

**Programme Delivery Board**

**Terms of Reference**

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Review date: not less than annually after initial approval

NHS Hull CCG

Programme Delivery Board

Terms of Reference

1. **Purpose**
   1. The CCG Programme Delivery Board will agree priorities and monitor progress against a programme of work to deliver the CCG Commissioning Strategy and Operational Plan.

The Board will review and scrutinise progress and programme delivery against the agreed strategic objectives and the outputs of the associated workstreams. This will include performance; finance and outcomes measures determined under each programme area. In particular the Board will confirm and challenge the adequacy and timeliness of remedial action in underperforming areas. Where necessary, it will effect further action.

1. **Links and inter-dependencies**
   1. The Programme Delivery Board has the following links and inter-dependencies:
      1. Planning and Commissioning Committee (accountable);
      2. Senior Leadership Team (monthly updates); and
      3. CCG Commissioning Plan Operational Workstreams and other key CCG programmes of work (accountable to PDB).
2. **Authority**
   1. The Programme Delivery Board is authorised by the Planning & Commissioning Committee to investigate any activity within its Terms of reference. It is authorised to seek any information it requires from any employee and all employees are directed to co-operate with any request they receive.
   2. Subject to such directions as may be given by the Planning & Commissioning Committee, it may establish sub-groups or task and finish groups as appropriate and determine the membership and terms of reference of such. The Standing Orders and Prime Financial Policies of the CCG, as far as they are applicable, shall apply to the Programme Delivery Board and its sub-groups.

1. **Reporting arrangements**

4.1 All meetings shall be summarised in the form of action notes and a record kept of all reports/documents considered.

4.2 The reporting arrangements to the Planning & Commissioning Committee shall be through the submission of a quarterly written report as to the progress against workstream delivery plans and an opinion of the robustness of the sources of assurance for the plans.

4.3 The Programme Delivery Board will also report against delivery of its remit to the Senior Leadership Team on a monthly basis\*.

4.4 The senior officer with responsibility for corporate governance will be responsible for ensuring that Freedom of Information requirements in relation to the Board’s action notes and reports are met. The chair of the Programme Development Board will seek the advice of the senior officer with responsibility for corporate governance in relation to any matters where an exemption as defined within the Freedom of Information Act 2000 is believed to apply.

\* The requirement of this report will be reviewed in the light of the review of the membership of the Programme Delivery Board following three months of operation.

1. **Membership**

5.1 The initial Membership of the Programme Delivery Board shall be as follows:

* Chief Officer (Chair);
* Director of Integrated Commissioning (Vice-Chair);
* Chief Finance Officer;
* Director of Quality and Clinical Governance / Executive Nurse;
* Director of New Models of Care;
* Associate Director of Corporate Affairs;
* Head of Business Intelligence;
* Head of Finance;
* Senior Commissioning Managers (x3);
* Specialist Mental Health and Continuing Healthcare Manager;
* Head of Quality / Deputy Lead Nurse;
* Head of Communications & Engagement;
* Business Intelligence Leads (x2)

5.2 The membership of the Programme Delivery Board shall be reviewed following 3 months of operation. Any changes to the membership or Terms of Reference of the Programme Delivery Board must be approved by the Planning & Commissioning Committee.

1. **Quoracy**
   1. The quorum for meetings shall be not less than one third of the total membership (6 members) and shall include the following:

* Chair or vice-chair;
* One member from business intelligence;
* One member from commissioning; and
* One member from quality / clinical governance.

6.2 If a quorum has not been reached, then the meeting may proceed if those attending agree but no formal decisions may be taken by the non-quorate meeting.

1. **Meeting arrangements**

7.1 Meetings of the Programme Development Board shall be held monthly for the first three months, following which the frequency shall be reviewed.

7.2 Meetings shall be administered in accordance with the CCG Constitution, Standing Orders and Prime Financial Policies.

7.3 The Director of Integrated Commissioning will ensure the meeting is supported administratively, and will oversee the following:

* + 1. Agreement of agenda with the Chair and attendees and the collation/circulation of papers;
    2. Taking the action notes and keeping a record of matters arising and issues to be carried forward; and
    3. An Annual Schedule of Meetings shall be agreed at, or before, the last meeting each year in order to circulate the schedule for the following year.

1. **Confidentiality**

8.1 All Members are expected to adhere to the CCG Constitution and Standards of Business Conduct and Conflicts of Interest Arrangements.

1. **Remit**

9.1 Scrutinise progress against critical milestones for each workstream within the Annual Commissioning Operational Plan. Confirm and challenge the adequacy and timeliness of remedial steps in underperforming areas, effecting further action where necessary.

9.2 Undertake a rolling programme of detailed review of the Operational Plan workstreams and other core programmes of CCG work in order to report on their cohesiveness and sufficiency to the Planning & Commissioning Committee.

9.3 Identify and oversee risks to the delivery of work programmes and ensure these are reflected in the Corporate Risk Register or Board Assurance Framework, where appropriate. Assess the adequacy of identified mitigations.