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Welsh Ambulance Services
University NHS Trust

**WELSH AMBULANCE SERVICES UNIVERSITY NHS TRUST
CONFIRMED MINUTES OF THE EXTRAORDINARY OPEN MEETING OF THE
QUALITY, PATIENT EXPERIENCE AND SAFETY COMMITTEE
HELD ON 10 OCTOBER 2025 VIA TEAMS**

MEMBERS PRESENT:

Bethan Evans Non-Executive Director and Chair
Rhiannon Beaumont-Wood Non-Executive Director

PRESCRIBED ATTENDEES:

Lee Brooks Executive Director of Operations
Henry Garrard Trade Union Partner
Rachel Marsh Executive Director of Strategy, Planning & Performance
Hugh Parry Trade Union Partner
Andy Swinburn Executive Director of Paramedicine
Liam Williams Executive Director of Quality and Nursing

ATTENDEES:

Claire Appleton Assistant Director of Putting Things Right
Jayne Beeslee Non-Executive Director
Julie Boalch Assistant Director of Corporate Governance and Risk
Hugh Bennett Assistant Director of Commissioning and Performance
Kate Blackmore Assistant Director of Quality Governance
Jonathan Chippendale Assistant Director of Clinical Development
Colin Dennis Chair of the Trust Board
Penny Durrant Deputy Director of Nursing, Quality and Governance
Sarah Harland Corporate Governance Officer
Alex Payne Corporate Governance Manager
Emma Wood Chief Executive

APOLOGIES:

Ceri Jackson Non-Executive Director and Vice Chair of the Board
Mark Marsden Trade Union Partner
Trish Mills Director of Corporate Governance/Board Secretary
Angela Mutlow Director of Operations, Llais
Jonny Sammut Director of Digital Services

1. WELCOME AND APOLOGIES

- 1.1 The Chair opened the extraordinary meeting of the Quality, Patient Experience and Safety Committee, convened to consider a single significant agenda item *Call Categorisation Phase Two*, and to review and endorse the Quality Impact Assessment and Equality Impact Assessment.
- 1.2 Apologies were duly noted and the Chair welcomed members, extending a warm welcome to Emma Wood, the newly appointed Chief Executive, as well as Colin Dennis and Jayne Beeslee, who do not ordinarily attend meetings of this Committee.
- 1.3 The Chair confirmed the meeting met quorum.

The Committee RESOLVED to: Members were welcomed, apologies were duly noted and it was confirmed the meeting met quorum.

2. DECLARATIONS OF INTEREST

- 2.1 There were no further declarations of interest to those already listed in the Register.

3. MINUTES FROM THE OPEN MEETING 5 AUGUST 2025

- 3.1 The minutes from the meeting held on 5 August 2025 were received. Rhiannon Beaumont-Wood requested a minor amendment to Item 9.4, to read "in the emergency assessment unit despite *apparent* available beds". Subject to this amendment, the minutes were accepted as a correct record.

The Committee RESOLVED to: Approve the minutes of the open meeting held on 5 August 2025, which were accepted as correct record, subject to a minor amendment to Item 9.4.

4. CALL CATEGORISATION: PHASE TWO INCIDENT CODING (ORANGE/YELLOW/GREEN) ASSURANCE PACK – QUALITY IMPACT ASSESSMENT AND EQUALITY IMPACT ASSESSMENT

- 4.1 Liam Williams explained that the Phase Two Performance Framework Quality Impact Assessment (QIA) builds on feedback from Phase One to enhance robustness and clarity, with the Remote Integrated Care Service as a key enabler. Liam credited colleagues for a thorough multi-professional review, describing extensive intelligence gathering and acknowledged ongoing refinement of measures based on Phase One data. Liam expressed confidence in the QIA's readiness for approval. Lee Brooks added that there was a robust discussion at the Finance and Performance Committee on the 16 September 2025, which considered the model's intent and design.

4.2 Key highlights from the ensuing discussion were as follows:

- 4.2.1 The Chair referenced previous discussions on Phase Two, noting both challenges and assurances on the QIA and Equality Impact Assessment (EqIA) documents, and requested clarification regarding minor amendments from the Clinical Quality Governance Group (CQGG). Liam confirmed the papers were submitted in advance and that CQGG's requested amendments were clarifications rather than substantive changes.
- 4.2.2 Rhiannon Beaumont-Wood commended the quality and thoroughness of the QIA, while raising concerns regarding the resilience of the remote clinical workforce and emphasising the need for ongoing staff development, robust audit capability and continuous data monitoring. In response, Liam outlined investments in training, education and audit functions, describing efforts to balance assurance with clinician autonomy, and highlighted ongoing work to use process data for continuous improvement and targeted education.
- 4.2.3 Andy Swinburn emphasised that moving to remote clinical practice requires shifting from process metrics to clinical indicators, with Phase Two continuing improvements having begun in Phase One. Andy stressed the need for embedding these changes and ongoing leadership for resilience.
- 4.2.4 Lee Brooks explained that the Clinical Model Transformation is separate from the Ambulance Performance Framework, but both share synergies and staff have already adapted to the new patient flow. Lee emphasised the need to review staff capacity and update modelling after implementation. Phase Two will require extra staff support due to new categories, with lessons from Phase One informing this. Support for clinicians will continue beyond the initial go-live period. Lee also highlighted plans to merge Clinical Support Desk (CSD) and 111 into the Remote Integrated Care Service (RICS), backed by investment in a new Computer Aided Dispatch (CAD) system, and ongoing efforts to strengthen team supervision, peer support and training, all expected to be in place before the CAD launch. These changes will help guide the model's future direction.
- 4.2.5 The Chair raised concerns regarding staff morale and burnout, with Hugh Parry and Henry Garrard emphasising the need for sustained support as winter approaches. Liam, Lee and Andy responded that remote care workflows and enhanced categorisation are expected to improve staff experience and patient prioritisation; and highlighted

ongoing engagement, training and leadership support, stressing that all decisions are guided by a commitment to safety for patients and staff.

- 4.2.6 The Chair recognised the safety driven approach and requested assurance on the clarity and timing of external communications for the upcoming changes. 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.
- 4.2.7 The 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, the Committee were assured that the learning from Phase One had led to a more dynamic and responsive consideration following any concerns being raised.
- 4.2.8 The Chair sought assurance regarding how the new model would affect accessibility and quality of access for patients with complex needs, such as those with learning disabilities. Andy explained that, unlike previous algorithm-led models, the involvement of Clinical Navigators and senior clinicians early in the process now enables more bespoke interventions for individuals with unique needs, emphasising the link between the Clinical Model Transformation programme and core categorisation phases. Liam highlighted ongoing initiatives to support people with complex needs, including dementia, mental health and a learning disability register; with further advice to be provided at go live, all underpinned by broader clinical development efforts.
- 4.2.9 Jayne Beeslee commended the quality of the assessments and progress since the Finance and Performance Committee, and was assured on escalation processes for system pressures and expressed confidence in the Executives' oversight and delivery of the call categorisation changes
- 4.2.10 The Committee agreed to endorse and recommend for approval the Ambulance Performance Framework Phase 2 Quality Impact Assessment and the Emergency Response Workstream Equality Impact Assessment for Call Categorisation Phase Two to the Trust Board on 23 October 2025. Rachel Marsh confirmed that a paper will come to the Trust Board covering assurance around all aspects of the change, not just the QIA and EqIA, and noted a specific group chaired by Estelle

Hitchon which is working on internal and external communications.
Rachel deferred to Liam and Lee for more recent updates.

The Committee RESOLVED to:

Endorse and recommended for approval the Quality Impact Assessment and Equality Impact Assessment for Call Categorisation Phase Two to the Trust Board on 23 October 2025.

5. KEY MESSAGES FOR THE BOARD

5.1 The Chair summarised the endorsement and recommendation as the key message for the Trust Board.

6. REFLECTIONS AND SUMMARY OF DECISIONS/ACTIONS

6.1 The Chair thanked all contributors for their work and open discussion, robust scrutiny and assurance process for the Call Categorisation Phase Two.

7. ANY OTHER BUSINESS

7.1 None declared.

8. DATE OF THE NEXT MEETING

8.1 The next meeting is scheduled for 04 November 2025.

The meeting concluded at 5:10pm.