



Norfolk and Suffolk
Integrated Care Board

Finance, Performance and Workforce Committee Terms of Reference

**NHS Norfolk and Suffolk
Integrated Care Board**

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1. Purpose

- 1.1. The Finance, Performance and Workforce Committee (the Committee) has been established to maintain oversight of the:
- I. Development and delivery of a robust, viable and sustainable ICB revenue and capital financial plan.
 - II. Key outcome, performance, quality, and transformation metrics.
 - III. Triangulation of the ICB plan with that of key system providers, including assurances on contract sign off and delivery.

2. Permissions

- 2.1. The Committee is authorised by the Board to:
- I. Investigate any activity within its terms of reference
 - II. Scrutinise progress of improvements in the recurrent underlying financial position of the ICB. The Committee can recommend to the ICB Board the triggering of remedial actions in the event that forecasts deviate from plan or no progress is made in improving the current year and recurrent underlying position. Authority for triggering that action will be via the ICB Board based on that recommendation.
 - III. Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the Committee) as outlined in these terms of reference
 - IV. Commission any reports it deems necessary to help fulfil its obligations
 - V. Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the Committee must follow any procedures put in place by the ICB for obtaining legal or professional advice
 - VI. Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the ICB's constitution, Standing Orders and Scheme of Reservation and Delegation (SoRD) but may not delegate any decisions to such groups.

3. Remit and Responsibilities

- 3.1. The Committee is responsible for maintaining oversight of the following areas:

Performance

- 3.2. Take an overview of performance and transformation at whole system, place and organisation levels in relation to ICS objectives, contractual key performance indicators, and wider national requirements.

- 3.3. Oversee the development of a dashboard of key outcome, performance, quality and transformation metrics incorporating escalations from other ICB Committees and Specialist Groups.
- 3.4. Oversee the ICB assurance process for delivery against the NHS Oversight Framework

ICB financial management framework

- 3.5. Scrutiny of progress of improvements in recurrent underlying financial positions for the ICB, including triangulation with all formal NHS ICS partners. The Committee can recommend to the ICB Board the triggering of remedial actions in the event that forecasts deviate from plan or no progress is made in improving the recurrent underlying position. Authority for triggering that action will be via the ICB Board based on that recommendation.
- 3.6. The Committee will develop the ICB financial planning processes to be used to make recommendations to the Board on the ICB financial plan in line with strategy and national guidance.
- 3.7. The Committee will seek assurance that the ICB capital strategy and associated plan properly balances clinical, strategic and affordability drivers, ensure effective oversight of future prioritisation and capital funding bids, and gain assurance that short, medium and long term commitments are built into the overall system capital plan
- 3.8. Oversee delivery of the ICB CIP, ensuring efficiency savings are identified, monitored, and reported, with exception reports on any material breaches of the agreed efficiency plan and the adequacy of proposed remedial action plans.
- 3.9. Advise on and appraise the deployment and monitoring of the impact of ICB and System transformation funding programmes ensuring proposals are robust, affordable, and aligned with the ICBs strategic objectives.
- 3.10. Ensure that suitable financial policies and procedures are in place for the ICB to comply with relevant regulatory, legal and code of conduct requirements in respect of investment decisions.

4. Triangulation with System Partners

- 4.1. Oversee triangulation of the ICB financial and performance plan with system providers, gaining assurance that provider contracts are signed off and aligned with ICB planning assumptions.
- 4.2. Seek assurance over provider contract delivery, monitoring financial and performance risks arising from provider positions that may impact on the ICB plan.
- 4.3. Ensure visibility and reporting of provider-related financial and performance risks as part of the overall review of ICB finances.

National framework

- 4.4. to advise the ICB on any changes to NHS and non-NHS funding regimes

- 4.5. to oversee national system level financial returns
- 4.6. to ensure the required preparatory work is scheduled to meet national planning timelines

Financial monitoring information

- 4.7. to articulate the financial position and financial impacts (both short and long-term) to support decision-making
- 4.8. to gain assurance that the ICB is working with ICS partners towards common approaches across the system such as financial reporting, estimates and judgements
- 4.9. to be sighted on the financial performance, productivity, performance, and workforce from system bodies, and implications on the ICB of non-delivery.
- 4.10. to oversee the development of financial, activity and workforce modelling to support the system wide priority areas
- 4.11. to ensure appropriate information is available to enable the system to manage financial issues, risks and opportunities across the ICS
- 4.12. to ensure visibility and reporting of system financial and associated risks as part of the overall review of system finances

Financial Performance

- 4.13. to oversee the management of the ICB financial target
- 4.14. to agree key outcomes to assess delivery of the system wide financial strategy
- 4.15. to monitor and report to the ICB, and to the Integrated Care Partnership as required, the overall financial performance against national and local metrics, highlighting areas of concern
- 4.16. to monitor and report to the ICB key service performance which should be taken into account in assessing the financial position

Communication

- 4.17. to co-ordinate and manage communications on financial governance with stakeholders internally and externally
- 4.18. to develop an approach with partners, including the Integrated Care Partnership, to ensure the relationships between cost, performance, quality and environmental sustainability are understood

Capital

4.19. to monitor the system capital programme against the capital envelope and take action to ensure that it is appropriately and completely used

4.20. **System Workforce and People**

4.21. Take an overview of workforce at whole system, place and organisation levels in relation to agreed metrics from Provider Workforce Returns (PWRs), National Workforce Reporting System (NWRS) and Provider Finance Returns (PFRs)

4.22. Oversee the development of a dashboard of the key outcome from the PWRs/NWRS/PFRs and interdependences with performance, quality and transformation metrics incorporating escalations from other ICB Committees and Specialist Groups

4.23. Analysis of progress in underlying workforce positions. The Committee can recommend to the ICB Board the triggering of remedial actions in the event that forecasts deviate from plan or no progress is made in improving the recurrent underlying position. Authority for triggering that action will be via the ICB Board based on that recommendation

5. **Relationship with other ICB/ Partner bodies**

5.1. The Committee has been established by the ICB Board and the Chair of the Committee will regularly provide reports to Board on the work of the Committee and will escalate any matters of concern to the Board.

5.2. The Committee will work closely with the other committees of the Board. The Committee may invite members of other committees to facilitate cross committee working, receive highlight reports from other committees, receive items referred by other committees, and refer items to other committees for consideration.

5.3. The Committee has established Groups set out at appendix 1 to action on behalf of the Committee according to the remit and authority set out in their terms of reference. It is anticipated that Groups will regularly report on their work to the Committee and escalate any matters of concern to the Committee.

6. **Membership**

6.1. The board will appoint no fewer than four members of the Committee including one who is an Independent Non-Executive Member of the Board. Other members of the committee need not be members of the board but may be.

Members should possess between them knowledge, skills, and experience in:

- Accounting
- Risk management
- And technical or specialist issues pertinent to the business of the committee

Committee membership:

- Independent Chair - The chair will be selected to ensure that the Audit Committee and the Finance Committee are chaired by different members
- Non-Executive Member (ICB Appointed)
- Primary Care ICB Board representative

- Executive Director of Finance and Contracts
- Deputy Chief Executive and Executive Director of Commissioning, Strategy, and Digital
- Executive Director of People, Governance, and Corporate Services
- Executive Director of Primary Care and Neighbourhood Health Norfolk
- Executive Director of Primary Care and Neighbourhood Health Suffolk
- Director of Strategic Planning and Resilience, Digital and Intelligence (non-voting member unless deputising for the Executive Director of Commissioning, Strategy, and Digital).
- Director of Operational Finance (non-voting member unless deputising for the Executive Finance and Contracts Director)

7. Chair (and Deputy Chair)

- 7.1. The Board shall appoint an ICB Non-Executive Member (who must not be the Audit Committee Chair) to serve as Chair of the Committee. The Committee may choose to appoint a deputy chair from among its members. The role of the deputy chair will be to serve as chair in the absence of the Chair to allow the Committee to continue to conduct business.

8. Attendees

- 8.1. The Chair of the Committee may invite any ICB staff member or partner to attend the meeting. This may be on a meeting by meeting basis or as a standing invite. Any attendees will only be permitted to address the meeting at the discretion of the Chair.

9. Secretary and Administration

- 9.1. The Chief Executive will arrange for administration of the Committee including the distribution of papers in advance of the meeting, the production of minutes, and the maintenance of records.

10. Meeting Quoracy and Decision

- 10.1. A minimum of one third of the membership of the Committee must be present for a meeting to be quorate and business to be conducted. In the absence of quoracy those in attendance may choose to continue the meeting as an 'informal meeting'. Informal meetings cannot take any decision on behalf of the committee or receive assurance on behalf of the ICB Board.

11. Decision Making and Voting

- 11.1. Decisions will be guided by national NHS policy and best practice to ensure that staff are fairly motivated and rewarded for their individual contribution to the organisation, whilst ensuring proper regard to wider influences such as national consistency.
- 11.2. The Group will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.
- 11.3. Only members of the Group can vote. Each member is allowed one vote and a majority will be conclusive on any matter.
- 11.4. Where there is a split vote, with no clear majority, the Chair will cast a second deciding vote.

12. ICB Values

- 12.1. Members will be expected to conduct business in line with the ICB values and objectives and the principles set out by the ICB.
- 12.2. Members of, and those attending, shall behave in accordance with the ICB's constitution, Standing Orders, and Standards of Business Conduct Policy.

13. Equality, Diversity and Inclusion

- 13.1. Members must demonstrably consider the equality, diversity and inclusion implications of decisions they make.

14. Review

Date Approved:	20 May 2026
Next Review:	March 2027