



# **ALL WALES INDIVIDUAL PATIENT FUNDING REQUEST (IPFR) PANEL**

## **Annual Report 2023-2024**

**Sub-Committee Chair:**

**James Hehir until 30  
September 2023  
Elizabeth Abderrahim  
from 1 November 2023**

## **ALL WALES INDIVIDUAL PATIENT FUNDING REQUEST (IPFR) PANEL ANNUAL REPORT 2023-2024**

### **1.0 INTRODUCTION**

In line with section 4.2 of Welsh Health Specialised Services Committee (WHSSC) Standing Orders and in accordance with best practice and good governance, the All Wales IPFR Committee ('the Sub-Committee') produces an Annual Report to the Joint Committee setting out how the Sub-Committee has met its Terms of Reference (ToR) during the financial year.

This report outlines the work of the WHSSC All Wales Independent Patient Funding Request Panel (IPFR) during the period 1 April 2023 – 31 March 2024.

### **2.0 BACKGROUND - THE ALL WALES IPFR PANEL**

The All Wales Independent Patient Funding Request (IPFR) Panel is constituted to act as a Sub Committee of the Welsh Health Specialised Services Committee (the Joint Committee), and hold delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board (HB) has agreed to routinely provide.

The Panel will act at all times in accordance with the all Wales IPFR Policy taking into account the appropriate funding policies agreed by WHSSC.

The Panel will normally reach its decision on the basis of the written evidence which is provided to it, including the request form itself and any other documentary evidence which is provided in support.

The Panel may, at its discretion, request the attendance of any clinician to provide clarification on any issue or request independent expert clinical advice for consideration by the Panel at a further date. The provision of appropriate evidence to the Panel will be entirely at the Panel Chair's discretion.

The IPFR Panel cannot make policy decisions. Any policy implications arising from their decisions are reported to the WHSSC Commissioning Teams and then to the WHSSC Policy Group for consideration.

The Panel have financial authorisation to agree funding up to a set limit of £300,000 for one-off packages and up to £1million for lifetime packages. Authorisation for any decisions resulting in a financial cost in excess of this limit must be reported to the Joint Committee.

There continued to be longstanding issues and risks which pre-dated, but were exacerbated by, the COVID-19 pandemic related to the terms of reference (ToR) of the All Wales IPFR Panel.

The WHSSC IPFR Panel terms of reference (ToR) are outlined in the "All NHS Wales Policy Making Decisions on Individual Patient Funding Requests (IPFR)", which is presented at **Appendix 1** for information. On [14 March 2023](#) the updated ToR were approved by the Joint Committee.

A revised Policy was due to be presented to the [18 July 2023](#) JC meeting for support prior to submission to the HBs for approval, however the report was deferred. As the Policy had not been approved, a decision was taken to defer the implementation of the updated WHSSC Terms of Reference pending the approval of the All Wales IPFR Policy. The only element of the updated WHSSC Terms of Reference that were progressed was the appointment of the independent Chair as the Interim Chair became ineligible after 30 September 2023.

An updated report was presented to the [21 November 2023](#) Joint Committee meeting and the All Wales IPFR Policy and some minor updates to the WHSSC ToR were supported. These were then taken forward by the Boards of the seven HBs for approval. Confirmation that the HBs had approved the updated Policy was received by February 2024. Welsh Government are in the process of liaising with stakeholders across Government regarding the Policy changes. A date will be agreed to implement the Policy across NHS Wales once a formal response is received from Welsh Government, but this is unlikely to be before April 2024.

All Wales IPFR Panel meetings are scheduled to be held twice monthly. When quoracy could not be achieved, Chairs Action Panel meetings (strengthened by including the attendance of two WHSSC Clinical Directors and a lay member representative) continued to operate. The longstanding issues related to the terms of reference (ToR) of the All Wales IPFR Panel and achieving quoracy during 2023-2024 continued to present challenges. Some meetings did not go ahead as non-attendance was only confirmed minutes before the meeting was due to start. A number of full IPFR panel meetings were stood down due to quoracy issues and this became problematic again during the beginning of 2024. Every effort was made to ensure the meetings were quorate and the importance of HB attendance has been raised at JC meetings.

It is anticipated that adoption of the new ToR will significantly reduce the occasions on which the Panel is not quorate and in preparation for the roll out of the updated All Wales IPFR Policy and WHSSC ToR a letter was sent to Medical Directors and IPFR Chairs on 9 February 2024 seeking confirmation of their Health Board representative under the new WHSSC Terms of Reference.

IPFR governance was identified as a risk on the WHSSC Corporate Risk and Assurance Framework (CRAF) on 20 October 2021 and was escalated from 16 to 20 following the judgment handed down in the Judicial Review case in December 2021. The risk score has remained at 20 since and will be reviewed once the all Wales IPFR Policy and the new WHSSC ToR are implemented.

The very long time line associated with the process to address the issues identified in the WHSSC ToR and All Wales IPFR Policy, illustrates the very significant complexities in taking forward this change. This is despite it being highlighted as one of the highest corporate risk within WHSSC for over a period of 2 years and is symptomatic of the lack of clarity around the governance arrangements within the arena of IPFR Policy.

### **3.0 MEMBERSHIP & ATTENDANCE**

#### **3.1 Membership**

The full panel of the Committee comprises members as outlined below. Membership during 2023-2024 consisted of the following:

- Independent interim Chair (from an existing Independent Member of the NHS Health Boards) until 30 September 2023,
- Interim temporary Chair (existing HB IPFR Chair acted as Interim Chair as a temporary measure pending the appointment of the substantive IPFR Chair) ,
- Independent Chair (under the updated WHSSC Terms of Reference) from 1 November 2023,
- Deputy IPFR Chair,
- Two Lay representatives,
- Two additional members (e.g. Pharmacy ,
- Nomination at Director level from each of the seven LHBs.

On 12 July 2022, the Joint Committee approved the appointment of Jim Hehir, Independent Member for CTMUHB as the interim Chair of the Individual Patient Funding Request (IPFR) Panel for an initial 6 month period on an unremunerated interim basis until January 2023.

The Joint Committee agreed to extend the interim chair arrangement until 30 September 2023 to enable sufficient time to be given to reviewing the feedback from the engagement process and to reviewing the person specification for the substantive Chair role. Jim Hehir formally stepped down as the interim Chair on 30 September when his tenure as independent member of CTMUHB ended.

Dr Richard Hain, Chair of the Cardiff and Vale UHB (CAVUHB) IPFR Panel and CAVUHB representative on the WHSSC IPFR Panel, acted as interim Chair for 2 meetings in October 2023 and Dr Ruth Alcolado, Deputy IPFR Chair also assisted with the consideration of urgent virtual email Chair Action decisions pending the substantive appointment of the IPFR Chair.

A recruitment process was undertaken in September 2023 and Mrs Elizabeth Abderrahim was appointed as the substantive Chair to the WHSSC Individual Patient Funding Request (IPFR) Panel from 1 November 2023.

Dr Ruth Alcolado, Medical Director NWSSP, stepped down as Vice Chair on 31 March 2024.

An additional two panel members can be appointed at the discretion of the Chair of the Panel, for example a member of the Ethics Committee or a Senior Pharmacist. A senior pharmacist was in attendance at 10 out of 13 full panel meetings during 2023-2024.

Two lay representatives are also regular attendees. A lay member was in attendance at 8 out of 13 full panel meetings during 2023-2024.

The Full Panel:

Name of Member	Designation	Time Period
James Hehir	Interim Chair Independent Member of CTMUHB	Up until 30 September 2023
Elizabeth Abderrahim	Independent Chair,	From 1 November 2023
Dr Ruth Alcolado	Vice Chair Medical Director, NWSSP (Interim Chair pending the appointment of the substantive Chair)	1 Apr 2023- March 2024
Currently no representative (but a number of HB members have Ethics backgrounds)	Ethics Committee Representative	-
Teena Grenier, BCUHB Mari Treharne, HDUHB	Senior Pharmacist Representatives on a rotational basis	1 Apr 2023- 31 March 2024
Anne-Marie Mathews	Lead for Clinical Commissioning/IPFR, ABUHB	1 Apr 2023- 31 March 2024
James Risley	Interim Deputy Executive Medical Director, BCUHB	1 April 2023- 31 March 2024
Richard Hughes Neil (Richard Evans)	Nurse Director, CTMUHB Primary Care Mental Health, CTMUHB	1 April 2023 -31 March 2024
Richard Hain Rim Al-samsam	Consultant & Clinical Lead, Paediatric Palliative Medicine, CAVUHB	1 Apr 2023- 31 March 2024

June Picton Will Oliver	AMD Professional Standards & Deputy MD, HDUHB	1 Apr 2023- 31 March 2024
Paul Buss	Director of Clinical Strategy, Corporate Services, Powys THB	3 August '23 – 21 Feb '24
Marie Davies	Deputy Director of Nursing, Nursing, Powys THB	6 March '24 – 31 March '24
William King	Consultant in Public Health Medicine, Powys THB	20 March '24 31 March '24
Keith Reid Helen Dean Paul Knaggs Judith Vincent Raj Krishnan Christine Morrell Mark Madams Amy Jayham Anjula Mehta	Swansea Bay UHB – 9 nominated representatives on a rotational basis, although not all have attended	1 Apr 2023- 31 March 2024
Details withheld	Lay Member	1 Apr 2023- 31 March 2024

The following WHSSC officers also attended the committee meetings during the year:

<b>Name of Attendee</b>	<b>Designation</b>
Iolo Doull	WHSSC Medical Director
Sian Lewis	WHSSC Managing Director [Deputy to WHSSC Medical Director]
Carole Bell	WHSSC Director of Nursing
Catherine Dew	WHSSC Patient Care Manager
Andrea Richards	WHSSC Project Manager, IPFR Team
Natalie Hall	WHSSC IPFR Manager
Helen Tyler	WHSSC Head of Corporate Governance
Andrea Richards	WHSSC Senior Project Manager
Dominique Grey-Williams	WHSSC Assistant Specialised planner

The Chair's Action Panel Membership during 2023-2024 included:

<b>Name of Attendee</b>	<b>Designation</b>
James Hehir	Interim Chair AW Panel up until 30 September 2023
Richard Hain	Interim Chair to provide cover during October 2024 and chaired one full IPFR meeting
Elizabeth Abderrahim	Chair from 1 November 2023
Dr Ruth Alcolado	Vice Chair AW Panel until 31 March 2024 and acted as interim Chair during October 2023 for decisions requiring Chairs Action.
Sian Lewis	WHSSC Managing Director (until 28 March 2024)
Carole Bell	WHSSC Director of Nursing and Quality Assurance
Iolo Doull	WHSSC Medical Director
Details withheld	Lay Member x 2
<b>In attendance</b>	
Catherine Dew	WHSSC Patient Care Manager
Andrea Richards	WHSSC Senior Project Manager
Natalie Hall	WHSSC IPFR Manager
Helen Tyler	WHSSC Head of Corporate Governance

### 3.2 Meeting Attendance 1 April 2023- 31 March 2024

Table 1 below outlines the dates and attendance for meetings during 2023-24.

Date	Quorate Y/N	ABUHB	BCUHB	CAVUHB	CTMUHB	HDUHB	Powys UHB	Swansea By UHB 9 Rotationa l Reps	Pharmacy 2 Rotationa l Reps	Lay Membe r	Full Panel- No. IPFRs considered	Chair's Actions- No. IPFRs considered	TOTAL IPFRs considered
06/04/2023	Y	✓	✓	✓	✓	✓	✓	✓	✓	X	11		
20/04/2023	Y	✓	✓	✓	X	✓	X	✓	✓	X	3		
04/05/2023	STOOD DOWN - NOT QUORATE	✓	X	✓	X	✓	X	✓	X	✓	0		
04/05/2023	N/A											4	
18/05/2023	Y	✓	✓	✓	X	✓	X	✓	✓	✓	12	4	
01/06/2023	Y	✓	✓	X	✓	✓	X	✓	✓	✓	11	0	
15/06/2023	STOOD DOWN - NOT QUORATE	✓	✓	X	X	X	X	✓	✓	✓	0	0	
15/06/2023	N/A										0	7	
06/07/2023	STOOD DOWN - NOT QUORATE	✓	X	✓	✓	✓	X	X	✓	✓	0	0	
06/07/2023	N/A										0	10	
20/07/2023	Y	✓	✓	X	✓	✓	X	✓	✓	✓	11	5	
03/08/2023	Y	✓	✓	✓	✓	✓	✓	✓	X	✓	8	0	



Agenda Item 3.5.5  
Appendix 5

17/08/2023	Y	✓	✓	✓	X	✓	X	✓	X	X	8	6
07/09/2023	Y	✓	✓	✓	✓	✓	✓	X	X	X	6	5
21/09/2023	STOOD DOWN - NOT QUORATE	✓	X	X	✓	✓	X	✓	✓	✓	0	0
21/09/2023	N/A										0	6
05/10/2023	STOOD DOWN - NOT QUORATE	✓	X	X (Stood in as Interim Chair)	✓	✓	X	✓	✓	✓	0	0
05/10/2023	N/A										0	5
19/10/2023	Y	X	✓	✓	X	✓	✓	✓	✓	✓	6	6
15/11/2023	N/A										0	8
28/11/2023	N/A										0	14
13/12/2023	N/A										0	6
03/01/2024	Y	✓	✓	X	✓	✓	✓	✓	✓	✓	3	
08/01/2024	N/A										0	1
17/01/2024	CANCELLED - NOT QUORATE	✓	X	X	X	X	X	X	✓	✓	0	1
17/01/2024	N/A										0	5
06/02/2024	N/A										0	8
07/02/2024	CANCELLED - NOT QUORATE	✓	X	X	X	✓	✓	✓	✓	✓	0	0
07/02/2024	N/A											1

Agenda Item 3.5.5  
Appendix 5

09/02/2024	N/A											3	
13/02/2024	N/A											1	
16/02/2024	N/A											3	
19/02/2024	N/A											4	
21/02/2024	Y	✓	X	✓	X	✓	✓	✓	✓	✓	9		
01/03/2024	N/A											2	
06/03/2024	Y	✓	✓	✓	✓	✓	✓	✓	✓	X	10		
11/03/2024	N/A											1	
12/03/2024	N/A											2	
14/03/2024	N/A											1	
20/03/2024	Y	✓	✓	X	✓	✓	✓	✓	✓	✓	6		
22/03/2024	N/A											2	
28/03/2024	N/A											2	
<b>TOTAL IPFRs Considered by full Panel &amp; Chairs Action Panel</b>											<b>104</b>	<b>123</b>	

### 3.3 Convening Panel Meetings – Challenges in Achieving Quoracy

The current All Wales IPFR Panel Terms of Reference (ToR), stipulate that to achieve quoracy an Independent Chair (or Vice Chair) and a minimum representation from 5 of the 7 HBs (3 of whom must be clinicians) is required. Achieving quoracy for the WHSSC IPFR panel is more challenging than for HB IPFR Panels, which require a Chair (or Vice Chair), who is usually a HB Medical Director, and just two clinicians (from its largely Executive Director membership).

Ensuring this attendance at meetings has continued to be a challenge. As detailed above 7 panels have had to be stood down and, where appropriate, applications determined by Chair’s Action panels. However, given the limitation placed on the authority of Chair's Action panels, a significant backlog of applications had developed and, to address this backlog and to ensure that patients were not disadvantaged by further delay, it was agreed that IPFR panels would be convened irrespective of quoracy with decisions made at inquorate meetings being ratified at the next quorate meeting. Subsequent to that decision all IPFR Panels have been quorate.

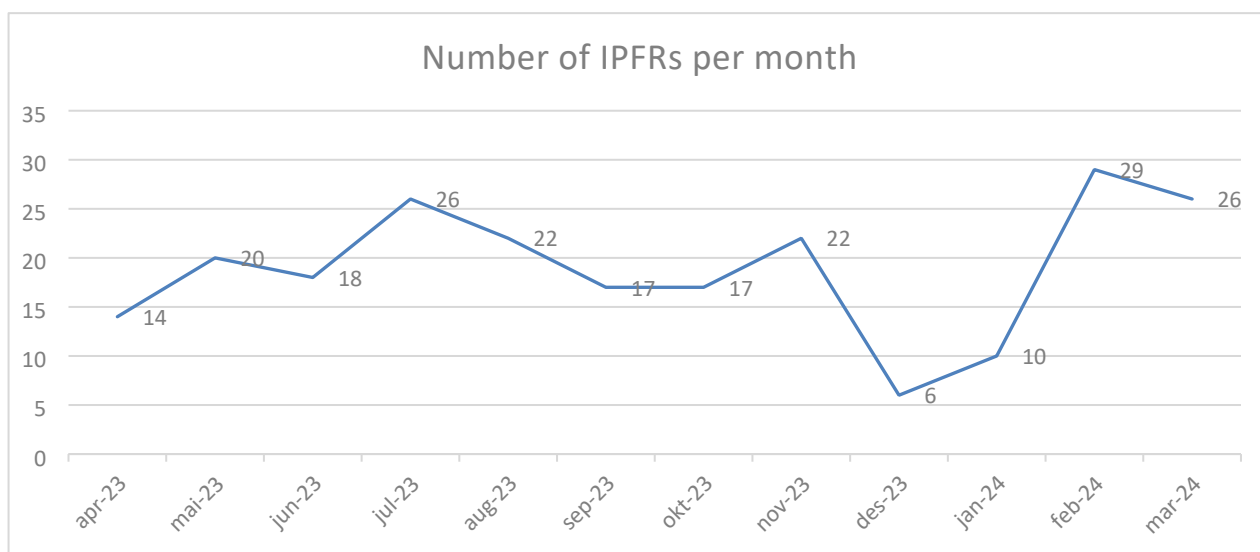
A change to the Terms of Reference will provide a better solution going forward as the number of HB representatives have been reduced from 5 to 4. During this reporting period, full panel meetings have been stood down because there have only been 4 HBs present.

## 4.0 MAIN AREAS OF COMMITTEE ACTIVITY

### 4.1 IPFR Requests Considered April 2023- March 2024

Table 2 below outlines the number of IPFR requests considered per month between 01 April 2023 and 31 March 2024. On average 18.9 requests were considered or reconsidered by either the full AW IPFR Panel or as a Chair’s Action each month.

Table 2 - Number of IPFR Requests Considered per Month 2023-2024



### 4.2. Categories of IPFR Requests April 2023-March 2024

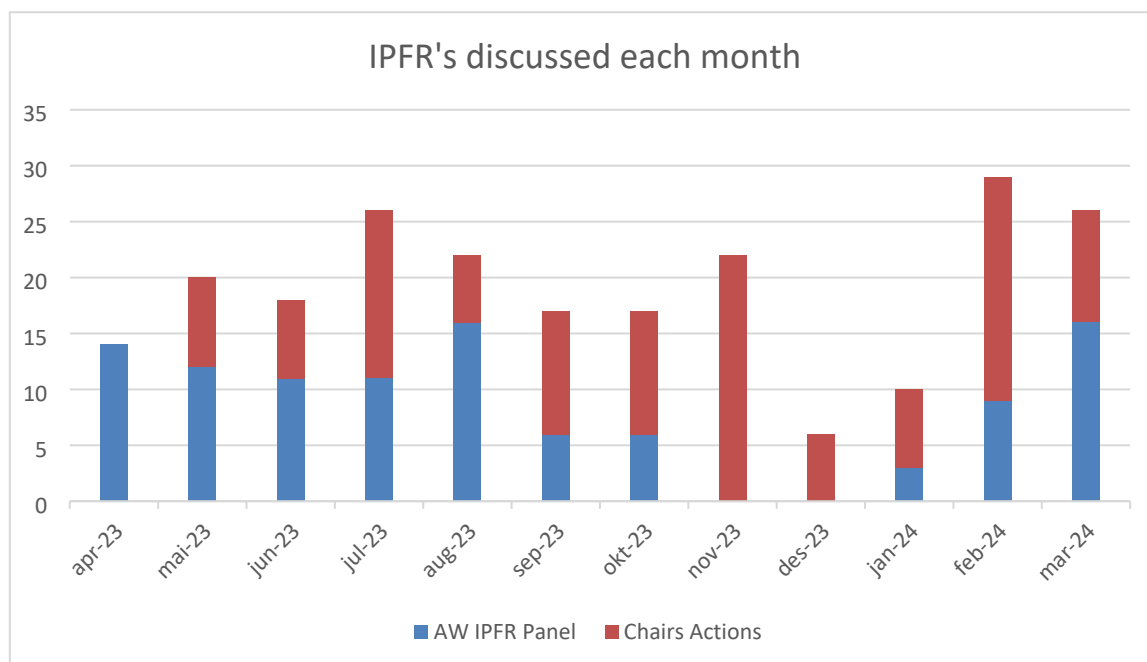
During 2023-2024 the IPFR Panel considered 227 new requests, 123 of these requests were discussed as Chair’s Actions. Of the 227 requests:

- 59 PET scans,
- 49 Drug treatments,
- 14 Fertility treatments
- 9 Cytoreductive Surgery with HIPEC treatments
- 20 Plastic Surgery treatments
- 10 Microprocessor Knees

186 (82%) IPFR requests were approved and 41 (18%) requests were declined. Thus, the majority of requests were approved. In comparison with 2022-2023, the approval rate for 2023-2024 was slightly higher as 76% of requests were approved and 24% of requests were declined.

Table 3 below provides a breakdown of the IPFR requests considered by the full panel, and by the Chair’s action panel.

Table 3 - IPFRs considered per month by the AW IPFR Panel and the Chair’s Actions Panel



Where funding was approved, clinical outcomes were routinely requested and the Panel was updated when outcomes were received. These outcomes were also relayed to the WHSSC programme teams to inform future revision and development of WHSSC commissioning policies and fed into the WHSSC prioritisation process.

In order to monitor progress and any necessary follow up, the WHSSC IPFR Manager provided administrative support to the Panel, including a work log that captured all of the agreed actions. This provided an essential element of assurance

for both the panel and from the panel to the Integrated Governance Committee (IGC) and the Joint Committee (JC).

## **5.0 REQUESTS FOR REVIEW OF THE DECISION MAKING PROCESS**

### **5.1 Request for Independent Review by a Health Board (HB)**

If an IPFR is declined by the panel, a patient and/or their NHS clinician has the right to request information about how the decision was reached.

During 2023-2024, WHSSC did not receive any requests for an Independent Review of the process followed by the All Wales Panel concerning an IPFR application.

### **5.2 Judicial Review**

IPFR applicants have the right to request that an IPFR decision is challenged on the grounds that it is unlawful, irrational/unreasonable and/or procedurally unfair, through a judicial review request to a court.

During 2023-2024, WHSSC did not receive any requests for Judicial Review.

### **5.3 Public Services Ombudsman for Wales (PSOW)**

No IPFR cases were referred to the Public Services Ombudsman for Wales during the reporting period.

## **6.0 REVIEW OF THE EFFECTIVENESS OF THE IPFR PANEL**

### **6.1 Individual Patient Funding Request Quality Assurance Group**

The Individual Patient Funding Request Quality Assurance Group consider, on a quarterly basis, an anonymised random sample of IPFR requests (one from each IPFR panel in Wales) in relation to their completeness, timeliness and efficiency of communication in line with the NHS Wales IPFR policy process. The full ToR of the group are available on the AWTTTC website (<https://www.awttc.org/ipfr/ipfr-quality-assurance-advisory-group>). The findings and recommendations of each audit is reported to the Joint Committee as part of the Chair Report.

### **6.2 IPFR Quality Assurance (QA) Group Audit**

The IPFR Quality Assurance (QA) group undertake quarterly audits on the quality of information considered by the panel. The table below provides a summary of the findings of the quarterly audits undertaken in 2023-2024:

<b>Quarter</b>	<b>Feedback from Audit</b>
<b>Apr-Jun 2023</b>	All criteria were met in the case assessed. The group considered that the application form was poorly

	completed by the clinician but the additional information provided was sufficient for the application to proceed to panel. As in the previous quarter, 95% of cases considered by WHSSC met the urgency stipulated, 100% of cases met the urgency in the same quarter in 2022.
<b>July – Sept 2023</b>	As in the case assessed at the last QA meeting all criteria were met. The group noted that the clinician had provided a good example of a well completed form. In the period July to September all cases met the urgency stipulated on the application form; an increase of 5% from the previous quarter and 3% higher than the same quarter in 2022. WHSSC provide a timely and well documented IPFR service
<b>Oct – Dec 2023</b>	All assessment criteria but one were met in the case assessed. The group noted that the submitting clinician, a GP, had provided a good example of a well completed form. The decision was made by Chairs action but the urgency specified allowed sufficient time for the application to be heard at the full panel meeting held two weeks later. In the period October to December, 94% of cases met the urgency stipulated on the application form; a decrease of 6% from the previous quarter and similar to the same quarter in 2022.
<b>Jan – March 2024</b>	Not yet reported

### **6.3 Annual Committee Review of Effectiveness Survey**

The results of the annual self-assessment exercise for 2022-2023 were shared with the IPFR Chair. The IPFR Panel will not undertake the usual annual self-assessment covering the 2023-2024 financial year due to the implementation of the new NHS Wales Joint Commissioning Committee (JCC).

## **7.0 ALL IPFR LEARNING AND TRAINING**

The annual All Wales IPFR Conference which provides an opportunity for learning and development will be held at Cardiff City Stadium on Thursday 16<sup>th</sup> May 2024 and Chaired by Dr James Coulson, Clinical Director, the All Wales Therapeutics and Toxicology Centre (AWTTC). Delegates have the opportunity to access sessions including application completion, ethics, law and the role of Panel members.

## **8.0 ALL WALES THERAPEUTICS AND TOXICOLOGY CENTRE IPFR ANNUAL REPORT 2023-2024**

The All Wales Therapeutics and Toxicology Centre (AWTTC) are in the process of publishing the 2023-2024 IPFR Annual report which will be available to view or download from the AWTTC website <https://www.awttc.org/ipfr>

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

The All Wales WHSSC IPFR Panel wishes to assure the Joint Committee that on the basis of the work completed by the Committee during 2023-2024, that the necessary measures continued in place to deal with the challenges of decision making during the transition period whilst awaiting confirmation that the new WHSSC ToR and All Wales IPFR Policy can be implemented.

A recruitment process was undertaken in September 2023 and Mrs Elizabeth Abderrahim was appointed as the substantive Chair to the WHSSC Individual Patient Funding Request (IPFR) Panel from 1 November 2023. Due to the time commitment and the complexity of cases this post is now remunerated.

The WHSSC Joint Committee receives a report at each meeting regarding the work of the Panel. In addition, a number of papers specifically addressing issues related to the ToR of the Panel and the implications of the Judicial Review have been considered throughout 2023-2024 as the requirement to implement the new IPFR Policy and WHSSC Terms of Reference remain outstanding.

Due to the issues related to the ToR, IPFR governance was identified as a risk on the WHSSC Corporate Risk Assurance Framework (CRAF). Following the judgment handed down in the Judicial Review case in December 2021 the level of risk was increased from 16 to 20. The risk score has remained at 20 since and will be reviewed once the all Wales IPFR Policy is and the new WHSSC ToR are implemented. Following confirmation from Welsh Government received on 17 April 2024, the new IPFR All Wales Policy will be implemented from 1 June 2024.

## **10. CONCLUSION AND LOOK FORWARD**

The Committee is committed to continuing to develop its function and effectiveness and in 2023-2024 will focus on the following:

- Continuing compliance with the All Wales IPFR Policy (June 2017) and decision making criteria,
- Continuing to mitigate the risks related to the unresolved governance issues as described above until the new Policy and ToR are implemented,
- Working with Health Boards to ensure their designated representatives attend each Panel and meetings are quorate,
- Further development of the committee members by completion of the annual IPFR training and development day;
- The new All Wales IPFR Policy and WHSSC Terms of Reference will be implemented from 1 June 2024, (at the time of writing confirmation had

been received from Welsh Government in a letter dated 17 April 2024 that the new policy can be adopted across NHS Wales);

- Undertaking a recruitment process for Lay Members under the new Terms of Reference. The role requirements as currently described in the ToR and the increasing workload and complexity of the work will mean that these role will be remunerated.



**Elizabeth Abderrahim,  
Independent Chair, individual Patient Funding Request Panel**



**TERMS OF REFERENCE – IPFR PANEL (WHSSC)  
PURPOSE**

To act as a Sub Committee of the Welsh Health Specialised Services Committee (the Joint Committee) and hold delegated Joint Committee authority to consider and make decisions on requests to fund NHS healthcare for patients who fall outside the range of services and treatments that a Health Board has agreed to routinely provide.

The Panel will act at all times in accordance with the all Wales IPFR Policy taking into account the appropriate funding policies agreed by WHSSC.

The Panel will normally reach its decision on the basis of all of the written evidence which is provided to it, including the request form itself and any other documentary evidence which is provided in support.

The Panel may, at its discretion, request the attendance of any clinician to provide clarification on any issue or request independent expert clinical advice for consideration by the Panel at a further date. The provision of appropriate evidence to the Panel will be entirely at the Panel Chair’s discretion.

<b>SCHEME OF DELEGATION REPORTING</b>	<b>MEMBERSHIP AND ATTENDANCE</b>
<p>The IPFR Panel has delegated authority from the Joint Committee to consider requests and make decisions, limited to the purpose set out above.</p> <p>The IPFR Panel cannot make policy decisions for the Health Board. Any policy proposals arising from their considerations and decisions will be reported to the Management Group and/or Joint Committee for ratification.</p> <p>Financial authorisation is as follows:</p> <ul style="list-style-type: none"> <li>- The panel’s authorisation limit is</li> </ul>	<ul style="list-style-type: none"> <li>• Independent Chair ( who will be from existing members of the NHS organisations Boards)</li> <li>• Two Lay representatives</li> <li>• Nomination at Director level from each of the LHBs</li> </ul> <p>A named representative from each of the seven Health Boards who should be a Director or Deputy/Assistant Director, or named deputies of appropriate seniority and experience who can operate in the capacity of the primary representative. The intention will be to secure an appropriate balance of professional disciplines to secure an informed multi-disciplinary decision.</p> <p>A further two panel members may be appointed at the discretion of the Chair of the panel, for example a member of the Ethics Committee or a Senior Pharmacist. These members should come from outside the 7 Health Boards and one of which would be nominated as the Vice Chair. The Chair of</p>

<p>set at £300,000 for one-off packages and £1million for lifetime packages</p> <p>- Any decisions resulting in a financial cost in excess of these limits must be reported to the Director of Specialised and Tertiary Services and the relevant Health Board for authorisation</p>	<p>the panel will review the membership as necessary.</p> <p>In attendance from WHSSC</p> <ul style="list-style-type: none"><li>• Medical Director or Deputy</li><li>• Director of Nursing or Deputy</li><li>• IPFR Co-ordinator</li><li>• Finance Advisor (if required)</li></ul> <p>Other WHSSC staff as and when required.</p>
--	---

## PROCEDURAL ARRANGEMENTS

**Quorum:** The Chair or Vice-Chair and representation from five of the seven Health Boards, three of which must be clinical representatives.

**Meetings:** At least once a month with additional meetings held as required and agreed with the Panel Chair. Video conferencing facilities will be available for all meetings.

WHSSC will be responsible for organising the WHSSC Panel and will provide members with all relevant documentation.

**Urgent Cases:** It is recognised that provision must be made for occasions where decisions may need to be made urgently.

Where possible, a “virtual panel” will be held to consider urgent cases. If this is not possible due to the urgency of the request, then the Director of Specialised and Tertiary Services together with the WHSSC Medical Director or Director of Nursing and the Chair of the WHSSC Panel (or Vice Chair) are authorised to make a decision outside of a full meeting of the Panel, within their delegated financial limits, on behalf of the Panel.

WHSSC will provide an update of any urgent decisions to the subsequent meeting of the Panel.

**Recording:** The WHSSC IPFR Co-ordinator will clerk the meetings to ensure proper records of the panel discussions and decisions are made. An electronic database of decisions will also be maintained.