

Performance, Audit and Assurance Committee

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# INTRODUCTION

* 1. The Performance, Audit, and Assurance Committee will provide independent scrutiny and assurance to the Integration Joint Board (IJB) to support the Board to fulfil its ongoing responsibility to:
* ensure effective monitoring and reporting of service delivery and focus on current key performance issues and actions in relation to the delivery of services and relevant national and local targets and measures aligned to the Strategic Plan
* provide assurance of the adequacy of the risk management framework and the overall control environment
* provide scrutiny of the financial and non-financial performance and to oversee the financial reporting process
* ensure the systems for delivery of safe, effective, person-centered care in line with the IJB’s statutory duty for the quality of health and care services.

# MEMBERSHIP

* 1. The Committee will be appointed by the IJB and the positions of chair and vice chair will be held by voting members of the IJB. Whichever constituent party holds the Chair of the IJB shall not hold the Chair of the Performance, Audit, and Assurance Committee.
  2. The Chairperson of the IJB should not normally be a member of the Committee.
  3. The Committee will comprise 8 members of the IJB, including 4 voting members (2 from each constituent authority), and 4 non-voting members. Only voting members of the IJB will be able to vote on the Committee.
  4. Committee Chair and Vice-chair and membership will be reviewed every 2 years in line with the IJB chair and vice chair terms of office.
  5. Where a member is unable to attend a particular meeting, a named representative will attend in their place as set out below.

**Voting Members**

* 1. If a voting member is unable to attend a meeting of the Committee, the constituent authority which nominated the member is to use its best endeavours to arrange for a suitably experienced substitute who is either a Councillor or a member of the Health Board to attend the meeting in place of the voting member. The substitute will be able to vote as required. The question of whether the substitute is suitably experienced shall be a matter to be determined by the constituent authority.

**Non-Voting Members**

* 1. If a non-voting member is unable to attend a Committee meeting, that member may arrange for a suitably experienced substitute to attend.

**Professional Advisors**

* 1. The Committee will be supported by professional advisors (or their nominated representative) as follows:
     + Chief Officer
     + Chief Finance Officer
     + Chief Social Work Officer
     + GP Professional Lead
     + Chief Nurse
     + Head of Community Services
     + Head of Specialist Services
     + Head of Strategic Planning and Transformation
     + Head of Clinical Governance, NHS Forth Valley
     + Chief Internal Auditor
  2. The external auditor will be invited to attend each meeting.
  3. The Committee may, as it considers necessary, invite any party to attend its meetings as it determines or as is required given the matter under consideration.

# QUORUM

* 1. Half of the voting members will constitute a quorum.

# REMIT

The remit of the Performance, Audit, and Assurance Committee is to:

* 1. Have independence from the executive and political allegiances
  2. Assess the adequacy and effectiveness of the IJB’s internal controls, performance, and corporate governance arrangements, and consider the annual governance statements and assurances to ensure that the highest standards of probity and public accountability are demonstrated
  3. Review committee impact and identify areas for improvement
  4. Support the IJB in delivering and expecting cooperation in seeking assurance that hosted services run by partners are working
  5. Consider how the Committee can work with the Audit Committees (or equivalent) from the constituent authorities to minimise duplication and achieve improved clarity of respective accountabilities in a transparent and proportionate manner

**Performance**

* 1. Review and monitor the strategy for performance the performance of the Partnership towards achieving its policy objectives and priorities in relation to all functions of the IJB. This includes ensuring that the Chief Officer establishes and implements satisfactory arrangements for reviewing and appraising service performance against the national health and wellbeing outcomes, the associated core suite of indicators and other local objectives and outcomes and for reporting this appropriately to the Committee and Board.
  2. Review transformation and service quality initiatives. Monitor the transformation programme considering main streaming, where appropriate.
  3. Support the IJB in reviewing and ensuring that the IJB Performance Management Framework is working effectively, and that escalation of notice and action is consistent with the risk tolerance set by the Board.
  4. Review the Annual Performance Report to assess progress toward implementation of the Strategic Plan.
  5. Instruct Performance Reviews and related processes

**Risk Management**

* 1. Ensure existence of, and compliance with, an appropriate Risk Management Strategy; review risk management arrangements and receive regular risk management updates and reports.
  2. Regularly scrutinise the IJBs Strategic Risk Register and ensure high risks are incorporated within reporting to the IJB by exception and agree appropriate escalation.

**Audit and Assurance**

* 1. Review and approve the Internal Audit Annual Plan on behalf of the IJB, receive reports, and oversee and review progress on actions taken on audit recommendations and report to the IJB on these as appropriate. An Internal Audit Annual Assurance Report will be provided to the Committee providing an overall opinion on the IJB’s arrangements for risk management, governance and control
  2. Consider the External Audit Annual Plan on behalf of the IJB, receive reports, and consider matters arising from these and management actions identified in response before submission to the IJB. The Committee may also consider relevant national reports particularly those relating to Health and Social Care Integration from Audit Scotland, inspection agencies or other relevant bodies

**Finance**

* 1. Maintain overview of IJB budget process and financial performance
  2. Consider the unaudited annual accounts prior to release for external audit, and approve the audited annual financial accounts
  3. Consider reasonable arrangements to ensure best value for those delegated integration functions
  4. Investigate any activity, authorised by the IJB, within its terms of reference, and in so doing, may seek any information it requires
  5. Receive assurances that effective counter fraud and corruption arrangements are in place within the partner bodies governance arrangements

**Clinical and Care Governance**

* 1. Provide assurance to the IJB that clinical and care governance is being discharged within the Partnership in relation to the statutory duty for quality of care and that this is being led professionally and clinically with the oversight of the IJB
  2. Provide the strategic direction for development of clinical and care governance within the Partnership and ensure its implementation, in line with the Integrated Clinical, Care and Professional *G*overnance Framework
  3. Receive and consider performance information in relation to complaints and compliments about services provided by the Health and Social Care Partnership or about the IJB’s activities, ensuring the IJB’s responsibilities around Duty of Candour are met.

# AUTHORITY

* 1. The Committee is authorised on behalf of the IJB to seek assurance on matters that fall within its Terms of Reference and obtain professional advice as required. The Committee has a responsibility to obtain assurance on all in-scope services which are managed within the Health and Social Care Partnership.
  2. The NHS Forth Valley Clinical Governance Committee has a responsibility to obtain assurance on in- scope services which are managed by the Health Board and have established governance frameworks in place. The Committee retains authority to seek such assurance as it deems necessary in relation to all in-scope services.
  3. The Committee and the NHS Forth Valley Clinical Governance Committee may share such information and make such recommendations to the other body as are deemed appropriate.
  4. The Chief Social Work Officer (CSWO) undertakes the role across the full range of social work functions for professional leadership and governance. The role assists Falkirk Council and the Integration Joint Board and Committee to understand the responsibilities and the complexities involved in the delivery of social work services. The CSWO holds key responsibility for performance management and the identification and management of corporate risk, as it relates to the delivery of social work services. The role reports directly to the Chief Officer of the IJB and Chief Executive of the Council. The Committee retains authority to seek such assurance as it deems necessary in relation to all in-scope services.
  5. The Committee may at its discretion set up short-life working groups for review work. Membership of the working group will be open to anyone whom the Committee considers will assist in the task assigned. The working groups will not be decision-making bodies or formal committees but will make recommendations to the Committee.
  6. Members will have the facility to regularly meet with Internal and External Auditors for private discussions.

# DUTIES

* 1. The Committee will be responsible for the oversight of Performance, Audit, and Assurance within Falkirk Health and Social Care Partnership. Specifically, it will:
     + Understand the services in scope and clarify the oversight arrangements for those services and be assured these are appropriate.
     + Monitor the Partnership’s Risk Register and escalate to the IJB any unresolved risks that require executive action or that pose significant threat to patient /service user care, safety, and service provision.
     + Have oversight of the care governance processes within the Partnership to ensure appropriate action is taken in response to adverse events, scrutiny reports/action plans, safety action notices, complaints, and learning. Also ensure that examples of good practice and lessons learned are disseminated within the Partnership and beyond if appropriate.
     + Ensure that actions relevant to Governance, either from the NHS Forth Valley Clinical Governance Committee or the CSWO, or directed to that Committee from the Performance, Audit and Assurance Committee, are minuted and included in appropriate action logs.
  2. The Chief Social Work Officer (Falkirk Council) will provide appropriate professional advice to the Committee in relation to statutory social work duties in terms of the Social Work (Scotland) Act 1968. In their operational management role the Chief Officer will work with and be supported by the Chief Social Work Officer with respect to quality of integrated services within the Partnership to then provide assurance to the IJB.
  3. The Professional Leads will be supported by NHS Forth Valley’s Medical Director and Executive Director of Nursing and Allied Health Professions through formal network arrangements. In their operational management role, the Chief Officer will work with and be supported by these Professional Leads with respect to quality of integrated services within the Partnership to then provide assurance to the IJB.
  4. The Chief Officer has delegated responsibilities from both Chief Executives of NHS Forth Valley and Falkirk Council to ensure that that there are clear structures and lines of professional accountability from staff working in integrated services to the professional leads who are accountable for the professional standards of care. This includes responsibilities to ensure processes for the professional regulatory requirements of staff are in place. The Chief Officer, relevant Lead Professionals and the Chief Social Worker will work together to ensure there are robust professional leadership and accountability structures in place.
  5. The Committee will conduct a review of its role, function and membership every 2 years, or as required. This will also consider a review of any training and development requirements for Committee members.

# FREQUENCY OF MEETINGS

* 1. The Committee will meet every 2 months and will meet at least 6 times a year.
  2. The Chair may, at any time, convene additional meetings of the Committee.
  3. Two Development Workshops will be held each year. These will be in addition to IJB Development Workshops.

# CONDUCT OF BUSINESS

* 1. A calendar of Committee meetings will be agreed by the members and distributed to members annually.
  2. The agenda and supporting papers, including a workplan, will be distributed to members 5 working days before the date of the meeting.
  3. Consistent with the provisions of the IJB Standing Orders, all meetings of the Committee will be open to the public except in the following circumstances:
     + where it is likely in view of the nature of the business to be transacted that there will be disclosure of exempt information, the public may be excluded from the meeting while that particular item of business is considered, or
     + the chairperson uses their power to exclude any member of the public from a meeting in order to suppress or prevent disorderly conduct or other behaviour which is impeding or likely to impede the work or proceedings of the Committee.
  4. Administrative support will be provided by Falkirk Council Committee Services and NHS Forth Valley Board Secretary.

# REPORTING ARRANGEMENTS

* 1. The minutes of the Committee will be submitted to the IJB. In addition, the Chair will provide an assurance statement outlining the areas of discussion and decisions made to each IJB following its meeting. The Committee will also provide an Annual Assurance Statement to the IJB.
  2. The Committee will evaluate its impact and identify areas for improvement as part of the assurance statement.
  3. The Minutes of the Committee will be made publicly available.