

Terms of Reference

Committee:	Integrated Governance Group
Frequency Of Meetings:	Monthly
Committee Chair:	(Acting) Interim Accountable Officer
Membership:	<ul style="list-style-type: none"> ▪ CCG Chair ▪ (Acting) Interim Accountable Officer ▪ Chief Finance Officer ▪ Chief Nurse ▪ Practice Manager Board Member ▪ Head of Corporate Governance ▪ Head of Business Support
Attendance:	<ul style="list-style-type: none"> ▪ Directorate Heads ▪ Head of Communications ▪ Lay Member (PPI)
Lead Officer:	Head of Corporate Governance
Secretary:	Senior Administrator, Business Support
Quorum:	N/A - Members will attend as required.

Approval:	Audit Committee
Date Approved:	
Version	v0.3
Review Date:	June 2016

DELEGATED AUTHORITY

The Audit Committee has established the Integrated Governance Group to process and develop good governance practices across the CCG. The group has no delegated authority, other than that already held by members.

It is acknowledged that the Audit Committee is ultimately accountable for the actions of this group and therefore the group will provide assurance to the Audit Committee at each meeting by way of the group action log and any governance papers that require approval. The Audit Committee members may request further information on any area of work to ensure that they are fully assured that the group is working effectively.

PURPOSE OF GROUP

The purpose is to ensure that the CCG operates good governance practices in all areas of business across the CCG thereby maintaining and developing integrated governance practices to enable the CCG to meet its statutory obligations and comply with all relevant legislation.

DEVOLVED FUNCTIONS

No functions have been officially devolved due to this being an operational group.

REMIT & RESPONSIBILITIES

The key responsibilities of the Group are to:

1. To develop CCG processes for Integrated Governance to ensure that the CCG aspires to excellence in its governance practices. This will include consideration of how the CCG operates and proposing any necessary changes to working practice for consideration by the Audit Committee and Quality & Governance Committee, and approval by the CCG Board.
2. To develop and update the CCG Constitution when required.
3. To consider the most appropriate governance structures moving towards and integrated care setting under the Section 75 Agreements for the Better Care Fund.
4. To ensure that the CCG practices and embeds good governance and complies with its Constitution and policies and procedures. This will include the principles of the COSO Governance Structures.
5. Oversee and be assured that the framework for the management of risk is in place and is adequate to meet the needs of the CCG, developing along a maturity model to ensure the process is fully embedded in the CCG.
6. To ensure that the CCG complies with its duty of Patient and Public Involvement.
7. To oversee CCG business throughout the year that contributes to the year-end Annual Governance Statement.

8. To ensure that the Board has the necessary support and guidance to develop CCG Strategy and to instigate Board Development and an Organisational Development Plan for the CCG to mature in line with its organisational objectives.
9. To ensure that the CCG Training policy is up to date and that all staff undertake training as required.
10. To ensure that the CCG has adequate processes in place to comply with all relevant legislation.
11. To act as the CCG Policy Review Committee to develop, review and endorse all corporate, information governance, clinical and human resources policies prior to their consideration by the appropriate CCG Committee. The purpose of the review is to ensure the policy complies with the CCG 'Policy for Policies' and follows good governance practice and not to assess the technical competency of policies.
12. Discuss complaints with a view to any learning and the need to develop or alter any governance practices within the CCG.
13. Ensure that the CCG has adequate systems and processes for meeting its obligations around corporate social responsibility (CSR) and sustainability, including the development, implementation and review of the CCG Sustainable Development Management Plan.
14. Have oversight of the work performed by the Essex Information Governance Team to take ownership of Information Governance from a CCG perspective, tasked with ensuring that good Information Governance practice is embedded throughout the CCG. This will include feedback and direction from the SIRO and Caldicott Guardian.
15. To have oversight of and feed into relevant committees to ensure that the data presented to and used by the CCG is of good quality.
16. To ensure that the CCG complies with relevant Health & Safety requirements, including undertaking a health & safety risk assessment and resulting action plan.
17. To oversee and engage in the Emergency Preparedness, Response and Resilience work (delivered by the EPRR team hosted by NHS Mid Essex CCG) to ensure that the CCG is adequately prepared to respond to any emergency.
18. To ensure that the CCG has adequate arrangements to maintain Business Continuity.
19. To ensure that the CCG is fully compliant with the requirements of the Fire Code.
20. To ensure that the CCG has an appropriate response to embedding good equality and diversity practices including establishing and delivering an Equality Strategy.
21. To ensure that the CCG has adequate processes in place to manage conflicts of interest, including the development of appropriate policies.
22. To understand and develop processes to respond to the Macpherson report (i.e. business critical models).

MANAGING THE GROUP

Members of the Group are expected to comply with the same standards of conduct expected of all CCG and Governing Body members, as set out in the CCG Constitution and the national NHS Constitution.

This includes:

- Abiding by the CCG Conflict of Interest Policy, thereby declaring all interests honestly and fully and declaring any conflict of interests.
- Abiding by the Standards of Business Conduct articulated in the CCG Standing orders.
- Abiding by the Nolan Principles of public life when discharging duties. The seven principles are selflessness, integrity, objectivity, accountability, openness, honesty and leadership.
- The TOR will be agreed by the Audit Committee and reviewed annually.
- The Group will undertake an annual self-assessment effectiveness survey.

Group Chair

The (Acting) Interim Accountable Officer shall chair each meeting or will nominated a deputy when unable to attend.

Secretary

The nominated officer who shall act as secretary is stated at the outset of this Terms of Reference. The secretary will be responsible for managing the work programme of the group and ensuring that actions are noted in a comprehensive log and are presented to the Audit Committee.

Frequency and notice of meetings

The meetings of the Group will be held monthly.

Items of business to be transacted for inclusion on the agenda are stated in the group Work Programme, but other items may be presented on an ad hoc basis as required. There is no formal arrangement for the development and presentation of papers.

Minutes and Group Papers

There will be no minutes recorded for meetings. However, a comprehensive action log will be maintained to formally record actions agreed. This will be presented to the Audit Committee to provide assurance on the work of the group.

Decision Making / Policy and Best Practice

In making decisions the Group will apply best practice in the decision making processes. This will ensure that all decisions are informed by relevant and reliable data that provides sufficient information upon which a decision can be made and in accordance with CCG procedures (for example those set out within Standing Financial Instructions).

RELATED COMMITTEES

The group shall report to the Audit Committee, however it will also have connections to other committees to work with and provide support on governance matters as follows:

- Quality & Patient Safety Committee
- Finance & Performance Committee
- Remuneration Committee
- QIPP Committees
- Commissioning Reference Group (CRG)
- Clinical Engagement Group (CEG)

REPORTING & REVIEW

Reporting to the CCG Board

The Group will report to the Audit Committee as described above.

WORK PLAN

The Group will develop a Work Plan based on the remit and responsibilities of the Group.

This Work Plan will detail the reports required and the frequency of reporting. This will be reflected in a rolling agenda of standing items and a programme of reports presented according to the Work Plan.

CONFLICTS OF INTEREST

The CCG's rules on conflicts of interest as set out in the CCG Constitution, SO and SFIs apply to the work of this Group. Members, including those in attendance, must, at the outset of the meeting, declare any interest and, where there is a potential or actual conflict, withdraw from the discussion on that item.