

**Approved Minutes of the  
NHS Wales Joint Commissioning Committee Meeting  
held In Public on  
Tuesday 23 April 2024**

Microsoft "Live" Teams/In Person

**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 UHB
Dr Philip Kloer	(PK)	Interim Chief Executive Officer, Hywel Dda UHB
Paul Mears	(PM)	Chief Executive Officer, Cwm Taf Morgannwg UHB
Nicola Prygodzicz	(NP)	Chief Executive Officer, Aneurin Bevan UHB (until 11.00am)
Suzanne Rankin	(SR)	Chief Executive Officer, Cardiff and Vale UHB
Nia Roberts	(NR)	Lay Member, NHS Wales JCC (in person)
Carol Shillabeer	(CS)	Chief Executive Officer, Betsi Cadwaladr UHB
Hayley Thomas	(HT)	Chief Executive Officer, Powys tHB
Dr Paul Worthington	(PW)	Lay Member, NHS Wales JCC (in person)

**Associate Member:**

Abigail Harris	(AH)	Interim Chief Commissioner, JCC (In-person)
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**In Attendance:**

Jacqui Maunder-Evans	(JME)	Committee Secretary & Associate Director of Corporate Services, NHS Wales JCC (in person)
Stephen Harray	(SH)	Board Director/Chief Ambulance Service Commissioner (in person)
Lee Leyshon	(LL)	Deputy Director EASC & NCCU, NHS Wales JCC
Stacey Taylor	(ST)	Director of Finance and Information, JCC
Ricky Thomas	(RT)	Head of Informatics, NHS Wales JCC
Helen Tyler	(HT)	Head of Corporate Governance, NHS Wales JCC
Karla Williams	(KW)	Interim Corporate Governance Officer, NHS Wales JCC

**Observing:**

Rani Dash	(RD)	Director of Corporate Governance, ABUHB
Jason Killens	(JK)	Chief Executive, Welsh Ambulance Services NHS Trust
Nick Wood	(NW)	Deputy Chief Executive NHS Wales, Health and Social Services Group, Welsh Government

**Minutes:**

Karla Williams	(KW)	Interim Corporate Governance Officer, NHS Wales JCC
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JCC24/007	<p><b>1.1 Welcome and Introductions</b></p> <p>The Chair, Ian Green (IG) welcomed Members to the NHS Wales Joint Commissioning Committee (JCC) Public meeting (using the Microsoft Teams Live Platform) and introductions were made.</p> <p>It was noted Jason Killens (JK), Chief Executive for the Welsh Ambulance Services NHS Trust was observing and members of the public were observing the meeting via a live link.</p> <p>There were no objections to the meeting being live streamed and being recorded for administrative purposes. It was noted that a quorum had been achieved.</p>
JCC24/008	<p><b>1.2 Apologies for Absence</b></p> <p>No apologies for absence were received.</p>
JCC24/009	<p><b>1.3 Declarations of Interest</b></p> <p>The Chair acknowledged that each Health Board (HB) had an interest in agenda item 2.3 relating to the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review report. The Chair advised that the JCC must discharge its collective duty for the population of Wales and any individual involved in making decisions that related to the JCC functions must act in accordance with this principle. This included ensuring that Officer Members did not seek to achieve a greater benefit for the population of their respective HB over and above that of others.</p> <p>The Chair advised that following discussions with BCUHB and PtHB, they had an interest in respect of their own HB populations, therefore this will be formally noted and recorded in the minutes and as JCC members, they should participate fully in the JCC's discussion and decision.</p> <p>The Chair declared that he was a resident of Powys. Nia Roberts (NR) declared that she was a resident in North Wales.</p> <p>Richard Evans (RE) declared that the EMRTS was hosted by SBUHB.</p> <p>No other declarations of interest were made relating to the items for discussion on the agenda.</p>
JCC24/010	<p><b>1.4 Minutes of the EASC meeting held on 19 March 2024 and Matters Arising</b></p> <p>The minutes of the Emergency Ambulance Services Committee (EASC) meeting held on 19 March 2024 were <b>received</b> and</p>

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	<p><b>approved</b> as a true and accurate record of discussions and decisions.</p> <p>There were no matters arising.</p>
JCC24/011	<p><b>1.5 Minutes of the WHSSC meeting held on 19 March 2024 and Matters Arising</b></p> <p>The minutes of the Welsh Health Specialised Services Committee (WHSSC) meeting held on 19 March 2024 were <b>received</b> and <b>approved</b> as a true and accurate record of discussions and decisions.</p> <p>There were no matters arising.</p>
JCC24/012	<p><b>1.6 Minutes of the Joint Commissioning Committee meeting held on 9 April 2024 and Matters Arising</b></p> <p>The minutes of the Joint Commissioning Committee (JCC) meeting held on 9 April 2024 were <b>received</b> and <b>approved</b> as a true and accurate record of discussions and decisions.</p> <p>There were no matters arising.</p>
JCC24/013	<p><b>2.1 Chair's Report</b></p> <p>The report provided JCC members with an update of the issues considered by the Chair since the establishment of the of the JCC on 1 April 2024 was received, and members noted:</p> <ul style="list-style-type: none"> <li>• <b>New Chair of the JCC</b> - The inaugural JCC meeting on 9 April 2024 received and approved the governance framework for the new JCC after it had been approved by the seven HBs in March 2024, and the overwhelming first impression was of an organisation in good heart and in good shape, notwithstanding the significant challenges and complexities of combining the different organisations into one new national NHS sub-committee;</li> <li>• <b>JCC Induction Programme</b> - An update on introductory meetings with key personnel and partners and the local induction session attended and the forthcoming NHS Wales Induction programme for new Independent Members (IMs) was provided;</li> <li>• <b>Chairs Action Approval of the WHSSC Legacy Statement</b> – members noted the Chair's action taken by the Chair of WHSSC on 25 March 2024 to approve the WHSSC Legacy Statement as part of the work to support the establishment of the new NHS Wales Joint Commissioning Committee (JCC) from 1 April 2024 in accordance with the</li> </ul>

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	<p>NHS Wales Joint Commissioning Committee (Wales) Regulations 2024 was ratified; and</p> <ul style="list-style-type: none"> <li>• <b>Key meetings attended</b> - since the report was written IG had met with Judith Paget and he had a meeting with the Cabinet Secretary scheduled for later that week.</li> </ul> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report; and</li> <li>• <b>Ratify</b> the WHSSC Chairs action taken on 25 March 2024 to approve the WHSSC legacy statement.</li> </ul>
JCC24/014	<p><b>2.2 Interim Chief Commissioner's Report</b></p> <p>The Interim Chief Commissioner's report was received and members noted the following:</p> <ul style="list-style-type: none"> <li>• <b>New Interim Chief Commissioner</b> - An update on the interim six-month appointment of the Chief Commissioner was provided, meetings held with key partners, staff and stakeholders to build relationships and the warm welcome received from everyone was noted; and</li> <li>• <b>NHS Wales Joint Commissioning Committee Implementation</b> - the programme of work to establish the new NHS Wales JCC came to fruition on 1 April 2024. The final Welsh Government (WG) Oversight Board meeting will be held on 30 April 2024 to complete the programme. JCC members received the transitional plan for Quarter 1 2024-2025 at its meeting on 9 April 2024, which incorporated the transitional plan developed by (Welsh Government) WG and the actions required to ensure the stability and business continuity of the functions to be delivered. Abigail Harris (AH) explained that a key priority for the next period would be finalising role descriptions for the senior leadership team and to progress to filling those roles as well as jointly working through the supporting staffing structure as quickly as possible. Work will also commence on setting out the planning process for 2024/2025 for consideration at the next JCC meeting so that we are able to develop the JCC Integrated Commissioning Plan (ICP) in the timeframe that allows alignment with HB plans.</li> </ul> <p>Carole Shillabeer (CS) welcomed AH into her new interim role and recognised there was a lot of work to be done in formulating the new function and bringing all of the legacy and predecessor functions together and offered to provide support.</p> <p>AH thanked CS and agreed that the JCC would require additional capacity over the next few months. Additional support would be</p>

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	<p>required to ensure business continuity and to ensure the extensive programme of work was maintained as well as shaping the new JCC arrangements.</p> <p>The Chair agreed and reiterated that progress with the transition arrangements were underway and regular updates would be provided.</p> <p>Paul Worthington (PW) agreed that there was a lot to be done and advised it was important that the new JCC reflected on the achievements of all the predecessor organisations and not to underestimate the challenge both IG and AH will have in bringing the organisations and teams together.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the report.</li> </ul>
JCC24/015	<p><b>2.3 Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review</b></p> <p>A report presenting the Joint Commissioning Committee (JCC) with recommendations of the Emergency Medical Retrieval and Transfer Service (EMRTS) Service Review which has been ongoing since November 2022 and overseen by the Emergency Ambulance Services Committee (EASC) up until 31 March 2024 which had responsibility for commissioning these services prior to the establishment of the Joint Commissioning Committee (JCC) on 1 April 2024 was received.</p> <p>The Chair provided the background to the review and outlined what the report was requesting in terms of its recommendations. The Chair advised that the Committee was grateful for all of the responses submitted throughout the lengthy engagement process and the time and interest shown in the EMRT Service Review. This had been a lengthy Review since the initial EMRTS Service Development Proposal was first received by the former EASC in November 2022, and the Chair thanked stakeholders for their patience during the time taken to ensure the work could be carried out appropriately and robustly.</p> <p>The Chair expressed how grateful the JCC were for the way in which the Wales Air Ambulance Charity (the Charity) and EMRTS had supported and contributed to the Review in what had been a challenging environment for them given the uncertainty affecting their colleagues and business planning.</p> <p>The Committee expressed gratitude to Llais, the national citizen's voice body for Wales, who advised on the engagement as well as</p>

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	<p>NHS Wales colleagues who have helped deliver the all Wales engagement with citizens across Wales.</p> <p>The Chair thanked Stephen Harrhy (SH) and his review Team for the work that had been delivered to ensure Members had the information and assurance they needed to consider the recommendations.</p> <p>Members noted that since the Chair and the interim Chief Commissioner had been appointed they had been proactive in meeting with key stakeholders and listening to a wide variety of concerns and views.</p> <p>The Chair advised that he had been struck by the passion and high regard that is held for the Charity and the clinical teams of EMRTS, which had been acknowledged throughout the review and was reinforced during the listening exercise recently undertaken. It was acknowledged that there were differing views that would need to be considered as the Committee endeavoured to make its decision.</p> <p>The Chair advised that positively, this strength of feeling illustrated a collective desire between the public and stakeholders to work together with the Charity and EMRTS, to make this great partnership service even better for our communities across Wales as it continues to evolve to meet the needs of the population of Wales.</p> <p>Stephen Harrhy (SH) presented the report and members noted:</p> <ul style="list-style-type: none"> <li>• The papers were considered individually by each of the HBs in Wales between 20 March and 11 April,</li> <li>• The original EMRTS Service Development Proposal (EMRTS and the Charity was received at the EASC meeting on 8 November 2022. At that meeting, EASC Members agreed that further scrutiny was required that this would be undertaken by the Chief Ambulance Services Commissioner (CASC) who established the EMRTS Service Review; and</li> <li>• The purpose of the EMRTS Service Review was to: <ul style="list-style-type: none"> <li>- ensure that as many people as possible benefitted from the excellent clinical outcomes that the critical care teams of EMRTS delivered (in partnership with the Charity) where there was un-met patient need across Wales (approximately 2-3 patients per day from all HBs across Wales who required the EMRTS service but who did not receive it),</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>- To improve the under-utilisation of clinical teams across the national EMRTS service (some were busier than others),</li> <li>- To ensure geographical coverage across Wales; and</li> <li>- To ensure the use of Rapid Response Vehicles (RRV) when the helicopters are unable to fly.</li> </ul> <p>Members noted that the final report made four specific recommendations:</p> <ul style="list-style-type: none"> <li>• <b>Recommendation 1 – EMRTS Service Model.</b> The Committee approves the recommended service model for EMRTS including the consolidation of the Emergency Medical Retrieval and Transfer Services currently operating at Welshpool and Caernarfon bases into a single site in North Wales (Option A) as it best meets the objectives of the EMRTS Service Review,</li> <li>• <b>Recommendation 2 – Implementation.</b> To enable delivery of the agreed service model, the Committee requests that the Charity secures an appropriately located operational base in line with the agreed service model (as per the final recommendations of the Review),</li> <li>• <b>Recommendation 3 – Implementation.</b> The Committee approves that a joint plan is developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base and develop a comprehensive implementation plan for the agreed service model. This plan will be reflected in the Committee’s future commissioning arrangements with EMRTS and the Charity,</li> <li>• <b>Recommendation 4 – Additional service provision.</b> The Committee approves the development of a commissioning proposal for bespoke road based enhanced and / or critical care services in rural and remote areas to enhance the core service model. It is recommended that the Ambulance and 111 Commissioning Team establish a Task and Finish Group to further refine and develop the approach and to deliver a detailed implementation plan by the end of September 2024. The Group will work in partnership with HBs and Llais and other key stakeholders and report to the JCC in October 2024. Following conclusion of this work, and agreement of the way forward, the implementation plan will be updated,</li> <li>• <b>Recommendation 5 – Lessons Learned.</b> The Committee supports a Lessons Learned exercise of the review and</li> </ul>

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	<p>engagement process to help inform the future work of the JCC; and</p> <ul style="list-style-type: none"> <li>• <b>Recommendation 6 – Implementation.</b> The Committee agrees to receive regular progress reports on achievement of the implementation plan milestones, and benefits realisation.</li> </ul> <p>SH provided a summary of the background and reminded members that this was a highly specialised service that helped patients with a life or limb threatening injury, which was just less than 1% of all 999 incidents. The service was a partnership of EMRTS and the Charity and is funded one third by NHS funds and two thirds through the charity. SH explained that thanks to the Charity, the population of Wales had more helicopter time than other areas of the UK, however more could be done to improve things further.</p> <p>SH explained that as part of the commissioning intentions, there was an EMRTS Service Development Proposal in November 2022 where an engagement process identified differing views on the way in which the service could further improve. In delivering improvement there was always a challenge in reconciling differing views into an agreed way forward but there was clear common ground in finding the best solution to reach more people who need the service and make better use of the critical care expertise of the EMRTS teams.</p> <p>SH outlined that these changes would enable more people to benefit from the clinical expertise delivered by teams of this critical care service by reducing the current unmet patient need across the whole of Wales in every HB area. On average, there were three people currently every day in a life or limb-threatening situation who needed the service, but did not currently receive this specialist service.</p> <p>SH highlighted that this inequity was clear to see when looking at the number of incidents the service was unable to attend in Powys and North Wales, between the hours of 8pm and 2am due to the service not being delivered in the most effective way. SH emphasised the importance of getting the right balance of air usage and rapid response usage.</p> <p>SH reminded members that historical and up to date data and modelling had been used, in addition any seasonal variations in population (due to holidays and weather) being factored in. A thorough options appraisal was undertaken and public feedback was obtained which agreed with the proposed factors but the</p>



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	<p>weighting was questioned and a request to give affordability less weight whilst increasing the weighting of clinical skills and sustainability was made. The various phases of the engagement undertaken were summarised by way of reminder and SH assured members that consideration to all the issues raised throughout the engagement process with the public and stakeholders had been given. SH also reminded members that they agreed not to position assets with worse flying conditions than the current configuration, not only would more people get the service but if anyone who received a service currently would still receive a service in the future. The way the options were developed was explained and the covered;</p> <ul style="list-style-type: none"> <li>• Service delivery,</li> <li>• Operational efficiency,</li> <li>• Stakeholder engagement; and</li> <li>• Analysis of service coverage across Wales.</li> </ul> <p>SH explained that this major service improvement would see the current crews and existing assets in Caernarfon and Welshpool come together in a new base located in the middle of North Wales, near the A55. There was clear evidence which demonstrated that this development would see improvements for all parts of Wales. These changes will keep the same number of helicopters and teams but by organising the service operations differently, it would also allow an improvement to night coverage where there was significant demand for this service, particularly in the areas in northern parts of Wales. These developments would introduce night flying from north Wales until 2am instead of the Cardiff team having to cover the whole of Wales.</p> <p>SH explained that six options were carried forward in the shortlist of potential options. These had been evaluated using the evaluation framework agreed as part of the public engagement process. The framework included the following factors; health gain, equity, clinical and skills sustainability, affordability and value for money. An options appraisal workshop was held on 12 January 2024, in line with the approach agreed at the EASC Committee, with HB nominations from a broad range of professional disciplines, including medical and clinical, planning, finance, nursing and engagement leads.</p> <p>In terms of the way to construct these options, the service delivery model, operational efficiency and stakeholder engagement was reviewed to ensure the correct coverage across wales was met. Throughout the exercise, 200 scenarios were looked at which were narrowed down to 6 and 1,700 locations were tested in the modelling framework.</p>

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	<p>SH explained that there were two preferred options which were tested in the third round of the engagement process:</p> <ul style="list-style-type: none"> <li>• Option 3 Centralised base in North Central Wales near A55 This had the highest total weighted score and was the highest-ranked option (service operating until 2am); and</li> <li>• Option 4 Centralised base in North Central Wales near A55 plus additional overnight car shift (service operating until 2am and car until 8am)</li> </ul> <p>This was the second ranked option.</p> <p>SH explained that during the formal engagement process it became clear that residents of some rural and remote areas had concerns about the response from the Ambulance Service They believed that EMRTS were there to respond to them if an ambulance was not able to attend and that if there were changes to where EMRTS were based then this would disadvantage them. He then explained that this was not the operating model that was currently in place. The proposal to establish a new bespoke service emerged as a direct consequence of these concerns and not as an addition to the proposals to develop the highly specialist EMRT service. He reported that further work to develop the finer details of this new service was needed but included in the report was the proposed scope. This proposal had the support of both EMRTS and WAST and it was recommended that a Task and Finish Group be established with representatives from key stakeholders to agree the finer points of detail and report back to the JCC in October for approval. Furthermore it was proposed that a timetable be submitted to the next meeting of the JCC by way of additional assurance and that no base changes would be made until this service was in place.</p> <p>SH explained that undertaking this work in conjunction with HBs and all interested stakeholders including EMRTS and the Charity was important. The Charity would be responsible for locating a suitable base in line with the modelling that was described earlier. The work needed to commence, however no base changes would take place until 2026 as it will take time to undertake the detailed work. SH explained the need for a critical path to explain what was needed to be done and by when and that this would be made available to everybody and progress against the critical path timeline will be monitored. SH also assured members that the new bespoke service would be in place before moving bases.</p> <p>SH concluded by explaining that the engagement findings demonstrated the complexity of balancing national priorities with localised concerns, emphasising the need of ongoing</p>

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	<p>communication and engagement, particularly by the Charity and EMRTS, to shape the future of the service effectively in Wales.</p> <p>The Chair explained that it was important to recognise that in the body of the report the feedback from Llais, HBs, campaign groups and the Charity had been captured and this outlined the different perspectives that each had brought to conversations. The Chair advised that it was important that the Committee noted the feedback received as part of the discussion and deliberations.</p> <p>The Chair asked SH to confirm if he was correct in his understanding that the Charity was fully supportive of the review and its purpose to address the issues of unmet need and under-utilisation, and to improve the service. SH advised that both the EMRTS and the Charity in particular were fully supportive of the recommendations and that the Charity was keen for a decision to be made at today's meeting to support longer term planning and sustainability of their operations going forward.</p> <p>The Chair opened the floor for questions, comments and observations from members.</p> <p>Paul Worthington (PW), thanked SH for a helpful summary and he commented that he found the final report very useful. PW advised that the key issue was around base utilisation and the low rate of utilisation in North Wales and asked SH to explain this under-utilisation.</p> <p>SH responded by explaining that there was currently variation across Wales with service utilisation and that this could be improved by putting in a new base in North Wales as this would allow a better balance between road based services and air craft services. He went on to explain that generally speaking in urban areas a road response was the type of response that you tend to get and in rural areas you needed an aircraft resource. By putting in a consolidated base in North Wales this would protect the air craft time to enable access to rural areas. Having air craft and rapid response vehicles (RRV) based in rural areas did not provide the best use of the RRV's and utilisation drops.</p> <p>PW asked what staff were doing when they were not being utilised and if there was any difference clinically between what RRV staff and air ambulance staff could do. SH explained that the first response would always be an ambulance, and that the EMRTS was a back-up response whether it be a RRV or an aircraft and that both could provide similar treatments. Members noted that the decision on which service to deploy was an operational decision</p>

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	<p>made the emergency call centre. Members noted that whilst being on standby staff were required to train to ensure they were ready when calls were received. SH confirmed that staff were not performing other operational duties whilst on standby.</p> <p>Nia Roberts (NR), advised that she was a resident in North Wales and she understood the anxiety and concern expressed from the relevant communities, however she was assured by the red lines that had been set and that her concerns related to the 530,000 people of North Wales were not currently receiving a service after 8pm, that three people per day were not able to access this specialist service when it would be appropriate for their needs and was assured that the proposals would lead to better outcomes and the service would be available to those who were currently not able to access it.</p> <p>NR also explained that she had been impressed with the level of engagement undertaken and the focus and regard for the wellbeing of staff.</p> <p>SH agreed and reiterated that there was a critical period of time between 8pm and 2am when we were currently missing patients due to there being only one resource available across Wales.</p> <p>Carol Shillabeer (CS) thanked SH for confirming the intention to undertake further work in relation to recommendation 4. CS advised that it was disappointing that the process had taken so long and there remained a lack of clarity around the service model on the ground in relation to the potential additionally that the development outlined in recommendation 4 would provide. CS advised that reflecting on the future there must be a better way of doing this. CS advised that in relation to recommendation 4 there was not a comprehensive service model to assure the public and that assurance was needed that the service will be enhanced and not eroded. There was a need to get balance in order to move forward in getting right level of engagement into any potential model. CS advised that she was concerned that the rural numbers may be so low to maintain clinical expertise and wanted to see some commitments to expediting this before the final decision.</p> <p>Having this detailed information could have reassured members of the public that their access to services would be enhanced and not eroded. CS advised that there was clearly a need to move forward but this should be balanced with the need to obtain the right level of engagement in any potential further enhancement of the model, as outlined in recommendation 4. CS acknowledged it was a very live issue and expressed concerns on the rural numbers being too</p>

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	<p>low to sustain the service in the future. Recognising it had been a long process, CS supported recommendation 5, but requested the timescales for recommendation 4 to be complete before moving forward.</p> <p>SH responded and explained that in terms of the timescale for recommendation 4,</p> <ul style="list-style-type: none"> <li>• The proposal would require approval at the October 2024 JCC meeting,</li> <li>• Working back from October 2024 an implementation plan would need to be drafted with key milestones to achieve the October 2024 deadline,</li> <li>• A collaborative working approach as described earlier would be required to progress this work;</li> <li>• SH agreed with CS that there was a need to be ambitious for this service and if the recommendations were agreed this would strengthen the service and would allow for the development of enhanced services.</li> </ul> <p>Suzanne Rankin (SR) advised that she supported the issues raised by CS and requested clarity on the timing of recommendation 4 and the timing of any site relocation. SR advised that the detail of recommendation 4 would be presented to the October 2024 JCC meeting and that Llais were aware of this.</p> <p>SR advised that this was not the end of the discussion on unmet need but it represented a step forward. SR was keen to work with the JCC to develop a more detailed plan to meet the remaining unmet need. SR mentioned that it had not been raised at today's meeting but there continued to be data circulated from those who had concerns about the proposed decision. SR questioned whether the assurance previously given around the accuracy of the data still stood.</p> <p>SH responded and confirmed how the data had been applied through the modelling and how it had been applied against the criteria and confirmed that this had been checked and gave an assurance that this was accurate data. SH acknowledged that flawed and inaccurate data had been in circulation in the public domain, however the data used for the modelling was correct. In terms of the sequencing SH provided assurance that no changes would be made to bases until recommendation 4 was in place and the earliest the bases could move was 2026.</p> <p>Recommendation 4 had been shared with Llais and SH confirmed that the JCC will respond formally following today's meeting and that Llais had been kept fully updated with progress.</p>

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	<p>Susan Elsmore (SE), advised that she had not seen a process or such an extensive level of engagement before, but recognised the public, professional and political interest in this decision. SE requested further assurance from SH that a bespoke service would be in place before any base closures, appreciating there was a lot of work to do to satisfy a lot of people in a short space of time.</p> <p>SH confirmed they had sufficient resources and agreed that completing the work within the timescales was important. An assurance was provided that if additional resource was required this would be requested.</p> <p>AH added, following on from speaking with Jason Killens (JK) and the WAST and all HB Chief Executives, this work will require joint efforts to ensure deadlines were met to enable the JCC to achieve the intended goals. AH assured members that if capacity was an issue she would escalate this. The JCC will be provided with regular progress updates.</p> <p>Nicola Prygodzicz (NP) agreed with the comments made previously around recommendation 4 and the need for the timing to align in advance of the change of base. NP reemphasised that the Board at ABUHB had taken this decision seriously especially with the issue of the unmet need and it remained a concern that there was a service that does not always get to patients because of the current operational constraints. NP acknowledged the strength of feeling surrounding the decision from various stakeholders and the considerable amount of work in considering all available options. The HB when considering their decision was concerned with ensuring that no population would be dis-advantaged. Based on the modelling, all populations should see an improved response irrespective of recommendation 4. Recommendation 4 provides further enhancement to the access of service for those rural areas and ABUHB felt re-assured that the population of Wales as a whole would benefit. When making the decision ABUHB carefully considered the potential impact on other areas of Wales and not just their own population but were re-assured that the modelling provided assurance that there would be improvements across the board. NP was keen for work on recommendation 4 to be expedited as quickly as possible to make sure the timing aligned. ABUHB also considered the detailed feedback and Llais' view was very important but they were re-assured by the EASC that the concerns were being addressed. Finally to conclude, NP expressed a willingness to take this to a further phase and to focus on the issue of further unmet need that these recommendations could not address.</p>

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	<p>SH agreed there was a gain to everywhere in Wales in terms of access to services and repeated recommendation 4 was in addition to the current service and was providing additional resource.</p> <p>Philip Kloer (PK) agreed with the points raised previously and as a HB, HDdUHB recognised the real concerns of rural and remote communities concerning their access to the EMRTS and their interest in the development of the road based service in recommendation 4, which was why the timescales were so important. PK explained that he did have some questions about the timescales and whether the October 2024 timescale was realistic. He did also question whether there was sufficient resource available to meet this timeline. It was noted that the recommendations within the report made reference to a detailed implementation plan. PK suggested it would be useful to provide more information and more detail around this implementation plan.</p> <p>PK also agreed with SR's comments on unmet need and this considerable amount of work was a start but more work would be required to address the remaining unmet need that the current recommendations would not address and PK looked forward to working with colleagues.</p> <p>AH advised this was an important point raised, and she clarified that there would be various pieces of work that were interrelated and would need to run concurrently. Understanding the nature of work that will need to be delivered and clarity of where the service model currently stands was important and approving the recommendations would enable important work to progress on thinking about the staffing model in detail and how rotas would be staffed and taking this through the staff changes process. These were pieces of work that EMRTS and the Charity would need to work through jointly. Implementation planning will need to cover these important issues. AH clarified that the timing of the enhancement recommendation needed to align and a detailed implementation proposal as well as the specific work on the bespoke enhancement will need to come together by October 2024.</p> <p>Hayley Thomas (HT) acknowledged that the engagement had been substantial but there was still a need to reflect on public confidence and the commitment made to the people who will be the recipients of the service. Further work will be needed to restore public confidence and provide assurance that the proposal levelled up through the whole of Wales. HT strongly advised it was important</p>

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	<p>to look at recommendation 3, as there was a critical and essential impact of the relocation of the base particularly with regard to RRV access for incidents to enable the delivery of recommendation 4. HT questioned what would happen if the assurance was not provided in October 2024 and whether the base change would still take place, and queried what was happening with Llais and whether a response would be sent to Llais to ensure they were satisfied with the responses. SH advised that engagement with Llais was an ongoing process and a formal response would be sent to Llais describing how the JCC has paid due regard to their representations. SH confirmed the JCC commitment to continue to work with Llais as they progress work on all of the recommendations. The Chair commented that there had been a lot of discussion at the March 2024 EASC meeting and SH confirmed that the minutes recorded that due regard had been paid to the Llais representations at the March 2024 EASC meeting.</p> <p>The Chair reported there was certainly issues raised around recommendation 4 from all HB colleagues. AH suggested bringing a report back to the next JCC meeting detailing the timescale for recommendation 4 in terms of delivery to meet the October 2024 deadline as well as the support required from WAST, EMRTS HBs and the Charity. The Chair agreed with this suggestion.</p> <p><b>ACTION:</b> A report outlining the timescales and key milestones to deliver recommendation 4 of the final EMRTS Service Delivery review report to be developed and presented to the May 2024 JCC meeting.</p> <p>Richard Evans (RE) agreed with colleagues' previous comments. RE confirmed that the issue was considered in great depth by SBUHB and that the Board were content with the proposal from their own population perspective, the Board felt that it was important to offer some suggestions from a host perspective and offered the following comments:</p> <ul style="list-style-type: none"> <li>• The importance of milestones for recommendation 4 but this had been covered off by the earlier discussion and commitment to provide a report to the May 2024 meeting setting out the timeline of work up to October 2024; and</li> <li>• RE explained that SBUHB were keen to ensure that no irreversible decision would be made until concerns by Llais were addressed and recommendation 4 was complete.</li> </ul> <p>SH advised that the package of recommendations were connected and there was a need to give certainty over the direction of travel. Moving to a different base configuration provided an opportunity</p>



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	<p>to meet unmet demand but SH acknowledged the importance of having a critical path to enable work to progress.</p> <p>RE agreed that the critical path and milestones would be helpful as it would contain critical decision points. The Chair agreed that the milestones that will be presented to the May 2024 JCC meeting should provide additional assurance alongside the recommendations that members were being asked to approve.</p> <p>Paul Mears (PM) advised that CTMUHB had considered this topic at their Board meeting and the Board recognised that there would be improvement in access particularly for the night time service for their population, and the HB were supportive of the proposals and way forward. PM picked up on the issues already raised and acknowledged the sensitivities, concerns and uncertainty around these changes and emphasised that the JCC would need to be clear and transparent moving forward around the process. PM suggested it would be good to use the interest and engagement that we have generated within this process and think about how we can continue to do this to ensure we are responding to public concerns especially with those people who have on-going concerns around the proposed way forward and to ensure that everybody continued to have an opportunity to voice any further concerns with evidence that these have been listened to. How are we going to continue to engage and involve people who use the services in the development of recommendation 4?</p> <p>CS requested more clarity on the requested approval and what this would mean and queried if approval was provided, would this signal the green light for preparatory work on a single base alongside the development of recommendation 4, and only when recommendation 4 was agreed by the JCC would there be an activation of any base change or are we activating the change now? CS requested clarity on the decision point similar to RE's earlier point.</p> <p>SH provided assurance that no base change could take place until 2026 as it would take time to develop and plan for the changes. SH clarified that there will be a need for a series of decisions that will need to be taken, however there was also the need to give the Charity some certainty and from a modelling and service delivery point of view a consolidated base option was the better option. SH agreed that there was a need for a bespoke service in place before any base changes could take place to ensure the additional service could be provided. It was clarified that the decision would be made today.</p>

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	<p>HT confirmed that if the decision was taken the issue for PTHB on the relocation of base and decision making to get this implemented by 2026, the RRV access when helicopters were not able to take off and land and the detail of recommendation 4 was an essential mitigation. HT queried if the detailed assessment in October 2024 did not provide the necessary assurance would leave PTHB in a position to not support, and would there be another opportunity to look at the recommendations. HT acknowledged that operationally the changes would not happen until 2026 but HT requested some clarity from a governance perspective if we were already down the line from a procurement perspective in securing a new base in the event that recommendation 4 was not able to be supported in October 2024.</p> <p>AH thanked all colleagues for the discussion, advising the main objective was to improve clinical outcomes for the population of Wales and approve a decision to ensure more people were able to access the service because the unmet need will be reduced. There was agreement and recognition across Wales this would be achieved through the proposals as outlined today. The key decision points will need to be set out in a more detailed implementation plan. This would be a signal that we are moving to start the detailed work to implement the proposed service model and in parallel we would be running the work on the further enhancement outlined in recommendation 4. If things changed we would need to take those into consideration. The importance of the Charity being able to start planning for this change was recognised. The wider issues and concerns for the rural communities about accessing the ERMTS service were acknowledged and recognised. Some of these issues were about the broader access service issues. In relation to ambulance access times for rural communities this will be considered as part of the broader conversations and will be considered as part of the JCC work programme as commissioners of the ambulance service. To provide clarity AH confirmed that they were making a decision to move towards the model of a consolidated base and in parallel we would be bringing the detail of recommendation 4 and understanding the key decision points through the rest of the process to be assured in relation to the alignment of the decisions. AH summarised some of the reporting that would be undertaken on performance measures going forward and the need to strengthen this.</p> <p>AH commented on the extensive work that would be required to bring us to the October 2024 deadline.</p> <p>The Chair thanked members for their comments and views and reiterated the whole population of Wales would benefit from the</p>

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	<p>service change and the clear milestones report due to be brought back to the May 2024 JCC meeting would provide the assurance requested by HB members.</p> <p>Acknowledging there were different views from some members, through a majority of 5 of the 7 HBs supporting, along with the 3 Lay members and Chair the recommendations were approved. Members noted that the members representing BCUHB and PtHB dissented from the decision. Members requested that additional detailed work be undertaken, aligned to key milestones for delivery and that there was a need to provide the public with confidence on the process and impact across Wales.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the risks outlined above,</li> <li>• <b>Note</b> the risk to patients and under-utilisation levels across Wales,</li> <li>• <b>Note</b> the national feedback provided by the Picker Institute,</li> <li>• <b>Note</b> the localised feedback from communities surrounding Caernarfon and Welshpool bases,</li> <li>• <b>Note</b> the representations raised by Llais and the other representations,</li> <li>• <b>Note</b> the risks to the Charity,</li> <li>• <b>Note</b> that communications and engagement strategies are needed from both the Charity and EMRTS to rebuild trust and confidence with rural communities specifically to ensure the future of this partnership service; and</li> <li>• <b>Approve</b> recommendations 1 to 4 in line with the Review report and to approve recommendations 5 and 6 on implementation monitoring lessons learned on implementation monitoring lessons learned; and that a report to be brought back to May 2024 meeting outlining key milestones.</li> </ul>
JCC24/016	<p><b>2.4 Legacy Statements</b></p> <p>A report presenting the legacy statements from the predecessor joint committees / teams that transitioned into the new NHS Wales Joint Commissioning Committee (JCC) on 1 April 2024 for assurance was received.</p>

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	<p>AH explained that the JCC became operational on 1 April 2024 and in accordance with the Interim Operating Model Framework for the NHS Wales JCC for Quarter 1 2024-2025 received by the JCC on 9 April 2024, there was a requirement for the new JCC to receive the legacy statements from the predecessor joint committees and teams. AH noted the different styles and level of detailed contained in the legacy statements which provided reference documentation for the newly formed JCC, acknowledged the considerable achievements of the predecessor bodies and the risks and issues to be taken forward into the JCC.</p> <p>Members noted that the documents were self-explanatory and would be presented to the last oversight board meeting on 30 April 2024 for assurance as part of the closure of the national commissioning review programme.</p> <p>Members noted the legacy statements for the:</p> <ul style="list-style-type: none"> <li>• Emergency Ambulance Services Committee (EASC),</li> <li>• National Collaborative Commissioning Unit (NCCU),</li> <li>• 111 Service,</li> <li>• Sexual Assault Referral Centre (SARC); and</li> <li>• Welsh Health Specialised Services Committee (WHSSC).</li> </ul> <p>It was noted that an assurance report would be presented to the host HB, CTMUHB Audit and Risk Committee (ARC) in June 2024.</p> <p>The Joint Commissioning Committee resolved to:</p> <ul style="list-style-type: none"> <li>• <b>Note</b> the legacy statements for the: <ul style="list-style-type: none"> <li>• Emergency Ambulance Services Committee (EASC)</li> <li>• National Collaborative Commissioning Unit (NCCU)</li> <li>• 111 Service</li> <li>• Sexual Assault Referral Centre (SARC)</li> <li>• Welsh Health Specialised Services Committee (WHSSC)</li> </ul> </li> </ul>
JCC24/017	<p><b>3.1 Reports from the WHSSC Joint Sub-Committees</b></p> <p>Reports from the following WHSSC Joint Sub-Committees were received and taken as read:</p> <ul style="list-style-type: none"> <li>• Audit and Risk Committee (ARC) Assurance Reports</li> <li>• WHSSC Management Group Briefings</li> <li>• Individual Patient Funding Request (IPFR) Panel</li> <li>• Integrated Governance Committee (IGC)</li> <li>• Quality &amp; Patient Safety Committee (QPSC)</li> <li>• Welsh Kidney Network (WKN)</li> </ul> <p>The Joint Commissioning Committee resolved to:</p>

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	<ul style="list-style-type: none"> <li>• <b>Note</b> the reports.</li> </ul>
JCC24/018	<p><b>4.2 Date of Next Meeting (Scheduled)</b> The JCC noted that the next scheduled meeting would be held on 21 May 2024.</p>
JCC24/019	<p><b>4.3 In Committee Resolution</b> The Joint 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:**.....

APPROVED