li> <li>The areas looked at were: Statement of purpose, philosophy of care / Environment / Record keeping / Staffing / Service user feedback / Safeguarding / Incidents and complaints / Clinical audits / Learning and improvement / Vision and values</li> </ul> <p><u>Conclusions made:</u></p> <ul style="list-style-type: none"> <li>Audit showed there are pockets of information held by Practice Managers that are not widely known by others, depending on the staff group and not all documents are being coproduced otherwise teams would know what is in their annual plan for example</li> <li>“You said, we did” don’t appear to be widely utilised – work to be done there</li> <li>Good practice – lots of people responded they were proud of areas of good practice</li> </ul> <p>The report also shows Joanne’s observations on the responses received alongside her recommendations / potential areas for improvement:</p> <ul style="list-style-type: none"> <li>Share annual plans, ensure that all teams have access to this information</li> <li>Broader knowledge of risk registers</li> <li>You Said, We Did boards should be available in all practices and updated regularly</li> <li>Incidents &amp; complaints data and learning should be available to all teams</li> <li>Audits: ensure that all teams are aware of what is being done and can learn from the results</li> <li>Learning &amp; improvement forums should be available to all team members</li> <li>Knowledge of executive team and pride in working for the Trust. Potential for members of the executive team to connect with teams, either in person or virtually?</li> <li>Team morale</li> </ul>
4.2	<p><u>Access to knowledge</u></p> <p>Marina questioned the group about the types of conversation they are having in meetings such as CGMs and team practice meetings. Everybody should be able to tell what their risks and values are. Information needs to be better shared and retained.</p> <p><b>Action: Practice Managers to take this audit to their practice team meeting. Responses at practice levels to feature in teach local newsletter.</b></p> <p>Marina emphasized the importance for staff to know about all the things going on in the directorate and things such as how to report a safeguarding concern, the practice risks, visions and values etc.</p> <p>It is critical that Leadership is strong on this and all leaders make it a common and recurrent theme for their practice so staff is updated on an ongoing basis with the right knowledge.</p>
4.3	<p>Emma suggested about the practice’s vision being included in the practice leaflet. To provide an insight into the practice annual plan and priorities and asking patients/customers for their feedback on this.</p> <p>Marina agreed this was a great idea.</p>

4.4	<p>Marina asked the practices for their feedback on how easy or hard they find sharing the information:</p> <p><u>Outreach Service</u></p> <ul style="list-style-type: none"> <li>• Most staff are agency or part-time – hard to make it their priority to read the newsletter as they come in to focus on their clinic and work that needs to be done.</li> <li>• Information has to be condensed at the end of the week when shared with the team, which tends to be more relevant to the team and not about what is going on directorate wide.</li> <li>• Sultan suggested using the new intranet to display and make all this information easily accessible for staff.</li> </ul> <p>Marina stressed the fact that information based on CQC audit need to be understood at service level. The leadership team will be expected to answer these questions.</p> <p><b>Action: Service leads to put in place a mechanism to ensure things are discussed at team meetings and to think of the words/style of the bulletin and to make questions understandable to all. Transparency is key. Sara is to also generate a template for practice newsletters which includes a box for update from the directorate so comms are reaching all members of the team.</b></p>
5.	<p><b>Feedback on the staff survey action plan</b></p>
5.1	<p>Shade presented her report on the staff survey action plan. The main highlights:</p> <ul style="list-style-type: none"> <li>• Report shows what the figures are in regards to concerns expressed</li> <li>• Bullying and harassment scores are high</li> <li>• Shade had four meetings with staff members in regards to these scores. The purpose was to get information/suggestions about what can be done to improve these results and what can be done in terms of wellbeing, safety and team working. The responses can be seen within the staff survey report.</li> </ul> <p><u>Feedback on the staff survey action plan</u></p> <p>All the comments have been looked at. The need now is to respond and look at what has been done or what can be done in relation to the responses received.</p> <p><b>Action: Shade to link with Managers to finalize the staff survey action plan.</b></p> <ul style="list-style-type: none"> <li>• Marina mentioned that there is a big feature on different staff group not feeling treated the same way or excluded. LRS trialed a staff newsletter this week in order for staff to be first informed of things that are going on within the practice.</li> <li>• Emma proposed to involve all staff members to take leadership on the newsletter. Balance needs to be found. Encourage team member from each department to work with Managers on sharing the info. Marina suggested having a Newsletter Lead for each practice.</li> <li>• Marina warned about duplicating news bulletin and emphasized the importance to keep the newsletter with local news for each practice.</li> <li>• Wellbeing guardian to take the lead in regards to local responses received and think about what initiatives they will take to improve staff survey.</li> </ul> <p><b>Action: Practice newsletter - Sara to set up a standardized template so each practice can copy paste their content in it.</b></p> <p><b>Action: Marina wants each newsletter to have a section covering all the things going on in the directorate in terms of the annual plan. And also a section feeding back from the key points discussed at important meetings taking place in the directorate.</b></p>
6.	<p><b>Implementing the Primary Care Skills Academy @ ELFT</b></p>
6.1	<p>Marina announced that Louise Little was appointed as the Head of the Primary Care Skills Academy and congratulated her. She emphasized the fact that NTP has a true live culture of</p>

	<p>training, learning and development. She is looking forward to what will be achieved and how things will be better for patients through systematic and consistent training for staff.</p> <p>Marina mentioned she had gone to LRS last week. Reception staff fed back on their feeling that their own learning and development was not being prioritized. Hence, Marina explained to them that this is exactly why they are backing the Primary care skills academy.</p> <ul style="list-style-type: none"> <li>Idea to give all staff members half day a month for training, as part of the skill academy. To allow them the extra time to engage in learning and development and not create more on top of their daily work a training budget.</li> </ul> <p><u>Louise Little's plan:</u></p> <ul style="list-style-type: none"> <li>Louise spoke to Nicole from Newham City College whom is the apprenticeship Manager and Lead there. She will meet with her next week to go through her plan and get Nicole's help and expertise with how to deliver on this.</li> </ul> <p><b>Action: Louise to feedback at next DMT on her meeting with Nicole.</b></p> <p>Marina also suggested for Louise to contact Sarah Canning (ELFT apprenticeship coordinator).</p> <p>It is also important not to lose sight on the basic level training for staff (coding, summarizing etc,).</p> <ul style="list-style-type: none"> <li>Powerpoint has an option allowing the person presenting to record their presentation. This is an easily accessible option for delivering basic training at low cost.</li> <li>This is about thinking at what we are buying and what can be provided in-house</li> <li>Also make available a programme of training is available on the new primary care skills section of the website</li> </ul>
6.2	<p><u>Apprenticeship scheme for homeless people under 25 years old</u></p> <p>Marina mentioned that one of her big aspiration is to get an apprenticeship scheme for homeless people under 25 years old to engage them back into society and system. Marina contacted Hackney council about finding a way to provide an accommodation offer as well. Marina talked about the Sandwell scheme and how well it has worked and is backed-up with evidence.</p> <p>She is keen to speak to Mohit and Richard Fradgley about how they can use the NEL system around the housing bit which is more challenging. They also need to look at where they would pilot this scheme within the system.</p>
6.3	<p><u>Outcome of the Primary care skills academy</u></p> <ul style="list-style-type: none"> <li>To get a prospectus of offers and annual planners that people can dip in and out.</li> </ul>
7.	<p><b>Implementing the GPSU</b></p>
7.1	<p>Nicola provided an update:</p> <ul style="list-style-type: none"> <li>Report sent out last week with a summary of where things are at</li> <li>Capital bids and revenue funding – on the edge of getting the capital bid agreed and still looking at the revenue funding to make sure it is accurate and to get it down as low as possible. Most of it is based around digital IT.</li> <li>Parm has looked at new contracts and suppliers and it looks like revenue funding can be brought down considerably whilst improving service.</li> </ul> <p>Process mapping / Systems and processes:</p> <ul style="list-style-type: none"> <li>Processes need to be mapped. The idea is to get all the procedures standardised.</li> <li>Identifying what processes need to be mapped – meetings have taken place and staff at CMC have been involved in identifying these processes.</li> <li>Mapping session is taking place on the 10<sup>th</sup> August at the Rufus centre for CMC and LRS to get together and learn how to do process mapping.</li> <li>Once mapped – processes will be looked at by all the remaining practices to get a final agreement on the best way of doing things.</li> <li>Aim is to have a firm and robust system in place that everyone can understand and is easy to follow.</li> </ul>

	Marina thanked everyone involved in the implementation of the GPSU. People across the Trust are also taking part in the GPSU projects group and Marina is pleased with all the energy and enthusiasm showed by everyone. There has been a lot of interest from the broader Trust teams as well to support us in implementation.
8.	<b>Workforce planning – Agency / Bank into substantive planning</b>
8.1	This item was not discussed.
<b>Feedback from the DMT Subgroups</b>	
9.	<b>Update from the DMT performance Subgroup BLMK</b>
9.1	<ul style="list-style-type: none"> <li>• BLMK took place today</li> <li>• Same agenda as the East London practices (Screening, how's your demand, how are people feeling, QOF etc)</li> <li>• Service in a healthy position (clinically) in terms of QOF performance – More work to be done around screening.</li> <li>• Lots of improvements made but capacity is a recurring issue and teams will huddle to help with looking at cross system solutions.</li> </ul>
10.	<b>Update from the DMT performance subgroup – Inclusion health</b>
10.1	<p>Minutes of the Inclusion Health meeting</p> <ul style="list-style-type: none"> <li>• The meeting took place Friday 16<sup>th</sup> July and the minutes have been received.</li> <li>• Service in a healthy position (clinically) in terms of performance – More work to be done around screening and how else to improve covid vaccine uptake amongst the homeless.</li> <li>• Lots of improvements made but capacity is a recurring issue akin to BLMK.</li> </ul>
10.2	<p>In regards to capacity, Marina stressed the fact that they have a rocky August ahead of them. Many people will be off on annual leave vs inability to find bank cover; causing pressures to staff that are at work.</p> <p>It is very important that teams are huddling during August, as some of the problems they have are bigger than what a single practice can solve. Hence why the practices and teams need to work together and support each other.</p> <p><b>Action: CMC/LRS and East London practices to huddle 15 minutes twice a week, checking on capacity, sickness, annual leave, who can help who etc. Practices to be ready to mobilize support.</b></p> <p>For information, Emma commented that there would shortly be a capacity issue with the delivery of the stage 3 Covid vaccine booster.</p> <p>Louise Cole commented that LRS will have a capacity issue in August. They are 40 sessions short with GP, trying very hard to find agency cover without luck. They have already gone through 25 agencies. They will have to spend money on different services to counteract the gap (ex: providing more support for admin/reception staff, extra staff member to be present at all time to support each other during hard conversations and conflicts with patients).</p> <p>They have stepped back lots of meetings in August for Leads to be able to support admin staff. They are also looking at other ways of recruiting at local level rather than relying on NHS job website. LRS is also trialing a housekeeper in August, to go around offering tea/coffees and to help cleaning down the rooms between each clinics.</p> <p>Gautam commented that CMC had one admin resignation and that . things are getting tighter in the admin side but they are lucky that they have a predictable and reliable clinical team. They are hoping to have a Lead Nurse soon in post. Also hard for them to find clinical cover. Gautam is looking at getting a more permanent team in place but he worries about the admin side but LRS are providing support and that 26 people had been shortlisted for bank work plus Marina has issued before this meeting a comms to</p> <p>Gautam will be pushing back on the monthly prescriptions.</p>

	<p>Louise Cole explained that LRS will be trialing a repeat dispensing that is automatically set up. The campaign will be automatically opted in patients. They will then have the option to opt out.</p> <p>The group also agreed that translating materials into different languages which sets out what electronic repeat dispensing is and the services agreed to work together on a message which could be translated. Sara would then create the flyers which could be clipped to accurux and websites etc which informed patients about the switches.</p> <p><b>Action: Practices with Sara to work on this.</b></p>
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<b>Standing items</b>	
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<b>11.</b>	<b>Finance report</b>
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11.1	<p>The Directorate currently reports an overspend of £231k as at the end of June 21. This represents an adverse movement in month of £3k.</p> <p><u>Health E1</u> Position - £31k Underspend</p> <ul style="list-style-type: none"> <li>• Represents a favourable movement of £6k in month.</li> <li>• Mainly driven by 6.45 WTE of substantive vacancies in the service. Vacancy saving of £66k is partially used on agency and bank staff at £47k and £1k respectively.</li> <li>• Non-pay is currently reporting an overspend of £4k YTD, mainly driven by £4k furniture spend.</li> <li>• Premises costs - premises claims to Tower Hamlets CCG for the re-imburement of rent, business/water rates and clinical waste have been accounted for and this is reflected in the accounts.</li> </ul> <p><u>Newham Transitional Practice</u> Position - £25k Underspend</p> <ul style="list-style-type: none"> <li>• Represents a favourable movement of £10k in month.</li> <li>• Pay is underspent by £7k in month. The year to date substantive saving factor is £34k, being partially offset by £7k spend on agency.</li> <li>• Non-pay is currently reporting an overspend of £10k, mainly on drugs by £3k and on Citizens Consultation by £6k, which are being offset by income and vacancy savings.</li> <li>• Premises costs - Premises claims to Newham CCG for the re-imburement of rent, business/water rates and clinical waste have been accounted for and this is reflected in the accounts.</li> </ul> <p><u>Greenhouse</u> Position - £9k Overspend</p> <ul style="list-style-type: none"> <li>• Represents an adverse movement of £32k in month.</li> <li>• The bank and agency usage is reported at £32k year to date, which is partially offset by the vacancy savings of £24k.</li> <li>• Non-pay is currently reporting an overspend of £13k year to date. The main reason for this is due to cost pressures on Security payments of £11k YTD. It is been understood that the practice and Estates has put in an alternative security plan to cease the use of the security guard.</li> <li>• Premises costs - Premises claims to City &amp; Hackney CCG for the re-imburement of rent, business/water rates and clinical waste have been accounted for and this is reflected in the accounts.</li> </ul> <p><u>Homeless VP Service</u> Position – Breakeven Pay spend year to date is £148k. Medical - £85K Nursing - £49k Admin - £14k</p> <p><u>Management</u> Position - £51k Underspend</p>
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	<p>This represents a favourable movement of £19k in month. This is mainly due to vacant posts of 3.82 WTE and slippage in recruitment.</p> <p><u>Leighton Road Surgery</u> Position - £218k Overspend</p> <ul style="list-style-type: none"> <li>• Represents a favourable movement of £2k in month.</li> <li>• The pressure on pay is £272k YTD: <ul style="list-style-type: none"> <li>- Substantive adverse variance - £30k</li> <li>- Agency - £88k</li> <li>- Bank - £154k</li> </ul> </li> <li>• Recruitment is currently taking place for salaried GP's, so reliance on locum GP's should reduce if recruitment is successful.</li> <li>• Non-pay is currently reporting an overspend of £32k year to date. This is mainly due to the costs of CQC and Avalon Cleaning. The CQC cost of £12k is reimbursable.</li> <li>• Income is reported at £745k year to date. The year to date variance is favourable by £85k. This favourable variance is used to partially offset the overspends on pay and non-pay. The income assumption is based on the Income Model.</li> </ul> <p><u>Cauldwell Medical Centre</u> Position - £122k Overspend</p> <ul style="list-style-type: none"> <li>• Represents an adverse movement of £12k in month.</li> <li>• Vacancy savings of £95k is being used on agency and bank staff at £169k and £108k respectively. Pressure on pay is £181k YTD.</li> <li>• Non-pay is currently reporting an underspend of £20k year to date which is being absorbed by the pay overspends.</li> <li>• Income reported is £276k year to date. The income variance is favourable by £40k year to date, which partially offsets the usage of bank and agency. The income assumption is based on the Income Model.</li> </ul>
11.2	<p><u>General Action</u></p> <ul style="list-style-type: none"> <li>• Monthly meetings are taken place between Finance and the Service/Practice Managers. These meetings will focus heavily on enhanced services and unpicking the budgets around income and expenditure.</li> <li>• Monitor income and report to Finance all expected income by populating the Income Model with the relevant information.</li> </ul>
11.3	<p><u>Establishment Report &amp; Vacancy Factor</u></p> <p>The Directorate shows a current establishment of 125.23 WTE with a vacancy rate of 19% which is very high.</p> <p>Overall, the Directorate is under-established by 3.34 WTE after including Bank and Agency staff. Bank and Agency spend represents 16% and 18% respectively of total pay cost.</p> <p>Vacancy factor = £223K vs £328K used on Bank and £376K on agency which means that the overall overspend on pay is at £481K</p>
<b>12.</b>	<b>Agency spend</b>
12.1	This item was discussed as part of the Finance report.
<b>13.</b>	<b>PCN ARRS mobilisation</b>
13.1	<p>All PCN are required to submit their ARRS intentions on 30<sup>th</sup> August with another return on the 31<sup>st</sup> October.</p> <ul style="list-style-type: none"> <li>• It is very important that practices make sure that their voices are heard in the remaining plans for ARRS</li> <li>• Important for practices to look at the 14 roles and understand their position in the practice in terms of what the gaps are and what would help.</li> </ul>

	<ul style="list-style-type: none"> <li>• Leaders to represent their practice at the next PCN meeting and think carefully about their workforce challenges.</li> </ul> <p>The group agreed everything is under control. They are not anticipating any problems.</p>
<b>14.</b>	<b>Report from the Data and Income Manager</b>
14.1	<ul style="list-style-type: none"> <li>• Sri visited LRS and CMC early July</li> <li>• The purpose was to submit claims for the local services they are providing and to get a grip around the service specs and processes in ordering it.</li> <li>• Signed in for two new services (long covid and weight management)</li> <li>• CMC PCN have already reconciled their 2021 expenditures. Sri had confirmation from them yesterday that they would be getting money back</li> <li>• Figures for 2021-2022 coming soon</li> <li>• Few claims have been submitted for LRS 2021 – Awaiting to receive £181K, which has not been accrued in Alaa's finance report yet.</li> <li>• CMC – they are also expecting to receive £59K for QOF achievement payment.</li> <li>• NTP – NHS England payments to ELFT allocated to the wrong budget code – Alaa clarified that this does not impact on Primary care. The money is received by the Trust and allocated to the service as a budget allocation and not as an income.</li> </ul> <p><b>Action: Sri to inform Marina once he gets the confirmation on the amount of money expected back from PCNs. Marina wants to send out an email to all LRS and CMC staff to congratulate them and to share the result of their hard work.</b></p>
14.2	<p><u>Marina's vision / roadmap in terms of how to solve the finance:</u></p> <ul style="list-style-type: none"> <li>• Key skills framework and systematic training piece of work which frees up GP time</li> <li>• Ensuring everybody feels valued and get what they need</li> <li>• Sorting out the recruitment piece as a result of learning, development, wellbeing, GPSU etc which will in turn lead to sorting out the Finance piece</li> <li>• Finance – getting a grip on the way primary care funding is coming in, and how to get everything we are entitled to and Sris role is key in this</li> <li>• Marina would want to see Sri's role developing. She would want to start to see the income function tell people more about what they can achieve and checking that people are coding efficiently and push them on. Sri would be expected to confirm and challenge practices around maximising benefits by auditing systems and</li> <li>• Marina would also like the income model to now start tracking against last year's outturn – how are practices performing in terms of income against last year at this point etc to pick up any issues.</li> </ul>
14.3	<p><u>Comments and feedback</u></p> <p>Alaa emphasized how important income is. A big difference can be made financially if we focus on it. We are expecting to see an impact once recruitment is sorted. Income is not the only way to improve primary care financial position. We also need to think commercially, are we providing an activity that is adding financial benefit?</p> <p>This is about understanding what would be more profitable and what would be better for patients. This is also about reinforcing processes around coding. (Marina is hoping that the skills academy could look at this.)</p> <p><b>Action: Marina wants Sri to start providing a few examples of things delivered across services (ex: number of flu vaccines delivered etc), and tracking them against the last year performance to see how much income this is bringing in comparison to the year before to be able to identify problems.</b></p>
<b>15.</b>	<b>People and Culture report</b>
15.1	<p>Shade presented her People and culture report. The main updates were:</p> <p><u>Change management processes</u></p>



	<ul style="list-style-type: none"> <li>Greenhouse transformation has been completed and staff has been notified about the new job descriptions.</li> <li>Bedfordshire transformation piece – Union notified them that they are in dispute. They have a meeting with them on the 10<sup>th</sup> August to discuss the issues with an independent panel.</li> </ul> <p><u>Appraisals and training</u></p> <ul style="list-style-type: none"> <li>Shade reminded the practices about them and put a link in her report with a training bulletin.</li> </ul> <p><u>Risk assessments</u></p> <ul style="list-style-type: none"> <li>A few still remain to be completed. Shade started contacting the Managers who have staff assessment outstanding.</li> </ul> <p><u>Wellbeing conversation</u></p> <ul style="list-style-type: none"> <li>Reminder to all that these conversations needs to be offered to all staff and is a priority for the Trust.</li> </ul> <p><u>People relation cases</u></p> <ul style="list-style-type: none"> <li>X2 informal – dignity at work</li> <li>X3 informal resolution – disciplinary</li> <li>X1 informal – grievance</li> </ul> <p><u>Sickness</u></p> <ul style="list-style-type: none"> <li>12 month cumulative rate of 4.68%</li> <li>2<sup>nd</sup> highest figure in the Trust in terms of percentage (patterns of sickness need to be investigated)</li> </ul>
16.	<b>Appraisals and staff supervision</b>
16.1	<p>Marina noted a few important points:</p> <ul style="list-style-type: none"> <li>Important to come fully informed and prepared to an appraisal.</li> <li>Having read the paperwork prior to appraisal to prepare for discussion</li> <li>Giving adequate time for staff to prepare too.</li> <li>This needs to be prevalent in all the teams.</li> <li>Appraisals to rather be postponed than just rushed and completed for the sake of doing it.</li> <li>Marina is happy to carry out appraisals face to face at distance if any of her team would like to do this in person.</li> <li>Other people who work on behalf of the directorate – Marina encouraged people to provide feedback to their dedicated managers. Take the time to provide some great feedback for those people to their line managers who help out directorate to run so well.</li> </ul> <p><u>Supervisions</u></p> <p>Marina pointed the fact that the figures are low and is asking everyone to do them and do them well as it is a key link to wellbeing at work and wider communications and engagement also helps to pick up on any issues affecting our staff early. People need to be given the time they deserve regardless there are capacity issues.</p> <p>This needs to be picked up in team meetings to ensure its cascading through the service high quality supervision.</p>
16.2	<p>Shade has been trying to put together a log of all the trainings that have been done such as Lunch and Learns.</p> <p><b>Action: Marion to collect the register from each Lunch and Learns and send to Shade on a weekly basis.</b></p>
17.	<b>Any other business</b>
17.1	<p><u>Wellbeing guardian</u></p> <p>Marina would want to test having an active figure within primary care whose extra responsibility would be to look after and safeguard staff wellbeing and wanted to know whether others would like us to consider.</p> <p>The group agreed this is a good idea and asked Marina to proceed with EOI.</p>

	<b>Action: Marina to send around an email with an expression of interest in regards to the wellbeing guardian.</b>
17.2	<p><u>Recruitment and selection</u></p> <ul style="list-style-type: none"> <li>• Head of Operations is back out to advert. They interviewed 4 candidates who were unsuccessful.</li> <li>• Cauldwell Practice Manager Advert – no one suitable was found. Discussions ongoing about next steps</li> <li>• The Head of Nursing is back out to advert as a Band 8c role</li> <li>• Other admin posts are also being advertised</li> </ul> <p><u>Services</u></p> <ul style="list-style-type: none"> <li>• Outreach service has been extended up until the end of September</li> <li>• New service going live Pathways– 6 session GP who will be employed by the greenhouse but working at the Homerton hospital as part of the integrated pathways team. They have also been asked whether they would take on the same for Newham. Marina is still discussing it with the commissioners.</li> <li>• Currently in discussion with the City and Hackney place of the NEL CCG about the funding of the pilot (2 days clinical time to go on the big yellow homeless bus through the “change please” project.)</li> </ul> <p>Marina thanked the teams for their recent contributions at the 1/4ly quality review, performance review and the Newham equality workshop. Marina stated she had received lots of positive feedback about the team from the Executives and more broadly trust colleagues on the team, your positive outlook and can do attitude couple with innovation and she was so proud to watch everybody contribute and tell others about the fantastic work they are doing with their teams and for our patients.</p> <p>Marina stressed the fact that she is proud of what the services are achieving and hope that everyone feels like they are contributing to something much bigger.</p>
17.3	<p><u>Primary care link with IT</u></p> <p>Sultan queried whether this would be possible to have a direct link for primary care in terms of IT that they can call for emergencies. This will improve wellbeing and reduce time taking to resolve issues. This person will need to understand the nuances of EMIS and SystemOne etc.</p> <p><b>Action: Marina will raise this to the Primary Care Transformation board and feedback to the group.</b></p>
18.	<b>Date of the next DMT: Wednesday 22nd September 2021</b>