



**North East and
North Cumbria**

**Individual Funding Request (IFR) Panel
Subcommittee
Terms of Reference**

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1. Establishment

The Individual Funding Request Panel is a Subcommittee established by the ICB Executive Committee, in accordance with the NHS North East and North Cumbria Integrated Care Board's (hereafter referred to as the ICB) Scheme of Reservation and Delegation (SoRD) and Constitution.

2. Terms of reference:

Definition of terms: The terms of reference are defined by the ICB.

Amendment: The terms of reference may be amended in accordance with the provisions set out in this SOP (Establishing Sub Committees).

Publication: The terms of reference will be published in the ICB's Governance Handbook which is accessible here: <https://northeastnorthcumbria.nhs.uk/about-us/corporate-information/governance/>

3. Purpose

The purpose of the Subcommittee is to support the Executive Committee to discharge its duties relating to Individual Funding Requests (IFR).

4. Roles and responsibilities

This section describes the Subcommittee's duties, authority, accountability and reporting.

4.1 Duties

The main function of the IFR Panel is to consider Individual Funding Requests and make decisions to either support or not support the requests on the basis of the information provided to the IFR Panel. Requests will be assessed for access to treatments within the commissioning authority of the ICB.

Urgent Requests

In the case of urgent clinical need or a risk to patient safety the receiving Decision Maker (DM) is able to make a timely decision to avoid inappropriate delay and this should be supported by an email or telephone contact with the DM, via NECs IFR Administrator, to ensure that they are aware. If a DM feels unable to make an urgent decision due to complexity or adherence to the Value Based Clinical Commissioning Policy, then they should contact the IFR admin to establish if an urgent Panel meeting can be organised.

If an urgent Panel decision is required outside of a scheduled meeting and the request cannot be heard by the neighbouring ICB Panel or an exceptional Panel cannot be convened, the application information will be communicated to members of the Panel via secure e-mail.

The information is communicated to each of the Panel members via NHS net in line with the agreed process and a decision will be made within 2 working days of receipt.

The decision will be securely communicated to the referring clinician via the electronic system in place with confirmation by letter and the outcome communicated formally at

the next available Funding Panel meeting. The IFR Admin will ensure the decision is retrospectively recorded in the following month's Panel minutes.

Reconsideration

A reconsideration request should be made within three months of original decision, via documented correspondence stating why the reconsideration request is being made and must include any new information / evidence.

On receipt of an application for reconsideration, the IFR Administration Team will screen the original application, the notes of the Panel decision, all correspondence, any new information and the reconsideration request.

Where a recommendation is made to the DM that valid grounds for reconsideration have not been established, applicants will be informed in writing by the IFR Admin.

Where it is evident that substantial new information has been made available over and above the contents of the original request, the DM will confirm as to whether the request should be reconsidered within the next IFR Panel or whether a decision can be reached out with the Panel by the receiving DM. Where the IFR Panel made the original decision, it would usually be expected that the DM will refer back to the next relevant IFR Panel, unless there are clear reasons why this would not be necessary

Appeals

Where there are grounds for an appeal hearing, i.e. where there is evidence that the IFR Admin/DM/IFR Panel may not have acted in accordance with the agreed IFR process and policy, a recommendation will be made to the DM to send the case to the neighbouring Panel in order to hear the appeal.

Panel members who were present at the original IFR Panel hearing are not eligible to sit on the Appeals Panel, therefore an appeal hearing must be undertaken by the neighbouring IFR Panel in line with their agreed meeting schedule. One of the DMs from the original Panel may be invited to attend this meeting for the case to be discussed. The attending DM will then be asked to leave the Panel meeting to enable Appeal Panel Members to make a decision.

The outcome of the appeal Panel is the final decision and will be communicated by written correspondence within 5 working days of the Appeals Panel meeting. For all cases the IFR Admin in their role of co-ordinator, will write on behalf of the ICB and IFR Panel, to the referring clinician, with the decision(s) and reason(s) for the decision(s) reached by the IFR Appeals Panel. It is expected that the referring clinician will then discuss the outcome of the IFR Panel with the patient(s) concerned.

Reporting

Performance Reports will be presented to the Executive Committee on a quarterly basis detailing a review of numbers / types of cases / number of upheld appeals considered in order to share learning, analysis of trends and consistency in decision making. Copies of these reports and the Annual Report will also be circulated to IFR Panel Members to aid their ongoing development led by the ICB's IFR Medical Director lead and the Chair.

4.2 Authority

The Subcommittee is authorised to:	
Investigate	Investigate any activity within its terms of reference.
Seek information	Seek any information it requires within its remit, from any employee or member of the Board.
Investigate	<p>Commission reports required to help fulfil its obligations from NECS.</p> <p>Commission reports required to help fulfil its obligations from Audit One or the ICB's external auditors, in consultation with the Chief Finance Officer.</p> <p>Commission other external reports required to help fulfil its obligations, subject to the financial limits of the most senior member of the Subcommittee.</p>
Obtain advice	Obtain independent professional advice and secure the attendance of advisors with relevant expertise to fulfil its functions. In doing so, the Subcommittee must follow any procedures put in place by the ICB for obtaining professional advice.
Create Groups	Groups may be established by the Subcommittee, but they have no formal status. They do not have any delegated authority from the Board. Their decision making is restricted to decisions and limits of individuals as set out in the ICB's Financial Limits and Financial Delegations. These may not be aggregated and therefore the limits are those of the most senior member present at any meeting of the group. Groups may be permanent or task and finish groups.

4.3 Delegation by Scheme of Reservation & Delegation (SoRD)

Decisions Delegated by the Scheme of Reservation & Delegation

Approval of individual funding requests in accordance with the ICB policy.

4.4 Accountability and reporting

The Subcommittee is accountable to its parent Committee (ICB Executive Committee) and reports to its parent Committee on how it discharges its responsibilities.

Accountabilities	Description
Draft minutes and reports	<p>IFR admin formally records the minutes of each meeting.</p> <p>The minutes when approved are to be submitted to the ICB Executive Committee held in private. The Chief Medical Officer shall draw to the attention of the Executive Committee any issues that require disclosure.</p>

Monitor attendance	Attendance is monitored by the IFR Admin. Members should aim to attend 100% of meetings and must attend at least 75% of meetings and read all papers beforehand.
Cycle of Business	In order to aid agenda planning, the Subcommittee may produce an annual work plan and cycle of business in consultation with its parent Committee.
Continuous Improvement	The Subcommittee utilises a continuous improvement approach in its delegation. Members review the effectiveness of the meeting at each sitting.
Annual Report	The Subcommittee provides its parent Committee with an IFR annual report, timed to support finalisation of the accounts and the governance statement.

5. Subcommittee meetings

This section sets out meeting:

- Composition and quoracy
- Frequency and formats
- Procedures

5.1 Composition and quoracy

This section sets out the meeting composition and quoracy requirements.

Two IFR Panels are convened to cover the NENC ICB geography. These are the North Panel (covering the North and North Cumbria Areas of the ICB) and the South Panel (covering the Central and South Areas of the ICB). Each IFR Panel can collectively assess IFR requests from across the ICB, and each can review cases out with their assigned geographical area.

Composition/ quoracy	Description of expectations
Chair	Appointed for their specific knowledge skills and experience and suitability. The Chair will be an Independent Non-Executive Member of the ICB.
Deputy Chair	Subcommittee members may appoint a vice chair, however there is no designated Deputy Chair – see below.
Absence of Chair	In the absence of the Chair, the following will apply: <ul style="list-style-type: none"> • An ICB Medical Director may chair the meeting. • An experienced Decision Maker may chair the meeting.

Composition/ quoracy	Description of expectations
	<p>NB: Neither of the 2 above will undertake a Decision Making role whilst chairing the meeting or count towards quoracy.</p> <hr/> <p>Membership</p> <p>Each Panel will have a membership which comprises:</p> <ul style="list-style-type: none"> ○ Chair of the IFR Panel (Independent Non- Executive Member as Chair for the IFR Panel) ○ ICB Decision Makers (DM) from the Panel (a minimum of <i>five nominated from the Places making up each Panel. At least three ICB Decision Makers to be in attendance for quoracy</i>). ○ Local NECS IFR Administrator ○ Specialist public health advisor (in attendance to offer advice and technical support). <p><u>Additional Specialist Advisors</u></p> <p>The following are specialist advisors to the Panel and can be in attendance at Panel to offer advice and technical support as and when necessary.</p> <ul style="list-style-type: none"> ○ Contracting/Commissioning representative ○ Medicines Management representative ○ Mental Health / Learning Disabilities / Autism representative ○ Any other specialist deemed appropriate for a given case. <p>EDI: When determining the membership of the group, consideration will be given to equity and diversity.</p> <p>Conflicts: Consideration must be given to material conflicts in the appointment of members.</p> <hr/> <p>Attendees and procedure for absence</p> <p>Only members have the right to attend meetings.</p> <p>Other attendees: The Chair may elect to co-opt additional attendees, where it is in the interests of the activities to do so.</p> <p>Procedure for absence:</p> <p>Where a member or any regular attendee of the Subcommittee is unable to attend a meeting, a suitable alternative may be agreed with the Chair.</p> <p>The Chair may ask any or all of those who normally attend to withdraw to facilitate open and frank discussion of particular matters.</p> <hr/> <p>Quoracy and Procedure for Inquoracy</p> <p>Threshold: No business shall be transacted at a meeting unless at least the Chair (or nominated deputy as per those outlined above) and at least three decision makers are available to attend the IFR Panel. The IFR Admin must also be in attendance and will support the presentation of cases where required and take notes of each meeting.</p> <p>If the Chair or a Panel member has been disqualified from participating in the discussion on any matter and / or from voting on any resolution by reason of a declaration of a conflict of interest that person shall no longer count towards the quorum. If a quorum is then not available for</p>

Composition/ quoracy	Description of expectations
	<p>the discussion and / or the passing of a resolution on any matter, that matter may not be discussed further or voted upon at that meeting. Such a position shall be recorded in the minutes of the meeting. The meeting must then proceed to the next business. Consideration/decisions can be deferred to the next meeting or, in urgent circumstances, be considered via an extraordinary meeting if required.</p> <p>Absence: Where members are unable to attend, they should agree this with the Chair.</p> <p>Disqualification: If any member of the Subcommittee is disqualified from participating in an item on the agenda, due to a declared conflict of interest, that individual no longer counts towards the quorum.</p> <p>Inquoracy: If the quorum is not reached, the meeting may proceed if those members attending agree, but no decisions may be taken.</p>

5.2 Frequency and formats

This section on Subcommittee meetings describes the meeting frequency and formats.

Frequency/ format	Description
Meeting frequency	<p>Two Panels will be held per month, a North and a South Panel, at a time to be agreed, with the ability to call an extra Panel in the event of a backlog of cases or a requirement for an urgent decision. Panels are able to review cases out with their assigned geographical area.</p> <p>Additional meetings may be convened on an exceptional basis at the discretion of the Subcommittee Chair.</p> <p>The parent committee Chair may ask the Subcommittee to convene further meetings to discuss particular issues on which they want the Subcommittee's advice.</p>
Public vs closed	<p>Meetings will be held in private.</p> <p>External Audit, Internal Audit and Local Counter Fraud representatives will have full and unrestricted rights of access to the Subcommittee.</p>
Virtual meetings and extra-ordinary meetings	<p>The Subcommittee will normally meet virtually.</p>

5.3 Procedures

Procedure	Description of rules and expectations:
Agenda	<p>The Chair is responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these terms of reference.</p> <p>Members are expected to identify agenda items for consideration to the Chair and any meeting papers using the prescribed format at least 5 working days before the meeting. Urgent cases may be submitted later than this with the agreement of the Chair.</p>
Conflicts of interest	<p>Declarations: All members and those in attendance must declare any actual, potential, or perceived conflicts of interest. This is recorded in the minutes.</p> <p>Exclusions: The Subcommittee will follow and apply the ICB's Standards of Business Conduct with regards to the management of conflicts of interest. This means that the Chair will consider the exclusion of members and / or attendees from discussion and / or decision-making if individuals have a relevant material or perceived interest in a matter under consideration.</p>
Decision-making	<p>Decisions: Decisions are only taken by Decision Makers and not others in attendance at the Panel.</p> <p>Decisions are normally reached by consensus but in exceptional cases a majority vote of Decision Makers may be required in order to make a decision. The Chair of the meeting is independent and non-voting, therefore in the event a majority decision cannot be reached a DM not present will be asked to vote out with the meeting following a briefing by the Chair and the IFR Admin Team</p>
Conduct	<p>The Subcommittee conducts its business in accordance with relevant codes of conduct / good governance practice, including the Nolan principles of public life, the ICB Standards of Business Conduct Policy, and other relevant policies / guidance on good and proper meeting conduct for NHS organisations</p>

6. Secretariat and administration

This section describes the functions of the secretariat whose role is to support the Subcommittee in the following ways:

Functions	Description
Distribute papers	Agreement of the agenda with the Chair and the collation and distribution of the papers within 5 working days in advance of the meeting
Monitor attendance	Monitor the attendance of those invited to each meeting and highlight to the Chair those that are not meeting the minimum attendance requirements.

Functions	Description
Maintain records	Record conflicts of interest, and members' appointments. Provide prompts to renew membership and to identify new members where necessary.
Minute Taking	<p>Take good quality minutes and agree them with the Chair and Decision Makers. Keep a record of matters arising, action points and issues to be carried forward.</p> <p>Action log maintained and updated prior to the IFR Panel papers being circulated.</p> <p>Circulating the minutes to all IFR Panel members within 5 working days of the meeting, confirmation of the minutes is required from at least 3 out of 5 IFR Panel members prior to the decision letter being sent to the referring clinician. IFR Panel members will aim to confirm acceptance within 5 days of circulation.</p>
Support for Chair & Committee	<p>Support the Chair in preparing and delivering reports to the parent Committee.</p> <p>Take forward action points between meetings and monitor progress against those actions.</p> <p>Maintain a register of all IFR applications considered and the outcome of each (via the web-based system in place)</p> <p>In their role as co-ordinator, will write on behalf of the ICB and IFR Panel to the referring clinician with the decision(s) and rationale(s) for the decision(s) reached by the DM/IFR Panel</p> <p>A monthly dashboard be produced for ongoing open cases and KPI compliance. This will be shared with the ICB Medical Director with responsibility for VBCCP / IFR. This will support the quarterly performance report submissions to the ICB Executive Committee.</p>
Provide updates	Update the Subcommittee on pertinent issues/ areas of interest/ policy developments.
Governance advice	Provide easy access to governance advice for Subcommittee members

Appendix 1: Approval History

Version	Date	Approved by	Status
V1.0	December 2022	Executive Committee	First Issue
V2.0	12/03/24	Executive Committee	Second Issue

Appendix 2: Review History

Version	Date	Reviewed by	Changes Required Y/N?	Summary of changes (once changes are approved Appendix 1 should be updated)
V2.0	13/02/24	IFR Panel / ICB Executive Committee	Y	Added to Subcommittee template Amendments following audit recommendations.

Review date: March 2025

Contact: ICB Corporate Governance Team

Document control

The controlled copy of this document is maintained by the governance team in the Governance Handbook, here <https://northeastnorthcumbria.nhs.uk/about-us/corporate-information/governance/>

Any copies of this document held outside of the Governance Handbook, in whatever format (e.g., paper, email attachment), are considered to have passed out of control and should be checked for currency and validity.

Appendix 3 – IFR Panel Arrangements

Panel	Places
North	Gateshead Newcastle North Cumbria North Tyneside Northumberland
South	County Durham Darlington Hartlepool Middlesbrough Redcar & Cleveland South Tyneside Stockton-on-Tees Sunderland