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Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust

**MINUTES OF THE OPEN MEETING OF THE WELSH AMBULANCE SERVICES
UNIVERSITY NHS TRUST BOARD, HELD on WEDNESDAY 7 MAY 2025
MEETING HELD VIA TEAMS**

Meeting started at 11:00

This meeting was originally scheduled for a Closed Session and was now designated for the Open Session

PRESENT:

Colin Dennis	Non-Executive Director and Chair of the Board
Jason Killens	Chief Executive
Rhiannon Beaumont-Wood	Non-Executive Director
Jayne Beeslee	Non-Executive Director
Lee Brooks	Executive Director of Operations
Professor Hayley Hutchings	Non-Executive Director
Estelle Hitchon	Director of Partnerships and Engagement
James Houston	Head of Strategy Development
Ceri Jackson	Vice Chair and Non-Executive Director
Angela Lewis	Director of Culture Change
Rachel Marsh	Executive Director of Strategy, Planning and Performance
Trish Mills	Director of Corporate Governance/Board Secretary
Hugh Parry	Trade Union Partner
Hannah Rowan	Non-Executive Director
Jonny Sammut	Director of Digital Services
Andy Swinburn	Executive Director of Paramedicine
Chris Turley	Executive Director of Finance and Corporate Resources
Liam Williams	Executive Director of Quality and Nursing

ATTENDEES:

Steve Owen	Corporate Governance Officer
Alex Payne	Corporate Governance Manager

APOLOGIES:

Peter Curran	Non-Executive Director
Bethan Evans	Non-Executive Director
Carl Kneeshaw	Director of People
Damon Turner	Trade Union Partner

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WELCOME AND APOLOGIES FOR ABSENCE

The Chair confirmed that the meeting, initially scheduled as a closed session, was now an open board meeting and was being audio recorded for transparency.

Welcome and Apologies:

The Chair welcomed all to the meeting, apologies were received from Peter Curran, Bethan Evans, Carl Kneeshaw and Damon Turner.

Declarations of Interest:

The Board noted that all declarations of interest were formally recorded on the Trust's Register of Interests and no new declarations were declared.

RESOLVED: That

- (1) The declarations of interest on the Trust's Register of Interests were formally recorded.**
- (2) The apologies of Peter Curran, Bethan Evans, Carl Kneeshaw and Damon Turner was noted.**

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NEW AMBULANCE PERFORMANCE FRAMEWORK

Prior to the beginning of the update the Chair sought clarification if the report was for approval or assurance. Rachel confirmed that the paper included two recommendations; to note the Cabinet Secretary's request and to take assurance that the Trust was ready to implement the changes safely. It was determined that the wording of the recommendations would be clarified following the discussion of this item but that the Board were not required to approve the framework changes.

Trish Mills mentioned that the EqIA (Equality Impact Assessment) for the Equality, Diversity, & Inclusion Definition Document – Clinical Model Transformation (CMT) Programme should be noted in the minutes, even though the front cover does not refer to it as Appendix 2. Rachel Marsh confirmed that the EqIA has been completed and was included in the papers. It went through the CMT Board on 06 May (not 07 May as stated) and was approved by that group.

Rachel Marsh explained that the rationale of holding the extraordinary meeting was due to the Joint Commissioning Committee (JCC) meeting in a fortnight, (prior to the scheduled Trust Board meeting on 29 May). The JCC considered it would be helpful to have the board's assurance on this preparedness so that it can be reflected in their discussions.

In terms of the report Rachel Marsh explained that the proposed changes to the Ambulance Framework were accepted by the Cabinet Secretary for Health & Social Care in March. It was agreed that the changes would be tested for a 12-month pilot period commencing on 01 July 2025. A decision regarding the permanent introduction of the changes will be subject to the findings of a detailed evaluation.

Following careful consideration of the available evidence, the task review group concluded that the current 8-minute ambulance target was not 'fit for purpose' and that the performance framework should be revised.

A range of options were considered and the preferred option put forward a proposal to split the current Red category into three separate categories.

PURPLE ARREST: Refers to incidents where a person is in cardiac or respiratory arrest.
RED EMERGENCY : Refers to incidents where a person is at risk of cardiac or respiratory arrest.

RCS0: incidents that have been deemed suitable for rapid clinical screening.

The Purple Arrest category included a bundle of measures focused upon improving clinical outcomes for patients in cardiac or respiratory arrest.

The overarching clinical outcome measure for the Purple Arrest category was the percentage of Return of Spontaneous Circulation (ROSC) along with key measures across each link in the chain of survival. These clinically focussed measures will shift the emphasis from the speed of an ambulance response to a broader system response focussed on clinical effectiveness and improving patient outcomes.

Furthermore, by measuring the chain of survival, it emphasised the importance of the societal role in helping to 'save a life' through bystander Cardiopulmonary resuscitation (CPR) and the availability and utilisation of Public Access-Defibrillators (PADS), alongside the ambulance response and timely clinical intervention.

Rachel Marsh assured the Board there was a strong project management framework within its Clinical Model Transformation structure. Quality and Equality Impact Assessments were being conducted. Significant efforts were being made to define new data items and establish performance reporting metrics. Systems and processes were being developed to ensure the safety of these changes.

The project was set to 'go live' on 01 July 2025 and will run as a 12-month pilot. An external contract was being established to evaluate the revised performance framework changes. Tenders have been received, and the shortlisting and interviewing process for the evaluation partner will take place in the next fortnight.

Rachel Marsh added that having reviewed the Red category, there was now a commitment to review how the Trust measured patients in the current Amber and Green categories. The second meeting of the review group took place yesterday, and work was progressing quickly. The findings will be presented to the board in due course.

Lee Brooks confirmed, following the query by the Chair, that the response letter to the Welsh Government was being drafted, and was due by 31 May. This was discussed in the CMT board meeting.

The Chair further enquired of most likely obstacles for not hitting the 1 July deadline, mentioning training, Computer Aided Dispatch (CAD) system updates, and standard operating procedures as potential concerns. The highest risk in regard to delivery is in relation to the changes required in the CAD system. However, the Board was assured that a significant amount of work was underway to ensure readiness, and the supplier was on track with the timeline with regard to the delivery of the changes. Lee Brooks said that there were no issues to escalate at this time, therefore.

Ceri Jackson inquired about a contingency plan if the changes cannot be implemented by 01 July 2025, asking if it would be possible to delay the implementation. Ceri also asked about recording results for Purple arrest and Red emergency categories, particularly when the 20-minute target was missed, and the implications from those cases. Additionally, she asked how the new process was affecting staff.

In response to the first question from Ceri, Rachel Marsh advised that while the goal was to implement the changes by 01 July 2025, there were no dependencies on the wider healthcare system in Wales so a delay would be possible, if necessary. However, the Trust was working hard to meet the 01 July 2025 deadline.

In response to the second question from Ceri, Andy Swinburn explained that the 90th percentile will be recorded, which provided a good indication of performance. Andy added that this approach will help the Trust understand the outcomes for the calls that do not meet the 20-minute target. He added that the team has not yet given detailed thought to measuring 100% of all calls. Lee Brooks noted that the team currently performed "missed Red analysis" to understand the reasons behind missed targets. This analysis will be modified to include "missed arrest" and "missed emergency" once the new categories were implemented.

Lee Brooks observed there has been limited feedback from staff following the announcement. He stated that the teams will design the training in May and deliver it in June. This period will likely offer more insights into the staff's reception of the new processes. Lee Brooks stated that quality monitoring aspects would be included in the oversight arrangements.

Rhiannon Beaumont-Wood noted that the required delivery of training could be considered a risk and asked of the number of individuals who required training. She asked if it was possible to stagger the start for those who have completed the training, in case the entire group cannot be trained by the deadline. She asked about the timeline for the evaluation noting that the tendering process for the evaluation partner had already begun.

Rachel Marsh stated that certain elements of the new system, including CAD modifications and data definitions, will remain stable throughout the 12-month pilot period. The evaluation process will be instrumental in assessing and gaining insights from the implementation.

Liam Williams added there was a dedicated architecture within the programme governance to support ongoing learning, including the Clinical Advisory Group, which reviews incidents and assessments. Liam outlined the timeline for the evaluation tender, noting that four suppliers have been shortlisted. The supplier presentations are scheduled for the 06 June 2025. The selected partner will be contracted for a three year period.

Lee Brooks stated that the training component was still under development and would be evaluated once completed. He noted that the training requirement was not extensive, primarily affecting Emergency Service Dispatchers. Lee stated that readiness checks will determine whether people were trained and prepared by 01 July 2025.

Trish Mills advised that instead of asking the Board 'to note' the requirement for the Trust to alter its model and service delivery, the Trust Board should 'endorse' it. She reasoned that 'endorse' signalled alignment and was less passive than the proposed recommendation. It was reiterated that the Board had received the Clinical Model Transformation EDI definition document, which served as the EqIA for the revised ambulance performance framework, which contributed to the assurance taken by the Board with this decision.

RESOLVED: The board

- (1) Endorsed the requirement for the Trust to alter its model of service delivery and reporting to meet Welsh Government instructions.**
- (2) was assured that the organisational preparedness met with the appropriate requirements to implement the changes safely and effectively.**

Date of next meeting: 29 May 2025

Meeting closed at 11:35