

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 •
- 1.3 Previously there has been 2 meetings per month which each service (one for finance and one for performance).
- 1.4 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.

Responsibilities 2.

- This meeting will report up into the DMT. It will review and assure we are providing all care to a 2.1 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).
 - A. QOF (all domains)
 - B. Vaccinations
 - C. Inequalities relating to covid-19 and access
 - D. Learning Disabilities
 - E. Severe Mental Health
 - F. Breast Screening
 - G. Cervical Screening
 - H. NHS Health Check
 - I. Capacity and demand of AppointmentsJ. Enhanced services

 - K. Finances

3. Membership

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

Representative	Role	
Nicola Hoad	Directorate Development Manager (Chair)	
	Lead GP	
	Lead Nurse	

	Practice Manager	
Dr Liz Dawson	Medical Director Primary Care	
Marina Muirhead	Director of Primary Care	
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.

6. Cycle

- 1. Monthly integrated performance report produced DDM
- 2. Sent to the service by the 5th day of the following month DDM
- 3. Service to review the pack and annotated Service Lead
- 4. Pack to be shared back with the DDM and signed off as final by 7th working day of the month DDM
- 5. Packs to be circulated across the Directorate and included on the DMT agenda Marion
- 6. Performance and finance meeting to take place with confirm and challenge DDM
- 7. Discussion on the key areas at the DMT DDM and Service Leads
- 8. Action planning followed up DDM

Terms of reference approved date: 28th January 2021 Approved by: DMT Next review date January 2021

Appendix – action notes template

Notes 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			