

Terms of Reference

Finance & Integrated Governance Committee

ROLE OF THE COMMITTEE

The Integrated Governance Committee (IGC) is a committee of the Trust Board with the responsibility for gaining assurances in relation to risk controls for clinical risks, non-clinical risk and corporate risk. It is the main committee through which the organization is assured that risks are mitigated, through appropriate control mechanisms, and adequate assurance is provided that the Trust is able to achieve its objectives and to ensure that the safety and quality of care, treatment and services provided by the Trust for patients is of a high standard.

MAIN DUTIES AND RESPONSIBILITIES

- To prioritise identified risk by means of the Board Assurance Framework.
- To oversee the implementation, monitoring and review of the Board Assurance
 Framework
- To consider matters in relation to performance and delivery.
- To monitor assurances relating to national healthcare standards.
- To ensure that governance systems are effective and utilised appropriately.
- To identify and review the quality agenda and make recommendations for improvements.
- To quality assure and ratify all policies, procedures and guidelines.
- To monitor progress against key strategies agreed by Trust Board and/or being developed by the Board Committees:
 - Workforce Committee
 - o Finance, Strategy and Planning Committee
 - Quality and Safety Committee
 - Operational Delivery Committee

LINKS:

Key inter-relationships would include:

Audit Committee: The aim of the audit committee it to review the effectiveness of systems of control across the Trust. It should work closely with the Integrated Governance Committee (IGC) identifying areas of weakness which the IGC should be responsible for addressing. It tests whether systems are working.



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CONSTITUTION

Membership

Chairman (Chair) Chief Executive

Foundation Trust Secretary Director of Operational Services

Finance Director Medical Director

Director of HR & OD Dir. of Planning, Partnerships & Development

Director of Nursing & Quality Assoc. Dir. of Planning, Partnerships & Development

Non Executive Directors x 5 Divisional Directors x 2

Deputy Medical Directors x 3

Each member is required to nominate a named deputy to attend in his/her absence.

Members may be co opted onto the Group or asked to attend on the basis of issues arising or as part of broader engagement.

Quorum

In order for decisions taken by the Group to be valid, the meeting must be quorate. This will consist of (TBC) members present, one of which must be the Chair, Vice Chair or nominated deputy.

Standard Agenda Items

Performance Update including CRS

Review

Terms of reference are reviewed annually or in light of changes in practice or national/local guidance.

Responsibilities of Members of the Integrated Governance Committee

Members are expected to:

TBA

2 | Page



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Distribution list

Minutes will be distributed to all members of the group and their P.A.s.

VERSION CONTROL

Version Control	Date	Comments
V0.2		
V0.3		

DOCUMENT OWNER
are responsible for maintaining both these
terms of reference and the record keeping of any minute authorising their variation

Corporate Directors' Group (CDG) Terms of Reference

1. Purpose

- To act as the corporate risk review group to discuss and agree the organisational risk register and Board Assurance Framework (BAF).
- To act as a wider strategic group to review key decisions and their clinical and financial sustainability to include oversight and delivery of the Trust's annual plan.
- To provide a forum to develop ideas and ensure delivery of the vision, to include oversight of capital planning and to ensure forward planning in the line with Trust strategy.
- To recommend and review business cases, commercial opportunities and approve strategic investments where appropriate.
- To provide a forum to develop and enhance corporate and clinical engagement to include evaluation and progress of service reviews and service improvements.

2. Authority

• The Committee is authorised by the Executive Directors' Group to undertake any activity within its Terms of Reference.

3. Membership

- Executive Team
- Divisional Directors
- Divisional Medical Directors
- Deputies to the Executive Team
- Director of Information & Technology
- Director of Pharmacy
- Head of Communications
- Staff Side Chair or Deputy
- · Heads of Nursing and Midwifery
- Head of Risk
- Director of Procurement

SMT will continue as a peer group (terms of reference currently under review). Inevitably there will be some overlap between attendance at the CDG and the SMT.

The Group will be chaired by the Chief Executive and in his absence the Deputy Chief Executive. The work of the Group will be coordinated by the Director of Corporate & Legal Affairs with the Board Assurance Framework being administered by his PA.

4. Quorum

• A quorum shall be 8 members, with at least 3 members of the Executive Team present.

5. Frequency

• Meetings will be held on a monthly basis commencing 25 June 2014.

6. Reporting

 The minutes of Corporate Directors' Group meetings (Prepared by the PA to Chief Executive/Deputy Chief Executive) shall be formally recorded and submitted routinely to the Finance and Integrated Governance Committee.

7. Review

• The terms of reference, membership and purpose of the Group has been agreed in June 2014 and shall be reviewed annually.

8. Governance Framework

Assurance	Decision Making	Delivery
 Audit Committee Finance & Integrated Governance Committee (FIGC) Quality, Safety & Patient Experience Committee (QSPE) Council of Governors (COG) People & Organisational Development Committee (POD) Quality Value & Delivery Team (QVDT) Culture (the forward to be discussed) Informatics Board 	 Board of Directors (linked to FIGC) Council of Governors (COG) Corporate Directors Group (CDG) (linked to Executive Directors Group (EDG)) Divisional Boards 	 Operational Delivery Committee (ODC) Professional Heads of Nursing Quality Value & Delivery Team (QVDT) People & OD Committee (POD) Informatics Board

Stephen Cross, Director of Corporate and Legal Affairs

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