

**Unconfirmed Minutes of the
NHS Wales Joint Commissioning Committee Meeting
held in public on
Tuesday 16 July 2024**

Microsoft "Town Hall (Live streamed)" 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
Nia Roberts	(NR)	Lay Member, NHS Wales JCC (in person)
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff and Vale University Health Board
Carol Shillabeer	(CS)	Chief Executive Officer, Betsi Cadwaladr University Health Board
Paul Worthington	(PW)	Lay Member, NHS Wales JCC (in person)

Deputies:

Pete Hopgood	(PH)	Executive Director of Finance, Powys Teaching Health Board
Sally May	(SM)	Director of finance, Cwm Taf Morgannwg University Health Board

Associate Member:

Abigail Harris	(AH)	Interim Chief Commissioner, NHS Wales JCC (in person)
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In Attendance:

Carole Bell	(CB)	Director of Nursing & Quality, NHS Wales JCC Team (in person)
Iolo Doull	(ID)	Medical Director, NHS Wales JCC (in person)
Stephen Harray	(SH)	Interim Board Director/Chief Ambulance Service Commissioner JCC Team (in person)
Nicola Johnson	(NJ)	Director of Planning and Performance, NHS Wales JCC Team (in person)
Lee Leyshon	(LL)	Interim Deputy Director Communication and Engagement, NHS Wales JCC Team
Jacqui Maunder	(JM)	Committee Secretary & Associate Director of Corporate Services, NHS Wales JCC Team (in person)
Shane Mills	(SM)	Director for Commissioning and Mental Health, NHS Wales JCC Team (in person)

Alan Owen Alan Patient, (up until item 2.5)
Gwenan Roberts (GR) Interim Committee Secretary, NHS Wales JCC
Stacey Taylor (ST) Director of Finance and Information, NHS Wales JCC (in person)
Ricky Thomas (RT) Head of Informatics, NHS Wales JCC
Helen Tyler (HT) Head of Corporate Governance, NHS Wales JCC
Ross Whitehead (RW) Interim Deputy Director of Ambulance Commissioning, NHS Wales JCC (in person)

Observing:

Aled Brown (AB) Senior Emergency Care Policy Manager, Health and Social Services Group, Welsh Government
Jason Killens (JK) Chief Executive Officer, Welsh Ambulance Services University NHS Trust
Rachel Marsh (RM) Executive Director of Strategy, Planning and Performance, Welsh Ambulance Service University NHS Trust
Samia Edmonds (SE) Planning Director, Healthcare Strategy and Planning Division, Welsh Government
Rhonwen Parry (RP) Associate Clinical Director Vulnerable Groups, NHS Wales JCC (part meeting for Item 3.9)

Apologies:

Paul Mears (PM) Chief Executive Officer, Cwm Taf Morgannwg University Health Boards
Hayley Thomas (HT) Chief Executive Officer, Powys Teaching Health Board

Minutes:

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

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JCC24/039	<p>1.1 Welcome and Introductions</p> <p>The Chair, Ian Green (IG) welcomed Members, Attendees and Observers to the NHS Wales Joint Commissioning Committee (JCC) Public meeting (using the Microsoft Teams Town Hall Platform) and introductions were made. The Chair apologised for the delayed start and explained that this was due to technological difficulties with the meeting link.</p> <p>There were no objections to the meeting being live streamed and members of the public were able to observe the meeting via the live link. The meeting was recorded and would be available on the NWJCC website. It was noted that a quorum had been achieved.</p>
JCC24/040	<p>1.2 Apologies for Absence</p> <p>Apologies for absence were noted as listed above.</p>

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JCC24/041	<p>1.3 Declarations of Interest</p> <p>The Chair acknowledged that each Health Board (HB) had an interest in a number of the agenda items and explained that any conflicts of interest would be recorded appropriately as they arose. The Chair advised that the JCC must discharge its collective duty to work collaboratively to commission services for the population of Wales and any individual member involved in making decisions that related to the JCC functions must act in accordance with this principle.</p> <p>No other declarations of interest were made relating to the items for discussion on the agenda.</p>
JCC24/042	<p>1.4 Patient Story</p> <p>The Chair advised that we would be hearing from a patient for the first time within a JCC meeting and explained that he was keen to hear from people who have utilised services that the JCC commission.</p> <p>Carole Bell (CB) introduced Alan Owen and explained that Alan had suffered a sudden cardiac arrest in 2022 and was transported to Cardiff via the Emergency Medical Retrieval Service (EMRTS) where he underwent emergency cardiac surgery and was fitted with two stents and an Implantable Cardioverter Defibrillator (ICD). CB explained that Alan has become a patient experience advocate and had written a book about his road to recovery to help others.</p> <p>Alan provided members with a powerful story on experiencing a cardiac arrest whilst participating in a walking-football tournament at Caldicott leisure centre during 2022. He expressed his gratitude to all the NHS services and the public who saved his life and helped him overcome this traumatic event.</p> <p>Alan described how his sudden collapse happened whilst still talking with a friend. Two members of the public started CPR whilst the team at the leisure centre responded to the medical emergency. He was so grateful that a defibrillator was accessible and staff at the leisure centre had been trained to use the emergency equipment. He remained for 8 minutes without a heartbeat and in that time a 999 call was made and the EMRTS service arrived at the leisure centre within 20 minutes. A critical care practitioner assessed him as requiring urgent ventilation and a general anaesthetic. This required a consultant and another helicopter was dispatched. Due to the severity of Alan's condition he was not well enough to fly, and he was transported via ambulance to hospital to undergo a full cardiac assessment.</p> <p>Alan described the care he received whilst being hospitalised for 11 days as unbelievable, and this support has continued outside of</p>

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	<p>hospital. Whilst recovering, Alan wrote a book on his trauma, "1 in 10 survivors." This was the odds of surviving an outside hospital cardiac arrest. Alan wanted to share his story wider to help people who were in the same situation and to express his thanks for all the services that came together and helped him. Alan explained about the impact on his family including his wife and son and the support that had been received. In addition, he found the opportunity to volunteer with EMRTS to provide CPR training to help others.</p> <p>The Chair thanked Alan for sharing his experience and Richard Evans (RE) thanked him and advised that it was an incredible story which clearly represented the invaluable services that the clinical teams provided, and he would relay the story back to the teams within his HB.</p> <p>Suzanne Rankin (SR) thanked Alan for sharing his very emotional story and expressed how proud she was of her colleagues and how the pathway had worked.</p> <p>Phillip Kloer (PK) also thanked Alan and advised that it was a good example of the NHS Wales system working well.</p> <p>Members discussed the need to ensure that more people survive a sudden cardiac arrest and the importance of the community response, the timely arrival of specialist care on the scene via EMRTs and transfer to the specialist cardiac centre.</p> <p>The Chair concluded and thanked Alan for sharing his story.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the patient story.
JCC24/043	<p>1.5 Minutes of Meeting held on 21 May 2024 and Matters Arising</p> <p>The minutes of the NHS Wales Joint Commissioning committee (JCC) meeting held on 21 May 2024 were approved as a true and accurate record of the meeting.</p> <p>There were no matters arising.</p>
JCC24/044	<p>1.6 Action Log</p> <p>Members noted the progress on the actions outlined on the action log and agreed the completion of the actions marked as 'closed'.</p>
JCC24/045	<p>2.1 Chair's Report</p> <p>Members received the Chair's Report and noted updates on key meetings attended by the Chair as well as the following:</p>

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	<ul style="list-style-type: none"> • JCC Development Programme – the Chair and lay members had continued to participate in induction sessions and two sessions took place on the 4 June 2024 <ul style="list-style-type: none"> - In the morning, JCC independent lay members participated in a Welsh Government (WG) suggested induction session - In the afternoon the first JCC members’ development session was held, hosted by Cwm Taf Morgannwg UHB utilising Chief Executive Management Team (CEMT) time. The session started to set out the strategic ambitions and ways of working for the JCC going forward, • Annual Attendance at HB Meetings – The JCC will report annually to each HB, whenever possible, in person and a letter has been issued to HB Chairs to request that this opportunity is built into HB forward plans. CEO members suggested holding the meetings during Autumn or early Winter for the first year of JCC operating. HBs will continue to receive routine updates following each JCC meeting as well as being kept informed of any significant emerging issues, • Lay Member Recruitment – WG were in the process of recruiting the final two Independent Lay Members, which will take the JCC to a full complement of six including the Chair. Interviews are scheduled for early September with a view that appointments will be made from 1 October 2024; and <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JCC24/046	<p>2.2 Interim Chief Commissioner’s Report</p> <p>The Interim Chief Commissioner’s report was received and members noted the following updates:</p> <ul style="list-style-type: none"> • Overarching assessment of delivery of Quarter 1 Transition Plan - at its inaugural meeting on 9 April the JCC endorsed the Q1 Transition Plan which set out the key actions to be completed in the first quarter of the JCC’s operation. A review of the actions included within the plan has been undertaken by the Director of Transition and Transformation (DoT&T) and the outstanding actions will be taken forward into Q2 and will form part of the work programme to fully establish the JCC over the next 12 months. The most pressing issues to be completed in the early part of Q2 related to finalising the arrangements for the sub-committee structure and completing the tier two director appointments. Once completed, the JCC will move swiftly into the next phase of the Organisational Change Policy (OPC) Process as the full JCC structure is confirmed. Members noted that the Director of Planning and Performance had been successful in being appointed to a HB

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	<p>Executive Director position as the next step in her career. The JCC Planning and Performance Director Post recruitment will commence shortly,</p> <ul style="list-style-type: none"> • Establishing the JCC Sub-Committee Structure and work programme - The DoT&T is working with the two Committee Secretaries to finalise proposals for the JCC Sub-Committee structure and associated work programme. Proposals for the operational arrangements that will support the Chief Commissioner in discharging their delegated duties, including the establishment of effective collaborative commissioning involving HB colleagues, are also being finalised. Proposals and options will be presented to JCC members for consideration with a view to getting the new arrangements in place during Q2, • Public Health Input - The JCC team is working with the National Director of Public Health and Wellbeing in Public Health Wales (PHW) to develop a proposal to address the recommendation of the Combe report "an Independent Report into a review of National Commissioning Functions" to secure public health input into the JCC's commissioning activities. Based on learning from NHS England (NHSE) and elsewhere, further work is being undertaken on the service required and the business case and the final proposal will come to the JCC in September for agreement. This is a key part in the establishment of the JCC to support a population health and evidence-based approach to commissioning that puts quality and equity at the centre, • Infected Blood Inquiry - The Infected Blood Inquiry examined the circumstances in which patients treated by the NHS before 1996 received infected blood and blood products. The Inquiry final report was published in May 2024. Two groups of patients were at risk – those with inherited bleeding disorders (commonly haemophilia) who received blood products, and those who received blood transfusions. Although the individual risk to those who received transfusions is lower, the numbers affected are greater. The JCC will seek assurance from the three inherited bleeding disorder services that they are complying with inquiry recommendations. For blood transfusions, JCC will seek assurance from all providers of JCC commissioned services where a patient may have received a blood transfusion or blood product with the potential to transmit hepatitis, that appropriate measures have been taken to identify, test and treat all eligible patients. Where appropriate, the JCC will participate in the WG group being chaired by the Deputy Medical Director which is overseeing response to the recommendations. Finally, NWJCC commissions donated sperm and eggs and is seeking assurance

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	<p>on patient safety when using donor products from providers who are not licenced by the Human Fertilisation & Embryology Authority (HFEA),</p> <ul style="list-style-type: none"> • Sexual Assault Referral Service (SARC) Update - The ambition of the Welsh Sexual Assault Service (WSAS) Programme is to deliver person-centred sexual assault services, with health needs as the key priority and to provide the best outcomes for victims of sexual violence. Working with the JCC team and a range of stakeholders, the WSAS Programme has developed a draft Quality and Delivery Commissioning Framework. The draft Quality and Deliver Commissioning Framework has been developed via the Sexual Assault Referral Centre (SARC) Delivery Assurance Group (DAG) and is currently out for review. The review period closed on Tuesday 25 June 2024. Following the review period, the WSAS Programme will commence with the second stage of the programme, with the implementation of the framework documents. The framework will remain a live document and sections of the framework will be updated in the second stage. The WSAS Programme has not yet transitioned fully to the JCC and currently remains sitting within the NHS Executive, • Business continuity for the upgrade works within Princess of Wales Hospital Maternal and Neonatal Unit - The JCC has been informed of the planned closure of the Maternity and Neonatal Unit within Princess of Wales Hospital Bridgend, (PoW) Cwm Taf Morgannwg University Health Board (CTMUHB) from the 2 September 2024 for 12 weeks. This is due to essential maintenance work which needs to be undertaken in both the Neonatal and Maternity Units. The JCC currently commissions four High Dependency Unit (HDU) cots within the PoW and Prince Charles Hospital (PCH) sites within CTMUHB. PCH can flex its cot base from 15 cots to 19 to provide HDU capacity and Special Care based on clinical need. Consultation and communication with all stakeholders is underway alongside Maternity users who this will impact upon. Swansea Bay University Health Board (SBUHB) and Cardiff and Vale UHB (CVUHB) have been asked to support the delivery of maternity care based on demand and demographics of the planned maternity users. Work is currently underway within CMTUHB to gain the appropriate data and demographics of the women currently booked to birth during this period. The Welsh Ambulance Service Trust (WAST) and the Neonatal Network are working with CMTUHB to ensure safe delivery and appropriate preparation of pathways to enable safe transfer and clear guidance for the maternity users and clinical teams. Ongoing weekly project meetings have been put in place, and the JCC team have been invited to attend these. Updates from these

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	<p>will be shared within the JCC to understand the impact this will have on current commissioned cots. An early warning notification been submitted to WG, which has also been shared with the JCC,</p> <ul style="list-style-type: none"> <p>Extra Corporeal Membrane Oxygenation (ECMO) - The JCC has received a letter of support from the clinical lead of the National Critical Care, Trauma and Emergency Medicine Clinical Network in support of the development of an Extra Corporeal Membrane Oxygenation (ECMO) service for South Wales. Concurrently the JCC was approached by Guys and St Thomas' Foundation Trust, the usual provider of ECMO services for South Wales patients, and North Bristol NHS Trust which has a new ECMO service which is supported by the existing ECMO centres at St Thomas' Hospital and the Royal Brompton Hospital and commissioned by NHSE. We are in discussions with NHSE to understand the number of Welsh patients likely to require ECMO and with the Wales Critical Care Network to understand the pathways into ECMO. Any decisions about the future commissioning of ECMO services will be evidence-based, informed by population needs assessment and the requirement for sustainable service provision which represents value for money and provides the best patient outcomes. A meeting has been arranged with the National Strategic Clinical Network and other interested parties to set out the current position and next steps,</p> <p>North Wales Mother and Baby Unit (MBU) - The development of the new Mother and Baby Unit (MBU) unit in Chester has been delayed due to a material increase in capital costs following submission of the final tender by the current contractor. A £5m gap in funding has resulted in the provider (Cheshire and Wirral Partnership NHS Foundation Trust) having to reject the procurement tender and go back to the market for retendering. This will lead to at least a 6-month delay in the unit becoming operational (from the January 2025 planned date). Women needing a MBU bed from North Wales will continue to use the current arrangements and access beds on a cost per case basis in other English MBUs or have the option to travel to Tonna Hospital in South Wales subject to bed availability.</p> <p>Paul Worthington (PW) queried if members should be concerned about the delay of 6 months with the MBU in North Wales, and the additional costs associated with this further delay. Shane Mills (SM) advised that he would be visiting the unit in August and further update will be brought to the JCC on 17 September 2024.</p>

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	<p>ACTION: SM to provide a further update to JCC members on the North Wales MBU Unit and timescales at the 17 September 2024 JCC meeting.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report.
JCC24/047	<p>2.3 Joint Commissioning Committee Risk Register</p> <p>The report presenting the transitional amalgamated risk register for the Joint Commissioning Committee (JCC) which encompassed risks scoring 15 and above taken from the commissioning teams and directorate risk registers across the former Emergency Ambulance Services (EASC), National Collaborative Commissioning Unit (NCCU) and the Welsh Health Specialised Services Committee (WHSSC) was received.</p> <p>Jacqui Maunder (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.</p> <p>Members noted that a significant amount of work had gone into developing the new risk register, and it was important to emphasise that it was a work in progress and there was still much more work to be undertaken to strengthen and develop it in conjunction with risk owners, commissioners and providers.</p> <p>As at 30 June 2024 there were 28 risks with a score of 15 and above (high risks) on the Risk Register, 26 of those were Commissioning risks and 2 were Corporate/Organisational risks.</p> <p>The Chair advised it was important for the NWJCC to develop the risk register and the JCC approach to risk and risk appetite.</p> <p>PW agreed that it was important to have all the risks together in one document and there was a need to look at the risks specific to the commissioning activity of the JCC. PW advised that it was a strong starting point for a risk register but recognised that further work was required to develop it further.</p> <p>Stacey Taylor (ST) advised that there were ongoing internal conversations regarding risk appetite and how to develop this.</p>

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	<p>The Chair advised it was important not to lose focus on the risk of the JCC delivering the commissioning intentions that will affect the JCCs commissioning decisions. A further update will be brought to a future JCC Development Session.</p> <p>NJ explained that the risks also needed to be viewed in the context of 252 services that the JCC commission on behalf of NHS Wales and that the risk register was used to inform the planning process and prioritisation of investments.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the report, • Note the work undertaken to date to produce a transitional amalgamated risk register, • Note the review work undertaken by the commissioning teams to produce a refreshed, updated version of the transitional amalgamated risk register to be presented to the JCC meeting on 16 July 2024, • Approve the JCC risk register as at 30 June 2024, • Note the further work planned to fully develop the CTM Risk Management Strategy for the JCC, and the steps required to implement it; and • Note that the CTMUHB Audit & Risk Committee (ARC) meeting for hosted bodies on 15 August 2024 will receive an update on the progress of the JCC risk register.
JCC24/048	<p>2.4 NHS 111 Wales Commissioning Arrangements</p> <p>The report presenting an update NHS 111 Wales Commissioning arrangements was received and Ross Whitehead (RW) advised that responsibility for the commissioning of NHS 111 Wales transferred to the NHS Wales Joint Commissioning Committee (NWJCC) on the 1 April 2024 and that Quarter 1 had seen transitional arrangements in place, with the previous programme team continuing to hold meetings of the Commissioning Board and Delivery Assurance Group (DAG).</p> <p>Members noted that:</p> <ul style="list-style-type: none"> • the transitional arrangements had ended, and the NWJCC Team would now assume full responsibility for the commissioning of the service, • The JCC Team had submitted a request to WG for resources to support this function and it was noted that WG had confirmed that some funding would be available which would enable the commissioning function to be established, • daily performance reports were being provided by the Welsh Ambulance Services University NHS Trust (WAST) and work was ongoing on the development of a set of NHS 111 Wales

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	<p>service indicators that will be included within the NWJCC performance report; and</p> <ul style="list-style-type: none"> no additional resource has been provided for the NWJCC to undertake the commissioning of this additional service. An approach has been made to WG/NHS Wales Executive for additional financial resource to augment the NWJCC team to undertake this work. <p>It was recommended that the JCC approve adoption of the commissioning arrangements for NHS 111 Wales into the existing committee arrangements until such time as the formal sub-committee structure of the NWJCC was fully established proposed and that the Ambulance Commissioning Team develop the specific risks required for the JCC to monitor in relation to their responsibilities in commissioning the service.</p> <p>The Chair asked if it was too soon to be clear on what the structure will look like and RW advised that the priority would be to establish the commissioning approach for the service and to scope and develop the staffing requirements. However, at present they did not have a full understanding of the capacity that will be required to provide the service.</p> <p>PK queried when members would receive an update on the development of NHS 111 Wales service indicators and RW advised that an update on service indicators would be brought back to the September JCC meeting as part of the Performance Report.</p> <p>ACTION: Update on NHS 111 service indicators to be included as part of the Performance Report on the September 2024 JCC Agenda.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> Note the report, Approve the adoption of the commissioning arrangements for NHS 111 Wales into the existing committee arrangements until such time as the formal sub-committee structure of the NWJCC is fully established, Approve the proposed actions outlined for each of the risks of the previous programme and the development of specific risks required for the NWJCC to monitor in relation to their responsibilities in commissioning the service, Note the NWJCC team capacity to undertake the commissioning of the NHS 111 Wales service is limited without additional resource; and Note additional funding has been received and will be reviewed.

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JCC24/049	<p data-bbox="363 215 1482 286">2.5 Emergency Medical Retrieval and Transfer Service (EMRTS) Review Update</p> <p data-bbox="363 293 1482 443">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.</p> <p data-bbox="363 488 1482 524">Stephen Harrhy (SH) presented the report and members noted that:</p> <ul data-bbox="421 530 1482 1877" style="list-style-type: none"> <li data-bbox="421 530 1482 636">• as part of the EMRTS Review a recommendation was agreed to develop a bespoke road-based enhanced/critical care response for rural and remote areas, <li data-bbox="421 642 1482 869">• Recommendation 4 was made in order to respond to the concerns raised by residents during the public engagement processes around the provision of emergency healthcare in rural and remote areas that would not fall into the remit of the EMRTS, this included 999 incidents for example such as falls, strokes and chest pain <li data-bbox="421 875 1482 1061">• the Recommendation 4 Task and Finish Group had been established in line with the timescale agreed at the last NWJCC meeting. The group met on 28 June 2024 and as agreed, was chaired by the Interim Director of Commissioning – Ambulance and 111. <li data-bbox="421 1068 1482 1339">• the Task and Finish Group’s project plan included a communications plan linked in with the national Communications and Engagement leads across NHS Wales, and that a Stakeholder Update had already been issued to the stakeholder distribution list summarising the current implementation position and that more detailed content was in development, <li data-bbox="421 1346 1482 1608">• the NWJCC continued to work closely with Wales Air Ambulance Charity Trust (WAACT) as its strategic partner in the delivery of pre-hospital critical care as we jointly implement the Review recommendations and future improvements to service delivery, and that the charity continued to actively engage with their stakeholders and the EMRTS on the implementation of the recommendations; and <li data-bbox="421 1615 1482 1877">• the EMRTS leadership team had welcomed the certainty the decision provided for them and the operational teams, that the leadership team continued to focus on the development of the operational implementation plan and that the team had met with staff at their bases and will continue to engage with colleagues across Wales through the changes required as part of this important service development. <p data-bbox="363 1921 1482 2029">Members noted that that the Chair of the JCC and each individual HB had received a Letter Before Action on the 5 July 2024 in relation to the potential Judicial Review of the decision related to the EMRTS</p>

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	<p>Service Review. Legal advice had been sought in relation to this matter and members will be kept updated.</p> <p>AH advised that an Extraordinary JCC Public meeting had been scheduled for 15 October 2024 to receive the EMRTS update, which coincided with the JCC development session which was already in the diary for that day.</p> <p>PW advised that it was pleasing to note the comprehensive Communication and Engagement plan to support the ongoing dialogue with stakeholders.</p> <p>SH advised that regular meetings continued to be held with national leads from Llais to support and advise throughout the implementation period, and that a regional Llais representative (for Powys) had been confirmed as an attendee at the Task and Finish Group meetings to maintain this supportive role. In addition, the regular contact with HB leads for Communication and Engagement continued.</p> <p>PK queried if the timeline for the operational model development would include a financial model assessment and SH advised that there was an assumption that the model will be within the existing financial envelope and that financial analysis will form part of the report that will be brought back to the JCC.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the first meeting of the Recommendation 4 Task and Finish Group meeting held on 28 June 2024, • Approve the revised Terms of Reference for the Task and Finish Group, • Discuss and Approve the approach to communication and engagement relating to the additional bespoke road-based service (Recommendation 4), • Note the WAACT position in relation to the decision of the NWJCC, the engagement with their stakeholders, the work being undertaken to secure an appropriately located operational base and the work with EMRTS on the joint transition plan, • Note the EMRTS Leadership team position in relation to the decision of the NWJCC, and that the team will continue to engage with colleagues across Wales, • Note the petition that will be considered by the Petitions Committee for debate, • Note the commissioning approach, • Note the work to update the previous legal advice following the decision made at the NWJCC in April 2024; and

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	<ul style="list-style-type: none"> • Note the receipt of the Letter Before Action in relation to a potential judicial review.
JCC24/050	<p>2.6 Implementation of Legacy Plans – Quarter 1</p> <p>The report providing an update for assurance against the Quarter 1 deliverables of the extant predecessor organisation legacy Plans was received.</p> <p>Nicola Johnson (NJ) presented the report and members noted that prior to the formation of the JCC, WHSSC and EASC had produced plans in line with the WG NHS planning requirements which were approved by the predecessor EASC and WHSSC Joint Committees in March 2024. These plans remained extant in 2024/2025 as part of the legacy arrangements and the NWJCC has responsibility for assurance of their delivery.</p> <p>Members noted the progress made on the implementation of the actions identified as quarter 1 deliverables within the EAC, WHSSC and NCCU plans, as well as the strategic and transformational programmes and developments.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the assurance on delivery of the legacy Plans at the end of Quarter 1.
JCC24/051	<p>2.7 Development of Joint Commissioning Committee Integrated Medium Term Plan (IMTP) 2025-2028</p> <p>The report outlining the proposed process for the development of the inaugural Joint Commissioning Committee Integrated Medium Term Plan (IMTP) 2025-2028 was received.</p> <p>NJ presented the report and outlined that the planning arrangements within NHS Wales were being reviewed by WG in line with the refresh of “A Healthier Wales” and it was likely that additional information on any changes would become available after the election period. It was unclear at present if there would be any specific new requirements for the JCC, although early indicative discussions had taken place.</p> <p>Members noted that:</p> <ul style="list-style-type: none"> • Due to the development of the new organisation, the planning process was an important part of both the Organisational Development programme for the Committee and its early reputational management, signalling a new way of working for NHS Wales, • the Chair and Interim Chief Commissioner had met with all HB Chairs and CEOs during their induction period as well as the Chair and CEO of WAST; and

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	<ul style="list-style-type: none"> the intention was to bring a plan back to the JCC for final approval in March 2025. This will provide more confidence on the financial plan and this would also provide time to respond to financial allocation letters from WG which should be provided in December 2024. <p>The Chair queried if the plan was agreed in March 2025, would there be an opportunity within the year for JCC members to be cited on its development before it is submitted for final approval. NJ responded and confirmed that this was included within the timeline and regular updates would be brought to each JCC meeting and there would also be opportunities to discuss how the Plan was developing within the JCC development sessions.</p> <p>The Chair expressed the importance of showing that we were one committee and not three separate committees coming together and advised it was important to show the benefits of integration across the range of JCC activities</p> <p>Sally May (SM) advised that it was really important to be clear on affordability when making decisions on priorities as there were significant affordability issues and the JCC as a committee of the seven HBs would need to reflect these shared priorities.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> Note the feedback on legacy planning arrangements and plans that has been received from DOPs, DOFs and CEOs/Chairs, Note that the JCC Standing Orders state that the JCC will develop an IMTP for 2025-2028, Agree the approach laid out in section 3.4; and Agree the process and timeline for developing the 2025-2028 JCC IMTP.
JCC24/052	<p>2.8 Plastic Surgery South Wales – Revised Ministerial Key Performance Indicators (KPI's)</p> <p>The report outlining the options in relation to achieving the WG key performance indicators (KPIs) in 2024/2025 for the plastic surgery service for South Wales provided by SBUHB was received.</p> <p>NJ presented the report and members noted:</p> <ul style="list-style-type: none"> that the waiting list and waiting times for plastic surgery had increased and that some patients were waiting in excess of the 104 weeks WG waiting time target, that the WHSSC Integrated Commissioning Plan (ICP) for 2024/25 did not include allocated funding above the SLA baselines to address long waits in plastics and achieve the 104 weeks target because choices were made on the balance of

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	<p>performance and finance in line with the difficult choices facing all HBs - the WHSSC Joint Committee agreed not to accelerate improvement beyond a continued steady improvement towards the targets. However, following the approval of the ICP, WG published targets to achieve the 104 week waiting time target by March 2025. Members noted that this target was further revised through the NHS Wales CEO letter in May 2024 with revised Ministerial KPIs of no patients waiting over 104 weeks by the end of December 2024,</p> <ul style="list-style-type: none"> • that the NWJCC and SBUHB had worked collaboratively to consider the options for additional activity and cost to commissioners of achieving the WG KPIs for elective waiting times and members discussed these. <p>AH advised that making progress towards achieving the Ministerial targets was a key priority and the proposal was looking to achieve a balance between financial position and performance. AH also explained that the JCC team may not be able to come up with a firm financial response for all of the requirements, however there was a need to agree a concrete plan for delivery.</p> <p>SM advised that it was her understanding that the Management Group (MG) had been requested to look at other opportunities across JCC commissioning portfolios rather than just focus on plastic surgery in isolation.</p> <p>Nicola Prygodzicz (NP) advised that she was keen to support reducing the long waiters, however noted that there had only been a brief discussion under the any other business agenda item at the last MG meeting and that there were a number of outstanding questions. NP advised that she supported the principle of trying to address the issues in year, however felt that there had not been sufficient scrutiny and due diligence at the MG level to be in a position to agree the finer details and emphasised the importance of ensuring that the supporting structure of the MG was working.</p> <p>NJ advised that the situation had transpired at pace and assured members that the same report was received by and presented to the MG meeting in June 2024. The report had been updated since then in preparation for consideration by JCC members to include the advice from MG members in terms of options. NJ re-assured members that lengthy conversations had taken place with the MG members prior to the JCC meeting.</p> <p>NR queried if the JCC was required to make a decision on which service should meet the 104 week target. NJ clarified that this was</p>

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	<p>currently the only service within the scope of the JCC which included patients waiting over 104 weeks.</p> <p>AH provided an update on the financial context and explained that the month 3 finance report will highlight that the JCC was in a difficult financial position due to performance with some of the services that it commissions. How we meet all of the priorities in the round within the JCC existing financial envelope was a key issue, as there were no financial reserves and the full ask for this proposal was £1.5 million. The finance report was already showing that the JCC was over committed. AH also reminded members that we took a risk based approach to the ICP and there was already slippage in terms of delivery of the savings targets so it was not as simple as saying we can re-prioritise. The conversation on how we fund this will need to run in parallel with the work that the Director of Finance will be undertaking on the financial position but the decision cannot wait until September 2024 and what we require from the JCC was a steer on the direction from the committee and if necessary we could ask the MG to undertake more work but it was important that we have a plan that could get delivered rapidly by the provider and broadly speaking the right approach was to prioritise different categories.</p> <p>CS clarified that the position appeared to have improved for North Wales, but this was an equity of access issue and we should be confirming the position across Wales.</p> <p>PW queried some of the data but agreed to discuss this with NJ outside of the meeting.</p> <p>NP summarised and explained that this was an example of the challenges that HBs currently had. She advised that she understood why there was a need to prioritise but it was difficult to reconcile long waiters in plastics with other long waiters that HBs also had to consider. NP advised that she did not have a solution but wanted to share some of the challenges that HBs were trying to manage.</p> <p>The Chair agreed that whilst the JCC had a responsibility for its patients any decisions taken had to be taken in the context of the challenges across the system as a whole. The Chair advised that he understood the challenges that HB colleagues were facing in trying to make best use of limited resources in the most effective and equitable way across HB populations. NR commented that making these decisions with limited clinical information was difficult.</p> <p>AH responded and stated the children group was a good group to prioritise as 104 weeks in the lifetime of a child was different to that</p>

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	<p>of an adult. AH explained that prioritising children and women who had been through cancer treatments and required treatment to complete their reconstruction part of their pathway within the plastics cohort appeared to be a sensible approach. Notwithstanding the above, if cases did become urgent, clinicians would have a duty to ensure that clinical priority outweighed any other consideration. AH explained that this was about ensuring best use of any finite financial and resource capacity.</p> <p>NP advised there was a need to look at aligning the prioritisations that were happening locally and endorsed her support for AH's comments and that from a provider's point of view, setting up additional capacity would take time and proposed that the JCC consider option two, paediatric and DIEP breast reconstruction, whilst the JCC team had wider conversations on the wider cohort.</p> <p>The Chair asked members if there would be support to proceed with option two whilst the JCC team considered the next steps and had wider conversations.</p> <p>Following the detailed discussion around the affordability of the additional activity required and the other priorities HBs were needing to balance, members approved Option 2 subject to further urgent due diligence by the JCC Management Group.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the information presented within the report, • Provide Advice on the approach to the options in table; and • Approve to progress option 2 subject to additional due diligence by the Specialised Services Management Group.
JCC24/053	<p>2.9 Gender Identity Services for Children and Young People – Final Report of the Cass Review</p> <p>The report providing further information following the request made by the JCC on 21 May 2024 on the Cass Review recommendations was received.</p> <p>Carole Bell (CB) presented the report and re-iterated that the wider debate on gender identity was complex. Members welcomed the additional work that had been undertaken and information that had been provided. It was agreed that the commissioning pathway for the service would continue, but recognised that it would be appropriate to review this in the future if further evidence became available.</p> <p>The Chair thanked CB for the additional work undertaken and presented within the detailed report and highlighted that the report</p>

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	<p>clarified the issues raised and outlined the approach taken in other devolved nations as requested in the May JCC meeting.</p> <p>Suzanne Rankin (SR) thanked CB, ID and the committee for allowing members time to pause whilst seeking this additional information. SR explained that it had provided an opportunity to deepen her understanding and reminded herself that the issue was should we continue to Commission from NHS England (NHSE) in light of the changes to the service provision that the Cass review proposed. SR acknowledged that there had been an opportunity to reflect and consider this issues and the report outlined clearly that a big issue remained the lack of capacity to deliver a Welsh gender service and in the absence of this there was no alternative but to commission this service from England currently. SR acknowledged the assurance around the Cass position but highlighted that there remained dissenting opinions and concerns amongst some clinicians. The issue of the Puberty Blockers was slightly separate as legislation had now been passed dealing with this. There remained some concerns but as commissioners there was a need to ensure the service was delivered in line with the law.</p> <p>The most recent reflection and outcome of the review in Scotland was very helpful and SR suggested that the JCC shared the link to access this information. SR felt that this information was useful as CVUHB had undertaken some detailed analysis and despite having their own service the delivery of their service was aligned to the Cass recommendations. SR supported the approach as outlined in the report.</p> <p>ACTION: Share link for the outcome review in Scotland.</p> <p>AH thanked SR and the team for their engagement. AH advised there will be a service that has closer geographical proximity by the end of the year in Bristol following the phase 2 programme of work. AH also highlighted that we had clinicians that had been involved in those conversations with the services. AH advised that we needed to consider when to revisit this discussion, and assured members that regular performance updates would be provided as children transition over to the new providers whilst also ensuring that comprehensive support was provided to any patients accessing the service. The Chair advised that ensuring timely access was key.</p> <p>The Joint Commissioning Committee resolved to:</p>

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	<ul style="list-style-type: none"> • Note the recommendations of the Cass Review and support the continued alignment of the NHS Wales Joint JCC with the NHS England Implementation Plan; and • Endorse the establishment of an 'Expert Clinical Advisory Group' to inform the review of the policy and specification for the adult gender identity service and associated terms of reference.
JCC24/054	<p>2.10 NWJCC Performance Report – April 2024</p> <p>The report providing an integrated overview of the performance of services commissioned by NWJCC up to the end of April 2024 for scrutiny and assurance by the Joint Commissioning Committee was received.</p> <p>Members noted that reporting formats by the legacy organisations were significantly different, and the report presented an integrated cover report of the key performance issues and risks by exception. The report format will continue to develop across the year as this was currently a report that had been pulled together from the three service areas.</p> <ul style="list-style-type: none"> • Specialised Services (WHSSC) Escalation Framework At the end of April there were 9 specialised services in escalation under the previous WHSSC Escalation Framework, which was the same as last month; there were 5 services at level 2, 3 services at level 3 and 1 service at level 4. Paediatrics has since been de-escalated and the Wales Fertility Institute and these changes will appear in the next Performance Report. • Mental Health and Learning Disabilities Adult and CAMHS Collaborative Framework Currently all units on the Framework were at the highest level of assurance (3Q) with the exception of one, which was at level 2Q. An action plan was in place for this provider unit. <p>NJ highlighted that dialysis demand had been increasing on average 3% per annum across Wales, however there were significant regional variations with the Cardiff and Vale Service currently being the highest. As a consequence, the Welsh Kidney Network (WKN) will be undertaking a demand and capacity review across Wales.</p> <p>The Chair advised that the cover report was helpful and highlighted they key issues, and queried if there were any other services where there was a risk to in terms if performance and NJ advised there was a potential emerging risk regarding achievement of the 8-week target for diagnostics regarding Neurophysiology services which were due</p>

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	<p>to transfer for commissioning to the NWJCC in 2024/25. However, the transfer of resources was not due until Q3/4 and the performance risk assessment was underway.</p> <ul style="list-style-type: none"> Ambulance Performance The performance of the Ambulance Service had been covered under Agenda Item 3.1. The only additional item that RW wanted to highlight was in relation to compliance with care bundles and issues around documentation. Assurance had been provided that the issues related to a documentation issue only and that improvements were being made with compliance and completion of the electronic patient record. <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> Note the Performance Report for services commissioned by the NWJCC.
JCC24/055	<p>2.11 Financial Performance Report - Month 2 2024-2025 and verbal update on Month 3 2024-2025</p> <p>The report providing the month 2 and 3 financial position was received.</p> <p>ST presented the month 2 position and gave a verbal update on the month 3 position which had not been finalised at the time the papers had been published.</p> <p>Members noted that:</p> <ul style="list-style-type: none"> the NWJCC financial position for 2024-2025 reported at Month 2 was a £1.6m overspend against the ICP financial plan to date, with a forecast year-end overspend of £655k at this point, the NWJCC financial position for 2024-2025 reported at Month 3 was a £2.8m overspend against the ICP financial plan to date, with a forecast year-end overspend of £2.5m, there had been a £1 million deterioration in position between the month 2 position and month 3 position with a £2 million deterioration in the year end forecast; and in relation to the savings target WG had requested a 2% savings target which amounted to a £10 million savings target. To date, only £802,000 savings were reported. Members noted that if this continued the NWJCC would be looking at a significant overspend at year end. <p>Members noted that in terms of actions taken to mitigate this position, the finance team were undertaking an analysis of expenditure and were meeting with providers to review forecast overspends and were developing more robust processes to gather</p>

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	<p>business intelligence on areas that were over performing and a detailed savings tracker had been issued to all Commissioning Teams.</p> <p>ST highlighted that additional internal work would be undertaken in the summer to scope areas of risk and opportunities, specifically the key risks in terms of performance areas including transcatheter aortic valve implantation (TAVI), cardiac surgery delivery, Artificial Limb and Appliance Service (ALAS) and Plastic Surgery. Members noted an increase in Prior Approval requests whereby clinicians confirm that the patient's clinical presentation meets the locally agreed eligibility criteria for treatment, and Individual Patient Funding Request (IPFR) expenditure spends as a number of patients had completed trials and required on-going treatments.</p> <p>ST advised there were opportunities to explore efficiencies with Cystic Fibrosis (CF) modulators and clinical immunology and they were also undertaking a review of service specifications and policies. Members noted that the timing of any investments may need to be reconsidered and even paused until next year.</p> <p>Members noted that the Finance Working Group Terms of Reference (ToR) had been shared with the NHS Wales Directors of Finance (DoFs) peer group and that that all of the Long Term Agreements (LTAs) had been agreed without the need for any arbitration.</p> <p>The Chair questioned the timing of when action would need to be taken to deal with the overspend position and the savings position and what assurance could be provided to the JCC that appropriate actions were being taken. ST reassured the JCC that she was working on developing a plan over the summer to review how to achieve a break even position and that this would presented to the JCC in September 2024.</p> <p>ACTION: A detailed financial update outlining the plan to achieve a break even end of year financial position to be provided to the JCC in September 2024.</p> <p>PW thanked ST for the month 3 update and asked about her thoughts on the main risks. ST responded and explained that the finance team were receiving better data from English providers and that their position will become clearer over the next few months. ST explained that the impact of some critically ill patients and expensive treatments which had been approved via the IPFR process had predominantly impacted on the overspend position.</p> <p>PW noted that the savings profile and the unidentified £3 million of savings was a cause for concern. ST advised that we were in a difficult</p>

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	<p>position, however the finance team had gone back to the commissioning teams to review their schemes to identify further efficiencies. The referral management savings would be a priority area over the summer. PW requested confirmation if the £3 million was a big risk and ST confirmed that this continued to be a risk.</p> <p>PW advised it was hard to compare with previous years as we had now combined the services of the three predecessor organisations into one. ST advised that previously the savings were invariable, some did not deliver in previous years and reiterated the need for dedicated time over the summer to explore further opportunities.</p> <p>AH highlighted the three areas of action required:</p> <ol style="list-style-type: none"> 1. Discipline within the JCC (internal) - not all work has been done as not all of the Directors are in post and we have not yet had time to develop the internal performance framework. A tracker will be introduced, 2. Conversations were needed (external) - a finance working group was being set up and conversations continued with the MG. The JCC team could not provide assurance at this point in time that a break even position will be achieved, and we will bring back a further update to the JCC Development Session on 20 August 2024; and 3. Look at further options for recovery. We would need to socialise any ideas with JCC members in advance of the September JCC meeting. <p>NP advised that she had some queries from an ABUHB perspective and that she would discuss these with ST directly after the meeting. ST advised that she was more than happy to respond to specific queries from HBs.</p> <p>The Chair advised that the expectation of the committee was that the financial plan will be met, and that the JCC will require assurance on what action will be needed to deliver the plan in light of the overspend position at month. The Chair confirmed that this would be discussed further during the JCC development session on 20 August 2024.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the month-end financial position for months 2 and 3.
JCC24/056	<p>2.12 All Wales Molecular Radiotherapy (MRT) Programme</p> <p>The report setting out the context, challenges and opportunities for an All Wales Molecular Radiotherapy (MRT) service was received.</p> <p>Iolo Doull (ID) presented the report and members noted that:</p> <ul style="list-style-type: none"> • MRT was an umbrella term for the use of radioactive pharmaceuticals in the treatment of cancer and some non-

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	<p>malignant conditions. The radioactive nature of these drugs meant that there were special requirements for manufacture, transport, storage, administration, and disposal,</p> <ul style="list-style-type: none"> the All-Wales MRT Programme strategic report had been written in response to a request from the Director General Health and Social Services/NHS Wales Chief Executive Health and Social Services Group in April 2022 and that the request was based upon a case put forward for a need for a Welsh strategy for MRT; and a request had been made to WG for funding to continue the work of All Wales Molecular Radiotherapy Advisory Group (AWMOL) in line with the recommendations strategic report. <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> Note the report, Endorse the All Wales MRT programme strategic report at Appendix 1 for publication; and Support the continuation of the programme as outlined in the All Wales MRT programme strategic report subject to Welsh Government (WG) confirmation of continued funding to support a dedicated resource for the programme.
JCC24/057	<p>2.13 Corporate Governance Report</p> <p>The Corporate Governance report was received. JM provided an update on the routine corporate governance matters that had arisen since the previous meeting, and members noted the Annual Reports for the former EASC sub-committee and sub-groups as part of the legacy work of the JCC, and noted the results of the former WHSSC committee effectiveness survey for 2023-2024 and that the results will be used to inform the work of the JCC development programme.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> Note the report, Approve the Annual Reports for the Former EASC Sub-Committees and Sub-Groups as part of the legacy work, Note the results of the former WHSSC Annual Committee Effectiveness Survey for 2023-2024; and Receive assurance that the Annual Committee Effectiveness Self-assessment for 2023-2024 was completed for the previous WHSSC Joint Committee.
JCC24/058	<p>3.1 Ambulance Services Performance – Update</p> <p>The presentation on emergency ambulance services performance was received.</p> <p>SH shared the presentation and members noted:</p> <ul style="list-style-type: none"> All Wales Daily EMS Performance Tracker,

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	<ul style="list-style-type: none"> • Verified Incidents, Conveyances, Emergency Department (ED) attendances and lost hours, • Lost Hours and Total Arrivals per HB, • The top 10 conveyed by nature of condition, • Lost Hours by Age Profiles 2023, • Monthly Indicators Dashboard, • Performance Plan – Actions, <p>Members discussed the data, patient pathways and demand and capacity and noted there was a focus on the risk to patients associated with long patient transfers into hospital from ambulances.</p> <p>Members noted that those waiting the longest were often older people conveyed following an amber call, which meant they waited across all stages of the emergency care pathway. It was agreed that more work was required to prevent the unnecessary conveyance of frail older people and that further work was being undertaken to improve the management of falls and the exacerbation of respiratory conditions.</p> <p>Members welcomed the deep dive into the data and requested additional granular detail and agreed that further discussion was required to tackle the challenges and that this could be included the JCC development session in August 2024.</p> <p>The Chair asked Jason Killens (JK) if he had any reflections, and JK advised that the reported representation may vary throughout the presentation provided and welcomed the opportunity when there was more time to get into the existing opportunities to help.</p> <p>NR asked why the graph was showing older people, and SH advised this was partly due to older people presenting and requiring the ambulance service.</p> <p>NP picked up on the same point around older people and the high proportion of older people waiting for a long time and suggested that this was a priority area of work. MP agreed with comments from SH that focusing on older people and looking at alternative pathways and admissions to hospital was a key area.</p> <p>CS advised members that JK and herself were meeting to look at alternative pathways to hospital as it was key to try and avoid older people having to wait such long periods in ambulances and/or hospitals and to also focus on their patient experience. CS also highlighted that there continued to be interesting work going on in Getting It Right First Time (GIRFT) and some important work around the back end of the pathways and referenced that Paul Mears (PM)</p>

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	<p>attended the Ministers Care Action Committee and there may be opportunities to link in with PM and this piece of work.</p> <p>Richard Evans (RE) echoed previous comments made, and advised it was helpful to see the condition base breakdown and reasons for conveyance. RE suggested that he would like to see the location of conveyance as he suggested a priority area should be a reduction in conveyances and admissions from nursing and residential homes as a large proportion of these patients were sent back to their place of residence without any significant medical intervention.</p> <p>SH confirmed that this information was available on patient location, and SH explained that they had a list of top 10 care homes that were referring patients into hospital.</p> <p>The Chair advised that using the data and information sensitively to support HBs was key.</p> <p>SE welcomed the additional scrutiny and emphasised the importance of working more broadly and the importance of local authorities.</p> <p>PK echoed colleagues' comments and advised that the presentation was helpful and a good starting point. PK suggested that considering whether to only focus on the "red" categories was an interesting question, and agreed with JK that tackling higher volume cohorts where harm was occurring would also lead to reducing unnecessary admissions from care homes or end of life admissions and or admissions following falls. The highest proportion of calls were categorised as falls and if we had other processes in place to deal with some of these this could lead to a reduction in requests for ambulances and would then free up capacity to deal with the amber and red categories of calls.</p> <p>SH advised there were opportunities to differentiate between type 1, 2 and 3 calls and welcomed the suggestions on where to focus. PW advised that the highlighted figure showing lost hours was stark and he would be interested in gaining a better understanding of the action being taken to address the lost hours.</p> <p>SR advised that she found the IMTP appraisal slide to be very interesting and beneficial and flagged that the six goals did not necessarily align with the current conversation and whether there would be an opportunity to look at a more cohesive approach amongst HBs for next year.</p> <p>SH agreed that a more cohesive approach was required and this involved working with everybody.</p>

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	<p>The Chair agreed that this was a positive start and we were just starting to highlight some of the key issues and some of the challenges from the data and some of the opportunities.</p> <p>AH suggested that the conversation could continue in the planned JCC development session for August and invited JK to share some of WAST's recent work. AH agreed with SH that there were some immediate actions to concentrate on such as alternative pathways for falls but the issues may relate to when falls happens out of hours and the pattern of conveyance out of hours would be interesting to see and how we turn these into urgent emergencies rather than a blue light emergency was key.</p> <p>In terms of breathing related conveyances, how we manage for example Chronic Obstructive Pulmonary Disease (COPD) within the community rather than bringing these patients into hospital was also a key area.</p> <p>AH confirmed that the JCC would aim to bring back a tighter Performance Report from a commissioning lens by September 2024. AH suggested that the action plans be strengthened by working with HBs and WAST colleagues and test this in August 2024 to bring back a specific set of objectives over and above what was described in the ICP.</p> <p>ACTION: Continue the conversation on Ambulance Service Performance in the JCC development session scheduled for 20 August 2024 and bring back a revised Performance report by September 2024 incorporating the above suggestions.</p> <p>The Chair agreed WAST input during the development session would be beneficial especially as the highest scoring red risks for the JCC concerned ambulance performance and capacity. The Chair agreed that it would be useful to obtain WAST input during the development session.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the presentation.
JCC24/059	<p>4.1 Reports from the WHSSC Joint Sub-Committees</p> <p>Reports from the following WHSSC Joint Sub-Committees were received:</p> <ul style="list-style-type: none"> • Management Group Briefings, • Individual Patient Funding Request (IPFR) Panel, • Welsh Kidney Network (WKN), • Quality & Patient Safety Committee (QPSC), • Neonatal Transport Delivery Assurance Group (DAG),

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	<ul style="list-style-type: none"> • Non-Emergency Patient Transport Service (NEPTS) DAG, • Emergency Medical Retrieval Transport Service (EMRTS) DAG, • South Wales Trauma Network Delivery Assurance Group (DAG) – noting the new database will not be accessible until September 2024, therefore there will be a gap in data collection; and • Audit and Risk Committee (ARC) Assurance Report. <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> • Note the reports.
JCC24/060	<p>5.1 Any Other Business</p> <p>There was no other business to discuss.</p>
JCC24/061	<p>5.2 Review of Next Meeting</p> <p>It was agreed to discuss during the in committee section.</p>
JCC24/062	<p>5.3 Date of Next Meeting (Scheduled)</p> <p>The JCC noted that the next scheduled meeting would be held on 17 September 2024.</p>
JCC24/063	<p>5.4 In Committee Resolution</p> <p>The Joint Commissioning Committee recommended to make the following resolution: “That representatives of the press and other 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)”.</p>

Chair’s Signature:

Date:.....