GIG CYMRU NHS WALES | Cyd-bwyllgor Comisiynu | Joint Commissioning Committee

Unconfirmed Minutes of the
NHS Wales Joint Commissioning Committee Meeting
held in public on
Tuesday 17 September 2024
Microsoft Teams/ In Person
at Charnwood Court, Nantgarw, CF15 7QZ

Members:		
Ian Green	(IG)	Chair, NHS Wales JCC (in person)
Susan Elsmore	(SE)	Lay Member, NHS Wales JCC (in person)
Richard Evans	(RE)	Interim Chief Executive Officer, Swansea Bay University Health Board
Philip Kloer	(PK)	Interim Chief Executive Officer, Hywel Dda University Health Board
Nicola Prygodzicz	(NP)	Chief Executive Officer, Aneurin Bevan University Health Board (from 10:42am, item 3.5)
Nia Roberts	(NR)	Lay Member, NHS Wales JCC
Carol Shillabeer	(CS)	Chief Executive Officer, Betsi Cadwaladr University Health Board
Hayley Thomas	(HT)	Chief Executive Officer, Powys Teaching Health Board
Paul Worthington	(PW)	Lay Member, NHS Wales JCC (in person)
Deputies:		
James Calvert	(JC)	Medical Director, Aneurin Bevan University Health Board (up to 10:42am, item 3.5)
Marie Davies	(MD)	Interim Executive Director of Strategic Planning, CVUHB (in person)
Linda Prosser	(LP)	Executive Director of Strategy & Transformation, Cwm Taf Morgannwg University Health Board (in person)
Associate Member:		
Abigail Harris	(AH)	Interim Chief Commissioner, NHS Wales JCC (in person)
In Attendance:		
Carole Bell	(CB)	Director of Nursing & Quality, NHS Wales JCC T (in person)
Iolo Doull	(ID)	Medical Director, NHS Wales JCC (in person)
Georgina Galletly	(GG)	Director of Transition and Transformation NHS Wales JCC (in person)
Stephen Harrhy	(SH)	Interim Board Director/Chief Ambulance Service Commissioner JCC Team (for item 4.3)
Nicola Johnson	(NJ)	Director of Planning and Performance, NHS Wales JCC (in person)

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Jason Killens	(JK)	Chief Executive Officer, Welsh Ambulance Services University NHS Trust
Helen Low	(Helen)	Patient (up to item 1.4)
Jacqui Maunder	(JM)	Committee Secretary & Associate Director of Corporate Services, NHS Wales JCC (in person)
Shane Mills	(SM)	Director for Commissioning and Mental Health, NHS Wales JCC (in person)
Rachel Marsh	(RM)	Executive Director of Strategy, Planning and Performance, Welsh Ambulance Service University NHS Trust
Angela Mutlow	(AM)	Director of Operations, Llais
Stacey Taylor	(ST)	Director of Finance and Information, NHS Wales JCC (in person)
Helen Tyler	(HTy)	Head of Corporate Governance, NHS Wales JCC
Ross Whitehead	(RW)	Director of Ambulance Commissioning, NHS Wales JCC (in person)

Observing:

Saja Muwaffak	(SMu)	Programme Manager/ Information and Outcomes Manager, NHS Wales JCC
Gwen Kohler	(GK)	Deputy Director of Finance, NHS Wales JCC

Apologies:

Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg University Health Boards
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff and Vale University Health Board
Nick Wood	(NW)	Deputy Chief Executive NHS Wales, Welsh Government

Minutes:

Karla Williams	(KW)	Interim Corporate Governance Officer, NHS Wales JCC (in person)

The meeting opened at 9:00am

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JCC24/064	**1.1 Welcome and Introductions** The Chair, Ian Green (IG) welcomed members, attendees and observers to the NHS Wales Joint Commissioning Committee (JCC) Public meeting. There were no objections to the meeting being recorded and it was confirmed that the recording would be available on the JCC website following the meeting. It was noted that a quorum had been achieved.
JCC24/065	**1.2 Apologies for Absence**

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	Apologies for absence were noted as listed above.
JCC24/066	**1.3 Declarations of Interest** Abigail Harris (AH) declared an interest regarding on discussions concerning Swansea Bay University Health Board (SBUHB) being the provider for Plastic Surgery Services for South Wales following her appointment as the new substantive Chief Executive Officer for SBUHB. No other declarations of interest were made relating to the items for discussion on the agenda.
JCC24/067	**1.4 Patient Story** Members received the Patient Story and Carole Bell (CB) welcomed Helen Low (Helen) to the meeting, and explained that she was a former in-patient at Tŷ Llidiard, a children's mental health hospital in Bridgend. Members noted that the unit covers South Wales and is one of two specialised Child and Adolescent Mental Health Services (CAMHS) units in Wales. The service was placed in escalation in 2018. The service spent a number of years in escalation and was finally taken out of escalation in 2023. Members viewed an ITV media clip which included an interview with Helen and the video described the progress that had been made by the unit whilst in escalation. The importance of patient engagement was seen as a critical element in the improvements. The story also highlighted the collaborative working between the former Welsh Health Specialised Services Committee (WHSSC) and National Collaborative Commissioning Unit (NCCU) in supporting the Health Board (HB). Helen thanked everyone for the opportunity to share her story and explained how angry she had initially felt as she felt ignored and she had lost trust in the system. With the correct help Helen had been able to turn her life around and she was currently a second year medical student. Over the last year and a half, she had spoken at Welsh Government (WG) groups about her lived experience and this had been a highly rewarding experience. Helen advised that she felt that her voice was being heard and thanked Lloyd Griffiths (LG), Head of Mental Health Nursing at Cwm Taf University Health Board (CTMUHB) and the team for their support. Members noted that during the last few months, Helen had been able to share her story in the hope that this would help create long term changes for patients and that she had devised a patient guidance document to support future patients "How to best support patients

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	with eating disorders" which she agreed could be shared with members. **ACTION**: The patient guidance "How to best support patients with eating disorders" to be shared with JCC members. Members acknowledged how difficult it must have been for Helen to share her story and applauded her for her bravery. Ian Green (IG) highlighted that her story was providing a positive impact despite the initial difficulties she had encountered. Susan Elsmore (SE) thanked Helen advising she had seen the video in the Quality and Patient Safety Committee (QPSC), and to hear the story directly from Helen herself was very enlightening and recognised the positive impact she would have not only now but in the future when she becomes a medical professional. Paul Worthington (PW) highlighted the quote made, "making a difficult time a bit nicer" which was very powerful and he advised that it was good to see the changes that were made to enable this to happen. IG asked if Helen had any message for the JCC as commissioner of this service. Helen advised having a focus outside of the clinical environment was important and highlighted that education was her motivation and had helped her, however education stopped at age 16 in Tŷ Llidiard, and this was not helpful to all patients, as not all people referred there were young people. AH queried how Helen got involved as a patient to help and if health services for young patients should extend to 25, as the continuity and transition was often lost. Shane Mills (SM) confirmed he was currently working on this to ensure this in included in the service specifications for frameworks. IG thanked everyone for their comments and thanked Helen for sharing her inspiring story. **ACTION**: A letter of thanks to be sent from the Chair of the JCC to Helen to thank her for sharing her patient story. The Joint Commissioning Committee resolved to: • **Note** the patient story.
JCC24/068	**1.5 Minutes of Meeting held on 16 July 2024 and Matters Arising** The minutes of the Joint Committee (JCC) meeting held on 16 July 2024 were **approved** as a true and accurate record of the meeting.

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	There were no matters arising.
JCC24/069	**1.6 Action Log** Members **noted** the progress on the actions outlined on the action log and agreed the completion of the actions marked as 'closed'. Jacqueline Maunder (JM) provided a brief update on the two open actions: • **JCC24/006 NHS 111 Wales Commissioning Arrangements** – an update was provided under the performance report and work was under development and a further update will be given at the November meeting; and • **JCC24/058 Ambulance Services Performance** - Discussions on Ambulance Service Performance took place during the JCC development day on 20 August 2024 and following the appointment of the new Director of Commissioning Ambulance Services and 111, work was progressing to develop ambulance performance reporting, and this will be incorporated into the performance report for the Joint Committee meeting on 12 November 2024.
JCC24/070	**2.1 Chair's Report** The Chair's report was received, and members noted the key meetings attended and updates as follows: • **Recruitment for the Chief Commissioner –** The Chair congratulated AH, Interim Chief Commissioner, on her appointment to the post of CEO at Swansea Bay UHB, and advised on the recruitment process for securing a substantive Chief Commissioner over the coming weeks; and • **Appointment of Lay Members -** The WG Public appointments team had progressed the recruitment process for the appointment of two additional JCC lay members. Members noted that two names had been put forward to the Cabinet Secretary for Health & Social Care for his consideration following the interviews with a view to the new lay members commencing their duties in November 2024. The Joint Commissioning Committee resolved to: • **Note** the report.
JCC24/071	**2.2 Interim Chief Commissioner's Report** The Interim Chief Commissioner's report was received and members noted the following updates: • **Integrated Medium-Term Plan (IMTP) 2024-27: Accountability Conditions -** On 9 August 2024 a letter was received from the Judith Paget, NHS Wales Chief Executive

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	informing the JCC that the IMTP submitted by the former Emergency Ambulance Services Committee (EASC) and the WHSSC on the 31 March 2024, together with the Ministerial priority templates, had been assessed as satisfactory, • **Health and Social Care Committee – Final Report – Welsh Ambulance Service Trust (WAST)** - The Final Report from the Senedd's Health & Social Care Committee concerning ambulance services will be considered, and a detailed report will be brought back to a future JC meeting following the work the Director of Commissioning Ambulance Services and 111 will do on the recommendations within the report, • **Deep Brain Stimulation (DBS) Service** – An update on the temporary service change in place with regards to referrals to North Bristol NHS Trust (NBNHST) was provided, • **North Wales Mother and Baby Unit –** SM confirmed the original completion date was summer of 2024 but the new provisional operational date was now 15 August 2025. The delay was due to contractor procurement and a final decision will be made next week; and • **Cardiac Review Phase 2** – A comprehensive update was provided on the progress to date with Phase 2 which will deliver demand and capacity planning, informed by a population needs assessment and concluding with an options appraisal that establishes the preferred future service configuration of WHSSC commissioned cardiac surgery and Transcatheter Aortic Valve Implantation (TAVI) activity, as well as the development of a new cardiac surgery service specification. Marie Davies (MD) requested an idea of timescales. AH advised that a more detailed update will be provided at a later date, once a dedicated resource was in place. The Joint Commissioning Committee resolved to: • **Note** the report.
JCC24/072	**3.1 Joint Commissioning Committee Governance Framework** The Governance Framework report was received and JM provided an update on developing the final elements of the NHS Wales JCC's governance framework. Members noted that in accordance with the JCC scheme of delegation and reservation of powers, approval of the JCC governance framework was reserved to HBs. Therefore, members were being asked to review and endorse the proposed sub-committee structure, accompanying terms of reference, the hosting agreement (HA) and the memorandum of agreement (MoA). Following the JCC meeting

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	the suite of documents will be submitted to individual HB Board meetings in September 2024 for final approval. JM advised the documents had been updated to reflect the discussion at Directors of Board Secretaries on 6 September 2024 and a formal review will be undertaken in April 2025. Members noted that to ensure the effective operation of the JCC as a Joint Committee, a Memorandum of Agreement (MoA) between all 7 x HBs had been established, which sets out the commitment and ways of working, including the agreed roles and responsibilities of the Chief Executive Officers of each constituent HB as individual officer members of the JCC. Members noted that a Hosting Agreement (HA) between the Host Body CTMUHB and the six other HBs had been established to outline the accountability arrangements and resulting responsibilities of the Host Body and the JCC and its team. During engagement on the development of the draft HA, it was identified that further work was required to ensure clarity on roles and responsibilities of the JCC in relation to: • The Handling of Concerns; and • Consultation & Engagement relating to service change Work had already commenced with the establishment of working groups with HB representation to develop protocols in relation to each of these areas. It was noted engagement with Directors of Corporate Governance (DoCGs) and other HB Executive leads would be essential. MD asked if there would be sufficient time to get these documents to HB for the September 2024 board meetings and JM confirmed that the timeline had been agreed with DoCGs and that the report and documents will be sent to HBs immediately after the meeting. Nia Roberts (NR) noted a typing error in section 3.5.5 of the HA and requested clarification on section 11.3. JM agreed to update these sections. Members noted that the JCC standing Orders (SOs) stipulated that the JC may appoint joint sub-Committees of the JC to undertake specific functions on the JC's behalf or to provide advice and assurance to others. As a minimum, it was required to establish joint sub-Committee arrangements covering the following aspects of JC business: • Audit and Risk, • Quality, Safety and Outcomes (QSO); and

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	• Planning, Performance and Finance (PPF). JM presented the draft Terms of Reference (ToR) for the QSO sub committee and the PPF subcommittee and members noted that they included comments and contributions received following discussions with HB DoCG group. NR queried section 4 on the QSO structure, advising there were only Lay Members as official members and HBs were in attendance. JM confirmed that the formal membership would be made up of 3 x JCC Lay Members and a nominated CEO would be in attendance. JM advised that this had been discussed with the DoCG group and it has been agreed that CEOs would be designated as attendees only and that this was the same model adopted for sub-committees in HBs. Carol Shillabeer (CS) requested clarification on the designation of CEOs as attendees as previous conversations in the JCC Development Sessions had considered CEO's as members of the sub-committees. Georgina Galletly (GG) reassured members there had been ongoing conversations with the DoCG group, and their view was that HBs should only be attendees due to a potential conflict. Philip Kloer (PK) requested a more detailed explanation on the conflict. IG highlighted the importance of this being clarified and suggested that further conversations take place acknowledging that the JCC is fundamentally different to a Health Board. **ACTION**: JM to make further enquiries with the NHS Wales DoCG peer group on the subcommittee membership and further conversations to take place with JCC members. NR advised there would be a lot of responsibility for the 3 Lay Members. As a Joint Committee, there was a need to ensure that CEOs were in attendance as it was important that their voices were heard. JM advised that the ToR for the CTMUHB Audit and Risk Committee (ARC) for hosted bodies had been updated to reference the newly established JCC and once they had been presented to and approved by the CTMUHB Board meeting on 26 September 2024 they would be brought back to the Joint Committee for information in November. Members noted that the intention was for the new JCC sub-committee structure to come into effect from 1 December 2024, to coincide with the appointment of the new JC Lay Members and that a report would be brought back to the November meeting proposing lay member and CEO membership. Members requested that HB Independent Members (IMs) who had

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	been involved in the legacy WHSSC Quality and Patient Safety Committee (QPSC) during the transition period be informed of the new sub-committee arrangements and the change to the membership once formally approved. **ACTION**: The current HB IM members of the legacy QPSC current to be informed of the changes to membership once the new sub-committee structure is approved. PK advised that the reporting from the sub-committees to the JCC will be key and this will need to contain sufficient information to satisfy members within the JCC. JM agreed to discuss with the DoCG group. IG reiterated that the reporting up to the JCC would need to be robust and advised that JCC were looking to endorse and support the documents, however acknowledged that some further work was required to clarify the rationale for membership and that an update would be brought to the next meeting. **ACTION**: A report including Lay member membership of the sub committees and meeting schedules to be brought back to the JCC meeting on 12 November 2024. JM advised that the revised sub-committee structure no longer included the legacy sub-committees of WHSSC, specifically the All Wales Individual Patient Funding Request (IPFR) panel, the WHSSC Management Group (MG) and the Welsh Kidney Network (WKN). As part of the transition work a new operational governance model was being considered with input from key stakeholders. The Joint Commissioning Committee resolved to **endorse**: • the draft terms of reference (ToR) for the JCC Quality, Safety and Outcomes Sub-Committee for submission to HB Board meetings in September 2024 for approval, • the terms of reference (ToR) for the JCC Planning, Performance & Finance Sub-Committee for submission to HB Board meetings in September 2024 for approval, • the Memorandum of Agreement (MoA) and the Hosting Agreement (HA) for submission to HB Board meetings in September 2024 for approval; and • the continuation of the transitional reporting arrangements for the IPFR Panel, WKN and Specialised Services Management Group pending the establishment of a new Collaborative Commissioning Leadership Group (CCLG). The Joint Commissioning Committee resolved to **note**:

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	• the terms of reference (ToR) for the CTMUHB Audit and Risk Committee (ARC) for hosted bodies are contained within the CTMUHB ARC ToR which are under review and will be presented to the CTMUHB board meeting on 26 September 2024 for approval.
JCC24/073	**3.2 Corporate Governance Report** The Corporate Governance report was received. The Joint Commissioning Committee resolved to: • **Note** the report.
JCC24/074	**3.3 Highlight Reports from the Joint Sub-Committees** The highlight reports from the following Joint Sub-Committees were received: • **Audit and Risk Committee Assurance Report** IG advised that he would be meeting the Chair of the CTMUHB ARC in next couple of weeks to discuss ARC arrangements and reporting. • **Quality Patient Safety Committee** SE advised that the QPSC were monitoring risks on behalf of the JCC. Hayley Thomas (HT) advised that it was useful to see the reporting on services in escalation and asked if members would be able to see how the process and assessment made to determine progress happened across services to understand the overall picture. CB advised the escalation framework was part of the Commissioning Assurance Framework (CAF) and that the QPSC had undertaken work to help strengthen the escalation reporting arrangements. CB advised that this work was developed from the experiences of Tŷ Llidiard's previous escalation status, and the reporting had been enhanced to show the changes in escalation status over time. IG noted there was a need to ensure appropriate reporting from the sub-committees to the JCC and then to report this back into the HB committees. PK queried what information was being reported back to HB QPSC's. CB advised that the QPSC chairs report was circulated to each HB following each JC meeting for inclusion on their own HB QPSC agendas for information. CB advised that quality assurance reporting has been subject to an internal audit assessment in 2023, and received a substantial assurance rating for the process for sharing information from the QPSC to HBs. CB also advised that it was important for members to note that only escalation at level 3 and above were reported in full in the escalation report and that all levels

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	of escalation were referenced in the individual service commissioning reports presented to the QPSC. PK reminded members that there would no longer be HB IM representatives in the new QSO. IG advised there would be CEOs in attendance but agreed that further consideration on the reporting mechanisms would be required. AH confirmed that the QSO papers would be shared with HBs. **ACTION**: JM to discuss with DOCG and CB to discuss with Director of Nursing (DONs) on QSO reporting. An update to be included in the report to JCC 12 November 2024. PK questioned what was behind the escalation framework in terms of performance and quality outcomes framework. CB confirmed there was a commissioning assurance framework. **ACTION**: The Commissioning Assurance Framework (CAF) and supporting tools to be circulated to members for information. • **Management Group Briefings** The MG briefings were received and noted. • **Individual Patient Funding Request (IPFR) Panel** CB highlighted concerns as the last two IPFR panel meetings had been cancelled due to the lack of quoracy. CB advised there had been significant challenges for the team chasing HBs for confirmation of attendance. NR expressed concern that meetings had been cancelled due to lack of quoracy and asked if the JCC could formally encourage something to be done. IG also expressed concern that these meetings had not been quorate. **ACTION**: CB to inform JCC members of HB representative attendance at the All Wales IPFR panel meetings and to outline areas of concern and ensure HBs were aware so they could take appropriate action. HT advised it would be helpful to understand the barriers and workload of the panel, and asked how attendance could be made easier for HBs. AH suggested there was a need for flexibility. James Calvert (JC) reported it was difficult for a HB to release a clinician for half a day due to staff shortages. As a HB they would be nominating a cohort of clinicians and they would be allocated meetings to attend to rotate the workload.

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	Richard Evans (RE) asked if an assessment on the time commitment for these meetings had been undertaken, as he was conscious that they were held fortnightly. CB reported it would be difficult to specify a time commitment at present as the meetings were currently longer due to the quoracy challenges and the backlog of cases. CB highlighted that there was currently 12 cases to be looked at for the next IPFR meeting. CB highlighted that the numbers of cases submitted had also increased. IG concluded that HBs needed to ensure representation and urged HBs to confirm their members as soon as possible to avoid quoracy issues. JC advised that he had received positive feedback following BCUHB attendance at the meetings, and confirmed the concerns raised were about the time requirements and not the quality of the meetings. • **Welsh Kidney Network** Nicola Johnson (NJ) reported that the expansion of the Dialysis Unit in South West Wales was still ongoing and advised that this will have a positive impact on patients. AH advised she had a recent session with a Clinical Lead from the Network, and confirmed they had completed excellent work and a case study on improving value and patient pathways. IG advised he was meeting with the Chair of the WKN on 10 September 2024, to ensure the committee was aware of the work on the network and suggested that this could be covered in a future development session for members. The Joint Commissioning Committee resolved to: • **Note** the highlight reports.
JCC24/075	**3.4 Joint Commissioning Committee Risk Register** The JCC risk register report was received. JM presented the report and members noted that the amalgamated risk register was categorised as a transitional risk register whilst further work was undertaken to fully develop and implement the CTMUHB Risk Management Strategy for the JCC (in line with the hosting agreement) and until the JCC had an opportunity to consider its risk appetite as part of the JCC development programme. Members noted: • there were 27 risks with a score of 15 and above on the Risk Register; 24 commissioning risks and 3 organisational risks, • there was 1 new risk added, 76 – financial breakeven regarding the NWJCC may overspend against the agreed 24/25 Integrated Commissioning Plan (ICP),

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	• the 2 highest scoring risks (red 25) continue to be 71 and 74 and these concern ambulance performance and capacity. • A risk response plan was currently being explored with the Senior Leadership Team (SLT). JM advised that the risks will be reviewed and aligned to the JCC strategic objectives and that a risk management workshop will take place with Senior Leadership Team (SLT) members on 25 September and a JCC development session with JCC member to discuss risk appetite and risk tolerance on 15 October 2024. IG acknowledged the need for additional work as a committee on the approach to risk, risk appetite, risk scoring and the need to articulate and clarify what the JCC were able to collectively control. IG highlighted the two catastrophic risks and asked RW to provide further assurance on the work currently being undertaken by the JCC and/or in partnership with WAST colleagues to mitigate the two highest scoring risks. RW reported that in relation to risk 71 they had seen in some areas improvements in terms of ambulance availability and he was reviewing how this could translate into improved performance particularly against the response time targets. RW advised that opportunities to evolve the clinical model were being explored following the recent discussions at JCC meetings and the August JCC development day which should help reduce the frequency of harm. RW noted that there were broader conversations required in relation to Risk 74 and ambulance capacity and the appetite for investment and other opportunities to expand and deliver ambulance service capacity. A demand and capacity report was undertaken in 2019 which had resulted in significant investment into the ambulance service to deliver against the recommendations. A follow up demand and capacity report was being considered and this included a range of scenarios and options some of which may be outside of the JCC control but would be within the control of HBs such as handovers and demand management. IG advised that unpicking these risks will be complex but highlighted the importance of seeking assurance in relation to these risks as a committee. AH confirmed there had been a useful discussion in SLT and the Lay Member briefing on 16 September 2024. AH commented that there was a need to look at this through two different lenses: • Responsibility for ambulance commissioning and are we commissioning adequate capacity to meet the needs of the

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	population? Do we have sufficient provision to allow for some handover delays and what proportion of delays are reasonable within the current pressurised environment? AH felt that there was assurance in relation to this first issue; and • The second issue related to system pressures across the NHS in Wales and the resultant delays in ambulances responding to category red calls and delays in transferring patients to acute care. We know this is a focus of attention for all HBs and WG shared the progress that some HBs were making. AH asked HBs to share any lessons learnt with each other. AH commented that patients were coming to harm as a result of ambulance delays and these were not necessarily red calls but were patients who were waiting long periods for ambulances and then were experiencing further delays at hospitals. IG agreed that there were nuances and this was a complicated area but it was important for the JCC to reflect on these issues. Linda Prosser (LP) reported there was not a straight line correlation between hand over delays and improved performance. LP suggested that there was a need to unpick the risks further to get to the issues. PW advised there was a need to be realistic and balanced, but transparent about the risk also as they related to patient safety. RW agreed and took on board the comments from members and agreed that the risks would benefit from a review with this commissioner lens in light of the establishment of the JCC and triangulating this across HB and provider risk registers. IG added the importance of noting the considerable amount of work being undertaken to address these issues whilst focusing on our collective responsibility as a JCC. NR highlighted the potential risk and loss of confidence from the public in the NHS due to ambulance failings being reported in the press and people may not seek help when they need it. NR also reflected that the JCC was exploring ways to change the system to secure improvements. Jason Killens (JK) provided some reflections and advised that there was a direct correlation between ambulance availability and response time performance. With reference to handover delays, the current roster was predicated on no more than 6,000 hours being lost a month but currently there were 20,000-25,000 hours being lost a month. If lost hours exceeded 6,000 this resulted in there not being

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	sufficient capacity to respond to activity. Whilst WAST were seeing reductions in handover delays, in the short term this had led to unmet need being serviced first. IG reported that the JCC needed to take a step back and look at the approach to risk and ensure that we work in partnership with colleagues to secure improvements for the population of Wales. AH confirmed how we manage risk and the distinction between risks and issues was being looked at internally within the JCC team as part of the development and in particular RW will be looking at how this risk is articulated. AH advised that the next development session with JCC members would involve a discussion around risk appetite and how we might want to reflect commissioner risks. AH also requested that a deep dive into these ambulance risks be included on the next QPSC agenda with a particular focus on patient experience, patient harm and quality of the service. **ACTION**: The QPSC to undertake a deep dive into the red 25 ambulance risks relating to ambulance performance and capacity. The Joint Commissioning Committee resolved to: • **Note** the report, • **Note** the JCC risk register as at 31 July 2024, • **Note** the continued work undertaken to date to produce a transitional amalgamated risk register, • **Note** the feedback received on the amalgamated risk register; and • **Note** the further work planned to fully develop the CTM Risk Management Strategy and Risk Register for the JCC, and the next steps required to implement it.
JCC24/076	**3.5 Nursing and Midwifery Council Independent Culture Review** The report on the Nursing and Midwifery Council Independent Culture Review was received. CB provided members with an update on the NMC Culture Review after serious concerns were raised about their organisational culture. The review report was published on the NMC website on the 9 July 2024. The Joint Commissioning Committee resolved to:

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	• **Note** the report.
JCC24/077	**4.1 NWJCC Financial Performance Report – Month 5 and Recovery Plan** The financial performance report providing the month 5 financial position was received. Stacey Taylor (ST) shared a presentation with members in relation to the financial recovery plan and break-even position. ST highlighted the significant work being undertaken and reported that the financial position was currently showing a significant overspend. Members noted: • The summary of the approved plans for the predecessor organisations for 2024/2025 followed by a summary of the Quarter 1 financial position, • an update on the Month 5 position which was a £3.746 million overspend against the ICP financial plan to date, with a forecast year-end overspend of £4.515 million, • The current trajectory was forecasting around £8.4 million overspend, • A number of mitigations would be required to bring this back to the forecast position, • the risks and the non-delivery of the savings target in the region of £4.5 million which was a material issue; and • an update in relation to Ambulance Services and 111. The Route to Breakeven and key milestones were summarised and ST provided an update on the actions delivered and the in-year growth mitigations and concluded by outlining the further principles and further choices to be considered during Q3 and Q4. The next steps were also outlined. Members noted this was a helpful presentation and recognised there were more significant challenges to bring this back to a breakeven position. PW noted the £10 million savings target and queried how confident the JCC were on delivering the £4.5m (green and amber) savings target. ST advised she was confident that the savings could be delivered. However, there was also a need to manage growth and ensure clarity on this. PW noted the potential risk with IPFR. ST confirmed that this year's activity for rare diseases and high cost drugs had grown exponentially. PW asked if there was potential to look for medicines management savings to help with any overspends and queried if these saving would be returned to WG. ST explained that WG funded some of the drugs and if the savings related to these they would be

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	returned to WG. ST explained that the potential further savings related to the contracting relationships with our providers. IG suggested continued a more in depth discussion during the in-committee session. The Joint Commissioning Committee resolved to: • **Note** the month-end financial position.
JCC24/078	**4.2 NWJCC Performance Report – June 2024** The report providing an integrated overview of the performance of services commissioned by JCC up to the end of June 2024 was received. NJ explained that ST had already touched on some of the financial consequences when presenting the financial position update. By way of summary, NJ referenced the ongoing increase in the waiting list for TAVI, particularly in CVUHB, they were breaching the Ministerial 52 week wait time target, but were within the 104 week wait. This issue will be discussed with the South Wales providers to ensure the best use of our capacity to manage the waiting lists. NJ explained that both providers were working collaboratively. Members noted: • **Plastic Surgery – Elective Care:** Options were discussed previously and due diligence had been undertaken through the specialised services Management Group and option 2 was now being implemented. Members noted the resubmission on Elective Care waiting times to WG. The JCC have liaised with SBUHB on any opportunities particularly around plastics, to further move into the target, especially around the financial consequences, • **Paediatric Surgery:** The service was de-escalated in June 2024 and CVUHB were maintaining the 52 week wait time target for all children in South Wales, • **Welsh Fertility Institute (WFI):** the JCC continued to work with SBUHB as the provider and confidence had increased, therefore this service has now been de-escalated from level 4 to Level 3, • **Paediatric Cardiac Surgery Service:** The service the JCC commission in Bristol has been de-escalated, • **Paediatric intensive care and Neonatal Services:** In relation to the 2 services currently in escalation level 3 in CVUHB, NJ explained that a reset meeting with CVUHB would take place on 18 September 2024, highlighting that the JCC were using some of the learning from the patient story told earlier,

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	• **Mental Health and Learning Disabilities Adult and CAMHS Collaborative Framework:** There was ongoing work with Welsh providers to maximise opportunities around repatriation. The safety issues with the doors in the North Wales unit have now been resolved. NJ advised there was a further report outlining the changes to the clinical model for Ambulance and the measures for the 111 service, and handed over to RW. RW recognised that a discussion had already taken place on ambulance performance and highlighted: • there had been an improved compliance on the complaints response within 30 days, and equally there has been improvement on compliance against the clinical indicators; and • draft measures for the 111 service had been received. Further work with DCHW was required to refine measures, and this will be brought back to the EASC Management Group in October 2024 prior to further endorsement from JCC in November 2024. IG commented that the approach and culture should be about quality improvement in partnership with providers, and how this is delivered. The Joint Commissioning Committee resolved to: • **Note** the Performance Report for services commissioned by the JCC.
JCC24/079	**4.3 Emergency Medical Retrieval and Transfer Service (EMRTS) Review Recommendation 4 Update** The report providing an update on the Emergency Medical Retrieval and Transfer Service (EMRTS) recommendation to develop a bespoke road based enhanced critical care response for rural and remote areas and recommendation 4 was received. Stephen Harrhy (SH) highlighted the following three broad areas: • **Judicial Review** This was being dealt with as a collective with HBs. Recommendation 1 to 3 in the original review was not contingent on recommendation 4. The summary grounds for contesting have been submitted and further updates will be provided in due course, • **Recommendation 4** SH explained that they will be looking for a different name as they cannot keep referring to this as Recommendation 4. Overall good progress was being made. SH extended his thanks to all partners involved in the development of this work as this was a collaborative effort. The Task and Finish group were

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	developing the approach to Comms and Engagement, working closely with Llais. There was a draft Equality Impact Assessment (EQIA) and work was underway and on the demand and modelling. A further Task & Finish Group meeting was scheduled for 26 September 2024 and the first draft will be presented. Further thanks was extended to WAST and EMRTS who were continuing to work closely with the JCC in terms of developing the clinical mode to improve the impact on patients outcomes. Also, clarity on how the service will be reviewed and evaluated was required. Members noted that this was a development and improvement to the current service provision. The key deliverables and when they will be reported back to the JCC were highlighted to assure members that this will be in place within the agreed timeframes, • **Comms and Engagement** SH emphasised the importance of undertaking meaningful engagement, and the JCC was working closely with Heads of Communication and Engagement within HBs and with Llais. This process would need to be led by HBs with the commissioning team supporting and coordinating responses. An engagement plan was being finalised and would be presented back to the JCC but there was a need to clarify the length of engagement time. Initially it was thought that a 4 week engagement period would suffice as this was not a moderate or significant service change which would usually require an 8-12 week consultation period. Llais have strongly recommended a longer period. SH assured members that they take Llais' advice on board and the recommendation in the report was for a 6 week engagement process, which would include a combination of focus groups, face to face engagement via drop in sessions as well as making materials available to the public. SH advised that Llais had provided feedback and suggestions on the questions be asked as part of the engagement process and also welcomed further feedback on this. SH explained that the findings would be shared with Llais, HBs and back through the JCC. Llais will provide a written response. There would also be a midpoint review during the six week engagement process. The risks have been outlined and they will be further mitigated subject to receiving JCC support for the recommendations. SH asked colleagues to confirm if they supported this approach. SE thanked and advised that she was delighted that the representations from Llais in terms of timescales of 6 weeks were being proposed as this appeared reasonable which in SE's view provided sufficient time for engagement.

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	LP queried whether the proposed questions could be rephrased to allow for more narrative. Angela Mutlow (AM) clarified that the two suggested questions were in addition to the standard questions. AM was pleased to see the inclusion of drop in sessions alongside the focus groups to allow people as much opportunity as possible to engage. AM clarified that the view of Llais was that 4 weeks was too short, and 6 weeks may also be too short, as it was important to allow everyone to have a voice, suggesting 8 weeks as a minimum would be suffice considering the concerns received throughout this process. AM was pleased with the inclusion of a midpoint review. AM also noted that the timeline did not currently provide time for Llais to review the findings and provide their written feedback. SH advised it was important to get the right balance and ensure there was meaningful engagement. In terms of whether there will be 6 or 8 week engagement, the reason for recommending 6 was that this felt achievable, subject to the mid-point review which acts as a juncture at which progress can be reviewed. SH explained that the timeline provided was high level but they do have a more detailed timeline that can be shared with AM to demonstrate how sufficient time has been built in for Llais to respond. **ACTION**: SH to share a detailed timescale with Llais. SH reported that there was some degree of flexibility in the timeline if there was a need to extend the engagement timescale to 8 weeks. **ACTION**: The timescale for engagement being six weeks to be monitored and reviewed at the mid-point, in conjunction with Llais and during this review the question of whether the engagement period will need to be extended from 6-8 will be determined IG reminded members that this was an enhancement to the current service. NR agreed that as this was an improvement it was important not to delay. AM recognised members comments but noted it was important that everyone had an opportunity to comment on the changes that were being proposed and confirmed she was happy to discuss further during the mid-point review. SH added that they were keeping in regular contact with Llais and were having weekly updates but the mid-point would be a more formal review. The Joint Commissioning Committee resolved to:

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	• **Note** the contents of the report and that the work of the Task and Finish Group is on track although the representation from health boards is low, • **Note** the critical path and key deliverables, • **Note** the communications and engagement approach and the position with Llais; and • **Approve**: - The timescale for engagement being six weeks and to include face to face drop-in sessions, - A midpoint review will take place in conjunction with Llais and during this review the question of whether the engagement period will need to be extended from 6-8 will be determined - That the two questions from Llais are included in the engagement materials, - That the engagement findings are shared with Llais and that Llais will provide a written response that will include feedback from across all regions; and - That a mid-point update on the progress of the engagement will be shared with all health boards and Llais.
JCC24/080	**4.4 Ambulance Service Developments** The report presenting an update on Ambulance Service Developments was received. RW explained to members that the report was provided as a general update on the directions of travel but there was no request for formal endorsement or approval at this stage. **Evolution of the Clinical Response Model** A presentation was received during the August development session with a proposal around delivering improved ambulance service deliveries through the enhancement of clinical assessment at a much earlier juncture. The first step was to bring forward a rapid screening process where the majority of 999 calls can be assessed quickly by a clinician to determine if further remote clinical assessment could be undertaken, and if appropriate this may not include sending an ambulance. The proposal describes the introduction of a remote integrated care service which would mean bringing together the current 999 and 111 clinical desk. RW advised that a lot of work would be needed to see how this could operate, but advised he was looking for a general steer on whether people were comfortable with this suggested approach. RW explained how the evolved model brings forward broader opportunities to navigate patients around the system and how HBs can have more of a direct influence on where patients are taken to

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	for the care they need. There would be a phased implementation over a long period of time and not something that could happen overnight. As a result of this, members would need to give consideration to both, JCC, WG and the NHS Executive in relation to appropriate measures of this model and how it accurately reflects how a patient experiences the system. RW noted there were a number of ongoing discussions in the upcoming months and a more detailed report on how this could be implemented will be presented to a future JCC meeting. **ACTION**: Following JCC discussions with WG, HBs, WAST, a more detailed report on the Clinical Response Model to be submitted to a future JCC meeting (either October or November 2024). IG asked if there were any risks involved and how these risks would be mitigated. RW advised he would not anticipate the desks being brought together immediately. The first phase of this piece of work would be aligning the response as currently callers to 111 and 999 with the same clinical condition were treated differently. JK advised the proposal was to make changes in three phases, the first phase being to implement Rapid clinical screening this calendar year, subject to approvals being in place and a further two phases during the next financial year in 2025/2026. JK confirmed that the same clinical decision support software was being used within 999 and 111 services. JK explained that there would be operational and financial efficiencies in bringing the two clinical services together, it would also bring benefits for patients. Regardless of the entry point, patients would increasingly receive a smoother journey in the emergency care pathway and have a more appropriate tailored response to their presenting condition. CS asked what was required from members in terms of clinical engagement to ensure a collaborative approach. RW advised that the conversation with GP out of hour's colleagues was important as the current flow of 111 was directed to out of hours GPs. RW also reflected that there were currently a significant number of patients going through the 999 route that could appropriately be directed to out of hours GPs. However, it would be important to ensure sufficient capacity in the correct locations to respond to patient demand. PK emphasised the importance of how this development interfaces with the work within the HBs on the system screening and response which was linked into our local authority footprints.

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	SE requested more information on the deploying of volunteers on page 3 of the report. RW advised the ambulance service has deployed volunteers and has done so for over 20 years to the sickest patients. The Ambulance service was developing another community welfare response of trained volunteers who would be happy to be deployed to lower acuity patients with some monitoring equipment to help the clinicians in the control room to make more informed clinical decisions for these patients. NP explained that she was not clear on timelines, and queried when this would be submitted as a firm proposal and brought back to JCC and requested clarification on the sign off mechanism. RW confirmed there was a plan to bring a much more detailed paper outlining why, how and what the phasing would look like. Colleagues within the NHS Executive were keen for the JCC to endorse the proposal in the first instance. IG highlighted the importance of the engagement with HB colleagues as there was a lot of work required to help shape the proposal. RW fully recognised the current work in developing navigation/flow hubs taking place within HBs but this brings a huge opportunity for HBs to influence where patients end up. Rachel Marsh (RM) noted that ongoing engagement was underway and WAST were meeting with CEOs in the upcoming weeks. Internally, there was a full engagement proposal being completed by 20 September 2024 which would be shared with RW. RM confirmed that the volunteers have already been recruited and were being rolled out across wales. They were trained and they were finding it a very rewarding role. HT highlighted the importance of the joint working at a HB level. HT wanted to note the regional and cross border perspective and understanding how this can be brought together across the whole of Wales. HT advised it was important to note the Shropshire and Telford Integrated Care Board (ICB) was going through a competitive procurement exercise to procure care coordination centres, single point of access and GP out of hour's contract as a single entity. It was confirmed that this would be picked up outside of the meeting but HT wanted to mention this as it links with the proposed model going forward.

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	ST advised that the point when this becomes a risk that starts to materialise, there would need to be discuss the funding and contracting model with WAST as a provider. In addition, it was highlighted that this would also need to be considered and prioritised alongside other schemes. RW confirmed that he did not anticipate any financial implications with the model in the short to medium term but due to receiving the emergency medical technician (EMT) business case for the re-banding of medical technicians from a band 4 to a band 5 in response to the agreement of new national profiles which potentially has implications for the JCC, and the results of the ambulance service assessments against the recommendations against the Manchester Arena Inquiry. RW noted this was a very large assessment and a large amount of work, therefore he asked for support from colleagues to help with the work. They were currently discussing this with the emergency planning and operations team in WG. IG summarised that there was further work to be done around the clinical model to ensure pro-active engagement with HB colleagues to ensure no surprises when the report was brought back for the broader conversation. RW explained that work on the EMT would need to be prioritised. There was no set timescale for the Manchester Inquiry response but an update would be brought back to the November JCC meeting. The Joint Commissioning Committee resolved to: • **Note** the contents of the report, • **Discuss** and **note** the work being undertaken of the development of the proposal for the evolution of the clinical response model, • **Note** the receipt of Emergency Medical Technician Job Profile – Business Case and the work now required to scrutinise this case; and • **Note** the receipt of the Manchester Arena Inquiry – Recommendation Report and the work now required to consider and assess the report.
JCC24/081	**5.1 Vision, Mission, Values, Strategic Objectives and the Joint Commissioning Committee 2024/2025 Transition Plan** The report outlining the Vision and Mission, supported by a set of Strategic Objectives for the development of a Transition Plan for the JCC to fully establish the JCC and transition to routine business in the new governance framework was received.

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	Georgina Galletly (GG) presented the report and members noted extensive engagement with staff, Joint Committee Members and the SLT which has resulted in the development of the proposed Vision, Mission and Strategic Objectives for the JCC that were supported by the SLT and were now presented for final approval by the Joint Committee. A further update on the detailed transition plan over the next 12 months will be built into the commissioning approach. IG reinforced the previous discussions that have taken place in the development session and noted he was grateful that the feedback has been incorporated. IG noted the really good staff engagement on this. NR also noted she was happy to see the plan reflect so many discussions and points made. MD provided her thanks to GG on the robust work. IG reflected that this was a significant piece of work and thanked everyone involved. The Joint Commissioning Committee resolved to: • **Approve** the proposed Vision, Mission, Strategic Objectives and Values at Appendix 1. • **Note** the update on the Q1 Transition Plan and the further work that will be undertaken to develop the Transition Plan 2024/25.
JCC24/082	**5.2 Joint Commissioning Committee Integrated Medium Term Plan (IMTP) 2025-2028 Development** The report on the progress with developing the JCC Integrated Medium Term Plan (IMTP) 2025-28 and the strategic context, the strategic commissioning intentions and the prioritisation process was received. Claire Harding (CH) presented the report and members noted: • the timeline agreed by the JCC in May 2024 was on track • The refreshed Political, Economic, Social, Technological, Legal and Environmental (PESTLE) analysis will inform the context of the plan and the prioritisation process that will be run this year will be focused on risk following the discussions in the engagement session, • The plan was being developed in conjunction with the development of the Vision, Mission, Strategic Objectives and Values work, • There were ongoing discussions which had built consensus on the areas which needed to underpin the strategic section of the plan; and • The planning arrangements within NHS Wales were being reviewed by WG in line with the refresh of A Healthier Wales

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	and the NHS Wales Planning Framework 2025-28 was expected later in the autumn. CH advised that high level commissioning intentions had been developed from the ongoing conversations and members noted themes of collaboration, equity and evidence based values. The approach in the first year of prioritisation and horizon scanning was based on risk as requested previously, and the need for alignment with HBs risk process. The aim was to bring back initial emerging service priorities to the Development Session on 15 October 2024 and issue a final commissioning intentions by the end of October 2024. AH thanked CH and provided 2 reflections: 1. Acknowledging the timeline will be difficult, this did not give a huge amount of time for the final negotiations and highlighted the need for engagement; 2. In terms of the medium term plan AH asked members to acknowledge that some things we flag for years 2 and 3 would need to come back for Public Health input. Iolo Doull (ID) highlighted a historical issue that very rare diseases had not been formally commissioned. PW provided a reflection on the timescale, noting traditionally, the planning frameworks and budgets come around quickly, and going into an unpredictable environment in terms of what might be expected. PW noted the draft strategic guidance on procurement for the PESTLE analysis would be signed off by the Senedd within the next few weeks. MD highlighted that collectively, the alignment of the planning processes had improved, and advised the planning processes were aligned and to use a joint corporate approach to manage the process effectively. LP commended the process and given the strategic context, wondered whether a 3 year plan was enough and suggested there should also be a 5-10 year horizon scanning exercise. LP also requested if the PESTLE analysis could be shared as this would be ideal to feed into HBs. **ACTION**: Share the PESTLE analysis relating to the IMTP 2025-2028 Development with JCC members and DOPs. AH thanked CH on the work done and provided a final comment on the longer term position, noting there was a growing priority around Women's health. There were ongoing conversations with the

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	Specialised Services MG around Women's Health. AH recognised there were challenges to be faced and the Cabinet Secretary For Health and Social Care recognised not all these things would be resolved in the next 12-18 months and agreed that longer term horizon scanning was required and ensure PESTLE analysis was more explicit NR welcomed the Women's Health reflecting that previously there had been a large number of risks on the risk register in relation to Women and Children, therefore this was an area that required improvement. The Joint Commissioning Committee resolved to: • **Note** the update on the progress with developing the Integrated Medium Term Plan (IMTP) 2025-28; and • **Approve** the strategic commissioning intentions, the PESTLE analysis, and the high level process for prioritisation and risk assessment.
JCC24/083	**6.1 Any Other Business** • **Farewell to the JCC Director of Planning** - on behalf of the JCC IG expressed his thanks to NJ for her support and professional leadership over the time she had worked for the JCC and former WHSSC organisation and acknowledged that it was her last meeting before joining Powys Teaching Health Board (PtHB) and wished her every success in her new role.
JCC24/084	**6.2 Review of Meeting** IG asked members to provide reflections on the meeting and these were discussed and noted. IG reflected he was conscious there was a lot of activity and focus on Ambulance services and 111 and was conscious there was a lot of work to be done to bring back a lot of detailed work to upcoming meetings and acknowledged that this would take up a lot of time. AH advised due to RW being appointed as the new Director of Commissioning Ambulances and 111, there was no longer a Deputy in post. Therefore, the JCC would look to recruit some short term support.
JCC24/085	**6.3 Date of Next Meeting** The JCC noted that the next upcoming scheduled meetings would be: • 15 October 2024 – Extraordinary JCC Meeting • 15 October 2024 – JCC Development Day • 12 November 2024 – JCC Meeting
JCC24/086	**6.4 In Committee Resolution** The Joint Commissioning Committee recommended to make the following resolution: "That representatives of the press and other

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	members of the public be excluded from the remainder of this meeting having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest" (Section 1 (2) Public Bodies (Admission to Meetings) Act 1960)".

The meeting concluded at 12.26.

Chair's Signature: ....

Date:...

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