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Welsh Ambulance Services  
University NHS Trust

## QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE HIGHLIGHT REPORT TO BOARD

This report provides the Board with key escalation and discussion points at the last Committee meeting. A full list of items discussed appears at the end of the report to enable members to raise any questions to the Chair which have not been drawn out in the report.

The papers for this meeting can be found by following this [link](#) to the Committee page on the Trust website.

<b>Trust Board Meeting Date</b>	23 October 2025 Extraordinary Meeting
<b>Committee Meeting Date</b>	10 October 2025 Extraordinary Meeting
<b>Chair</b>	Bethan Evans

### KEY ESCALATION AND DISCUSSION POINTS

#### ALERT

(Alert the Board to areas of attention)

1. Committee received and endorsed the Quality Impact Assessment (QIA) and Equality Impact Assessment (EqIA) which are before the Board for approval.
2. These documents support the transition into Phase Two of the Ambulance Performance Framework, which was endorsed by the Finance & Performance Committee on the 16 September 2025. This phase will facilitate a more comprehensive intervention targeting the largest cohort of patients entering the system via 999 services, which will be coded against **Orange Now**, **Yellow Soon**, and **Green Planned** Incident Coding.
3. Typically, the QIA would clearly outline improvement measures and their trajectory; however, work is ongoing to refine measurement approaches, within the evaluation and efforts to identify the right measures at both corporate and clinical levels. It was noted that the QIA is completed in the context of the ongoing harm across the emergency care pathway and that the proposed changes and their impact were professionally judged to enable safer care.
4. A comprehensive discussion highlighted the change management strategy ensuring staff feel supported with visible clinical educational leadership in Clinical Contact Centres, ongoing supervision, advocacy and collaboration between education, development and operations teams. Nine engagement sessions are scheduled for integrated care staff to familiarise themselves with upcoming changes which are complemented by further training and familiarisation activities to enhance confidence and competence.
5. Committee received assurance that the impact from increased remote clinical management resulting from the categorisation changes in flow had been considered and that the Remote Integrated Care Service QIA would address how this is being operationally enacted through the remote clinical workforce.



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6. Members were assured that a suite of communication materials is being developed, including resources for health staff, stakeholders, and the public, with animations and other tools to explain the changes and address the risks associated with the rollout of phase two. Coordination with government is underway to align the communications with ministerial announcements regarding the progression to this next phase.
7. Committee sought and received assurance that robust monitoring would be in place to detect any increase in patient safety incidents, rather than waiting for scheduled audits, which includes a rapid review of incidents and escalation of concerns. Specifically, committee were assured that the learning from Phase I had led to a more dynamic and responsive consideration following any concerns being raised.
8. In relation to the accessibility and quality of access for patients with complex needs, such as those with learning disabilities, Members were assured that the new model introduces clinical navigators and senior clinicians early in the process. This allows for more nuanced, bespoke interventions for individuals who do not fit standard pathways, improving opportunities to address unique needs.
9. Colleagues were commended for their effective work in ensuring a high degree of scrutiny at a multi-professional and multi-directorate level for the QIA. Committee were assured regarding the intelligence gathering which was conducted through liaison with the Putting Things Right team and acute clinical leads to observe patient flow changes after call categorisation phase one, aiming to identify any learning that could be applied to the current phase. It was emphasised that these learnings were incorporated into the QIA in an evolutionary way from the original draft.
10. The Chair formally thanked all colleagues involved in preparing the papers and delivering the work, recognising the depth, challenges, and critical importance of the project for the Trust.

### ADVISE

(Detail any areas of on-going monitoring, approvals, or new developments to be communicated)

11. The Chair extended a warm welcome to the meeting to our new Chief Executive, Emma Wood, the Trust Chair, Colin Dennis and Jayne Beeslee, Non-Executive Director.

### ASSURE

(Detail here any areas of assurance the Committee has received)

12. N/A

### RISKS

**Risks Discussed:** N/A

**New Risks Identified:** N/A

### COMMITTEE AGENDA FOR MEETING

Call Categorisation: Phase Two Incident Coding (Orange/Yellow/Green) Assurance Pack  
Quality Impact Assessment and Equality Impact Assessment



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COMMITTEE ATTENDANCE						
NAME	9 MAY 2025	13 JUN 2025	5 AUG 2025	23 OCT 2025 Extraordinary	4 NOV 2025	3 FEB 2026
Bethan Evans (Chair)						
Ceri Jackson						
Rhiannon Beaumont-Woods						
Liam Williams						
Andy Swinburn			Jonathan Chippendale			
Lee Brooks	Peter Brown					
Rachel Marsh			Hugh Bennett			
Jonny Sammut	Keith Williams					
Trish Mills		Trish Mills		Julie Boalch		
Mark Marsden						
Hugh Parry						
Henry Garrard						

	Attended
	Deputy attended
	Apologies received
	No longer member