

## Primary Care Directorate Management Team Meeting Minutes September 2021

<b>Date:</b>	<b>Wednesday 22<sup>nd</sup> September 2021</b>	<b>Time:</b>	<b>14:00-16:30</b>	<b>Meeting No</b>	<b>12</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
Liz Dawson	Medical Director for Primary Care
Louise Cole	Practice Manager – Leighton road surgery
Alaa Alhamoud	Finance Business Partner for PC
Anya Pitters	Deputy Practice Manager Greenhouse
Charan Saduera	Associate Director for Quality and Compliance
Sri Putti	Data and Income Manager for PC directorate
Tony Alston	Safeguarding Lead
Nicola Hoad	Development Manager
Gautam Bagga	Clinical Lead at CMC
Shade Olutobi	People Business Partner – Primary Care
Sultan Ahmed	Outreach Practice Manager and PP Lead for East London
Toitei Kurima	People participation lead for BLMK
Emma Dirken	Lead advanced Nurse Practitioner – Health E1
Rosana Ibrahim	Lead Nurse at CMC
Ade Dosunmu	Freedom to speak up guardian
Princess Kabba	Head of people development
Joanne Alder-Pavey	Quality and Compliance Lead
Emily Humphreys	Public Health registrar
Hafiza Rahman	Health and safety advisor
<b>Apologies</b>	
Dr Mohit Venkataram	Executive commercial director
Dorothy Briffa	Clinical lead at GH
Louise Wilson	Practice Manager – Newham Transitional practice
Sara Marsili	Communication Officer for PC

<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. All actions on log were agreed as completed or on today's agenda.
<b>2.</b>	<b>Matters arising / Actions from previous meeting</b>
2.1	Nothing was discussed on this occasion
<b>DMT Annual Plan</b>	
<b>3.</b>	<b>Update on the GPSU</b>

3.1	<ul style="list-style-type: none"> <li>• Currently in a formal dispute with Unite over the proposal in regards to the travel impact for staff at CMC. First dispute meeting took place in August. Marina and Shade are now preparing for their second meeting.</li> <li>• Progress are being made in terms of telephony infrastructure and systemOne</li> </ul> <p>Louise Cole gave a brief update about the telephony infrastructure plan:</p> <ul style="list-style-type: none"> <li>• New telephone system in primary care (Surgery Connect). PCNs are being funded to take this on.</li> <li>• Surgery Connect is cheaper and has more functions than the one currently used by the Trust.</li> <li>• CMC have also signed up to it via their PCN and LRS decided to do the same meaning that CMC, LRS and the GPSU would all be under the same system which will make things run smoother.</li> </ul>
<b>4.</b>	<b>Review of Integrated practice reporting</b>
4.1	<p>Marina carried out a few site visits over the past weeks and mentioned that performance was a subject that came quiet a lot. Teams raised the current process is taking them a large amount of time to pull out the data and that the timeline is not making it any easier. Marina asked Nicola as the Directorates Performance Lead to review the process of the integrated report to reduce work duplication and review deadlines. This will allow time for the data to be entered and taken into account, which should provide a more accurate report. Marina was surprised on her recent visits to learn that practice staff were still undertaking a lot of this work when it should now sit firmly in the directorate structure freeing practice staff up to work on their operational service delivery.</p> <p>It was agreed that Nicola and Sri will now work together on updating the reports:</p> <ul style="list-style-type: none"> <li>• They will look at all the weekly and monthly reports that are currently pulled</li> <li>• Nicola and Sri to work with the practices to better understand what data they need to see, when and at which level</li> <li>• Thinking about whether quarterly or annual reports will be needed – what to record and who needs to record it.</li> </ul> <p>Marina reminded the DMT that she had asked for a review of performance to take place and a paper on the recommendations to be brought back to the next DMT. Nicola will be leading this work. Marina informed the DMT that it is important that key areas of performance retain the level of oversight which has been introduced so that we are measuring key areas. Post meeting note – one of CQC areas of feedback at their recent LRS inspection related to the governance structures in place and one of the areas highlighted was the practices grip on performance and this grip had translated into patient outcome improvements and so it is important in any review we do not lose the good practice – but there needs to be a balance of the directorate taking on performance extraction and monitoring on behalf of practices.</p>
4.2	<p><u>Comments and feedback</u></p> <p>Louise Cole agreed that the timeline is not working. Not everyone brings data in at the same time. Louise would rather like the reports to be pulled from the data provided a month in arrears. It is quiet stressful for PMs to turn around a pack in less than 24 hours after it is sent to them late on.</p> <p><u>Marina agreed and asked Nicola to take the following recommendations to her performance review group:</u></p> <ul style="list-style-type: none"> <li>• Timeline to be adjusted – Reports to be pulled from the previous month's data</li> <li>• Whatever is agreed at the review group will also need to work with anyone involved in this new timeline so discuss and agreement is key</li> <li>• Marina to be given two days turnaround in order to check the reports and provide feedback as she herself acknowledged that the quick turnaround was causing diary challenges and she would like to look at the reports with due care respecting the time they have taken to be produced</li> <li>• Agreed this is about moving away from manual counting and be able to use one system that could potentially predict something from happening and provide an early warning and this is why themes, trends and analysis are important</li> <li>• Marina also asked that the performance group look at the presentation of data and how services wish this to be presented so areas of performance, people, quality and finances can be triangulated.</li> </ul> <p>Sri is confident that they will be able to produce great reports once PowerBi is configured with Emis.</p> <p>Nicola thanked everyone for all their effort and work in getting these packs ready every month and appreciate how hard the process can be.</p>
<b>5.</b>	<b>Update on the Primary Care Skills Academy</b>
5.1	This item was covered as part of the workforce section.

<b>6.</b>	<b>Update on Directorate Wellbeing plan</b>
6.1	This item was covered as part of the workforce section.
<b>Feedback from the DMT Subgroups</b>	
<b>7.</b>	<b>Update from the DMT performance Subgroup BLMK</b>
7.1	<p>Nicola highlighted the fact that she does not often have the time to look at the completed report to see what they mean, which is a problem. She also worries that the practice managers are not getting the full benefits of these reports because they are too busy getting the data into it and getting it out.</p> <p>Still many areas where they are not mapped against the national data – Nicola thinks it is important that they do in order to compare with others nationally.</p>
7.2	<p>Marina asked the services to always share any concerns they might have in terms of performance so it can be discussed.</p> <ul style="list-style-type: none"> <li>• Louise flagged that LRS and CMC are slightly below where they should be at month 6. This is mainly due to the fact that both teams struggled with practice nurse cover for the first six months.</li> </ul> <p><b>Action: Full performance report to be provided at next DMT for the six-month focus – To keep an eye on key indicators areas.</b></p>
<b>8.</b>	<b>Update from the DMT performance subgroup – Inclusion health</b>
8.1	This item was part of the discussion in item 7.
<b>Workforce</b>	
<b>9.</b>	<b>Appraisals</b>
9.1	<p>Princess shared the current compliance results. Some information is still wrong which is affecting primary care scores.</p> <ul style="list-style-type: none"> <li>• Reminder to everyone to click on the MS form link if you have had your appraisal done. (Link can be found at the end of the appraisal form)</li> <li>• Princess started sending weekly updates to the business partners and Leads so they have an idea of how many appraisals have been completed</li> </ul> <p><b>Action: Reminder to book any remaining appraisals before 31<sup>st</sup> October 2021.</b></p> <p>Princess offered her support/tips to anyone having to deal with difficult appraisals.</p>
<b>10.</b>	<b>Recruitment</b>
10.1	<ul style="list-style-type: none"> <li>• Head of Nursing – Marina will pick this up with Mohit and feedback to the group</li> <li>• Band 9 Director of Nursing for primary care and Bedfordshire Community services – The role closed for application only 2 days after being live. Shade will ask Recruitment for a reason why and feedback to Emma and Ade.</li> <li>• Cauldwell practice Manager – Advert closes in one week. A stakeholder panel has been set up for the 5<sup>th</sup> October and the final interviews on the 14<sup>th</sup> October.</li> <li>• Head of Operation (Bedfordshire) – Marina, Liz and Mohit appointed. Andrew will start in December and take on from Marina in managing the practice managers at CMC, LRS and GPSU.</li> <li>• Lead Pharmacist – Closes on Sunday and interview date has been set for the 19<sup>th</sup> October.</li> </ul> <p>A few other adverts for Nurses are also out for advert. An advert for GP is also expected to come out soon. (Liz will check with Satnam on the status)</p>
10.2	<p>The greenhouse practice was successful and awarded an extra 270,000 pounds a year for 2.5 years. This is to pay for:</p> <ul style="list-style-type: none"> <li>• 4 GP sessions</li> <li>• X1 full-time band 7 Nurse Prescriber</li> <li>• X1 full-time band for HCA</li> <li>• Project management</li> </ul>

	<ul style="list-style-type: none"> <li>In-house admin for Outreach</li> </ul> <p>This is an amazing recognition to the work that Sultan and the greenhouse team have been doing. Part of the money was also awarded for the directorate to go live with the partnership with “Change please” the fleet of homeless health buses.</p> <p><u>Driving for change scheme:</u> Three homeless buses will be unraveled on the 7<sup>th</sup> October in East London. The Greenhouse practice will be a partner to those buses and will provide some GP and Nurses import through this new contract with a stop-off in the city where it will be parked for a day and another stop-off in Hackney. The scheme is also sponsored by Colgate and HSBC who have been working to help homeless people get bank account. This is a very high profile scheme.</p>
<b>11.</b>	<b>Staff survey “you said, we did”</b>
11.1	<p>Shade put an action plan in August based on feedback they received to try and improve staff experience. Many things have already been done in terms of staff support. The report highlights all the actions and what is outstanding – This has been circulated to DMT.</p> <p>Coming towards another year/period of staff survey – October/early November Shade will create a report in the next couple of weeks going through what was said and what was done. This will also feed into the work being done to develop the Directorates People Plan – based around the NHS people promise later in the year.</p> <p>There is also a career development survey out for staff to complete on their hopes, dreams and aspirations which will also feed into the work of the PC Skills Academy @ ELFT and the people plan on the back of staff feedback about progression.</p>
<b>12.</b>	<b>Escalation process</b>
12.1	<p>Marina, Shade, Liz and Joanne have worked on this escalation plan as it seems there is some confusion in the directorate about who is going to whom about what and at which level. Many things do come to Marina without having come through the appropriate escalation process.</p> <p>The escalation chart has now been formally signed off – Managers are asked to follow these levels of escalation and to ensure that it is understood by their deputies and admin managers.</p>
<b>Communications and Engagement</b>	
<b>13</b>	<b>Branding</b>
13.1	<ul style="list-style-type: none"> <li>Being progressed by Taiye, our head of marketing. I have emailed for an update and will forward if received before the start of the DMT</li> </ul>
<b>14</b>	<b>Practice leaflets</b>
14.1	<ul style="list-style-type: none"> <li>Designers are finalising LRS leaflet (given priority because of CQC)</li> <li>All leaflet text now received from all practices</li> <li>Designers to design leaflets for remaining practices from next week</li> <li>Project to be completed within 3wks (subject to final sign-off of completed documents).</li> </ul>
<b>Health promotion events for noting and support</b>	
<b>15</b>	<b>NTP</b>
15.1	<ul style="list-style-type: none"> <li>Taking place Thursday 30<sup>th</sup> September, 10am-2pm</li> <li>Received a lot of donations so far</li> <li>Anya and Louise have gone out last Friday to hand out leaflets to the homeless</li> <li>They will have hot and cold food on the day</li> <li>Many services for the homeless will also be present (ex: hairdressing)</li> <li>Wilko donated a 50 pounds voucher. Have lots of flannels and sanitary towels</li> <li>Subways is donating food</li> </ul> <p>Emma suggested to NTP to give homeless people raffle tickets when they arrive which they can exchange for items of clothing to avoid everything being gone from start and allow everyone to be able to get items they need.</p>

16	<b>Greenhouse</b>
16.1	<ul style="list-style-type: none"> <li>• Taking place Friday 8<sup>th</sup> October</li> <li>• Lots of people coming from the multi-agency group</li> <li>• Offers of stalls from their health and wellbeing coach</li> <li>• Smoking cessation team coming</li> <li>• They have Flu vaccines, health checks, Covid vaccines</li> <li>• Clothes have been donated. Would want to get some more but they are struggling with the storage.</li> <li>• Vegetarian hot food, teas and coffees</li> <li>• Street Vet is coming</li> <li>• Planning for hairdresser</li> <li>• Housing people coming</li> <li>• Multi-faith group coming and looking to provide hot food for 150 with chairs and tables. (Still a work in progress at the moment)</li> </ul> <p>NTP will send them any left over from their event.</p>
<b>Agency and Recruitment</b>	
17	<b>Recruitment plans and doing things differently / work from LRS</b>
17.1	This item was not discussed – deferred to next meeting
<b>Standing items</b>	
18	<b>Finance report</b>
18.1	<p><b><u>Health E1</u></b></p> <ul style="list-style-type: none"> <li>• Position - £20k Underspend</li> <li>• Represents a favourable movement of £17k in month.</li> <li>• The in-month positive movement is mainly due to income which is reported at £22k. The year to date total income is £51k. This has largely offset the bank and agency overspend.</li> <li>• Pay is overspent by £10k in-month and £35k YTD, mainly due to bank and agency usage which incurs premium rates.</li> <li>• Non-pay is currently reporting an underspend of £3k YTD.</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><b><u>Newham Transitional Practice</u></b></p> <ul style="list-style-type: none"> <li>• Position - £42k Underspend</li> <li>• Represents a favourable movement of £7k in month.</li> <li>• Pay is underspent by £7k in month. The year to date substantive saving factor is £54k, being partially offset by £16k spend on agency and bank.</li> <li>• Non-pay is currently reporting an overspend of £15k YTD, mainly on drugs by £3k, computers 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><b><u>Greenhouse</u></b></p> <ul style="list-style-type: none"> <li>• Position - £23k Overspend</li> <li>• Represents a favourable movement of £6k in month.</li> <li>• The bank and agency usage is reported at £63k year to date, which is partially covered by vacancy savings of £21k. The pressure on pay is £42k YTD.</li> <li>• Non-pay is currently reporting an overspend of £13k year to date.</li> </ul> <p>The main reason for this is due to cost pressure on Security payments of £19k 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. Emma mentioned that their security guard is finishing at the end of the month which will smooth the overspend down in the coming months.</p> <ul style="list-style-type: none"> <li>• Income is favourable by £32k YTD, which partially mitigates the overspend on pay and non-pay.</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><b><u>Homeless VP Service</u></b></p> <ul style="list-style-type: none"> <li>• Position – Breakeven</li> <li>• Pay spend year to date is £196k</li> <li>• Medical - £95K</li> <li>• Nursing - £77k</li> <li>• Admin - £23k</li> </ul> <p><b><u>Management</u></b></p> <ul style="list-style-type: none"> <li>• Position - £85k Underspent</li> <li>• Represents a favourable movement of £16k in month. This is mainly due to vacant posts of 3.45 WTE and slippage in recruitment.</li> </ul> <p><b><u>Leighton Road Surgery</u></b></p> <ul style="list-style-type: none"> <li>• Position - £336k Overspend</li> <li>• Represents an adverse movement of £82k in month.</li> <li>• Pressure on pay is £388k YTD: <ul style="list-style-type: none"> <li>- Substantive adverse variance - £26k</li> <li>- Bank - £214k</li> <li>- Agency - £149k</li> </ul> </li> <li>• Non-pay is currently reporting an overspend of £52k 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 £1.2m year to date. The year to date variance is favourable by £105k. 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><b><u>Cauldwell Medical Centre</u></b></p> <ul style="list-style-type: none"> <li>• Position - £139k Overspend</li> <li>• Represents an adverse movement of £9k in month.</li> <li>• Vacancy savings of £118k is being used on agency and bank staff at £227k and £165k respectively. Pressure on pay is £274k YTD.</li> <li>• Non-pay is currently reporting an underspend of £29k year to date which is being absorbed by the pay overspend.</li> <li>• Income reported is £500k year to date. The income variance is favourable by £106k year to date, which partially offsets the usage of bank and agency. The income assumption is based on the Income Model.</li> </ul>
18.2	<p><b><u>General Action</u></b></p> <ul style="list-style-type: none"> <li>• Monthly meetings are taking 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>
19	<p><b>Agency spend</b></p>
19.1	<ul style="list-style-type: none"> <li>• 1314.5 Hours of Agency Usage During August 2021</li> </ul> <p>All details provided within paper E – Agency usage report</p>
20	<p><b>PCN ARRS mobilization</b></p>
20.1	<p>Marina stressed the fact they are spending a lot of money on agency and bank whilst ARRS roles go un-booked or receptionist are not aware of these roles.</p> <p>Marina asked each practice to give a quick update on where they are with their ARRS roles and what their PCN have agreed on their submission made on 30<sup>th</sup> August to the national team:</p> <p><u>Cauldwell medical centre:</u></p> <ul style="list-style-type: none"> <li>• ARRS roles – been working well to fill those. It has improved pressures</li> <li>• Gautam has not yet found out what the 30<sup>th</sup> August submission is and is trying to get clarification from the PCN</li> <li>• They have a mental health worker in addition, a decent amount of care coordinators and two different home visiting services and are looking to use them for their dementia reviews.</li> </ul>



	<p><u>Leighton road</u></p> <ul style="list-style-type: none"> <li>• PCN currently has two pharmacists employed and subcontract their social prescriber.</li> <li>• They will go out for Pharmacy technician over the next four weeks to see if LRS can have a designated technician. Not been able to recruit anyone so far.</li> <li>• Submission for October-December this year is to recruit a contact physio, x2 physician associates, x1 pharmacy technician, x1 dietitian and x1 care coordinator</li> </ul> <p><u>Health E1:</u></p> <ul style="list-style-type: none"> <li>• Good longstanding relationship with their PCN who take into account their need</li> <li>• ARRS submission 30<sup>th</sup> August - Submitted to have a care coordinator, a paramedic and another pharmacist.</li> <li>• ARRS status and underspent within the PCN – HE1 has a £55K underspent. 2/3 have been spent on all the IT equipment (CCG had originally agreed to paid for this but did not.) The last part of the money was used to pay for current ARRS roles as they don't have agenda for change.</li> <li>• New DEZ work is going live in October.</li> </ul> <p><u>Greenhouse practice:</u></p> <ul style="list-style-type: none"> <li>• Good working relationship with the PCN</li> <li>• Starting up a practice manager's group once a month to help with the co-working</li> <li>• ARRS submissions – New pharmacist, new wellbeing coach, new mental health practitioner.</li> <li>• Underspend – about £40K, deciding what to do with it. Had conversation about employing a new fix-term for one year. Might spend it on more pharmacy in the meantime</li> <li>• Inequalities – They have started working on it and are still deciding on a project.</li> </ul> <p><u>Newham Transitional practice:</u></p> <ul style="list-style-type: none"> <li>• Louise could not attend the meeting and Anya did not have the full information</li> <li>• They have had 2 new health coaches</li> <li>• Already have a social prescriber</li> </ul>
20.2	<p>Marina reminded the group that they are a member of the PCNs and that they should be more involved with what is going on and what the PCN is providing them. They should ensure the roles that PCNs are appointing are the roles that they want to help them with their capacity and fully understand of the contracts, practice requirements are therefore needed As PCNs are designed to be the future model of delivery of a lot of primary care with lots of cash and non-cash resources its really important practices are playing an active part of their PCN.</p>
21	<p><b>Report from the Data and Income Manager</b></p>
21.1	<p><u>Leighton road surgery:</u></p> <ul style="list-style-type: none"> <li>• LRS previous 'year income - £96K was allocated for the vaccination centre and they were unsure whether it had been paid. Sri was able to investigate and found that this was paid in two lots £50K and £46K. They now need to find this and allocate to the right budget</li> <li>• Sri has also reconciled some of the PCN incomes for 2021, some invoices have been submitted.</li> <li>• CQC registration fees for LRS were received</li> </ul> <p><u>Cauldwell medical centre:</u></p> <ul style="list-style-type: none"> <li>• PCN incomes – invoices have been raised for extended access claims and evidences submitted.</li> <li>• Extended access – Sri made plans with Gautam and Victoria to make sure they happen on a regular basis</li> </ul> <p><u>Health E1:</u></p> <ul style="list-style-type: none"> <li>• Successfully managed to get PCN incomes</li> </ul> <p><u>Newham Transitional practice:</u></p> <ul style="list-style-type: none"> <li>• Received some entitlement for the shared care network services for local commission services.</li> <li>• Sri clarified queries about some public health invoices for the past year</li> </ul> <p><u>Greenhouse:</u></p> <ul style="list-style-type: none"> <li>• Received some of the Covid capacity expansion for the second allotment from NEL CCG.</li> </ul>
22	<p><b>People and culture report</b></p>
22.1	<ul style="list-style-type: none"> <li>• Few Covid risk assessments still outstanding ( Shade will contact individual Managers to get these completed)</li> </ul>

	<ul style="list-style-type: none"> <li>Sickness levels are better – Primary Care is not the worst in terms of percentage. Shade asked the group to monitor sickness as promptly as possible and to make sure that return to work meetings are done asap so the data is captured accurately.</li> </ul>
<b>23</b>	<b>Appraisals and staff supervision</b>
23.1	This has been covered in item 9.
<b>24</b>	<b>AOB</b>
24.1	<p><u>Development and career progression</u></p> <p>Whilst visiting sites, Marina noted that many staff within the directorate have a wish for progression but are not being given the opportunity. She reminded Managers that one of their key roles is to equip staff so they are not overwhelmed when they go up in a band or level of responsibility if that is their desire / wishes.</p> <ul style="list-style-type: none"> <li>Marina discussed with Shade and Mairead about the need for all PMs to get together to think about what needs to be done on that matter and also in terms of how managers can start to delegate to their teams so staff get the necessary stretch and development</li> <li>Shade has developed a career development survey that has gone out to all admin staff – this will be fed back into this piece of work.</li> <li>Marina hoping to develop a people plan for the directorate with an associated talent management structure by the end of 2021</li> <li>Shade and Keely will start a People &amp; Culture surgery in October. Posters will be circulated with drop in sessions info to further support the development course and everybody matters and their development to across the Directorate is felt by everybody.</li> </ul> <p>Marina also mentioned that some working mums raised their concerns about being overlooked from promotional opportunities due their caring responsibilities and the fact that they might have to leave early sometimes or need flexible working hours. Marina reminded the DMT that one of the NHS People promises – One of the seven pledges is about working flexibly</p> <ul style="list-style-type: none"> <li>Having children and caring responsibilities should not preclude anyone from being in a leadership role within the NHS.</li> </ul> <p>Marina also raised the point that on her recent round of visits it was often noticeable that there were gaps in knowledge of staff from what we were discussing and learning in DMT and cross directorate forums and what was being communicated back to staff through team meetings and it was informed that knowledge was widely shared. Charan suggested inviting junior staff to DMTs on a rotational basis to give them exposure and build their confidence up. This will also help with dissemination of information.</p> <p><b>Action: PMs to start inviting some of their staff to DMTs on a rotational basis.</b></p>
24.2	<p><u>Working hours</u></p> <p>It has been mentioned to Marina that working hours for some have been ramping up as well as stress levels. Marina reminded everyone that they made a pledge about working hours at their last DMT away day.</p> <ul style="list-style-type: none"> <li>Important for Managers to have wellbeing conversation with their staff</li> <li>It is fine to work flexibly but not all day/night through to weekends. This should be picked up and discussed with staff in their 1:1s if you notice this is happening</li> <li>Managers to review their staff annual leave and encourage them to take some down time.</li> </ul> <p><b>Action: Bring an anonymized report to next DMT providing a percentage of un-booked annual leave for staff across the directorate as we are 6 months into the year now and staff should have plenty taken and plenty booked to support rest breaks.</b></p>
24.3	<p><u>Inequalities project</u></p> <ul style="list-style-type: none"> <li>Emily and her team are collating data from service users and staff and finalising their outcome measure. Looking forward to go to the outreach day next week to speak to some patients.</li> <li>Important to encourage practice staff to get back to them on their views asap</li> <li>Planning to have an “open door” meeting over lunchtime in the next couple of weeks for staff who want to engage.</li> <li>Toitei and Sultan are also planning to do practice visits to have informal chats with teams to make it less scary and more engaging.</li> </ul>