

Terms of reference – Bradford District and Craven System Finance and Performance Committee

Version control

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Approved by: Bradford District and Craven Health and Care Partnership
Board

Date Approved:

Responsible Officer:

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Change history

Version number	Changes applied	By	Date
0.1	Initial draft	Robert Maden	12.05.22
0.2	Review comments	Robert Maden	23.05.22
1.0	Approved	ICB	01.07.22
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1. Introduction and Context.

- 1.1 The Bradford District and Craven System Finance and Performance Committee (the Committee) is established by the NHS Bradford District and Craven Health and Care Partnership Board (The Partnership Board) as part of the Bradford District and Craven Place Based Partnership governance arrangements.
- 1.2 These Terms of Reference set out the membership, remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Partnership Board. The Committee has no executive powers, other than those specifically delegated to it under the Scheme of Reservation and Delegation and specified in these terms of reference.
- 1.3 The Bradford District and Craven health and care system (the system) has agreed to work towards a common vision which is that:
 - People will be healthier, happier, and have access to high quality care that is clinically, operationally and financially stable.
 - People will take action, and be supported to stay healthy, well and independent through their whole life and will be supported by their families and communities through prevention and early intervention with greater focus on healthy lifestyle choices and self-care.
 - When people need access to care and support it will be available to them through a proactive and joined up health, social care and wellbeing service designed around their needs and as close to where they live as possible.
In short ... Happy, Healthy at Home.
- 1.4 Our partnership is built on the core principles that we should:
 - Be ambitious for our people - focused on better outcomes for all – tackling inequalities, and driving the left shift at every point on the pathway;
 - Keep our staff and public safe;



- Have clinically and community led change with empowered people and engaged clinical expertise;
- Have agile, fast, iterative change; which is focused on the whole person; and
- Act as one - system by default - bureaucracy light – integrated by design.

1.5 The Partnership Board has committed to behave consistently as leaders and colleagues in ways which model and promote our shared values:

- We are leaders of our organisations and of our health and care system.
- We support each other and work collaboratively.
- We act with honesty and integrity, and trust each other to do the same.
- We challenge constructively when we need to.
- We assume good intentions.
- We will implement our shared priorities and decisions, holding each other mutually accountable for delivery.

2. Purpose.

2.1 The Committee provides the collective focus on financial and performance outcomes for the Bradford District and Craven Health and Care system. It will support the Partnership Board in delivering its strategic objectives by providing oversight and assurance on the:

- Development and delivery of a viable and sustainable Place financial plan;
- Financial and operational robustness of business case proposals and impact on Place partners;
- Performance of the Bradford District and Craven Health and Care System in relation to operational plan delivery, NHS System Oversight Framework requirements and local standards, targets and priorities; and
- Management of risks affecting plan delivery.

2.2 The Committee will be an advisory body and make recommendations to the Partnership Leadership Executive and the Partnership Board as appropriate.

2.3 The Committee will be supported by the Finance Deputies working group and the Performance Leads working group.



3. Responsibilities.

The Committee will advise and support the Partnership Board as follows:

3.1 Financial Planning

- Support the development of an operational finance and activity plan for the Place.
- Support the development of a medium and long-term Place financial plan which demonstrates ongoing value and sustainability.
- Consider business cases (in conjunction with the System Quality Committee) for major investments / disinvestments for material service change or efficiency schemes and make recommendations to the Partnership Board.

3.2 Financial Performance

- Provide assurance and reporting on the delivery of Place financial plan targets, including the associated efficiency and waste reduction programmes.
- Provide assurance and reporting on the use of Service Development Funding and programme funding to ensure that resources are used efficiently across the Place to deliver the required outcomes.
- Agree and monitor performance against any actions required to address financial performance issues, including the application of any local risk management arrangements.
- Maintain oversight of the underlying organisational run rates and advise on actions to improve.

3.3 Service Transformation

- Maintain oversight of Place transformation programmes and provide assurance on business case implementation and delivery of the expected benefits.
- Consider the evaluation of business cases (in conjunction with the System Quality Committee) and make recommendations as appropriate to the Partnership Board.



- Make recommendations to the Partnership Board on resource shifts to support service change in line with Place Resource Principles and the Place Strategic Partnering Agreement.

3.4 Performance

- Provide assurance and reporting on performance against operational plan trajectories and NHS System Oversight Framework requirements.
- To take an overview of Place performance and transformation in relation to ICS objectives and priorities.
- To develop and maintain connections with other Place forums which have a role in performance development and improvement, including the System Quality Committee.

3.5 Risk

- Review and monitor those risks on the Place Risk Register which relate to finance and performance.
- Ensure that the Partnership Board is kept informed of significant risks and mitigation plans in a timely manner

4. Membership.

4.1 The membership will comprise:

- Chair – Local NHS Trust Non-Executive Director
- Vice-Chair – Local NHS Trust Non-Executive Director
- Airedale NHS FT – Chief Operating Officer, Director of Finance
- Bradford District Care NHS FT – Chief Operating Officer, Director of Finance
- Bradford Hospitals NHS FT – Chief Operating Officer, Director of Finance
- Bradford Metropolitan District Council – Director of Adult Social Services, Senior Operational Director, Director of Finance
- Primary Care – Federation / LMC Representative
- Bradford District and Craven Place Based Partnership – Chief Operating Officer,

- Director of Strategy and Transformation, Director of Finance, Associate Director of Performance.

Attendees

- Finance Deputies Working Group Representative
- Performance Leads Working Group Representative

4.2 The Committee may invite others to attend meetings of the Committee, including attendance for specific agenda items. The Chair shall retain discretion to determine the extent to which additional attendees shall participate in discussions. Additional attendees will not participate in decisions.

5. Arrangements for the conduct of business.

Chairing meetings

The meetings will be run by the chair. In the event of the chair of the committee being unable to attend all or part of the meeting, the vice-chair shall chair the meeting.

Quoracy

- 5.1 For meetings to be quorate, a minimum of 50% of members is required, including the Chair or Vice-Chair and a member from each organisation.
- 5.2 For the sake of clarity:
- a) No person can act in more than one capacity when determining the quorum.
 - b) An individual who has been disqualified from participating in a discussion on any matter and/or from voting on any motion by reason of a declaration of a conflict of interest, shall no longer count towards the quorum.
- 5.3 Members of the Committee may participate in meetings by telephone, video or by other electronic means where they are available. Participation by any of these means shall be deemed to constitute presence in person at the meeting.

Members are normally expected to attend at least 75% of meetings during the year.

- 5.4 Members of the committee may nominate a deputy to attend a meeting that they are unable to attend. The deputy may speak and vote on their behalf.

Voting

- 5.5 In line with the ICB's Standing Orders, it is expected that decisions will be reached by consensus. Should this not be possible, each voting member of the Committee will have one vote, the process for which is set out below:
- a. All members of the committee who are present at the meeting will be eligible to cast one vote each. (For the sake of clarity, members of the committee are set out at paragraph 4.1; attendees and observers do not have voting rights.)
 - b. Absent members may not vote by proxy. Absence is defined as not being present at the time of the vote but this does not preclude anyone attending by teleconference or other virtual mechanism from exercising their right to vote if eligible to do so.
 - c. A resolution will be passed if more votes are cast for the resolution than against it.
 - d. If an equal number of votes are cast for and against a resolution, then the Chair (or in their absence, the person presiding over the meeting) will have a second and casting vote.
 - e. Should a vote be taken, the outcome of the vote, and any dissenting views, must be recorded in the minutes of the meeting.

Frequency of meetings

- 5.6 The Committee will normally meet every two months. The Chair may call an additional meeting at any time by giving not less than 14 calendar days' notice in writing to members of the Committee.

- 5.7 One third of the members of the Committee may request the Chair to convene a meeting by notice in writing, specifying the matters which they wish to be considered at the meeting, If the Chair refuses, or fails, to call a meeting within seven calendar days of such a request being presented, the Committee members signing the requisition may call a meeting by giving not less than 14 calendar days' notice in writing to all members of the Committee specifying the matters to be considered at the meeting.
- 5.8 In emergency situations the Chair may call a meeting with two days' notice by setting out the reason for the urgency and the decision to be taken.

Declarations of interest

- 5.9 Each member must abide by all policies of the organisation it represents in relation to conflicts of interest.
- 5.10 Where any Committee member (or any other attendee present) has an actual or potential conflict of interest in relation to any matter under consideration at any meeting, the Chair (in their discretion) shall decide, having regard to the nature of the potential or actual conflict of interest, whether or not that member (or attendee) may participate in meetings (or parts of meetings) in which the relevant matter is discussed. The action taken to manage the conflict of interest will be recorded in the minutes.

Support to the Committee

- 5.11 The Committee's lead manager is the Place Based Partnership Finance Director. Administrative support will be provided to the Committee by officers of the Place Based Partnership. This will include
- Agreement of the agenda with the Chair in consultation with the Lead Manager, taking minutes of the meetings, keeping an accurate record of attendance, key points of the discussion, matters arising and issues to be carried forward.

- Maintaining an on-going list of actions, specifying members responsible, due dates and keeping track of these actions.
- Sending out agendas and supporting papers to members five working days before the meeting.
- Drafting minutes for approval by the Chair and ICB Lead Manager within five working days of the meeting and then distribute to all attendees following this approval within 10 working days.
- An annual work plan to be updated and maintained as required.

6. Reporting

- 6.1 The Committee is accountable to Partnership Board, which provides the formal leadership and coordination of the local health and care system.
- 6.2 The Committee shall submit its minutes to each formal Partnership Board meeting.
- 6.3 The Chair shall draw to the attention of the Partnership Board any significant issues or risks relevant to the BD&C Health and Care Partnership.
- 6.4 The Committee shall submit an annual report to the Partnership Board.
- 6.5 The Committee will receive for information the minutes of other meetings which are captured in the Committee work plan.

7. Conduct of the committee

- 7.1 All Members and Attendees will operate in accordance with the SPA and any other relevant policies or documents agreed by the Partnership Board.
- 7.2 Members of the Committee will abide by the 'Principles of Public Life' (The Nolan Principles) and the NHS Code of Conduct.



- 7.3 The Committee shall undertake an annual self-assessment of its own performance against the annual plan, membership and terms of reference. This self-assessment shall form the basis of the annual report from the Committee.
- 7.4 Any resulting changes to the terms of reference shall be submitted for approval by the Partnership Board.