

Bundle Trust Board (Open Session) 7 May 2025

Agenda attachments

- ITEM 00 Open Agenda 7 May 2025
- 0 09:30 – OPENING ITEMS
- 1 Chair's Welcome, Apols and Quorum
- 2 Declarations of Interest
 - ITEM 02 Board Member Register of Interests – Updated 26 March 2025
- 2.1 FOR APPROVAL, ASSURANCE AND DISCUSSION
- 3 09:35 – New Ambulance Performance Framework
 - ITEM 03 Trust Board Ambulance Performance Framework May_25 FINAL V0.5
 - ITEM 03.1 JG Letter to WAST CEO and Dir of Ambulance Commissioning
 - ITEM 03.2 CMT Programme EQIA Definition Document_v1
- 4 10:20 – Reflections and Summary of Decisions/Actions
- 5 Any Other Business
- 6 Date & Time of the Next Meeting: 29 May 2025

Alloc.		Agenda Status:		EXTRAORDINARY TRUST BOARD MEETING - 7 MAY 2025						Deadline: 28 April 2025	
Time	Mins allotted	Agendum	Title	Item for	Item requested by	Format	Paper prepared by	Item presented by	Colleagues to cc		
OPENING ITEMS											
11:00	00:05	1	Chair's Welcome, Apols and Quorum	Information	Standing	Verbal	n/a	Chair	n/a		
		2	Declarations of Interest	To State Conflicts	Standing	Verbal	n/a	Chair	n/a		
FOR APPROVAL, ASSURANCE AND DISCUSSION											
11:05	00:45	3	New Ambulance Performance Framework	Approval	Ad hoc	Paper	SPP	Rachel Marsh	Hugh Bennett Alex Crawford		
CLOSING ITEMS											
11:50	00:05	4	Reflections and Summary of Decisions/Actions	Discussion	Standing	Verbal	n/a	Chair	n/a		
		5	Any Other Business	Discussion	Standing	Verbal	n/a	Chair	n/a		
		6	Date & Time of the Next Meeting: 29 May 2025	Information	Standing	Verbal	n/a	Chair	n/a		
11:55	00:55	CLOSE									

LEAD PRESENTERS

Name	Position
Colin Dennis	Chair of the Trust Board
Rachel Marsh	Executive Director of Strategy , Planning and Performance

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
BEAUMONT-WOOD, Rhiannon	Non-Executive Director * Member of the Remuneration Committee * Member of the the Audit, Risk and Assurance Committee * Member of the Quality, Patient Experience and Safety Committee	Dorset Integrated Care Board (NHS Dorset), Non-Executive Director	Financial Interest	May 2023		
		Nursing and Midwifery Council (NMC), Designated Council Member for Wales	Financial Interest	June 2024		
		RBW Executive and Professional Coaching Ltd, Company Director (Company No 14938585) and Shareholder	Financial Interest	June 2023		
		Currently on coaching framework with Health Education and Improvement Wales	Financial Interest	June 2024		
		Registered Nurse (NMC)	Non-Financial Professional	January 1995		
		Registered Specialist Community Public Health Nurse	Non-Financial Professional	September 1996		
		Member of the Royal College of Nursing	Non-Financial Professional	2007		
BEESLEE, Jayne	Non-Executive Director * Chair of the Finance and Performance Committee * Member of the Remuneration Committee * Member of the Academic Partnership Committee	Employment for interim assignments via Public Sector Resourcing (an agency) regarding the review of major UK government programmes (remunerated net of tax via an Umbrella Company - Danbro Employment Umbrella Ltd)	Financial Interest	01 October 2023		
		Member Representative on the UK Civil Service Pension Board	Non-Financial Personal	01 October 2019		
		Governor on the Finance & General Purposes Committee of Cardiff and Vale Further Education College	Non-Financial Personal	01 February 2024		
		Fellow Chartered Institute of Personnel & Development	Non-Financial Personal	01 April 2006		
BROOKS, Lee	Executive Director of Operations	Partner employed by Welsh Ambulance Services NHS Trust	Any Other Interest	July 2019		
		Member of the Order of St John	Any Other Interest	01 March 2023		
		Volunteer – St John's Ambulance Cymru	Any Other Interest	06 April 2023		
		Council Member – St John's Ambulance Cymru Gwent Council	Any Other Interest	06 April 2023		
		Trustee of Action for Children [1097940]	Position in Charity or Voluntary Organisation	01 February 2021		
CURRAN, Peter	Non-Executive Director * Chair of the Audit, Risk and Assurance Committee * Chair of the Charity Committee * Member of the Finance and Performance Committee * Member of the Remuneration Committee	Company Director - Action for Children [04764232]	Directorships	01 February 2021		
		Company Director - Action for Children (Wales) Ltd [10011497]	Directorships	05 April 2022		
		Trustee of National Youth Arts Wales [1170643]	Position in Charity or Voluntary Organisation	06 May 2021		
		Company Director - National Youth Arts Wales [10449512]	Directorships	06 May 2021		
		Non-Executive Director for Taff Housing	Position in Charity or Voluntary Organisation	01 May 2022		
		Company Director - Team Police Ltd [12518812]	Directorships	01 January 2022	31 October 2024	
		Independent Board Member of the Project Board – National Contemporary Art Gallery for Wales	Any Other Interest	01 January 2024		
		Interim Finance Director for Torfaen Leisure Trust	Directorships	01 September 2023	29 February 2024	
		Interim Independent Member – Kaplan International Colleges UK Ltd [05268303]	Directorships	01 March 2024		
		Independent Member – Kaplan Open Learning (inc member of the Audit & Risk Committee)	Directorships	21 March 2024		
		DENNIS, Colin	Chair of Trust Board and Non-Executive Director * Chair of Remuneration Committee	Chair – Citizen Housing (Charity) (previously WM Housing Group)	Position in Charity or Voluntary Organisation	01 January 2015
Company Director - Citizen Treasury PLC (previously WM Housing Treasury Ltd)	Directorships			29 August 2017		
Company Director - Citizen Treasury Vehicle Ltd	Directorships			04 September 2017		
Chair - North Devon Homes	Position in Charity or Voluntary Organisation			01 October 2021		
Company Director - North Devon Homes	Directorships			01 April 2022		
Chair - Green Square Accord (Housing Association)	Position in Charity or Voluntary Organisation			26 March 2024		
Company Director - LowCarbonLiving Homes Ltd [04207671]	Directorships			26 March 2024		
Company Director - Green Square Estates Ltd [8719365]	Directorships			26 March 2024		
Managing Director (Employed) at My Choice Healthcare Limited.	Any Other Interest			01 June 2019		
Non-Executive Board Member at RHA (Social Housing Organisation – Community Benefit Society)	Position in Charity or Voluntary Organisation			01 November 2019		
EVANS, Bethan	Non-Executive Director * Chair of Quality, Patient Experience & Safety Committee * Member of Finance & Performance Committee * Member of People & Culture Committee * Member of Remuneration Committee	Company Director - My Choice Healthcare South Wales Limited	Directorships	11 March 2020		
		Company Director - Moorlands Rehabilitation (Staffordshire) Limited.	Directorships	20 December 2019		
		Company Director - Springfield (Bargoed) Limited.	Directorships	12 March 2020		
		Company Director - Homes of Excellence Limited	Directorships	19 March 2021		
		Company Director - Victoria House Care Property Limited	Directorships	05 March 2020		
		Company Director - My Choice Healthcare (Four) Limited	Directorships	27 April 2022		
		Company Director - Luk Ros Property Limited	Directorships	12 March 2020		
		[Previously called Homes of Excellence Healthcare Limited, Company name changed 12.08.2022 - #12513139]	Directorships	12 March 2020		
		Company Director - Hawthorn Court Property Limited	Directorships	27 April 2022		
		[Previously called My Choice Healthcare (Three) Limited, Company name changed 12.08.2022 - #13371375]	Directorships	27 April 2022		
		Company Director - Ocean Living Property Limited	Directorships	22 July 2022		
		Company Director - Hawthorn Court Care Limited	Directorships	22 July 2022		
		Company Director - Glyncomel Property Limited	Directorships	01 July 2022		
		Company Director - My Choice Healthcare (Two) Limited	Directorships	01 July 2022		
		Company Director - Carmarthen Care Limited	Directorships	02 January 2024		
		Company Director - Towy Castle Property Limited	Directorships	01 September 2023		
HUTCHINGS, Hayley	Non-Executive Director * Member of the Remuneration Committee * Member of the Academic Partnership Committee * Member of the People and Culture Committee	Employed at Swansea University, Professor of Health Services Research	Financial Interest	17 June 1995		
HITCHON, Estelle	Director of Partnerships and Engagement	Member of Academi Wales Expert Panel	Position in Charity or Voluntary Organisation	15 July 2024		
		Independent Governor (Non-Executive Director), Coleg Sir Gar/Coleg Ceredigion	Non-Financial Personal	01 January 2025		

Name	Position	Declaration	Interest Type	Date Interest Started	Date Interest Ended	Left Trust
JACKSON, Ceri	Non-Executive Director & Vice Chair of the Trust Board * Chair of the People and Culture Committee * Member of the Charity Committee * Member of Audit Committee * Member of Quality, Patient Experience & Safety Committee * Member of Remuneration Committee	Management Consultant primarily working in third sector	Interest in Companies and Securities	01 May 2019		
		Associate Director of SamKat Consulting Ltd in my capacity as self-employed management consultant	Directorships	01 June 2021		
		Charity Trustee - Stroke Association Trustee, Chair Wales Advisory Group.	Position in Charity or Voluntary Organisation	08 October 2020		
		Charitable Company - Stroke Association - Company Director	Directorships	08 October 2020		
KILLENS, Jason	Chief Executive	Honorary Professor - Swansea University	Personal or Departmental Sponsorship	2019		
		Chairperson – Association of Ambulance Chief Executives (AACE)	Non-Financial Professional	September 2024		
		Company Director of the Association of Ambulance Chief Executives (AACE), Co No. (07761209)	Directorships	September 2024		
		Officer of the Order of St John	Any Other Interest	January 2024		
		Member of the Order of St John	Any Other Interest	2009	2024	
KNEESHAW, Carl	Director of People	Chartered Fellow of Chartered Institute of Personnel and Development	Personal or Departmental Sponsorship	April 2020		
		Fellow of Institute of Leadership	Personal or Departmental Sponsorship	October 2020		
		Safeguarding Lead for local outreach charity, Brunstad Christian Church – Huntworth, Bridgwater, Somerset	Position in Charity or Voluntary Organisation	September 2018		
		Nil Declaration				
LEWIS, Angela	Director of Culture Change	Nil Declaration				
MARSH, Rachel	Executive Director of Strategy, Planning and Performance	Nil Declaration				
MILLS, Patricia (Trish)	Director of Corporate Governance/ Board Secretary	Nil Declaration				
PARRY, Hugh	Trade Union Partner	Nil Declaration				
ROWAN, Hannah	Non-Executive Director * Chair of Academic Partnership Committee * Member of Charity Committee * Member of People & Culture Committee * Member of Remuneration Committee	Director, St Martin's Associates (Business consulting and coaching)	Directorships	04 April 2022		
		Non -Executive Director Qualifications Wales (regulator for all non degree qualifications in Wales)	Any Other Interest	01 April 2021		
		Trustee MAE Cymru (Christian charity which champions gender equality in church of Wales)	Position in Charity or Voluntary Organisation	13 November 2021	November 2023	
		Elected member, The governing body of the church in Wales (Parliament of church in Wales - voting member)	Any Other Interest	01 April 2021		
		Relative (Parent) is a Non-Executive Director for Social Care Wales	Any Other Interest	01 April 2017		
SAMMUT, Jonathan (Jonny)	Director of Digital Services [appointed 26.09.2023]	Fellow of the British Computer Society – FBCS	Any Other Interest	04 March 2024		
		Panel Member of the UK CIO Advisory Panel – Digital Health	Any Other Interest	05 July 2023		
		Federation of Informatics Professionals - Leading Practitioner	Any Other Interest	25 April 2024		
		Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020		
SWINBURN, Andrew (Andy)	Executive Director of Paramedicine	Strategic Advisor to College of Paramedics	Any Other Interest	01 January 2020		
TURLEY, Christopher	Executive Director of Finance and Corporate Resources	Treasurer of Royal Gwent Hospital League of Friends.	Position in Charity or Voluntary Organisation	01 February 2022	05 November 2024	
TURNER, Damon	Trade Union Partner	Nil Declaration				
WILLIAMS, Liam	Executive Director of Quality and Nursing [from 01 August 2022]	Chair/Director - Thornbury Carnival Community Interest Company Voluntary	Position in Charity or Voluntary Organisation	01 August 2019		
		Member Royal College Nursing	Any Other Interest	01 August 2022		
		Committee member - Royal College Nursing, Nurses in Management and Leadership Forum Steering Committee	Position in Charity or Voluntary Organisation	01 August 2022		



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwllans Cymru
Welsh Ambulance Services
University NHS Trust

AGENDA ITEM No	3
OPEN or CLOSED	OPEN
No of ANNEXES ATTACHED	2

New Ambulance Performance Framework
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MEETING	Extraordinary Trust Board
DATE	7 th May 2025
EXECUTIVE	Rachel Marsh Executive Director of Strategy, Planning & Performance
AUTHOR	James Houston Head of Strategy Development
CONTACT	Rachel.Marsh3@wales.nhs.uk James.houston@wales.nhs.uk

EXECUTIVE SUMMARY	
1.	The purpose of this paper is to provide the Trust Board with an update and assurance regarding the internal arrangements to pilot changes to the Ambulance Performance Framework from the 1 st July 2025, following the announcement by the Cabinet Secretary for Health and Social Care Services in March (see appendix 1).
2.	The 8-minute ambulance response target has been in place in Wales since its introduction in 1974. Across the UK and internationally there is significant variation in how ambulance services are currently measured, whilst maintaining the traditional time-based response target.
3.	Following discussion by the Health & Social Care Committee, it was recommended that a review was undertaken regarding the ‘appropriateness’ of the current 8-minute target. In response, Welsh Government convened an Ambulance Target Review group to consider the available evidence and put forward proposals for future ambulance targets.
4.	The review found that there is a lack of clinical evidence to support the link between the ‘8-minute’ target and clinical outcomes. There was, however, clear evidence linking improved clinical outcomes and the ‘Cardiac Chain of Survival.’
5.	The review group agreed that a more balanced approach is required, aligned to the ‘Chain of Survival,’ with a greater focus on clinical outcome and quality measures, rather than just a ‘time based’ response target.

6. A range of options were considered, and the preferred option put forward a proposal to split the current Red category into separate categories (1) Purple Arrest and (2) Red Emergency. By segmenting the categories, it allows bespoke condition-specific clinical outcome measures to be developed, supporting the shift away from the emphasis on response targets.

Table 1: New Ambulance Categories & Measures

Category	Descriptor	Types of Complaint
PURPLE ARREST	ARREST: Refers to incidents where a person is in cardiac or respiratory arrest.	<ul style="list-style-type: none"> ▪ Cardiac arrest ▪ Respiratory arrest
RED EMERGENCY	EMERGENCY: Refers to incidents where a person is at risk of cardiac or respiratory arrest.	<ul style="list-style-type: none"> ▪ Choking ▪ Major trauma

Category	Measures
PURPLE ARREST	<p>Purple: cardiac arrest 'bundle' of measures</p> <ul style="list-style-type: none"> ▪ % of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation) ▪ Time of call handler to commence CPR instructions ▪ Time to defibrillator at scene /patient side ▪ Median response time target range of 6-8 minutes ▪ 90% receive an ambulance response within 20 mins
RED EMERGENCY	<ul style="list-style-type: none"> ▪ Clinical performance indicators (to be developed) ▪ Median ambulance response time target range of 6-8 minutes ▪ 90% receive an ambulance response within 20 mins

7. 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 the 1st July 2025. A decision regarding the permanent introduction of the changes will be subject to the findings of a detailed evaluation.
8. In preparation to introduce and operationalise the new Ambulance Performance Framework the Trust has rapidly commenced detailed planning and implementation arrangements. The implementation arrangements are progressing well and on-track in readiness for the changes to go-live on the 1st July.
9. To deliver the changes, a range of key packages of work have been identified and are being progressed at pace, including:
- Project Management & Delivery:* a Task & Finish group has been established to lead all aspects of operational delivery and performance reporting arrangements to successfully embed the changes.
- Quality Impact Assessment (QIA) / Equality Impact Assessment (EqIA):* a detailed Quality Impact Assessment has been undertaken on the changes to the ambulance performance framework. The QIA is currently being finalised in

readiness for submission to CQGG on the 12th May. A CMT programme wide EqIA has been drafted and is currently in the review stage in readiness for submission to the CMT Programme Board on the 6th May.

Data Definitions & Performance Reporting: Strong progress has been made to review and develop all the technical data definitions that make up the new categories. The development of the data definitions is a key dependency to build the data reporting systems to ensure effective reporting systems are in place for the new measures. This critical work has been prioritised by the Information and Data Services (IDS) team who will be leading the development of the performance reporting processes.

Monitoring & Assurance: In addition to the key performance metrics for the new categories, a key requirement is to ensure that there are robust daily performance and quality reporting arrangements in place to monitor the patient safety and service delivery impacts of when the changes are introduced. Work is currently underway to develop the monitoring and assurance approach which will include both the requirements for quantitative performance and quality data alongside qualitative patient level experience information.

Operational Readiness: A significant amount of work is underway to ensure the operational readiness for the changes, including:

- *Technical CAD Development:* Significant technical changes are required to the 999 CAD architecture to reflect the new categories. Early engagement has commenced with the external CAD supplier and work is continuing at pace to finalise the technical specification. Given the importance and complexity of this area of work, and the reliance on an external supplier, this element of the preparatory work has been flagged as a potential risk to the overall delivery of the changes. All mitigatory actions are in place and the Trust will maintain close and regular dialogue with the supplier to monitor and oversee delivery of this work.
- *Operational Procedures:* A full review of the Operational Standard Operating Procedures (SOPs) has been undertaken with over 30 SOPs requiring revision. Work is underway to work through the changes to the SOPs in priority order which will be supported by a streamlined approval process where changes are made consistent with the category changes.
- *Staff Familiarisation & Training:* A staff Familiarisation and Training plan is being developed to ensure that all staff directly affected by the changes fully understand the changes, the impact on their day-to-day role and that they receive any required training.

Communications: Detailed communications plans are in development setting out how the Trust will effectively communicate the changes with both internal staff and volunteers, and also externally with the public, wider stakeholders and partner organisations. The plans adopt a hybrid approach using different communication approaches, tools and collateral to maximise its reach.

Finance: There are currently no known financial implications for the Trust to enable the changes to be successfully implemented.

Risks: There is one high level risk with a risk score of 16 or over that has been identified. This is related to the ability of an external supplier to deliver the technical CAD changes described in the operational readiness section. This risk is being proactively managed by the Trust with close monitoring and regular dialogue to track progress and foresee any potential issues.

Evaluation: As part of the wider changes to the Integrated Clinical Services Model, the Trust along with Commissioners are working jointly to procure an independent external partner to undertake a detailed and comprehensive evaluation. A key aspect of the evaluation process will focus upon evaluating the impact of the changes to the ambulance performance framework following the introduction of the Purple Arrest and Red Emergency categories.

Next Steps: Following completion of the initial Welsh Government led review of the current 'Red' performance target, the Ambulance Target Review group has been reconvened to undertake a second phase of the review, to consider the performance framework for the remaining Amber and Green categories. This review work has commenced and is projected to conclude in two months. The findings will be presented to the Cabinet Secretary for Health and Social Care for consideration and approval.

Recommendations:

Trust Board is asked to: -

1. **Note** the requirement for the Trust to alter its model of service delivery and reporting to meet Welsh Government instructions.
2. Confirm that the Board is **assured** that the organisational preparedness meets with the appropriate requirements to implement the changes safely and effectively.

REPORT APPROVAL ROUTE

Executive Director review

Clinical Transformation Programme Board (CMT) (7th May 2025)

REPORT APPENDICES

Attachment 1: Cabinet Secretary for Health & Social Care 'New Emergency Ambulance Performance Framework' letter

Attachment 2a & 2b: Trust Board Briefing Paper: Proposals to 'evolve' the Clinical Services Model & SBAR

REPORT CHECKLIST			
Confirm that the issues below have been considered and addressed		Confirm that the issues below have been considered and addressed	
EQIA (Inc. Welsh language)	x	Financial Implications	x
Environmental/Sustainability	x	Legal Implications	x
Estate	x	Patient Safety/Safeguarding	x
Ethical Matters	x	Risks (Inc. Reputational)	x
Health Improvement	x	Socio Economic Duty	x
Health and Safety	X	TU Partner Consultation	x

SITUATION

1. The purpose of this paper is to provide the Trust Board with an update and assurance regarding the internal arrangements to pilot changes to the Ambulance Performance Framework from the 1st July 2025, following the announcement by the Cabinet Secretary for Health and Social Care Services in March (see appendix 1).

BACKGROUND

999 Ambulance Targets (Red)

2. In 1974 the 8-minute ambulance response target was introduced by ORCON (Operational Research Consultancy) as a standard for monitoring ambulance service performance across the United Kingdom and subsequently adopted by a number of countries internationally.
3. The 8-minute ambulance response target is for the highest acuity 'Red' 999 calls encompassing conditions such as Cardiac Arrest or Choking where there is an 'immediate threat to life' therefore requiring an immediate ambulance dispatch and 'blue light' response.
4. The current Welsh Government (WG) performance target for emergency ambulance response in Wales is 65% arrival within 8 minutes.

Table 1: Current Red Ambulance Response Target

Category	Descriptor	Types of Complaint	Response Standard
Red	Immediately life-threatening incidents	<ul style="list-style-type: none"> ▪ Choking ▪ Cardiac arrest ▪ Respiratory arrest ▪ Major haemorrhage ▪ Breathing problems 	<ul style="list-style-type: none"> ▪ 65% of emergency responses to arrive within 8 minutes (Pan Wales) ▪ 60% within 8-minutes at a local Health Board level

5. Historically the Trust has delivered mixed performance against the 8-minute ambulance response target. Following the introduction of the new 'Clinical Response Model' in 2015 the Trust performed well against the target, however performance has since fallen below the 65% target and was last met in June 2020. The factors impacting ambulance response times and target attainment are complex and well-documented.

Health & Social Care Committee Recommendation

6. During a review of ambulance performance, the Senedd's Health & Social Care Committee (H&SC) discussed the broader system challenges impacting ambulance service provision and the limitations associated with the current 8-minute ambulance performance target.
7. As a result, the H&SC Committee published a series of recommendations in Aug-24 to enable improvement. One of the recommendations, accepted by the Cabinet Secretary for Health and Social Care, was to '*review the existing national target for ambulance response, and to determine whether it is still appropriate.*'

WAST Integrated Clinical Services Model

8. In parallel to the H&SC Committee recommendations, a briefing paper was presented to a closed Trust Board meeting in Sep-24 outlining the emerging plans to 'evolve' WAST's Clinical Response Model to improve clinical outcomes and reduce the current levels of 'avoidable' harm as a result of delays receiving definitive care. This was considered by Board in advance of the briefing being shared with the Joint Commissioning Committee (JCC).
9. The briefing paper provided an overview of the proposed changes to support the shift from the current service model centred on 'ambulance response,' towards an 'Integrated Clinical Services Model' bringing together the three core services (111, EMS and Ambulance Care) to maximise patient and system benefits.
10. The briefing paper set out the approach to safely manage and resolve more 999 calls without requiring an 'ambulance' dispatch. A key aspect of the model is the introduction of a new process called Rapid Clinical Screening to enable earlier clinical review of 999 calls to determine the most 'appropriate' care options to best meet patient need. In addition to this, the paper set out an early description of the establishment of the Remote Integrated Care Service (RICS) which seeks to leverage the benefits of remote clinicians in both 111 and the 999 Clinical Support Desk (CSD) into a single function and maximise the ability to manage more care remotely.
11. As part of the early development of the clinical model, consideration was given to the potential challenges of the current ambulance targets and limitations of the time-based performance measure. An early 'WAST position' on the opportunities to develop more clinically focussed metrics was presented in the briefing paper.

ASSESSMENT

National Ambulance Target Review Task Group

12. In response to the H&SC Committee recommendation, a National Ambulance Target Review Task Group was established. The task group was responsible for leading the review, considering the available evidence and putting forward a preferred recommendation to the Cabinet Secretary for Health & Social Care on the future Ambulance Performance framework.
13. The Task Group, chaired by WG, included a broad mix of expert leads including policy leads and statisticians, ambulance commissioners, and senior clinicians with experience of ambulance and pre-hospital emergency care. WAST membership included senior executive directors (Rachel Marsh, Andy Swinburn and Liam Williams).
14. The first phase of the review process considered the available evidence base to understand the history, challenges and opportunities for change. The review process adopted a mixed methodology approach and considered expert insight, population survey data, literature reviews and data modelling. The high-level findings of the review found the following:

- Wales remains the only UK nation to retain an 8-minute response time target;
- There is wide international variation in ambulance performance frameworks;
- No clinical evidence available to make the link between an **8-minute** ambulance response and improved patient outcomes.
- Questioned the clinical efficacy of binary 'time based' targets and clinical outcomes whereby the response could exceed 8 minutes however the patient's life could be saved.
- Clear evidence that outcomes can be improved through timely interventions known as the 'Chain of Survival' for people in out of hospital cardiac arrest;
- The existing Red category has 'broadened' over time, resulting in the inefficient use of precious ambulance resources. This can result in an immediate ambulance dispatch to people who initially appear seriously ill but later transpire to be well enough to be discharged at scene *without* transport to hospital. These patients are subject to the **same** 8-minute target as a person with a clear clinical need for an immediate response in minutes e.g. a person in cardiac arrest.

New Ambulance Performance Framework

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

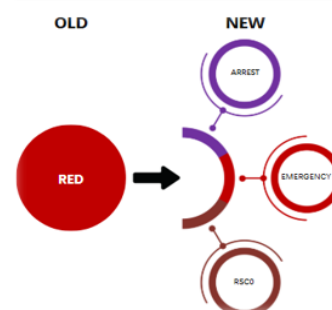
16. It was agreed that a more balanced approach would be required, with a greater focus on clinical outcome and quality measures, which will have a greater significance for patient care, rather than just a 'time based' response target.
17. It was recognised that the current 'Red' category had broadened overtime in terms of the level of acuity, reaching circa 15% of all verified 999 incidents. The current category includes patients with an immediate threat to life and patients with a less acute presentation that may not require an immediate ambulance dispatch. This prompted a discussion about the importance of improving clinical outcomes for patients in cardiac / respiratory arrest and it was agreed that future measures should be built around the 'Chain of Survival,' with the goal of improving 'Return of Spontaneous Circulation' (ROSC) and subsequent survival to hospital discharge.

Fig 1: Cardiac Chain of Survival



18. A range of options were considered and the preferred option put forward a proposal to split the current Red category into three separate categories.
19. The Purple Arrest category includes cardiac / respiratory arrest only. By segmenting these conditions, it enables them to be measured differently with targeted clinical outcome measures aligned to ROSC and the Chain of Survival.

Fig 2: Old & New Categories



20. The Red Emergency category includes other life-threatening complaints (previously in the old 'red' category) that require an immediate emergency ambulance response. These calls are no less important than the Purple Arrest category calls and would be placed on the same queue and dispatched in time order. This separation allows more targeted clinical outcome measures to be developed specific to the type of presenting complaint.
21. The RSC0 category whilst outside of the scope of the new ambulance targets, will include the remaining conditions from the previous Red category that have been deemed suitable for rapid clinical screening (where a clinician may listen live to the incident, or become involved as soon as the call has concluded, and determines the appropriateness for further clinical assessment or a face to face response).

Table 2: New Ambulance Categories

Category	Descriptor	Types of Complaint
PURPLE ARREST	ARREST: Refers to incidents where a person is in cardiac or respiratory arrest.	<ul style="list-style-type: none"> ▪ Cardiac arrest ▪ Respiratory arrest
RED EMERGENCY	EMERGENCY: Refers to incidents where a person is at risk of cardiac or respiratory arrest.	<ul style="list-style-type: none"> ▪ Choking ▪ Major trauma
RSC0	RCS0: incidents that have been deemed suitable for rapid clinical screening.	<ul style="list-style-type: none"> ▪ Breathing problems ▪ Allergy

Purple Arrest Category Measures

22. The Purple Arrest category includes a bundle of measures focused upon improving clinical outcomes for patients in cardiac or respiratory arrest (see table 3 below for a full breakdown).
23. The overarching clinical outcome measure for the Purple Arrest category is the % 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 speed of a WAST response to a broader system response focussed on clinical effectiveness and improving patient outcomes.
24. By measuring the chain of survival, it emphasises the importance of the societal role in helping to 'save a life' through bystander CPR and the availability and utilisation of Public Access-Defibrillators (PADS), alongside the ambulance response and timely clinical intervention.
25. The organisational transition of Save a Life Cymru (SALC) into WAST will be a catalyst to deliver targeted and demonstrable improvement across each of the 'links' in the chain of survival. The expected outcome will mean more lives will be saved and the overall %ROSC rates in Wales should increase from current levels of circa 20%, to more comparable levels in other leading countries (e.g., over 40% ROSC rate in the Netherlands).
26. In addition to the clinical outcome measures, the speed of response will continue to be monitored. A median response time target of 6-8 minutes will be introduced alongside a back stop target of 90% of Arrest calls to receive a response within 20 minutes.

Table 3: Purple (Arrest) measures

Category	Measures
PURPLE ARREST	<p>Purple: cardiac arrest 'bundle' of measures</p> <ul style="list-style-type: none"> ▪ % of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation) ▪ Time of call handler to commence CPR instructions ▪ Time to defibrillator at scene /patient side

	<ul style="list-style-type: none"> ▪ Median response time target range of 6-8 minutes ▪ 90% receive an ambulance response within 20 mins
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Red Emergency Category Measures

27. The Red Emergency category includes immediately life-threatening incidents where there is a risk of cardiac or respiratory arrest if help does not arrive quickly and includes choking, major haemorrhage or major trauma.

28. A bundle of clinical measures will be developed for this category.

29. In addition to the clinical measures, this category will also report against the same two time-based measures included in the Purple Arrest category to ensure there is parity in ambulance response.

Table 4: Red (Emergency) measures

Category	Measures
RED EMERGENCY	<ul style="list-style-type: none"> ▪ Clinical performance indicators (to be developed) ▪ Median ambulance response time target range of 6-8 minutes ▪ 90% receive an ambulance response within 20 mins

RCSO Category Measures

30. Further work is required to develop the key measures for the RCSO category. This work is aligned and dependent upon the planned review of the remaining Amber and Green categories. Further information is provided in the next steps section.

Welsh Government Approval

31. The proposed changes were presented to the Cabinet Secretary for Health & Social Care in Jan-25 for consideration. The proposals were approved and formally announced on the 11th March and presented to the Senedd receiving positive support across political parties.

32. It was agreed that the changes would be piloted for a 12-month period commencing on the 1st July 2025. A decision regarding the permanent introduction of the changes would be subject to the findings of the evaluation.

WAST Preparedness

33. The breadth of preparatory work and organisational changes required to embed the new ambulance performance framework, in less than three months, cannot be understated. This section of the paper details the key areas of planning and preparatory work underway to enable the successful implementation of the new performance framework for go-live on the 1st July.

34. Overall, the planning and project delivery areas are progressing well and on track for the go-live date. All key work streams have been identified, and plans are either in place or being developed, with key actions being assigned to key leads.
35. There remains a high dependency on delivering technology change with the WAST CAD system. The supplier is engaged, and there is a delivery timeline that supports the 1st July go-live, however this will be subject to successful development and testing.

Project Management & Delivery

36. To take this work forward an urgent Call Categorisation Task & Finish group has been formed, tasked with the responsibility of leading the planning and implementation of all the required changes.
37. The Executive Sponsor for the group is Lee Brooks (Executive Director of Operations) and the Senior Responsible Officer is Greg Lloyd (Assistant Director of Clinical Delivery). The group includes a broad range of internal WAST leads and external commissioners. The group meets weekly with full project support and underpinned with the full package of project management processes.

Governance Process

38. The Call Categorisation T&F group sits within the Clinical Model Transformation (CMT) programme structure. Key outputs of the group requiring formal review and approval will follow the agreed governance processes. This will include the Clinical Quality and Governance Group (CQGG) and CMT Programme Board.
39. Discussions are continuing with the Joint Commissioning Committee (JCC) via Ross Whitehead (Director of Commissioning for Ambulance & 111) to confirm the role of the JCC in the governance and approvals process for the changes.
40. There is also a requirement, as set out in the Cabinet Secretary's letter to provide written assurance to Welsh Government by the 31st May regarding the monitoring & assurance process, and development of the data definitions. Work is continuing at pace across both these areas of work in readiness to submit these by mid-May. Further information is provided in the corresponding sub-sections below.

Quality Impact Assessment / Equality Impact Assessment

41. A comprehensive Quality Impact Assessment (QIA) has been developed and is on track to be completed and approved in May. The governance process for the QIA will mirror the agreed approach for the CMT Programme. The document will be reviewed initially by the Clinical Advisory Group (CAG) on the 25th April in readiness for submission to CQGG on the 12th May.

42. As part of the Trust's commitment to embedding Equality, Diversity and Inclusion (EDI) across its transformation agenda, the CMT Programme established a dedicated Task and Finish Group to lead the completion of the Equality Impact Assessment (EqIA) (see appendix 2). The EqIA will be considered at the CMT Programme Board on the 6th May and any changes will be updated verbally to the Trust Board on the 7th May.
43. In addition to the programme-level EQIA, an individual EqIA was also undertaken for the implementation of Rapid Clinical Screening (RCS), acknowledging its role in introducing a new clinical decision-making touchpoint. This work also included a commitment to review the categorisation of calls, in line with the principles of the Chain of Survival. As the forthcoming changes to call categories are a core component of the RCS model, enabling improved clinical prioritisation based on patient acuity, these changes align directly with the processes and patient flows assessed through the RCS EqIA – namely, direct dispatch or routing to remote clinical assessment.
44. The programme-level EDI Definition Document and the RCS EqIA collectively demonstrate how equality considerations have informed the design and delivery of the revised call categories and provide assurance that the Trust's statutory responsibilities under the Equality Act 2010 are being met.

Data Definitions & Performance Reporting

45. Strong progress has been made to review and develop all the technical data definitions that make up the Purple Arrest, Red Emergency and RCS0 categories. The definitions cover all the internal and external measures across each of the three categories. The development of the data definitions is a key dependency to build the data reporting systems to ensure effective reporting systems are in place for the new measures. This critical work has been prioritised by the Information and Data Services (IDS) team who will be leading the development of the performance reporting processes.
46. The development of the data definitions is nearing completion in readiness for formal internal review and sign off. The review and approval process will follow the agreed governance processes and will be presented to the CMT Programme Board on the 6th May in readiness for submission as part of the assurance letter to Welsh Government by the 31st May.

Monitoring & Assurance

47. In addition to the key performance metrics for the new categories, a key requirement in readiness for go-live is to ensure that there are robust daily performance and quality reporting arrangements in place to monitor the patient safety and service delivery impacts of the changes. An overview of the monitoring

and assurance arrangements are required to be submitted to WG by the end of May and will follow the agreed internal governance arrangements for approval.

48. Work is currently underway to develop the monitoring and assurance approach which will include both the requirements for quantitative performance and quality data alongside qualitative patient level experience information.
49. A key enabler for this work is the requirement to review and update the identified operational level performance reports to reflect the new performance categories. This work has been prioritised by the IDS team as a matter of urgency to ensure that there is full accessibility to the right data to ensure the changes can be effectively and proactively monitored.

Operational Readiness

50. Considerable work is required to be undertaken as part of operational readiness to embed the changes. This includes the review of key operational procedures, technical changes to the 999 CAD, and familiarisation & training for all staff directly impacted by the changes.
51. Technical CAD Changes: Significant technical changes are required to the 999 CAD architecture to reflect the new categories. Earlier engagement has commenced with MIS (external CAD supplier) who have confirmed the allocation of dedicated developer capacity to undertake the technical CAD changes. Work is continuing at pace to finalise the technical specification for the CAD development. Given the importance and complexity of this area of work, and the reliance on an external supplier, this element of the preparatory work has been flagged as a potential risk to the overall delivery of the changes (see risk section). All mitigatory actions are in place and the Trust will maintain close and regular dialogue with the supplier to monitor and oversee delivery of this work.
52. Operational Procedures: A full review of the Operational Standard Operating Procedures (SOPs) has been undertaken to identify those that require revision and updating. Over 30 SOPs to date have been flagged as requiring revision. Work is underway to work through the changes to the SOPs in priority order which will be supported by a streamlined approval process where changes are made consistent with category changes.
53. Staff Familiarisation & Training: A staff familiarisation and training plan is being developed to ensure that all operational staff directly affected fully understand the changes, the impact on their day-to-day role and appropriate training is provided. This work will align with the timescales to review and refresh the operational policies.

Communications (Internal & External)

54. Effective communication will be required to ensure that all internal staff / volunteers, external stakeholders and the public are informed and understand the changes to the ambulance performance framework. A dual but linked approach has been agreed to develop two clear communication plans to cover the internal and external communications plans. Both plans will initially be reviewed by the Call Categorisation T&F Group and signed off by the CMT Programme Board.
55. Internal Communications: The internal communications plan is currently in development and sets out in detail the approach to communicate with all WAST staff and volunteers. The plan adopts a hybrid approach using different communication tools and collateral to maximise its reach across the organisation and describe the changes in an easy and understandable way.
56. External Communications: The external communications plan is also being drafted and is framed around three different stakeholder groups (1. Organisations impacted by the changes, 2. Wider external stakeholders and 3. Public). In recognition of the wider external communications & engagement associated with the changes to the wider Clinical Services Model, it was prudent to dovetail the communication messaging to include and inform stakeholders of both the model and ambulance target changes. The plan adopts a hybrid approach using different communication approaches, tools and collateral to maximise its external reach including using the media, social media, videos and key documentation (FAQs, letters). All public facing information will be created bi-lingually and will be available on the website.
57. Discussions are taking place with Welsh Government to confirm their expectations and role in the external communications approach with the public. It is possible that a joint approach may be advised between WG, WAST and Commissioners working together on this element of the plan.

Evaluation

58. As part of the wider changes to the Integrated Clinical Services Model, the Trust along with Commissioners are working jointly to procure an independent external partner to undertake a detailed and comprehensive evaluation. The proposed approach is to undertake a phased evaluation covering the lifespan of the programme, focussing on specific elements of the clinical service model following its respective implementation building up to a comprehensive overall evaluation. A key aspect of the evaluation process will focus upon evaluating the impact of the changes to the ambulance performance framework following the introduction of the Purple Arrest and Red Emergency categories.
59. The Trust is currently in the procurement and formal application phase to identify potential bidders. Application shortlisting is planned for the 1st May.

Finance

60. There are currently no known financial implications for the Trust to enable the changes to be successfully implemented. In relation to the technical system changes on the CAD, the current understanding with the supplier (MIS) is that the technical development work will be completed at no additional cost as the changes are policy and Welsh Government led.

Risks

61. As part of the project arrangements, the T&F group regularly review and assess the associated risks. There is one high level risk with a risk score of 16 or over. This is related to the ability of an external supplier to deliver the technical CAD changes described in the operational readiness section (see paragraph 49).

Table 5: Project Risk Log (High Level Risk only)

Failure to deliver due to the capacity of a third party (MIS)	Lee Brooks (Welsh Ambulance Services) Ltd	IF the third party supplier (MIS) does not have the capacity to undertake the CAD development in the required timeframe	THEN the trust will not be able to deliver the required changes for the 1st of July	Resulting in: 1 - Reputational damage	Reputational	4	4	16
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Next Steps

62. Following completion of the initial Welsh Government led review of the current 'Red' performance target, the Ambulance Target Review group has been reconvened to undertake a second phase of the review, to consider the performance framework for the remaining Amber and Green categories.

63. This review work has commenced and is projected to conclude in two months. The findings will be presented to the Cabinet Secretary for Health and Social Care for consideration and approval. Pending the outcome of the review, the Trust may be required to undertake further work to implement and operationalise the recommended changes.

RECOMMENDATIONS: The Trust Board is asked to: -

- i. **Note** the requirement for the Trust to alter its model of service delivery and reporting to meet Welsh Government instructions.
- ii. Confirm that the Board is **assured** that the organisational preparedness meets with the appropriate requirements to implement the changes safely and effectively.

APPENDICES

Attachment 1: Cabinet Secretary for Health & Social Care 'New Emergency Ambulance Performance Framework' letter

Attachment 2: CMT Programme Equality Impact Assessment

Grŵp Iechyd a Gwasanaethau Cymdeithasol
Cyfarwyddwr Gweithrediadau, GIG Cymru

Health and Social Services Group
Director of Operations, NHS Wales



Llywodraeth Cymru
Welsh Government

Jason Killens
Chief Executive
Welsh Ambulance Services University NHS Trust

Ross Whitehead
Director of Commissioning for Ambulance Services & 111
NHS Wales Joint Commissioning Committee

20 March 2025

Dear colleagues,

New emergency ambulance performance framework

Firstly, thank you to you and your teams for your contributions and support in reviewing the appropriateness of the existing ambulance response target.

I am writing to inform you that the new Emergency Ambulance Performance Framework has been approved by the Cabinet Secretary for Health and Social Care and will be implemented from 1 July 2025 for an initial 12-month pilot period.

The new performance framework (enclosed at appendix 1) is designed to focus on clinical outcome and enhance the efficiency and effectiveness of emergency ambulance services.

As part of this implementation, we expect the development of clear and precise definitions for the new performance metrics. These definitions will be crucial in accurately measuring and reporting performance against the new framework, and in identifying areas for continuous improvement. We expect this work to be concluded **by the end of May 2025**.

I have issued a copy of this letter to colleagues with responsibility for statistics for awareness and to enable alignment where required.

In the lead up to 1 July we will continue to work closely with you to ensure the successful implementation of the new framework, and in doing so will agree monitoring arrangements for assurance purposes by **the end of May 2025**.

Please ensure that all relevant individuals and teams are informed and prepared for the upcoming changes.

Rapid review: opportunities to support accelerated delivery of plans to improve outcomes for people in out of hospital cardiac arrest

To support the delivery of the new performance framework, you will be aware the Welsh Government has approved a recommendation for the transfer of the NHS Wales Save a Life Cymru (SaLC) programme from Public Health Wales to the Welsh Ambulance Services University NHS Trust (WAST). We understand the transitioning process has commenced.

The Cabinet Secretary has requested a rapid review of the opportunities to build on the current NHS Executive SaLC programme plans to improve survival rates from out of hospital cardiac arrest, and sought recommendations on key actions that could be accelerated in the short and medium term.

We should appreciate your support in collaborating with SaLC over the coming weeks to undertake this review which should focus on the following key areas, and others where action could make a positive impact:

- Provision of education and CPR training
- Improving accessibility to defibrillators; and
- Increasing community awareness and involvement

Please work with the SaLC programme team to garner their significant expertise and insight in this field and initiate the review as soon as possible. We will set up a roundtable discussion to be held over the next few weeks to initiate conversations. Following this, I should be grateful if you would submit a jointly approved report with recommendations by the **end of June 2025**.

Funding to secure automated external defibrillators (AEDs)

Finally, I can confirm we have approved your request for funding of £506,635 to secure 500 AEDs in 2024/2025.

This funding is provided in line with the principles of the case submitted via the NHS Wales Joint Commissioning Committee. It is intended to enable delivery of the new framework and our collective focus on improving outcomes for people in cardiac arrest.

Should you have any questions or require further information, please do not hesitate to contact me.

Thank you for your assistance.

Yours sincerely,



Jeremy Griffith

Director of Operations

NHS Wales / Health, Social Care and Early Years Group, Welsh Government

Cc: Judith Paget, Director General Health and Social Services / NHS Chief Executive, HSCEY Group, WG
Nick Wood, Deputy Chief Executive, NHS Wales, HSCEY Group, WG
Aled Brown, Head of Emergency Care Policy, HSCEY Group, WG
Ryan Pike, Head of Hospital Statistics
Dr Julie Starling, Clinical Director, NHS Wales Save a Life Cymru Programme

Appendix 1: New ambulance performance framework

Category	Descriptor	Types of complaint	Response targets / standard(s)
Purple: arrest	ARREST Refers to incidents where a person is in cardiac or respiratory arrest	<ul style="list-style-type: none"> - Cardiac arrest - Respiratory arrest 	Purple: cardiac arrest ‘bundle’ of measures <ol style="list-style-type: none"> 1. % of people to have a heartbeat restored after a period of cardiac arrest which is subsequently retained until arrival at hospital (Return Of Spontaneous Circulation) 2. Median (average) time to bystander CPR 3. Median time to defibrillation 4. Median response time target range of 6-8 minutes 5. 90% receive an ambulance response within 20 mins
Red: emergency	EMERGENCY Refers to incidents where a person is at risk of cardiac or respiratory arrest	<ul style="list-style-type: none"> - Choking - Major haemorrhage - Major trauma 	<ol style="list-style-type: none"> 1. Median ambulance response time target range of 6-8 minutes 2. 90% receive an ambulance response within 20 mins <p><i>Clinical performance indicators (to be developed)</i></p>



GIG
CYMRU
NHS
WALES

Ymddiriedolaeth Brifysgol GIG
Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services
University NHS Trust



EQUALITY, DIVERSITY, & INCLUSION DEFINITION DOCUMENT

Clinical Model Transformation (CMT) Programme

VERSION: 1

Version Control

Status	Version	Author(s)	Date	Changes
Draft	V0.1	EDI Task & Finish Group (see General Information)	07/03/2025	Document development and initial draft of content.
Draft	V0.2	Heather Holden	07/04/2025	Review and minor revisions to narrative and completion of Themes section including EqIA and SEIA.
Draft	V0.3	Heather Holden	11/04/2025	Minor revisions following Head of Inclusion and Engagement review.
Final	V1	Heather Holden	30/04/2025	Revisions following feedback from CMT Board members and the inclusion of the Welsh Language Impact Assessment domains; ready for CMT Board approval.

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1. General Information

Given the evolving nature and system-wide scope of the Clinical Model Transformation (CMT) Programme, and recognising the potential scale of impact on patients and service delivery, a dedicated Task and Finish Group was established to determine the most effective approach to embedding Equality, Diversity, and Inclusion (EDI) considerations across the programme. Chaired by the Head of Inclusion and Engagement, the group reviewed the Trust's statutory responsibilities under the Equality Act 2010 and considered best practice in inclusive programme design. This EDI Definition Document represents the collective output of the CMT EDI Task and Finish Group. It has been co-produced by group members and formally endorsed for approval by the Head of Inclusion and Engagement.

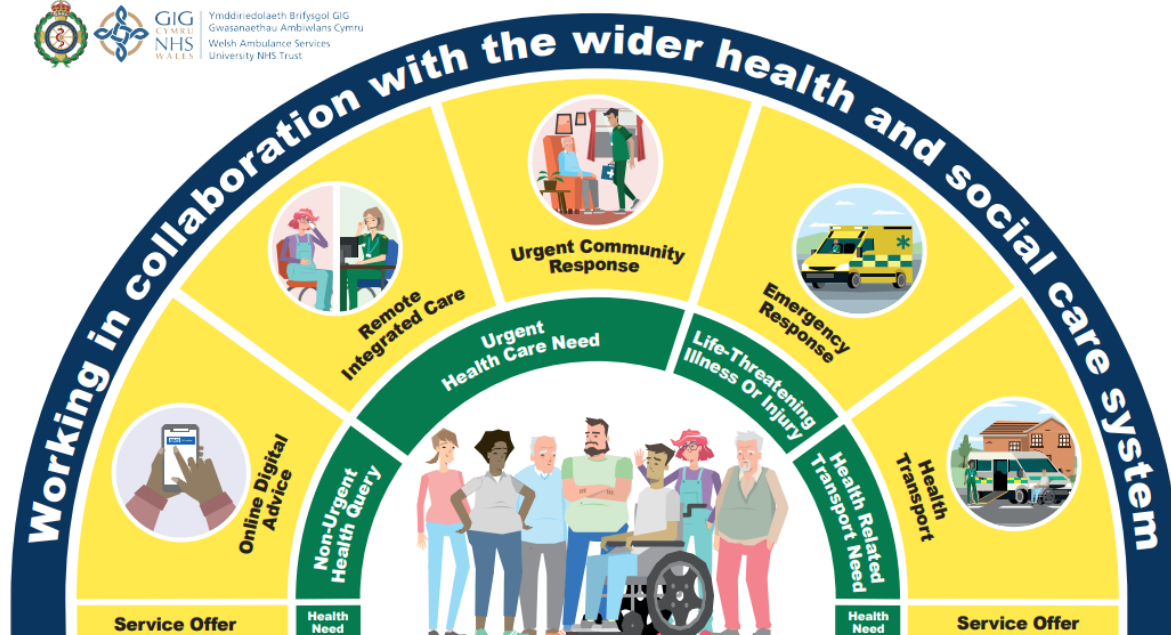
Title:	Equality, Diversity, & Inclusion Definition Document – Clinical Model Transformation (CMT) Programme
Assessment Lead:	Heather Holden , Head of Transformation (CMT Programme Manager)
Who has been involved in undertaking this equality assessment:	Hayley Jones Dunne , Organisational Development Manager James Houston , Head of Strategy Development Kat Cobley , Head of Inclusion and Engagement Kelsey Rees-Dykes , Strategy, Planning, and Performance Business Partner Lauren Price , Strategy and Transformation Engagement Manager Leanne Hawker , Head of Patient Experience & Community Involvement Melfyn Hughes , Welsh Language Services Manager Rachel Watling , Head of Communications Sarah Davies , Head of Change and People Insights Sarah Parry , Strategy Development Manager
Approval Route:	Clinical Model Transformation Board (Approval)

2. Overview

Our Evolving Service Offer – Integrated Clinical Services Model

In response to ongoing pressures and evolving healthcare demands, the Welsh Ambulance Services University NHS Trust (WAST) is evolving its service offer into an expanded Integrated Clinical Services Model. This shift is aimed at ensuring that patients receive the appropriate care in the right setting and at the right time, thus improving outcomes and reducing pressure on emergency departments. Traditional response models, prioritising rapid transport for high-acuity emergencies, have shown limitations in addressing the full spectrum of patient needs, particularly in the context of an ageing population and rising demand for urgent care. WAST now faces a broader case mix with many patients requiring urgent care rather than emergency transport.

The evolving model moves away from a conveyance-based emergency response focus towards an integrated model that connects our core services into a cohesive system. This approach allows WAST to better meet the healthcare needs of the people of Wales by offering a broader range of care options, including addressing urgent and emergency needs within the community.



Our **Evolving** Service Offer

Integrated Clinical Services Model

The Clinical Model Transformation (CMT) Programme is a Trust-wide change programme structured around five core workstreams designed to better integrate our core services (999, 111 Wales, and NEPTS) into an evolved clinical services model. This approach aligns with national healthcare strategies, including the Welsh Government's vision of providing equitable and accessible care that meets patients' needs in the community. The model supports the "shift left" approach, which aims to treat patients within their communities, thereby reducing the strain on hospital emergency departments and supporting the Welsh Government's Six Goals for Urgent and Emergency Care.

The transformation also builds on WAST's strategy, "Delivering Excellence," which envisions the ambulance service as a gateway to urgent and emergency care across Wales. By enhancing its clinical capability and focusing on integrated care pathways, WAST seeks to play a more pivotal role in reducing avoidable conveyance to hospital and facilitating access to alternative care settings.

Purpose of the Document

In accordance with the Equality Act 2010, all policies must be subject to an Equality Impact Assessment (EqIA) to enable resources to be targeted effectively and to help reduce inequalities. The EqIA is a process to consider how policies will affect people differently based on their 'protected characteristics': age, disability, gender reassignment, marriage or civil partnership, pregnancy or maternity, race, religion, sex or sexual orientation and if it will affect their human rights.

The process by which organisations assess equality impact is to be determined locally. Across WAST the [Integrated Equality Impact Assessment Form](#) is the accepted standard to evidence EDI consideration, however given the complexity of the CMT programme, it was agreed that a more extensive document was required that fully recorded evidence of due regard to the equality duties. This bespoke EqIA document was agreed by the EDI Task & Finish Group, and approved by the CMT

Board and Strategic Transformation Board, with its key purpose being the provision of evidence that the Trust Board's decisions are compliant with statutory requirements for the Public Sector Equality Duty, Socio-economic Duty, Welsh Language Duty, Human Rights Act and Armed Forces Covenant.

This document provides an overarching account of EDI considerations across the CMT programme and will be updated iteratively in line with programme developments. Alongside this overarching EqIA, individual projects within the programme will, where appropriate, be subject to a standard EqIA. The requirement for project-level assessments will be determined with the support and guidance of the Head of Diversity and Inclusion, to ensure a consistent and proportionate approach to equality analysis throughout the programme lifecycle.

3. Consultation & Engagement

In line with the Welsh Government's Guidance on Changes to Health Service Policy (2023), the Trust is responsible for determining what constitutes a significant service change. This determination plays a crucial role in guiding the Trust's approach to public consultation and engagement on any changes being planned by the Trust.

A service change that is deemed significant, informs whether formal public consultation is required. The proposed changes to the Clinical Services Model are not new in concept and are an acceleration and expansion of incremental service changes that have been underway for some time and are in alignment to the longstanding policy direction and strategic commissioning objectives set out for the organisation to deliver against. The proposed model changes are therefore viewed as an 'evolution' of the current model rather than a 'transformational' change whereby new services are being introduced. For example, the Trust implemented remote clinical assessment for 999 calls more than five years ago and has typically managed circa 15% of 999 cases in this way. The proposed model is seeking to expand and enhance that already existing clinical service offer.

To ensure compliance with the WG Guidance on Changes to Health Services, the Trust undertook detailed internal debate to consider the options and sought advice from Llais. Based on the output of these discussions it was agreed that the proposed changes to WAST's clinical service model did not constitute 'substantial' service change, and therefore formal public consultation is not required. It was agreed however, that this position would be reviewed periodically to ensure there were no further developments of the model that could change the position regarding public consultation.

Whilst public consultation is not required, from a public perspective Llais advised that the Trust would be required to undertake regular and transparent communications with the public to keep them informed of the changes throughout the lifecycle of the programme. Similarly, a watching brief should be kept as the programme evolves and the matter should be re-evaluated as the programme moves forward to ensure nothing has changed in terms of the engagement requirement.

From a broader system perspective, it was acknowledged that WAST cannot undertake changes unilaterally and would be required to undertake proactive engagement and collaboration with external system stakeholders and partner organisations. A detailed Programme Engagement Plan (PEP) has been approved by the Clinical Model Transformation Board (CMT) setting out the engagement approach and timescales. The PEP segments the various stakeholders into four distinct

groups with a more detailed breakdown of the individual stakeholders / groups and timescales for engagement. The Trust is continuing to undertake proactive engagement as outlined in the plan.



Key document references:

1. CMT Consultation Paper ([CMT P&E SBAR Public Engagement Approach Sept 24 Final.pdf](#))
2. Programme Engagement Plan ([Programme Engagement Plan Working Draft v0.3 Feb 25.pdf](#))

PECI Team Public Engagement Events

The Trust has a legal duty to engage with the public, service users and communities to listen and capture their experiences and to involve them in influencing, designing, and delivering services as set out in:

- People's Experience Framework (formerly 'Framework for Assuring Service User Experience')
- Health and Social Care (Quality and Engagement) (Wales) Act 2020-21
- The Quality Standards (Apr 2023)
- NHS Wales Performance Framework
- Social Services and Well-being (Wales) Act 2014-18
- Well-being of Future Generations (Wales) Act 2015-19
- The National Principles for Public Engagement in Wales (2011)20
- A Healthier Wales 2022

The Peci team adopts a continuous engagement model, enabling consistent dialogue with communities to share information, gather feedback and experiences, and inform service design and delivery across the Trust. Although there has been no formal or programme-specific engagement undertaken solely in relation to the evolving Clinical Model Transformation (CMT) Programme, the insights, feedback, and experiences gathered through this continuous engagement approach have been used to shape and influence the thinking behind the programme's development. Engagement will continue throughout the life of the programme to ensure that community voices remain central to service evolution.

Over the past year the PECl team has attended 250 events and engaged with more than 16,000 individuals, with a particular focus on these from protected characteristic groups and communities who may experience inequalities, including:

- Condition specific groups
- Older people
- People with learning disabilities
- LGBTQ+ communities
- People with lived experience of mental health conditions
- Children and young people
- Carers
- Ethnic minority communities

Feedback gathered through this engagement highlights recurring themes, including concerns around emergency response times, the repetition of questions when calling 999, and inaccuracies in estimated times of arrival (ETAs), despite explanations provided. Within Non-Emergency Patient Transport Services (NEPTS), delays in arranging return journeys following appointments remain a notable source of dissatisfaction.

Conversely, positive feedback consistently emphasises the compassion, kindness, and professionalism demonstrated by Trust staff.

Continuous engagement has also highlighted disparities in service experience, particularly among Deaf service users and individuals with learning disabilities, helping the Trust to prioritise improvements and address inequalities.

Key Stakeholder Engagement

This section details the engagement approach with key external stakeholders and system partners. The engagement approach is set out in the Programme Engagement Plan and is a dynamic plan to take into consideration the changing landscape in which the organisation operates. The engagement grouping and timescales set out in this document are therefore subject to change as the engagement approach is continually updated and refined.

Group 1: Key Political & System Stakeholders

To gain traction to implement changes to the clinical services model, the Trust will require key political and system support from a range of influential stakeholders. Securing stakeholder support during this first phase of engagement is critical to the success of the transformation programme

The objective of this phase of engagement with Group 1 stakeholders is to secure “in principle” support and endorsement from the identified political and system stakeholders to:

- Continue the development and implementation of the proposed evolution of the WAST Clinical Services Model; and

- Agree in principle to the proposals to review the call categories and future ambulance performance metrics.

The keys stakeholder groups identified

Key Political & System Stakeholders		
Welsh Government	Health Board CEOs	Ambulance Commissioner
Policy leads for health	Joint Commissioning Committee	Llais

Key Stakeholder & Phasing	Aug	Sep	Oct	Nov	Dec
Group 1: Key Political & System Stakeholders					Pause & Reflect
Welsh Government					
Welsh Government Policy leads					
Joint Commissioning Committee					
Llais					
NHS Chief Executives					

Group 2: External Stakeholders & Partners

Subject to formal ‘support’ and ‘endorsement’ from Welsh Government and commissioners (as outlined in Group 1), the Trust will undertake a period of focussed engagement with key external stakeholders (e.g., Health Boards, National Programmes and Clinical Groups) alongside wider partner organisations.

The Objective of the engagement activities to be undertaken with stakeholders in Group 2 is to:

- Inform external stakeholders of the proposals to evolve WAST’s Clinical Services Model;
- Undertake local collaboration to support key winter improvement initiatives;
- Engage with external clinical groups / clinicians to ensure that they are supportive of the proposals
- Engage with Health Board Clinicians / Operational leads to identify opportunities post remote clinical assessment to appropriately access Health Boards services (where WAST is unable to resolve the call).

Welsh Government	Clinical Engagement	System / Programme	Health Board	Patient Advocacy Groups	Professional Bodies
<ul style="list-style-type: none"> • IQPD • JET • WBFGA Commissioner • Older Persons Commissioner 	<ul style="list-style-type: none"> • Six Goals CPAG / CLUCA • All Wales Medical Directors (MDs) • Executive Directors of Nursing (EDON) • Directors of Therapies (DOTHS) • Directors of Primary Care • National OOHs Forum • National Clinical Directors • GPC Wales 	<ul style="list-style-type: none"> • Six Goals Programme Board + Goal Groups • Strategic Programme for Primary Care • Regional Partnership Boards 	<ul style="list-style-type: none"> • Chief Operating Officer (COOs) • Directors of Planning (DOPs) 	<ul style="list-style-type: none"> • Stroke Association • Britis Heart Foundation • British Lung Foundation 	<ul style="list-style-type: none"> • AACE • Royal College of Nursing

Key Stakeholder & Phasing	Timescales	Jan	Feb	Mar	Apr
Group 2: External Stakeholders & Partners	December - April				
<i>2a. Priority Clinical Engagement</i>	January - February				
Welsh Government Clinical Leads	January - February				
Six Goals Programme Leads & Clinical Groups	January - February				
NHS Clinical Groups (including All Wales Medical Directors, GPC Wales, GP OOHs, Primary Care forums, EDONs, DOTHS)	February - March				
<i>2b. Wider System Engagement</i>	February - April				
Operational Groups (including COOs)	February - April				
Strategic Health Board groups (DOPs / ICAPs)	February - April				
Wider system / programme engagement (Regional Partnership Boards, Six Goals delivery boards)	February - April				
Patient Advisory Groups (Stroke association, BHF, BLF)	February - April				
<i>2c. Stakeholder to be kept informed</i>	February - April				
Professional Bodies (AACE, College of Paramedics)	April onwards				
Partner Organisations (Police, Fire, St Johns)	April onwards				

Key document reference:

1. Programme Engagement Plan ([Programme Engagement Plan Working Draft v0.3 Feb 25.pdf](#))

IMTP Engagement and Consultation

This programme is key component of the Trust's Integrated Medium-Term Plan (IMTP), which outlines a strategic approach to improving population health outcomes, enhancing service delivery, and building system resilience. The IMTP is developed in a way that places strong emphasis on collaboration, equity, and the active participation of stakeholders across the health and care system, including those with protected characteristics. A robust EqIA has been completed as part of the IMTP development process and has been considered in the development of this EDI Definition Document.

The IMTP development process is underpinned by a programme of extensive and continuous engagement. This includes engagement with Formal and Informal [Trust Board](#) across multiple months (December, January, February and March), ensuring that strategic alignment and executive ownership are embedded from the outset.

Ongoing staff and patient engagement have informed the design and prioritisation of the IMTP. This has included CEO-led roadshows, the Trust's Behaviours and Values reset, WAST Live interactive sessions, and targeted activity through platforms such as Viva Engage. Specific equality, diversity and inclusion engagement has been facilitated by the Patient Experience, Community Involvement (PECI) team, ensuring that the voices of people with protected characteristics, as defined under the Equality Act 2010, are reflected and embedded in the IMTP and the associated transformation programmes. These efforts are detailed further in Appendix 1 of the IMTP.

Robust cross-organisational scrutiny has also been a core feature of the development process. Plans are reviewed across all directorates and via a multi-disciplinary project group, including representation from People and Culture, Capital and Estates, Finance, Planning, and Performance. This collaborative approach ensures all plans are aligned with statutory duties and organisational priorities and are tested for potential differential impacts on diverse groups.

The Trust's recognised partnership with Trade Union representatives, including their active role in Board strategy sessions and forums such as the Corporate Partnership Forum and WASPT, has further strengthened the equality dimension of this programme. Trade Union partners have acted as advocates for colleagues with protected characteristics, contributing to accessible communication materials and shaping the equality commitments of the programme.

Throughout its development, the IMTP has been subject to iterative review with the Joint Commissioning Committee (JCC), ensuring alignment with commissioning intentions and system-wide priorities. Engagement with the Interim Ambulance and 111 Commissioning Group, JCC Development Sessions (including Health Board CEOs), and informal discussions with senior JCC colleagues have enabled a shared understanding of the programme's equity and inclusion considerations.

Furthermore, the Head of People and Engagement plays a pivotal role in assessing the IMTP and associated transformation initiatives through an equality's lens. This oversight ensures that actions are in place to address the specific challenges faced by people with protected characteristics in accessing and benefiting from our services, and that the Trust is compliant with the Public Sector Equality Duty.

As a result, the programme has been shaped by a holistic and inclusive approach to planning and engagement, reflecting the Trust's commitment to connecting systems, connecting people, and creating choice—while ensuring equity and accessibility are embedded at each stage of design and delivery.

Key document references:

[EQIA IMTP 25-28 v2 7.3.25.pdf](#)

Trust Wide Staff Engagement and Consultation

The Trust uses a range of well-established mechanisms to routinely listen to its people. These include WAST Live – a regular interactive forum where the Executive Team provides updates and responds directly to staff questions – and CEO Roadshows, which offer twice-yearly, in-person opportunities for direct dialogue with staff across Wales. These sessions increasingly include dedicated discussions on the CMT Programme, enabling colleagues to raise questions, share local insight, and contribute to shaping service redesign.



Staff perspectives are further informed through structured cultural and workforce metrics, analysis of the NHS Staff Survey, and the work of staff networks, which promote inclusion and a sense of belonging. This feedback loop helps the programme team to identify emerging risks, workforce pressures, and areas where service transformation may require additional support or adaptation to ensure safe, sustainable implementation.

Clinical Model Transformation Workshops

A high-level concept of the future clinical service model, referred to then as “Inverting the Triangle”, was developed in 2021/22, and formed a key discussion point with internal stakeholders as part of the CEO Roadshows in October 2021. This initiated several internal stakeholder workshops to understand ongoing challenges and explore the possibilities of a new clinical service model.

An initial internal workshop, held in December 2021, with representatives from Strategy, Planning & Performance, Medical & Clinical, Quality and Operations directorates, explored the first steps required to developing the transformational change to the clinical response model. The output of this workshop produced an emerging first version of the future clinical service model.

A secondary internal workshop, held in February 2022, with leads from across all directorates, further explore the future clinical services model and enabling functions. The output highlighted the need to undertake a comprehensive stakeholder analysis to ensure key partners and influencers were involved, supported and shaped the future vision of the Trust.



Engagement commenced with Trade Union Partners in May 2022, the workshop explored the emerging ideas and opportunities within the future model, and to identify how we best engage and involve our people.

In May 2024, it was agreed that the “Inverting the Triangle” concept required dedicated time and space to evolve into a formal programme of work. A 5-day collaborative workshop was held with internal stakeholders to support the design of the future clinical services model,

and to develop the implementation and delivery approach required for the programme. The output to this identified a requirement for a Clinical Model Transformation Programme and 5 key priorities to be delivered as part of Phase 1 of the programme.

A 2-day collaborative workshop held in January 2025, gave opportunity for internal stakeholders to reflect and commenced the planning for Phase 2 of the programme. Phase 2 delivery commenced in April 2025, and it is anticipated that further collaborative workshops will be held as progress is made to deliver the CMT Programme.

4. Stakeholder Identification

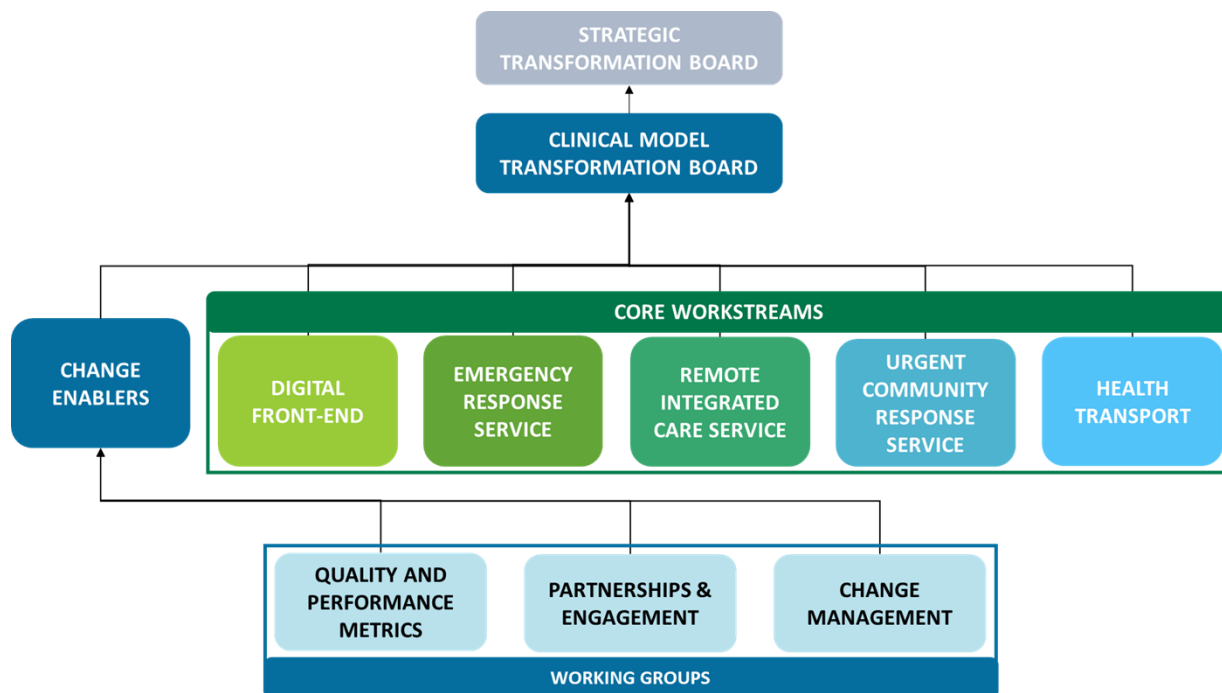
As part of our ongoing plans to evolve and develop the future clinical services model, we are engaging and collaborating with a diverse range of stakeholders. Through our comprehensive stakeholder mapping process, we have identified three key stakeholder groups (listed below) that are crucial to this initiative and subject to the EQIA. These groups will play a significant role in shaping and refining our clinical services model to ensure it meets the needs of all involved.

Group 1: Key Political & System Stakeholder	Group 2 – External Stakeholders & Partners	Group 3 – Patient, Public & Local Communities
<ul style="list-style-type: none"> • Welsh Government • Senior Civil Servants • Commissioners • Senior Health Board Leadership • Patient Advocacy Groups (Llais) 	<ul style="list-style-type: none"> • Clinical Engagement • System / Programme • Health Board • Patient Advocacy Groups • Professional Bodies 	<ul style="list-style-type: none"> • Members of the Public • Local Communities • Patients and representatives • Regional Health Boards

The assessment and understanding of the impact of planned changes on specific staff groups will be undertaken within individual workstreams. Given the scale and complexity of the programme, each workstream will identify and evaluate how their specific changes will affect different staff groups. This approach ensures that those with the most direct understanding of the proposed changes and their local context take ownership of this vital process, enabling a more accurate and meaningful assessment. As many of the planned changes are still being defined, it will be essential to embed change impact assessment as an ongoing, iterative process. Support and guidance will be provided to workstreams to ensure they have the tools, frameworks and expertise needed to conduct thorough and effective change impact assessments.

5. Programme Delivery and Assurance

Programme Governance



The CMT Programme is structured around five core Workstreams and three cross-functional Enabling Groups, all of which report into the overarching CMT Board (the Sponsor Group). This Board provides a forum for holistic oversight, strategic prioritisation, and vision setting. The CMT Board convenes every six weeks, aligned with the Strategic Transformation Board (STB), and reports into the bi-monthly Finance & Performance Committee.

In addition to the formal six-weekly Programme Board meetings, Executive Sponsors and Senior Responsible Owners (SROs) for the five core Workstreams meet informally on a fortnightly basis to discuss emerging issues and provide strategic direction. A smaller SRO group, which includes representatives from the three cross-functional Enabling Groups, also meets informally every two weeks to support operational coherence and alignment.

Projects and initiatives are delivered under each of the five core Workstreams, each with an appointed Executive Sponsor and SRO. Responsibility for ensuring that EqlAs are completed, where required, sits with the respective Workstream SRO. The Transformation Support Office will provide guidance and oversight, maintaining a programme-wide record of EqlA status as part of robust governance and assurance processes.

Early and ongoing engagement with EDI and PECl teams will be actively encouraged and championed by programme leadership, to ensure that equality and inclusion considerations are embedded throughout programme design, delivery and evaluation.

EDI Definition Document Approval Route

The CMT Board will be responsible for formal approval of this EDI Definition Document following local sign-off by the Head of Inclusion and Engagement (see Version Control). Once endorsed by the Head of Inclusion and Engagement, the EDI Definition Document will be shared with all CMT Board members, and a 10-working day consultation period will commence. Feedback and recommendations will be collated from Board members and incorporated into the final EDI Definition Document submission. This will then be formally presented to the CMT Board for approval, with the Board's decision recorded within the Programme Decision Log and CMT Board minutes and noted in Version Control.

6. Quality Assurance

The primary driver for transitioning to an evolved clinical services model is to improve clinical outcomes and reduce the risks and harm faced by patients in our communities. The goal is to ensure that all patients receive safe, timely care, with the right advice or intervention, in the right place, every time.

The programme's quality management approach is supported by established clinical and operational governance structures, primarily through the Clinical Quality and Governance Group (CQGG) and the newly established Clinical Advisory Group (CAG). The CAG provides clinical oversight and expert guidance on complex issues in alignment with strategic programme objectives, ensuring that clinical standards are maintained throughout the transformation.

Operating as a subgroup of CQGG, the CAG advises on clinical safety, integrates diverse clinical perspectives, and upholds ethical standards, thereby reinforcing consistent quality assurance. The CAG will convene regularly throughout the lifecycle of the programme and will formally report into CQGG via regular AAA reports, ensuring that quality management processes remain transparent, systematic, and aligned with WAST's strategic goals.

The proposed clinical model aligns with the legal requirements set out in the Duty of Quality Act, which mandates NHS organisations to foster a culture of continuous improvement in healthcare quality. This model focuses on enhancing the quality of services and health outcomes for the population on an ongoing basis.

Here is how our approach addresses the six key quality domains:

Safe – We will enhance patient safety by prioritising those most in need. By enhancing clinical decision-making early in the call process, we can better assess individual patient needs and ensure the appropriate service is delivered to resolve care episodes safely.



Timely – Enhancing our ability to identify clinical needs will allow us to tailor services based on patient urgency. This will enable us to preserve ambulance resources for those in critical need while providing timely, remote care and personalised care plans for patients with less urgent conditions.

Efficient – Our goal is to deliver optimal clinical outcomes by accurately assessing and addressing each patient's unique needs. Through personalised care planning, we can provide the right care and advice, ensuring resources are used effectively to achieve the best outcomes.

Person-centred – By leveraging clinical information earlier in the pathway, we can better identify the services that meet each patient's individual needs. This approach ensures more personalised and tailored care plans, providing a safer and more appropriate resolution to each care episode.

Equitable – We will prioritise proactive removal of barriers, individualised care, and will include diverse voices in the design and delivery of our evolving clinical services model.

Efficient – Clinically informed decision-making will ensure that patients receive the right care at the right time, reducing unnecessary touchpoints and ensuring that responses align precisely with their needs.

A Quality Impact Assessment (QIA) will be completed for each workstream to objectively assess the impact of planned changes against the six key quality domains and to risk assess and plan mitigation against any negative impact on the quality-of-service delivery. The Clinical Quality Governance Group (CQGG) will be responsible for formal approval of QIAs as the established organisational governance route, and copies of approved QIAs will be shared with CMT Board for information and programme assurance. In line with existing clinical quality governance arrangements, approved QIAs will also be shared with the Quality Experience & Safety Committee (QuEST) for information and audit.

7. Research & Data Sets

The following publications have been used to inform the CMT Programme and support the aims of the programme to improve the health and wellbeing of the people of Wales.

[Working Together for a Healthier Wales - Public Health Wales](#)

Health in Wales

The Covid-19 pandemic has had significant effects on the people of Wales, and its social and economic consequences have been felt unequally across our society. They have disproportionately affected those who already had the greatest health and social needs. In Wales, life expectancy and healthy life expectancy have failed to increase over the last decade, and we continue to see obvious and continuing inequalities in health.

Typically, people living in the poorest parts of Wales already die more than six years earlier than those in the least deprived areas. The current cost-of-living crisis will add to what were already increasing differences in health between the well-off and the less well-off.

'Rising to the Triple Challenge of Brexit, Covid-19 and Climate Change for health, well-being and equity in Wales', shows that the people of Wales have been significantly affected by all three of these

challenges. For example, Brexit, Covid-19 and climate change have affected employment, trade and other factors which affect people's health, such as alcohol use, the cost of food, and mental well-being.

Wales is a country:

- with an ageing population and low fertility rate, which will increase our dependency ratio (the number of dependants aged from 0 to 14 and over 65, compared with those aged 15 to 64) in the future;
- which has clear and continuing health inequalities, with healthy life expectancy for women and men almost 17 and 12 years lower in the most deprived areas compared with the least deprived;
- where the gap between the least and most deprived areas in Wales for premature deaths from non-communicable diseases (those not caused by an infection) has been increasing in recent years, and the rate of premature deaths from this cause is now almost two and half times greater in the most deprived areas compared with the least;
- where around one-third of people are following less than three of the five 'healthy behaviours';
- where 1 in 7 of adults in Wales smoke;
- where loneliness is twice as likely among people living in the most deprived areas; and
- where there is a large backlog of patients waiting for treatment (at January 2023, there were around 576,000 patients on treatment waiting lists in Wales).

[Population and household estimates, Wales - Office for National Statistics](#)

The population Census Data from 2021 and NHS research projects allow us to anticipate population health needs over the next 10 years and beyond. The data is already showing an ageing population with increasing health and wellbeing needs. An increase in migration and in people with a disability will also have an impact upon how we plan to deliver effective healthcare services to meet the needs of the people we serve.

The 2021 Census shows us that Wales has seen an increase in migration and ethnic diversity with a growing Polish and Romanian population. Polish was the most common main language after English or Welsh followed by Arabic. Approx 900 people in Wales use British Sign Language (BSL) as their main language.

Other publications also support the aims of the CMT and demonstrate we need to change the way in which we deliver our services.

[Age friendly Wales: our strategy for an ageing society \[HTML\] | GOV.WALES](#)

[Understanding-Wales-ageing-population-5.4.pdf](#)

[Learning disability delivery and implementation plan 2022 to 2026 \[HTML\] | GOV.WALES](#)

8. Strategic and Policy Alignment

Long-Term Strategy

'Delivering Excellence', the Trust's long term strategic framework sets out an exciting future vision for the organisation up to 2030. The strategy articulates the organisational ambition to become a trusted provider of high-quality care, ensuring patients receive the 'right advice and care, in the right place, every time', with an increasing emphasis on managing and resolving more care closer to home.

The strategy recognises the important role the service must play to respond to the changing health needs of the population, whilst playing a more integral role across the health and care system to help reduce pressure and flow across secondary care services.



A core element of the strategy focuses on the opportunity to transform the clinical services model. To date our service transformation ambitions have been visualised through the concept of 'Inverting the Triangle'. This concept focussed primarily on transforming our response to patients who call 999 - moving away from the traditional ambulance model of care of clinical logistics and conveyance to a future where the majority of care needs are met and resolved in or close to the patient's home.

The principles of this concept still hold true. But working across such a complex and interconnected health and care system, we want to broaden our thinking and adopt a more holistic approach to maximise the benefits for our patients and the wider health system by bringing our 999, NHS 111, and Ambulance Care services closer together as an integrated offer.

Integrated-Medium Term Plan 2025 – 28

The Trust's Integrated Medium-Term Plan (IMTP) outlines our strategic vision and the steps we will take to enhance and improve our services, ensuring that we continue to meet the needs of the public & our patients, our people and our partners across Wales.

We know that too many patients continue to come to harm, have poor experiences of care, and have difficulties in navigating our complex health and care system meaning they don't always get the right care or advice in the right place at the right time.

Over the last 12 months, the CMT Programme has been established to intensify the focus on evolving our clinical model to deliver the excellent, personalised care that remains at the heart of our Long-Term Strategy, and our IMTP.



Wellbeing and Future Generation Act

The CMT Programme is closely aligned with the principles and ambitions of the Well-being of Future Generations (Wales) Act 2015. The aim of the Act is to ensure that public bodies across Wales are working together to ensure that Wales develops as a prosperous, culturally rich, economically vibrant, healthy and well educated country, where people can thrive both at work, and at home.



The CMT Programme exemplifies these principles through its ambition to design sustainable, equitable, and clinically-led models of care that respond to the evolving needs of the population. By supporting access to care closer to home, reducing unnecessary hospital conveyance, and improving coordination across the health and care system, the programme makes a meaningful contribution to prevention and long-term health outcomes.

Collaboration with Health Boards, third sector organisations, and local communities is central to the programme's approach, ensuring that care pathways are designed inclusively and reflect local needs and priorities. The

emphasis on engagement, co-design, and continuous improvement reinforces the involvement principle, helping to shape services around the people who use and deliver them.

By contributing to a more integrated and responsive urgent and community care system, the programme supports the delivery of a healthier, more resilient Wales, and plays an important role in ensuring the Trust meets its duties under the Act.

Strategic Equality Plan

[Strategic Equality Plan 2024-2028 Welsh Ambulance Service NHS Trust](#)

The Trust's 4-year Strategic Equality Plan sets out the Trust's commitment to eliminate discrimination and improve equity for all. This programme of work supports all four of our Strategic Equality Objectives to:

- Design equitable services
- Be an employer of choice
- Lead by example
- Create allyship

People and Culture Plan

Our People and Culture Plan 2023-2026 is designed to cultivate a supportive and inclusive environment for our people, which in turn acts as an enabler for the successful implementation of the CMT Programme.

In terms of developing a skilled and adaptable workforce, the Plan emphasises the importance of continuous professional development, ensuring that our people possess the right skills; this is key to ensuring our people are able to deliver changing services.

By focussing on creating an environment where colleagues feel valued and supported, the Plan enhances employee engagement and motivation. An engaged workforce is more likely to embrace and drive the changes proposed in the Clinical Model Transformation Programme, leading to improved patient outcomes and service efficiency.

Aligned with this, the Plan sets out our ambition to build change capability and capacity across the organisation and to ultimately embed change management principles as core leadership skills and competencies. This focus on developing change-ready leaders and teams ensures that change management becomes an integral part of how we work, enabling more effective and sustainable transformation. Effective change management will be vital to the success of the Clinical Model Transformation Programme, helping to drive adoption, minimise resistance and deliver meaningful, lasting impact.

The Plan's focus on digital readiness ensures that our people are equipped with both the technology and the skills to utilise it effectively; this digital competence will be crucial for elements of the programme.

By developing leaders who embody inclusive and compassionate leadership, the Plan ensures that there is strong guidance to navigate the complexities of clinical transformation. Effective leadership is essential for managing change and creating a culture that supports innovation and continuous improvement.

The Plan addresses the need for a sustainable workforce, aligning staffing levels and skills with the demands of the service. This proactive approach to workforce planning ensures that the right people are in place to deliver our clinical services.

In summary, the People and Culture Plan 2023-2026 provides a robust framework that not only aligns with but also facilitates the objectives of the Clinical Model Transformation Programme. By focusing on workforce development, engagement, digital readiness, leadership and sustainability, the Plan aims to enable creation of the necessary conditions for programme success.



Welsh Government Six Goals Programme



The Welsh Government Six Goals Programme has been established at a national and local level to support improvement in the urgent and emergency care system. The Trust has a vital role to play across each of the goals, and our Long-Term Strategy and Clinical Model Transformation Programme aligns with the goals and priorities set out in this policy.

The Six Goals programme is identified as a high priority stakeholder group within the PEP. Proactive engagement and collaboration is required to ensure strategic and operational alignment with changes across the Urgent & Emergency Care system and presents an opportunity as a mechanism to help support and deliver wider system improvements to underpin the proposed changes to the Clinical Services Model.

9. Programme Communication & Engagement Plan

To effectively communicate progress with service users, staff, and stakeholders throughout the CMT Programme, we will implement a comprehensive change management strategy based on the ADKAR model, which guides individuals through the stages of change.

ADKAR Model Stages



Awareness: Raising awareness about the programme's purpose, key milestones, and benefits through whole organisational comms and workstream-specific resources.

Desire: Addressing why this change matters, focusing on what's in it for all colleagues and the entire organisation through leadership visibility, Trade Union partnerships, two-way feedback channels, and clear messaging.

Knowledge: Providing detailed training and resources, including FAQs, role-specific guidance, and super-users, via support from Change Leads embedded in the workstreams.

Ability: Ensuring colleagues have the time, space, tools, training, and support they need to adopt new processes through hands-on support, regular check-ins, and mentoring.

Reinforcement: Celebrating successes and milestones and reinforcing new ways of working through continuous feedback loops, recognition, and ongoing support.

By implementing these mechanisms, we aim to foster a transparent, inclusive, and responsive communication environment throughout the transformation process.

Change management is necessary to ensure that everyone understands, accepts and supports the changes happening within the organisation. This approach will allow us to tailor our communications and engagement plans at each stage of the change process to meet the varying needs of our stakeholders.

To ensure comprehensive and effective communication, we will implement a multi-faceted approach that includes whole organisation, targeted, and proactive communications and engagement strategies.

Whole Organisation Communications and Engagement: We will provide regular updates at 4-6 weekly intervals through various methods including email communications, newsletters, videos, podcasts, infographics, surveys, and presentations. This ensures that everyone stays informed about the programme's purpose, key milestones, and benefits.

Targeted Communications and Engagement: These will be developed in line with commissioned requests and programme milestones. For example, the fortnightly updates via the RICS Roundup series (newsletter and video) will be extended across all workstreams as we embed this approach throughout the entire programme.

Proactive Communications and Engagement: A proactive change management internal communications plan will be developed upon completion of programme and workstream milestones and objectives. This will help us communicate effectively without overwhelming people with unnecessary information.

Ensuring Accessibility of Communications

To ensure that our communications are accessible to all stakeholders, we will implement the following strategies:

Inclusive Language: All communications will be crafted in clear, inclusive language to ensure they are easily understood by everyone, regardless of their role or background.

Multiple Formats: Information will be available in various formats, including written documents, videos, and audio recordings, to cater to different preferences and needs.

Accessibility Standards: We will adhere to accessibility standards, ensuring that all digital content is accessible to people with disabilities, including those using screen readers.

Opportunity for Feedback

We have established multiple feedback channels including surveys and dedicated email addresses where stakeholders can share their thoughts and concerns.

We will undertake regular interactive sessions like Q&A forums, focus groups, and workshops and these will be held to gather real-time feedback and address any issues promptly.

All feedback will be reviewed and integrated into the ongoing change management process, ensuring that stakeholder input is valued and acted upon.

Impact of Communication Strategies on Patient Experience

The communication strategies implemented during the Clinical Model Transformation Programme are designed to significantly enhance the patient experience in several ways:

- Clear, consistent, and inclusive communication ensures that patients are well-informed about their care plans, reducing confusion and anxiety
- Regular updates and transparent communication build trust, leading to higher levels of patient satisfaction
- By providing information in multiple formats and languages, patients are more likely to engage with their care, leading to better adherence to treatment plans and improved health outcomes
- Establishing feedback channels allows patients to voice their concerns and suggestions, ensuring that their needs and preferences are considered in the care process
- Tailoring communication to meet the specific needs of different patient groups ensures that all patients receive relevant and understandable information, enhancing their overall experience

By prioritising effective communication, we aim to create a more patient-centered healthcare environment that fosters trust, engagement, and satisfaction.

10. Monitoring Impact & Outcomes

Patient Experience & Community Involvement

Through its continuous engagement model, PEI engages with the public, patients, their carers and families to understand how they experience the services provided by the Trust. People's experience feedback, once captured, is shared internally, and is fundamental to enhancing the patient experience and identifying areas for improvement or celebrating and building on what is working well.

The team will continue to systematically collect, analyse and utilise feedback to help shape our service priorities and improvements, using thematic analysis to identify and monitor any impacts on patient experience related to our evolving clinical services model. Aligning with the national ambition for an 'Always On' system, the PEI team is also embedding a structured approach to capturing positive feedback in real time, ensuring that every opportunity to learn from what is working well is maximised. This will include continuous monitoring of feedback through four core surveys that are always available to the public via the Trust website, with survey responses/ feedback reported to the weekly Quality Management Group. Feedback will be used to service redesign and delivery plans, supported by strong PEI representation across the programme including the Partnerships & Engagement Workstream Group.

- 999 EMS - Experience Survey
- NHS 111 Telephony service – Experience Survey
- NHS 111 Website – Experience Survey
- Non-Emergency Patient Transport Service (NEPTS) – Experience Survey

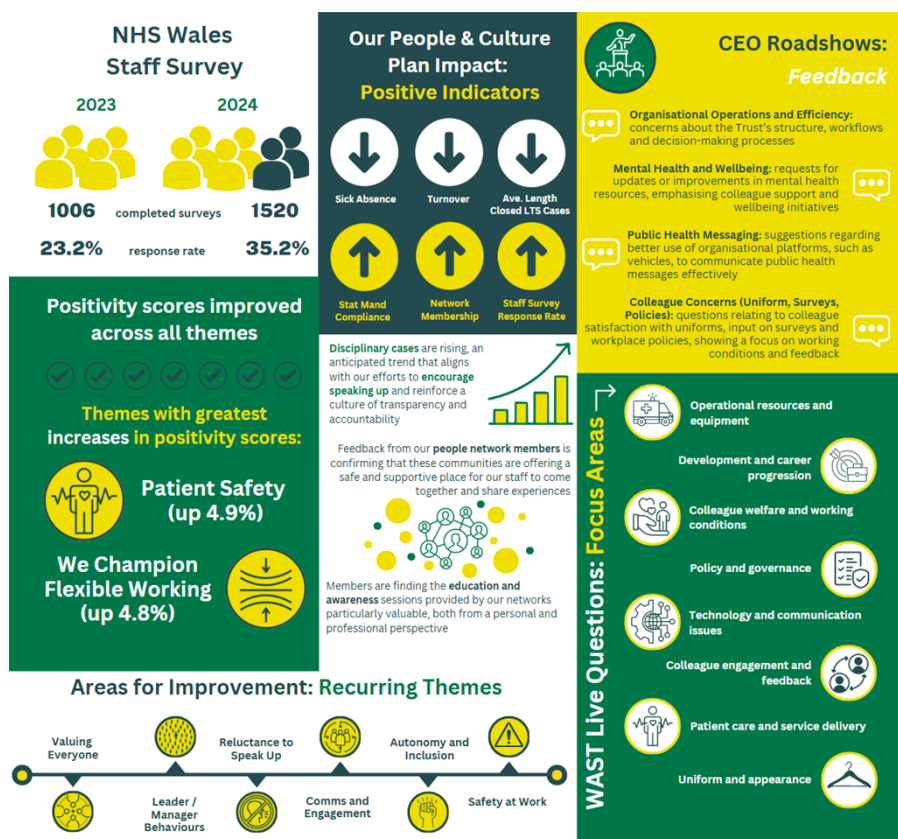
Staff Experience and Wellbeing

The Trust maintains a strong commitment to understanding and improving the lived experience of its staff. This is particularly important in the context of the CMT, where operational changes have a direct impact on roles, responsibilities, and working environments.

Staff feedback is routinely gathered through a range of established mechanisms, including the NHS Staff Survey, Cultural Early Warning Indicators, WAST Live sessions, and CEO Roadshows. These platforms allow staff to share their experiences, raise concerns, and shape organisational priorities. Insights gained from these channels are routinely analysed and used to inform both service planning and workforce development initiatives.

In addition to these Trust-wide processes, the CMT Programme has implemented programme-specific staff engagement and survey activity to understand the impact of transformation on those directly involved. A dedicated staff survey was undertaken in January 2025, with findings used to shape changes in programme delivery and inform local implementation plans. This feedback directly led to adjustments in communication and engagement processes, demonstrating a person-centred approach to continuous improvement.

The programme is committed to ongoing dialogue with its workforce, recognising that continuous feedback is essential to delivering sustainable change. As the programme progresses, staff experience will be monitored through a combination of programme-specific surveys, targeted engagement sessions, and integration of staff-related indicators within quality and performance frameworks. This balanced approach will ensure that staff impact is considered alongside service and patient outcomes, enabling a more holistic understanding of the effects of transformation. Regular feedback cycles will support iterative improvement, ensuring that the programme continues to reflect the needs and insights of those delivering care on the front line.



11. Integrated Impact Assessments

Equality Impact Assessment

As part of this Equality Impact Assessment, each of the nine protected characteristics, alongside other key groups identified as experiencing potential health inequality, have been individually assessed. The purpose of this assessment is to consider both the positive and negative impacts of the Clinical Model Transformation Programme, and to identify where individuals or groups may be disproportionately affected. This approach supports the Trust in fulfilling its statutory responsibilities under the Public Sector Equality Duty and in delivering equitable, person-centred services that reflect the diversity of the population we serve.

Theme	Impact	Mitigation
Age	<p>Positive Impacts:</p> <p>Personalised, age-appropriate care models – The CMT programme supports age-responsive care by improving access to tailored clinical pathways for both children and older people. Examples include service models aligned with the National Service Framework for Children, Young People and Maternity Services and the All Wales Falls Framework.</p> <p>Rapid clinical prioritisation – The introduction of Rapid Clinical Screening for 999 originating patients will enable quicker assessment of patients' clinical needs, which can be particularly beneficial for older adults who may have complex medical histories or multiple comorbidities. Early identification of age-specific needs, such as frailty or risk of falls, can lead to more appropriate and timely interventions, including identification of the most appropriate specialist response (e.g. Falls Response), reducing the likelihood of conveyance and admission.</p> <p>Similarly, younger patients, especially children and infants, can have different physiological responses to illness or injury, which may be overlooked in standard assessment protocols. The introduction of clinical review early in the patient journey provides the opportunity for early identification of higher-risk markers that were not recognised through MPDS assessment.</p> <p>Improved remote and digital access – The Digital Front End workstream will introduce symptom checkers and chatbot support which may particularly benefit working-age adults and parents seeking rapid, trustworthy health advice for themselves or children.</p>	

Theme	Impact	Mitigation
	<p>Enhanced care closer to home – The programme’s clinically-led ambition to reduce avoidable conveyance and instead provide remote or community-based care can especially benefit older adults, reducing risks of hospital-related deconditioning.</p> <p>Negative Impacts:</p> <p>Digital exclusion risk for older adults – Increased digitalisation of access to NHS111 Wales and remote clinical triage may disproportionately impact older adults, particularly those with low digital literacy or limited access to internet-enabled devices.</p> <p>Risk of reduced confidence in new pathways – Older people or carers of very young children may feel uncertain about transitioning from traditional service models (e.g. 999 conveyance) to newer models of remote assessment or digital self-care tools.</p>	<p>Mitigation:</p> <ul style="list-style-type: none"> • Ensure new digital tools are co-designed through the formal public and patient reference group; group establishment is a key deliverable within the IMTP 2025-28. • Use accessible UX standards. Apply Age UK and NHS digital usability standards to digital front ends. • Continued availability of our telephony services as a non-digital alternative, maintaining flexibility and choice. • Implement clear, age-appropriate public messaging to explain changes and maintain trust, particularly around emergency care access for children and frail older adults.
Disability	<p>Positive Impacts:</p> <p>Personalisation and reasonable adjustments – The programme builds on digital and data infrastructure (e.g. new EPCR “Needs” tab) that enables staff to better identify patients with learning disabilities, autism or neurodivergence, and make appropriate reasonable adjustments.</p> <p>Clinically determined response priority – Rapid Clinical Screening (RCS) will improve experience and outcomes for our most complex patients such as those with learning disabilities or dementia. These patients can experience difficulties in articulating the significance of the medical emergency when prioritised using a scripted tool. Evidence also shows that patients in these categories may also present later and as such may have been experiencing symptoms for a protracted period before seeking help. RCS will allow appropriate response priorities to be applied and a personalised response by connecting patients to the most appropriate specialist response (e.g. Mental Health Response Vehicle), reducing the likelihood of conveyance and admission.</p>	

Theme	Impact	Mitigation
	<p>Supportive mental health focus – The evolving clinical model includes specific improvement priorities around mental health care, in both acute and crisis contexts, including the implementation of pan-Wales specialist Mental Health Response Vehicle cover.</p> <p>Enhanced staff awareness and culture – Through the PEGI engagement work and internal people plans, there is a focus on inclusive culture, including furthering the understanding of disability, neurodivergence and mental wellbeing. This is being supported by patient stories, mandatory training and digital system prompts.</p> <p>Negative Impacts:</p> <p>Digital barriers – The increasing digitalisation of care pathways and remote triage, if not inclusively designed or implemented, may inadvertently exclude individuals with cognitive, communication, or sensory impairments, or those who experience anxiety in digital environments.</p> <p>Capacity and mental health – People experiencing acute mental distress or cognitive impairment may struggle to engage with remote, digital or standardised assessment tools, risking inappropriate triage or unmet need.</p>	<p>Mitigation:</p> <ul style="list-style-type: none"> • Inclusive design principles embedded to ensure that chatbots, symptom checkers and self-care tools are accessible for people with communication or sensory impairments, including compatibility with screen readers and use of plain English/Welsh. • Continued availability of our telephony services as a non-digital alternative, maintaining flexibility and choice. • Reporting dashboard for the new ePCR “Needs Tab” will track key trends and enhance data capabilities with regards to learning disabilities, including autism and neurodiversity. • Data insights will inform training needs and support the integration of a learning disability specialist within the Remote Clinical Care Team. The data will be shared across clinical teams and governance structures to embed continuous improvement, aligning with the Health and Social Care (Quality and Engagement) (Wales) Act 2020.

Theme	Impact	Mitigation
Sexual Orientation	<p>Neutral Impact: No direct differential impact identified – The service delivery changes proposed through the CMT Programme are not expected to disproportionately affect people based on this characteristic. Access to services, clinical triage, and decision-making are guided by presenting clinical need and best practice.</p>	
Gender Reassignment / Gender Identity	<p>Neutral Impact: No direct differential impact identified – The service delivery changes proposed through the CMT Programme are not expected to disproportionately affect people based on this characteristic. Access to services, clinical triage, and decision-making are guided by presenting clinical need and best practice.</p>	
Sex / Gender	<p>Neutral Impact: No direct differential impact identified – The service delivery changes proposed through the CMT Programme are not expected to disproportionately affect people based on this characteristic. Access to services, clinical triage, and decision-making are guided by presenting clinical need and best practice.</p>	
Race	<p>Neutral Impact (with potential Positive Impact): The programme is designed to deliver equitable access to emergency, urgent and community-based care through the rapid identification of critical care needs, and clinically-led, person-centred pathways. While the programme does not introduce specific changes relating to race or ethnicity, its overarching ambition to reduce fragmentation and improve timely access has the potential to positively impact racially minoritised communities, many of whom currently face disproportionate barriers in navigating the healthcare system.</p> <p>However, the impact cannot be assumed to be uniformly positive. Evidence from national reports and patient experience feedback indicates that individuals from Black, Asian and minority ethnic backgrounds may face language barriers, cultural misunderstanding, and systemic bias that can affect both their access to care and the quality of care received. Without targeted action to address these risks, there is potential for existing disparities to persist or widen under the new model.</p> <p>An opportunity for a positive impact with regards to Race is in the development of the Digital Front End. Enhancements such as enabling the public website to be navigable in multiple languages could provide a more accessible and trusted route into services for individuals who are not confident in English or Welsh. This may particularly benefit those for whom digital interaction is preferred over telephone-based services, where accents, dialects, or confidence in spoken communication can act as barriers. However, this must be balanced by ensuring non-digital alternatives remain accessible to those who are digitally excluded.</p>	

Theme	Impact	Mitigation
Religion and Belief	Neutral Impact: No direct differential impact identified – The service delivery changes proposed through the CMT Programme are not expected to disproportionately affect people based on this characteristic. Access to services, clinical triage, and decision-making are guided by presenting clinical need and best practice.	
Pregnancy and Maternity	Positive Impacts: Community-based models – As the clinical model evolves, the emphasis on care closer to home and reducing unnecessary conveyance may benefit new mothers or those in late pregnancy, for whom long waits or travel to ED may present physical and emotional challenges.	
	Negative Impacts: Potential triage ambiguity – Without clear protocols or training, there is a risk of under-recognising obstetric emergencies within non-specialist triage systems or through digital pathways, which may lead to delayed care.	Mitigation: <ul style="list-style-type: none"> • Robust clinical guidelines and decision support tools to ensure pregnancy-related concerns are rapidly identified and escalated appropriately. • Specialist input into pathway design, ensuring maternity and neonatal leads are actively involved in the design and governance of care pathways. • The Online Symptom Checker tool will meet all contemporary clinical standards, including the NICE Evidence Standards Framework for Digital Health Technologies, and DCB0129 compliance (Clinical Risk Management Standard). • Track and analyse any complaints, incidents or patient stories related to pregnancy and maternity to identify patterns and inform continuous improvement.
Marriage and Civil Partnership	Neutral Impact: No direct differential impact identified – The service delivery changes proposed through the CMT Programme are not expected to disproportionately affect people based on this characteristic. Access to services, clinical triage, and decision-making are guided by presenting clinical need and best practice.	
Unpaid Carers	Neutral Impacts: No direct differential impact identified – The service delivery changes proposed through the CMT Programme are not expected to disproportionately affect people based on this characteristic. Access to services, clinical triage, and decision-making are guided by presenting clinical need and best practice.	

Theme	Impact	Mitigation
Socio-Economically Disadvantaged	<p>Positive Impacts:</p> <p>Equity-driven service design – Use of modelling tools (e.g. ORH, Optima) to align resources with community need, including areas with high deprivation. This supports the delivery of more equitable access across Wales, especially in under-served and rural communities.</p> <p>Reduced conveyance and improved local care – The shift toward care closer to home may be particularly beneficial for individuals with limited means, helping to reduce reliance on hospital transport and mitigating indirect costs (e.g. travel, childcare, lost income due to extended ED stays). The approach supports the prudent healthcare principle of care closer to home and reinforces resilience within communities.</p> <p>Public health and prevention focus – The programme supports the Trust’s broader commitment to improving health outcomes through population health strategies, which includes action on the wider determinants of health that disproportionately affect socio-economically disadvantaged communities (e.g. transport barriers).</p>	
	<p>Negative Impacts:</p> <p>Digital poverty – Increased reliance on digital access points (e.g. symptom checkers, online triage, chatbot services) may exclude individuals without consistent internet access, devices, or sufficient data literacy.</p> <p>Compounded access challenges – People in deprived communities may face multiple, intersecting barriers (e.g. poor housing, food insecurity, low health literacy), which can compound health inequalities and impact engagement with new care pathways.</p>	<p>Mitigation:</p> <ul style="list-style-type: none"> • Maintain and clearly promote non-digital access options (e.g. telephone triage, paper information, face-to-face access via community services) to avoid excluding those experiencing digital poverty. • Work with third sector and community partners to co-design inclusive services, particularly in areas with high deprivation. Use the public and patient reference group. Ensure new digital tools are co-designed through the formal public and patient reference group to hear lived experience and influence service models.

Intersectional Disadvantages

We recognise that individuals may face multiple, intersecting disadvantages which influence their ability to access and benefit from health services equitably. This includes people who experience more than one protected characteristic (e.g. race and disability, gender identity and socio-economic status), which can amplify barriers and impact experiences of care.

For example:

- An older adult with a disability living in a rural, deprived area may face compounded access issues due to mobility challenges, digital exclusion, and limited local service provision.
- A neurodivergent person from an ethnic minority background may face cultural, linguistic and communication barriers that affect how they interact with triage or digital tools.

These intersectional challenges can increase the risk of poorer health outcomes, delayed access to care, and reduced trust in the healthcare system. The availability and accessibility of services, which can vary significantly by geography and local commissioning arrangements, may further intensify these disparities, particularly in rural or socio-economically disadvantaged areas. This issue is explored in more detail within the Health domain of the Socio-Economic Impact Assessment.

The CMT Programme actively supports the Trust's Strategic Equality Objectives, with a clear commitment to inclusive service design and equitable access for individuals facing multiple and intersecting forms of disadvantage. Recognising that people's experiences are shaped by a combination of factors – such as age, disability, ethnicity, gender identity, and socio-economic status – the programme seeks to respond with sensitivity and flexibility through its design and delivery. A key part of this approach involves leveraging the Patient and Public Reference Group, which is intended to reflect the diversity of Wales and capture lived experiences across protected characteristics.

Socio-Economic Impact Assessment

This Socio-Economic Impact Assessment (SEIA) has been undertaken in line with the Trust's statutory obligations under the Socio-economic Duty. The Duty provides a framework for improving decision-making by ensuring that the potential impacts on individuals and communities who are socio-economically disadvantaged are fully considered. Through this assessment, the programme seeks to place tackling inequality at the heart of its design and delivery, aligning with the broader ambition to do things differently in Wales. It supports the Trust's commitment to delivering fairer, more inclusive services and builds upon existing good practice across public services.

Theme	Impact	Opportunity
Education	<p>Positive Impacts: The programme supports the Trust’s broader ambitions to add social value by enhancing access to employment and skills development, particularly for those facing educational disadvantage. Although not an education programme, the evolution of our clinical model is expected to generate new and evolving roles across clinical and support functions, creating opportunities for recruitment through local partnerships, apprenticeships, and volunteering pathways.</p> <p>This approach supports individuals – particularly young people and those furthest from the job market – by providing structured entry points into the healthcare workforce. These initiatives align with the Trust’s existing commitments to widening access and working with education providers and employability schemes across Wales.</p> <p>The programme also acknowledges that some patients may face challenges due to limited literacy or additional learning needs. To mitigate this, there is a clear commitment to inclusive service design, ensuring that communication methods and digital interfaces are accessible and understandable to all, regardless of educational background.</p>	
	<p>Negative Impacts: Literacy barriers – There is a potential risk that individuals with low literacy, limited health literacy, or learning disabilities may find it more difficult to engage with redesigned digital front-end access models – particularly tools that require digital navigation or symptom interpretation.</p>	<p>Opportunities:</p> <ul style="list-style-type: none"> • Ensure new digital tools are co-designed through the formal public and patient reference group; group establishment is a key deliverable within the IMTP 2025-28. • Apply plain language principles and visual aids across patient-facing materials and digital tools, ensuring accessibility for people with varying literacy levels. • Promote work placements, volunteering, and apprenticeships linked to the programme through community networks and outreach, with specific focus on under-represented groups.
Health	<p>Positive Impacts: The programme is fundamentally aligned with improving health outcomes for the population of Wales, with a particular emphasis on addressing variation in access and experience. The programme supports the delivery of care closer to home,</p>	

Theme	Impact	Opportunity
	<p>including a reduction in unnecessary conveyance to hospital and improved use of community pathways, which can directly benefit those who face barriers linked to poverty, transport, or complex social needs.</p> <p>The model is designed around clinically-led triage and decision-making, helping to ensure that patients with the greatest need receive the most appropriate care, regardless of socio-economic status. Use of advanced analytics (e.g. ORH and Optima) enables targeted resource allocation to areas with higher demand or evidence of unmet need, including rural and deprived communities.</p> <p>By reducing reliance on physical attendance at Emergency Departments and supporting more efficient care journeys, the programme also considers the hidden health costs of socio-economic disadvantage – such as stress, time off work, and difficulty attending follow-up care. It reinforces prudent healthcare principles by seeking to prevent harm and minimise waste.</p>	
	<p>Negative Impacts:</p> <p>Socio-economic deprivation – People living in socio-economic hardship may still experience difficulty navigating complex care systems or lack the confidence, transport, or digital access needed to fully benefit from some aspects of the new model. In particular, the cost and availability of travel for follow-up care or diagnostics, especially in rural areas, remains a system-wide challenge and is outside the full control of the Trust.</p> <p>Geographic variation in service provision – While the is designed to promote care closer to home and reduce reliance on Emergency Departments, the ability to deliver this vision consistently across Wales is influenced by geographic variation in community service provision. In rural areas and certain Health Board regions, the availability of community-based care and intermediate services remains limited or fragmented. This</p>	<p>Opportunities:</p> <ul style="list-style-type: none"> • The introduction of coordinated care planning within the CMT model provides a critical mitigation against health inequalities. By proactively arranging onward referrals and follow-up care, the programme aims to reduce the administrative and logistical burden on patients – particularly those facing barriers due to transport, digital exclusion, or health literacy. • Through integrated care planning, the Trust will work with both internal services (e.g. Non-Emergency Patient Transport Service) and external Health Board partners to enable timely, supported access to community-based care, helping to bridge the gap between initial contact and long-term condition management.

Theme	Impact	Opportunity
	<p>can result in uneven access to alternatives to hospital conveyance, undermining the programme's equity goals.</p> <p>Availability of referral pathways – Pathways available to WAST staff vary based on local commissioning decisions and/or agreement with service providers to accept WAST referrals. This means that patients in some areas benefit from more developed services than others, despite presenting with similar clinical needs. This disparity risks exacerbating existing health inequalities, particularly for socio-economically disadvantaged populations who may already face transport, digital, or housing-related access barriers.</p> <p>Complex needs barriers – Digital or telephone triage may not fully capture the needs of those with complex social circumstances, mental health needs, or communication barriers, unless staff are specifically trained to recognise these dynamics, and front-facing solutions are designed with and for users with a diverse range of accessibility requirements.</p>	<ul style="list-style-type: none"> • Ensure clinical triage training includes awareness of social determinants of health, to support holistic assessment and appropriate escalation. <p>The programme recognises that Health Board engagement is critical – both to maximise use of existing pathways and to co-design new models of care in areas of unmet need. The programme is committed to working collaboratively with regional partners to expand the scope of community-based options, strengthen escalation routes, and ensure that triage decisions are not constrained by geography. This commitment is demonstrated through the establishment of the Executive-led Partnerships & Engagement Enabling Group, commissioned to develop and deliver a comprehensive communication and engagement plan with key external political and clinical leaders.</p>
<p>Living Standards</p>	<p>Positive Impacts:</p> <p>The programme takes account of the broader impact of poverty and deprivation on people's ability to access and navigate health services. By redesigning care pathways to provide more clinically-led, timely and coordinated care closer to home, the programme directly supports individuals who may otherwise face financial and logistical barriers to reaching hospital-based care.</p>	

Theme	Impact	Opportunity
	<p>Groups more likely to experience poverty – such as those with disabilities, lone parents, and those living in areas of high deprivation – stand to benefit from a system that reduces unnecessary Emergency Department attendance, prevents deterioration in the community, and promotes earlier intervention through structured care planning.</p> <p>The programme also promotes person-centred triage and proactive referral, reducing fragmentation and supporting patients with complex needs who may otherwise fall between services. This is particularly important for those experiencing housing insecurity or socioeconomic instability, where continuity of care and support with navigation are critical.</p> <p>Negative Impacts: Socio-economic deprivation – Patients experiencing deprivation may still face practical barriers to accessing care – such as transport costs, unstable living conditions, or competing priorities (e.g. caring responsibilities, insecure employment).</p> <p>Some groups (e.g. those who are homeless or living in rural deprivation) may also be less likely to engage with digital access routes or may fall outside routine follow-up systems without active coordination.</p>	<p>Opportunities:</p> <ul style="list-style-type: none"> • Embed holistic care planning and referral pathways into the service model, enabling WAST to support individuals in accessing the most appropriate services and reducing dependence on self-navigation. • Collaborate with Health Boards, local authorities, and third sector organisations to ensure that patients with complex social needs are referred into appropriate community support networks, including transport schemes, housing advice, and welfare services. • Maintain non-digital access options for all key services and ensure that frontline staff are trained to identify signs of socio-economic vulnerability during triage or on-scene assessments. • Use equity data and lived experience feedback to monitor uptake and access by deprivation decile and adapt service delivery where required.
Work	<p>Positive Impacts: The programme is expected to generate a range of employment, apprenticeship, and volunteering opportunities as new clinical models are implemented and workforce roles evolve. These opportunities will support the Trust’s wider role as an anchor</p>	

Theme	Impact	Opportunity
	<p>institution, with a commitment to enhancing economic inclusion and improving access to meaningful employment across Wales.</p> <p>The programme will also involve the creation or adaptation of roles in areas such as clinical triage, care planning, digital health and mental health support. These roles provide opportunities for entry-level access as well as upskilling for existing staff, particularly through apprenticeships and career progression schemes. This approach supports individuals from low-income or economically inactive backgrounds, including those living in in-work poverty.</p> <p>By coordinating care more effectively and reducing delays in accessing the right service, the programme also helps patients maintain stability in employment, particularly those with long-term conditions who may otherwise experience frequent disruptions to work or require emergency care at short notice.</p> <p>Negative Impacts: Inequity of opportunity – There is a risk that some individuals, particularly those unable to work due to ill-health or caring responsibilities, may not immediately benefit from new employment or volunteering pathways if recruitment and training are not inclusive or flexible enough to accommodate diverse needs.</p> <p>Additionally, the shift towards more digitally-enabled roles and service delivery may disadvantage those without digital confidence or qualifications unless supported entry points are provided.</p>	<p>Opportunities:</p> <ul style="list-style-type: none"> • Ensure that recruitment and apprenticeship schemes linked to the programme include targeted outreach to economically disadvantaged communities and individuals currently excluded from the labour market. • Build in flexible working opportunities and supported learning pathways to accommodate those with health conditions, caring responsibilities, or limited prior qualifications. • Partner with education and employability providers to promote WAST careers in communities with high unemployment or work poverty, offering volunteering as a stepping stone into paid work. • Implement the Trust’s Digital Skills Strategy (2025–2030) and align it with the forthcoming People Development Plan, supporting staff to develop the

Theme	Impact	Opportunity
		<p>digital confidence and capabilities needed to thrive in an increasingly digitally-enabled environment.</p> <ul style="list-style-type: none"> • Monitor the demographic profile of applicants and successful candidates into new roles arising from the programme to ensure equity of opportunity across socio-economic groups.
Justice and Personal Security	<p>Positive Impacts: The programme supports improved access to care for individuals experiencing crisis or harm in their home or community environments. Through its commitment to person-centred triage, enhanced mental health pathways, and care planning, the programme provides opportunities to identify safeguarding concerns earlier and coordinate appropriate responses, particularly for those at risk of domestic abuse or coercive control.</p> <p>By enabling more care to be delivered in the home or local community, the model may also support individuals who are reluctant to attend Emergency Departments due to safety fears or past experiences of trauma. This is particularly relevant for vulnerable populations, including women, children, and individuals with insecure housing.</p> <p>Neutral Impacts: No direct negative impact identified – The programme does not directly impact policing, community safety infrastructure, or housing policy. However, it is designed to interact safely and effectively with these services through multi-agency working where safeguarding risks are identified.</p>	
Participation	<p>Positive Impacts: The programme is underpinned by a commitment to meaningful engagement with the public, patients, and staff, particularly those from under-represented or disadvantaged communities. Continuous engagement throughout the programme’s development – via CEO roadshows, patient experience surveys, and direct PECL-led activities – has ensured that diverse voices shape the evolving clinical model.</p> <p>The establishment of a Patient and Public Reference Group, planned for 2025–26, will provide an inclusive and sustained platform for individuals from different socio-economic backgrounds to contribute to service design and evaluation. This will support broader participation in shaping healthcare and help reduce barriers experienced by people in deprived, rural or otherwise marginalised communities.</p>	

Theme	Impact	Opportunity
	<p>The programme's focus on equity and choice in access (e.g. through hybrid digital and non-digital channels) also contributes to inclusive participation, ensuring people can engage with services in a way that suits their circumstances and capabilities.</p>	
	<p>Negative Impacts: Under-represented groups – There is a risk that groups facing digital exclusion, language barriers, or mistrust of public services may remain under-represented in engagement activity unless proactive outreach is undertaken. Individuals with limited time or confidence, such as unpaid carers, shift workers, or those in insecure employment, may also find it difficult to participate in traditional engagement models.</p>	<p>Opportunities:</p> <ul style="list-style-type: none"> • Ensure the Patient and Public Reference Group includes representation from socio-economically disadvantaged communities, with accessible formats, flexible participation methods, and reimbursement for time where appropriate. • Collaborate with community and third sector partners to extend engagement reach into under-served or disengaged populations, using trusted intermediaries to build relationships and capture insight. • Continue to promote non-digital routes to engagement and information-sharing, ensuring that those without internet access or digital skills are not excluded from participating in service shaping or feedback processes.

Welsh Language Impact Assessment

WAST is fully committed to promoting and facilitating the use of the Welsh language in line with its statutory responsibilities under the Welsh Language (Wales) Measure 2011 and the associated Welsh Language Standards. This commitment is deeply embedded in the organisation's values and is a central feature of the Trust's Integrated Medium-Term Plan 2025–28, which seeks to provide a service in Welsh without having to ask for it and having the Welsh language as visible as the English language.

While this programme does not include discrete Welsh language initiatives, it is being delivered in full compliance with the Trust's Welsh Language Policy, the Welsh Language Standards, and the More Than Just Words Action Plan 2022–27. These policies ensure that all new or modified services, including those delivered digitally, are accessible to Welsh speakers and promote the principle of the Active Offer – where services in Welsh are provided proactively, without the user needing to request them.



In particular, as part of our programme's focus on enhancing digital access and tools (e.g. enhanced symptom checkers and improvements to the NHS111 Wales website), we will ensure that all patient-facing content is bilingual and meets accessibility standards. We will also continue to support the positive improvements in the NHS 111 service, promoting the recruitment of Welsh-speaking call handlers and Welsh language confidence-building for NHS 111 staff.

Moreover, the programme's alignment with the wider IMTP ensures that ongoing progress to increase bilingual capability across the workforce – such as promoting the mandatory Welsh language awareness course and increasing compliance in the number of staff completing it – will enhance the user experience for Welsh speakers accessing digital and telephone-based care.

To further improve our compliance with the Welsh Language Standards and introduce an element of objectivity, a Welsh Language standards baseline has been developed which will be promoted across the Trust. This will be a key tool through which Welsh Language can be considered across the programme and will be promoted by Programme leadership.

In accordance with Standard 110 of the Trust's Welsh Language Standards Compliance Notice, the Trust must also develop a Welsh Language Clinical Consultation Plan that sets out objectives and actions to increase the organisation's capacity to undertake clinical consultations in Welsh. This is particularly significant given that the introduction of Remote Integrated Care – a cornerstone of the new clinical model – will increase the number of patients accessing clinical consultations remotely.

This programme contributes directly to the Trust’s strategic ambition of embedding bilingualism as business as usual. By ensuring parity of service for Welsh speakers, we aim to strengthen the accessibility, inclusivity and cultural competence of the care provided across our system – supporting our broader goals of connecting systems, creating choice, and improving health equity for all people in Wales.

Theme	Yes/No	Rationale
<p>Will the proposal ensure that patients and carers can choose to live and receive services through the medium of Welsh?</p> <p>Will the proposal have a positive effect on opportunities for persons to use the Welsh language?</p> <p>Will the proposal encourage staff to use Welsh in the workplace and to have opportunities to learn and improve their Welsh?</p>	<p>Yes</p>	<ul style="list-style-type: none"> • Current processes to access services bilingually will be followed. • All public facing communications will be available in both Welsh and English. • All aspects of the 111.Wales website will be available bilingually, ensuring equitable access to digital services. This will include the Chatbot and Online Symptom Checker, increasing opportunities for people to receive information or access information in Welsh. • We will continue to promote the recruitment of Welsh-speaking staff, encouraging the use of Welsh in the workplace, and increasing our capacity to offer services bilingually. • In accordance with Standard 110 of the Trust’s Welsh Language Standards Compliance Notice, the introduction of a Welsh Language Clinical Consultation Plan will further encourage staff to use Welsh in the workplace.
<p>Will the proposal act as a catalyst for Welsh cultural awareness, understanding, activity and integration?</p>	<p>Yes</p>	<ul style="list-style-type: none"> • The transformation of our digital front-end will increase our ability to deliver our digital services through the medium of Welsh. Welsh speakers will benefit from the ability to self-service using an updated Online Symptom Checker tool, offering a safe and convenient alternative to the 111-telephony service. This will fully integrate the

Theme	Yes/No	Rationale
		<p>Welsh language into our digital provision and offer an alternative to the 111-telephony service for non-first language English speakers.</p>
<p>Will the proposal increase the department/division's ability to deliver services through the medium of Welsh?</p>	<p>Yes</p>	<ul style="list-style-type: none"> • The transformation of our digital front-end will increase our ability to deliver our digital services through the medium of Welsh. Welsh speakers will benefit from the ability to self-service using an updated Online Symptom Checker tool, offering a safe and convenient alternative to the 111-telephony service.
<p>Will the proposal treat the Welsh language no less favourably than the English language?</p>	<p>Yes</p>	<ul style="list-style-type: none"> • Current processes to access services bilingually will be followed, ensuring that Welsh speakers receive services to the same standard as those who access the same services through the medium of English. • All public facing communications will be available in both Welsh and English. • All aspects of the 111.Wales website will be available bilingually, ensuring equitable access to digital services. This will include the Chatbot and Online Symptom Checker, increasing opportunities for people to receive information or access information in Welsh. • We will continue to promote the recruitment of Welsh-speaking staff, encouraging the use of Welsh in the workplace, and increasing our capacity to offer services bilingually. • In accordance with Standard 110 of the Trust's Welsh Language Standards Compliance Notice, the introduction of a Welsh Language Clinical Consultation

Theme	Yes/No	Rationale
		Plan will further encourage staff to use Welsh in the workplace.