

## JOINT COMMISSIONING COMMITTEE (JCC) MEETING BRIEFING – 16 JULY 2024

The Joint Commissioning Committee (JCC) held its latest public meeting on 16 July 2024. This briefing sets out the key areas of consideration and aims to ensure everyone is kept up to date with what is happening within the JCC.

The papers for the meeting can be accessed using the link below:  
[Meeting Dates and Papers - NHS Wales Joint Commissioning Committee.](#)

### 1. Minutes of Previous Meetings

The minutes of the JCC meeting held on the 21 May 2024 were **approved** as a true and accurate record of the meeting.

### 2. Action log and matters arising

Members **noted** the progress on the actions outlined on the action log.

### 3. Patient Story

Members received the first patient story from Alan Owen who 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.

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.

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.

Members **noted** the patient story and thanked Alan for sharing his story.

### 4. Chairs Report

Members received the Chair's Report and **noted** updates on key meetings attended by the Chair as well as the following:

- **JCC Development Programme** – the Chair and lay members have continued to participate in induction sessions and two sessions took place on the 4<sup>th</sup> June 2024.
- **Annual Attendance at Health Board Meetings** – The Chair is keen to ensure open and transparent communication as the JCC exercises key commissioning responsibilities on behalf of the seven Health Boards (HBs). 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.
- **Lay Member Recruitment** – WG is currently 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.

Members **noted** the report.

### **5. Interim Chief Commissioner’s Report**

Members received the Interim Chief Commissioner’s Report and **noted** updates in relation to the following:

- Overarching assessment of delivery of Quarter 1 Transition Plan
- Establishing the JCC Sub-Committee Structure and work programme
- Public Health Input
- Infected Blood Inquiry
- Sexual Assault Referral Service (SARC) Update
- - Business Continuity for the upgrade works within Princess of Wales Hospital Maternal and Neonatal Unit
- North Wales Mother and Baby Unit (MBU)
- Extra Corporeal Membrane Oxygenation (ECMO).

Members **noted** the report.

### **6. Joint Commissioning Committee Risk Register**

Members received a report presenting a transitional amalgamated risk register for the Joint Commissioning Committee (JCC) which encompasses 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).

Members noted that the amalgamated risk register was categorised as a transitional risk register whilst further work is undertaken to fully develop and implement the CTMUHB Risk Management Strategy for the JCC (in line with the hosting agreement) and until the JCC has an opportunity to consider its risk appetite as part of the JCC development programme.

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.

Members (1) **Noted** the report, (2) **Noted** the work undertaken to date to produce a transitional amalgamated risk register, (3) **Noted** 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, (4) **Approved** the JCC risk register as at 30 June 2024, (5) **Noted** the further work planned to fully develop the CTM Risk Management Strategy for the JCC, and the steps required to implement it; and (6) **Noted** 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.

## **7. NHS 111 Wales Commissioning Arrangements**

Members received a report providing an update on NHS 111 Wales Commissioning Arrangements.

Members noted 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).

Members noted that the transitional arrangement 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.

Members (1) **Noted** the report, (2) **Approved** 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, (3) **Approved** 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; and (4) **Noted** the NWJCC team capacity to undertake the commissioning of the NHS 111 Wales service is limited without additional resource.

## **8. Emergency Medical Retrieval and Transfer Service (EMRTS) Review Update**

Members received a 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.

Members noted that:

- 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,
- 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
- 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.
- 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,
- 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
- 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.

Members (1) **Noted** the first meeting of the Recommendation 4 Task and Finish Group meeting held on 28 June 2024, (2) **Approved** the revised Terms of Reference for the Task and Finish Group, (3) **Discussed** and **Approved** the approach to communication and engagement relating to the additional bespoke road-based service (Recommendation 4), (4) **Noted** the Wales Air Ambulance Charity Trust 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, (5) **Noted** 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,

(6) **Noted** the petition that will be considered by the Petitions Committee for debate, (7) **Noted** the commissioning approach, (8) **Noted** the work to update the previous legal advice following the decision made at the NWJCC in April 2024; and (9) **Noted** the receipt of the Letter Before Action in relation to a potential judicial review.

### **9. Implementation of Legacy Plans – Quarter 1**

Members received a report providing an update for assurance against the Quarter 1 deliverables of the extant predecessor organisation legacy Plans.

Members noted that prior to the formation of the JCC, WHSSC and EASC produced plans in line with the Welsh Government NHS planning requirements, which were approved by the respective 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.

Members **Noted** the assurance on delivery of the legacy Plans at the end of Quarter 1.

### **10. Development of Joint Commissioning Committee Integrated Medium Term Plan (IMTP) 2025-2028**

Members received a report outlining the proposed process for the development of the inaugural JCC Integrated Medium Term Plan (IMTP) 2025-2028.

Members (1) **Noted** the feedback on legacy planning arrangements and plans that had been received from DOPs, DOFs and CEOs/Chairs, (2) **Noted** that the JCC Standing Orders stated that the JCC will develop an Integrated Medium Term Plan (IMTP) for 2025-2028, (3) **Agreed** the approach laid out in section 3.4; and (4) **Agreed** the process and timeline for developing the 2025-2028 JCC IMTP.

### **11. Plastic Surgery South Wales – Revised Ministerial Key Performance Indicators (KPIs)**

Members received a report outlining the options in relation to achieving the Welsh Government key performance indicators (KPIs) in 2024/2025 for the plastic surgery service for South Wales provided by SBUHB.

Members noted:

- 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 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,

- 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.

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.

Members (1) **Noted** the information presented within the report (2) **Advised** on the approach to the options in table; and (3) **Approved** Option 2 subject to additional due diligence by the Specialised Services Management Group.

## **12. Gender Identity Services for Children and Young People – Final Report of the Cass Review**

Members received a report providing further information following the request made by the JCC on 21 May 2024 on the Cass Review recommendations. 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.

Members (1) **Noted** the recommendations of the Cass Review and **supported** the continued alignment of the NHS Wales Joint JCC with the NHS England Implementation Plan; and (2) **Endorsed** 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.

## **13. NWJCC Performance Report – April 2024**

Members received a report providing an integrated overview of the performance of services commissioned by NWJCC up to the end of April 2024 for scrutiny and assurance.

Members (1) **Noted** the Performance Report for services commissioned by the NWJCC.

## **14. Financial Performance Report Month 2**

Members received the month 2 and 3 financial positions.

Members noted that:

- 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.

Members **noted** the month end financial position for Months 2 and 3 which was concerning and agreed the need for a recovery plan to ensure that the current rate of overspend was brought back in to balance. This would be brought to the JCC for consideration in September, having been worked up by the Director of Finance with commissioning teams and Health Board Directors of Finance

### **15. All Wales Molecular Radiotherapy (MRT) Programme**

Members received a report setting out the context, challenges and opportunities for an All Wales Molecular Radiotherapy (MRT) service.

Members (1) **Noted** the report, (2) **Noted** the All-Wales MRT programme strategic report at for publication; and (3) **Supported** 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 resources for the programme.

### **16. Corporate Governance Report**

Members received a report providing an update on corporate governance matters that had arisen since the previous meeting.

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.

Members (1) **Noted** the report, (2) **Approved** the Annual Reports for the former EASC sub-committee and sub-groups as part of the legacy work, (3) **Noted** the results of the former WHSSC committee effectiveness survey for 2023-2024; and (4) **Received assurance** that the Annual Committee effectiveness self-assessment for 2023-2024 was completed for the previous WHSSC Joint Committee.

## **17. Ambulance Services Performance – Update**

Members received a presentation on emergency ambulance services performance.

Members noted:

- All Wales Daily EMS Performance Tracker,
- 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.

Members discussed the data, patient pathways and demand and capacity. Members welcomed the deep dive into the data and requested additional granular detail and agreed that further discussion was required to tackle the challenges would be included the JCC Development Session in August 2024.

Members **noted** the presentation.

## **18. Other Reports**

Members also **noted** update reports from the following joint Sub-Committees/groups:

- Audit and Risk Committee (ARC) Assurance Report
- Management Group Briefings
- Individual Patient Funding Request (IPFR) Panel
- Welsh Kidney Network (WKN)
- Quality Patient Safety Committee (QPSC)
- South Wales Trauma Network Delivery Assurance Group (DAG)
- Neonatal Transport DAG
- Non-Emergency Patient Transport Service (NEPTS) DAG Minutes
- Emergency Medical Retrieval Transport Service (EMRTS) DAG Minutes