



## **NHS High Weald Lewes Havens CCG**

### **Finance and Performance Committee**

#### **Terms of Reference**

##### **1. Authority**

- 1.1 The Finance and Performance Committee (the Committee) is established in accordance with the NHS High Weald Lewes Havens Clinical Commissioning Group (the CCG) Constitution, Standing Orders and Scheme of Reservation and Delegation. These terms of reference set out the membership, remit and responsibilities and reporting arrangements of the Committee and shall have effect as if incorporated into the CCG's Constitution and Standing Orders.
- 1.2 The Committee is authorised by the Governing Body to act within its terms of reference. All Members and employees of the CCG are directed to co-operate with any request made by the Committee.
- 1.3 The Committee can compel the Lead Director for the Committee to instruct professional advisors and request the attendance of individuals and authorities from outside the CCG with relevant experience and expertise if it considers this necessary for or expedient to the exercise of its functions.
- 1.4 The Committee is authorised to obtain such internal information as is necessary and expedient to the fulfilment of its functions.
- 1.5 The Committee will undertake deep dives in to specific issues that will enable the Committee to gain a greater level of understanding and assurance into specific issues that fall within its remit.

##### **2. Purpose**

- 2.1 The role of the Committee is to advise and support the Governing Body in scrutinising and tracking delivery of key financial and service priorities, outcomes and targets as specified in the CCG's Strategic and Operational Plans. The Committee will act as a focal point for seeking assurance around in-year performance and financial issues as well as around providing oversight of the CCG's plans for addressing the 2017/18 financial challenge.



### **3. The Membership**

- 3.1 The Committee shall be appointed by the CCG as set out in the CCG's Constitution and may include individuals who are not members of the Governing Body.
- 3.2 The Lay Member (Primary Care Governance) on the Governing Body will chair the Committee.
- 3.3 The membership of the Committee shall consist of:
- The Lay Member (Chair);
  - The CCG Clinical Chair; (or agreed delegate)
  - 1x Practice Management Lead
  - The Lay Member for Governance on the CCG Governing Body;
  - The Chief Officer or Managing Director (South) (or agreed delegate)
  - The Chief Finance Officer (South) or Strategic Director of Finance (or agreed delegate);
- 3.4 The Committee shall invite other officers of the CCG as required to discharge the duties of the committee.

### **4. Attendance and Quorum**

- 4.1 A quorum shall be three members including one member of the CCG Executive, one clinician and one Lay or Independent member of the CCG.

### **5. Frequency of Meetings**

- 5.1 Meetings shall be held monthly.
- 5.2 Arrangements for calling meetings will be in writing to the chair of the Committee with a minimum of ten days' notice.

### **6. Specific Duties and Responsibilities**

- 6.1 The Committee shall perform a monthly review of the overall performance of the CCG. This will include:

- Performance against the delivery of the Operational Plan;
  - Progress and achievement against key national, regional and local targets for service improvement, with a particular focus on specified 'must dos' and external regulation;
  - Progress and achievement against outcomes and targets agreed with external partner organisations;
  - Performance against annual budgets and short term financial plans;
  - An assessment of pressures within the whole system and how these affect contracts for services provided and their performance;
  - Opportunities to further improve performance;
  - Review the finance and performance section of the Corporate Risk Register.
- 6.2 Ensure financial management achieves value for money, efficiency and effectiveness in the use of resources with a continuing focus on cost reduction and achievement of efficiency targets.
- 6.3 Actively review and oversee operational delivery of the CCG's programme of work to improve Quality, Innovation, Productivity and Prevention (QIPP).
- 6.4 Monitor and review the achievement of QIPP plans.
- 6.5 Provide effective oversight of the costs improvement programmes of the CCGs key providers.
- 6.6 Review the CCG's budget.
- 6.7 Overview of procurements and potential procurements.
- 6.8 Provide challenge in setting ambitious targets for service improvement and embedding improvement opportunities and initiatives. Track progress against any action plans.
- 6.9 Provide a forum to evaluate requirements and advise the Governing Body on committing resources to respond to performance issues and external assessments.
- 6.10 Recognise areas of good practice and ensure they are embedded along with other benchmarking tools e.g. better care better value indicators, programme budgeting.
- 6.11 Oversee the continued development of the corporate performance framework.
- 6.12 Develop and keep under review policies and procedures of the CCG relevant to the role of the Committee.
- 6.13 Ensure they have an understanding of all performance areas relating to the CCG's responsibilities in order to be accountable to NHS England and the public.

- 6.14 Maintain oversight of the performance of the CSUs contract with the CCG.
- 6.15 Oversee contractual strategies taking into account both of the CCG clinical ambitions and financial strategies.
- 6.17 The Committee has responsibility for finance, performance, contracting and corporate risks.
- 6.18 The Committee shall review and monitor the corporate risk register in respect of the risks identified above.
- 6.19 The Committee shall request action by individuals who will be accountable for managing risk and variation in performance; ensuring plans are put in place to address the achievement of objectives and targets. This will include bringing expenditure back in line with allocation and delivering financial balance or planned underspend.
- 6.20 Ensure that variance against target performance levels is reflected in the Corporate Risk Register and Board Assurance Framework as appropriate.
- 6.21 Identify and respond to any corporate risks including health and safety issues and security management issues.

## **7. Administrative Support**

- 7.1 A member of Corporate Services shall record the minutes of all meetings of the Committee.
- 7.2 Corporate Services will be responsible for supporting the chair in forward planning, agenda-setting, follow up of actions and circulation of minutes.

## **8. Accountability and Reporting Arrangements**

- 8.1 The Committee will report to the Governing Body after each meeting.
- 8.2 There will be close links between the Committee and the Quality and Performance Committee, Primary Care Commissioning Committee and Audit and Risk Committee and with regular meetings between the Chair of the Committee and the Chairs of each of these Committees to ensure that there are no assurance gaps.

## **9. Conduct of the Committee**

- 9.1 At the beginning of each meeting, the chair will ask members whether they have any interests to declare, in accordance with the CCG's Gifts, Hospitality and Declarations of Interests Policy.
- 9.2 If any member has an interest, pecuniary or otherwise, in any matter and is present at the meeting at which the matter is under discussion, he/she will declare that interest as early as possible and act in accordance with the CCG's Conflicts of Interests Policy. Subject to any previously agreed arrangements for managing a conflict of interest, the chair of the meeting may require the individual to withdraw from the meeting or part of it. The individual must comply with these arrangements, which must be recorded in the minutes of the meeting.
- 9.3 Decision making will be by a simple majority of those present and voting at the relevant meeting. In the event that a vote is tied, the chair will have the casting vote.
- 9.4 Members of the Committee have a duty to demonstrate leadership in the observation of the NHS Code of Conduct and to work to the Nolan Principles, which include: selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
- 9.5 Committee papers will be stored and archived. Where not exempted from the Freedom of Information Act 2000, papers will be available for disclosure.
- 9.6 When there is an urgent matter where a decision is required outside of the meeting, the chair may make a decision after conferring with at least two other members ("chair's action"). When chair's action has been taken then it must be ratified by the next quorate meeting of the Committee. Urgent decisions will only be taken when there is insufficient time available for the decision to be delayed until the next meeting.
- 9.7 The Committee will apply best practice in its deliberations and in the decision making processes. It will conduct its business in accordance with national guidance and relevant codes of conduct and good governance practice.

## **10. Monitoring Effectiveness and Compliance with Terms of Reference**

- 10.1 The Committee will carry out an annual review of its functioning and provide an annual report to the Audit and Risk Committee on its work in discharging its responsibilities, delivering its objectives and complying with its terms of reference, specifically commenting on relevant aspects of the Board Assurance Framework and relevant regulatory frameworks.

## 11. Review of terms of Reference

11.1 The terms of reference of the Committee shall be reviewed by the Governing Body at least annually.

<b>Terms of reference drafted:</b>	16 April 2018
<b>Date Reviewed by Finance &amp; Performance Committee :</b>	15 May 2018
<b>Approved by:</b>	Governing Body
<b>Date approved:</b>	23 May 2018
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