

Performance Assurance, Finance & Infrastructure Committee

Terms of Reference

<p>Lead Author: Board Secretary</p> <p>Signature: Sarah Duncan</p> <p>Identifier:</p>	<p>Reviewer: Performance Assurance, Finance and infrastructure Committee</p> <p>Signature: Committee Chair</p> <p>Review Date: March 2024</p>	<p>Approver: NHS Grampian Board</p> <p>Signature: Board Chair</p> <p>Approval Date:</p>
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Title: Performance Assurance, Finance and Infrastructure Committee – Terms of Reference.

Unique Identifier: Xxx

Replaces: PGC Constitution March 2019.

Lead Author: Board Secretary on behalf of the Performance Assurance, Finance and Infrastructure Committee.

Subject (as per document registration categories): Role, Remit and Membership Paper.

Key word(s): Performance, Finance, Infrastructure, Committee.

Policy, Protocol, Procedure or Process Document: Process Document.

Purpose/description: To update the role, remit and membership of the aforementioned Committee.

Responsibility: NHS Grampian Performance Assurance, Finance and Infrastructure Committee.

Responsibilities for ensuring registration of this document on the NHS Grampian Information/ Document Silo:

Lead Author: Board Secretary.

Physical location of the original of this document: xxx

Job title of creator of this document: Board Secretary.

Job/group title of those who have control over this document: NHS Grampian Performance Governance Committee Performance Assurance, Finance and Infrastructure Committee.

Responsibilities for disseminating document as per distribution list:

Lead Author: Board Secretary

Responsibilities for implementation:

Organisational: NHS Grampian Performance Assurance, Finance and Infrastructure Committee

Hospital/ Interface Services: Operational Management

Unit: xxx

Departmental: xxx

Area: xxx

Review: Every 3 years

Responsibilities for review of this document:

Lead Author: Board Secretary

Review date: April 2022

Revision History			
Revision date	Previous revision date	Summary of changes Descriptive summary of the changes made)	Changes marked* (Identify page numbers and section heading)
March 2019	Sept 2017	To reflect revised organisational structures	
April 2022	March 2019	To reflect revised organisational structures and expanded remit to cover finance and infrastructure	

* Changes marked should detail the section(s) of the document that have been amended i.e. page number and section heading.

Document approved by:

Signature:

Designation:

Date:

PERFORMANCE ASSURANCE, FINANCE AND INFRASTRUCTURE COMMITTEE

1. PURPOSE

Performance Management is a key function of the NHS Grampian Board (the Board). The Performance Assurance, Finance and Infrastructure Committee obtains assurance on behalf of the Board on the effectiveness of the performance review arrangements across NHS Grampian in order to achieve the Board's objectives as set out in the Board's approved Strategic Plan and related Delivery Plans, and that appropriate action is being taken to address areas of underperformance.

The Committee also obtains assurance on behalf of the Board on the effective financial management of NHS Grampian, including oversight of the Board's medium term financial strategy, the effective management of the Board's infrastructure programme, including new build and refurbishment projects, the backlog maintenance plan and the digital strategy and on progress towards achieving environmental sustainability targets.

The committee will also obtain assurance on behalf of the Board on the effective management of transformation across the organisation as that relates to delivery of the Board's approved Strategic Plan and Medium Term Financial Strategy.

The Committee will focus on areas identified by the Board as strategic priorities in the Board's Delivery Plans as agreed by the Scottish Government and on areas of high risk identified in the Board's strategic risk register.

The Committee will take account of the need to assure itself on the sustainability of the actions reported to it and the impact of the actions being monitored on reducing health inequalities across the population served by NHS Grampian.

2. ROLE AND REMIT OF THE COMMITTEE

2.1 Performance management

To approve, monitor and support dynamic performance monitoring, assessment and management arrangements across the NHS Grampian system. This shall include:

2.1.1 Approving the Board's performance management framework on an annual basis.

2.1.2 Monitoring on behalf of the NHS Board the Chief Executive Team's (CET) management of system performance issues. The Committee expects that the CET will:

- Utilise regular performance reports and cross system intelligence to ensure performance is managed and monitored in accordance with the tiered intelligence approach.
- Ensure effective linkage with regional planning, clinical networks, local authorities and other partners relating to performance issues.
- Ensure clear accountabilities for delivery and reporting.

2.1.3 Obtaining assurance that action is being taken by CET to address areas of under-performance based on the outputs from operational performance review processes, including through commissioning of specific reviews of areas/functions where performance has varied significantly.

2.1.4 co-ordinating the review of the Board's performance to assess achievement of the Board's strategic objectives as detailed in the Board's agreed Strategic Plan.

2.1.5 Overseeing preparation of and review the NHS Grampian Annual Performance Report as incorporated within the Annual Report and Accounts.

2.1.6 Promoting a culture of continuous, system wide performance improvement by receiving regular reports on the progress of transformation and improvement projects from the Transformation Oversight Board.

2.1.7 Obtaining assurance on the effectiveness of the management and mitigation of the key strategic risks relating to service improvement, transformation and performance management, including receiving risk based exception reports from other Board committees.

2.2 Infrastructure

To obtain assurance on the effective delivery of the Board's Infrastructure Plan by receiving regular reports from the Board's Asset Management Group, including:

2.2.1 Obtaining assurance on the effective compliance with all applicable law, regulation and statutory and government guidance in respect of major capital projects

2.2.2 Receiving regular reports on the implementation of the Board's digital strategy by receiving reports from the Digital Transformation Board

2.2.3 Receiving regular reports on the Board's backlog maintenance programme; and

2.2.4 Obtaining assurance on the effectiveness of the management and mitigation of the key strategic risks relating to the Board's Infrastructure Plan and Digital Transformation Plan

2.3 Finance

2.3.1 To obtain assurance on the effective management of the Board's financial position, including receiving regular financial monitoring reports and on the attainment of the Board's Medium Term Financial Strategy

2.3.2 To consider and review the linkages between the Board's approved Strategic Plan and the Medium Term Financial Strategy

2.4 Environmental sustainability

To obtain assurance on the Board's implementation of measures to ensure environmental sustainability, including assurance on achievement of climate change targets

2.5 Management of Committee business

2.5.1 To oversee and monitor all aspects required for the Board's Annual Review by Scottish Government.

2.5.2 Ensure good communication and relationships with other standing committees of the board and other stakeholders and that Committee decisions are communicated appropriately to internal and external audiences.

2.5.3 Ensure Committee members are provided with appropriate information and training to support them in carrying out their roles and review development needs at least annually.

2.5.4 Prepare a Committee annual work plan which takes account of the strategic outcomes of the Board, the Integration Joint Boards and key strategic risks relevant to the role and remit of the Committee and

2.5.5 Prepare an annual report which takes account of the strategic outcomes of the Board and key strategic risks relevant to the role and remit of the Committee and summarises how the Committee has discharged its responsibilities over the year.

2.5.6 Ensure that all elements of the Committee's Terms of Reference are being scrutinised effectively through use of a matrix to monitor frequency of relevant items against each term of reference in the agendas for the Committee meetings, and include a summary of this matrix in the Committee's annual report.

2.5.7 Provide appropriate information for inclusion in the NHS Grampian Annual Statement of Internal control.

2.5.8 The Committee may obtain external professional advice where considered necessary.

3. RELATIONSHIP TO OTHER COMMITTEES AND ASSURANCE MAP

The Committee's relationship to other Board and operational committees, and sources of assurance, is shown on the attached assurance map,

The committee will review this assurance map at least annually and update to ensure it reflects the management and operational structure of the organisation, taking advice from the Executive Lead on this issue.

4. EXECUTIVE LEAD

The designated joint Committee Executive Leads are the Chief Executive, the Director of Facilities and Estates and the Director of Finance who support the Chair of the Committee in ensuring that it fulfils its agreed Terms of Reference by:

- Liaising with the Chair in agreeing a programme of bi-monthly meetings, as required by its remit.
- Overseeing the development of an assurance report for the Board which is congruent with the committee's remit and the need to provide appropriate assurance.
- Agreeing with the Chair an agenda for each meeting, having regard to the Committee's remit.
- Overseeing self-assessment on the effectiveness of the Committee and agreeing with the Chair a programme of development for members of the Committee.

5. MEMBERSHIP & ATTENDANCE

Chair:	The Committee Chair is a Non-Executive Board Member as agreed by the Grampian NHS Board on recommendation of the Chair
Members:	There will be 4 Non-Executive Board Members
In Attendance:	Chief Executive, NHS Grampian Director of Finance, NHS Grampian Medical Director, NHS Grampian Executive Nurse Director, NHS Grampian Director of Facilities and Estates
Management Support:	Head of Performance, Director of Planning and Projects (Finance and Infrastructure TBC)
Administrative Support:	TBC.

In the event of the Chief Executive, Director of Finance, Executive Nurse Director, Medical Director or Director of Facilities & Estates being unable to attend, it is expected that a deputy will attend in their place and that deputy will be notified to the Chair in advance of the meeting.

All Board Members have a right to attend as observers.

Other staff will be invited to attend Committee meetings to inform and/or report on specific matters or by prior arrangement as observers.

6. QUORUM

At least three members of the Committee must be present in order to form a quorum

7. DEPUTIES

The Chair will appoint a Meeting Deputy (to cover unavoidable absence) from the members.

8. MEETINGS

There will be 6 meetings per annum with provision for additional meetings as required.

Agenda setting meetings are held at least 4 weeks prior to the meeting and Committee papers are issued one week in advance.

Written documentation will be expected in support of all agenda items, except for those under "Matters Arising".

When confidential and sensitive information requires to be discussed, this will be held within a closed session. The minute of closed sessions are confidential and will not be shared out with the membership of the Committee.

9. MINUTES/REPORTS

The business of the Committee is recorded in a formal minute which, once approved, is circulated to the Board. At that time they are available to all staff on the NHS Grampian intranet and can be accessed under the provision of the Freedom of Information Act (Scotland) 2002.

When confidential and sensitive information requires to be discussed this will be held within a closed session. The minute of closed sessions are confidential and will not be shared out with the membership of the Committee.

10. STANDING ORDERS

The provisions of the NHS Grampian Standing Orders for Board meetings shall apply to this Committee as far as is practicable and appropriate.

Decisions reached by the Committee are by consensus with all members agreeing to abide by such decisions (to the extent that they are in accordance with these terms of reference).

11. SUB-COMMITTEES

There may be other informal working groups dependent on programme of work of the Committee.

Assurance Map for Performance Assurance, Finance and Infrastructure

