

Finance, Governance & Risk Committee

Terms of Reference

NHS St Helens CCG Finance, Governance & Risk Committee Terms of Reference	
Version	3
Implementation Date	13 th December 2017
Review Date	November 2018
Approved By	Governing Body
Approval Date	13 th December 2017

REVISIONS			
Date	Section	Reason for Change	Approved By
22.11.17	1. Voting Membership	Removed Associate Director, Primary Care Removed Recovery Director – this position will be in attendance as relevant to agenda item. Added Snr Finance Manager to in attendance	FGR Committee
	2. Quorum	The Chief Finance Officer and Clinical Chief Executive can nominate a deputy to represent them to ensure quoracy.	
	4.1 Finance	Reference to S.75 amended to refer to schedules	
	7. Reporting	Updated to include Key Issues Report	
	8. Conduct	Update to reference management arrangements for Declarations of Interest	
		General Layout re-ordered.	

TERMS OF REFERENCE OBSOLETE		
Date	Reason	Approved By
22.11.17	As above	FGR Committee

The Finance, Governance & Risk Committee (the Committee) is established in accordance with NHS St Helens Clinical Commissioning Group's (the CCG) Constitution, Standing Orders and Scheme of Delegation. The Terms of Reference sets out the membership, remit, responsibilities and reporting arrangements of the Committee.

1. Membership

Voting Membership

- Committee Chair (GP with lead for Finance and Performance)
- Clinical Chief Executive
- Deputy Chief Executive
- Chief Finance Officer
- Deputy Chief Finance Officer
- GP Governing Body Member (Vice-Chair of Committee)
- Governing Body Lay Member
- Local Authority Representative
- Associate Director, Commissioning
- Associate Director, Contracting
- Associate Director, Corporate Governance
- Head of Medicines Management (or nominated deputy)
- Chief Nurse (or nominated deputy)

Members in Attendance

- Senior Finance Manager

Others in Attendance

Relevant Officers, Governing Body members/other committee members and representatives from the Commissioning Support Unit (CSU) may be invited to attend meetings, in line with relevant agenda items, at the Chair's discretion.

2. Quorum

The quorum shall comprise:

At least 50% of the voting membership, which must include:

- Committee Chair or Deputy Chair – must be a GP elected member
- Chief Finance Officer or nominated deputy
- Clinical Chief Executive or nominated deputy

3. Remit and Responsibilities of the Committee

The Committee will report to the Governing Body on all financial, governance & risk matters, providing assurance in relation to the discharge of statutory functions in line with the CCG Constitution and its prime financial policies.

3.1 FINANCE

The Committee will ensure that all financial activity is monitored and will be responsible for taking appropriate action within contract terms on behalf of the Governing Body to remedy any financial variations. The Committee will be required to approve commissioning proposals that have financial implications above current allocated budgets and allocate resources according to annual financial plans. Cost neutral proposals will not be required to be presented to Committee.

Specifically, the Committee will be responsible for:

- Reviewing the overall financial position of the CCG to ensure that the organisation meets its statutory financial duties.
- Ensuring that any finance plans are consistent with, and complementary to, the CCG's Annual Budget, Commissioning Plan and Strategic Direction
- Approving any variations to planned investment within the limits set out in the detailed financial policies of the CCG, ensuring that any amended plans remain within the overall CCG budget and do not adversely affect the strategic performance of the CCG.
- Monitoring financial and activity performance across all commissioned services on an exception basis, assessing potential shortfalls and risk and recommending actions to address them.
- Monitoring delivery of the commissioning QIPP and recovery programme and agreeing corrective action if required.
- Providing assurance to the Governing Body of the arrangements in place to secure delivery of the QIPP plan and recovery programme.
- Overall financial management of the organisation, including the delivery of investment plans, monitoring of reserves and delivery of financial recovery plans.
- Identifying, monitoring and escalating appropriate risks in relation to finance pertaining to the work plan of this Committee.
- Oversight of the financial components of the NHSE Improvement and Assessment Framework

3.2 GOVERNANCE

The Committee will report to the Governing Body on the development, implementation and monitoring of all areas of integrated governance by providing assurance on the systems and processes by which CCG Leads direct and control its functions in order to achieve organisational objectives.

Specifically the Committee will be responsible for:

- Overseeing key governance, assurance and risk systems; ensuring processes are in place so that the CCG is compliant with its statutory requirements and has sound internal control arrangements
- Ensuring the CCG has in place appropriate arrangements in respect of information governance
- Ensuring the CCG is compliant with Health and Safety legislation including the Corporate Manslaughter Act and Local Security Management Services (LSMS) requirements
- Ensuring the CCG is compliant with its statutory duties under the Civil Contingencies Act

3.3 RISK

- Promote good risk management and ensure effective corporate governance systems and processes are embedded across the CCG that also promote effective partnership working and integration.
- Scrutinise and challenge risk assessment and risk assurances provided by the Corporate Risk Register (CRR) and Governing Body Assurance Framework (GBAF) to ensure that robust controls are evident across the organisation. This should include scrutiny of entries contained in all areas of the GBAF and CRR.
- Develop and implement the CCGs Risk Management Strategy

4. DUTIES

The Committee is delegated by the Governing Body to undertake the following duties and any others appropriate to fulfilling the purpose of the committee (other than duties which are reserved to the governing body alone):

4.1 Finance:

- To monitor the implementation of the annual financial plan to ensure that the total resource available to CCG is invested as agreed, in high quality services that support the achievement and delivery of specified priorities

- To ensure the delivery of financial balance and that the organisation meets its statutory financial targets
- To monitor delivery of Commissioning/QIPP plans including those areas worked on collaboratively
- To review all QIPP scheme implementation and delivery plans, submitted by the QIPP sub group are robust, have clearly identified milestones and individual accountability for delivery of each scheme is provided
- To monitor in a timely manner, contract planned expenditure against actual spend for commissioned services
- To review, agree and monitor corrective action for all agreed financial performance indicators in line with the CCG Assurance Framework
- To approve any variations to planned investments or budgets within the limits set out in the detailed financial policies of the CCG. Amended budgets should:
 - remain affordable within the overall CCG financial plan
 - not adversely affect the strategic risks facing the CCG
 - not adversely affect the organisation's ability to deliver its plans whether in year or
 - over the life of the Commissioning Plan
- To agree the Schedules within the Section 75 Agreement schedules, and monitor delivery of the better care fund
- To make recommendations to the Governing Body on all decisions that exceed its own financial limits as detailed in the Scheme of Reservation and Delegation (SORD)
- Responsible for the on-going development & review of finance and activity performance reporting mechanisms

4.2 Governance

4.2.1 Risk and Assurance:

- Coordinate a Governing Body Assurance Framework (GBAF) which allows integration of the governance activities that focus on continually improving the patient experience and ensure safe practice, efficiency and effectiveness through risk management
- Oversee the development and embedding of CCG systems and process in relation to internal control and risk management

- Oversee the continuing development of the GBAF and management of the CRR to ensure that the reporting arrangements to the Governing Body enable the identification of any areas where internal and external controls need strengthening to support on-going assurance and decision making in respect of risk management to achieve strategic objectives
- Ensure that risk co-ordinators, managers and staff within the CCG are provided with appropriate training.

4.4.2 Information Governance:

- To ensure the CCG has established and maintained policies and procedures to comply with the Data Protection Act, Freedom of Information Act, other relevant legislation and the Common Law Duty of Confidentiality
- To approve, maintain and implement IG strategies and Policy and as appropriate, operational IG procedures with review mechanisms
- To ensure that IG is reflected in Corporate Policy documents as appropriate within each organisation with review mechanisms
- To review the annual IG Toolkit assessment for sign off by the Governing Body
- To develop and monitor progress on an established IG work programme
- To ensure that the agreed approach to information handling is communicated to all staff and made available to the public
- To monitor all information handling activities across the CCG to ensure compliance with the law, NHS and Social Care guidance
- To ensure that the organisation conducts joint training needs analysis of differing staff groups and provides the appropriate IG training as required and that post training assessments of their understanding are made
- To ensure assurance is received in relation to lessons learned from IG incidents to inform staff training and development and minimisation of future risk

4.3 Fire Health and Safety

- Ensure there are appropriate arrangements in place to ensure compliance with statutory responsibilities in respect of health and safety including policies, procedures and training
- Ensure that there are appropriate arrangements for the management of staff safety issues via the Local Security Management Specialist

- Ensure there are appropriate arrangements in place in respect of CCG Internal incident reporting, investigation and learning

4.4 Emergency Planning

- Ensure compliance with emergency planning duties outlined in the Civil Contingencies Act 2004 across the CCG, and member practices
- Ensure compliance within commissioned contracts in relation to EPRR duties of providers

4.5 Other

- Provide assistance to the Audit Committee in respect of internal control assurance
- Approve and implement Corporate Policies as determined by the Governing Body
- Ensure continual review of best practice and outcomes of audit reviews and reports to improve internal systems of integrated governance and control
- A Committee work plan will be agreed at the start of each financial year and will be approved by the Governing Body

5. Administration

The Committee will be supported by the Deputy Chief Finance Officer and Associate Director; Corporate Governance who will take lead managerial responsibility for forward planning and programme management; and will be supported by an appropriate Secretary who will be responsible for supporting the Chair in the management of the Committee's business. The Secretary will take minutes and distribute all papers.

6. Frequency and notice of meetings

The Committee shall meet at least 10 times per year. The Chair reserves the right to call an extraordinary meeting in order to ensure the functions of the Committee are met in a timely manner. Members shall be notified at least 10 days in advance that a meeting is due to take place.

Agendas and reports shall be distributed to members 5 working days in advance of the meeting date. In exceptional circumstances, the notice period may not apply.

7. Reporting

A Key Issues Report will be presented to Governing Body after each meeting. Ratified minutes of the Committee meeting will be made available to the Governing Body.

Exception reports will also be submitted at the request of the Governing Body. Specific issues may be referred to the Audit Committee.

8. Conduct

All members are required to notify the Committee Chair of any actual, potential or perceived conflict of interest in advance of the meeting to enable appropriate management arrangements to be put in place.

All members are required to uphold the Nolan Principles and all other relevant NHS Code of Conduct requirements.

9. Date and review

Date Ratified: December 2017

Review Date: November 2018