Primary Care Directorate

Weekly and Monthly Reporting Flowchart and Processes

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| Version | 1.0 |
| Approved By | Policy Review Group |
| Ratified By | Clinical and Non-Clinical Policy Review Group  |
| Date Ratified |  |
| Name and Job Title of Author | Primary Care Directorate DMT |
| Executive Director Lead | Mohit Venkataram |
| Implementation Date | 18th March 2021 |
| Last Review Date | 18th March 2021 |
| Next Review Date |  |

**Monthly Integrated Service Pack**

By the last working day of the month, Development Manager to remove old data and put up new skeleton pack

Most recently available Stat/Man training data to be included.

Development Manager to start pulling data on the 1st working day of the month

(Flu only 1st Sept to 31st Mar)

Development Manager to ensure pack is available for service leads to review and narrate by the 5th working day of the month

Finance reports should be received by 10th of the month. To be chased by Development Manager

Pack to be available for review by the Service Director by the 8th working day of the month

Service Director to review by the 10th working day of the month

Services Leads to feedback by the 11th working day of the month

Final versions to be returned to the Service Director by the 12th working day of the month

Service Director will submit only complete reports to DMT

**Weekly Safety Pack**

Development Manager to pull data every Wednesday

Practice Managers to add narrative to the data every Wednesday.

DDM to escalate to Line Manager any missing items and chase up the individual due to submit

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Service Director to provide any feedback every Thursday. Pack should be sent to the Service Director fully populated and complete for a quick scan

Service Director to sign off every Thursday

Development Manager to circulate every Thursday by 5pm

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| --- | --- | --- | --- | --- |
| **Data / slide** | **Source** | **Requester or generator of the information** | **DDM role** | **PM / Service Manager role** |
| Exec summary | PM | N/A | N/A | To fully complete |
| Performance and trends –QOF | S1/ EMIS | DDM | Pull the data and check it | Narrate the data |
| Performance and trends –KPIs | S1/ EMIS | DDM | Pull the data and check it | Narrate the data |
| Performance and trends –Enhanced services | S1/ EMIS | DDM | Pull the data and check it | Narrate the data |
| Performance and trends -Flu | S1/ EMIS | DDM | Pull the data and check it | Narrate the data |
| Performance and trends -Apts | S1/ EMIS | DDM | Pull the data and check it | Narrate the data |
| Performance and trends -List size | Exeter | DDM | Pull the data and check it | Narrate the data |
| Primary Care Networks | PCN | DDM | Obtain from each PCNs nominated lead | Narrate the data |
| Performance and trends –Screening programmes | Finger tips | DDM | Pull the data from Fingertips | Narrate the data |
| Workforce compliance –Sickness absence | P&C | DDM | Request the information | Narrate the data |
| Workforce compliance –Supervision | Supervision spreadsheet | DDM | Pull from the PMs sheet | Narrate the data |
| Workforce compliance –Appraisals | Practices | DDM | Pull from the PMs sheet | Narrate the data |
| Finance | Finance | Income Manager | Request from finance | N/A |
| Agency spend | Finance | Income Manager | Request from finance | Narrate the data |
| Common times / days of ad hoc staffing | Joanne | DDM | Request from Joanne |   |
| PREM | Joanne | DDM | Request from Joanne or pull from Envoy | Narrate a you said we did, action plan |
| Workforce compliance –Mandatory and statutory training | Joanne | DDM | Request from Cleon | Narrate the data |
| Quality and compliance –Incidents | Joanne | DDM | Request from Joanne | Narrate the data |
| Quality and compliance -Complaints | Joanne | DDM | Request from Joanne | Narrate the data |
| Risk Register  | PMs(Once per ¼) | DDM | Request from PM | N/A |

**Monthly Service Performance and Finance Meetings**

Each month the DDM is to meet with each Practice / Service Manager to discuss performance

DDM to take the minutes as per the standard formula (see appendix) and in line with the TOR

DDM to escalate to Line Manager any issue with timelines

DDM to send back the minutes of the meeting on the same working day for completeness

Copy of the minutes to be sent to the Service Director for information and escalation of any key issues

Notes to be shared with team and centrally filed in the K drive by the DDM

DDM to follow up actions to ensure delivery of end to end tasks

**Terms of reference**

**Service based Monthly Integrated Performance and Finance Meeting**

1. **Background and Purpose**

1.1 To provide high quality community-orientated health care to our local communities.

1.2 We will do this in partnership with service users, their carers and families and statutory and voluntary organisations. The Trust’s core values are to:

* Put the service user and carer at the centre of everything we do, and strive to improve patients' and service users' experience of our services
* Ensure wider choice and promote independence
* Provide safe, effective and value for money services
* Ensure equality and value diversity
* Recognise the contribution of our staff and provide a capable workforce
* Promote social inclusion and recovery
* Support people to take responsibility for their own health
	1. Previously there has been 2 meetings per month which each service (one for finance and one for performance).
	2. With the appointment of a Directorate Development Managers whose role it is lead on performance and across Directorate and development projects one of which is the introduction and circulation of an ‘integrated service report’ it makes sense to streamline 10 meetings down to 5 and cover all areas of the service including performance and finance in one place.

### 2. Responsibilities

2.1 This meeting will report up into the DMT. It will review and assure we are providing all care to a standard and adhering to national target levels and within financial balance.

2.2 where areas of off track the group will have responsibility for reporting by exception, generating any improvement planning needed and overseeing the integrated service report.

2.2.1 Reviewing and generating: - (all areas must include improvement plans with SMART objectives and a mechanism for updating practice systems and processes as a result).

1. QOF (all domains)
2. Vaccinations
3. Inequalities relating to covid-19 and access
4. Learning Disabilities
5. Severe Mental Health
6. Breast Screening
7. Cervical Screening
8. NHS Health Check
9. Capacity and demand of Appointments
10. Enhanced services
11. Finances

### 3. Membership

3.1 The membership of the Practice Based Clinical Governance Group will be as follows:

|  |  |
| --- | --- |
| **Representative** | **Role** |
| Nicola Hoad | Directorate Development Manager **(Chair)** |
|  | Lead GP |
|  | Lead Nurse |
|  | Practice Manager  |
| Dr Liz Dawson  | Medical Director Primary Care (1/4ly) |
| Marina Muirhead | Director of Primary Care (1/4ly) |
| Shade Olutobi | Business Partner  |
| Tina Ellu | Finance Lead  |

3.2 Each member will appoint a named deputy in advance to act on their behalf.

3.3 Other members will be co-opted to provide the group with experience, advice and expertise as is necessary.

3.4 Admin support to the group will be provided by a Directorate Development Manager. The DDM will have responsibility for circulating the notes from the meeting and following up any actions.

**4. Frequency of meetings**

4.1 This group will meet monthly with action notes, the notes will be sent to the DMT for oversight, confirm and challenge.

**5. Cycle**

* Monthly integrated performance report produced - Nicola
* Packs to be circulated across the Directorate and included on the DMT agenda – Marion
* Performance and finance meeting to take place with confirm and challenge - DDM
* Discussion on the key areas at the DMT – DDM and Service Leads
* Action planning followed up - DDM

**Terms of reference approved date: 28th January 2021**

**Approved by: DMT**

**Next review date January 2021**

**Action Notes Template: Service Integrated Performance and Finance Meeting**

|  |  |
| --- | --- |
| **Service**  |  |
| **Chair** | Nicola Hoad  |
| **Meeting date** |  |
| **Attendance**  |  |
| **Apologies**  |  |

|  |
| --- |
| **Performance**  |
| **Area**  | **Progress / Update**  | **Actions / areas identified for improvement**  |
| QOF |  |  |
| Cervical Screening  |  |  |
| Enhanced services  |  |  |
| New patient health checks  |  |  |
| Inequalities  |  |  |
| Flu vaccinations |  |  |
| Capacity and demand  |  |  |
| Working with the primary care and vulnerable person outreach service  | If applicable  |  |
| Fingertips and GP data hub  |  |  |
| **Finance**  |
| **Area**  | **Progress / Update**  | **Actions / areas identified for improvement**  |
| Overview  |  |  |
| Income  |  |  |
| Expenditure  |  |  |
| Budget corrections / inaccuracies  |  |  |
| Agency  |  |  |
| Bank  |  |  |
| Forecast staffing and rotas  |  |  |
| Vacancies and plans  |  |  |