



RECOMMENDATION 4 TASK AND FINISH GROUP TERMS OF REFERENCE

1. INTRODUCTION

The NHS Wales Joint Commissioning Committee (JCC) is a joint committee of each LHB in Wales, established under the [NHS Wales Joint Commissioning Committee \(Wales\) Regulations 2024 No 135 \(W.29\)](#) and the [NHS Wales Joint Commissioning Committee \(Wales\) Directions \(WG24-06\)](#) and in line with Standing Orders 5.9.

The JCC approved the setting up of the Recommendation 4 Task and Finish Group at its meeting on 21 May 2024. The Task and Finish Group would develop the commissioning requirements for the bespoke road-based service as part of Recommendation 4. All health boards agreed to work collaboratively and to ensure the attendance of a senior operational or clinical representative to meet the deadline set.

2. PURPOSE

The purpose of the Recommendation 4 Task and Finish Group is to:

- Develop an Implementation Plan with key milestones to enable it to be presented to the JCC
- Agree the clinical response criteria
- Request analysis and modelling work to be undertaken as required by the group
- Develop the operational model
- Identify the infrastructure requirements
- Identify the base locations
- Require joint efforts to ensure deadlines are met to enable the JCC to achieve the intended goals
- Establish the bespoke service as soon as possible
- Ensure the required sequencing, including that no changes would be made to bases until the bespoke service is in place (the earliest the bases could move is 2026)
- Ensure an appropriate joint communication and engagement plan. Health board colleagues and processes are key to the delivery of this work
- Provide update briefings to the JCC following each Task and Finish Group meeting
- Develop and agree a Project Plan

3. DELEGATED POWERS AND AUTHORITY

The Group is authorised by the JCC to:

- Investigate or have investigated any activity within the purpose of the Group and within its Terms of Reference
- Obtain outside legal or other independent professional advice and to secure the attendance of outsiders with relevant experience and expertise if it considers this necessary, subject to budgetary and other requirements
- Establish Subgroups to support its work as appropriate.

4. SUBGROUP

The JCC agreed that the Task and Finish Group will be supported by a small 'Technical Subgroup' that will undertake any technical specification, operational analysis and modelling work required by the group. This Technical Subgroup will be led by the Interim Deputy Director of Commissioning for Ambulance and 111.

5. MEMBERSHIP

The JCC agreed that the Task and Finish Group will be chaired by the Interim Director of Commissioning for Ambulance and 111. The Membership reflects the need to ensure a collaborative working approach in progressing this work.

The membership will be:

- Ambulance and 111 Commissioning Team (JCC):
 - Interim Director of Commissioning for Ambulance and 111
(Chair)
 - Interim Deputy Director of Commissioning for Ambulance and 111
 - Deputy Director of Communication and Engagement (representing communication and engagement leads)
 - Head of Commissioning and Performance
- Emergency Medical Retrieval and Transfer Service (EMRTS):
 - National Director
 - Director of Operations
 - Clinical Informatics and Research Manager
- Welsh Ambulance Services University NHS Trust (WAST):
 - Director of Paramedicine
 - Director of Operations
 - Assistant Director of Commissioning and Performance
- Health Board senior operational or clinical representative:
 - Aneurin Bevan UHB – Associate Director of Operations (Patient Transport Services)

- Betsi Cadwaladr UHB –Associate Director For Emergency Care and Deputy Executive Medical Director
- Cardiff and Vale UHB – Major Trauma Centre Clinical Lead
- Cwm Taf Morgannwg UHB - Deputy Chief Operating Officer; General Manager (Prince Charles Hospital) and Assistant Director of Transformation
- Hywel Dda UHB - County Director (Ceredigion)
- Powys THB – Executive Medical Director and Executive Director of Planning, Performance and Commissioning
- Swansea Bay UHB – Service Group Director (Morriston Hospital)

In addition to the core membership listed above, Llais will be represented to ensure that the citizen's voice is reflected in the proposals that are developed. This representation is to augment the work of the Task and Finish Group but this will not indicate Llais' support for any proposal. The Llais representative will be the Regional Director for Powys.

6. PROJECT PLAN

The Task and Finish Group will provide update briefings to the JCC following each meeting. The Project Plan will be used to control and track progress and delivery. The plan will identify:

- The tasks to be undertaken
- The responsibilities for delivering each task
- When tasks will be completed
- Interdependencies between tasks.

An indicative timeline was agreed by the JCC:

- **June** - Establishment of Task and Finish Group, agree membership and Terms of Reference (TOR)
- **July** - Agreement of the clinical response criteria and presentation of joint communication and engagement plan
- **August** - Modelling to define location (by geography, incidents or population)
- **September** - Operational model development
- **October** - Recommendations to the JCC
- **November** - Approval and issue of service Commissioning Intentions
- **December-March** - WAST and EMRTS implementation the commissioning intentions for this service with a go-live no later than 1 April 2025.

The Project Plan will include the development and implementation of the bespoke road-based service as part of Recommendation 4. The plan will also include

- Progress made against:

- Recommendation 2 - the Charity secures an appropriately located base
- Recommendation 3 – a joint plan is developed by EMRTS and the Charity that maintains service provision across Wales during the transition to a new base
- Communication and engagement
- Governance and reporting arrangements.

As agreed by the JCC, if capacity is an issue this will be escalated to the JCC in a timely manner.

7. QUORUM

The Task and Finish Group will be considered quorate when the Chair, at least 4 health board members, and at least one member from EMRTS and WAST are present. If fewer than 7 Members are present the business may still take place.

Members of each organisation should nominate a named deputy to attend on their behalf and they should be fully briefed if attending the meeting.

8. KEY RISKS

A number of risks have been identified and associated with the ongoing programme of work. These include the need:

- To establish the Task and Finish Group to further refine and develop the approach and to deliver a detailed implementation plan in line with the above timeline
- For timely progress by the Wales Air Ambulance Charity in securing an appropriately located operational base
- For a joint plan to be developed by EMRTS and the Charity, that maintains service provision across Wales during the transition to a new base
- For the implementation of the bespoke road-based model prior to the commencement of the service from the consolidated base
- To ensure appropriate commissioning arrangements for the new bespoke service
- To ensure that the highly specialist nature of the EMRTS service is not compromised in the development of the bespoke service.

9. COMMUNICATION AND ENGAGEMENT

Communication and engagement is a key component of this work. Working with health board colleagues and processes, the group will ensure that appropriate communication and engagement requirements are developed and delivered in line with relevant guidance.

A communication and engagement plan will be worked up with communication and engagement leads and be part of the project plan.

10. EQUALITY IMPACT ASSESSMENT

An Equality Impact Assessment of the work will be undertaken and presented to members. This will be reviewed throughout the work. The CTMUHB process will be used as the host body of the JCC.

11. SUPPORT

The Task and Finish Group will be supported by and coordinated by the Ambulance and 111 Commissioning Team.

12. FREQUENCY OF MEETINGS

The Task and Finish Group will commence in June 2024 and will meet as frequently as necessary to ensure that the Implementation Plan is presented for approval in line with the above timeline.

13. OTHER MATTERS (in line with Standing Order 5.9)

- Any budget, financial and accounting responsibility

Considered but not relevant to this Task and Finish Group. Would be considered by the JCC.

- Training, development and performance

Considered but not relevant.

Terms of Reference approved by the JCC: anticipated July 2024