



County Durham and Darlington

INTEGRATED BUSINESS BOARD

Tuesday 26 January 2010

Item No: IBB/10/16

NHS COUNTY DURHAM AND DARLINGTON INTEGRATED BUSINESS BOARD

Integrated Business Board Governance Arrangements Structure for Functional and Strategic Sub Committees

1. Introduction

New strengthened governance and accountability arrangements for NHS County Durham (NHSCD) and NHS Darlington (NHSD) were approved by the boards of NHS County Durham and NHS Darlington in September 2009. At the Integrated Business Board (IBB) seminar held on 5 November 2009, there was agreement on the structure for functional and strategic sub committees to support the IBB.

A further report (IBB CD/09/47) was considered on 17 December 2009. The structure (Appendix 1) together with membership of functional and strategic sub committees (Appendix 2) was agreed. Terms of reference for each of the sub committees are attached (Appendix 3) for consideration and approval.

2. Implications and risks

The terms of reference will support agreed integrated business board governance arrangements for the statutory organisations of County Durham primary care trust and Darlington primary care trust.

3. Recommendations

The board is asked to:

- approve terms of reference for the functional and strategic sub committees

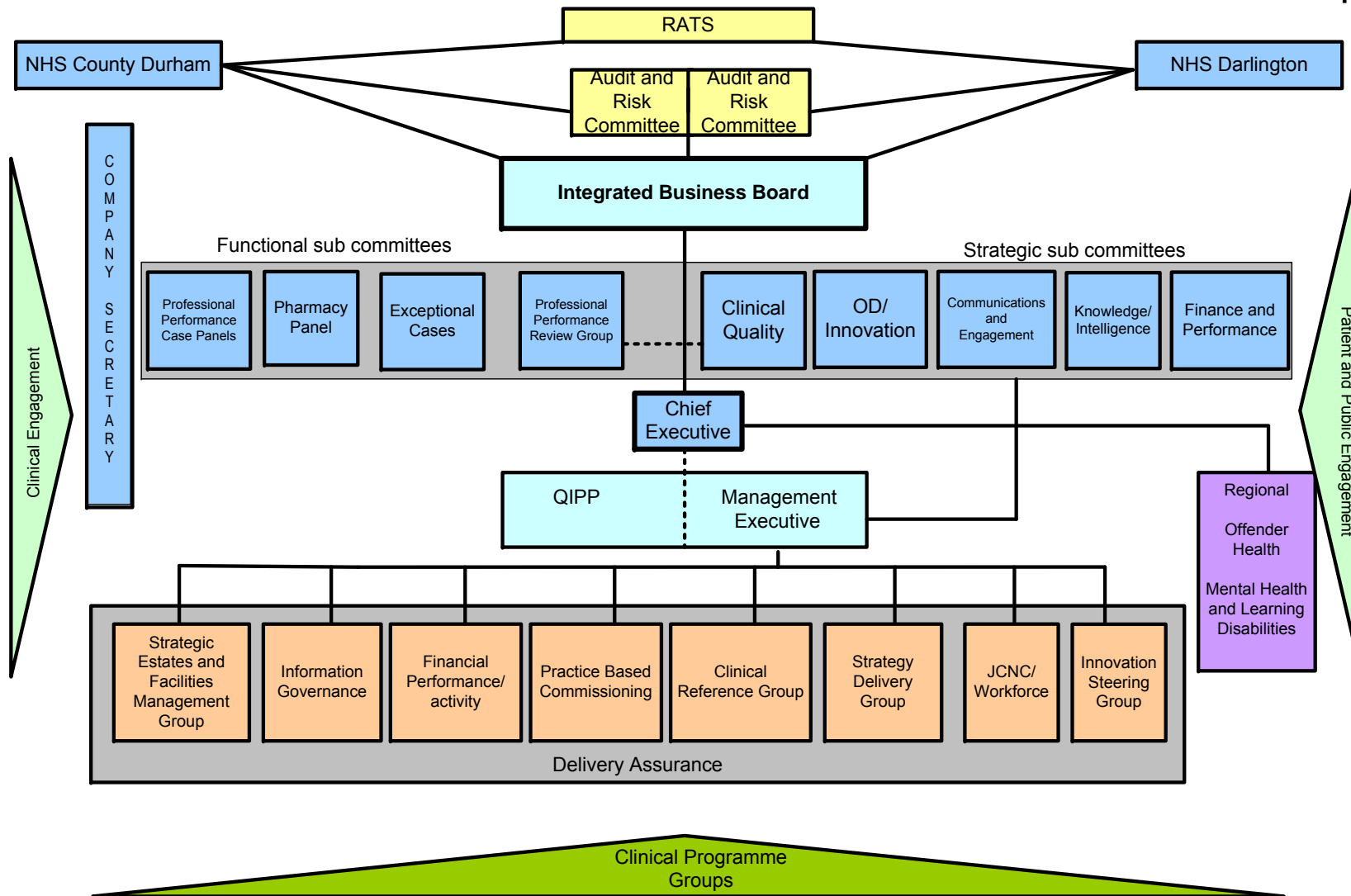
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1.0	26/1/10	Presented to Integrated Business Board	Theresa Huddart	

4. Author and sponsor director

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Title: Chief Executive
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Purpose of paper	Information sharing <input type="checkbox"/> Development/discussion ✓ Decision/action ✓
How does the paper support / have implications for:	
NHS County Durham's 4 Strategic Aims	All four strategic aims
Our Vision Our Future workstreams	All eight themes
World class commissioning competencies	Governance
Standards for better health	Core standards 7a and c
Use of resources	KLOE 2.3
Targets and Vital signs	Not applicable
NHS Constitution	The NHS is accountable to the public, communities and patients that it serves.
Darzi Principles	Not applicable
Impact on / Involvement of partners	Not applicable
Equality & Diversity	No significant impact
Other policies / Issues	World Class Commissioning Assessment – Panel Report 2009 Transforming Community Services; Enabling New Patterns of Provision (DoH January 2009) High Quality Care for All Operating Framework 2008/09 Auditor's Local Evaluation





County Durham and Darlington

Functional Sub Committees

Name of Committee	Executive Lead	Non Executive member
Professional Performance Case Panels (ToR not included)	Director of Clinical Quality	Linda Marks Annie Dolphin
Exceptional Cases Committee	Acting Director of Public Health	Malcolm Cook Sandra Pollard
Professional Performance Review Group (ToR not included)	Director of Clinical Quality	Jim Smith Jenny Flynn
Pharmacy Panel	Director of Clinical Quality	As required

Strategic Sub Committees

Name of Committee	Executive Lead	Non Executive member
Quality	Director of Clinical Quality and Director of Nursing and Clinical Quality	Ken Greenfield (Chair) Jenny Flynn Jim Smith
Organisation development/Innovation	Director of Innovation	Annie Dolphin (Chair) Bunny Forsyth
Knowledge and Intelligence	Joint Director of Strategy and Involvement and Acting Director of Public Health	Linda Marks Brian Ebbatson
Communication	Joint Director of Strategy and Involvement	Ann Calman (Chair) Malcolm Cook
Finance and Performance	Director of Finance and Director of Delivery and Performance	Keith Tallintire* John Flook* *rotating Chair



County Durham and Darlington

Terms of Reference

Exceptional Cases Committee

1. Role

- 1.1 The Exceptional Cases Committee (ECC) will handle individual funding requests for the treatment of patients who either have extremely rare conditions where there are no mechanisms in place for funding NHS treatment which meets their needs, or where patients have exceptional circumstances and are currently excluded from a treatment because of existing protocols and guidelines which County Durham PCT and Darlington PCT have in place with providers.

2. Remit

- 2.1 The remit of the ECC is to deal with:

- Requests based on exceptional clinical circumstances in relation to individual patients and current restriction policies,
- Requests based on exceptional clinical circumstances in relation to individual patients and new drugs and procedures not currently included in the tariff or recommended for funding by the North East and Cumbria cancer drugs advisory group (NECDAG) and North East Treatment Advisory Group (NETAG) (non cancer treatments),
- Requests for funding of new or unusual treatments.

- 2.2 In addition the ECC will:

- Establish precedent decisions which will enable commissioning managers to agree funding of specific treatments for patients who meet certain criteria,
- Pass responsibility to the commissioning directorate to support the development of protocols for agreed new treatments, in keeping with agreed business processes and cycles.

- 2.3 The ECC will not consider complaints against the policies and decision making processes of the PCTs in relation to particular patients. These will be addressed through the relevant PCT's complaints procedures.

- 2.4 The decisions of the exceptional cases committee will be binding on the Practice Based Commissioning (PBC) groups.

3. Ground Rules

- 3.1 The committee will operate within the agreed exceptional cases committee process, ensuring confidentiality at all times. The ECC will consider written submissions only, in order to assist impartial and fair decision making.
- 3.2 Requests are made in writing to the Deputy Director of Public Health and will be heard at the next ECC (subject to all required information being available).
- 3.3 In an emergency situation, the Deputy Director of Public Health (or Consultant in Public Health in the Deputy Director of Public Health's absence) will respond as soon as possible, seeking Director of Finance or Chief Executive approval as necessary.
- 3.4 Papers will be distributed on pink paper following the safe and secure posting guidelines. All papers will be collected and destroyed at the end of each meeting.
- 3.5 The committee will facilitate an open and honest culture with all members' views and opinions considered as part of the decision making process.
- 3.6 Members of the committee involved in the preparation of cases will have access to fully identifiable patient information. The committee will conduct its business in private and all papers will be anonymised. Where cases result in an appeal or exceed the delegated financial authority, all information provided to the Integrated Business Board (IBB) will be heard in the closed/private section of the meeting.

4. Membership

- 4.1 The committee will comprise of:
- 1 Non Executive director of the statutory board of County Durham PCT (to be chair of the committee for County Durham cases)
 - 1 Non Executive director of the statutory board of Darlington PCT (to be chair of the committee for Darlington cases)
 - Consultant in Public Health or delegated deputy
 - 1 General Practitioner/Clinical Advisor (GP prescribing lead).
 - Deputy Director of Public Health or delegated deputy
 - Director of Finance or Director of Financial Services, or other very senior manager (VSM)
 - Senior Commissioning Manager or delegated deputy
- 4.2 In attendance:
- Exceptional Cases Manager.
 - Exceptional Cases Administrator.

5. Frequency of meetings

5.1 Meetings will be held on a monthly basis.

6. Delegated authority

6.1 The ECC will have the delegated authority to make decisions on single treatments up to **£250,000**, provided the Director of Finance or Director of Financial Services or other VSM are part of the committee. For care costing in excess of these limits, the committee will seek approval through the IBB.

7. Accountability arrangements

7.1 The ECC will be guided by legal precedent decisions along with national advice and guidance. This is a formal sub committee of the IBB and any appeals will be heard in private.

8. Quorum

8.1 In order to be quorate there must be present:

- Minimum of one Non Executive Director
- Minimum of one clinical representative (GP/Clinical Adviser/Consultant in Public Health or their nominated deputy)
- Minimum of one commissioning representative
- Minimum of one very senior manager (Director of Finance/Director of Financial Services/other very senior manager)

8.2 Where quorum is not achieved, the meeting will continue and funding decisions will then be ratified by the emergency process.

8.3 In the absence of one of the Non Executive directors, the single Non Executive director of either organisation will be able to chair the committee and hear cases from both organisations.

Terms of Reference

Pharmacy Panel

1. Role

- 1.1 Applications related to pharmacy contracts are governed by the NHS (Pharmaceutical Services) Regulations 2005 as amended. The processes for dealing with such applications can broadly be subdivided into two areas; administrative processes and the decision-making process. It is the latter which is the overall purpose of the Pharmacy Panel.

2. Remit

- 2.1 NHS County Durham and Darlington Integrated Business Board will delegate to the Pharmacy Panel full responsibility for all decisions relating to the responsibilities detailed below.

- Applications to join the Pharmaceutical List (a new contract application made under Regulation 12)
- Applications to join the Pharmaceutical List under an exemption category (a new contract application made under Regulation 13)
- Minor relocations over 500 metres or those under 500 metres where full Panel consideration is required as if it were over 500 metres
- Applications for a permanent change to core pharmacy hours.

- 2.2 The following pharmacy applications below will be further delegated to authorised officers, this delegation will be minuted and any decisions taken under such delegation will be reported to, and ratified by the next meeting of the pharmacy panel and further reported to the IBB at its next meeting

- Straightforward minor relocations under 500 metres that meet all the criteria (including the pre-requisite determination of the decision to consider these applications as 'straightforward')
- Applications to provide additional services
- *Change of ownership (see 2.3)*
- Resignation or withdrawal from the Pharmaceutical List

- Notification of change to supplementary hours
- Applications for interruption of services involving temporary closure or temporary changes to core hours related to Bank Holiday arrangements.

2.3 NEFHSA Contractor Services Lead has delegated authority to process applications for change in ownership.

2.4 The NEFHSA will ensure that applications meet fitness to practice requirements prior to submission to the Pharmacy Panel.

3. Membership

3.1 Voting membership of the pharmacy panel sub committee comprises:

- Executive Director, Director of Delivery and Performance, or a nominated deputy
- Non Executive Director, NHS County Durham (A deputy will be identified)
- Pharmaceutical Advisor – Acting Head of Medicines Management (Commissioning) (Pharmaceutical Advisor will deputise)
- Deputy Head of Contract Management (Primary Care) – (Assistant Director of Performance & Contract Management will deputise)

3.2 Chair

The chair is the Non Executive director, NHS County Durham.

3.3 Other membership (non-voting)

The Pharmacy Panel will be supported by officers in attendance to provide information, advice and guidance related to the application under consideration these will be:

- A representative from Primary and Community Care Development to advise on PCT matters such as neighbourhood, adequacy of pharmaceutical provision and Pharmaceutical Needs Assessment.
- A senior representative from the NEFHSA to advise on Regulatory issues.
- Other PCT Officers/Senior Managers, who may from time to time be invited to attend in person, or to present information in advance of the meeting as required.

4. Attendance at Meetings

4.1 Other members of the PCT will attend meetings when requested by the Chairman.

5. Frequency of Meetings

5.1 Meetings shall be held monthly, as and when required.

6. Delegated Authority

6.1 The pharmacy panel sub committee is formally constituted within NHS County Durham and NHS Darlington, accounting to the IBB. The pharmacy panel has delegated authority from the Integrated Business Board.

7. Accountability Arrangements

7.1 A copy of the minutes of meetings identifying decisions will be presented to the integrated business board for ratification and to management executive for information.

8. Quorum

8.1 A quorum shall be when the following voting members are present:

- Non Executive Director, NHS County Durham (A deputy will be identified)
- An Executive Director, NHS County Durham
- Pharmaceutical Advisor – Acting Head of Medicines Management (Commissioning) (Pharmaceutical Advisor will deputise)
- Deputy Head of Contract Management (Primary Care) – (Assistant Director of Performance & Contract Management will deputise)

9. Review

These Terms of Reference will be reviewed after a period of twelve months.

Terms of Reference

Clinical Quality Committee

1. Role

1.1 NHS County Durham and NHS Darlington have resolved to establish the Clinical Quality Committee.

1.2 The Clinical Quality Committee will:

- Oversee the approach to ensure quality is at the forefront of the services we commission.
- Oversee the approach to ensure our commissioning is evidence based.
- Receive information on clinical performance of commissioned services and contactors.
- Oversee that appropriate processes and systems are in place to assess, monitor and mitigate clinical risk.
- Provide assurance to the Integrated Business Board (IBB) on the quality and clinical and cost effectiveness of services commissioned.
- Provide information on the use of medicines, including controlled drugs, and assurance on the provision of safety of prescribing.
- Deliver a proactive approach to the QIPP process through the use of “Lean” processes and “mistake proofing” to support clinicians in delivery of services.

2. Remit

2.1 The duties and functions of the Clinical Quality Committee are:

- Assure the Integrated Business Board that quality and safety are at the forefront of the services we commission.

2.2 Commissioning:

- Being champions for key quality objectives.
- Provide challenge to ensure a robust evidence base for the delivery of commissioned services.
- Advise the Integrated Business Board as appropriate

2.3 Clinical Effectiveness and Clinical Governance:

- Oversee the approach to effective clinical governance for both the internal systems and within the services we commission.
- Being champions of NSFs, NICE, Standards for Better Health and other national standards.
- Receive NICE review reports and assess the relevance of national guidelines (particularly NICE Guidance) to the PCTs and independent contractors, making implementation and dissemination recommendations.
- Receive annual NICE implementation status reports.
- Oversee the annual corporate clinical audit programme.
- Receive clinical audit reports, recommend improvements and ensure systems are in place to monitor the implementation of improvements.

3. Membership

3.1 Membership of the Clinical Quality Committee comprises:

- Chairman of NHS Darlington/Vice Chair Integrated Business Board (Chair)
- Non Executive Director, Integrated Business Board
- Director of Clinical Quality
- Director of Nursing and Clinical Quality
- Director of Performance
- Director of Innovation
- Non Executive Director for Clinical Quality
- Associate Director of Primary Care and Clinical Quality
- Associate Director of Clinical Leadership and Clinical Quality
- Head of Medicines Management
- Clinical Champion – Primary Care
- Clinical Champion – Community
- Clinical Champion – Acute
- Clinical Champion – Mental Health/Learning Disability
- Practice Based Commissioning lead for Clinical Quality
- Practice Based Commissioning strategic lead.
- Professor of Primary Care and General Practice
- Chair of the Clinical Quality Informatics Group
- Clinical Effectiveness and Research Manager

Other individuals may be co-opted to the group as required and at the request of the chair.

3.2 Chair

The chair is the Chairman of NHS Darlington/Vice Chair Integrated Business Board.

3.3 Deputy Chair

Deputy chair will be the Non Executive Director, integrated business board

4. Attendance at Meetings

- 4.1 Other members of the PCT will attend meetings when requested by the Chairman.

5. Frequency of Meetings

- 5.1 Meetings shall be held quarterly. The chair may request additional meetings according to operational or business requirements.

6. Delegated Authority

- 6.1 The Clinical Quality Committee is formally constituted within NHS County Durham and NHS Darlington to assure the board that there are appropriate systems and processes in place to commission safe quality services.

7. Accountability Arrangements

- 7.1 A copy of the minutes of meetings identifying key themes, issues and decisions will be presented to the Integrated Business Board for ratification and to Management Executive for information.

8. Confidential items

- 8.1 A confidential section of the meeting will address issues which may relate to clinical performance and safety issues of individuals or services. Members will be required to declare any conflicts of interest and to comply with the PCTs' confidentiality code of practice. The notes of these meetings will be ratified by the confidential section of the Integrated Business Board and received for information at the confidential section of the Management Executive.

9. Quorum

- 9.1 A quorum shall be when at least one Non Executive, two PCT officers and two Clinicians are present.

Review

These Terms of Reference will be reviewed after a period of twelve months.

December 2009

Terms of Reference

Organisational and Development Innovation Steering Group

1. Role

- 1.1 NHS County Durham and Darlington Organisational Development (OD) strategy provides a clear direction of travel for developing the people, processes and infrastructure to ensure we become a high performing organisation. The organisational development and innovation (ODI) sub committee of the Integrated Business Board (IBB) will oversee and advise on the delivery of the eleven work streams identified as priorities in the strategy and to:
- Advise the IBB on progress made in delivering the eleven work streams in the OD strategy.
 - Champion the PCTs' approach to organisational development, including our approach to improvement "Do It Once Do It Right", agreed organisational behaviours, products, standard documents and coaching for improvement.

2. Remit

- 2.1 The remit of the Organisation and Development Innovation Steering Group is to:
- Oversee the alignment of all activities across the organisation that contribute to delivering the OD strategy.
 - Oversee that effective governance arrangements are in place for the delivery of the 11 work programmes.
 - Receive updates on the performance of the eleven work programmes in the OD strategy, make recommendations for action and offer remedies where appropriate.
 - Evaluate the shift towards becoming high performing organisation using the Denison Cultural audit.
 - Advise on appropriate internal and external communications about the content and progress of activities associated with the OD strategy.
 - Receive reports on regional and national programmes of work that may effect the work of the OD strategy such as the North East Transformation System (NETS) and the Institute of Innovation work programs. Consider and advise on actions necessary.

- Receive information and advise on how the OD strategy work streams assist with the delivery of regulatory frameworks such as World Class Commissioning and Use Of Resources.
- Receive reports/presentations as appropriate on other work plans and strategies that compliment the delivery of the OD strategy, such as human resources, workforce, estates and IMT and engagement plans.

3. Membership

3.1 The membership of the Organisation and Development Innovation Steering Group shall be:

- Accredited RPIW senior leader
- Non Executive director (joint rotating chair)
- Non Executive director (joint rotating chair)
- Director, Innovation and Development
- Corporate Improvement lead x 3
- Clinical Champion
- PBC chair
- Director or direct report from:
 - Clinical Quality
 - Strategy & Involvement
 - Finance
 - Contract and delivery
 - Public Health
 - Offender Health
 - Mental Health and Learning Disabilities
 - Workforce

4. Accountability/Reporting arrangements

4.1 A copy of the minutes of meetings identifying key themes, issues and decisions will be presented to the IBB for ratification and to management executive for information.

5. Frequency and duration of meetings

- Meetings will be held quarterly.
- The frequency of meetings will be reviewed 12 months.
- An annual calendar of meetings will be published.
- Meetings will be no longer than 2 hours duration.

6. Proposed Agenda

- Progress on the 11 work streams – this may be rotated so that only three or four areas are reported on in one meeting.

- Risk
- Communication
- Regulatory frameworks
- Developments/issues - to ensure internal and external alignment

7. Meeting Rules

- 7.1 Meetings will not be held unless there is representation from two members of the corporate improvement team, 5 directorates and the chair/deputy chair.
- 7.2 Members must be able to make decisions on behalf of their directorate and be responsible for the delivery of their workplans.
- 7.3 Deputies should be sent if a member is unable to attend and fully briefed to enable them to represent their directorate

8. Role of Steering Group members

- 8.1 To be responsible for the delivery of their directorate action plans that supports one or more of the 11 work streams in the OD strategy
- 8.2 To be the lead communicator within and between their directorate and the wider PCT on the delivery of their action plans. They must also link closely with the ISG (needs to be renamed to reflect delivery of the Corporate improvement strategy)

Terms of Reference

Knowledge and Intelligence Sub Committee of the Integrated Business Board (IBB)

1. Role

- 1.1 The Knowledge and Intelligence Sub Committee (KISC) of the IBB will oversee appropriate strategies to develop our approach internally and externally, to ensure knowledge and intelligence support our strategic direction, development, planning and operational delivery.

2. Remit

- 2.1 The remit of the Knowledge and Intelligence Sub Committee of the IBB is to:

- Oversee the development of knowledge and intelligence to provide the front end support to the commissioning process.
- Oversee that processes are in place to develop knowledge capabilities required to demonstrate a high level of competency in world class commissioning within the commissioning process.
- Influence the development and deployment of technology, analytical skills and competencies to continuously improve the usage and applicability of data and intelligence within the commissioning process.
- Promote and influence a culture and workforce development for knowledge sharing, learning and transfer across the organisation and within key partnerships.
- Oversee that there are effective governance arrangements in place for programme delivery against agreed outcomes.
- Oversee that the approach to knowledge and intelligence is consistent with the NHS North East's strategy and national Department of Health policy.
- Agree appropriate internal and external communication and approaches to disseminate information relating to progress within the programme.

3. Membership

3.1 The membership of KISC will be:

- Non Executive Director IBB x 2 (one to chair – one vice chair)
- Joint Director of Strategy and Involvement & Chief Knowledge Officer
- Director of Public Health
- Assistant Director of Knowledge Management and Governance
- Public Health Consultant
- Head of Communications and Public Relations
- Corporate Improvement Lead (Organisational Development)
- Professor of General Practice and Primary Care, Durham University
- Assistant Director of Planning
- Assistant Director of Market Development
- Assistant Director of Performance and Contract Management
- Darlington Borough Council Representative
- Durham County Council Representative
- NEPHO representative
- North East Strategic Health Authority KM Lead

4. Attendance at Meetings

4.1 Other members of the PCT will attend meetings when requested by the Chairman.

5. Frequency of Meetings

5.1 Meetings shall be held quarterly. The chair may request additional meetings according to operational or business requirements.

6. Delegated Authority

6.1 The KISC is formally constituted within NHS County Durham and NHS Darlington, accounting to the IBB, to assure the statutory boards that there are appropriate systems and processes in place to deliver this function.

7. Accountability Arrangements

- 7.1 A copy of the minutes of meetings identifying key themes, issues and decisions will be presented to the integrated business board for ratification and to management executive for information.

8. Quorum

- 8.1 A quorum shall be when at least one Non Executive, two PCT officers and two Clinicians are present.

9. Review

These Terms of Reference will be reviewed after a period of twelve months.



Terms of Reference

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- Oversee that processes are in place to develop knowledge capabilities required to demonstrate a high level of competency in world class commissioning within the commissioning process.
- Influence the development and deployment of technology, analytical skills and competencies to continuously improve the usage and applicability of data and intelligence within the commissioning process.
- Promote and influence a culture and workforce development for knowledge sharing, learning and transfer across the organisation and within key partnerships.
- Oversee that there are effective governance arrangements in place for programme delivery against agreed outcomes.
- Oversee that the approach to knowledge and intelligence is consistent with the NHS North East's strategy and national Department of Health policy.

- Agree appropriate internal and external communication and approaches to disseminate information relating to progress within the programme.

3. Membership

3.1 The membership of KISC will be:

- Non Executive Director IBB x 2 (one to chair – one vice chair)
- Joint Director of Strategy and Involvement & Chief Knowledge Officer
- Director of Public Health
- Assistant Director of Knowledge Management and Governance
- Public Health Consultant
- Head of Communications and Public Relations
- Corporate Improvement Lead (Organisational Development)
- Professor of General Practice and Primary Care, Durham University
- Assistant Director of Planning
- Assistant Director of Market Development
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- Darlington Borough Council Representative
- Durham County Council Representative
- NEPHO representative
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8. Quorum

- 8.1 A quorum shall be when at least one Non Executive, two PCT officers and two Clinicians are present.

9. Review

These Terms of Reference will be reviewed after a period of twelve months.

Terms of Reference

Communications and Engagement Sub Committee of the Integrated Business Board

1. Role

- 1.1 The Communications and Engagement Sub Committee of the Integrated Business Board (IBB) will oversee the delivery of our communications and engagement strategy, which builds proactive and meaningful communications and engagement with the public and patients that will shape and improve health for the population of County Durham and Darlington.

2. Remit

- 2.1 The remit of the Communications and Engagement Sub Committee of the IBB is:

- To oversee the implementation of the communications and engagement strategy including receiving and reviewing progress reports.
- To oversee that there are appropriate systems and processes in place to engage patients and public in the development and commissioning of services and that patient experience is proactively used to improve service outcomes.
- To oversee the implementation and review of effective consultation processes in line with our responsibilities under Section 242 and 244 of the consolidated NHS Act 2006.
- To oversee that processes are in place for communication and engagement activities that are focused on supporting the achievement of world class commissioning competencies, in particular competencies 1, 2, 3 and to review progress.
- To agree a forward programme of communications, engagement and health scrutiny related work and to review this bi-monthly.
- To receive and review systematic analysis, monitoring and evaluation reports on media related activity.
- To receive and review systematic analysis, monitoring and evaluation reports on patient and public involvement activity.
- To receive reports on health scrutiny related work.
- To assure the IBB that there are robust processes in place to communicate and

engage with staff, patients, public and partners to support our commissioning processes.

3. Membership

3.1 Core membership of the Communications and Engagement Sub Committee of the IBB comprises:

- Chair NHS County Durham / Chairman of IBB (Chair)
- Non Executive IBB (Vice Chair)
- Director of Strategy and Involvement
- Assistant Director of Planning and Involvement
- Head of Communications & Public Relations
- Involvement Manager
- Health Scrutiny Liaison Manager
- Equality & Diversity Lead
- Darlington Non Executive
- Durham Non Executive
- LINKs representatives:
 - County Durham
 - Darlington

4. Attendance at Meetings

4.1 Other members of the PCT will attend meetings when requested by the Chairman.

5. Frequency of meetings

5.1 Meetings shall be held bi-monthly. The chair may request additional meetings according to operational or business requirements.

6. Delegated Authority

6.1 The communication and engagement sub committee is formally constituted within NHS County Durham and NHS Darlington, accounting to the IBB, to assure the statutory boards that there are appropriate systems and processes in place to deliver this function.

7. Accountability arrangements

7.1 A copy of the minutes of meetings identifying key themes, issues and decisions will be presented to the Integrated Business Board for ratification and to management executive for information.

8. Quorum

- 8.1 A quorum shall be when at least one Non Executive and two PCT officers.
- 8.2 These Terms of Reference will be reviewed annually.

Terms of Reference

Finance and Performance Sub Committee

1. Role

1.1 To support the Integrated Business Board (IBB) to:

- Establish, monitor and review the financial and activity planning for NHS County Durham and Darlington.
- Ensure that the PCTs deliver their statutory financial duties and deliver key performance targets.

2. Remit

2.1 The remit of the Finance and Performance Sub Committee is to:

- Oversee the delivery of the following through challenge, support and scrutiny
- Deliver strong financial leadership
- Deliver strong performance against key targets including external regulation.
- Ensure financial and activity planning is aligned to the achievement of the strategic aims for NHS County Durham and Darlington.
- Establish clear lines of accountability.
- Ensure risk management through appropriate scenario planning, risk assessment and sensitivity analysis.
- Deliver a clear understanding of NHS County Durham and Darlington cost drivers.
- Establish and maintain excellent links between finance, activity and performance.
- Provide disinvestment and investment oversight.
- Establish effective benchmarking.

3. Membership

3.1 The Chair of the Finance and Performance Sub Committee will rotate between NHS Darlington Audit Committee Chair and NHS County Durham Audit Committee Chair. Both will be full members. Other Non Executive directors may attend. The Director of Finance, Director of Delivery and Performance, Director of Financial Services

and Assistant Director of Performance and Contract Management will form the remaining members. Other directors or officers will be invited to attend as required.

4. Frequency of Meetings

- 4.1 The Finance and Performance Sub Committee will meet bi-monthly to be scheduled in advance of the Integrated Business Board.

5. Accountability arrangements

- 5.1 The Finance and Performance Sub Committee will be accountable directly to the Integrated Business Board. Minutes will be provided to the IBB for information.

6. Quorum

- 6.1 The Finance and Performance Sub Committee will be considered quorate when the following are present:
- At least 2 Non Executive directors (one from NHS County Durham and one from NHS Darlington)
 - At least 1 executive officer.