**NHS Greater Glasgow and Clyde**

**Finance, Planning and Performance Committee**

**Terms of Reference**

**Introduction**

* 1. The Terms of Reference for Standing Committees within NHS Greater Glasgow and Clyde (NHSGGC) are created in line with the approach to Active Governance ensuring effective Assurance Operating Requirements.
	2. The Finance, Planning and Performance Committee (FP&PC) is established in accordance with NHS Greater Glasgow & Clyde NHS Board Standing Orders and Scheme of Delegation and is a Standing Committee of the NHS Board.
	3. The Standing Orders for the Proceedings and Business of the NHS Board shall apply, where relevant, to the conduct of business of all Standing Committees of the NHS Board.
	4. The overall purpose of the FP&PC is to provide assurance across the healthcare system regarding finance and performance, ensure alignment across whole system planning and commissioning, and to discharge the delegated responsibility from the NHS Board in respect of asset management.
	5. The Committee will receive reports, and draft plans for review and response in respect of; Finance, Performance, Asset Management, West of Scotland Regional Planning, National Shared Services, NHSGGC strategic plans and Health and Social Care Partnership strategic plans.

**Membership**

* 1. The Committee membership shall be nominated by the NHS Board Chair and be approved by the NHS Board.  Committee membership will consist of Non-Executive Board Members and the Executive Lead (when also a NHS Board Member). Other relevant members of the Executive Leadership team will be expected to attend as required. The Committee membership will be subject to review, at least annually and the allocation of Members will be recorded on the Board Members Responsibility template approved by the Board.  The NHS Board Chair and Chief Executive will be ex officio members of the Committee.
	2. The Non-Executive Directors of the NHS Board will be mainly drawn from the NHS Board’s statutory committee chairs, leads on Integration Joint Boards (IJBs) and will also include the Employee Director.
	3. Other officers may be invited to attend for all or part of any meeting as and when appropriate.

**Arrangement for Conduct of Business**

* 1. **Chairing the Committee**

 The Chair and Vice Chair of Committees of the Board shall be nominated by the Board Chair and approved annually at the meeting of the NHS Board in April or at a meeting to be held as soon as convenient thereafter. In the event of the Chairperson of the Committee being unable to attend for all or part of the meeting, the meeting will be chaired by the Vice Chair.

* 1. **Quorum**

 Meetings will be considered quorate when 6 Non-Executive Directors of the NHS Board are present.

* 1. **Voting**

 Should a vote need to be taken, all of the voting members of the Committee shall be allowed to vote, either by a show of hands, or a ballot.

* 1. **Frequency of Meetings**

 The FP&PC shall meet a minimum of six times per year. Additional meetings may be arranged at the discretion of the Committee Chair after consulting with the NHS Board Chair and Chief Executive.

* 1. **Declarations of Interest**

Declarations of Interest will be a standing agenda item. 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, and considers the objective test is met, they will declare that interest as requested at the start of the meeting and shall not participate in the discussions. Should the member consider that the objective test has not been met, they do not require to declare the interest and can participate in the discussion and decisions made. The Chair will have the authority to request that member to withdraw until the Committee’s consideration has been completed.

All declarations of interest will be minuted.

Any actions taken outside the meeting will be reported and minuted at the next available meeting of the Committee.

* 1. **Administrative Support**

Administrative support for the Committee will be provided by a member of the Corporate Services Team.

The administrative support to the Committee will attend to take the minutes of the meeting, maintain a log of actions and a Committee Annual Cycle of Business, provide appropriate support to the Chair and Committee members, and support the preparation of an Annual Report on the work of the Committee for presentation to the Board.

**Remit of the Committee**

* 1. The remit of the FP&PC is to scrutinise and provide assurance to the NHS Board on the following key areas for healthcare services: ~~This includes approval of the delivery of Corporate Objectives (Appendix 1) and areas as outlined in the Scheme of Delegation (Appendix 2) as approved and allocated to the Committee by the NHS Board, and any operational priorities, as required.~~
* ~~Whole system strategic planning and performance including oversight of the healthcare services delegated to IJBs;~~
* ~~Whole system financial planning, including an overview of budgets delegated;~~
* ~~The Property and Asset Management Strategy and Capital Plans of the NHS Board;~~
* ~~Robust and effective stakeholder engagement across the planning processes and work programmes;~~
* ~~Appropriate governance in respect of risks, as allocated to FP&PC by the Audit Committee relating~~ *~~to finance, planning, performance~~* ~~and~~ *~~property~~*~~, reviewing risk identification, assessment and mitigation in line with the NHS Board’s risk appetite and agreeing appropriate escalation.~~
* Financial Management
* Strategic Planning
* Performance Monitoring
* Risk Management
* Stakeholder Engagement
	1. The Committee’s remit includes those specific areas of NHS GGC business outlined in the Scheme of Delegation. This includes the following responsibilities:
	+ Promoting active and collaborative governance across the healthcare system
	+ Monitoring progress towards the achievement of NHS GGC aims, corporate objectives (Appendix 1) and operational priorities as approved and allocated to the Committee by the NHS Board
	+ Oversight of the management of the specific corporate risks allocated to FP&PC by the Audit Committee relating to finance, planning, performance and property
	+ Monitoring and scrutinising key data and information as per the Board’s Assurance Information Framework as part of Active Governance

**Key Duties of the Committee**

* 1. The Key Duties of the FP&PC are as follows:

**Financial Management**

* Financial Strategy: approve the NHS Board's three year Financial Strategy and receive regular updates on its progress, advising the NHS Board as appropriate. This includes approval of the NHSGGC Property and Asset Management Strategy and the recommending approval of Capital Plans to the NHS Board
* Annual Financial Plan: approve the NHS Board’s Annual Financial Plan, advising the NHS Board as appropriate
* Financial Performance: have oversight and receive analysis of financial performance across the whole system, including HSCP hosted services. This analysis includes all financial resources delegated to NHSGGC Directorates and IJBs, including the use of non-recurrent funds and reserves

**Property and Asset Management**

* **Property & Asset Strategy:** ensure that the strategy reflects the NHS Board’s purpose, aims and corporate objectives and that the NHS Board's property and assets are developed and maintained to meet the needs of 21st Century service models
* **New Developments:** oversee developments within the parameters set by the Scheme of Delegation ensuring that they are supported by affordable and deliverable Business Cases, with detailed project implementation plans that include key milestones for timely delivery, on budget, and to agreed standards. This will include reviewing all Initial Agreements, Outline Business Cases and Full Business Cases (as per limits indicated by the Scheme of Delegation) and recommend to the NHS Board as appropriate
* **Acquisitions and Disposals:** ensure that there is a robust approach to all major property and land issues and all acquisitions and disposals are in line with the Property Transaction Handbook
* **Capital Strategy**: review the Capital Plan and make recommendation to the NHS Board regarding approval. Oversee the development of major schemes over £5m, including approval of capital investment business cases. The FP&PC will also monitor the implications of time slippage and/or cost overrun and will instruct and review the outcome of the post project evaluation
* **Continuous Improvement**: receive reports on relevant legislation and best practice including the Scottish Capital Investment Manual, CEls, audit reports and other Scottish Government Guidance

**Strategic Planning**

* NHS Board's Strategic Plans: ensure that strategic planning objectives are aligned with the NHS Board’s overall purpose, aims, and corporate objectives and make recommendations to the NHS Board
* NHS Board’s Annual Delivery Plan: ensure that the Annual Delivery Plan is fit to deliver key local and national operational priorities (including Regional Planning requirements), and make recommendations to the NHS Board
* Integration Joint Boards’ Strategic Plans: ensure NHSGGC input, at an appropriate level, to the draft IJB Strategic Plans and promote consistency and coherence across the system highlighting issues which may impact the delivery of NHS Board aims, corporate objectives and operational priorities
* Strategic NHSGGC-wide Initiatives: maintain oversight of progress with the implementation of Strategic NHSGGC-wide initiatives (such as the Moving Forward Together Programme and the eHealth Strategy)
* External Inquiries: oversee the NHS GGC inputs to inspections and external inquiries (HSE, QEUH/RHC Public Inquiry) ensuring completeness and transparency
* QEUH Legal Claim: Receive updates and seek assurance as necessary in respect of the ongoing QEUH legal claim

**Performance Management**

* **Performance Monitoring**: ensure assurance information flows are in place to support an active and collaborative governance approach to performance monitoring and reporting across the healthcare system to enable well-informed and evidence-based discussions to take place at the NHS Board and IJBs
* **Governance:** Utilise all assurance information available to the FP&PC, including the HSCP Annual Performance Reports, to oversee and scrutinise the delivery of healthcare services provided by the NHSGGC Directorates and HSCPs
* **Service Delivery**: review and approve the NHS Board’s Performance Management Framework ensuring that it is aligned to the Board’s Assurance Framework and provides assurance on the effectiveness of the policies and systems in place to ensure progress on delivering the Board’s purpose, aims, corporate objectives and operational priorities. This includes all healthcare services delivered by the NHSGGC Directorates and HSCPs
* **Continuous Improvement:** ensure that the NHSGGC Directorates and HSCPs encourage a quality improvement culture that promotes innovation and sharing of best practice across the healthcare system

**Risk Management**

* + **Governance Arrangements:** ensure appropriate governance arrangements are in place in respect of those corporate risks allocated to the Committee by the Audit and Risk Committee
	+ **Assurance:** review the appropriate risk registers to obtain assurance on risk identification, assessment and mitigation that is in line with the NHS Board’s risk appetite, agreeing escalation as appropriate. This includes considering risks to service delivery by the GGC Directorates and HSCPs on a whole system basis

**Stakeholder Engagement**

* + **Integration Joint Boards:** ensure that collaborative governance is promoted through open exchanges of information on the challenges, opportunities and risks being identified and managed across the whole healthcare system. This involves paying particular attention to the interdependencies between the work of the NHSGGC Directorates and HSCPs and the relationship between health and social care service delivery
	+ **Scottish Government**: provide Board level assurance of active and collaborative good governance of finance, strategic planning and performance across the healthcare system in Greater Glasgow and Clyde.

**~~Planning and Commissioning~~**

* ~~NHS Board's Strategic Plans: ensure that strategic planning objectives are aligned with the NHS Board’s overall strategic vision, aims and objectives, and make recommendations to the NHS Board;~~
* ~~NHS Board’s Annual Delivery Plan: ensure that the Annual Delivery Plan is fit to deliver key local and national objectives and priorities (including Regional Planning requirements), and make recommendations to the NHS Board.~~
* ~~IJB Strategic Plans: ensure NHSGGC input, at an appropriate level, to draft IJB Strategic Plans, and promote consistency and coherence across the system highlighting issues which may impact the delivery of NHS Board aims and objectives – acknowledging there are 6 HSCPs that may impact the Board.~~
* ~~Strategic Board-wide Initiatives: maintain oversight of progress with the implementation of Strategic Board-wide initiatives (such as the Moving Forward Together Programme and eHealth Strategy)~~
* ~~External Inquiries: oversee the NHS GGC inputs to inspections and external inquiries (HSE, QEUH/RHC Public Inquiry) ensuring completeness and transparency.~~
* ~~QEUH Legal Claim: Receive updates and seek assurance as necessary in respect of the ongoing QEUH legal claim.~~

**~~Financial Oversight~~**

* ~~Financial Strategy: approve the NHS Board's three year Financial Strategy and receive annual updates on its progress, advising the NHS Board as appropriate~~
* ~~Annual Financial Plan: approve the NHS Board’s Annual Financial Plan, advising the NHS Board as appropriate.~~
* ~~Financial Performance: have oversight and receive analysis of financial performance across the whole system in order to consider significant issues which may impact adversely on the NHS Board’s financial position, including budgets delegated to IJBs incl hosted services.~~
* ~~Non-recurrent Funds: oversee the use of non-recurrent funds and reserves.~~

**~~Performance Oversight~~**

* ~~Performance Management: ensure the approach performance management provides a rigorous and systematic approach to performance monitoring and reporting across the whole healthcare system to enable more strategic and better informed discussions to take place at the full NHS Board – in line with Active Governance.~~
* ~~Review and approve the NHS Board’s Performance Management Framework in line with the Assurance Information Framework, ensuring that it is able to reflect progress on delivering the Board’s objectives, and provide evidence of the effectiveness of mechanisms that are in place to promote best value, improved efficiency and effectiveness.~~
* ~~HSCPs: Oversee HSCP performance against strategic plans and~~

~~review IJB Annual Performance Reports to ensure accountabilities of the Health Board is discharged appropriately~~

* ~~Risk Based Approach: The FP&PC shall ensure appropriate governance in respect of risks, as allocated to the Committee by the Audit and Risk Committee, in respect of staff, reviewing risk identification, assessment and mitigation, in line with the NHS Board’s risk appetite, and agreeing appropriate escalation.~~

**~~Property and Asset Oversight~~**

* ~~Property & Asset Strategy: ensure that the strategy reflects the NHS Board’s strategic direction, and that the NHS Board's property and assets are developed and maintained, to meet the needs of 21~~~~st~~ ~~Century service models.~~
* ~~New Developments: oversee developments to the values indicated by the Scheme of Delegation ensuring that they are supported by affordable and deliverable Business Cases, with detailed project implementation plans that include key milestones for timely delivery on budget, and to agreed standards. This will include reviewing all Initial Agreements, Outline Business Cases and Full Business Cases (as per values indicated by SoD) and recommend to the NHS Board as appropriate.~~
* ~~Acquisitions and Disposals: ensure that there is a robust approach to all major property and land issues and all acquisitions and disposals are in line with the Property Transaction Handbook (PTHB).~~
* ~~Capital Plan: review the Capital Plan and make recommendation to the NHS Board regarding approval. Oversee the development of major schemes over £5m, including approval of capital investment business cases. The FP&PC will also monitor the implications of time slippage and / or cost overrun and will instruct and review the outcome of the post project evaluation.~~
* ~~Continuous Improvement: receive reports on relevant legislation and best practice including the Scottish Capital Investment Manual (SCIM), CEls, audit reports and other Scottish Government Guidance.~~

**Authority**

The FP&PC is a Standing Committee of the NHS Board.

**Reporting Arrangements**

* 1. The FP&PC will report to the NHS Board.
	2. The draft minute of the FP&PC will be reviewed by the nominated Executive Lead prior to clearance by the Chair of the FP&PC and distribution to the FP&PC for ratification at the next Committee meeting. The ratified minutes of the FP&PC will be presented to the next NHS Board Meeting to ensure NHS Board members are aware of issues considered and decisions taken.
	3. In addition, the NHS Board Meeting will receive a Chair’s Report, which summarises the key issues considered at the most recent meeting of the Committee.
	4. The Chairperson of the Committee shall draw to the attention of the NHS Board any issues that require escalation or noting.
	5. The FP&PC will produce an Annual Report to be presented to the NHS Board, as part of the Annual Review of Governance.

**Conduct of the Committee**

* 1. All members will have due regard to and operate within the NHS Board’s Standing Orders, Standing Financial Instructions and the Code of Conduct for Members.

8.2 The Committee will participate in an annual review of the Committee’s remit and membership, to be submitted to the NHS Board in June of each year, and more frequently if required by the NHS Board.

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| **Version Control** | **June 2023**  |
| Author: | Director of Corporate Governance and Administration  |
| Responsible Executive Lead: | Director of Finance  |
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**APPENDIX 1**

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| **Corporate Objectives Approved June 2022** |

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| **Code**  | **Corporate Objective**  | **Lead Committee** |
|  | **Better Health**  |  |
| COBH1 | To reduce the burden of disease on the population through health improvement programmes that deliver a measurable shift to prevention rather than treatment.  | Population Health and Wellbeing Committee  |
| COBH2 | To reduce health inequalities through advocacy and community planning. | Population Health and Wellbeing Committee |
| COBH3 | To reduce the premature mortality rate of the population and the variance in this between communities.  | Population Health and Wellbeing Committee |
| COBH4 | To ensure the best start for children with a focus on developing good health and wellbeing in their early years. | Population Health and Wellbeing Committee |
| COBH5 | To promote and support good mental health and wellbeing at all ages. | Population Health and Wellbeing Committee |

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| **Code**  | **Corporate Objective**  | **Lead Committee** |
|  | **Better Care** |  |
| COBC6 | To provide safe and appropriate working practices that minimise the risk of infection, injury or harm to our patients and our people. | Clinical & Care Governance Committee  |
| COBC7 | To ensure services are timely and accessible to all parts of the community we serve. | Finance, Planning and Performance Committee /Acute Services Committee  |
| COBC8 | To deliver person centred care through a partnership approach built on respect, compassion and shared decision making. | Lead Committee: Clinical & Care Governance Committee /Acute Services Committee  |
| COBC9 | To continuously improve the quality of care, engaging with our patients and our people to ensure healthcare services meet their needs. | Clinical & Care Governance Committee/Acute Services Committee  |
| COBC10 | To shift the reliance on hospital care towards proactive and co-ordinated care and support in the community. | Finance, Planning & Performance Committee  |

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| **Code**  | **Corporate Objective**  | **Lead Committee** |
|  | **Better Value**  |  |
| COBV11 | To ensure effective financial planning across the healthcare system that supports financial sustainability and balanced budgets. | Finance, Planning & Performance Committee  |
| COBV12 | To reduce variation, improve productivity and eliminate waste through clinical engagement and a robust system of efficiency savings management. | Finance, Planning & Performance Committee  |
| COBV13 | To exploit the potential for research, digital technology and innovation to reform service delivery and reduce costs. | Finance, Planning & Performance Committee |
| COBV14 | To utilise and improve our capital assets to support the reform of healthcare. | Finance, Planning & Performance Committee |

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| **Code**  | **Corporate Objective**  | **Lead Committee** |
|  | **Better Workplace**  |  |
| COBW15 | To ensure our people are treated fairly and consistently, with dignity and respect, and work in an environment where diversity is valued. | Staff Governance Committee |
| COBW16 | To ensure our people are well informed. | Staff Governance Committee  |
| COBW17 | To ensure our people are appropriately trained and developed. | Staff Governance Committee |
| COBW18 | To ensure our people are involved in decisions that affect them. | Staff Governance Committee |
| COBW19 | To promote the health and wellbeing of our people. | Staff Governance Committee  |
| COBW20 | To provide a continuously improving and safe working environment. | Staff Governance Committee  |