



**MANAGEMENT GROUP**

**ANNUAL REPORT**

**2023-2024**

**Sub-Committee Chair:**

**Sian Lewis**

**Report Approved by Sub-Committee:**

**25 April 2024**

## **MANAGEMENT GROUP ANNUAL REPORT 2023-2024**

### **1.0 BACKGROUND / INTRODUCTION**

In line with section 4.2.2 of Welsh Health Specialised Services Committee (WHSSC) Standing Orders and in accordance with best practice and good governance, the Management Group ("*the Group*") is required to produce an Annual Report to the Joint Committee setting out how the Committee has met its Terms of Reference (ToR) during the financial year, setting out its activities during the year and detailing the results of a review of its performance.

The purpose of the Group is to make recommendations to the Joint Committee (JC) and be the Specialised Services Commissioning operational body responsible for the oversight of the development, scrutiny and implementation of the Specialised Services Strategy. It underpins the commissioning of Specialised Services to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales.

The Group is responsible for undertaking the following functions:

- a) To make recommendations, monitor and agree the Integrated Commissioning Plan (ICP) for Specialised Services for approval by the Joint Committee which will support the development of individual LHB Integrated Medium Term Plans (IMTP's),
- b) To receive recommendations from the WHSSC Commissioning Teams and to make recommendations to the Joint Committee regarding service improvements including investments, disinvestments and other service change,
- c) To oversee contract performance monitoring and management including monitoring the overall financial position, key variances and the main actions to address performance issues,
- d) To undertake the role of Project Board or provide membership for Project Boards for specific workstreams and projects as approved by the Joint Committee and monitor their implementation,
- e) To consider consultation outcomes and recommended pathway changes before consideration by the Joint Committee,
- f) To ensure the development and maintenance of the needs assessment across Wales for Specialised Services,
- g) To agree and recommend commissioning/service issues to the Joint Committee which are to be considered as part of the Integrated Commissioning Plan. This will include issues which will have an impact on the plan raised by other sub-committee/advisory groups,
- h) To ensure the two way flow of information between Health Board and the WHSS team ensuring relevant Health Board Executives and clinical teams are kept abreast of specialised service developments and the WHSST are aware of Health Board service developments which may impact on specialised services,

- i) to make recommendations annually those services that should be planned on a national basis and those that should be planned locally,
- j) To consider the appropriate level of funding for the provision of specialised and tertiary services at a national level (including those to be delivered by providers outside Wales), and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) to support recommendations to the Joint Committee,
- k) To consider the in year risks associated with the agreed service portfolio and new pressures that may arise; and
- l) Monitor the outcomes of specialised and tertiary healthcare services and ensure that the LHB is aware of performance and that take appropriate local action.

## 2.0 MEMBERSHIP

Members of the Group are appointed by the JC and derived from the seven Local Health Boards. (LHBs) The Membership of the Group will consist of 2 representatives from each HB usually a senior LHB planning/commissioning representation and senior Finance representation. However this will be for each HB to determine, subject to approval by Joint Committee.

The current Membership is:

<b>WHSSC Members</b>	
Sian Lewis	Managing Director, (Chair)
Carole Bell	Director of Nursing and Quality Assurance
Stacey Taylor	Director of Finance and Information
Iolo Doull	Medical Director
Jacqueline Evans	Committee Secretary & Associate Director of Corporate Services
Nicola Johnson	Director of Planning and Performance
David Roberts	Director of Mental Health

WHSSC Directors can be represented by their nominated deputy if they are unable to attend the meeting.

<b>WHSSC MANAGEMENT GROUP MEMBERS FROM HEALTH BOARDS</b>		
<b>HEALTH BOARD</b>	<b>PLANNING/COMMISSIONING REPRESENTATIVE</b>	<b>FINANCE REPRESENTATIVE</b>
<b>ANEURIN BEVAN UHB</b>	Philip Meredith, Finance Business Partner, ABUHB	Suzanne Jones, Interim Assistant Finance Director - Financial Strategy, ABUHB
<b>BETSI CADWALADR UHB</b>	Dylan Williams, Acting Assistant Director of Planning	Adrian Tomkins Associate Director of Healthcare Contracting

<b>WHSSC MANAGEMENT GROUP MEMBERS FROM HEALTH BOARDS</b>		
<b>HEALTH BOARD</b>	<b>PLANNING/COMMISSIONING REPRESENTATIVE</b>	<b>FINANCE REPRESENTATIVE</b>
<b>CWM TAF MORGANNWG UHB</b>	Elizabeth (Elle) Beadle Assistant Director of Transformation	Andrew Jones, Head of Finance – Financial Planning & Reporting
<b>CARDIFF AND VALE UHB</b>	Melanie Wilkey, Deputy Director of Commissioning	Rebeka Warren, Assistant Director of Finance, Financial Management & Strategy
<b>HYWEL DDA UHB</b>	Anne Simpson, Head of Strategic Commissioning	Daniel Binding, Senior Finance Business Partner
<b>POWYS THB</b>	Stephen (Steve) Powell, Director of Performance and Commissioning	Hywel Pullen, Deputy Director of Finance
<b>SWANSEA BAY UHB</b>	Kerry Broadhead, Assistant Director of Strategy Commissioning and Sustainability	Charlie Mackenzie, Assistant Director of Finance – Commissioning and Service Intelligence

<b>HEALTH BOARD</b>	<b>PLANNING/COMMISSIONING DEPUTY</b>	<b>FINANCE DEPUTY</b>
<b>ANEURIN BEVAN UHB</b>	David Hanks, Head of Service Planning	James Dalton, Finance Contract and Performance Manager
<b>BETSI CADWALADR UHB</b>	Kamala Williams, Head of Health Strategy and Planning	Gillian Milne, Head of Contracts, Finance
<b>CWM TAF MORGANNWG UHB</b>	Awaiting Deputy Planning Representative	Catherine Wilford, Finance Manager – Commissioning and Contracting
<b>CARDIFF AND VALE UHB</b>	Ashleigh O’Callaghan – Head of Strategic Planning	Matthew Hall - Assistant Head of Finance – Financial Commissioning
<b>HYWEL DDA UHB</b>	Awaiting Deputy Planning Representative	Sian Hurley, Head of Healthcare Contracting, Finance
<b>POWYS THB</b>	Chris Moss, Assistant Director of Performance and Commissioning	Stacy Jones, Principal Finance Manager

<b>HEALTH BOARD</b>	<b>PLANNING/ COMMISSIONING DEPUTY</b>	<b>FINANCE DEPUTY</b>
<b>SWANSEA BAY UHB</b>	Hannah Roan, Head of Strategic Commissioning	Chris Stevens, PFM – Commissioned Services

### 3.0 MEETINGS

Quorum for the Group is a minimum of six Members, of which at least four of the LHBs must be represented to allow any formal business to take place. The Group met virtually via Microsoft Teams on the following dates during 2023-2024. Each meeting was quorate. All meetings were held virtually via Microsoft Teams due to the ongoing COVID-19 pandemic.

27 April	25 May	22 June	27 July	24 Aug	28 Sept
26 Oct	23 Nov	14 Dec	25 Jan	22 Feb	28 Mar

To ensure business was conducted in as open and transparent manner as possible, papers were published between 10-14 days prior to the Group meeting dates.

#### 3.1 Members Attendance at Meetings

The Group achieved an attendance rate of 99% during the period 1 April 2023 to 31 March 2024 as outlined in Table 1 below.

Table 1 – Member Attendance at Management Group April 2023 - March 2024

	27 Apr	25 May	22 June	27 July	24 Aug	28 Sept	26 Oct	23 Nov	14 Dec	25 Jan	22 Feb	28 Mar	<b>Tally</b>
ABUHB	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	12/12
BCUHB	Y	Y*	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	12/12
CTMUHB	Y	Y	Y	Y	Y	Y	Y	Y	Y	N**	Y	Y	11/12
CVUHB	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	12/12
HDUHB	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	12/12
PTHB	Y	Y	Y	Y*	Y	Y	Y	Y	Y	Y	Y	Y	12/12
SBUHB	Y	Y	Y	Y	Y*	Y	Y	Y	Y	Y	Y	Y	12/12
WHSSC	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	12/12

\*Member was not present but a deputy was in attendance

\*\* No Member or Deputy present

### 4.0 MAIN AREAS OF COMMITTEE ACTIVITY

The agenda for each meeting follows a standard format, broken down into four main parts:

- **Preliminary Matters**  
This section of the meeting includes standard items such as apologies, welcome, declarations of interest, minutes of the last meeting, action log and matters arising,
- **Items for Information and Support**  
This section includes reports which will be of interest to the Group,
- **Routine Reports**  
Standing Agenda Items discussed at every Group meeting, in line with the ToR; and
- **Concluding Business**  
This section of the meeting includes standard items such as any other business, date of the next meeting and dates for future meetings.

The Group considered the following key items at its meetings throughout the year:

- Monthly Integrated Performance Reports,
- Monthly Financial Performance Report,
- Policy Group Reports,
- Specialised Services Strategy Development updates and success measures,
- Efficiency and Recommissioning Board Updates,
- Integrated Commissioning Plan 2024-2025,
- Risk Assessment to inform 2024-25 Integrated Commissioning Plan (ICP)
- Integrated Commissioning Plan 2024-2025 Financial Summary,
- Impact of the NHS England Interim Commissioning Position Statement for TAVI and SABR,
- Forward Work Plans.

Funding releases for the following services:

- Neuropsychiatry Phase 2A,
- Funding Release – Data Manager Children’s Hospital for Wales,
- Funding Release for Specialised Paediatric Chronic Pain,
- Funding Release for Paediatric Spinal Surgery – Advanced Nurse Practitioner,
- Deep Brain Stimulation (DBS) Services Bristol,
- Metastatic Spinal Cord Compression (MSCC) Coordinators Funding Release,
- Funding Release to Support Two New Kidney Dialysis Units in Bridgend and Port Talbot
- Delivering Mechanical Thrombectomy Capacity in South Wales (Phase 1),
- Expansion of Stereotactic Ablative Body Radiotherapy (SABR) – Funding Release for New Indications and Expanding Existing Indications at Swansea Bay UHB; and
- Funding Release for the Care Pathway for Prolonged Disorders of Consciousness Service (Neurorehabilitation) for South Wales, West Wales and South Powys (Phase 2).

The number of funding releases considered was lower than previous years and this was due to the challenging financial context and the decision taken to pause any uncommitted expenditure. WHSSC put forward a range of Financial Improvement Options to Welsh Government (WG) during 2023-2024 and a number of work areas were paused whilst a comprehensive risk assessment was undertaken on all uncommitted expenditure and new developments prioritised through the Clinical Impact Assessment Group (CIAG) (which formed part of the ICP development process for 2024/25). This has impacted on the delivery of a number of actions in the Plan which were paused or stopped. The results of this work had been included in the final draft of the ICP 2024-25.

Updates on the following developments;

- Cochlear Implant and Bone Conduction Hearing Implant (BCHI) updates,
- Fertility Policy Updates,
- WHSSC Standard Operating Procedure for Engagement and Consultation,
- Requests for WHSSC to commission new services,
- Realignment of Plastic Surgery Commissioning – Project Initiation,
- Cardiac Review Project Initiation Document (PID),
- CVUHB Shaping Our Future Wellbeing Strategy,
- Mersey and West Lancashire Teaching Hospitals NHS Trust (MWLT), Plastics Outreach into BCUHB localities,
- Intestinal Failure Review Progress Update,
- Thinking Differently About Psychology for Specialised Services
- Haematology Commissioning – Project Initiation Document (PID),
- Financial Savings (10/20/30%) – Reducing the Deficit
- CIAG Process and Outcome 2023,
- Functional Neurosurgical Service for patients with complex movement disorders in South Wales (Including a Deep Brain Stimulation Service - DBS),
- Mental Health demand and capacity review update,
- Wales Fertility Institute Performance Concerns / Escalation,
- Sustainability of the South Wales Cleft Lip and Palate Service and Future Opportunities
- Escalation and De-escalation Framework,
- Increased Thrombectomy access for Welsh patients in Bristol
- Commissioning of Advanced Therapy Medicinal Products in Wales,
- Neonatal Phase 2 – Programme Outline,
- WHSSC Commissioning Framework,
- Joint Commissioning Committee Implementation,
- Business Continuity Risk for Specialised Services Commissioning.

Support for the following initiatives:

- Single Commissioner for Secure Mental Health Services Project Initiation Document (PID),
- Managing Length of Stay for Intestinal Failure Services
- Nursing Provision Intestinal Failure (Home Care),
- Type A Aortic Dissection – Single South Wales Provider

- Non-prioritisation of BCUHB schemes within the WHSSC IMTP schemes included in the 2022/25 WHSSC plan,
- Delivery and Assurance Commissioning Arrangements for Operational Delivery Networks, and
- WHSSC Cardiac Review – Outcomes of Phase 1,
- ABUHB Obesity Surgery Business Case - Designated Provider Assessment
- Mental Health Specialised Services Strategy for Wales 2024/25 – 2028/29,
- Chimeric Antigen Receptor T-Cell Therapy (Car-T): Outsourcing for Additional Capacity,
- Adult Specialised Rehabilitation Services 5 year Commissioning Strategy.

WHSSC received a letter from Welsh Government on 20 March 2023 accepting the Joint Committee's recommendation that WHSSC should become the single commissioner for low and medium secure services. Work on finalising the Mental Health strategy and developing the governance framework to support the single commissioner project is now underway but this will be a key area within the new JCC.

The last specialised services strategy was published in 2012. During the intervening period there has been significant challenge related to the pace of development of innovative treatments, an increasingly austere financial climate, the unprecedented and disruptive impact of the COVID-19 pandemic on NHS care and the recent extreme financial pressures facing the NHS. The policy context within NHS Wales has also changed during this time and any strategy will need to be aligned to a number of major policy developments. The Specialist Services Strategy was published on 19 May 2023 and Management Group members have been instrumental in providing feedback to help shape the final document.

### **Welsh Healthcare Financial Management Association (HFMA) Innovation, Digital & Data Award**

James Leaves, Interim Director of Finance, WHSSC and Sandy Tallon, Head of Information, WHSSC were awarded the 'Innovation, Data and Digital' HFMA Wales Branch award in October 2023. James, Sandy and their teams have been working on the financial costs and effects of the new Cystic Fibrosis drug called 'Kaftrio'. WHSSC were instrumental in arranging for the drug to be prescribed to Welsh patients from the autumn 2020. Digital Health and Care Wales (DHCW) data was used to analyse inpatient, outpatient and emergency attendances of the Kaftrio patient cohort, comparing information before and after their first prescription of the new drug. The HFMA is the professional body for finance staff working in healthcare, and the various winners were announced at the annual HFMA/ACCA conference.

Kendal Smith, Kerry Lutchman Singh and the team had an article published titled; Cardiac interventions in Wales: A comparison of benefits between NHS



Wales specialties. This continues the work on the SAIL database and was a collaborative piece of work with the cardiac network.

## **5.0 WORKSHOPS**

MG received a presentation on CVUHB Shaping Our Future Wellbeing Strategy and this led to a Clinical Strategies Workshop on 26 October 2023.

The 2023-2024 Integrated Commissioning Plan was signed off with a number of identified savings and a condition that WHSSC and Health Board staff make a 1% additional pathway saving (approximately £7m). An efficiency and recommissioning Board was established to take forward this piece of work. In addition, financial savings targets with financial improvement options were requested by the Minister for Health and Social Services for NHS Wales. To respond to this request three tranches of savings were running concurrently throughout 2023-2024.

During 2023–2024, the Group held a series of workshops on the development of the Integrated Commissioning Plan for 2024-25. Due to the austere financial context within which the plan was developed, there was a heavy emphasis upon value, recommissioning and efficiency. A triangulated risk assessment was undertaken with the Management Group in a workshop on 23 November 2023 to prioritise uncommitted schemes from previous plans alongside the results of the CIAG prioritisation process for 2024-2025 which ensured that informed choices were made by the JC.

An updated ICP with a range of financial scenarios was presented to MG in January 2024 following discussion at the December 2023 ICP workshop with JC members. A financial summary with a composite scenario was presented in response to these discussion at MG on 25 January 2024 and JC on 30 January 2024. These discussions were helpful and enabled WHSSC to present an updated ICP to the Joint Committee on 30 January 2024. Further work was requested and further financial scenarios were presented to the Management Group workshop on 22 February 2024. A further ICP Plan was presented to an Extraordinary JC meeting for approval on 27 February 2024. The ICP was not approved at this Extraordinary JC meeting and a request was made for further work. A presentation was provided to NHS Wales Directors of Finance peer group and other colleagues in the context of the 3.67% allocation uplift, savings and choices A further ICP was prepared and presented back to the JC meeting on 19 March 2024. Following discussions, it was a broadly agreeable plan and the JC approved the ICP subject to;

- An agile and flexible approach to delivery of the plan over the next 12 months,
- Recognition that they were carrying a degree of risk in the system,
- The need for the JCC team to undertake further interrogative work on medicines management and optimisation,

- A finance working group being set up to ensure HBs were closer to the recurrent spend across the year,
- Work being undertaken in parallel with HBs on policy and looking at sustainability of specialised services across Wales, including consideration of what is feasible for NHS Wales and what needs to be commissioned from NHS England to manage the volatility and instability for the next 12 months
- The risk share utilisation agreement to be reviewed and updated in conjunction with DoFs; and
- That the new JCC has strategic discussions on the delivery of the Specialised Strategy for Wales.

WHSSC was delighted to receive 'substantial assurance' from Internal Audit on the processes for the development of the ICP during 2024.

## **6.0 LINKS WITH SUB COMMITTEES AND REPORTING RESPONSIBILITIES**

WHSSC Directors on the Group provide linkage with the Joint Committee and its joint Sub-Committees, such as the WHSSC Quality & Patient Safety Committee, Audit Committee (of the host organisation) and clinical networks. LHB Members of the Group provide a link to each LHB.

The Group direct specific patient risks to the Quality & Patient Safety Committee and the link for this is the Director of Nursing and Quality Assurance.

## **7.0 WORK PROGRAMME**

In order to monitor progress and any necessary follow up action, the Group has developed an Action Log that captures all agreed actions. This has provided an essential element of assurance to the Group, and onwards to the JC.

In addition, a comprehensive 12-month forward work plan is presented to each Group meeting.

Following each meeting, a briefing is provided to Members capturing the main decisions made at the meeting. The briefings are available on the WHSSC website as they are a standing item on the Joint Committee Agenda:

<https://whssc.nhs.wales/joint-committee/committee-meetings-and-papers>

Full minutes of each meeting are considered and approved at the following meeting.

## **8.0 ASSESSMENT OF GOVERNANCE AND RISK**

The Group provides an essential element of the overall governance framework for the organisation. It has operated within its Terms of Reference (ToR) and in

accordance with the Governance and Accountability Framework and meetings are well attended with good engagement from HB members.

A copy of the Terms of Reference are attached at **Appendix 1**. The ToR were reviewed and presented to the April 2022 Management Group meeting. Members supported the proposed changes and these ToR were approved by the Joint Committee at its May 2022 meeting. Due to the ToR being substantially reviewed during 2022 and following the announcement by Welsh Government on 23 January 2023 that a review of National Commissioning Functions will be undertaken, a decision was taken not to update the ToR during 2023-2024.

Following the establishments of the NHS Wales Joint Commissioning Committee on 1 April 2024 a transition plan has been agreed and the existing sub-committee arrangements (including the WHSSC MG) will continue during Quarter 1 of 2024-2025.

The results of the annual self-assessment exercise for 2022-2023 was presented to the June 2023 MG meeting as an appendix to the Managing Directors Report and overall the survey received a positive response. The Group will not be undertaking a self-assessment exercise for the 2023-2024 year as there will be transition arrangements in place following the establishment of the new Joint Commissioning Committee from 1 April 2024. The Transition Plan is still under development but the WHSSC Management Group will continue to operate during Quarter 1 of 2024-2025. The new JCC will review the sub-committee arrangements during Quarter 1 of 2024-2025.

## **9.0 ASSURANCE TO THE JOINT COMMITTEE**

The Group wishes to assure the Joint Committee that, based on the work completed by the Committee during 2023-24, there are effective governance measures in place. The Group is well established with a clearly defined role, remit and work programme. The reporting into the Group has been strengthened during 2023-2024 following the re-introduction of a robust performance report, which is prepared and discussed at each meeting.

As laid out in the Specialised Services Strategy WHSSC's mission is to 'ensure the delivery of high quality, sustainable healthcare services for the people of Wales which are responsive to change, accessible, and maximise value and outcomes within available resources'. As a mature commissioner of over 120 services on behalf of the seven Health Boards in Wales we take a balanced view across all of the domains of performance and ensure best practice assurance and reporting is in place.

The approach set out for performance management within WHSSC has been strengthened within the year and was ratified as a suite of documents at the May 2023 meeting of Joint Committee. A refreshed Performance Management Framework was agreed as part of the overall Commissioner Assurance

Framework (CAF) and this has been implemented and embedded throughout the year. It is an important part of our legacy statement as we move to the new Joint Commissioning Committee.

## **10.0 CONCLUSION AND LOOK FORWARD**

The Group is fulfilling its role as set out within the ToR and there are no matters that the Group is aware of at this time that have not been disclosed appropriately. The Group is committed to continuing to develop its function and effectiveness and will be keen to support the transition into the newly established Joint Commissioning Committee (JCC).

During the transition period, the Group intends to continue to pursue a full programme of work covering a wide range of topics and subject areas.



**Sian Lewis**  
**Chair of the Management Group**



**WELSH HEALTH SPECIALISES SERVICES COMMISSION**

**MANAGEMENT GROUP**

**Terms of Reference (ToR)**

<b>Document Author:</b>	Corporate Governance Manager
<b>Executive Lead:</b>	Committee Secretary
<b>Approved by:</b>	Management Group
<b>Issue Date:</b>	10 May 2022
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## 1.0 Introduction

- 1.1 The Standing Orders of the Joint Committee provide that *“The Joint Committee may and, where directed by Welsh Government must, appoint sub-committees either to undertake specific functions on the Committee's behalf or to provide advice and assurance to the Committee in the exercise of its functions. The Joint Committee's commitment to openness and transparency in the conduct of all its business extends equally to the work carried out on its behalf by sub-committees”*.

In line with standing orders (3.4.1) and the scheme of delegation, the Joint Committee shall nominate a sub-committee to be known as the **Management Group (“the Group”)**. The detailed terms of reference and operating arrangements set by the Joint Committee in respect of this sub-committee are set out below.

- 1.2 The role of the Management Group is to support WHSSC in the development and implementation of the Specialised Services Strategy,
- 1.3 The Joint Committee will have overall responsibility for and oversight of service and financial performance which will be operationalised through the WHSSC Staff and co-ordinated via the Management Group,
- 1.4 The governance arrangements of the Host Health Board “Cwm Taf” will apply and this includes the audit arrangements as approved by the Joint Committee,
- 1.5 All matters relating to specific Providers will be dealt via the Service Level Agreements monitoring mechanisms and in accordance with the Business Framework.

## 2.0 Purpose

- 2.1 The overall purpose of the Management Group (*“The Group”*) is to make recommendations to the Joint Committee and be the Specialised Services Commissioning operational body responsible for the oversight of the development, scrutiny and implementation of the Specialised Services Strategy. It will underpin the commissioning of Specialised Services to ensure equitable access to safe, effective, sustainable and acceptable services for the people of Wales.
- 2.2 The Group will be responsible for undertaking the following functions :
- m) To make recommendations, monitor and agree the Integrated Commissioning Plan (ICP) for Specialised Services for approval by the Joint Committee which will support the development of individual LHB Integrated Medium Term Plans (IMTP's),

- n) To receive recommendations from the WHSSC Commissioning Teams and to make recommendations to the Joint Committee regarding service improvements including investments, disinvestments and other service change,
- o) To oversee contract performance monitoring and management including monitoring the overall financial position, key variances and the main actions to address performance issues,
- p) To undertake the role of Project Board or provide membership for Project Boards for specific workstreams and projects as approved by the Joint Committee and monitor their implementation,
- q) To consider consultation outcomes and recommended pathway changes before consideration by the Joint Committee,
- r) To ensure the development and maintenance of the needs assessment across Wales for Specialised Services,
- s) To agree and recommend commissioning/service issues to the Joint Committee which are to be considered as part of the Integrated Commissioning Plan. This will include issues which will have an impact on the plan raised by other sub-committee/advisory groups,
- t) To ensure the two way flow of information between Health Board and the WHSS team ensuring relevant Health Board Executives and clinical teams are kept abreast of specialised service developments and the WHSST are aware of Health Board service developments which may impact on specialised services,
- u) To make recommendations annually those services that should be planned on a national basis and those that should be planned locally,
- v) To consider the appropriate level of funding for the provision of specialised and tertiary services at a national level (including those to be delivered by providers outside Wales), and determining the contribution from each LHB for those services (which will include the running costs of the Joint Committee and the WHSST) to support recommendations to the Joint Committee,
- w) To consider the in year risks associated with the agreed service portfolio and new pressures that may arise; and
- x) Monitor the outcomes of specialised and tertiary healthcare services and ensure that the LHB is aware of performance and that take appropriate local action.

2.3 The Members of the Group acknowledge and accept that it will operate in tandem with the local commissioning teams in the Health Boards.

### **3.0 Delegated Powers and Authority**

The Group is authorised to:

- To scrutinise business cases submitted by provider organisations and authorise funding release in accordance with the WHSSC approved ICP.
- Investigate or have investigated any activity within its Terms of Reference



and in performing these duties shall have the right, at all reasonable times, to inspect any books, records or documents of the Joint Committee & WHSSC. It may seek any relevant information from any employee and all employees are directed to cooperate with any reasonable request made by the sub-committee,

- obtain external legal or other independent professional advice and to secure the attendance of external experts/ advisors with relevant experience and expertise if it considers it necessary, subject to NHS procurement, budgetary and other requirements, and
- by giving reasonable notice, require the attendance of any of the officers or employees at any meeting of the Group.

#### **4.0 Sub Groups**

The Group may establish sub-groups or task and finish groups to carry out on its behalf specific aspects of the business within its remit.

#### **5.0 Membership**

5.1 The following will be Members of the Group;

- The Managing Director,
- The Director of Nursing and Quality,
- The Director of Finance & Information,
- The Medical Director,
- The Director of Planning,
- The Committee Secretary, and
- Relevant WHSSC Staff.

WHSSC Directors can be represented by their nominated deputy if they are unable to attend the meeting.

5.2 Health Board Members of the Group shall be appointed by the Joint Committee and derived from the 7 LHBs.

5.3 The Membership of the Group will consist of 2 representatives from each HB usually a senior LHB planning/commissioning representation and senior Finance representation. However this will be for each HB to determine, subject to approval by Joint Committee as 5.2 above.

If any member is unable to attend a nominated deputy can attend with prior agreement from the Chair.

5.4 Other members may be appointed as deemed appropriate by the Group.

5.5 Members from the NHS Trusts in Wales and/or Provider arm of Local Health Boards will be invited to attend meetings as required.

5.6 The Group will be chaired by the Managing Director for Welsh Health Specialised Services.

5.7 If absent, the Chair will nominate one of the WHSSC executive Directors to Chair the meeting.

5.8 Other staff may be invited to attend the Group as required.

## **6.0 Attendance**

6.1 The Internal and External Auditors will be invited to attend as and when required at the discretion of the Group or at the Auditors request

6.2 Such other officers as the Chair determines shall be invited to attend, from time to time, as and when required to assist with its discussions on any particular matter.

## **7.0 Member appointments**

7.1 The membership of the Group shall be determined by the Joint Committee, based on the recommendations of the Chief Executives of Health Boards - taking account of the balance of skills and expertise necessary to deliver the Group's remit.

7.2 Membership will be reviewed every three years.

## **8.0 Support to Members**

The Committee Secretary, on behalf of the Chair, shall:

- Determine the secretarial and support arrangements for the Group,
- Arrange the provision of advice and support to the Group members on any aspect related to the conduct of their role, and
- Co-ordinate the provision of a programme of organisational development for Sub-committee members.

## **9.0 Meetings**

### **9.1 Quorum**

At least four of the LHBs must be represented and a total of six members must be present to allow any formal business to take place at the Management Group.

## **9.2 Frequency of meetings**

Meetings shall be held monthly.

## **9.3 Dealing with Members' interests during meetings**

Declarations of interest will be a standing agenda item for all meetings. Members must declare if they have any personal or business pecuniary interests, direct or indirect, in any contract, proposed contract, or other matter that is the subject of consideration on any item on the agenda for a meeting.

Interests declared at the start of, or during a meeting will be managed in accordance with section 7.3 of the WHSSC Standing Orders.

The Chair, advised by the Committee Secretary, must ensure that the decisions on all matters brought before it are taken in an open, balanced, objective and unbiased manner. In turn, individual members must demonstrate, through their actions, that their contribution to the decision making is based upon the best interests of the NHS in Wales.

Where individual Members identify an interest in relation to any aspect of business set out in the meeting agenda, that member must declare an interest at the start of the meeting. Members should seek advice from the Chair, through the Committee Secretary before the start of the meeting if they are in any doubt as to whether they should declare an interest at the meeting. All declarations of interest made at a meeting must be recorded in the minutes.

## **9.4 Responsibilities of Members and Attendees**

Members have a responsibility to:

- a) Attend at least 75% of meetings (or ensure a nominated deputy attends), having read all the papers beforehand,
- b) Disseminate information throughout their respective organisation and through the appropriate Peer Groups and other networks,
- c) Brief the Chief Executive of their respective LHBs/Trusts prior to the meeting of the Joint Committee,
- d) Identify any agenda items to the Committee Secretary

## **9.5 Withdrawal of individuals in attendance**

The Chair may ask any or all of those who normally attend but who are not members to withdraw to facilitate open and frank discussion of particular matters.

## **9.6 Agenda and Papers**

The Chair will determine the agenda for each meeting, taking into account any suggestions or requests from individual members.

The Committee Secretary will ensure that:

- all papers are distributed at least 7 days prior to the meeting,
- a briefing is circulated to Members within 7 days of the meeting so this can be used as part of the local briefing mechanisms,
- the Management Group Briefing will be sent to the Joint Committee for information,
- the confirmed minutes are available upon request; and
- items for information will not be considered by the Committee in accordance with the Business Framework 4.1.5. These items will be circulated outside of the meeting.

A schedule of dates for the meetings will be published for the year ahead. Meetings will be carried out openly and transparently in a manner that encourages the active engagement of stakeholders.

## **9.7 Conduct of Meetings**

The Chair, will preside at any meeting of the Management Group. The Group may invite individuals or groups to address its meetings.

All meetings will normally be held in WHSSC Offices or virtually.

## **9.8 Values and Standards**

The Management Group will conduct all its activities in accordance with NHS Values and the Standards of Behaviour Framework set for public services in Wales. Individual members will operate within their defined standards of behaviour framework, which incorporates the Seven Principles of Public Life (the Nolan Principles).

## **9.9 Secretariat**

The Management Group will be supported by the Committee Secretariat and the WHSSC Committee Secretary. The Secretariat will:

- provide the first point of contact for members in relation to all routine business,
- co-ordinate the activities of the Management Group,
- arranging meetings and issue invites for each meeting,
- agree agendas with the Chair and prepare, collate and circulate papers,
- ensure that all papers are distributed at least seven clear days in advance of any meeting,
- ensure that the draft minutes will be provided to the meeting Chair within ten working days following the meeting,
- ensure that there is a register of actions agreed at meetings and seeking timely updates from members with regards to their specific action points; and

- maintain records of members' appointments and renewal dates.

## **10.0 Reporting & Assurance Arrangements**

### **10.1 Reporting**

**The Management Group is directly accountable to the Joint Committee for its performance in exercising the functions set out in these terms of reference.**

The Chair of the Group shall:

- report formally to the Joint Committee on the Group's activities. This includes verbal updates on activity, the submission of the Briefings and written reports,
- bring to the Joint Committee's specific attention any significant matters under consideration by the Group,
- include in matters for decision, the formal views of the group, for consideration by the Joint Committee; and
- ensure appropriate escalation arrangements are in place to alert the Joint Committee Chair, Chief Executive or Chairs of other LHBs and relevant sub committees of any urgent/critical matters that may affect the operation and/or reputation of the LHBs.

The Joint Committee may also require the Chair of the Management Group to report upon the group's activities at public meetings or to partners and other stakeholders including NHS Wales Health Boards where this is considered appropriate.

### **10.2 Applicability of Standing Orders to Committee business**

The requirements for the conduct of business as set out in the WHSSC Standing Orders are equally applicable to the operation of the sub-committee.

### **10.3 Review of Effectiveness**

The Committee Secretary, on behalf of the Joint Committee, shall oversee a process of regular and rigorous self-assessment and evaluation of the group's performance and operation including that of any sub-groups established.

## **11.0 Relationships and accountabilities with WHSSC and its Sub-Committees/Groups**

11.1 Although the Joint Committee has delegated authority to the Sub-committee for the exercise of certain functions as set out within these terms of reference, it retains overall responsibility and accountability for ensuring the quality and safety of healthcare for those citizens for whom it secures that healthcare,

The Sub-Committee, through the Chair and members, shall maximise cohesion and integration across all aspects of governance and assurance through the joint planning and co-ordination of the Joint Committee and Sub-Committee business and sharing of information.

The Sub-Committee shall embed the corporate standards, priorities and requirements, e.g. equality and human rights through the conduct of its business.

The requirements for the conduct of business as set out in the Welsh Health Specialised Services Committee Standing Orders are equally applicable to the operation of the Sub-committee, except in the area relating to the Quorum.

11.2 The Group through its Chair and Members shall work closely with the Joint Committee's other sub-committees and groups, to provide advice and assurance to the Joint Committee through the:

- Joint planning and co-ordination of the Joint Committee and Sub-Committee business,
- Ensuring that any issues which have an impact on the ICP are considered by the Management Group, and
- Sharing of information.

In doing so, contributing to the integration of good governance across the organisation, ensuring that all sources of assurance are incorporated into the Joint Committee's overall risk and assurance framework.

## **12.0 Review**

These terms of reference shall be adopted by the Management Group and subject to review at least on an annual basis.