

North West Specialised Services Joint Committee

Terms of Reference v1.4



Date	Version	Revision	Comment	Author / Editor
29.01.24	1.1	Initial ToRs	Comments incorporated from D.Atkinson (L&SC ICB) and C.Gaffey (GM ICB)	Matthew Cunningham
04.03.24	1.2	Updated TORs	Incorporating feedback from CWIG (9.02.24) and NW ICB Governance Leads mtg (04.03.24)	Matthew Cunningham
06.03.24	1.3	Updated ToRs	Incorporating additional arrangements for members, decision making and regular participants	Debra Atkinson
07.03.24	1.4	Updated TORs	Incorporating feedback from North West Specialised Commissioning Joint Committee members at its meeting on 07.03.24	Matthew Cunningham

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V1.4 approved by the: Board of NHS Cheshire and Merseyside ICB (*to add*)
Board of NHS Greater Manchester ICB (*28 March 2024*)
Board of NHS Lancashire and South Cumbria ICB (*Chair's Action 28 March 2024*)

Partner Organisations

Organisation Name	Address	Lead Contact Officer	Website
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NHS Greater Manchester ICB	4th Floor, 3 Piccadilly Place, Manchester, M1 3BN	Rob Bellingham	www.gmintegratedcare.org.uk
NHS Lancashire and South Cumbria ICB	Level 3, Christ Church Precinct, County Hall, Fishergate Hill, Preston, PR1 8XB	Professor Craig Harris	www.lancashireandsouthcumbria.icb.nhs.uk

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1. Introduction and purpose

- 1.1. From April 2024, Integrated Care Boards (ICBs) entering Delegation Agreements with NHS England for specialised services will become responsible for commissioning the Delegated Services set out in Schedule 2 of the NHS England Delegation Agreement, and for any associated Delegated Functions as set out in Schedule 3. These can be found in the appendices of this Terms of Reference.
- 1.2. Clause 8 of the Delegation Agreement requires ICBs to form an appropriate ICB Collaboration Arrangement to ensure that the Delegated Services are commissioned at the most efficient and effective level for each Specialised Service. It is

acknowledged that collaborative joint working arrangements provide opportunity for ICBs to better align and transform pathways of care around the needs of local populations.

- 1.3. Section 65Z5 of the National Health Service Act 2006 as amended ('the NHS Act') permits NHS organisations to delegate their functions to other statutory bodies. It also permits combinations of NHS organisations to jointly exercise their functions and pool funds in a joint working arrangement. In accordance with section 65Z5 of the NHS Act, ICBs can establish and maintain joint working arrangements, overseen by a Joint Committee, to jointly exercise the commissioning functions.
- 1.4. NHS Cheshire and Merseyside ICB, NHS Greater Manchester ICB and NHS Lancashire and South Cumbria ICB have agreed to establish a Joint Committee, which will be known as the North West Specialised Services Joint Committee (referred to as 'Joint Committee for the purposes of this Terms of References). The Joint Committee will oversee the North West ICB Collaboration Arrangement, supporting the Partners to collaboratively make decisions on the planning and delivery of the Delegated Services.
- 1.5. These terms of reference set out the role, responsibilities, membership, decision-making powers, and reporting arrangements of the Joint Committee in accordance with the Delegation Agreements between the ICBs and NHS England, and any agreement underpinning the North West ICB Collaboration Arrangement. These Terms of Reference will be published on the website of each partner organisation
- 1.6. Any of the three North West ICBs may, to such extent that they consider it desirable, table an item at the Joint Committee relating to any other of their functions that is not a Joint Specialised Service or a Joint Function to facilitate engagement, promote integration and collaborative working.

2. Role of the North West Specialised Services Joint Committee

- 2.1 The role of the Joint Committee shall be to carry out the strategic decision-making, leadership and oversight functions relating to the commissioning of specified Delegated Services as set out in Schedule 2 of the NHS England Delegation Agreement, and for any associated Delegated Functions as set out in Schedule 3 (Appendix One) and such ICB functions as agreed by the three North West ICBs.
- 2.2 The Joint Committee will oversee the North West ICB Collaboration Arrangement, supporting the ICBs to collaboratively make decisions on the planning and delivery of the Delegated Services. These terms of reference set out the role, responsibilities, membership, decision-making powers, and reporting arrangements of the Joint Committee in accordance with the Delegation Agreements between the ICBs and NHS England, and any agreement underpinning the North West ICB Collaboration Arrangement. These Terms of Reference will be published on the website of each of the three North West ICBs.
- 2.3 The Joint Committee will safely, effectively, efficiently and economically discharge the Joint Functions and deliver these Joint Specialised Services through the following key responsibilities:

- determining the appropriate structure of the Joint Committee
- oversee the development, implementation and review of the North West Specialised Services Target Operating Model (TOM) which sets out how the functions and responsibilities of commissioning specialised services will be discharged from 01 April 2024
- oversee the implementation and performance of the North West ICB Collaboration Agreement and Commissioning Team agreement between NHS England and the three North West ICBs
- making joint decisions in relation to the planning and commissioning of the relevant Delegated Services, and any associated commissioning or statutory functions, for the population, for example, through undertaking population needs assessments;
- have due regard to the triple aim duty of better health and wellbeing for everyone, better quality of health services for all and sustainable use of NHS resources in all decision-making;
- monitoring and delivering the population-based specialised service financial allocation and financial plans for services commissioned by the Partners, including agreeing the annual contribution made by each North West ICB, and the commissioning intentions for any Pooled Funds or Non-Pooled Funds where these are in use;
- with reference to the oversight and assurance of the Delegated Services in relation to quality, operational and financial performance, including co-ordinating risk and issue management and escalation, and developing the approach to intervention with Specialised Services Providers where there are quality or contractual issues;
- identifying and setting strategic priorities and undertaking ongoing assessment and review of Delegated Services within the remit of the Joint Committee, including tackling unequal outcomes and access;
- supporting the development of partnership and integration arrangements with other health and care bodies that facilitate population health management and, providing a forum that enables collaboration to integrate service pathways, improve population health and services, and reduce health inequalities. This includes establishing links and working effectively with health and care partners including Provider Collaboratives and cancer alliances, other ICBs, joint committees and NHS England where there are cross-border patient flows to providers;
- ensuring the Joint Committee has access to appropriate clinical advice and leadership, including through Clinical Reference Groups and Relevant Clinical Networks;
- ensuring that, prior to a decision being made by the Joint Committee in relation to the Delegated Services, appropriate consideration by relevant clinicians and other relevant disciplines has been undertaken;

- ensuring the Joint Committee has effective engagement arrangement in place with stakeholders, including patients and the public, and involving them in informing Committee decision-making;
- commencing longer-term planning of the Delegated Services, including the opportunities for transformation and integration of the services and functions;
- discussing any matter which any member of the Joint Committee considers to be of such importance that it should be brought to the attention of the Joint Committee;
- review and renew the operation of these terms of reference subject to the terms of any existing contractual commitments;
- otherwise ensuring that the roles and responsibilities set out in the agreement between the Partners are discharged.

2.4 The Joint Committee will also be used as a forum for NHS England and ICBs to discuss the development of Retained Specialised Services by NHS England. NHS England North West retains decision making responsibility for these services and will only be in attendance at the meetings of the Joint Committee.

3. Accountability and reporting

3.1 The North West ICB organisations are accountable to NHS England for the Delegated Services and Delegated Functions through the Delegation Agreement for Specialised Services.

3.2 As a Joint Committee of the three ICBs, the Joint Committee is accountable to the respective Boards of NHS Cheshire and Merseyside ICB, NHS Greater Manchester ICB and NHS Lancashire and South Cumbria ICB.

3.3 The North West ICB Collaboration Arrangement describe how the ICBs will collaborate to commission the Delegated Services and perform the Delegated Functions, and also describes how each ICB will hold each other to account for delivery of the Delegated Functions. The NHS England North West Commissioning Team Agreement with the three North West ICBs will also outline how the NHS England hosted hub will work collaboratively with and on behalf of the three ICBs throughout 2024-2025.

3.4 The Joint Committee will provide reports to the Boards of each of the three North West ICBs, and the NHS England Board via the North West Regional Management Team (RMT) and the North West Regional Commissioning Committee

3.5 The Joint Committee will report separately to each of the three ICBs via:

Cheshire and Merseyside
The Joint Committee will provide reports directly to the Board of NHS Cheshire and Merseyside. Highlight reports and confirmed minutes of meetings will be published within the papers of ICB Board meetings held in public. The Joint

Committee will also provide reports and minutes to the ICBs Strategy and Transformation Committee, which is the ICB Committee that has the role and responsibility for oversight of those specialised services to be commissioned solely by NHS Cheshire and Merseyside. The Joint Committee will also provide reports and minutes to other ICB Committees where required and when needing further decisions, such as in relation to procurement.

Greater Manchester

The Joint Committee will provide reports directly to the Board of NHS Greater Manchester. Highlight reports and confirmed minutes of meetings will be published within the papers of ICB Board meetings held in public. The Joint Committee will also provide reports and minutes to the Greater Manchester Specialised Services Group and / or Commissioning Oversight Groups as appropriate, which are the Groups that have the role and responsibility for oversight of those specialised services to be commissioned solely by NHS Greater Manchester. The Joint Committee will also provide reports and minutes to other ICB Committees where required and when needing further decisions, such as in relation to procurement.

Lancashire and South Cumbria

The Joint Committee will provide reports directly to the Board of NHS Lancashire and South Cumbria. Highlight reports and confirmed minutes of meetings will be published within the papers of ICB Board meetings held in public. The highlight reports will also be received by the Specialised Commissioning Oversight Group, which is the ICB group that has the role and responsibility for oversight of those specialised services to be commissioned solely by NHS Lancashire and South Cumbria. The Joint Committee will also provide reports and minutes to other ICB Committees where required and when needing further decisions, such as in relation to procurement.

- 3.6 The three North West ICBs may, from time to time, establish sub-committees or sub-groups of the Joint Committee to discharge its functions, with sub-committee and sub-group terms of reference being approved by the boards of the ICBs. Any such sub-committees or sub-groups will be required to report direct to the Joint Committee.
- 3.8 Any such sub-committees or sub-groups will that are in place at the commencement of the relevant ICB Collaboration Arrangement may be documented in the relevant schedules to that agreement.

4. Authority

- 4.1 The Joint Committee is authorised to:
- investigate and approve any activity as outlined within its terms of reference and within the collaboration agreement
 - seek any information it requires within its remit, from any employee or member of the three North West ICBs (who are directed to co-operate with any request made by the committee) within its remit as outlined in these terms of reference
 - obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary

to fulfil its functions. In doing so the committee must follow any procedures put in place by the partner ICBs for obtaining legal or professional advice

- create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee's members. The Committee shall determine the membership and terms of reference of any such task and finish sub-groups in accordance with the constitution, standing orders and SORD of each partner ICB but may/not delegate any decisions to such groups that are within the delegated authority of the Joint Committee without the approval of each the three ICB Boards
- commission, review and approve policies where they are explicitly related to areas within the remit of the Committee as outlined within the TOR, or where specifically delegated to the Committee by any of the three ICB Boards.

5. Membership

- 5.1 **Members.** The committee shall comprise of six members. The three North West ICBs will each identify two individuals to sit on the Joint Committee as a member. For each ICB, one member will be drawn from its ICB Executive Officers, and one will be drawn from its ICB Non-Executive Members.
- 5.2 In being a named member of the Joint Committee, each member, regardless of which ICB they are drawn from, are there as a member on the Committee for all three North West ICBs and are undertaking their duties and making decisions on behalf of all three North West ICBs.
- 5.3 **Member Deputies.** Each of the three North West ICBs will also need to identify a named Deputy to attend meetings of the Joint Committee if its named Executive Officer or its Non- Executive Member is unavailable or unable to attend or participate in the decision-making because they are conflicted. The named deputy will undertake the duties of and have the authority of the Executive Officer or Non-Executive Member at these Committee meetings when attending on their behalf.
- 5.4 The Executive Director members must ensure that any such named deputy is suitably briefed and qualified to act in that capacity.
- 5.5 **Independent membership and independent scrutiny.** By way of ensuring independent scrutiny each of the three North West ICBs will have one of their Non-Executive Members on the Joint Committee. Their role is:
- to provide constructive impartial challenge in the decision-making process;
 - to support the Joint Committee to reach a consensus position wherever possible;
 - to support the Joint Committee to exercise the Functions with reference to the statutory framework, good practice and the Triple Aim;
 - to encourage the joint committee to undertake effective stakeholder engagement and to have regard to the outcome of engagement exercises; and
 - to role model and support a regional perspective in relation to Specialised Services.
- 5.6 The named deputy for Non-Executive Members must also be another Non-Executive Member.

- 5.7 **Chair and Deputy Chair(s).** At the first meeting of the Joint Committee in each financial year, the Membership shall select a Chair, and its Deputy Chair(s), from amongst the named members of the Committee.
- 5.8 The Chair and Deputy Chair may not be appointed from the same ICB.
- 5.9 The incumbent(s) in the role / position of Chair and Deputy Chair shall hold office until such time as an individual is formally confirmed at the first meeting of the Joint Committee in the next subsequent financial year. At the first scheduled Joint Committee meeting after the expiry of the Chair's / Deputy Chairs term of office, the Committee Membership will select a Chair, and Deputy Chair(s), who will assume office at that meeting and for the ensuing term.
- 5.10 The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in these Terms of Reference.
- 5.11 **Regular Participants.** The Joint Committee may invite regular participants or observers at its meeting in order to inform its decision-making and the discharge of its functions as it sees fit.
- 5.12 Participants will receive advance copies of the notice, agenda and papers for board meetings. They may be invited to attend any or all of the Committee meetings, or part(s) of a meeting. Any such person may be invited, at the discretion of the Chair presiding over the meeting to ask questions and address the meeting but will not partake in any decision making.
- 5.13 The following may be invited to be regular participants to the Committee:
- a) Other Officers of the three North West ICBs
 - b) Medical Directors or deputies
 - c) representatives of NHS England
 - d) representatives from Provider Collaboratives
 - e) any other person that the Chair considers can contribute to the matters under discussion.
- 5.14 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.
- 5.15 **Membership lists.** The Joint Committee shall ensure that there is a prepared and up-to-date list of the members and regular participants of the Committee and that this list is made available to the Partners.
- 5.16 **Quorum.** A Joint Committee meeting is quorate if the following members are in attendance:
- the Chair, or Deputy Chair
 - at least one Executive Officer (or deputy)
 - at least one Non-Executive Member (or deputy).
- 5.17 Those in attendance should at the minimum include one member that has been drawn from each of the three North West ICBs for a meeting to be quorate.
- 5.18 An ICB that is unable to ensure that at least one of its members (or deputy) can attend a scheduled meeting of the Joint Committee must provide two weeks' notice

in writing to the Chair to allow alternative arrangements to be considered.

- 5.19 Where an ICB has failed to comply with 5.18 and does not attend the meeting of the Joint Committee, the meeting shall be considered to be quorate and any joint decisions taken will be binding on that ICB.
- 5.20 Further to 5.19, a decision must relate to an issue already notified to all ICBs as part of the meeting agenda or papers for the meeting. Any decision on an issue not previously notified to all of the ICBs will not be binding on the absent ICB.

6. Remuneration

- 6.1 The three North West ICBs shall prepare a scheme for the remuneration of any external participants and for meeting the reasonable expenses incurred.
- 6.2 The scheme shall be reviewed on an annual basis.

7. Meeting arrangements

- 7.1 The Joint Committee shall meet at least four times per year.
- 7.2 At its first meeting (and at the first meeting following each subsequent anniversary of that meeting) the Joint Committee shall prepare a schedule of meetings for the forthcoming year (“the Schedule”).
- 7.3 The Chair (or in the absence of a Chair, the Deputy Chair) shall see that the Schedule is notified to the members.
- 7.4 The three North West ICBs (individually or collectively) may call for a special meeting of the Joint Committee outside of the Schedule as they see fit, by giving notice of their request to the Chair and Deputy Chair. The Chair may, following consultation with all three North West ICBs, confirm the date on which the special meeting is to be held and then issue a notice giving not less than one weeks notice of the special meeting.
- 7.5 Use of video, telephone or other electronic communication means to conduct meetings of the Joint Committee is permissible with prior agreement of the Chair of the meeting. The Chair of the meeting will take into account the difficulties that might be posed to ensure proper access by members and attendees to the meeting should it, on occasion, be necessary to hold remote meetings and will make adjustments where possible.
- 7.6 The Joint Committee is not subject to the Public Bodies (Admissions to Meetings) Act 1960. Admission to meetings of the Joint Committee is at the discretion of the Partners. All members in attendance at a Joint Committee are required to give due consideration to the possibility that the material presented to the meeting, and the content of any discussions, may be confidential or commercially sensitive, and to not disclose information or the content of deliberations outside of the meeting’s membership, without the prior agreement of the Partners.

7.7 Meetings of the Joint Committee will be held in public where there is the agreement of all three North West ICBs to do so and where it is deemed in the public interest to do so in relation to the decisions required to be undertaken by the Committee.

8. Decisions making arrangements

8.1 The aim of the Joint Committee will be to achieve consensus decision-making by its members wherever possible, and decisions made by the Joint Committee will be consistent with the powers provided to it within these terms of reference and the ICBs Collaboration Arrangement.

8.2 The three North West ICBs must ensure that matters requiring a decision are anticipated and that sufficient time is allowed prior to Joint Committee meetings for discussions and negotiations between all three North West ICBs to take place, however this may not always be possible for urgent issues.

8.3 Where it has not been possible, despite the best efforts of the Committee, to come to a consensus decision on any matter before the Joint Committee, the Chair, in agreement with all members present, may defer the matter for further consideration at a future meeting of the Committee or require the decision to be put to a vote in accordance with the following provisions:

- each North West ICB has one vote, regardless of whether they have one or two of their named ICB members present at the meeting
- a vote will be passed with a simple majority
- there is no recourse for abstention.

8.4 In no circumstances may an absent member vote by proxy. Absence is defined as being absent at the time of the vote, but this does not preclude anyone attending by teleconference or other virtual mechanism from participating in the meeting, including exercising their right to vote if eligible to do so.

8.5 In no circumstances may a member, or nominated deputy contribute to the business of the committee meeting or decision-making by proxy.

8.6 Decisions undertaken by the Joint Committee are binding on the three North West ICBs.

9. Decisions outside of meetings of the Joint Committee (emergency decisions)

9.1 In exceptional circumstances where a decision is required outside of the schedule of meetings and where it is not possible or feasible to schedule a special meeting of the Joint Committee, a matter may be referred to the Chair of the Joint Committee for decision.

9.2 Where a decision is to be made outside of the meeting of the Joint Committee:

- each of the three North West ICBs should be notified and have the opportunity to provide input to the decision;

- the decision must be communicated in writing to all three North West ICBs as soon as practicable;
- the decision must be reported to the next meeting of the Joint Committee.

10. Dispute Resolution

10.1 Where helpful, the Joint Committee may draw on third-party support to assist them in resolving any disputes, such as peer review or support from NHS England. The Committee can invoke the escalation and dispute resolution processes as outlined within the North West ICB Collaboration Arrangement.

11. Administrative Support

11.1 The partners shall provide sufficient resources, administration and secretarial support to ensure the proper organisation and functioning of the Joint Committee.

11.2 The Joint Committee shall be supported with a secretariat function which will include ensuring that:

- the agenda and papers are prepared and distributed having been agreed by the Chair with the support of the relevant officer lead to the Committee
- records of conflicts of interest members' appointments and renewal dates. Provide prompts to renew membership and identify new members where necessary
- good quality minutes are taken and agreed with the chair. Keep a record of matters arising, action points and issues to be carried forward. Minutes of the meeting will be circulated to all Committee members within 10 working days of the meeting, highlighting actions by individual members
- the Chair is supported to prepare and deliver reports to the Boards of each partner ICB or other organisations, such as NHS England
- the Committee is updated on pertinent issues / areas of interest / policy developments; and
- action points are taken forward between meetings.

12. Publication of notices, minutes and papers

12.1 The Chair (or in the absence of a Chair, the ICBs themselves) shall see that notices of meetings of the Joint Committee, together with an agenda listing the business to be conducted and supporting documentation, is issued to the Partners one week (or, in the case of a special meeting, two days) prior to the date of the meeting.

12.2 The proceedings and decisions taken by the Joint Committee shall be recorded in minutes, and those minutes circulated in draft form within two weeks of the date of the meeting. The Joint Committee shall confirm those minutes at its next meeting.

13. Conduct and conflicts of interest

- 13.1 Members of the Joint Committee will be expected to act consistently with existing statutory guidance, NHS Standards of Business Conduct and relevant organisational policies.
- 13.2 Members should act in accordance with the Nolan Principles (the Seven Principles of Public Life).
- 13.3 Members should refer to and act consistently with the NHS England guidance: Managing Conflicts of Interest in the NHS: Guidance for staff and organisations.
- 13.4 Where any member of the Joint Committee has an actual or potential conflict of interest in relation to any matter under consideration by the Joint Committee, that member must not participate in meetings (or parts of meetings) in which the relevant matter is discussed, either by participating in discussion or by voting. An ICB whose Committee Member is conflicted in this way may secure that their appointed substitute attend the meeting (or part of meeting) in the place of that member.
- 13.4 Members of, and those attending, the Committee shall behave in accordance with the Constitution, Standing Orders, and Standards of Business Conduct Policy of each of the partner ICBs.
- 13.5 Members must demonstrably consider the equality, diversity, and inclusion implications of decisions they make.

14. Review

- 14.1 The Committee will review its effectiveness at least annually.
- 14.2 These terms of reference will be reviewed at least annually and earlier if required. Any proposed amendments to the terms of reference will be submitted to the Board of each North West ICB for approval.

Appendix One: Specialised Services within the responsibility and authority of the Joint Committee

Internal Medicine

26Z - Adult Highly Specialist Rheumatology
27Z - Adult Specialist Endocrinology
24Z - Specialised Dermatology
01J - Anal Cancer
01V - Biliary Tract Cancer
01W - Liver Cancer
19V - Pancreatic Cancer
33D - Distal Sacrectomy for
Advanced/Recurrent Rectal Cancer

Cancer

41S - Surgical Sperm Retrieval
41U - Urethral Reconstructive Surgery
01R - Radiotherapy (adult)
51R - Radiotherapy (paed)
01S - SRS/SRT
01K - Malignant Mesothelioma
01Y - Other Rare Cancers
01Q - Brain and CNS Cancers
01Z - Testicular Cancers
23A - Paediatric Oncology
01T - Teenage & Young Adult Cancer
41P - Prosthetic Penis Implants

Blood & Infection

18A - Infectious Diseases
18E - Bone and Joint Infections
03X - Haemophilia (Adult)
03Y - Haemophilia (Paediatric)

Trauma

31Z - Highly Specialised Pain Management
37C - Artificial Eye Services
34R - Specialised Orthopaedic Revisions
32D - Middle Ear Implants
32A - Cochlear Implants
34T - Major Trauma (Paeds)
08Y - Neuropsychiatry
08F - Neurosurgical Low Vol Procedures
(Regional)
08E - Neurosurgical Low Vol Procedures (Natl)
23N - Specialised Ophthalmology (Paed)

Women's & Childrens

13X - Adult CHD (Non Surgical)
13Y - Adult CHD (Surgical)
15Z - Cleft Lip and Palate
04C - Foetal Medicine
36Z - Metabolic Disorders
23Y - Highly Specialist Paediatric Pain Mgmt
E23 - Highly Specialist Paediatric Palliative
care
23B - Paediatric Cardiac Services
23P - Paediatric Dental Surgery
23D - Paediatric ENT
23F - Paediatric Gastro HPB and Nutrition
23Xb - Paediatric Gynae Surgery
23H - Paediatric Haematology Services
04G - Abnormally Invasive Placenta
23M - Paediatric Neurosciences
07Y - Paediatric Neurorehabilitation
08J - Selective Dorsal Rhizotomy
23Q - Paediatric Orthopaedics
PIC - Paediatric Critical Care
23R - Paediatric Plastic Surgery
23S - Paediatric Renal Services
23T - Paediatric Respiratory Services
23W - Paediatric Rheumatology Services
18C - Infectious Diseases (Children)
23Xa - Specialist Paediatric General Surgery
23Z - Paediatric Urology
35Z - Morbid Obesity (Children)
04P - Complex Termination of Pregnancy
17Zp - Specialist Allergy (Paed)