



West Midlands Ambulance Service

University NHS Foundation Trust



AGENDA

TITLE OF MEETING: Meeting of the Board of Directors

Wednesday 26 May 2021 at 10.00 hours

In view of the current National Emergency and the guidance on maintaining social distancing this meeting will be convened by electronic means through Microsoft Teams software.

Membership

| | | |
|------------------------|-------|--|
| Prof. I Cumming* | Chair | Non Executive Director (Chairman) |
| Prof. A C Marsh* | CEO | Chief Executive Officer |
| Ms W Farrington Chadd* | WFC | Non Executive Director (Deputy Chair) |
| Ms C Beechey | CB | People Director |
| Mrs L Bayliss-Pratt* | LBP | Non Executive Director |
| Mr C Cooke* | CC | Director of Strategic Operations and Digital Integration |
| Mr M Docherty* | MD | Director of Nursing and Clinical Commissioning |
| Mr M Fessal* | MF | Non Executive Director |
| Mrs C Finn* | CF | Director of Finance |
| Mr M Khan* | MK | Non Executive Director |
| Mr V Khashu | VK | Strategy & Engagement Director |
| Mrs N Kooner* | NK | Non Executive Director |
| Mr M MacGregor | MM | Communications Director |
| Dr A. Walker* | AW | Medical Director |

* Denotes a voting member appointed pursuant to the Constitution of the West Midlands Ambulance Service NHS Foundation Trust

Directors are reminded to submit their apologies in advance of the meeting.

In attendance

| | | |
|-----------------|----|---|
| Ms K Freeman | KF | Private Secretary – Office of the Chief Executive |
| Mr P. Higgins | PH | Governance Director & Trust Secretary |
| Ms R Farrington | RF | Staff Side Representative |

All attendees to this meeting must be aware that access may be given to all minutes and associated documents under the Freedom of Information Act 2000.

| Item No | Description | | Lead | Paper No/ Comments |
|-----------|--|--|-----------------|------------------------|
| 01 | Welcome, apologies and Chairman's matters | | Chairman | Verbal |
| | a. To report on salient decisions from the Council of Governors meeting on 11 May 2021, including the recommendation to amend the Constitution of the Trust. b. To seek approval to republish the Trust Charter of Expectations (previously circulated to members) c. To note that all annual fit and proper persons declarations and associated checks have now been completed and received for all director / board members. d. To advise of the change of date for the Annual Meeting of the Council of Governors and the Membership which will now be held on Wednesday 28 th July 2021 and the draft agenda is attached for approval. | | | Paper 01 |
| 02 | Declarations of Interest | | | |
| | To enable declarations of any conflict of interest members may have in relation to any matters contained within the agenda for this meeting. | | Chair | Verbal |
| | Review of Registers a) To receive the Registers of Directors Interests b) To receive the registers of the Governors Interests | | Trust Secretary | Paper 02a Paper 02b |
| 04 | Any Questions from the Public relating to matters to be discussed at this Board of Directors meeting. | | Chair | |
| 05 | Board Minutes | | | |
| 05A | To agree the Minutes of the meeting of the Board of Directors held 31 March 2021, and the Extraordinary meeting held on 28 April 2021. | | Chair | Paper 03a, 03b |
| 05B | Board Action Log | | Chair | Paper 04 |
| 06 | Chief Executive Officers Update Reports | | | |
| 06a | To receive the report of the Chief Executive Officer. | | CEO | Paper 05a |
| | Action | a) To Receive and note the contents of the paper seeking clarification where necessary. b) The Board are requested to receive and approve the revised Governance structure which includes the Commonwealth Games Strategic Oversight Board Task & Finish Group. c) To receive and approve the contents of the NHSE/I Well Led Review Action Plan following the external review by the Good Governance Institute. | | |

| Item No | Description | | Lead | Paper No/ Comments |
|---------|--|--|--|-----------------------|
| 06b | Licence Conditions – Board Declarations | | CEO | Paper 05b |
| | Action | <p>That the Board of Directors are recommended to confirm the following declarations:</p> <ul style="list-style-type: none">- Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.- To confirm that this Trust has not been notified as a designated Commissioner Requested Service, if confirmed the Board do not need to make a self-declaration under this condition CoS7.- That approval be given to the content of the Corporate Governance Statement attached.- That having sought the views of the Council of Governors, the Board is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role. | | |
| 06c | NARU Contract Update | | | |
| | Action | To receive and note the update | | |
| 06d | Executive Scorecard relating to performance for the months of March and April 2021 | | CEO | Paper 05d |
| | Action | To receive the Executive Scorecard | | |
| 06e | Covid Performance Update | | CEO | Paper 05e |
| | Action | To receive the monthly Covid update for the months of March 2021 and April 2021 | | |
| 07 | Reports of the Director of Finance | | | |
| 07a | A financial update from the Director of Finance. | | Director of Finance | Verbal |
| | Action | To receive a report on the financial position of the Trust from the Director of Finance. | | |
| 07b | Draft Annual Report of the Audit Committee | | Director of Finance/ Chair of Audit Committee | Paper 06a |
| | Action | To receive the report | | |

| Item No | Description | | Lead | Paper No/ Comments |
|---------|--|--|---|-----------------------|
| 08 | Quality Reports | | | |
| 08a | A report of the Director of Nursing and Medical Director including Serious Incidents Update and Learning from Deaths Report. | | Director of Nursing and Clinical Commissioning & The Medical Director. | Paper 07a |
| | Action | To receive the report | | |
| 08b | Quality Account | | Director of Nursing and Clinical Commissioning & The Medical Director/ Strategy & Engagement Director | Paper 07b |
| | Action | To receive and endorse the recommendation of the Quality Governance Committee. | | |
| 08c | Departmental Annual reports 2020/21 | | Director of Nursing and Clinical Commissioning & The Medical Director. | Paper 07c |
| | Action | To receive and approve the draft annual reports previously circulated to Board members. | | |
| 08d | Board Assurance Framework | | Director of Nursing and Clinical Commissioning & The Medical Director. | Paper 07d |
| | Action | To receive and approve the Board Assurance Framework | | |
| 09 | Reports of the Director of Strategic Operation and Digital Integration | | | |
| 09a | Operational Performance Update | | Director of Strategic Operations and Digital Integration | Verbal |
| | Action | To receive the report | | |
| 09b | Winter Plan for 2021/22 | | Director of Strategic Operations and Digital Integration | Paper 08a |
| | Action | To approve the Winter Plan | | |
| 09c | Physical & Verbal Assaults Update | | Director of Strategic Operations and Digital Integration | Paper 08b |
| | Action | To receive and note the report | | |
| 10 | Reports of the People Director | | | |
| 10a | Gender Pay Gap | | People Director | Paper 09a |
| | Action | a) To note the content of the report b) To approve for publication on the Trusts Website by 5th October 2021. c) To approve submission to the relevant regulator and commissioner. | | |
| 10b | Staff Survey Results | | People Director | Paper 09b |
| | Action | To review the Staff Survey results. | | |
| 10c | Equality Diversity System (EDS2) | | People Director | Paper 09c |
| | Action | a) To receive and note the content of the report. b) To approve publication of the EDS2 staff outcomes on the Trust’s website. | | |
| 11 | Reports of the Strategy & Engagement Director | | | |
| 11a | Operating Plan | | Strategy & Engagement Director | Paper 10a |
| | Action | To receive and note the report | | |

| Item No | Description | | Lead | Paper No/ Comments |
|-----------|--|--|--------------------------------|----------------------------------|
| | | | | |
| 11b | CQC Action Plan Update | | | |
| | Action | a) The board is asked to note the contents of the action plan and the final outstanding action. b) The board is also asked to note the transitional changes to inspection by the CQC by way of briefing. | Strategy & Engagement Director | Paper 10b |
| 11c | Organisational Strategy | | | |
| | Action | a) The board are asked to note a consolidated account of the feedback we have received from our stakeholders and how the feedback has been recognised within the development of the strategy. b) The board is also asked to endorse the draft strategy for implementation. c) The board is asked to receive further feedback from our Health Overview and Scrutiny Committees (HOSCs) and Membership. HOSCs were observing purdah during the local council elections held in May, so were unable to participate at that stage. | Strategy & Engagement Director | Paper 10c |
| 12 | Board Committee Meeting Minutes | | | |
| | Action | a) Audit Committee - To receive the Minutes of the Meeting held on the 16 th March 2021. b) Performance Committee - To receive the Minutes of the Meeting held on 22 nd January 2021 | Respective Chair of Committee | Paper 11a Paper 11b |
| 13 | New or Increased Risks Arising from the Meeting | | | |
| | Action | To receive and note the risks | Chair | Verbal |
| 14 | Board of Directors Schedule of Business | | | |
| | To receive the Schedule of Business and Development Sessions | | | Paper 12 |
| | Action | To review and note the Board Schedule of Business | Secretary | |
| 15 | Any Other Business (previously notified to the Trust Secretary) | | Chair | |
| 16 | Review of Guiding Principles | | Secretary | Circulated by email for response |
| 17 | Date and time of the next meeting: The next meeting will be on Wednesday 28th July 2021 at 09:00 hours | | Chair | |

Please note: Timings are approximate.
Preferred means of contact for Any Other Business items:
Phil Higgins, Trust Secretary (phil.higgins@wmas.nhs.uk)

**Annual General Meeting of the Council of Governors of the
West Midlands Ambulance Service University NHS Foundation Trust
and Annual Meeting of the Membership**

Date and time: Wednesday 28 July at 16:00 hours

Venue:

This meeting will be convened by means of Microsoft Teams software.

Access to the meeting is available through either Microsoft teams webpage or by downloading the Microsoft Teams App, which is free.

To join the meeting please click below:

[Join Meeting.](#)

Prof Ian Cumming
Wendy Farrington Chadd

Chair of the Board of Directors
Deputy Chair

Anthony C. Marsh
Claire Finn

Chief Executive (Accounting Officer for the Trust)
Director of Finance

Mark Docherty

Director of Nursing, Quality and Clinical Commissioning

Tony Felthouse

KPMG – Trust Auditors

Public Governors:

Peter Brookes
Jeanette Mortimer

Birmingham
Birmingham

Julie Winpenny
Samuel Penn

Black Country
Black Country

John Davies
Brian Murray

Coventry and Warwickshire
Coventry and Warwickshire

Helen Higginbotham
Judy D'albertson

West Mercia
West Mercia

David Hardy
Eileen Cox

Staffordshire
Staffordshire



Staff Constituency Governors:

| | |
|----------------|--|
| Sarah Bessant | Emergency and Urgent Operational Staff |
| Adam Aston | Emergency and Urgent Operational Staff |
| Andrew Rowles | Non-Emergency Operational Staff |
| Matt Brown | Support Staff |
| Duncan Spencer | Emergency Operation Centre Staff |

Appointed Governors:

| | |
|------------------------|--|
| Dave Fitton | Community First Responder Regional Forum |
| Councillor Ed Lawrence | Dudley Metropolitan Borough Council (Representing Local Authorities) |
| Alisha Rehman | St John Ambulance (Representing Youth) |

Other Board members:

| | |
|----------------------|--|
| Ms C Beechey | People Director |
| Mrs L Bayliss-Pratt* | Non Executive Director |
| Mr C Cooke* | Director of Strategic Operations and Digital Integration |
| Mr M Fessal* | Non Executive Director |
| Mr M Khan* | Non Executive Director |
| Mr V Khashu | Strategy & Engagement Director |
| Mrs N Kooner* | Non Executive Director |
| Mr M MacGregor | Communications Director |
| Dr A. Walker* | Medical Director |

Other Attendees

| | |
|---------------|---|
| Phil Higgins | Governance Director and Trust Secretary |
| Karen Freeman | Private Secretary – Office of the Chief Executive |
| Suzie Wheaton | Membership and Governor Engagement Officer |

All attendees to this meeting must be aware that minutes will be made accessible to members of the public on the Trust's website, and that access may be given to all minutes and associated documents under the Freedom of Information Act 2000.

Agenda Items:

| Item No | Description | Lead | Paper No/ Comments | Timings |
|---------|---|----------|--------------------|---------|
| 1 | Welcome, Introductory Remarks by the Chairman | Chairman | Verbal | |
| 2 | Apologies Received | Chairman | Verbal | |
| 3 | Declarations of Interest To declare any interests in any matters contained within the agenda | | Verbal | |



| Item No | Description | Lead | Paper No/ Comments | Timings |
|---------|---|---|--------------------|---------|
| 4 | To approve as a correct record the minutes of the Annual Meeting of the Foundation Trust that took place on Monday 27 July 2020 | Chairman | Paper 01 | |
| 5 | The Chief Executive Officer to present the Annual Report for the period 01 April 2020 to 31 March 2021 and also the future service development plans of the Foundation Trust. | Chief Executive Officer | Presentation | |
| 6 | The Director of Finance to present the Annual Accounts for the period 01 April 2020 to 31 March 2021 | Director of Finance | Presentation | |
| 7 | To present performance against the contents of the 2020/21 Quality Account and to receive the priorities contained in the 2021/22 Quality Account. | Director of Nursing, Quality and Clinical Commissioning | Presentation | |
| 8 | To receive a report from the Auditors on the Annual Report and Accounts of West Midlands Ambulance Service University NHS Foundation Trust. | Auditor (KPMG) | Presentation | |
| 9 | Opportunity for the Governors, Membership, and the Public to ask questions on the reports made at the Annual Meeting | | Verbal | |
| 10 | Concluding Remarks and Close | Chair | Verbal | |
| 11 | Date of the next Annual Meeting of the Membership and the Annual Meeting of the Governors 27 July 2022 Time: to be confirmed Venue: To be confirmed | Chair | | |

Please note: Timings are approximate.

Preferred means of contact: Phil Higgins, Trust Secretary phil.higgins@wmas.nhs.uk

WEST MIDLANDS AMBULANCE SERVICE NHS UNIVERSITY FOUNDATION TRUST
CODE OF CONDUCT AND CODE OF ACCOUNTABILITY REGISTER OF BOARD OF DIRECTORS' INTERESTS 2021-22

Section 35 of the Constitution sets out the Registers that the Foundation Trust must hold. Section 35.1.5 requires the Trust to hold a Register of Interests of the Directors. Section 37 and 38 requires the Trust to make the Register available for inspection by members of the public.

| Non-Executive Directors | | | | | |
|-------------------------|-------------------------|------------------------|--|---------------------|---|
| Title | Name | Role | Notifiable Interest | Indirect/ Direct | Signed to agree to Code of Conduct and the Nolan Principles |
| Prof. | Cumming, Ian | Chairman | Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity | Indirect | 19.04.21 |
| | | | Chair of Global Healthcare Workforce and Strategy - Keele University - | Direct | |
| | | | Visiting Professor – University of Pavia | Indirect | |
| | | | Health Ambassador to the UKOTs – PHE/HEE | Indirect | |
| | | | NHS Global Workforce Ambassador – NHS | Indirect | |
| | | | Board member & Audit Committee chair – Avonreach Multi-academy Trust | Indirect | |
| | | | Strategic Advisor to the Minister of Health, Gibraltar Health Authority | Indirect | |
| Mrs | Farrington-Chadd, Wendy | Non-Executive Director | Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity | Indirect | 19.04.21 |
| | | | Non Executive Director (Governor) at Telford College | Indirect | |
| Ms | Kooner, Narinder Kaur | Non-Executive Director | Trustee of West Midlands Ambulance Service University NHS Foundation Trust Charity | Indirect | 19.04.21 |
| | | | GBH Lakes/Land Ltd | Direct | |
| | | | Sikh Women's Action Network | Direct | |

Non-Executive Directors

| Title | Name | Role | Notifiable Interest | Indirect/ Direct | Signed to agree to Code of Conduct and the Nolan Principles |
|-------|---|--|--|----------------------|---|
| Mr | Ahmed-Khan, Mushtaq, | Non-Executive Director | Lead Lawyer– Wolverhampton City Council Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity | Indirect Indirect | 19.05.21 |
| Mr | Fessal, Mohammed (With effect from 01.01.2021) | Non-Executive Director | Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity | Indirect | 19.04.21 |
| | | | Chief Pharmacist of Change Grow Live | Indirect | |
| | | | Member of the Advisory Council of the Misuse of Drugs | Indirect | |
| | | | Member of the Governance Group for Approved Premises | Indirect | |
| | | | Specialist Advisor for the CQC | Indirect | |
| Prof. | Bayliss – Pratt, Lisa | Non-Executive Director (With effect from 1 April 2021) | Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity | Indirect | 21.04.21 |
| | | | Pro-Vice Chancellor for Health & Life Sciences, Coventry University | Indirect | |
| | | | Non-Executive Director, Coventry & Warwickshire NHS Partnership Trust | Indirect | |
| | | | Programme Director, Nursing Now Challenge | Indirect | |
| | | | Chair of the Council of Deans for Global Health | Indirect | |
| | | | Member of Nourish Medical Advisory Board with effect from December 2020 | Indirect | |

Executive Directors

| Title | Name | Role | Notifiable Interest | Indirect/ Direct | Signed to agree to Code of Conduct and the Nolan Principles |
|-------|----------------|--|---|---------------------|---|
| Mr | Marsh, Anthony | Chief Executive Officer | Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity | Indirect | 19.04.21 |
| | | | IMAS Partner | Indirect | |
| | | | NHS IMAS Strategic Advisory Board Member | Indirect | |
| | | | Association of Ambulance Chief Executives Board of Directors | Indirect | |
| | | | CQC Specialist Advisor | Indirect | |
| | | | CQC Executive Reviewer | Indirect | |
| | | | Vice President of the Ambulance Staff Charity | Indirect | |
| | | | Pro-Chancellor – University of Wolverhampton | Indirect | |
| | | | Patron of the “Help if we can” charity | Indirect | |
| | | | CQC Well Led Reviewer | Indirect | |
| | | | Honorary Professorship – Wolverhampton University | Indirect | |
| | | | Vice Chair St John County Priory Group in Staffordshire also Hospitaller for the Group | Indirect | |
| | | | National Strategic Adviser of Ambulance Services (NHS Improvement/ NHS England) | Direct | |
| Mrs | Finn, Claire | Director of Finance | Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity | Indirect | 19.04.21 |
| | | | Husband works at CW Audit Services | Indirect | |
| | | | Member of the HFMA branch Committee | Indirect | |
| Mr | Docherty, Mark | Director of Nursing and Clinical Commissioning | Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity | Indirect | 19.04.21 |
| Mr | Cooke, Craig | Director of Strategic Operations and Digital Integration | Trustee of West Midlands Ambulance Service University NHS Foundation Trust General Charity | Indirect | 19.05.21 |

| Directors | | | | | |
|-----------|--|--------------------------------|--|---------------------|---|
| Title | Name | Role | Notifiable Interest | Indirect/ Direct | Signed to agree to Code of Conduct and the Nolan Principles |
| Dr. | Walker, Alison | Medical Director | Trustee of West Midlands Ambulance Service University NHS Foundation Trust | Indirect | 20.04.21 |
| | | | NHSE Frontline Clinical Cell which reports to the National EPRR Clinical Advisory Group. | Indirect | |
| | | | A member of the EPRR Clinical Advisory Group. | Indirect | |
| | | | Harrogate and District NHS FT (HDFT) Emergency Medicine/A&E Consultant | Indirect | |
| | | | Clinical Lead for Emergency Planning and Resilience for HDFT. | Indirect | |
| | | | Yorkshire Ambulance Service Immediate Care Doctor (YAS BASICS) – voluntary responder role. | Indirect | |
| | | | JRCALC Chair and Committee Member | Indirect | |
| | | | Trauma and Emergency Care Lead, Yorkshire and Humber Clinical Research Network | Indirect | |
| | | | National Trauma and Emergency Care Research Group Member | Indirect | |
| | | | Member National Clinical Cell, NHSE | Indirect | |
| | | | Member of the NHSE CRG | Indirect | |
| | | | Independent medicolegal reports on prehospital care/ambulance service clinical care and systems on an ad hoc basis | Indirect | |
| Mr | Khashu, Vivek | Strategy & Engagement Director | Shares Held in BT | Indirect | 19.04.21 |
| | | | Wife and Father in Law are GP partners at Highgate Medical Centre, Highgate, Birmingham. | Indirect | |
| | | | Brother is Director of Finance for St Helens and Knowsley NHS Trust. | Indirect | |
| | | | IMAS talent pool member | Indirect | |
| Ms | Beechey, Carla (Appointed October 2020) | People Director (Non Votng) | Partner is an employee of the Trust | Indirect | 19.04.21 |

| Directors | | | | | |
|-----------|---|--|---|---------------------|---|
| Title | Name | Role | Notifiable Interest | Indirect/ Direct | Signed to agree to Code of Conduct and the Nolan Principles |
| Mr | MacGregor, Murray | Communications Director (Non Voting) | None | | 19.04.21 |
| Mr | Prior, Keith | Director of NARU (Non Voting) | None | | 22.04.21 |
| Mrs | Brotherton, Michelle | Non-Emergency Services Delivery Director (Non Voting) | Husband - Chief Operating Officer – University Hospitals Birmingham | Indirect | 19.04.21 |
| | | | Sister - Paramedic – Evesham | Indirect | |
| | | | Nephew - Paramedic – Worcester | Indirect | |
| | | | Sister - EOC Controller – Millennium Point HQ | Indirect | |
| | | | Niece - NEPT Controller/Planner | Indirect | |
| | | | Daughter - Bank PTS call Taker | Indirect | |
| Mr | Proctor, Andrew (Until 30 th April 2021) | Quality Improvement and Compliance Director (Non Voting) | Care Quality Commission Has been employed with the CQC as a Clinical and Professional Advisor since May 2014. | Direct | 05.04.20 |

**CORPORATE GOVERNANCE
GOVERNORS DECLARATION OF INTEREST 2021-22**

In accordance with Section 35 of the Constitution of the Foundation Trust the Register of Interests of Governors is set out below:

| Title | Name | Public/Staff or Appointed Governor (to include constituency or organisation) | Notifiable Interest | Indirect/ Direct | Signed to agree to Contract of Values and Behaviour | Political Affiliation, if any (normally completed by publicly elected governors) |
|-------------------------|-------------------|--|---|--|---|--|
| Public Governors | | | | | | |
| Mr | Peter Brookes | Public – Birmingham | Wyre Forest Ambulance Service Charity No 515390 Ambulance Service Institute Membership No L7980 College of Paramedics – Membership No CP004720 Volunteer at the Royal Orthopedic Hospital Birmingham (Patient Services) in the Teaching and Development Department | Direct Indirect Indirect Indirect | 24/10/12 | |
| Mrs | Jeanette Mortimer | Public – Birmingham | Daughter is a CFR and Student Paramedic at WMAS Employed at University Hospital Birmingham NHS FT | Direct Direct | 13/12/19 | |
| Mrs | Julie Winpenny | Public – Black Country | Works for West Midlands Fire Service | Direct | 10/01/20 | |
| Mr | Samuel Penn | Public – Black Country | Clinician for sports medical company called “Ultramedix”. Quality Dept Head at Moldwel products ltd (supplier for some St John Ambulance products) | Indirect Direct | 10/01/20 | |
| Mr | John Davies | Public – | Avon Valley Community Responders | Direct | 14/09/16 | |

| Title | Name | Public/Staff or Appointed Governor (to include constituency or organisation) | Notifiable Interest | Indirect/ Direct | Signed to agree to Contract of Values and Behaviour | Political Affiliation, if any (normally completed by publicly elected governors) |
|------------------------|--------------------|---|--|--|--|---|
| | | Coventry and Warwickshire | (Non responder) Trustee Chaplain, Stratford Sea Cadets, TS Ghurka Cllr. Chair Gaydon Parish Council | Indirect Indirect | | |
| Dr | Brian William | Public – Coventry and Warwickshire | None | | 10/01/20 | |
| Mrs | Eileen Cox | Public – Staffordshire | Company Director of Woodhouse Academy, Biddulph, Staffordshire Member of North Staffordshire CCG Patient Congress | direct | 24/10/12 | |
| Mr | David Hardy | Public – Staffordshire | Chairman of the Audley PPG Secretary of Newcastle North PCN PPG | | 09/01/19 | |
| Ms | Judy D'Albertson | Public – West Mercia | None | | 2/2/2020 | |
| Mrs | Helen Higginbotham | Public – West Mercia | Husband is employed as a paramedic by the Trust | Direct | 06/01/19 | |
| Staff Governors | | | | | | |
| Mrs | Sarah Bessant | Staff – Emergency and Urgent Operational Staff | None | | 06/01/14 | |
| Mr | Adam Aston | Staff _ Emergency and Urgent Operational Staff | Elected Councillor – Dudley Metropolitan Borough Council Member – Labour Party Member and area president - St John Ambulance Member – College of Paramedics | Direct Indirect Direct Indirect Direct | 28/01/19 | Labour Party |

| Title | Name | Public/Staff or Appointed Governor (to include constituency or organisation) | Notifiable Interest | Indirect/ Direct | Signed to agree to Contract of Values and Behaviour | Political Affiliation, if any (normally completed by publicly elected governors) |
|----------------------------|----------------|---|---|-----------------------------|--|---|
| | | | Member – Unison | | | |
| Mr | Duncan Spencer | Staff – Emergency Operations Centre Staff | None | | | |
| Mr | Matt Brown | Staff – Support Staff | None | | | |
| Mr | Andrew Rowles | Staff – Non emergency | Unison Representative | | 18/01/17 | |
| Appointed Governors | | | | | | |
| Mr | Dave Fitton | Appointed – Community First Responder | I work NHS England as Urgent and Emergency Care Operations and Improvement Lead for the Central Midlands Region | | 15/05/19 | |
| Miss | Alisha Rehman | Appointed – St Johns Ambulance | Cadet – St John Ambulance | Direct | 09/01/19 | |
| Cllr | Ed Lawrence | Appointed – Local Authority | Elected Councillor – Dudley Metropolitan Borough Council Member of the conservative party | Direct Indirect | 12/05/ | Conservative Party |



Minutes of the Meeting of the Board of Directors held on 31 March 2021, at 1000 hours,
via Microsoft Teams

Present:

| | | |
|-------------------------|-------|--|
| Prof I Cumming* | Chair | Non-Executive Director (Chair) |
| Mr A C Marsh* | CEO | Chief Executive Officer |
| Mr A Yeaman* | AY | Non-Executive Director |
| Mrs W Farrington-Chadd* | WFC | Non-Executive Director |
| Mr Mohammed Fessal* | MF | Non-Executive Director |
| Mrs C Wigley* | CW | Non-Executive Director |
| Mr M Khan* | MK | Non-Executive Director |
| Mrs N Kooner* | NK | Non-Executive Director (part of the meeting) |
| Mr M Docherty* | MD | Director of Nursing & Clinical Commissioning |
| Mr M MacGregor | MM | Communications Director |
| Mr C Cooke* | CC | Director of Strategic Operations & Digital Integration |
| Mr V Khashu | VK | Strategy & Engagement Director |
| Dr A Walker* | AW | Medical Director |

* Denotes a voting member appointed pursuant to the Constitution of the West Midlands Ambulance Service NHS Foundation Trust

In attendance:

| | | |
|-----------------------|-----|---|
| Ms Lisa Bayliss Pratt | LBP | NED Appointee & Observer |
| Ms C Beechey | CB | People Director (Designate) |
| Ms Claire Finn | CF | Director of Finance (Designate) |
| Ms K Freeman | KF | Private Secretary – Office of the Chief Executive |
| Mr P. Higgins | PH | Governance Director & Trust Secretary |
| Ms R Farrington | RF | Staff Side Representative |

| ITEM | Board of Directors Meeting – 31 March 2021 | ACTION |
|----------|---|--------|
| 03/21/01 | Chairman's Introductions, Apologies and Announcements | |
| | Apologies were received from Mrs Millinchamp and Mrs Nurse. The Chairman welcomed Ms Farrington to her first meeting. The Chairman pointed out that today's meeting was also the last meeting of four longstanding Members of the Board – Mrs Millinchamp, Mrs Nurse, Ms Wigley & Mr Yeaman. The Chairman said we owe a huge debt of gratitude to all four. Together they had helped make this Trust one of the highest performing NHS organisations. We are very fortunate to have had four such dedicated individuals who have given so much to this Trust, it's staff and the people of the West Midlands. The Chief Executive also said a really big thank you to all four for the work they have done over many years. | |



| | | |
|-----------------|--|--|
| 03/21/02 | Declarations of Interest | |
| | There were no conflicts of interest declared by anyone attending the meeting in relation to any matters on the agenda. | |
| 03/21/03 | Questions from the Public | |
| | There were no questions submitted by the public. | |
| 03/21/04 | Board Minutes – 27 January 2021 | |
| | The minutes of the meeting held on 27 January 2021 were submitted. | |
| | Resolved: | |
| | That the minutes of the meeting held on 27 January 2021 be approved as a correct record of that meeting | |
| 03/21/05 | Board Log | |
| | <p>The Board Log that contains the schedule of matters upon which the Board have asked for further action or information to be submitted. Matters on this log can only be deleted through resolution of the Board. (For the avoidance of doubt unless specified below all matters contained on the Board log will remain on the log until the Board resolves that the matter can be discharged).</p> <p>There were two items on the Action Log:</p> <p>The first is to receive the responses to the questions posed at the last meeting of the Board of Directors. The Board was requested to note the responses sent.</p> <p>Secondly, after discussing the recommendations arising from the Verita inquiry following the tragic death of an NHS employee, Amin Abdullah; the Chairman pointed out that the Armed Forces / Military have a comprehensive policy in this regard. The Strategy & Engagement Director indicated that he would speak to his military contacts to ask about their policy from a welfare and duty of care perspective. The Strategy and Engagement Director reported that he had completed this action and shared his findings with the Director of People (Appointed).</p> <p>In both cases can the Board agree to remove the items from the Action Log.</p> | |
| | Resolved: | |
| | That the responses to the questions submitted to the previous meeting be | |



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| | <p>received and that the Action be deleted from the Action Log.</p> <p>That the action arising from Minute 01/21/12 be received and that in view of the update at the meeting the action be deleted from the Action Log.</p> | |
| 03/21/07 | Chief Executive Officer (CEO) Update | |
| | <p>A report of the Chief Executive Officer was submitted.</p> <p>The CEO gave an update and explained that published guidance (July-2020) set out a requirement for every NHS organisation to nominate an Executive Board Member with responsibility for tackling Health Inequalities. The CEO confirmed that the Director of Nursing & Clinical Commissioning has been nominated as the Trust Lead.</p> <p>The CEO informed the Board that the Trust continues to be the only Ambulance Service that continues to report the lowest 2-minute call answering delays in the country. The CEO congratulated Michelle Brotherton Non Emergency Operations Director on continuing to do a great job in PTS with every single indicator on all contracts rag rated as green.</p> | |
| | Resolved: | |
| | <p>a) The contents of the papers be received and noted.</p> <p>b) That in so far as this Trust is concerned, Mark Docherty be appointed as the Executive Board Level champion responsibility for tackling health inequalities.</p> | |
| 03/21/08 | Executive Scorecard | |
| | <p>The key indicators and trends were set out for review by the Board. The indicators covered operational performance, finance, workforce, and high-level clinical indicators.</p> <p>The scorecard was submitted in addition to the Trust Information Pack which contains Trust wide performance data and information and is circulated separately to the Agenda.</p> <p>The Chief Executive asked for clarity on where the data in relation to workforce had been sourced. The Trust Secretary indicated that he would seek the data source and advise the CEO.</p> | |
| | Resolved: | |
| | <p>a) That the contents of the scorecard be received and noted.</p> | |



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| | b) That the Trust Secretary review the data source in relation to the Workforce Performance scorecard and advise the CEO | PH |
| 03/21/09 | Covid Performance Update Report | |
| | <p>The January and February 2021 WMAS Covid-19 monthly briefing reports were submitted. The information contained in the reports had been condensed and summarised from the main activities of the Senior Incident Response Management Team and key information feeds for the Operational Delivery units of the Trust.</p> <p>The CEO informed the Board that the situation is much better, but the Trust must not be complacent. The Trust has no staff in hospital and the CEO explained that despite the global pandemic and national emergency WMAS has not lost one member of staff to Covid-19. The CEO explained that the Trust has prepared for the easing of the lockdown and this year will be challenging. Staff vaccination is a good news story. 85% of staff took up the flu vaccination. To date 85% of staff have now received their first covid vaccine and 36% have received their second dose. A lot of work has been undertaken to support BAME staff and uptake continues to improve with 56% of staff now receiving their first vaccine.</p> | |
| | Resolved | |
| | That the Covid briefing reports for January and February 2021 be received and noted. | |
| 03/21/10 | Covid Vaccination – next steps | |
| | <p>A report of the Strategy and Engagement Director was submitted which set out the progress WMAS has made on its staff vaccination programme and the actions it has taken to improve uptake and reduce hesitancy. In addition, the report proposed additional actions WMAS could consider taking which were:</p> <ol style="list-style-type: none"> 1) Continue to positively promote, engage, and brief our staff organisationally and on a 121 level. 2) Bring an onsite 'pop up clinic' to navigation point for EOC and 111. 3) Work with members of our one network to identify local champions by faith and or heritage to support staff. 4) Link with other ambulance services who have had better rates of uptake. 5) Make covid vaccination a condition of employment for patient facing staff. <p>It was noted that item 5 would require legal advice and guidance. Mrs Wigley thanked the Strategy & Engagement Director for the update and what the Trust has been doing. Mrs Wigley asked for the Trust to consider</p> | |



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| | <p>new staff coming into the Trust. Mrs Wigley pointed out given human rights and liberty's that the Trust does not need to be the first organisation to go down this route, but she was interested in Ms Farrington's view on this. Mrs Wigley suggested the Trust continues its consultation with staff and Staff Reps locally without making vaccination take up mandatory at this stage. Mr Fessal agreed with Mrs Wigley. Ms Farrington was of the opinion that the Trust has been doing tremendous work at 111, and should not make this mandatory and continue what we are doing at present. Mrs Bayliss-Pratt asked how the test and trace was working as this is key to having the vaccine and anything on this would be helpful for the University. The CEO informed the Board that the Trust has a very effective test and trace system. Staff are undertaking twice weekly lateral flow tests. Graeme Jones is leading on test and trace and is doing a great job. The CEO informed the Board that the Trust has not had a member of staff test positive for a week or so now and there have been no outbreaks. The CEO would share the data from the March narrative report. Ms Bayliss-Pratt asked if there are any feasible staff stories to tell which would be helpful for the University Students. The CEO would be happy to do a couple of recordings. The Medical Director agreed with what had been said previously and pointed out that Option 5 was not for the Trust currently as this would have a negative impact. Mr Khan agreed and noted the need to make sure even those staff vaccinated continue to adhere to good practice. The Chairman pointed out that there are high levels of protection for individuals but there is still concern on where people can still pass the virus on. The Board agreed that the Trust should not make the vaccination mandatory.</p> | |
| | Resolved: | |
| | <p>That the progress WMAS has made on its staff vaccination programme and the actions it has taken to improve uptake and reduce hesitancy be noted. That approval be given to actions 1 to 4 only and for the avoidance of doubt proposed Action 5 be not approved.</p> | |
| 03/21/11 | Director of Finance Report | |
| | <p>A report of the Director of Finance was submitted that sets out the Trust's Month 11 financial position. Ms Finn was picking up this item in the absence of the Director of Finance. In particular the following significant items were highlighted:</p> <p>In total income shows a positive variance against plan of £28.1m due to the agreed Covid re-imbursement, additional training and PTS social distancing income received and re-imbursement of NACC running costs.</p> <p>The overspend on operating expenditure is the additional Covid and training costs incurred net of fuel savings delivered by the BP scheme in place from April to June 2020 and which has now re-started and is</p> | |



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| | <p>delivering additional savings up to 31 March 2021. The overspend has been ameliorated by the release of the 'Flowers' provision.</p> <p>The draft Deloitte Review Report in respect of the Trust's accounting for Covid and Other Expenditure during Months 1-6 of 2020/21 has been received and it was satisfactory to report that the majority of enquiry lines showed 'no issues' to report. A small number of transactions were noted as 'misclassified', but the Trust does not expect to need to make any accounting adjustments.</p> <p>In conclusion: The Trust saw a positive financial performance in the 11 months to 28 February 2021. Despite the significant unplanned operational changes due to Covid 19 and all the challenges of finance staff working remotely for much of the year, financial control has remained strong, the plan requirement has been met with Break-even forecast for the Financial Year, and the CIP programme and Capital Programme have been delivered.</p> <p>The Chairman concluded the item by noting the very healthy position of the Trust at Month 11 and for the year. The Chairman indicated that the Director of Finance has done tremendous work in delivering a balanced budget outcome. The Chairman on behalf of the Board thanked the Director of Finance and her staff for the content of the report.</p> | |
| | Resolved: | |
| | That the contents of the report be received and noted. | |
| 03/21/12 | Confirm Authority for Audit Committee to Approve the Annual Report and Accounts 2020-21 | |
| | There were no reports submitted, instead the Chairman asked the Board to pass a resolution authorising the Audit Committee to approve the Annual Report and Accounts for 2020/2021 to enable compliance with the timescales for submission of the documents. The action taken will be reported to the meeting of the Board in May 2021. The Chairman also indicated that the Annual Meeting of the Council of Governors and the Membership was to be convened on 26 July 2021 to enable the Board to present its Annual Report and Accounts and the Auditors Report thereon to the Governors and public. | |
| | Resolved: | |
| | That the Audit Committee be authorised to approve the Annual Report and Accounts for 2020/2021 to enable compliance with the timescales for submission of the documents and that the action taken under this delegation be reported to the meeting of the Board in May 2021. | |



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| 03/21/13 | Financial Plan 2021/22 | |
| | <p>A report of the Director of Finance was submitted that set out the proposed financial plan for the Trust. The plan submitted with the papers for this meeting had been constructed in the absence of direction from the NHSEI and had been the subject of Board briefing session the previous day, pending the guidance. The report was complemented by the Capital Plan briefing prepared by the Director of Finance designate after the regional Directors of Finance Meeting held on 26 March.2021, this was circulated to Board members. Also submitted was a paper entitled “Addendum - Financial Plan 2021-22” that was circulated prior to the Board meeting. This paper provided additional information to the 2021/22 Financial Plan previously submitted to this meeting.</p> <p>It was reported that on 26 March 2021, The NHSE/I published details of the finance and contracting arrangements for the six-month period from 1 April 2021 to 30 September 2021 (referred to as ‘H1 2021/22’ or ‘H1’).</p> <p>As expected, funding envelopes based on M7-12 of the current financial year will be issued to systems. Envelopes will comprise of adjusted CCG allocations, system top-up and COVID-19 fixed allocation. Block payment arrangements will remain in place during this period. Signed contracts between commissioners and providers will not be required.</p> <p>H1 block payments with NHS providers will be amended to reflect the changes to system funding envelopes, e.g. application of inflation and distribution of additional funding. Block payments with CCGs outside the system will be uplifted by 0.5%.</p> <p>Outside the envelopes systems will also be able to access funding for:</p> <ul style="list-style-type: none"> • Elective recovery • Mental health. • Maternity (Ockenden review) • Primary Medical care • Community services • Outpatient video consultation <p>£8.1bn will also be provided to support the ongoing costs of COVID. £7.4bn of this funding will be available within the first half of 2021/22.</p> <p>Organisational plans based on Q3 have been automatically generated. These implicitly assume the continuation of top up funding based on Q3.</p> <p>Included with the originally circulated papers were the following:</p> <ol style="list-style-type: none"> a. Covid costs (appendix 1) b. Cost Improvement Plan (appendix 2) c. The Capital Plan Programme (appendix 3) | |



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| | <p>The Board of Directors were requested to:</p> <p>Note the updated financial plan and authorise the H1 expenditure for the new financial year commencing 1st April 2021.</p> <p>Note the requirement for a final H1 plan to be submitted to April Board prior to submission to NHSI on 6th May 2021.</p> <p>Note the risks and assumptions underpinning the plan</p> | |
| | Resolved: | |
| | <ul style="list-style-type: none"> a) That the updated financial plan be noted, and that approval be given the H1 expenditure for the new financial year commencing 1st April 2021. b) That the requirement for a final H1 plan to be submitted to April Board prior to submission to NHSI on 6th May 2021 be noted. c) That the risks and assumptions underpinning the plan be noted | |
| 03/21/14 | 2021/2022 CIPs / QIAs / EIAs | |
| | A report of the Director of Finance and the Strategy & Engagement Director was submitted. The report presented the Quality & Equality Impact Assessments that have been completed in respect of the cost improvement schemes that are proposed for 2021/22 as part of the financial plan. | |
| | Resolved: | |
| | That approval be given to the Quality and Equality Impact Assessments of the 2021/2022 Cost Improvement Plan. | |
| 03/21/15 | Workforce – Recruitment & Training 2021/22 | |
| | <p>A report of the Director of Workforce and Organisational Development and the People Director Designate was submitted that set out the Workforce Recruitment Training Plan 2021/22 for approval.</p> <p>The Chairman pointed out that the Trust could be facing a volatile year and as such the Trust may need to exercise flexibility in the plan to adapt to changing environment as the year progresses. Ms Beechey explained that the Recruitment Plan is scheduled over the year so that it can be flexible and adapt to the environment within which the NHS and the Trust was operating. Ms Bayliss-Pratt pointed out that realistically there is a six-month lead time to make any changes in the University recruitment process. Ms</p> | |



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| | Bayliss-Pratt suggested looking at multiple intakes and noted the need to think differently about how we educate paramedics. Ms Bayliss-Pratt asked the Chairman if he would be able to join a meeting with the University in this regard. The Chairman agreed to pursue a roundtable meeting on the subject of paramedic training. | |
| | Resolved: | |
| | That approval be given to the E&U workforce, recruitment, and training plans for 2021 / 2022. | |
| 03/21/16 | Assessment of the 'Going Concern' status of the Trust Financial Year 2020/21 ending 31 March 2021 | |
| | <p>The report submitted by the Director of Finance advised the Board that the Directors of the Trust have a responsibility to assess the Going Concern status of the organisation as this is an underpinning assumption when preparing the annual financial statements. This report provided the Directors with an overview of their responsibilities together with an understanding of the responsibilities of the Trust's External Auditors with respect to the Going Concern assumption when expressing their opinion on the financial statements.</p> <p>Preparing statements on a 'Going Concern' basis means that management has a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future with no necessity or plans either to liquidate or cease operations. If this were not the case it would be necessary to prepare the statements with the assumption that the business would not continue beyond a further 12 months after the end of the accounting period. The Chair of the Audit Committee informed the Board the Going Concern statement had been reviewed in detail at the Audit Committee.</p> <p>The Audit Committee had recommended that the Board of Directors accepts that the Trust prepares the accounts on a 'Going Concern' basis.</p> | |
| | Resolved | |
| | a) That the contents of the report be received and noted. b) That the Board of Directors confirmed the Going Concern status of the Trust. | |
| 03/21/17 | Quality Report | |
| | A report of the Director of Nursing & Clinical Commissioning was submitted. | |



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| | <p>The report was presented in the format of an integrated quality report. It was stated that the format was a developing report. The report aimed to provide a high level of assurance by way of the systems and processes in place to measure and monitor our quality assurance and provides a robust framework to support our clinical quality governance. The content of the report includes Serious Incidents Update and Learning from Deaths Report.</p> <p>The Director of Nursing & Clinical Commissioning explained the Trust has an action plan in place to ensure that the Trust responds to the content of the Ockenden Report.</p> <p>In relation to Learning from Deaths the Director of Nursing & Clinical Commissioning explained that there was one month when the Trust had not reviewed 100% of deaths. This was in March 2020 due to staff being deployed to assist with the pandemic. On the controlled drugs report the numbers have increased this financial year and this is mostly due to breakages. The Director of Nursing & Clinical Commissioning informed the Board that the Trust does well in most clinical indicators apart from ROSC. The Medical Director gave an update and explained that the ROSC indicator survival to discharge continued to decline. This was due to patients being reluctant to call for help until they were very ill. This is being reviewed to see if this is mirrored across all Ambulance Trusts. The Medical Director explained that the Trust is focusing on its cardiac arrest management and will bring this back through the Learning Review Group and Quality Governance Committee to the Board.</p> <p>The Medical Director stated that she had been invited to attend and review the Black Country STP event – A-Z of Black Lives Matter. The Medical Director informed the Board that this was the most engaging diversity event she has attended. The Trust has sourced some funding to bring the same group in to work with WMAS. Ms Farrington had asked why the Trust has not done a version for all staff as well as a public version. The all-staff version was shared with the executive and Non-Executive Directors.</p> <p>Mrs Farrington-Chadd asked for an update on handover delays and pointed out that she did not see the key areas of learning in the Learning from Deaths report. The Medical Director confirmed that work was ongoing regarding handover delays and she had today re-escalated this to the Regional Medical Director. The Medical Director informed the Board that the main themes from Learning from Deaths were discharge on scene and cardiac arrest response.</p> | |
| | Resolved | |
| | That the content of the report be received and noted. | |



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| 03/21/18 | Operational Performance Report | |
| | <p>The Director of Strategic Operations & Digital Integration made a verbal report during which he updated the Board on operational performance. The Trust had achieved all performance targets in February 2021 and will achieve all targets for March 2021 and year to date. This was a unique position to be in.</p> | |
| | Resolved | |
| | That the verbal update be noted. | |
| 03/21/19 | Stab Proof Vests Update | |
| | <p>A report of the Director of Strategic Operations & Digital Integration was submitted. The report presented an update for the Board on this matter including the request for the Board, after reviewing the report to agree either of the following options:</p> <p>Option 1: Maintain current position Maintain current position and do not purchase or trial body armour for use by crews. This decision can be reviewed by the trust as future developments in this area occur or risk data changes. OR</p> <p>Option 2: Carry Out Small trial exercise This would involve the Trust procuring a small number of either formed or unformed armour to be tested by frontline staff.</p> <p>The Director of Strategic Operations & Digital Integration informed the Board that the London Ambulance Service is the only Ambulance Service to have issued stab vests for staff to wear as an optional item. The CEO strongly recommended to the Board that the Trust should undertake a trial and report its findings back to the Board. The CEO informed the Board that during the BWC survey most staff who responded asked for Stab Vests to be made available to staff. The Director of Strategic Operations & Digital Integration agreed with the trial of the vests. Ms Farrington pointed out that unless the Trust undertakes a trial it will not have staff's perspective. Mr Fessal agreed the most sensible approach was to undertake a trial.</p> <p>The Chief Executive emphasised that it was important that those staff participating in the trial must wear the equipment, if it was made voluntary they may not wear them and this could impact and skew the final analysis. As such staff participating in the trial must wear the vests when responding whilst on operational duty.</p> | |



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| | The Board supported option 2, and the carrying out of a small trial as set out in the report submitted. | |
| | Resolved | |
| | That approval be given to option 2 and undertake a small trial with the outcome being reported back to the Board at the conclusion of the trial exercise. | |
| 03/21/20 | Body Worn Cameras Update | |
| | <p>The report of the Director of Strategic Operations & Digital Integration was submitted. Providing the Board of Directors with the status of the national body worn camera trial. The report also sets out the number of physical and verbal assaults against staff during the period 1/4/20 to 31/01/21.</p> <p>It was reported that NHS England has provided funding of £920,000 to the Trust for the purchase of body born cameras. The Trust will purchase 1246 new body worn cameras and retain 42 of the older body worn cameras, giving a total of 1288 cameras available for distribution from 1st May onwards. Approximately 7% (£65k) of the funding awarded by NHS England has been retained for future costs (staffing, electrical, IT etc.) The first delivery of 394 cameras is expected by the 31 March 2021.</p> <p>It is anticipated that the body worn camera roll out will commence on the 1 May 2021. This date will be reliant on the delivery of cameras from Motorola, training of volunteers and completion of any necessary work regarding installation.</p> | |
| | Resolved | |
| | That the contents of the report be received and noted | |
| 03/21/21 | Data Security and Protection Toolkit (DSPT)Review | |
| | The report of the Director of Strategic Operations & Digital Integration was submitted advising the Board that the DSPT submission date is 30 June 2021. This was a later submission date than the usual submission date of 31 March 2021. It was noted that this may impact the Trust's Annual Governance statement. This was noted with concern by the Audit Committee at its last meeting. | |
| | Resolved | |
| | That the content of the report be received and noted. | |



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| 03/21/22 | Oldbury Project Update | |
| | <p>The report of the Director of Strategic Operations & Digital Integration was submitted advising the Board on progress with this scheme. The developer has received planning permission for the scheme. This is planned to be a 56-week build process. The Trust now needs to understand how quickly the Developer and Building Construction Team can commence work. The Chairman asked for Staff who will be based at the site to be actively involved in the planning process etc.</p> | |
| | Resolved | |
| | That the content of the report be received and noted. | |
| 03/21/23 | Personal Issue iPads | |
| | <p>The report of the Director of Strategic Operations & Digital Integration was submitted that sought to confirm the action taken previously in relation to the procurement of the personal issue iPads by drawing down available capital funding provided by NHSX for the procurement of personal use iPads through NHSX. The Board was also asked to note that further funding provision has been made available to fund the procurement of additional iPads through NHSX. The Director of Strategic Operations & Digital Integration explained that a better level of care will be provided in line with all the developing pathways coming online.</p> <p>Mrs Farrington-Chadd commented on the great progress made in this regard but asked how the Trust will manage the roll out, and what is planned with the ongoing issues – loss, damage etc. The Director of Strategic Operations & Digital Integration explained that a robust case including these matters has already been drawn up.</p> | |
| | Resolved | |
| | That approval be given to the move to personal issue devices that is initiated through the provision of NHSX funds as detailed in the report submitted. | |
| 03/21/24 | Sustainability Strategy | |
| | <p>The report of the Director of Strategic Operations & Digital Integration was submitted seeking Board approval of the Sustainability Strategy which has already been approved by the EMB.</p> <p>This strategy sets out the Trust's commitment to ensure governance and management arrangements are in place to deliver both the Trust's statutory responsibilities for sustainability and to achieve the NHS target of reducing</p> | |



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| | <p>its carbon footprint set out in Delivering a Net Zero National Health service (published in October 2020):</p> <ul style="list-style-type: none"> for the emissions we control directly (the NHS Carbon Footprint), net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032 for the emissions we can influence (our NHS Carbon Footprint Plus), net zero by 2045, with an ambition to reach an 80% reduction by 2036 to 2039. | |
| | Resolved | |
| | That approval be given to the Contents of the Sustainability Strategy as presented. | |
| 03/21/25 | Risk Appetite Statement | |
| | <p>A report of the Director of Director of Nursing & Clinical Commissioning was submitted.</p> <p>The statement was presented for approval by the Board. It has been reviewed by the EMB and Audit Committee before submission to this meeting. The Board was requested to review and if appropriate agree whether this statement adequately reflects the Trust Risk Appetite.</p> <p>It was agreed that a future strategy session would be arranged on risk appetite and compound risk. The Director of Nursing & Clinical Commissioning would facilitate the session.</p> | |
| | Resolved | |
| | <p>a) That approval be given to the Risk Appetite Statement submitted.</p> <p>b) That a future strategy session would be arranged on risk appetite and compound risk. The Trust Secretary would add this to the forward planner.</p> | PH |
| 03/21/26 | Board Assurance Framework | |
| | <p>A report of the Director of Director of Nursing & Clinical Commissioning was submitted that presented the Board Assurance Framework for review and approval.</p> <p>The Director of Nursing & Clinical Commissioning informed the Board that the BAF is discussed regularly at the EMB and sub-committees. From April the BAF will be on a SharePoint platform so everyone can contribute to it. The Director of Nursing & Clinical Commissioning explained that one risk</p> | |



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| | that has not yet been reviewed but will need to be is ambulance turnaround times. This has previously been rated as '20' which required review. The Chairman agreed that the handover delays risk should be reviewed as this does remain one of the Trust's most important risks. | |
| | Resolved | |
| | a) That the Board Assurance Framework as presented be approved. b) That the Director of Nursing & Clinical Commissioning would arrange for the handover delays risk to be reviewed after Easter 2021. | MD |
| 03/21/27 | Workforce Race Equality Standards (WRES) & BAME Action Plan Updates | |
| | <p>A report of the Director of Workforce and Organisational Development was submitted.</p> <p>The WRES is a mandatory requirement incorporated into the NHS Contract terms and conditions to ensure effective collection, analysis and use of workforce data by providers to address the under-representation of Black Minority Ethnic (BME) staff across the NHS. It requires NHS bodies to demonstrate progress against nine standard indicators specifically focused on race equality.</p> <p>The first document attached as Appendix 1 to the report was the Workforce Race Equality Standard 2020 Data Analysis (Published in February 2021).</p> <p>Attached as Appendix 2 is the Trusts own WRES Action Plan. It is presented to the Board following review by EMB and sets out this Trust's response to addressing inequalities referenced in the analysis. The Board were requested to receive and approve the Action Plan.</p> <p>Finally the BAME Representation, Progression & Leadership Action Plan The Trust has developed the Action Plan attached as Appendix 3 that complements the work undertaken as part of the WRES. This action Plan has been approved by the Board and has been reviewed in a timely manner by both the Board of Directors and the Executive Management Team. It is presented to this meeting for noting.</p> | |
| | Resolved | |
| | a) That the national WRES data report for 2020 be received and noted. b) That the WRES Action Plan be received and noted c) That the BAME Action Plan be received and noted | |



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| 03/21/28 | Operating Plan | |
| | <p>A report of the Strategy and Engagement Director was submitted</p> <p>The paper presents the draft Operating Plan for 2021/22, incorporating the latest workforce plan, financial accounts, and current overview of activity. The document represents the anticipated national guidance from the regulators, which will set out the specific arrangements and timescales. Final updates will be made to the document to take account of this guidance and any further updates following the closure of the final accounts and year end activity.</p> <p>The final version will be published on the Trust's website following approval at the next Board of Directors meeting.</p> <p>Mrs Farrington-Chadd thanked the Strategy & Engagement Director for a very well laid out document. Mrs Farrington-Chadd pointed out in relation to the table that shows year on year assignments etc this was different to what had been reported throughout the year. The Director of Strategic Operations & Digital Integration would share a table which shows the month-on-month activity.</p> | |
| | Resolved | |
| | <p>a) That the draft plan be received and noted and that the final updates will be made following closure of the financial accounts and presented to the meeting of the Board in May 2021.</p> <p>b) That the Director of Strategic Operations & Digital Integration would share a table which shows the month-on-month activity.</p> | CC |
| 03/21/29 | 5 Year Strategic Plan | |
| | <p>A report of the Strategy and Engagement Director was submitted.</p> <p>Further to the Board discussions in September and November, an updated Strategic priorities Framework has been developed and is set out within this paper, it has prioritised work areas to underpin each strategic objective and includes the proposed new value to reflect the Trust's responsibility on environmental sustainability.</p> <p>A considerable amount of engagement activity has been taking place, both with internal and external stake holders, with constructive feedback received.</p> <p>Following the revised engagement schedule agreed at the January board, engagement events have been held with the six then STPs and internally</p> | |



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| | <p>with our staff, through an online engagement event, led by the Chief Executive and Strategy and Engagement Director. This paper will update the Board on progress made to date, the outcomes of those engagement events and the next steps to come.</p> <p>The Chairman thanked the Strategy & Engagement Director for his significant contribution to the organisation. Engagement will be a big issue for the Trust on an organisational basis. Ms Beechey explained that the Trust fully supports health and wellbeing, and this has always been a focus of the Trust. The trust encourages flexible working and workshops have been put together for staff and managers. Mrs Wigley was delighted at her last meeting that the Board was receiving feedback on staff engagement. Mrs Wigley thanked the CEO and Strategy & Engagement Director for the work done in the is regard. Mrs Wigley noted the need to listen to what staff say and be flexible in our response.</p> | |
| | Resolved | |
| | That the contents of the report be received and noted. | |
| 03/21/30 | Quality Account Priorities | |
| | <p>A report of the Strategy & Engagement Director was submitted</p> <p>Further to discussion with senior clinicians and at management and governance committees, the Trust's proposed priorities for inclusion in the Quality Account for 2021-22. These have been compiled based upon:</p> <ul style="list-style-type: none"> • Trends and themes presented at Learning Review Group throughout the year • The publication of the Ockenden Report and the Trust's development plans in respect of maternity care • Our progress in respect of priorities for 2020/21 and onward work plans for 2021/22 <p>Once approved, these priorities will be included in our stakeholder engagement activities prior to production of the final Quality Account.</p> <p>The national guidance for the Quality Account has not yet been released. Our report is being produced based upon previous requirements and, subject to the above engagement, will be updated to fully represent full year activity, achievements, and these priorities.</p> <p>Subject to requirements for external audit and timescales for stakeholder feedback, the final report will be produced and presented to Board of Directors for approval in May 2021.</p> | |



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| | Resolved | |
| | That the approval be given to the priorities set out in the report submitted. | |
| 03/21/31 | Proposed modification of the NHS provider licence standard conditions: Condition G4 (fit and proper persons) – Consultation | |
| | A report of the Trust Secretary was submitted seeking approval of the action taken in responding to the consultation on changes to the Trust Licence Condition G4. Directors and the Governors were requested to respond by Monday 22 March 2021 to let the Trust Secretary know if they had any objections to the proposal. No objections were received by the deadline and in the light of no objections the Trust Secretary responded to NHSE/I to indicate that the Trust had no objections to the amendment to the Licence conditions as set out in the report submitted. | |
| | Resolved | |
| | That approval be given to the action taken by the Trust Secretary in responding to the consultation after consulting the Board of Directors and the Council of Governors that this Trust has no objections to the proposed revisions to the licence condition G4 as set out in the report submitted. | |
| 03/21/32 | Board Committee Meeting Minutes | |
| | Resolved: | |
| | a) That the Minutes of the Meeting of the Audit Committee held on the 19 January 2021 be received and noted. b) That the Minutes of the Meetings of the People Committee held on the 19 November 2020 and 28th January 2021 be received and noted c) That the Minutes of the Meeting of the Performance Committee held on 15 October 2020 be received and noted d) That the Minutes of the meeting of the Quality Governance Committee on 20 January 2021 be received and noted | |
| 03/21/33 | Amendment to the Audit Committee Terms of Reference | |
| | The Audit Committee were recommending a slight amendment to the ToR of the Committee, by the addition of the following line to the 'duties and interrelationships' section of the ToR: "The Committee will be required to ratify the appointment, and to be consulted on the removal of, the Head of Audit and Assurance.' This | |



| | | |
|-----------------|--|--|
| | <p>is to ensure compliance with Public Sector Internal Audit Standards (PSIAS)".</p> <p>The revised Terms of Reference were submitted.</p> | |
| | Resolved | |
| | That approval be given to the amended Terms of Reference of the Audit Committee as submitted. | |
| 03/21/34 | Board Hub Link & Board Responsibilities schedule | |
| | <p>The revised schedule was submitted following review by EMB.</p> <p>The schedule was submitted for approval with effect from 1 April 2021.</p> | |
| | Resolved | |
| | That the contents of the schedule be approved. | |
| 03/21/35 | New or Increased Risks Highlighted Today | |
| | Financial Planning and Workforce Planning remained a high risk in the current climate and the changes to the Governance of the regional planning system. | |
| 03/21/36 | Board of Directors Schedule of Business | |
| | The Schedule was as submitted. | |
| | Resolved: | |
| | That the Board Schedule of Business be received and noted. | |
| 03/21/37 | Any Other Business | |
| | <p>Cuddle Pockets</p> <p>The Director of Nursing and Clinical Commissioning raised an item of Any Other Business. The Director of Nursing & Clinical Commissioning explained that at the last meeting he had given an undertaking to ensure the Cuddle Pockets were introduced in the Trust within three months. It was reported that the Cuddle Pockets are now on all ambulances along with the TransWarmer mattresses. The Trust has a sustainable supply going forward.</p> | |



| | | |
|----------|---|--|
| 03/21/38 | Date and time of the next meeting Wednesday 26 May 2021 – 10:00 hours | |
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DRAFT



Minutes of the Meeting of the Extraordinary Meeting of the Board of Directors
held on 28 April 2021 at 09:30 hours, via Microsoft Teams

Present:

| | | |
|-------------------------|-------|--|
| Prof I Cumming* | Chair | Non-Executive Director (Chair) |
| Prof A C Marsh* | CEO | Chief Executive Officer |
| Mrs W Farrington-Chadd* | AY | Non-Executive Director |
| Ms Lisa Bayliss - Pratt | WFC | Non-Executive Director |
| Ms Carla Beechey | LBP | Non Executive Director |
| Mr Mohammed Fessal* | CB | People Director |
| Ms Claire Finn* | MF | Non-Executive Director |
| Mr M Khan* | CF | Director of Finance |
| Mrs N Kooner* | MK | Non-Executive Director |
| Mr M Docherty* | NK | Non-Executive Director (part of the meeting) |
| Mr M MacGregor | MD | Director of Nursing & Clinical Commissioning |
| Mr C Cooke* | MM | Communications Director |
| Mr V Khashu | CC | Director of Strategic Operations & Digital Integration |
| Dr A Walker* | VK | Strategy & Engagement Director |
| | AW | Medical Director |

* Denotes a voting member appointed pursuant to the Constitution of the West Midlands Ambulance Service NHS Foundation Trust

In attendance:

| | | |
|-----------------|----|---------------------------------------|
| Mr P. Higgins | PH | Governance Director & Trust Secretary |
| Ms R Farrington | RF | Staff Side Representative |

| ITEM | Board of Directors Meeting – 28 April 2021 | ACTION |
|----------|---|--------|
| 04/21/01 | Chairman's Introductions, Apologies and Announcements | |
| | <p>a. The Chairman opened the meeting and referred to the recent death whilst on duty of Jeremy Daw, a Paramedic serving with the Trust. The circumstances of the death were outlined and it was acknowledged that initial investigations were concluding that it was an unusual and fatal accident. An object had struck the windscreen of the vehicle. The Chairman also referred to the crewmate and driver Matthew Tyler, who sustained injury and had received treatment at hospital and has subsequently been discharged.</p> <p>After hearing from the Chief Executive on the details of the Accident and whether there could be any learning from the incident and the what support has been put in place to support the family and staff affected by this terrible incident, the Chairman asked the Board to observe a</p> | |



| | | |
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| | <p>minutes silence as a mark of respect.</p> <p>The Board observed a minutes silence.</p> <p>The Chairman asked the Chief Executive to convey to the families and staff the condolences of this Board at the sad loss of a loved one and a colleague.</p> | |
| | <p>b. Midland Air Ambulance Charity (MAA)</p> <p>The Chairman asked the CEO to update the Board on recent correspondence that had been received from the CEO of the MAA.</p> <p>The CEO reported that an email had been received by the Trust on the previous evening (27 April 2021) stating that the charity's Board of Trustees at its meeting on 27 April 2021 had approved in principle to begin negotiations for the adoption of an independent clinical model, which the CEO indicated meant being independent.</p> <p>The CEO updated the Board that basically, under the current Service Level Agreement this Trust provides clinical staff and the operations of the charity are under the umbrella of this Trust's CQC registration, whilst the Charity funded and provided the vehicles to enable operational staff employed by this Trust to respond by either helicopter or land vehicle. The CEO explained the history of the relationship between the Charity and the Trust, he stated as part of the application for Foundation Trust status the Trust Board, which had also been the Board of Trustees had set up an independent Charity with its own Board of Trustees. However, links through a Service Level Agreement (The SLA) were maintained, the SLA governed the clinical and operational model of service provision. The CEO indicated that the current arrangements work well and under the current SLA there is the assurance to the Board and Trust that the quality of the service provided is both safe and effective as it is subject to the Trust's CQC registration. Therefore, this proposal, has come as a surprise although the Charity has mentioned it in the past. The CEO also indicated his concerns that the Charity's timescales for completion needed to be reviewed as they looked unrealistic in the current circumstances. The CEO stated that his primary concern at this time was to ensure continuity of services in particular the MERIT team as the Trust are directly commissioned for this service and not the Charity. He therefore indicated that he had taken action to ensure that safe services to the patients and the public are maintained during this period of discussion over the future model.</p> <p>Members of the Board commented on the proposals and it was agreed that the CEO should continue discussions with the MAA with a view to formally updating this Board at its meeting in May 2021.</p> | |



| | | |
|-----------------|---|--|
| | The CEO indicated he would provide an additional briefing for the NEDs at their meeting on 11 May 2021. | |
| 04/21/02 | Declarations of Interest | |
| | There were no conflicts of interest declared by anyone attending the meeting in relation to any matters on the agenda. | |
| 04/21/03 | Questions from the Public | |
| | There were no questions submitted by the public. | |
| 04/21/ | Financial Plan 2021/22 | |
| | <p>The Director of Finance reported verbally that a written report had not been submitted as discussions were still ongoing with commissioners and therefore a more detailed briefing on the risks and system assumptions would be provided at the briefing meeting immediately following this Extraordinary meeting in order to agree the Trust stance.</p> <p>The Director of Finance indicated that given that the Trust was required to make a submission to the NHSI by 6 May 2021. Given that discussions were still ongoing the Board was asked to confirm that the Trust proceeds to submit to the NHSI the Board's agreed budget of £183,407 approved by the Board at its meeting in March 2021.</p> | |
| | <p>Secondly the Board was asked to note that 2020/21 accounts have been presented to the NHSI to ensure that the Trust complies with the deadline to submit the draft annual accounts by noon on 29 April 2021; and to also note that this Trust was the first to do so this year. The final audited accounts must be submitted by 15th June 2021.</p> <p>The draft annual accounts report a £285k surplus. After adjustments for impairments £260k surplus.</p> <p>This is against a planned deficit of £6.3m - £6.6m favourable variance. The planned adjusted financial performance i.e. excluding PSF,FRF, top ups was £29.6m deficit.</p> <p>There have been limited movements from the forecast submitted at M11. Key changes are:</p> <ul style="list-style-type: none"> - Receipt of annual leave accrual income - Receipt of push stock income - Final notification and receipt of flowers income | |



| | | |
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| | The Director of Finance reported that clearly this was an unusual year and the financial circumstances may lead to external audit focussing on particular areas. | |
| | Resolved: | |
| | a) That the Director of Finance be authorised to proceed with the submission of the Trust's H1 plan as agreed by the Board at its meeting on 31 March 2021. b) That the 2020/21 accounts have been presented to the NHSI to ensure that the Trust complies with the deadline to submit the draft annual accounts by noon on 29 April 2021 be noted. | |
| | There was no any other business so the Chairman concluded the meeting and thanked members for their attendance and reminded them that the Board Briefing would commence immediately. | |

**NHS****West Midlands Ambulance Service**

University NHS Foundation Trust

Paper 04

Board Action Log

| Minute Reference | Notes and Any Actions Required | Action by | Timescale | Progress/Evidence |
|------------------|--|-----------|------------|---|
| 03/21/08 | Executive Scorecard: a) That the Trust Secretary review the data source in relation to the Workforce Performance scorecard and advise the CEO | PH | April 2021 | Complete The accuracy of the workforce figures was raised with the People Director who has liaised with the person compiling the data and both are assured of the revised figures provided. |
| 03/21/25 | Risk Appetite Statement a) That a future strategy session would be arranged on risk appetite and compound risk. The Trust Secretary would add this to the forward planner. | PH | April 2021 | Complete The Head of Risk will facilitate a discussion with the outcome feeding into developing the Trust Risk Management Strategy at the Board Strategy Briefing on 30 June 2021. |
| 03/21/26 | Board Assurance Framework a) That the Director of Nursing & Clinical Commissioning would arrange for the handover delays risk to be reviewed after Easter. | MD | April 2021 | The Head of Risk has reviewed the Handover Delays and this review has been reviewed at the Trusts Health Safety and Risk Group, the outcome of the review will be included in the next and ongoing iterations of the Board Assurance Framework. |

**NHS****West Midlands Ambulance Service**

University NHS Foundation Trust

| Minute Reference | Notes and Any Actions Required | Action by | Timescale | Progress/Evidence |
|------------------|--|-----------|------------|--|
| 03/21/28 | Operating Plan a) That the Director of Strategic Operations & Digital Integration would share a table which shows the month-on-month activity. | CC | April 2021 | Month on month activity is presented to meetings of the Performance Committee. In addition the Trust Information Pack circulated to Board members contains detailed performance figures including the monthly contract figures. |

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 06a MONTH: May 2021 PAPER NUMBER: 05a

| Chief Executive Officer's Report | |
|--|---|
| Sponsoring Director | Chief Executive Officer |
| Author(s)/Presenter | Anthony C Marsh – Chief Executive Officer |
| Purpose | This report provides an update from the Chief Executive on national matters and an update on key issues within the organisation as listed under the Executive Summary. |
| Previously Considered by | Not Applicable, except for items and actions arising from the Executive Management Team. |
| Report Approved By | Chief Executive Officer |
| Executive Summary This report includes: <ol style="list-style-type: none"> 1. Non-Emergency Patient Transport – Key Performance Indicators 2. Over 2-minute 999 Call Answering Update 3. Commonwealth Games Strategic Oversight Board 4. NARU Duty of Care Briefing for Ambulance Responders 5. NHSE/I Well Led Review Action Plan (Good Governance Institute external review) 6. CEO Meetings – 22 March to 14 May 2021. | |
| Related Trust Objectives/ National Standards | Current Strategic Objectives: <ul style="list-style-type: none"> • Achieve Quality and Excellence • Accurately assess patient needs and direct resources appropriately • Establish our market position as an emergency healthcare care provider • Work in partnership • The Trust reports against the National Ambulance Service Standards, as well as its clinical standards. These are reported as part of the Trusts Information Pack to each meeting of the Board. • The Trust must also remain compliant with the standards set out in its CQC Registration, which includes the use of resources risk assessment. |
| Risk and Assurance | The NHS is facing financial and activity challenges, and the Trust needs to ensure it has robust arrangements in |

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 06a MONTH: May 2021 PAPER NUMBER: 05a

| | |
|--|--|
| | <p>place to meet its financial and operational targets and obligations in line with its strategic direction.</p> <p>Risks are captured on the Board Assurance Framework and Risk Register.</p> <p>Assurance can be provided through discussions and evidence provided at the Board of Directors through its pillar committees.</p> |
| Legal implications/ regulatory requirements | <p>To maintain compliance with both regulations and the conditions of licence and registration from the Regulators.</p> <p>No legal advice has been sought or required in the construction of this report.</p> |
| Financial Implications | <p>There are no immediate financial planning implications arising from this report, apart from those already in place (Budget/Cost Improvement Programme etc.) which have been agreed at the Executive Management Board meetings.</p> |
| Workforce & Training Implications | <p>Only those noted in the paper.</p> |
| Communications Issues | <p>To ensure relevant items from this paper are communicated as appropriate to internal and external stakeholders.</p> |
| Diversity & Inclusivity Implications | <p>Not applicable at this stage.</p> |
| Quality Impact Assessment | <p>No new QIAs required at this time.</p> |
| Data Quality | <p>The Trust Information Pack contains further information on performance, which has been collated by the Business Intelligence Unit and other Trust data systems. Information has also been collected from national ambulance performance data.</p> |

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 06a MONTH: May 2021 PAPER NUMBER: 05a

Action required

The Board of Directors is asked to:

- Receive and note the contents of the paper seeking clarification where necessary.
- To receive and approve the revised Governance structure which includes the Commonwealth Games Strategic Oversight Board Task & Finish Group
- To receive and approve the contents of the NHSE/I Well Led Review Action Plan following the external review by the Good Governance Institute.

1. Non-Emergency Patient Transport Services– Key Performance Indicators

Appendix 1 shows the Non-Emergency Patient Transport (PTS) performance against the agreed Key Performance Indicators (KPIs) for April 2021 for each Contract. I am pleased to report all targets are being achieved each month.

2. Over 2-minute 999 Call Answering Update

Call answering performance has been very strong. The Trust continues to report the lowest 2-minute call answering delays in the country.

| Trust | April | May | June | July | August | Sept | October | November | December | January | February | March | Year To date |
|--------|-------|-----|------|------|--------|------|---------|----------|----------|---------|----------|-------|--------------|
| WMAS | 4 | 8 | 3 | 3 | 12 | 1 | 5 | 8 | 6 | 39 | 3 | 6 | 98 |
| EoE | 16 | 34 | 5 | 24 | 20 | 12 | 37 | 18 | 61 | 127 | 21 | 63 | 438 |
| EMAS | 55 | 11 | 54 | 61 | 92 | 342 | 212 | 193 | 111 | 323 | 94 | 143 | 1691 |
| LAS | 1909 | 10 | 5 | 83 | 70 | 169 | 56 | 94 | 4699 | 11753 | 0 | 50 | 18898 |
| NEAS | 18 | 69 | 52 | 34 | 101 | 153 | 188 | 222 | 94 | 265 | 130 | 77 | 1403 |
| NWAS | 79 | 2 | 0 | 0 | 10 | 106 | 515 | 42 | 15 | 202 | 25 | 24 | 1020 |
| SCAS | 90 | 24 | 39 | 58 | 111 | 57 | 185 | 154 | 399 | 257 | 58 | 110 | 1542 |
| SECAMB | 5 | 2 | 222 | 292 | 37 | 96 | 56 | 44 | 124 | 671 | 30 | 184 | 1763 |
| SWAST | 0 | 17 | 15 | 11 | 34 | 45 | 28 | 82 | 77 | 22 | 8 | 10 | 349 |
| YAS | 166 | 159 | 148 | 64 | 125 | 298 | 4429 | 1130 | 1070 | 1420 | 174 | 653 | 9836 |

3. Commonwealth Games Strategic Oversight Board

The purpose of the CWG Strategic Oversight Board Task & Finish Group is to plan/prepare for the CWG in 2022 in the West Midlands region. The agreed Terms of Reference for this group is attached at Appendix 2.

Appendix 2a shows the current Trust Governance Structure with the CWG Strategic Oversight Group included. The Board are requested to receive and approve the revised Governance structure.

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 06a MONTH: May 2021 PAPER NUMBER: 05a

4. NARU – The Duty of Care Briefing for Ambulance Responders

It is obvious that ambulance clinicians have a duty to provide care to their patients but establishing exactly how that duty applies to some emergency situations can be challenging. The duty of care represents moral, professional, and legal obligations. The moral obligation to provide care is a matter of individual and social conscience. The professional obligation arises from a clinician's professional registration and organisational procedures or national practice guidelines. The legal obligation arises from several sources. The Briefing is attached at Appendix 3.

5. Good Governance Institute Board Self Assessment Well Led Review – Action Plan

The Board agreed to undertake the NHSI Well Led Review commencing in the Spring of 2019 with a view to completing the Well Led self assessment review prior to the CQC Well Led Review that commenced in the early Summer of 2019.

The Board commissioned the Good Governance Institute (GGI) to carry out the external review of its self assessment. The final report from the GGI was submitted for review at the meeting of the Board of Directors in June 2019 and then July 2019.

The Board agreed after reviewing the report to authorise the Chairman at that time to write to the NHSE/I confirming that the Trust has completed the review, and that no material issues of governance have been found. This was a requirement of the guidance.

After considering the recommendations contained in the report from the external facilitator; the Chief Executive Officer asked for an action plan to be drawn up to address the recommendations for submission to the Board of Directors. The Action Plan was reviewed by EMB at its meeting on 18 May 2021. All Actions have been completed or good progress being made. The EMB agreed to submit the Action Plan to the Board of Directors to note that the progress made and endorse the content of the Action Plan (Appendix 4)

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 06a MONTH: May 2021 PAPER NUMBER: 05a

Chief Executive Officer Meetings – 22 March to 14 May 2021

Staff

- Senior Command Team
- NEDs Meeting
- PTS Managers Briefing
- Proud Network
- ONE Network
- Hereford Hub
- MAAC CCP Staff
- WMAS Staff Network Chairs Meeting
- Council of Governors
- MTA Exercise
- Tactical Incident Commanders Meeting

National Meetings

- NHS England / NHS Improvement Ambulance Covid-19 Daily Cell
- NHS England / NHS Improvement Hospital Handover Delays Review Meeting
- NHS England / NHS Improvement UEC Transformation Priorities Forum
- Ann Ford & Heidi Smoult, CQC
- NHS England / NHS Improvement C3/4 Pilot – Bi-Weekly All Trust Meeting
- NHS England / NHS Improvement Directors for Emergency & Elective Care Meeting
- Martin Flaherty & Daren Mochrie, Association of Ambulance Chief Executives
- Association of Ambulance Chief Executives – Ambulance Chief Executives Group
- Association of Ambulance Chief Executives – Extraordinary General Meeting
- NHS England / NHS Improvement CEO Advisory Group
- NHS England / NHS Improvement Joint Ambulance Improvement Programme Board
- Ciaran Sundstrem, NHS England
- NHS England / NHS Improvement – Avoidance Ambulance Conveyance Data
- NARU Steering Group
- JESIP/MAI Catch Up
- ECPAG
- NHS England / NHS Improvement IUC Strategy Alignment with Ambulance service
- Association of Ambulance Chief Executives – Council Meeting
- NHS England / NHS Improvement UEC Transformation Priorities Forum

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 06a MONTH: May 2021 PAPER NUMBER: 05a

- NHS England / NHS Improvement ADS Review with Ambulance Services & NHS Digital
- Pauline Philip, National Director for Emergency & Elective Care
- NHS England / NHS Improvement EEC Directorate SMT
- NHS England / NHS Improvement 999 Ambulance Cell
- NHS England / NHS Improvement Ambulance Triage System Discussion
- Trauma Webinar
- NHS England / NHS Improvement UEC Recovery Oversight Group
- NHS England / NHS Improvement EEC Check In
- NHSX Digital Ambulance Stakeholder Workshop
- NHS England / NHS Improvement Ambulance Data Set Project Board
- NHS England / NHS Improvement - Ambulance Improvement & Implementation Board
- NHS England / NHS Improvement SECAMB Stop/Go Live
- NARU Winter Learning Event
- Professor Sir Keith Porter
- NHS England / NHS Improvement UEC Recovery Steering Group
- Minister State for Health – Ambulance Deep Dive
- NHS England / NHS Improvement Volunteer Sector Initiatives Meeting

Regional Meetings

- Diane Wake & Yve Buckland, Dudley Group of Hospitals
- Louise Barnett & Catriona McMahon, Shrewsbury & Telford Hospital
- Hanna Sebright & Roger Pemberton, MAA Charity

**Professor Anthony C. Marsh
Chief Executive Officer
May 2021**

Non-Emergency Patient Transport Services
2020-21 Performance



| Cheshire, Warrington & The Wirral | KPI | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | YTD |
|---|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| EPS Arrival | | | | | | | | | | | | | | |
| % Arriving within 60 minutes prior. | 90% | 93.47% | | | | | | | | | | | | 93.47% |
| % Arriving on time | Info | 94.19% | | | | | | | | | | | | 94.19% |
| Planned Arrival | | | | | | | | | | | | | | |
| % Arriving within 60 minutes prior & 15 mins after appt | 90% | 94.38% | | | | | | | | | | | | 94.38% |
| % Arriving on time | Info | 95.29% | | | | | | | | | | | | 95.29% |
| EPS Departure | | | | | | | | | | | | | | |
| % Collected within 60 minutes | 85% | 98.50% | | | | | | | | | | | | 98.50% |
| % Collected within 90 minutes | 90% | 99.63% | | | | | | | | | | | | 99.63% |
| Planned Departure | | | | | | | | | | | | | | |
| % Collected within 60 minutes | 80% | 93.52% | | | | | | | | | | | | 93.52% |
| % Collected within 90 minutes | 90% | 97.23% | | | | | | | | | | | | 97.23% |
| Unplanned Departure | | | | | | | | | | | | | | |
| % Collected within 60 minutes | 75% | 90.08% | | | | | | | | | | | | 90.08% |
| % Collected within 90 minutes | 85% | 96.69% | | | | | | | | | | | | 96.69% |
| EPS Time on Vehicle | | | | | | | | | | | | | | |
| On vehicle is <60 minutes. | 85% | 96.96% | | | | | | | | | | | | 96.96% |
| Planned Time on Vehicle | | | | | | | | | | | | | | |
| On vehicle is <60 minutes. | 80% | 94.14% | | | | | | | | | | | | 94.14% |
| UnPlanned Time on Vehicle | | | | | | | | | | | | | | |
| On vehicle is <60 minutes. | 80% | 93.58% | | | | | | | | | | | | 93.58% |

| Sandwell and West Birmingham | KPI | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | YTD |
|--|------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| Inward Journeys - All Activity | | | | | | | | | | | | | | |
| 60 minutes before and 15 minutes late | info | 70.0% | | | | | | | | | | | | 70.0% |
| Too Early + KPI Window (With Exemptions) | 90% | 97.00% | | | | | | | | | | | | 97.00% |
| Outward Journeys - Planned (OP, AT, DP & Dis.) | | | | | | | | | | | | | | |
| collection < 60mins (of scheduled / ready time) | 75% | 85.10% | | | | | | | | | | | | 85.10% |
| collection < 90mins (of scheduled / ready time) | 95% | 95.00% | | | | | | | | | | | | 95.00% |
| collection < 60mins (of scheduled / ready time) | 60% | 71.30% | | | | | | | | | | | | 71.30% |
| collection < 120mins (of scheduled / ready time) | 95% | 99.10% | | | | | | | | | | | | 99.10% |
| Transfers | | | | | | | | | | | | | | |
| collection < 90mins (of scheduled / ready time) | 75% | 100.00% | | | | | | | | | | | | 100.00% |
| collection < 120mins (of scheduled / ready time) | 95% | 100.00% | | | | | | | | | | | | 100.00% |
| Home Visits | | | | | | | | | | | | | | |
| < 30 mins before outward collection time | 90% | 100.00% | | | | | | | | | | | | 100.00% |
| < 30 mins after inward collection time | 90% | 100.00% | | | | | | | | | | | | 100.00% |
| Within 10 miles of destination < 60 mins | 90% | 91.00% | | | | | | | | | | | | 91.00% |
| Within 11-20 miles of destination < 90 mins | 90% | 92.00% | | | | | | | | | | | | 92.00% |

| Wolverhampton & Dudley | KPI | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | YTD |
|--|------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| Inward Journeys - All Activity | | | | | | | | | | | | | | |
| 60 minutes before and 15 minutes late | info | 76.4% | | | | | | | | | | | | 76.4% |
| Too Early + KPI Window (With Exemptions) | 90% | 98.00% | | | | | | | | | | | | 98.00% |
| Outward Journeys - Planned (OP, AT, DP & Dis.) | | | | | | | | | | | | | | |
| collection < 60mins (of scheduled / ready time) | 75% | 94.10% | | | | | | | | | | | | 94.10% |
| collection < 90mins (of scheduled / ready time) | 95% | 98.00% | | | | | | | | | | | | 98.00% |
| Outward Journeys - On Day (OP, AT, DP & Dis.) | | | | | | | | | | | | | | |
| collection < 60mins (of scheduled / ready time) | 60% | 83.00% | | | | | | | | | | | | 83.00% |
| collection < 120mins (of scheduled / ready time) | 95% | 99.20% | | | | | | | | | | | | 99.20% |
| Transfers | | | | | | | | | | | | | | |
| collection < 90mins (of scheduled / ready time) | 75% | 87.20% | | | | | | | | | | | | 87.20% |
| collection < 120mins (of scheduled / ready time) | 95% | 95.70% | | | | | | | | | | | | 95.70% |
| Home Visits | | | | | | | | | | | | | | |
| < 30 mins before outward collection time | 90% | 100.00% | | | | | | | | | | | | 100.00% |
| < 30 mins after inward collection time | 90% | 100.00% | | | | | | | | | | | | 100.00% |
| Within 10 miles of destination < 60 mins | 90% | 99.70% | | | | | | | | | | | | 99.70% |
| Within 11-20 miles of destination < 90 mins | 90% | 99.30% | | | | | | | | | | | | 99.30% |

| Walsall PTS | KPI | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | YTD |
|--|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Inwards: Outpatients | | | | | | | | | | | | | | |
| < 60 mins before & 15mins after appointment time | info | 90.1% | | | | | | | | | | | | 90.1% |
| Too Early + KPI Window (With Exemptions) | 90% | 91.00% | | | | | | | | | | | | 91.00% |
| Outwards: Outpatients | | | | | | | | | | | | | | |
| Patients collected < 60 mins after agreed pick-up time | 75% | 78.40% | | | | | | | | | | | | 78.40% |
| Patients collected < 90 mins after agreed pick-up time | 90% | 96.50% | | | | | | | | | | | | 96.50% |
| Discharges: (Inc. Transfers & After Treatment) | | | | | | | | | | | | | | |
| Discharged < 60 mins | 60% | 68.40% | | | | | | | | | | | | 68.40% |
| Discharged < 120 mins | 80% | 98.20% | | | | | | | | | | | | 98.20% |
| Time Spent On Vehicle | | | | | | | | | | | | | | |
| Planned mileage < 10 miles and < than 60 mins | 90% | 92.80% | | | | | | | | | | | | 92.80% |

| Black Country Partnership (BCP) PTS | KPI | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | YTD |
|--|------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Inwards: Planned (all categories) | | | | | | | | | | | | | | |
| < 15mins after appointment time | 95% | 100.0% | | | | | | | | | | | | 100.0% |
| Inwards: Planned (Admission, Day & OPs) | | | | | | | | | | | | | | |
| > 30mins before & <15mins late | 95% | 100.0% | | | | | | | | | | | | 100.0% |
| Outwards: Planned (all categories) | | | | | | | | | | | | | | |
| Collection < 60mins after ready time | 95% | 100.0% | | | | | | | | | | | | 100.0% |
| Planned mileage < 10 miles, < 60 mins on vehicle | 100% | 100.0% | | | | | | | | | | | | 100.0% |

Non-Emergency Patient Transport Services
2020-21 Performance



| Coventry & Warwickshire PTS | KPI | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | YTD |
|--|-----|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|---------|
| Renal Contract [LOT 2] | | | | | | | | | | | | | | |
| Renal: Response Times: Outpatients | | | | | | | | | | | | | | |
| <15 miles, Collected from home < 90mins before appointment. | 90% | 94.60% | | | | | | | | | | | | 94.60% |
| >15 miles, Collected from home < 120mins before appointment. | 95% | 95.20% | | | | | | | | | | | | 95.25% |
| Renal: Arrival Times: For Outpatients | | | | | | | | | | | | | | |
| Arrive < 60 mins before appointment time. | 95% | 96.00% | | | | | | | | | | | | 96.00% |
| Collection < 60 mins of request. | 95% | 96.00% | | | | | | | | | | | | 96.00% |
| Collection < 4 hours of request. | 95% | 100.00% | | | | | | | | | | | | 100.00% |
| Renal : Time on Vehicle | | | | | | | | | | | | | | |
| <60 minutes for journeys < 12 miles of the destination Trust. | 95% | 96.00% | | | | | | | | | | | | 96.00% |
| <120 minutes for journeys >12 miles (unless out of area). | 95% | 98.00% | | | | | | | | | | | | 96.00% |
| Main Contract [LOT 1] | | | | | | | | | | | | | | |
| Response Times: OP, Admissions and Day Cases | | | | | | | | | | | | | | |
| <15 miles, Collected from home < 90mins before appointment. | 90% | 95.00% | | | | | | | | | | | | 95.00% |
| >15 miles, Collected from home < 120mins before appointment. | 95% | 95.00% | | | | | | | | | | | | 95.00% |
| Arrival Times: For Outpatient Appointments, Admissions and Day Cases | | | | | | | | | | | | | | |
| Arrive < 60 mins before appointment time. | 95% | 96.00% | | | | | | | | | | | | 96.00% |
| Planned Outwards | | | | | | | | | | | | | | |
| Collected <60 mins of request. | 95% | 97.00% | | | | | | | | | | | | 97.00% |
| Home Visits: Collected <30 mins of request. (out) | 95% | 100.00% | | | | | | | | | | | | 100.00% |
| Home Visits: Collected <45 mins of request. (in) | 95% | 100.00% | | | | | | | | | | | | 100.00% |
| On Day Booking | | | | | | | | | | | | | | |
| Collected <4 hours of request. | 95% | 100.00% | | | | | | | | | | | | |
| End of Life: Collected <2 hours of request. | 98% | 100.00% | | | | | | | | | | | | 100.00% |
| Time on Vehicle | | | | | | | | | | | | | | |
| <60 minutes for journeys < 12 miles of the destination Trust. | 95% | 97.00% | | | | | | | | | | | | 97.00% |
| <120 minutes for journeys >12 miles (unless out of area). | 95% | 99.00% | | | | | | | | | | | | 99.00% |

| Pan Birmingham PTS | KPI | Apr-21 | May-21 | Jun-21 | Jul-21 | Aug-21 | Sep-21 | Oct-21 | Nov-21 | Dec-21 | Jan-22 | Feb-22 | Mar-22 | YTD |
|--|-----|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------|
| Inwards: Planned | | | | | | | | | | | | | | |
| Not Late for Appointment (includes too early) | 90% | 92.30% | | | | | | | | | | | | 92.30% |
| Inwards: On-Day (GP Urgents) | | | | | | | | | | | | | | |
| < 120mins of agreed collection time | 90% | - | | | | | | | | | | | | - |
| Outwards: Planned | | | | | | | | | | | | | | |
| Collection < 60mins of scheduled/ready time | 90% | 94.60% | | | | | | | | | | | | 94.60% |
| Outwards: On-Day | | | | | | | | | | | | | | |
| < 120mins of agreed collection time | 90% | 98.20% | | | | | | | | | | | | 98.20% |
| Outwards: On-Day (Quick Response) | | | | | | | | | | | | | | |
| < 60mins of agreed collection time (Eds & Assess. Areas) | 95% | 95.20% | | | | | | | | | | | | 95.20% |
| Time Spent On Vehicle | | | | | | | | | | | | | | |
| < 60mins within a distance of 15 miles | 95% | 95.30% | | | | | | | | | | | | 95.30% |
| Renal Dialysis Performance - For Info Only | | | | | | | | | | | | | | |
| Inwards: Planned | | | | | | | | | | | | | | |
| Not Late for Appointment (includes too early) | 90% | 91.60% | | | | | | | | | | | | 91.60% |
| Outwards: Planned | | | | | | | | | | | | | | |
| Collection < 60mins of scheduled/ready time | 90% | 95.80% | | | | | | | | | | | | 95.80% |
| Time Spent On Vehicle | | | | | | | | | | | | | | |
| < 60mins within a distance of 15 miles | 95% | 98.50% | | | | | | | | | | | | 98.50% |

West Midlands Ambulance Service University NHS Foundation Trust
TERMS OF REFERENCE

CWG Strategic Oversight Board (Task and Finish)

| | | |
|----------------------|--|---|
| 1. Purpose | | |
| | The purpose of the CWG Strategic Oversight Board Task & Finish Group is to plan/prepare for the CWG in 2022 in the West Midlands region. | |
| 2. Aims of the Group | | |
| | 2.1 | To oversee the plans required for the CWG in 2022. |
| | 2.2 | To ensure that the Executive Management Board (EMB), Board of Directors (BoD) and Council of Governors (CoG) are regularly updated on progress. |
| | 2.3 | Creation of Risk Log which the Head of EP & CWG Planning will own. |
| | 2.4 | To identify any risks and provide the best possible mitigation for each one. |
| | 2.5 | Identify a risk lead/owner who has responsibility for monitoring, actively managing and mitigating the risk. |
| | 2.6 | The risk register will be reviewed monthly throughout the life of the project by the CWG Oversight Strategic Board. |
| | 2.7 | To provided regular communications to staff and external stakeholders. |
| | 2.8 | To undertake Quality Impact Assessments as required (including Equality Impact Assessments). |
| | 2.9 | The assessment and monitoring of the realisation of the benefits will form a key part of the post project evaluation process. |
| 3. Membership | | |
| | 3.1 | The project delivery will be overseen by a Task and Finish Programme Board: Anthony Marsh, Chief Executive (Chair) Craig Cooke, Strategic Director of Operations Murray MacGregor, Communications Director Claire Finn, Director of Finance James Williams, Head of EP |
| | 3.2 | Other Trust and external stakeholder members may be requested to attend for specific agenda items. |
| | 3.3 | Members are expected to attend or forward an update report of their area. |
| 4. Quorum | | |
| | Two, to include the Lead and/or the Chair. | |

West Midlands Ambulance Service University NHS Foundation Trust
TERMS OF REFERENCE

| | | |
|-----------|---|--|
| | | |
| 5. | Key Documents and Information Sources for this Group | |
| | 5.1 | NHS Improvement NHS England Commissioners Trust Policies & Procedures Other Ambulance Service documentation Other Emergency Services DHSC |
| 6. | Responsibility | |
| | 6.1 | The CWG Strategic Oversight Board (Task and Finish) is responsible to the Executive Management Board (EMB), and the Chair of EMB will provide regular reports to the Board of Directors. |
| 7. | Secretarial Support | |
| | 7.1 | Secretarial support will be provided by the Executive Office. |
| 8. | Meeting Frequency | |
| | 8.1 | The CWG Strategic Oversight Board will meet monthly. |
| 9. | Review of Terms of Reference | |
| | 9.1 | 1 April 2022 |

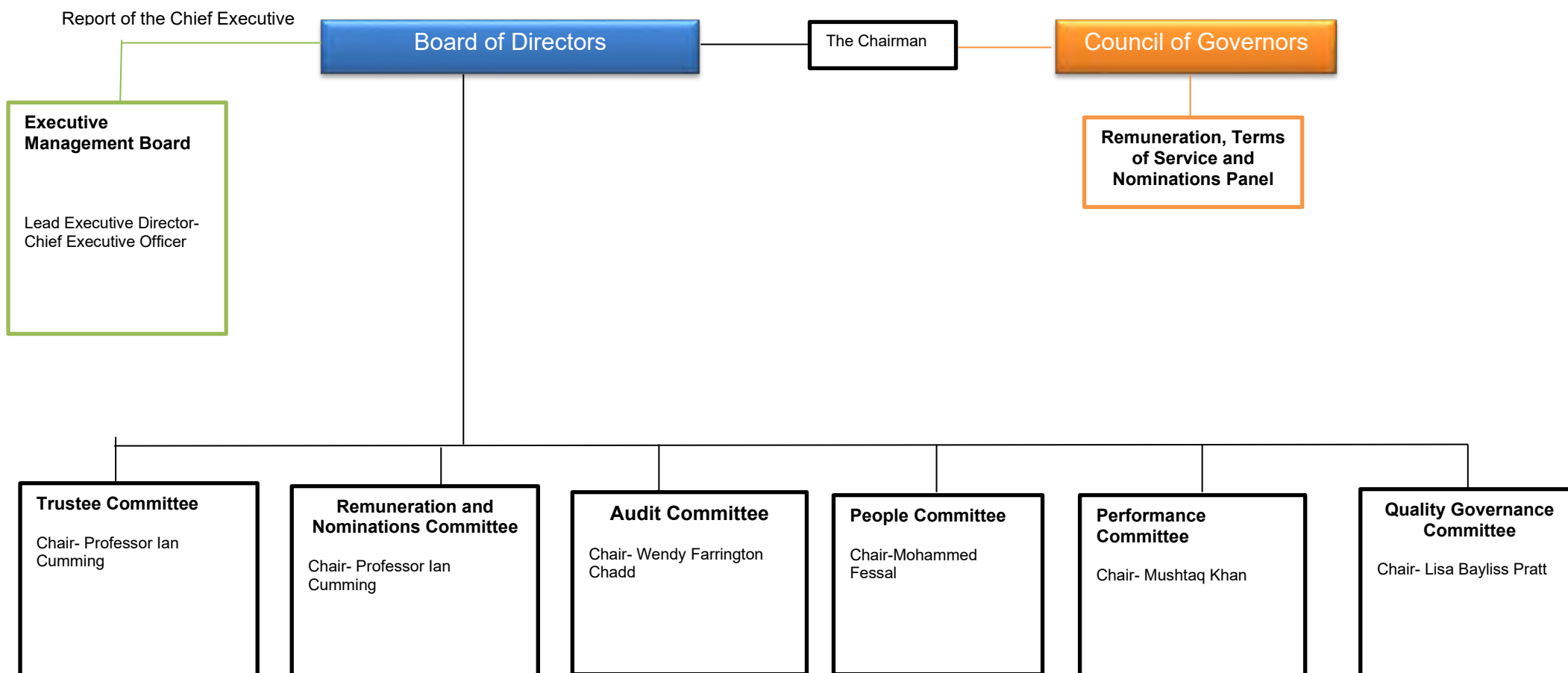
These Terms of Reference were agreed by the Executive Management Board on:

.....2021

West Midlands Ambulance Service

University NHS Foundation Trust

TRUST COMMITTEE STRUCTURE



Working Groups are not shown on this chart except those reporting directly to the Board of Directors

TRUST COMMITTEE STRUCTURE





GGI Recommended Actions

Appendix 4

| Action 1 | Articulation of a long-term strategy beyond the current dynamics. | | | | |
|----------|--|------|--|--|-----|
| | Action | Lead | Required Actions | Due Date | RAG |
| | 1.1 Appoint new Strategy & Engagement Director (Non-Voting) to the Board of Directors. | ACM | Complete | | |
| | 1.2 Refresh current organisational strategy. | ACM | Complete New strategic objectives were approved by the Board of Directors. The Board level position of Strategy and Engagement Director established and a person appointed to the position in August 2020. Strategy Development through engagement interrupted due to the pandemic being escalated to a critical incident. Engagement undertaken all six STPs and 22 CCGs and a virtual staff engagement event. Presentation of draft strategy to board for sign off and | September 2019 Presented to Board in May 2021 | |



| | | | | | |
|--|---|-----|--|----------|--|
| | | | implementation in May 2021. | | |
| | 1.3 Strengthen engagement with STP's and other stakeholders. | ACM | <p>Completed</p> <p>The draft strategy presented to all six STPs and 22 CCGs. The feedback was positive.</p> <p>Staff Engagement through Microsoft Teams.</p> <p>Presentation to Governors</p> <p>During April 2021 engagement with Primary Care Networks, Health Watch, NHSE/I and CQC, Universities, HOSCs (in conjunction with quality account subject to national timescales</p> | May 2021 | |
| | 1.4 Ensure the Trusts Strategy is aligned to the NHS Long Term Plan, Implementation Plan, National Patient Safety Strategy and People Strategy. | ACM | <p>Complete</p> <p>Further to the Board discussions in September 2020 and November 2020, an updated Strategic priorities Framework has been developed, with streamlined</p> | | |



| | | | | |
|--|--|--|--|--|
| | | <p>priority work areas to underpin each Strategic Objective and to include the proposed new value to reflect the Trust's responsibility in sustainability.</p> <p>The outcome of the board strategy day in November was to review the strategic priorities which came out of the September session and to prioritise them into no more than three to four priorities per objective that we could engage our stakeholders with prior to adoption</p> <p>There is now a new strategic objective and ambition of "A great place to work for all", the priority is underpinned by work streams that are articulated within the existing People Strategy. The strategy will incorporate appropriate links to the interim national People Plan and the final, when it is released.</p> | | |
|--|--|--|--|--|



| Clarity about the Trust's future role in the integrated health and care system and the wider NHS. | | | | | |
|---|--|------------------|---|----------|-----|
| Action 2 | Action | Lead | Required Actions | Due Date | RAG |
| | 2.1 Refresh the Trusts Strategy document and seek approval from Board of Directors and Council of Governors. | ACM / Sir Graham | <p>Complete</p> <p>Joint Board of Directors / Council of Governors Strategy Briefing Day held on 28 October 2020, to</p> <ul style="list-style-type: none"> • feedback to the Governors on board deliberations on our future strategy development. • receive feedback from governors on whether the current thinking is bold enough for the next 5-10 years • gain feedback from Governors on staff and external partner engagement <p>Development work delayed due to the pandemic,</p> <p>Governors briefed on 11 May 2021. Presentation of final</p> | May 2021 | |



| | | | | | |
|--|---|-----|--|--|--|
| | | | draft strategy to board for sign off and implementation in May 2021. | | |
| | 2.2 Appoint Strategy and Engagement Director (Non-Voting) to strengthen engagement with local STP's and ICS, etc. | ACM | Complete Started in post August 2020 | | |
| | 2.3 Appoint an Integrated Urgent Care Director (Assistant Chief Ambulance Officer). | ACM | Complete Started in post 2 September 2019 | | |

| | | | | | |
|-----------------|---|-------------|--|-----------------|------------|
| Action 3 | Development and implementation of a Trust-wide quality improvement methodology. | | | | |
| | Action | Lead | Required Actions | Due Date | RAG |
| | 3.1 Appoint a new Quality Improvement & Compliance Director (Assistant Chief Ambulance Officer) reporting directly to CEO. | ACM | Complete Started in post 2 September 2019 Post now disestablished and work distributed. | | |
| | 3.2 Support and encourage the Trust to maximise benefit realisation arising from newly established National Ambulance Improvement | ACM | Complete Statement to be included into | December 2019 | |



| | | | | | |
|--|--------------------------------------|--|---|--|--|
| | & Innovation Faculty hosted by WMAS. | | the Quality Strategy The National Ambulance Improvement & Innovation Faculty moved in a different direction leaning toward already set up improvement network at Q health. The Trust is engaged in this, model Ambulance and QSIR. Quality Improvement Framework also in place | | |
|--|--------------------------------------|--|---|--|--|

| | | | | | |
|-----------------|---|-------------|--|-----------------|------------|
| Action 4 | Further investment in leadership and management development to drive a long-term capability and succession plan. | | | | |
| | Action | Lead | Required Actions | Due Date | RAG |
| | 4.1 Review current internal and external leadership and management development programme and existing investment. | KN | Complete Completion against investment | | |



| | | | | | |
|--|--|----------|---|--|--|
| | | | <p>allocations evidence:</p> <p>4.1.1 Leadership and management review costings</p> <p>4.1.2 Engaging Managers Programme Evaluation Report Evaluation</p> <p>4.1.3 Leadership and Management Action Plan</p> <p>4.1.4 OD Course participant numbers</p> | | |
| | 4.2 Establish an action plan arising from the Review for consideration by EMB. | KN | <p>Complete</p> <p>Presented to EMB on the 24 September and 22 October 2019.</p> | | |
| | 4.3 Present the Action Plan and review with the Board of Directors. | KN / ACM | <p>Complete</p> <p>Action Plan discussed and approved by EMB, then forwarded to Board of Directors at the October Meeting.</p> | | |



| Action 5 | Reframing the Trust's risk appetite to reflect the approach the Trust will take to balancing risk in the context of the system environment in which it works. | | | | |
|----------|---|------|---|----------|-----|
| | Action | Lead | Required Actions | Due Date | RAG |
| | 5.1 Refresh Trusts Strategic Risks, BAF and mitigating action plan. | ACM | <p>Complete</p> <p>New position of Head of Risk created.</p> <p>Head of Strategic Planning and Head of Risk are continuing to work on the alignment of the BAF with the risks to Trust's Strategic Objectives.</p> <p>Completion of full Risk Assessments inline with SO 4 and 5 to be completed in April 2021</p> <p>Online SharePoint BAF Pilot phase discussed at HSRE on 29th March and guidance to be shared week commencing 12th April , including process notes and instructional video. HSRE is the initial committee to</p> | | |



| | | | | | |
|--|--|-----|--|--|--|
| | | | <p>review the process, this will then be rolled out to each Committee</p> <p>Mitigating Risk paper currently planned as requested by Audit Committee – this will cover details on number of risks which can be mitigated and reasons where there are risks with same risk scores (e.g. equipment risks).</p> | | |
| | 5.2 Review all risks and present to EMB. | ACM | <p>Complete</p> <p>Reviewed by the Head of Risk</p> | | |
| | 5.3 Present the refresh of strategic risks, BAF, etc to Board of Directors. | ACM | <p>Complete</p> <p>Presented four times a year</p> | | |
| | 5.4 Risk appetite can be defined as ‘the amount and type of risk that an organisation is willing to take in order to meet their strategic objectives’. | MD | <p>Complete</p> <p>Board approved Risk Appetite at its meeting in March 2021</p> <p>Head of Risk to further review Risk Appetite Statement (when feedback received from Board) to bolster further risk terms and information including;</p> <p>Risk Culture</p> | | |



| | | | | | |
|--|--|--|---|--|--|
| | | | <p>Risk Maturity</p> <p>Engagement and Leadership</p> <p>Risk behaviour</p> <p>Risk attitude</p> <p>Risk responsibilities across the Trust</p> <p>Risk Decision making optimisation</p> <p>Presentation and Paper planned for June to include;</p> <p>What is Risk?</p> <p>Understanding Risk and how it applies to the Trust (including appetite, tolerance, threat etc)</p> <p>Different perspectives on Risk</p> <p>Strategy and Risk</p> <p>New Risk Documents to enable greater management of Risk across the whole organisation</p> <p>Future of risk within the organisation</p> | | |
|--|--|--|---|--|--|



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| Action 6 | Some rebalancing of Board time to allow more time and space for strategic over the immediate and tactical. | | | | |
| | Action | Lead | Required Actions | Due Date | RAG |
| | 6.1 The refreshed Governance arrangements, following rigorous discussion and review with Board of Directors and once approved by Board of Directors will include refresh of Board of Directors Schedule of Business to incorporate more time for strategic considerations. | ACM / Professor Cumming | Complete New Chairman appointed and revised Governance Report to the Board in July 2020 | | |

| | | | | | |
|-----------------|--|-------------|--|--|------------|
| Action 7 | Attention by the Board to ensuring there is a practical impact of the investment being made in supporting diversity and equality. | | | | |
| | Action | Lead | Required Actions | Due Date | RAG |
| | 7.1 Head of D&I to conduct a review of the investment and the impact of progress and improvement. | PB | Complete Review Completed | August 2019 | |
| | 7.2 The review will be presented to Board of Directors through the normal formal sub-committee and Governance arrangements of the Trust. | PB / KN | Complete People Strategy to be updated. On the agenda of the Workforce Development Group agenda for 11 September for | QGC - September 2019 Board of Directors | |



| | | | | | |
|--|--|--------------|---|--------------|--|
| | | | ratification before it goes to Resources Committee for 19 September then onto Board | October 2019 | |
| | 7.3 Refresh the D&I Action Plan accordingly to address proposals, etc put forward by the Board of Directors. | PB / KN/ ACM | Complete People Strategy updated | October 2019 | |

| | | | | | |
|-----------------|---|-------------|---|-----------------|------------|
| Action 8 | Developing the Trust's sphere of influence through partnerships and deeper joint working with external stakeholders locally and nationally within the health and care setting. | | | | |
| | Action | Lead | Required Actions | Due Date | RAG |
| | 8.1 Create the post of Strategy & Engagement Director (Non-Voting) on the Board. | ACM | Complete Started in post 2 September 2019 | August 2019 | |
| | 8.2 Strengthen engagement with STP's and ICS's etc. | ACM | Complete Each Director and Operations Lead to be assigned to each | April 2020 | |



| | | | | | |
|--|--|-----|--|----------------|--|
| | | | STP. Paper going to EMB 10 September. CEO to the write to each STP advising of the name following EMB approval. | | |
| | 8.3 Appoint new Finance Director to include engagement with STP's, ICS, etc. | ACM | <p>Complete</p> <p>Agreed at Remuneration and Nominations Committee 4 September 2019 order of priorities:</p> <p>New Structure, appointment of Medical Director and Director at Finance</p> | September 2019 | |
| | 8.4 Continue to progress national joint working across the changing national landscape through existing CEO national roles and responsibilities. | ACM | Complete | July 2019 | |

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 06b DATE MAY 2021 PAPER NUMBER 05b

| | |
|---|---|
| Title | Annual declarations required under the Licence Conditions |
| Sponsoring Director | Chief Executive Officer |
| Author(s)/Presenter | Trust Secretary |
| Purpose | To advise the Board of Directors of its obligations under its licence conditions and to make the required annual self declarations in compliance with the Regulators guidance to demonstrate compliance with the terms and conditions of holding a licence as an NHS provider. |
| Previously Considered by | Council of Governors in relation to being able to confirm that the Trust has provided the necessary training to its Governors, as required under s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role |
| Approved by: | The Chairman and The Chief Executive Officer |
| Executive Summary NHS foundation trusts and trusts must self-certify that they can meet the obligations set out in the NHS provider licence. The licence includes requirements to comply with regulations and the NHS constitution, as well as the Trust's own Constitution. As well the Regulators Code of Governance requirements. NHS foundation trusts designated to provide Commissioner Requested Services (CSR) are also required to complete a self-certification on the availability of resources to deliver those services This Trust does not have any CRS. The draft self declarations are attached as an annex to the report, and the Board are requested to consider and review the attached draft declarations and if appropriate approve the content. The statements have been reviewed where appropriate by the People Director, Internal Audit, CounterFraud and the Head of Risk.. | |

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 06b DATE MAY 2021 PAPER NUMBER 05b

| | |
|---|--|
| Related Trust Objectives/ National Standards | Being legally constituted is a fundamental requirement of being a Foundation Trust. The Corporate Governance Statement attached is a requirement of the Licence Conditions. |
| Risk and Assurance | <p>Compliance with the Regulators request for information is a condition of the licence.</p> <p>In the past the Regulator has required the Trust to submit its self declaration, but now there is requirement for the Board to make a self declaration rather than submission. The Regulator will carry out a random audit of FT Board Minutes to establish compliance and the Trust shall publish its declarations on its website to maintain proper transparency and probity.</p> <p>The Head of Risk has been consulted on the content of the Report.</p> |
| Legal implications/regulatory requirements | <p>Legal advice has not been sought in relation to this report.</p> <p>The purpose of the document is to seek Board approval for publishing the appropriate declarations in compliance with the Trust's licence conditions.</p> |
| Financial Planning | Not directly applicable although the submission requires the Board to be satisfied that the appropriate controls and systems required as part of sound and robust corporate governance are in place. Assurance is provided from a number sources, not least the Annual Governance Statement signed by the Accounting Officer of the Trust (The Chief Executive Officer) and the |

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 06b DATE MAY 2021 PAPER NUMBER 05b

| | |
|---|--|
| | <p>declaration contained in the Annual Report by the Head of Internal Audit.</p> <p>The Internal Audit and also Counter Fraud were consulted on the content of the report.</p> |
| Workforce & Training Implications | <p>This forms part of the Corporate Governance statement.</p> <p>The Board are also required to confirm under Regulations that it has offered the Governors the appropriate development and training they need to undertake their role.</p> <p>People Director was consulted on the content of the Report and comments received incorporated.</p> |
| Communications Issues | <p>Not directly applicable other than the requirement to publish our declarations.</p> |
| Diversity & Inclusion Implications | <p>This forms part of the Corporate Governance Statement and other Board declarations such as the Annual WRES Statement and the duties under the Public Sector Equality Duties Regulations. To comply with the Trusts obligations under the Public Sector Equality Duties it must publish its Annual Equality Report subject to Board endorsement.</p> |
| Quality Impact Assessment Undertaken | <p>Not directly applicable, although the Corporate Governance Statement will make reference to QIAs</p> |
| Data and Information Sources | <p>The Trust's Conditions of Licence to operate are available from the Trust Secretary.</p> |

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 06b DATE MAY 2021 PAPER NUMBER 05b

Action required by the Board of Directors:

That the Board of Directors are recommended to confirm the following declarations:

- a) Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution
- b) To confirm that this Trust has not been notified as a designated Commissioner Requested Service, if confirmed the Board do not need to make a self declaration under this condition CoS7
- c) That approval be given to the content of the Corporate Governance Statement attached.
- d) That having sought the views of the Council of Governors, The Board is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role.

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 06b DATE MAY 2021 PAPER NUMBER 05b

**West Midlands Ambulance Service University NHS Foundation Trust –
Conditions of Licence**

There are certain obligations placed on the Trust to enable it to comply with and maintain its Licence to operate as an NHS Provider.

The Board is requested to consider each “declaration” and determine whether to confirm or not confirm each declaration. If the Board are minded to not confirm then reasons for this should be given. This is a self declaration and the Regulator will undertake a random audit of FT Board Minutes to monitor compliance.

1. Condition G6 – Systems for compliance with licence conditions and related obligations

This declaration relates specifically to Licence condition G6 2 (a) and (b) which requires the licensee to take all reasonable precautions against the risk of failure to comply with:

- a) the Conditions of its Licence,
- b) any requirements imposed on it under the NHS Acts, and
- c) the requirement to have regard to the NHS Constitution in providing health care services for the purposes of the NHS.

The Board of Directors in confirming or not confirming the declaration relating to this licence condition should consider whether the Trust has established and implemented processes and systems to identify risks and guard against the occurrence of failure and that there are regular reviews of whether those processes and systems have been implemented and of their effectiveness.

The Board as part of the Annual Report to the Governors and the Membership and wider public receives the Annual Governance Statement which includes reference to “processes and systems have been implemented and of their effectiveness”. The Annual Governance Statement is signed by the Chief Executive Officer (who is also the Accounting Officer for the Trust) and includes a statement from the Head of Internal Audit as follows:

Head of Internal Audit Opinion

***My opinion is that significant assurance can be given that there is a generally sound system of internal control designed to meet the organisation’s objectives, and that controls are generally being applied consistently. However, some weakness in the design and/or inconsistent application of controls, put the achievement of particular objectives at risk.
Date: May 2021***

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On the basis of this Assurance, the Board are requested to confirm the following statement in relation to Licence Condition G6 – Systems for compliance with licence conditions and related obligations:

Following a review for the purpose of paragraph 2(b) of licence condition G6, the Directors of the Licensee are satisfied that, in the Financial Year most recently ended, the Licensee took all such precautions as were necessary in order to comply with the conditions of the licence, any requirements imposed on it under the NHS Acts and have had regard to the NHS Constitution.

2. Condition Continuity of Services (CoS7) – Availability of resources (For Commissioner Requested Services Only)

Foundation Trusts authorised before 1 April 2016, which includes this Trust will have been specifically notified by their commissioner if they have been designated Commissioner Requested Service. Those Trusts that have not been notified do not need to complete a declaration under Condition CoS7.

The Trust's Executive Director of Nursing and Clinical Commissioning will be able to confirm to the Board that this Trust has not been notified as a designated Commissioner Requested Service. If confirmed, the Board does not need to make a declaration under this condition relating to Continuity of Services.

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3. WMAS Corporate Governance Statement

The Board are required to consider the statements made and confirm or not confirm as it considers appropriate.

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| Statement 1 | The Board is satisfied that the licensee applies those principles, systems and standards of good corporate governance which reasonably would be regarded as appropriate for a supplier of health care services to the NHS. |
| Recommendation | Confirm |
| Risks and Mitigating Actions | <p>Risks and Mitigating Actions: The major risk is that the Trust does not apply and use the principles, systems and standards of good corporate governance.</p> <p>The Board has ensured during the year that it has applied the principle, systems and standards of good corporate governance including:</p> <ul style="list-style-type: none">•Ensuring there is an internal audit work programme•Ensuring that there are clear lines of accountability across the organisation including reporting lines•Maintaining an assurance framework <p>The Accounting Officer is accountable directly to the Public Accounts Committee of Parliament for the propriety and probity of the Trust in relation to the use of public funds. To enable the Chief Executive Officer (and also the Accounting Officer) to sign the Annual Governance Statement he must be satisfied that appropriate systems and standards of good standards of corporate governance are in place to his satisfaction. The Chief Executive draws on a number of sources for assurance in making this statement but a primary source of assurance is the opinion of the Head of Internal Audit which is contained within the Annual Governance Statement that “significant assurance can be given that there is a generally sound system of internal control designed to meet the organisation’s objectives, and that controls are generally being applied consistently.” There is also an Executive Management Board in place with corporate responsibility for maintaining good corporate governance</p> |

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| | <p>and compliance, in particular complying with the Trust's licence to operate and also the requirements of its CQC registration. The Board undertook the NHSI Well Led Review commencing in the Spring of 2019 with a view to completing the Well Led self assessment review prior to the CQC Well Led Review commencing in the early Summer of 2019. The Board commissioned the Good Governance Institute to carry out the external review of its self assessment. The final report from the Good Governance Institute was submitted for review at the meeting of the Board of Directors in June 2019 and an Action plan was drawn up by the CEO to address the recommendations arising from the external review. The Board had agreed after reviewing the report to authorise the Chair to write to the NHSI confirming that the Trust has completed the review, and that no material issues of governance have been found. An Action Plan arising from the report was submitted to the Board of Directors in May 2021.</p> <p>The Trust's Auditors and also Internal Auditors attend every Audit Committee meeting and the members of the Audit Committee meet with the Auditors and the Internal Audit after each meeting without Management present which is the ideal opportunity for the Auditors to raise any concerns in relation to governance of systems and processes in the Trust. The Chair of the Audit Committee reports if necessary to the Board and each year submits an annual report on the work of the Audit Committee. The "approved" Minutes of each Audit Committee is presented to the subsequent Board meeting for review by directors.</p> <p>The Audit Committee also reviews the content of the Annual Report which includes the Annual Governance statement and provides assurance to the Board. The Trust's auditors as part of its audit of the accounts review and test systems and procedures for rigour and report any weaknesses to the Audit Committee. The auditors also review the contents of the Annual Report and the Annual Governance Statement and would be obliged to report any concerns.</p> <p>The Trust has in place Standing Financial Instructions and a Scheme of Delegation that governs decision making within the Trust. The SFI sets out the scheme of delegations and those matters retained for</p> |
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| | <p>determination by the Board of Directors. It also sets out those matters requiring the approval of the Council of Governors.</p> <p>The Board receives a report on the current Risk and Assurance Framework at least four times a year, and are requested to approve its content. Any risks and the complementary mitigation to delivery of the Trust's strategic plan are incorporated in this document. The Board Assurance Framework and the management of the Board's Risk Framework and reporting is the subject of an annual review by Internal Audit and use the recommendations from the audit to review the BAF and Risk Strategy.</p> <p>To provide assurance all Board Committees have a Non Executive Director as Chairman, and Staff Side are represented at meetings of QGC Committee and the Board of Directors to ensure that the Staff "voice is heard" and there is no disconnect between the leadership and workforce. In addition there is both regional and local consultative Groups so that executive Directors of the Trust are engaged with the Workforce. This engagement has been progressed despite the limitations of the Covid Pandemic and the consequential regulations.</p> <p>The foundation trust is fully compliant with the registration requirements of the Care Quality Commission and is currently rated as outstanding.</p> <p>The Trust scored at level 1 for all elements of Use of Resources risk rating by the Regulator underlining the strong financial position and limited requirement for external funding. Under the Regulators Single Oversight Framework the Trust has been placed in segmentation 1. This means the Regulator itself gives providers maximum autonomy with no potential support needs identified and has the lowest level of oversight and there is the expectation that provider will support providers in other segments. This again provides assurance to the Board to be able to confirm this declaration.</p> |
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The Trust has in place policies and procedures to solicit declarations of interest from directors, governors and senior managers of the Trust. It has adopted by resolution the NHE/ ***Guidance on Managing Conflicts of Interest in the NHS***. The Trust's application of the guidance has been subject to audit and this provides further assurance to the Board of Directors. The Trust also has in place policies and procedures that require any declarations relating to hospitality or external employment by staff of the Trust below Board level. These policies incorporate and raise awareness of Fraud and the content of the Bribery Act. The Board is aware of its obligations under the Bribery Act to have in place and publicise appropriate systems of propriety within the Trust. The directors of the Trust are constantly advised of their statutory duty of avoiding a conflict of interest, and if become aware of any material conflict to declare it immediately either to the Chief Executive, Chairman or Trust Secretary. The Trust's application and processes have been the subject of review by Counter Fraud and the provisional report indicates that there is "no evidence of fraud".

Directors and those who carry out the duties of a director are aware of the obligations under the fit and proper person test regulations. The Trust has also undertaken appropriate checks to fulfil its obligations under the regulations. The Directors are also aware of their duty of Candour and encourage staff and patient feedback. The directors triangulate the Board decisions through the "Day in the life of..."scheme which incorporates the "Ward to Board" principles. This brings directors into contact with frontline staff and patients and enables directors to test whether decisions and the systems of control within the Trust are working and being applied. Again in the last year, the Covid Pandemic regulations have restricted application, but as the Trust returns to normal subject to any restrictions, "Day in the Life of..." and "Ward to Board" (Hub links) will continue with named directors linked to specific Hubs. Normally each director is also "buddied" with an operational hub and the staff operating from that hub. This enables directors to meet and engage with front line staff. This engagement allows a two way flow of information and facilitates the views of staff direct to the Board.

The Board in consultation with the Council of Governors has appointed a Senior Independent Director and the role is publicised to other members of the Board and the Governors. In addition the Council of Governors have appointed a member to carry out the role of Lead Governor.

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| | <p>The Trust has in place a whistleblowing policy and has appointed Freedom to Speak Up Guardians.</p> <p>In conclusion the Board has appropriate systems and processes in place to have appropriate oversight of the Trust. The CQC review and the Regulators Single Oversight Framework assessment, in addition to the Auditors statements provides valuable assurance to the Board in terms of approving this Corporate Governance Statement. During 2020/21 the Covid 19 Pandemic has meant that the Trust has had to respond in line with national guidance on social distancing. However, the Board determined that good governance will be maintained during the period of the pandemic and any decisions taken by electronic means without the public present are publicised as soon as possible after the meeting and that the Trust the Trust maintains propriety and probity.</p> |
| Statement 2 | The Board has regard to such guidance on good corporate governance as may be issued by the Regulator from time to time. |
| Recommendation | Confirm |
| Risks and Mitigations | <p>The Trust uses guidance released on a regular basis to ensure that it maintains high standards of corporate governance across the Trust. As part of maintaining its licence as an NHS provider the Board is made aware of any appropriate guidance issued by Regulator on Corporate Governance either through the Chief Executive reporting to the meeting of the Board if strategic or if management or administrative through EMB. During the period covered by this statement for 2020/21 the Board received the consultation on the proposed modification of the NHS provider licence condition G4 (fit and proper persons). The Board resolved that it did not object to the proposed amendment.</p> <p>As part of the Annual Report the Board must report to the Governors and the public that it is compliant with the Regulators Code of Governance. In addition the Trust has in place a document entitled the "Trusts Charter of</p> |

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| | <p>Expectations” this applies the Code of Governance within the Trust, setting out clearly responsibilities for governance within the Trust.</p> <p>The Regulators Code of Governance, and any additional guidance is regularly reviewed as part of the decision-making processes. During the previous year the Trust’s compliance with the Regulators Code of Governance and good practice in terms of Governance this was externally reviewed and reported to the Board in the Summer of 2019.</p> <p>The Board are therefore asked to confirm the statement.</p> |
| Statement 3 | <p>The Board is satisfied that the Trust implements:</p> <ul style="list-style-type: none">a) Effective board and committee structures;b) Clear responsibilities for its Board, for committees reporting to the Board and for staff reporting to the Board and those committees; andc) Clear reporting lines and accountabilities throughout its organisation. |
| Recommendation | Confirm |
| Risks and Mitigation | <p>Failure to have appropriate systems in place would prevent appropriate decision making and could lead to unlawful or reckless decision making; thus posing a risk to the stewardship of public money and the reputation of the organisation.</p> <p>The Trust has reviewed its effectiveness and that of the committee structure during the year following the appointment of a new Chairman in April 2020. The report on the review of Governance was approved at the meeting of the Board in July 2020. This set out clearly the committee structures and reasons for each Committee with clear Terms of Reference, clear responsibilities for its Board with a Terms of Reference and</p> |

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| | <p>responsibilities drawn up which complement the Scheme of Delegation and Matters Reserved to the Board contained in Standing Financial Instructions, and the Constitution of the Foundation Trust.</p> <p>The Trust is satisfied that there are clear lines of accountabilities across the organization with organisational structures, an organisational chart with every member of staff accountable to a manager and each manager accountable to an Executive Director who sits at the Board is available. This means there is a clear line from the Board down a clear line of management to all staff.</p> <p>Each year the Board and the Council of Governors review the governance structure including its governance links between the Board of Directors and the Council of Governors. The Board of Directors asks its committees to review their performance and also their Terms of Reference and make appropriate recommendations to the Board annually. Each committee carries out the same process for all sub groups reporting into the committee. Which means the Committee structure is reviewed at least once a year and changes if appropriate are made.to the Terms of Reference of the relevant committee or to the Committee structure. The Board approves any amendments to the Committee structure.</p> <p>The Trust is compliant with the NHS Act 2006 (Schedule 7) (As amended) which requires the Board of Directors to have in place a committee of non-executive directors as an audit committee to perform such monitoring, reviewing and other functions as are appropriate. In addition as required by the NHS Act 2006 (Schedule 7) the Board has established a committee consisting of the chair, the Chief Executive and the other non-executive directors to appoint or remove the executive directors, and this is also the committee of non-executive directors to decide the remuneration and allowances, and the other terms and conditions of office, of the executive directors including the Chief Executive Officer.</p> <p>The Board also has in place a Quality Governance Committee. The Committee has primary responsibility for monitoring and reviewing quality and clinical aspects of performance and development plans together with associated risks and controls, corporate governance and quality/clinical assurance to the Board. Other</p> |
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| | <p>committees in place include the Performance Committee to look at tangible resources and a People Committee to review the application of a People Strategy. The Board also has in place a Charitable Funds Committee “The Trustee Committee”. This Committee supports the Board in the management of West Midlands Ambulance Service NHS Foundation Trust’s charitable funds.</p> <p>Finally the Board receives reports at each meeting from the Executive Management Board (EMB) through the Chief Executive Officers Report. The EMB is responsible for the management of WMAS NHS FT and is the senior executive decision making body of the organisation.</p> <p>The above commentary only relates to those committees that report into the Board there are Groups established that report into the above committees as part of the assurance process and the Trust Governance Structure is publicly available upon request.</p> <p>The Trusts committee structure includes the relevant executive director that has the lead and responsibility for reporting to that Committee as well as the Non Executive Chair of the Board Committees.</p> <p>The Trust's Standing Financial Instructions includes a scheme of delegations to the Chief Executive and to Committees.</p> <p>The Trust refers to and is compliant with its Constitution which sets out the roles of the Board and the Council of Governors. In addition the Trust has also published a Charter of Expectations that sets out the roles of the Chair, Chief Executive, Directors and Governors of the Trust.</p> <p>The Chief Executive has published and presented to the Board the management structure of the Trust and presents the director portfolios when appropriate after any major review.</p> |
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| | <p>In addition the Committee system is based on a matrix, with reports flowing to up to and from Board and across the Committee system on matters relating to risk or assurance.</p> <p>Each Committee has a schedule of Business.</p> <p>On the basis of the above the Board are requested to confirm the statement.</p> |
| Statement 4 | <p>The Board is satisfied that the Licensee has established and effectively implements systems and/or processes:</p> <ul style="list-style-type: none"> a) To ensure compliance with the Licensee's duty to operate efficiently, economically and effectively; b) For timely and effective scrutiny and oversight by the Board of the Licensee's operations; c) To ensure compliance with health care standards binding on the Licensee including but not restricted to standards specified by the Secretary of State, the Care Quality Commission, NHS England and statutory regulators of health care professions; d) For effective financial decision-making, management and control (including but not restricted to appropriate systems and/or processes to ensure the Licensee's ability to continue as a going concern); e) To obtain and disseminate accurate, comprehensive, timely and up to date information for Board and Committee decision-making; f) To identify and manage (including but not restricted to manage through forward plans) material risks to compliance with the Conditions of its Licence; g) To generate and monitor delivery of business plans (including any changes to such plans) and to receive internal and where appropriate external assurance on such plans and their delivery; and h) To ensure compliance with all applicable legal requirements. |
| Response | Confirm |
| Risks and Mitigation | <p>Failure to be compliant with the above statement would mean that the Trust is non compliant with its licence registration with the CQC. Therefore the Board can be reassured by the following in confirming the above statements.</p> |

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| | <p>The Board receives regular reports through the Committees or directly to the Board that assures the Board that the Trust has implemented systems and processes that:</p> <ul style="list-style-type: none">•maintain compliance with the duty to operate efficiently, economically and effectively.•maintain timely, effective scrutiny and oversight•maintain compliance with health care standards as required by the CQC.•maintain effective financial decision making, management and control•maintain accurate, timely and comprehensive information for the Board and committees•maintain risk management processes•maintain an understanding of risk of compliance with the Conditions of the Licence <p>The Trust secures the economic, efficient and effective use of resources through a variety of means:</p> <ul style="list-style-type: none">• A well-established policy framework (including Standing Financial Instructions)• An organisational structure which ensures accountability and challenge through the committee structure• An established planning process• Effective corporate directorates responsible for workforce, revenue and capital planning and control• Detailed monthly financial reporting including progress on achievement of Cost Improvement Programmes and year-end forecasting. <p>Day to day management of resources is delegated through the Executive Management Board (EMB). EMB takes lead responsibility for the annual planning cycle – formulating the plan, implementing the plan, monitoring delivery against the plan, taking action to bring variances back under control and reporting.</p> |
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| | <p>The management cycle includes comprehensive annual and bi-annual reviews of performance against clinical and performance indicators, workforce and financial indicators. Any emerging issues are identified and mitigating action implemented.</p> <p>The Performance Committee which is Chaired by a Non-Executive Director with other Non-Executive Directors and executive directors, provides assurance to the Board of Directors as to the achievement of the Trust's financial plan and priorities and, in addition, acts as the key forum for the scrutiny of the robustness and effectiveness of all cost efficiency opportunities.</p> <p>The Board has established an Audit Committee that meets regularly with both internal and external auditors to monitor the Trust's duty to operate, efficiently, economically and effectively. The Committee has primary responsibility for monitoring and reviewing the internal control, across the whole of the organisation's activities (both clinical and non-clinical), that supports the achievement of the organisation's objectives.</p> <p>The Trust's commitment to value for money is strengthened by the effective and focused use of its Internal Audit service. The Trust engages Internal Auditors to provide an independent and objective assurance to the Board that the Trust's risk management, governance and internal control processes are operating effectively.</p> <p>The Trust has a Local Counter Fraud Specialist supported as required by other qualified Local Counter Fraud Specialist (LCFS).</p> <p>External Auditors, Internal Auditors and Counter Fraud report to each meeting of the Audit Committee, and also meet the members of the Audit Committee without Management present.</p> <p>The EMB reviews the Annual Internal Audit Plan and then receives draft audit reports prior to submission to the Audit Committee to enable a management response to be prepared.</p> |
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| | <p>The Board's Executive Director for Nursing and the Medical Director submit regular reports to the Quality Governance Committee and through that Committee to the Board of Directors against the Trust's Clinical Strategy and also patient experience; this includes any reports of the CQC.</p> <p>The Board receives a Quality Report to each meeting which is presented in the format of an integrated quality report. The report provides a high level of assurance by way of the systems and processes in place to measure and monitor our quality assurance and provides a robust framework to support our clinical quality governance. It is currently a developing report that will be improved over time to reflect all aspects of quality into one report. It includes Serious Incidents, and any learning arising from the Learning review Group. Each meeting of the Learning Review Group includes identification and discussion of high risk incidents. The group reviews quarterly themes and trends and receives reports from the leads dealing with:</p> <ul style="list-style-type: none">• Serious Incident update• Patient Safety Incidents• Patient Experience Report• Non-Patient Safety Incidents• Claims, Coroners, Clinical Audit and Safeguarding <p>The Quality Report to each Board meeting also includes a Learning from Deaths report regularly as part of its culture as a Learning Board. Indeed as part of its ongoing strategy of learning from incidents to benefit and improve patient care a Quarterly update to the Board on Claims and Coroners cases is submitted to the Board. It will also be used to demonstrate learning from claims and inquests, in addition it will enable the Board to be aware of the volume of and risks for the Trust of high value claims and is a valuable resource.</p> |
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| | <p>The Trust publishes with the agenda for each ordinary meeting of the Board of Directors an Information Pack, this contains and is available to view on the Trust's website:</p> <ul style="list-style-type: none">• Operational Key Performance Indicators• Corporate & Clinical Quality Indicators• Financial Performance• Workforce Indicators <p>The Board at each meeting receives the minutes of each of its committees. The Board has a forward plan which it reviews at each meeting.</p> <p>The above enables effective scrutiny and oversight by the Board of the Licensee's operations and each agenda of the Board has a report from each of its executive directors on the salient matters and risks facing each directorate..</p> <p>The Board of Directors have resolved that there are no material uncertainties that may cast significant doubt about the Trust's ability to continue as a "going concern". The statements on a 'Going Concern' basis means that management has a reasonable expectation that the Trust has adequate resources to continue in operational existence for the foreseeable future with no necessity or plans either to liquidate or cease operations. If this were not the case it would be necessary to prepare the statements with the assumption that the business would not continue beyond a further 12 months after the end of the accounting period. The Audit Committee recommended to the Board that there are no material uncertainties that may cast significant doubt about the Trust's ability to continue as a going concern. The Going Concern report submitted to the Board of Directors in March 2021 lists the evidence of strong financial stewardship.</p> <p>The Board has in place a financial plan and enabling strategies which underpin delivery of the longer term overarching strategic plan. The governance structure has been strengthened by asserting these strategies as</p> |
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| | <p>key documents for appropriate pillar committees of the Board of Directors. The Terms of Reference of committees have been adjusted to ensure that:</p> <ul style="list-style-type: none">• the strategies are regularly reviewed and updated as part of core work plans, and• the deliverables within the strategies are specific, measurable, accurate, realistic, timely (SMART) and that progress against these deliverables is routinely monitored and reported. <p>The Trust engages with its Governors and members of the local health economy as well as local authorities in the region on development of strategic and operational plans. The Well Led Review Action Plan submitted to Board in May 2021 lists the engagement that has taken place following the appointment in 2020 of a Strategy & Engagement Director. A draft Strategic Plan is being developed. This has been progressed against a background of restrictions imposed by the Covid regulations on meetings and also a changing regional health system with the move and progression to Integrated Care Systems across the region.</p> <p>The Board and Committee meetings are scheduled for the year ahead for agenda planning and the preparation of reports. There is a matrix of reporting across from committee to committee as well as upwards to the Board. Each Committee can establish groups to look at detailed aspects and these committees are scheduled and report into the appointing committee. Each director has responsibility for the preparation of reports.</p> <p>As stated previously the Board receives a quarterly report on the current Risk and Assurance Framework and are requested to approve its content. Any risks and the complementary mitigation to delivery of the Trust's strategic plan are incorporated in this document. The Board Assurance Framework and the management of the Board's Risk Framework and reporting was the subject of audit by the Internal Auditors.</p> <p>The foundation trust is fully compliant with the registration requirements of the Care Quality Commission and has been rated as 'Outstanding' following its most recent inspection.</p> <p>On the basis of the above and the fact that the Trust is in segment one of the Single Oversight Framework the Board are asked to confirm the above statements,</p> |
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| Statement 5 | <p>The Board is satisfied that the systems and/or processes referred to in paragraph 4 (above) should include but not be restricted to systems and/or processes to ensure:</p> <p>(a) That there is sufficient capability at Board level to provide effective organisational leadership on the quality of care provided;</p> <p>(b) That the Board's planning and decision-making processes take timely and appropriate account of quality of care considerations;</p> <p>(c) The collection of accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(d) That the Board receives and takes into account accurate, comprehensive, timely and up to date information on quality of care;</p> <p>(e) That the Licensee, including its Board, actively engages on quality of care with patients, staff and other relevant stakeholders and takes into account as appropriate views and information from these sources; and</p> <p>(f) That there is clear accountability for quality of care throughout the Licensee including but not restricted to systems and/or processes for escalating and resolving quality issues including escalating them to the Board where appropriate.</p> |
| Response | Confirm |
| Risks and Mitigation | <p>The Board is satisfied that there is sufficient capability at Board level. This is tested annually through appraisals.</p> <p>The Board does plan and make decisions in a timely and appropriate way taking into account the quality of care. This is demonstrated through the Board minutes and the papers received by the Board.</p> <p>The Board requires the Trust to provide accurate, comprehensive and timely information on quality of care and requires a Board Committee to concentrate on the quality of care delivered across the Trust.</p> |

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| | <p>Each quarter the Board hears a patient story from a patient or members of staff. Members of the Board regularly visit all sites and talk to patients and staff about the service being delivered. Board members are involved with stakeholder to discuss the service provided by the Trust and to seek ways in which the whole system can be improved to improve the high quality of care already delivered.</p> <p>The Trust believes that the quality of care delivered in the organisation is of paramount importance to the patients, staff, family members, carers and the Trust. The Trust is constantly seeking way of developing and improving the quality of the delivery of the service and has put in place governance systems that ensure the escalation of issues does occur when appropriate.</p> <p>The Remuneration and Nominations Committee of the Board annually reviews the skills matrix of the Board which is triangulated against the capabilities required to provide organisational leadership in the current climate. The Board is compliant with appropriate statutory and good practice guidance in terms membership of the Board and senior management of the organisation.</p> <p>The Chief Executive is the Accounting Officer of the Trust.</p> <p>There is currently on the Board a Medical Director and there is an Executive Director of Nursing that are both voting members of the Board.</p> <p>The Board also has a non-Executive Director with clinical background who is also Chair of the Board's Quality Governance Committee.</p> <p>The Board has in place a schedule of business for both the Board of Directors and the Council of Governors, and each of the Committees and Panels are required to develop a schedule of business which should be clearly set out within their Terms of reference. The Board of Directors and Council of Governors, including their Committees and Panels receive timely and up to date information on quality care that has been reviewed by</p> |
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| | <p>clinicians prior to submission to the Board. The Quality Governance Committee meets monthly and the Chair of the Committee reports to each meeting of the Board of Directors to provide assurance on matters of patient quality and safety, including the Learning Review Group which analyses any incidents and near misses as part of influencing the Trust's clinical and operational procedures and policies.</p> <p>The Board of Directors receives the National Health Service Resolution (NHS R) scorecard. The focus of the NHS R is on learning from claims and incentivising Trusts to improve safety. The Claims scorecards provide a useful improvement tool by providing a greater understanding of the value and volume of claims through these scorecards. The Board through a Quarterly report on claims on inquests that is presented to the Trust's Committees and the Board are using the scorecard data alongside data on complaints and incidents, and Coroner requests to help improve safety and drive through quality improvements</p> <p>The Board and Council also receive a report that is a standing item to enable Board members to receive any communications and correspondence from regulators or statutory bodies that pose a risk to the Board or the Trust, for example:</p> <ul style="list-style-type: none">• Reports and Notices from the Care Quality Commission,• Any significant complaints of which the Board should be made aware• Any serious incidents,• Petitions received prior to submission to the Council of Governors• Any representations from Governors or the Council of Governors• Any major decision of the Coroner that has impact on the Service. <p>The Board at every ordinary meeting receives the Serious Incidents register.</p> <p>The Trust now has an Electronic / Online system for incident reporting. In addition, the Electronic Patient Record System has been completed and rolled out across the Trust area and this assists electronic incident reporting.</p> |
|--|---|

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 06b DATE MAY 2021 PAPER NUMBER 05b

| | |
|-----------------------------|--|
| | <p>All Board papers include reference to quality impact and the Trust's Risk and Assurance Framework.</p> <p>The Board has a patient experience presentation to each ordinary meeting of the Board and actively engages with members of the Local Health Economy on matters relating to patient care and quality; this includes Healthwatch and Health Overview and Scrutiny Committees and the Health and Well Being Boards. It has a Governor on its Council of Governors that represents local authorities. The Trust actively encourages its Governors to engage appropriately with the Community and feedback any views and concerns.</p> |
| Statement 6 | <p>The Board is satisfied that there are systems to ensure that the Trust has in place personnel on the Board, reporting to the Board and within the rest of the organisation who are sufficient in number and appropriately qualified to ensure compliance with the conditions of its NHS provider licence.</p> |
| Response | <p>Confirm</p> |
| Risks and Mitigation | <p>The Board is satisfied that the number of staff and leaders and the capabilities of those staff and leaders are of a sufficiently high level to be able to deliver high quality effective healthcare services to our patients. The Board is satisfied that the staff within the organization are appropriately quality to ensure compliance with the Conditions of this Licence are maintained. The risk is that that the Board lacks the appropriate capacity and capability to function and carry out its functions in relation to setting strategy and providing oversight of the trust.</p> <p>The Board receives a report to each meeting on matters relating to workforce and has in place a five year workforce strategy. The Board regularly receives updates on mandatory training for both clinical and non-clinical staff. The Remuneration and Nominations Committee constantly monitors the skills matrix of the Board and this is contained within the Annual Report of the Board to the Council of Governors, the Membership and the public. The Council of Governors and the Remuneration and Nominations Committee of the Board in</p> |

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 06b DATE MAY 2021 PAPER NUMBER 05b

| | |
|--|---|
| | carrying out its duty of appointing directors reviews the Skills Matrix and succession planning of the Trust as part of determining appointments to the Board and to senior management positions. In particular the Council of Governors and the Board consider and take into account the Fit and proper Person requirements both in terms of the Trusts licence conditions and also regulations. |
|--|---|

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 06b DATE MAY 2021 PAPER NUMBER 05b

4. Training of Governors

The Board is satisfied that during the financial year most recently ended the Trust has provided the necessary training to its Governors, as required in s151(5) of the Health and Social Care Act, to ensure they are equipped with the skills and knowledge they need to undertake their role?

Response: Having consulted the Council of Governors the Board are requested Confirm this statement

**Anthony C Marsh
Chief Executive Officer
May 2020**

National Ambulance Resilience Unit (NARU)

Report for WMAS Trust Board

26/05/2021

Keith Prior

Assistant Chief Officer, WMAS

Director, National Ambulance Resilience Unit
(NARU)



What is NARU?

- Part of NHS
- Commissioned by NHSE&I
- Hosted by WMAS
- Responsible for the
'Ambulance Service
Interoperable Capabilities'



Interoperable Capabilities

- Hazardous Area Response Teams (HART)
- Marauding Terrorist Attack (MTA)
- Chemical, Biological, Radiological, Nuclear, Explosives (CBRNE)
- Mass Casualties
- Command and Control (C2)
- High Consequence Infectious Disease (HCID)



Maintaining Interoperability

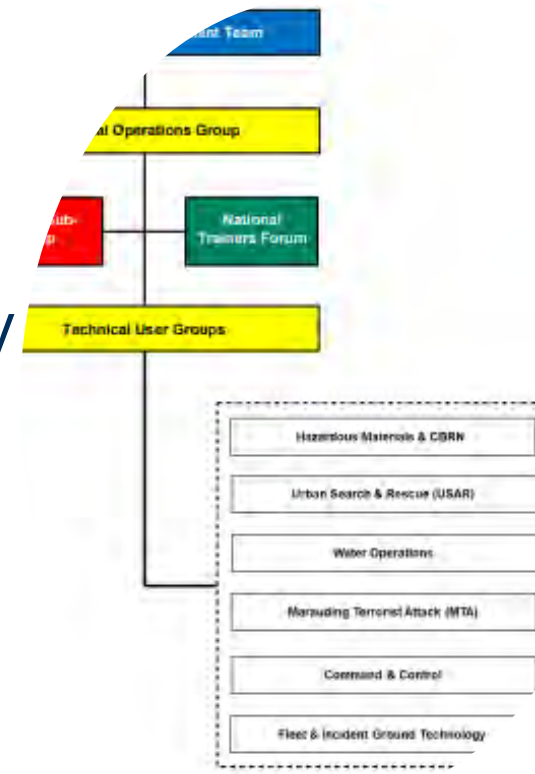
National -

- Education and Training
- Equipment Evaluation and Procurement
- Safe Systems of Work
- Clinical Competencies
- Compliance and Quality Assurance



Other Responsibilities

- National Ambulance Coordination Centre
- Mutual Aid
- Support to NHSE&I and wider NHS
- Provision of SME to support National Policy Groups
- Multi-Agency Interoperability



Governance

- 3y Contract 2020 can be extended to 2025
- WMAS Delivery Board
- NHSE&I Contract Management Board
- NHSE&I Steering Board

MANDATE

National Mandate

- Department of Health requires capabilities to contribute to the UK's Resilience Strategies.

NHS Mandate

- NHS England mandates interoperable capabilities through the EPRR Core Standards and Standard Ambulance Contract.

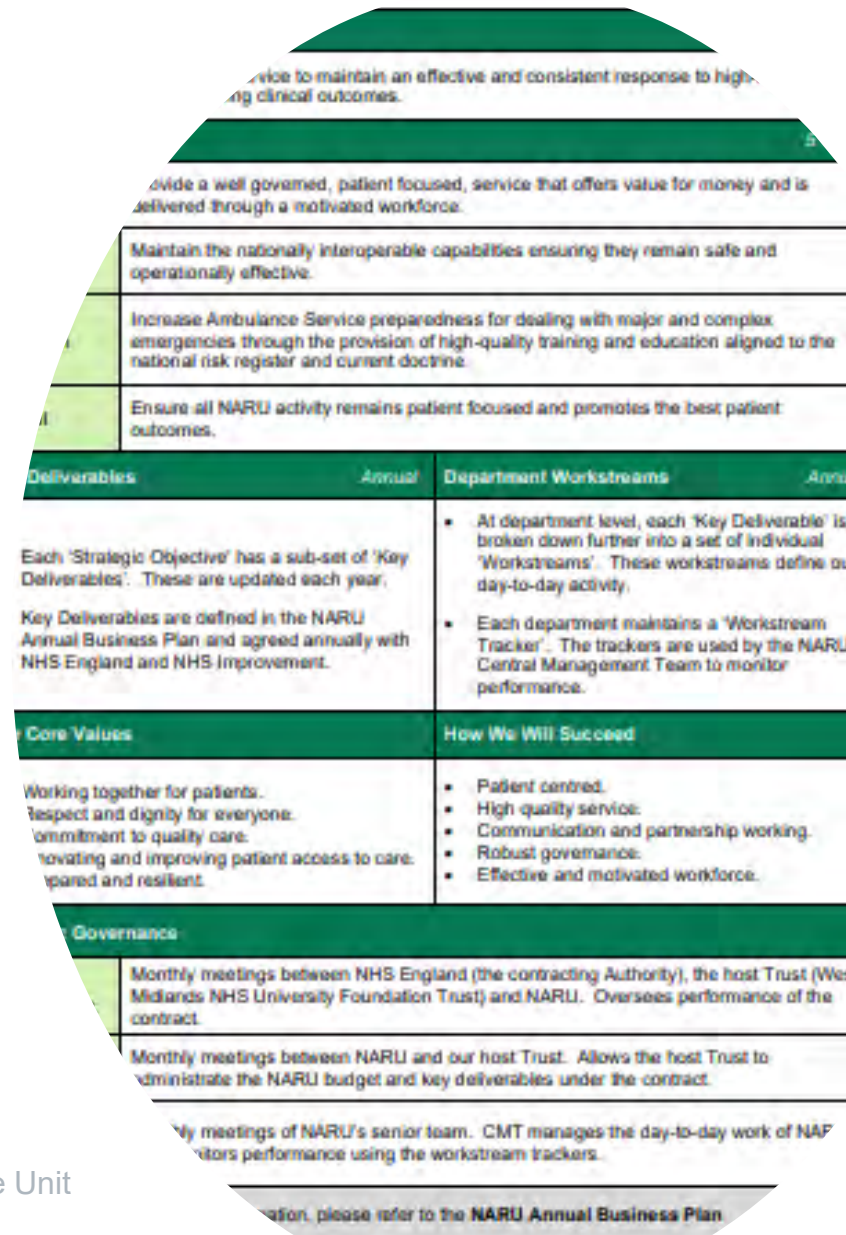
NARU

- Coordinates and maintains capabilities at the national level.



Strategic Direction

- Set by NHSE&I Steering Board
- 5 year Strategic Aim and Objectives
- Key Deliverables and Work Stream Outputs
- Annual Business Plan and Annual Report



20/21 Challenges and Successes

- Covid-19 Response (Education, IPC, 999 Calls, NACC, NSSW)
- Support to NSAAS & NHSE&I
- Full Delivery of Work Plan
- Implemented NARU Restructure
- Supported M/cr Inquiry with SME



21/22 Priorities

- SORT/MTA Implementation
- Audit of Pass Through Funding
- Lessons from C19
- HART Vehicles, IGT & MCV
- Support to Wider NHS
- Lessons from Manchester Arena Inquiry





National Ambulance
Resilience Unit
NARU



Any Questions?

Thank You

www.naru.org.uk

Produced by: Keith Prior, Director, NARU
Email: keith.prior@wmas.nhs.uk





| Activity and Performance | | | |
|---------------------------------------|-------|-------|---------------|
| Measure | Month | YTD | Monthly Trend |
| Category 1 - Mean Target 7 mins | 06:37 | 06:54 | |
| Category 1 - 90th Target 15 mins | 11:27 | 12:00 | |
| Category 1 T - Mean Target 19 mins | 07:33 | 07:49 | |
| Category 1 T - 90th Target 30 mins | 13:19 | 13:43 | |
| Category 2 - Mean Target 18 mins | 12:14 | 12:42 | |
| Category 2 - 90th Target 40 mins | 22:15 | 23:15 | |
| Category 3 - Mean Target 60 mins | 28:24 | 32:05 | |

| Activity and Performance | | | |
|--------------------------------------|--------|--------|---------------|
| Measure | Month | YTD | Monthly Trend |
| Category 3 - 90th Target 120 mins | 60:29 | 70:47 | |
| Category 4 - Mean Target 180 mins | 42:30 | 43:03 | |
| Category 4 - 90th | 97:16 | 98:34 | |
| HCP 2hr - 90th | 90:28 | 103:36 | |
| HCP 4hr - 90th | 108:27 | 140:31 | |
| Call Answer (999 only) 95% | 00:00 | 00:17 | |
| Number of 2 min call delays | 6 | 98 | |

| 111 | | | |
|---------------------------------------|-------|-------|---------------|
| Measure | Month | YTD | Monthly Trend |
| % Calls Answered in 60 seconds | 81.7% | 85.3% | |
| Average Call Answer (mm:ss) | 00:34 | 00:46 | |
| % of Calls Abandoned after 30 seconds | 1.6% | 2.8% | |

| PTS | | | |
|---------------|-------|-----|---------------|
| Measure | Month | YTD | Monthly Trend |
| Achieved KPIs | 69 | 69 | |
| Failed KPIs | 0 | 0 | |

| Clinical Quality & Safety | | | |
|--|-------|-------|---------------|
| Measure | Month | YTD | Monthly Trend |
| Total Incident Forms | 982 | 11200 | |
| No. of RIDDORS | 11 | 106 | |
| No. of Verbal Assaults | 91 | 1090 | |
| No. of Physical Assaults | 44 | 581 | |
| Patient Safety (Total) | 342 | 3518 | |
| Patient Safety Harm | 34 | 480 | |
| Being Open (low to moderate harm only) | 21 | 282 | |
| Duty of Candour (severe harm and above) | 3 | 45 | |
| Serious Incidents | 12 | 84 | |
| Complaints | 33 | 352 | |
| PALS | 207 | 2114 | |
| Compliments | 145 | 1783 | |
| Claims | 7 | 35 | |

| Financial | | | |
|--|--------|--------|---------------|
| Measure | Month | YTD | Monthly Trend |
| EBITDA £million (Plan £6.1m) | 1.3 | 11.5 | |
| Delivery of CIP Programme £million (Target £2.3m) | 0.09 | 2.29 | |
| Capital Expenditure £million (2020/21 £24.8m) | 3.5 | 25.1 | |
| Better Payment Practice Code | 88.49% | 88.49% | |

| Financial - Use of Resources * | | | |
|--------------------------------|--------|--------|---------------|
| Measure | Month | YTD | Monthly Trend |
| Capital Service Capacity | 104.8 | 104.8 | |
| Liquidity | 0.7 | 0.7 | |
| I&E Margin | -0.04% | -0.04% | |
| Distance from YTD plan | 1.80% | 1.80% | |
| Agency Spend £million | 0.0 | 0.4 | |

* The Use of Resources has not been monitored in 2020/21 due to COVID regime

| Workforce | | | |
|---|-------|-------|---------------|
| Measure | Month | YTD | Monthly Trend |
| Sickness (Target - top quartile of all Amb Services) | 4.0% | 4.8% | |
| Appraisals | 96.6% | 96.6% | |
| Mandatory Training E&U | 96.0% | 96.0% | |
| Mandatory Training PTS | 100% | 100% | |

| Clinical Quality & Safety | | | |
|--|-----------------------|--------|---------------|
| Measure | Month | YTD | Monthly Trend |
| Return of Spontaneous Circulation At Hospital (Comp) | 42.50% | 44.53% | |
| Cardiac Arrest Survival to discharge (Comp) | 9.38% | 20.24% | |
| Post ROSC Care Bundle | Not required in month | 66.7% | |
| STEMI Care Bundle | 95.19% | 95.71% | |
| Stroke Diagnostic Bundle | 99.32% | 99.28% | |
| Sepsis Care Bundle | 85.13% | 84.87% | |



| Activity and Performance | | | |
|---------------------------------------|-------|-------|---------------|
| Measure | Month | YTD | Monthly Trend |
| Category 1 - Mean Target 7 mins | 06:35 | 06:35 | |
| Category 1 - 90th Target 15 mins | 11:30 | 11:30 | |
| Category 1 T - Mean Target 19 mins | 07:37 | 07:37 | |
| Category 1 T - 90th Target 30 mins | 13:15 | 13:15 | |
| Category 2 - Mean Target 18 mins | 12:39 | 12:39 | |
| Category 2 - 90th Target 40 mins | 23:24 | 23:24 | |
| Category 3 - Mean Target 60 mins | 32:49 | 32:49 | |

| 111 | | | |
|---------------------------------------|-------|-------|---------------|
| Measure | Month | YTD | Monthly Trend |
| % Calls Answered in 60 seconds | 83.1% | 83.1% | |
| Average Call Answer (mm:ss) | 00:39 | 00:39 | |
| % of Calls Abandoned after 30 seconds | 1.8% | 1.8% | |

| Clinical Quality & Safety | | | |
|---|-------|-----|---------------|
| Measure | Month | YTD | Monthly Trend |
| Total Incident Forms | 968 | 968 | |
| No. of RIDDORS | 6 | 6 | |
| No. of Verbal Assaults | 111 | 111 | |
| No. of Physical Assaults | 52 | 52 | |
| Patient Safety (Total) | 351 | 351 | |
| Patient Safety Harm | 36 | 36 | |
| Being Open (low to moderate harm only) | 22 | 22 | |
| Duty of Candour (severe harm and above) | 3 | 3 | |
| Serious Incidents | 2 | 2 | |
| Complaints | 26 | 26 | |
| PALS | 198 | 198 | |
| Compliments | 144 | 144 | |
| Claims | 6 | 6 | |

| Workforce | | | |
|--|-------|-------|---------------|
| Measure | Month | YTD | Monthly Trend |
| Sickness (Target - top quartile of all Amb Services) | 4.1% | 4.1% | |
| Appraisals | 10.2% | 10.2% | |
| Mandatory Training E&U | 0.0% | 0.0% | |
| Mandatory Training PTS | 7.3% | 7.3% | |

| Activity and Performance | | | |
|--------------------------------------|--------|--------|---------------|
| Measure | Month | YTD | Monthly Trend |
| Category 3 - 90th Target 120 mins | 72:36 | 72:36 | |
| Category 4 - Mean Target 180 mins | 49:45 | 49:45 | |
| Category 4 - 90th | 117:46 | 117:46 | |
| HCP 2hr - 90th | 101:36 | 101:36 | |
| HCP 4hr - 90th | 136:38 | 136:38 | |
| Call Answer (999 only) 95% | 00:00 | 00:00 | |
| Number of 2 min call delays | 13 | 13 | |

| PTS | | | |
|---------------|-------|-----|---------------|
| Measure | Month | YTD | Monthly Trend |
| Achieved KPIs | 69 | 69 | |
| Failed KPIs | 0 | 0 | |

| Financial | | | |
|---|---|-----|---------------|
| Measure | Month | YTD | Monthly Trend |
| EBITDA £million (Plan £6.1m) | Due to national reporting timeframe, 2021/22 plan and reporting not yet available | | |
| Delivery of CIP Programme £million (Target £2.3M) | | | |
| Capital Expenditure £million (2020/21 £24.8m) | | | |
| Better Payment Practice Code | | | |

| Financial - Use of Resources * | | | |
|--------------------------------|---|-----|---------------|
| Measure | Month | YTD | Monthly Trend |
| Capital Service Capacity | Due to national reporting timeframe, 2021/22 plan and reporting not yet available | | |
| Liquidity | | | |
| I&E Margin | | | |
| Distance from YTD plan | | | |
| Agency Spend £million | | | |

* The Use of Resources has not been monitored in 2020/21 due to COVID regime

| Clinical Quality & Safety | | | |
|--|-----------------------|-----------------------|---------------|
| Measure | Month | YTD | Monthly Trend |
| Return of Spontaneous Circulation At Hospital (Comp) | 57.58% | 57.58% | |
| Cardiac Arrest Survival to discharge (Comp) | Not yet available | Not yet available | |
| Post ROSC Care Bundle | Not required in month | Not required in month | |
| STEMI Care Bundle | 93.96% | 93.96% | |
| Stroke Diagnostic Bundle | 97.76% | 97.76% | |
| Sepsis Care Bundle | Not required in month | Not required in month | |



Monthly COVID-19 Sitrep

01/03/2021 – 31/03/2021

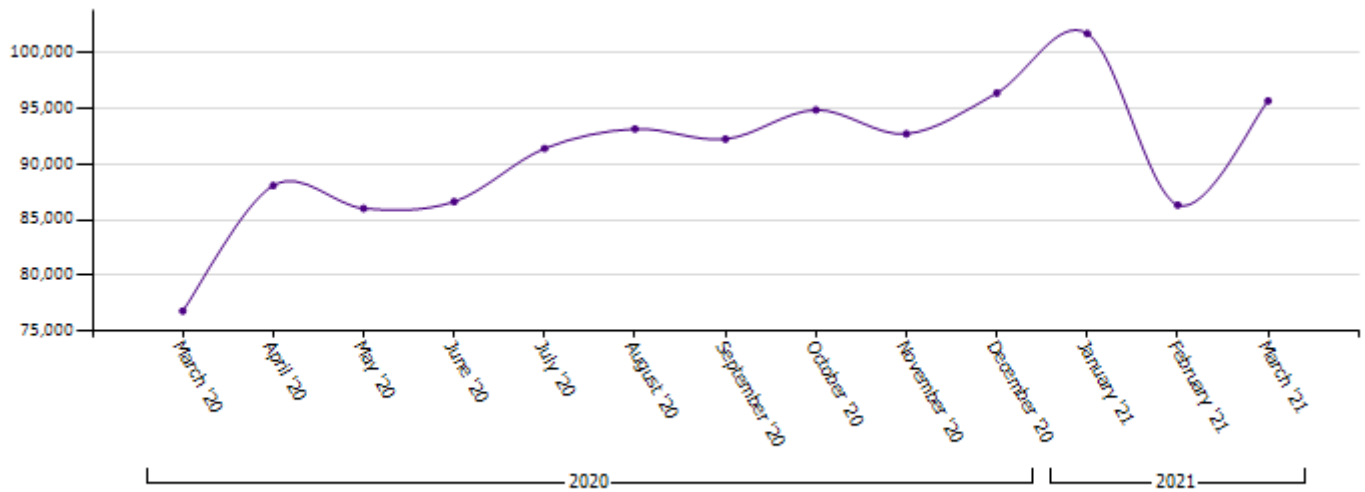
Report Created 01/04/2021

Welcome to the WMAS Covid-19 weekly report.

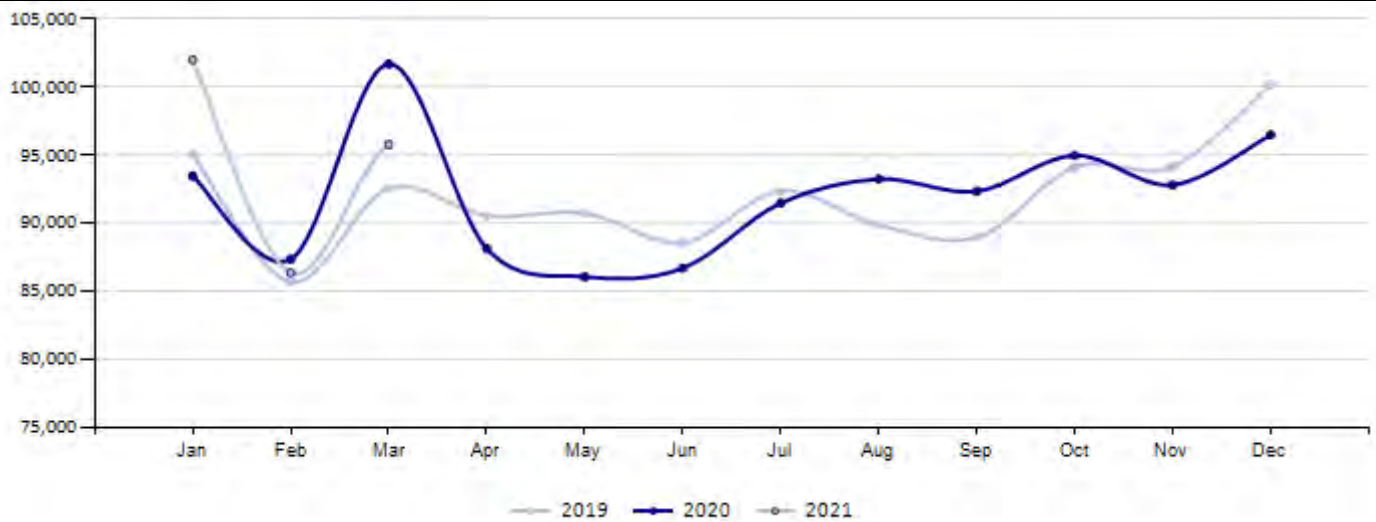
The information contained in this report has been condensed and summarised from the main activities of the Senior Incident Response Management team and key information feeds for the Operational Delivery units of the Trust.

Data captured in this report has been taken from ORBIT report 2007 (unless otherwise stated), which provides information on a weekly basis.

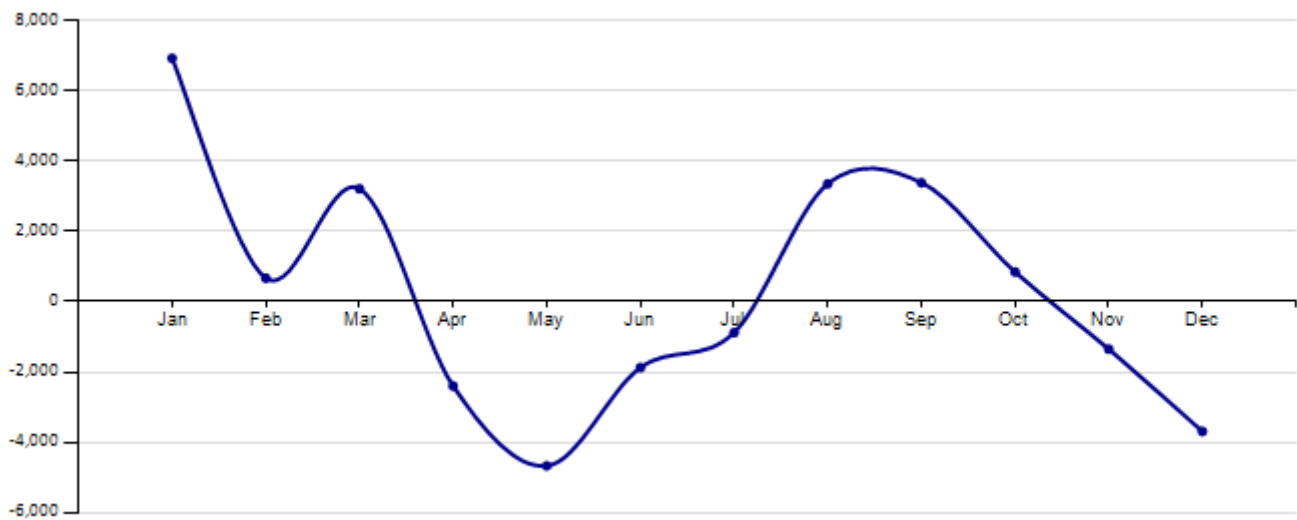
Monthly 999 Incident Activity



Monthly Emergency & Urgent Incidents Compared to Previous Year

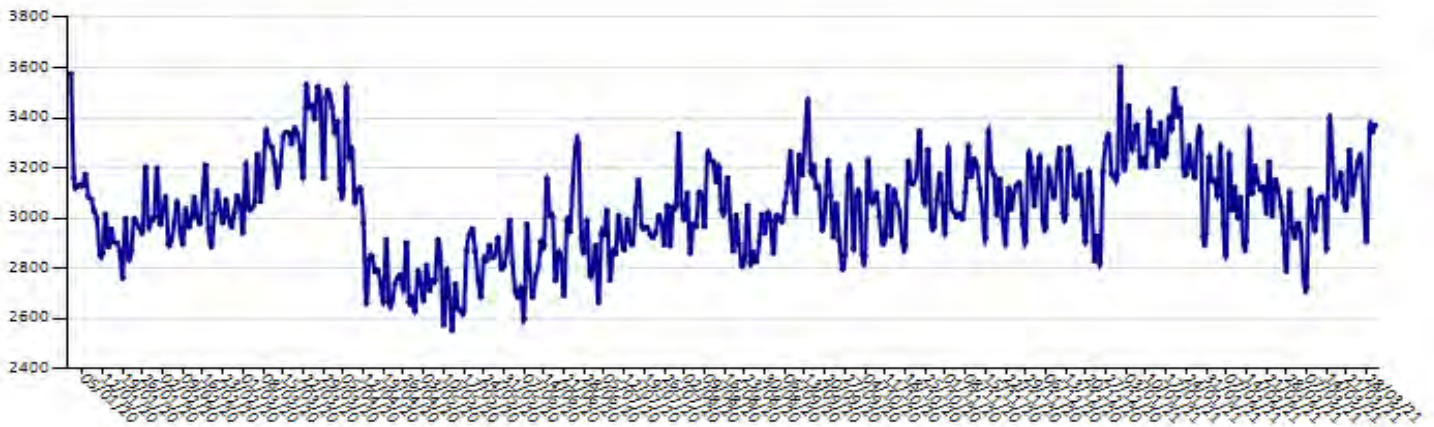


Monthly Case Difference Compared to Previous Year



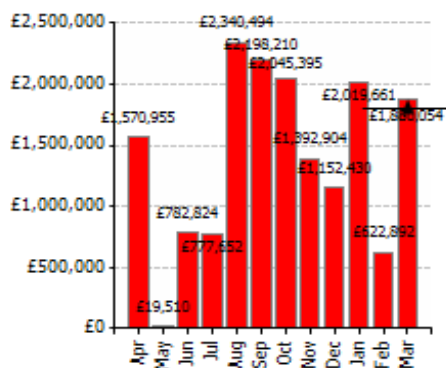
999 Activity has increased from the total number of incidents seen during February. March has followed a similar trend to last year as cases have increased from February but totalled less than last year's incidents for March. The unpredictability of COVID-19 continues to affect the demand on the Trust, which have also experienced further challenges with the discovery of new strains of COVID-19, ongoing vaccination programmes and the easing of lockdown restrictions.

Daily Incident Volumes

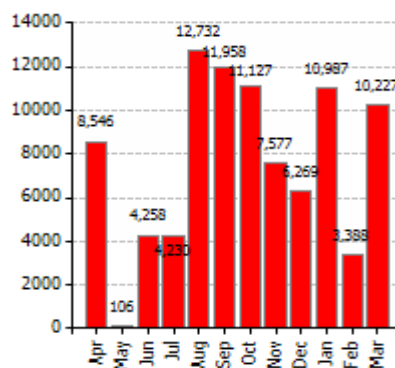


Year to Date Contract Position 01/04/2020 to 31/03/2021

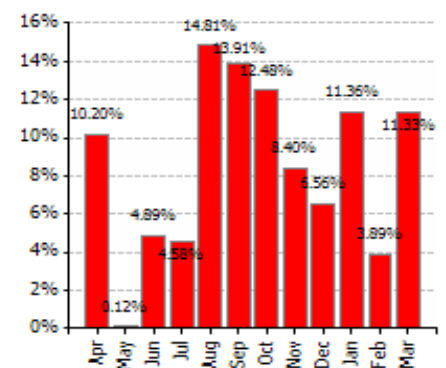
Assigned vs. Contract (income difference)



Actual vs. Contract (volume difference) by Month



Assigned vs. Contract (% difference) by Month



Demand against Contract

| | Assigned Incidents | Contract Incidents | % Variation |
|-------|--------------------|--------------------|-------------|
| Month | 100,563 | 90,252 | 11.42 % |
| QTD | 298,818 | 273,979 | 9.07 % |
| YTD | 1,166,834 | 1,074,427 | 8.60 % |

Activity against contract increased significantly up by 6,839 during March following the decrease seen in February a difference of 7.44%

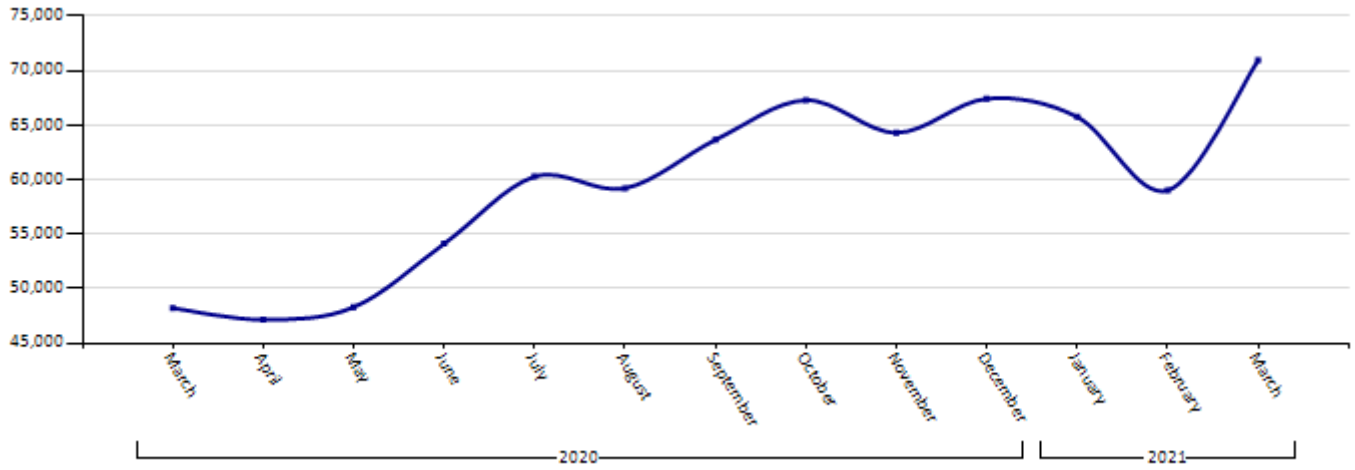
WMAS Response Status

| WMAS REAP Level | WMAS Surge Level | WMAS COVID-19 Level |
|-----------------|------------------|------------------------|
| Level 1 | Level 1 | Currently Not Reported |

Throughout February and most of March, WMAS was the only ambulance trust be at REAP Level to 1. The below is a national summary of REAP statuses as of the 31st March 2021, taken from the Proclus Dashboard. All 7 ambulance trusts who were set to REAP Level 3 in February have now de-escalated, with all set to REAP 2 or below. WMAS remains at REAP 1 along with one other Ambulance Trust.

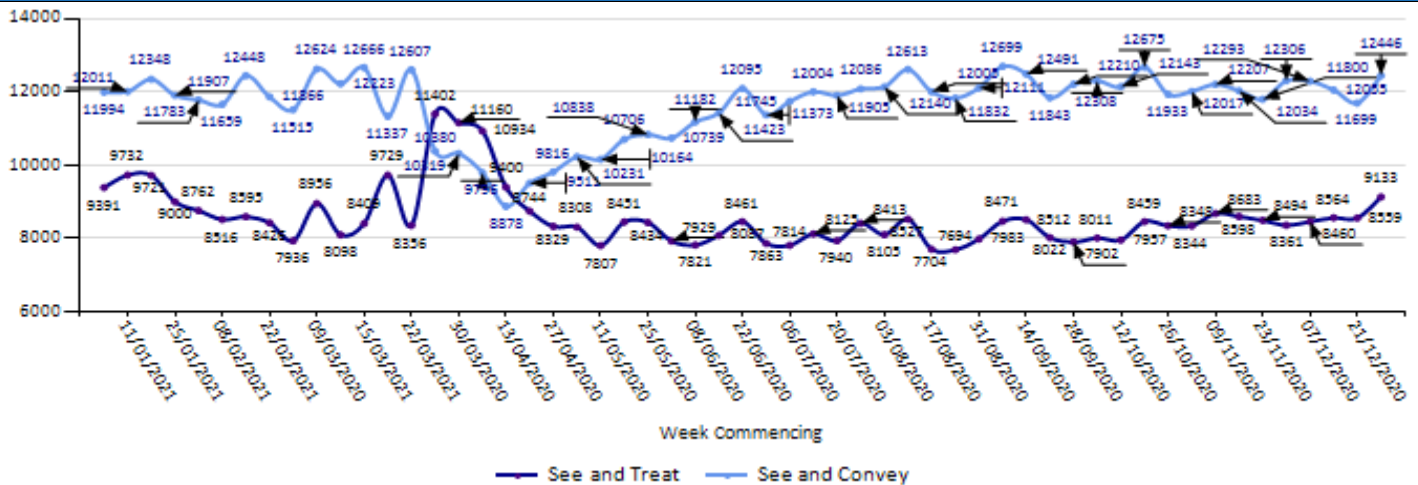
| Trust Status | EE | EM | LA | NE | NW | SC | SE | SW | WM | YA | TW | VGA |
|--------------|----|----|----|----|----|----|----|----|----|----|----|-----|
| REAP | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 2 |

PTS Activity



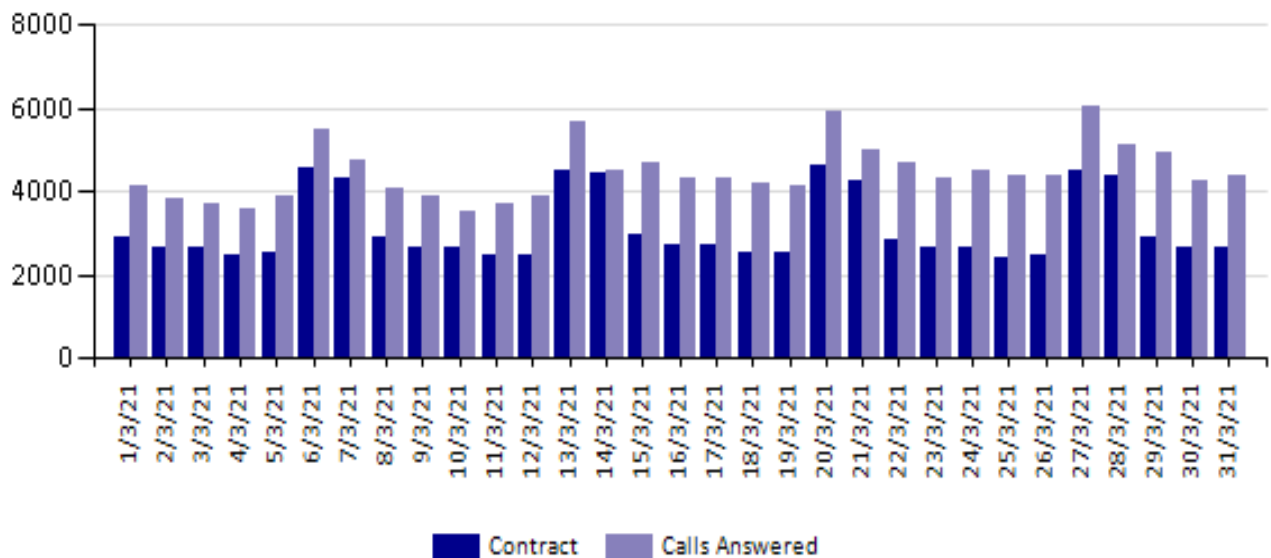
PTS activity increased in March significantly from February, reaching the highest levels seen throughout the financial year. Hospitals are balancing routine outpatients' appointments against significant increases in demand due to admissions.

Conveyances & Non-Conveyances (VNR)



The number of conveyances and non-conveyances continues to increase in comparison to the previous few months. The number of patients that have been seen and treated is still lower than a year ago, prior to COVID.

111 Calls Answered vs Contract

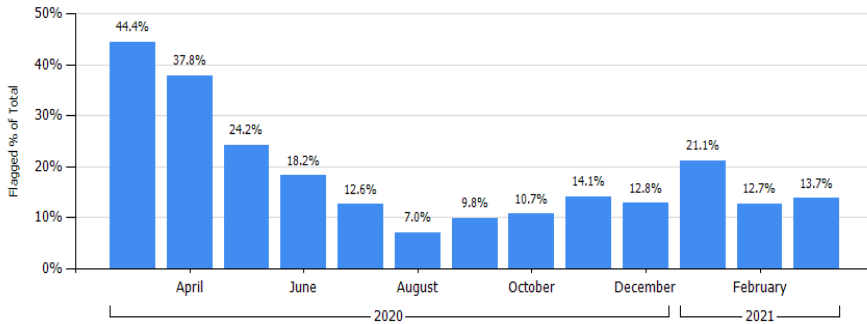


COVID-19 Incidents 01/03/2021 to 31/03/2021

The information below is taken from ORBIT 1090 and includes all cases flagged in the CAD as 'Coronavirus'

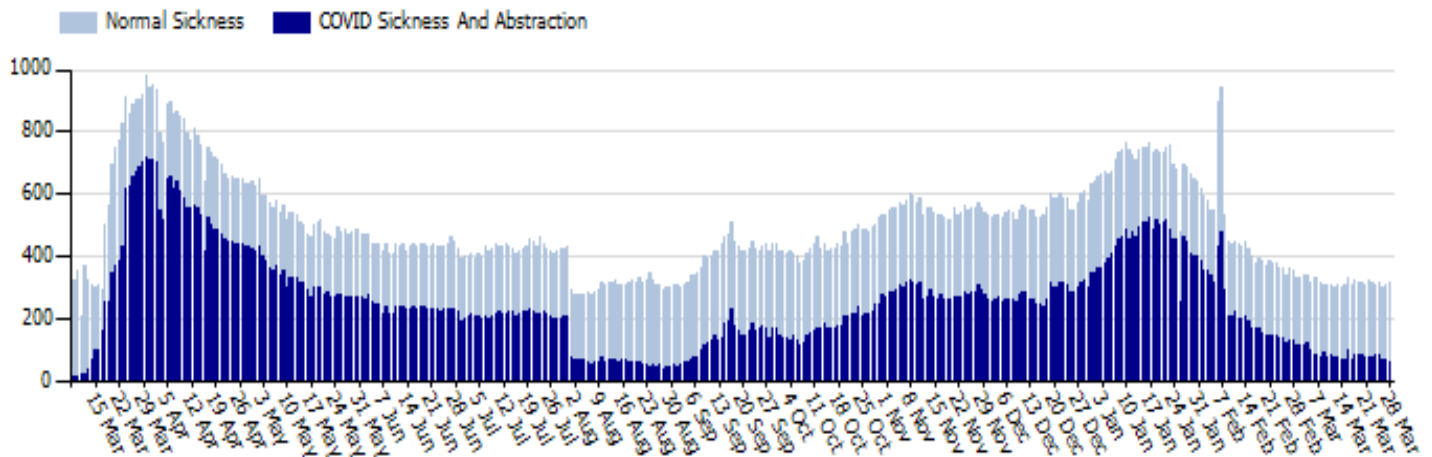
| Incidents | Mar 2020 | Apr 2020 | May 2020 | Jun 2020 | Jul 2020 | Aug 2020 | Sep 2020 | Oct 2020 | Nov 2020 | Dec 2020 | Jan 2021 | Feb 2021 | Mar 2021 | Total |
|----------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------------|
| All Incidents | 54323 | 89449 | 87671 | 88416 | 93129 | 94564 | 93531 | 96032 | 93691 | 97419 | 103215 | 87351 | 54323 | 1133114 |
| Cases flagged in CAD | 24138 | 33837 | 21218 | 16083 | 11726 | 6618 | 9169 | 10251 | 13213 | 12506 | 21763 | 11066 | 7440 | 199028 |
| Flagged % of Total | 44.4% | 37.8% | 24.2% | 18.2% | 12.6% | 7.0% | 9.8% | 10.7% | 14.1% | 12.8% | 21.1% | 12.7% | 13.7% | 17.6% |

COVID-19 Flagged Incidents as a Percentage of Total Incidents



Over the last 12 months, the number of COVID related cases that the Trust responded to matches the trend seen throughout the UK with regards to the number of positive COVID cases reported. The month of March saw a slight increase from February 12.7% to 13.7%. This is considered inline with the lockdown roadmap having an impact.

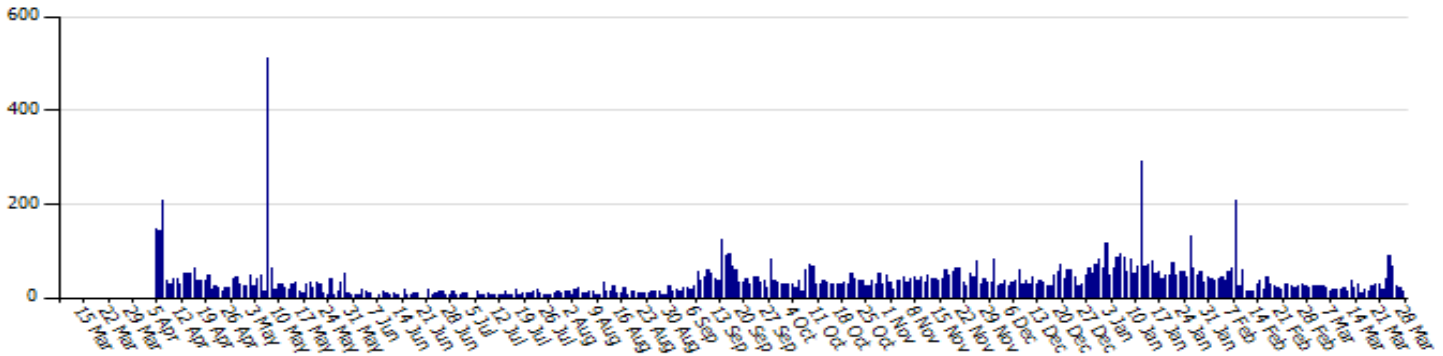
Staff Sickness



Staff Sickness Breakdown (Strategic Daily Sitrep 31/03/2021)

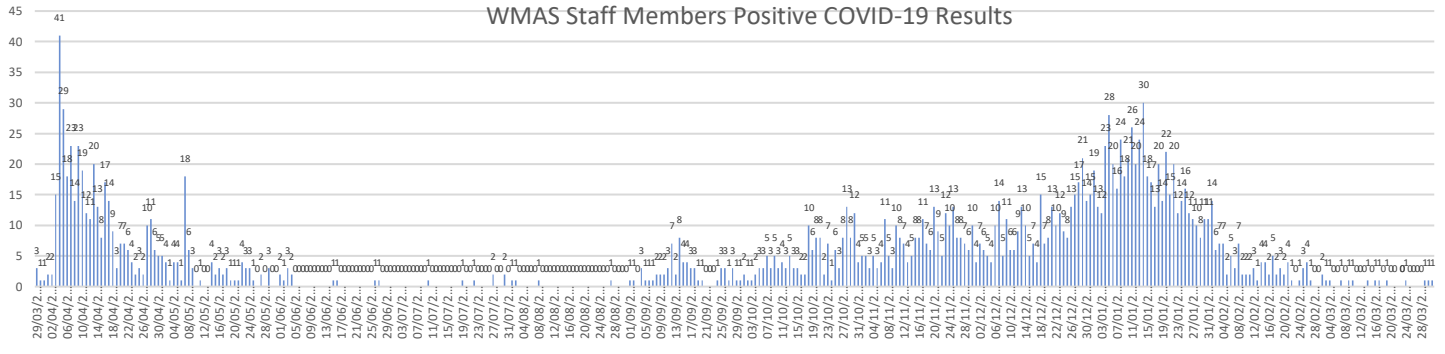
| | EOC & Perf | 111 | A&E | PTS | Other | WMAS Staff Total | WMAS in Hospital | WMAS in ICU / HDU |
|--------------------|------------|-----------|------------|-----------|-----------|------------------|------------------|-------------------|
| COVID Abstraction | 5 | 8 | 13 | 3 | 0 | 29 | 0 | 0 |
| COVID Shielding | 13 | 13 | 25 | 19 | 3 | 73 | | |
| COVID Test & Trace | 0 | 0 | 1 | 0 | 0 | 1 | | |
| COVID Sickness | 5 | 5 | 30 | 8 | 1 | 49 | | |
| Normal Sickness | 25 | 50 | 125 | 38 | 9 | 247 | | |
| TOTAL | 48 | 76 | 194 | 68 | 13 | 399 | | |

Staff Swabbing Summary (01/03/2020 to 10/01/2021)



Positive COVID Cases

WMAS Staff Members Positive COVID-19 Results



Summary of Testing by Provider

| Site | Total | Positive | Negative | DNA | Invalid | Wait | Offered |
|-----------------------|-------|----------|----------|-----|---------|------|---------|
| Wolves Drive-In | 1281 | 300 | 937 | 34 | 10 | 0 | 1606 |
| Better2Know Home Test | 190 | 65 | 125 | 0 | 0 | 0 | 190 |
| Edgbaston | 188 | 75 | 108 | 4 | 1 | 0 | 240 |
| WMAS Community Test | 6763 | 919 | 5734 | 56 | 51 | 2 | 6763 |
| WMAS Comm Test LFT | 660 | 562 | 98 | 0 | 0 | 0 | 660 |
| UHB Asymptomatic Test | 1976 | 29 | 1945 | 0 | 2 | 0 | 1976 |
| Self-Arranged Test | 1871 | 555 | 1246 | 9 | 57 | 4 | 1871 |
| City and Sandwell | 106 | 25 | 81 | 0 | 0 | 0 | 180 |

Summary of Testing Results (01/03/2021 to 31/03/2021)

| (YTD) | Swabs Offered | Swabs Sent | Positive | Negative | Awaiting | Invalid | DNA |
|-----------------|---------------|------------|----------|----------|----------|---------|------|
| Count | 13,486 | 13,035 | 2,530 | 10,274 | 6 | 121 | 103 |
| % of Swabs Sent | | 100% | 19.4% | 78.8% | 0.0% | 0.9% | 0.8% |

Test Results by NGS Ethnic Categories (01/03/2021 to 31/03/2021)

| * Exclude DNA, Invalid and Wait | Total | Positive | % Positive | Negative | % Negative |
|---------------------------------|--------|----------|------------|----------|------------|
| Total of all Tests* | 12,982 | 2,527 | 19.8% | 10,226 | 20.2% |
| Non BAME Total* | 7,409 | 1,541 | 21.1% | 5,771 | 78.9% |
| BAME Total* | 893 | 199 | 22.9% | 670 | 77.1% |
| Unknown and Not Stated | 4,680 | 787 | 17.2% | 3,785 | 82.8% |

NHS Staff Asymptomatic Lateral Flow Test Data Collection

| Breakdown of all LFT's Undertaken | | |
|-----------------------------------|-------|--------|
| Total LFTs | 75467 | 100.0% |
| Positive | 660 | 0.87% |
| Negative | 74388 | 98.57% |
| Invalid | 419 | 0.56% |

| Breakdown of PCR's following + LFT | | |
|------------------------------------|-----|--------|
| Total PCR's | 660 | 100.0% |
| Positive | 562 | 85.2% |
| Negative | 98 | 14.8% |
| Waiting | 0 | 0.0% |

| LFT Kits Delivered & Issued | |
|-----------------------------|--------|
| Total LFT Kits Delivered | 15,174 |
| Total Distributed | 8,796 |
| % Distributed | 58.0% |
| Remaining Stock | 6,378 |

Test & Trace Comments (01/03/2021 to 31/03/2021)

There were x15 Staff across the whole of the Trust who tested positive for COVID-19 during March 2021, which is a decrease in infections of 84.5% v February 2021. Asymptomatic testing continues throughout the Trust with PCR tests for all new starters and the use of LFTs being made available to all staff and contractors. DHSC has issued guidance to social care settings such as care and nursing homes which requests that visiting professionals (inc ambulance staff) provide proof of a negative LFT which has been completed within 72h of their visit. As a result of these changes, LFTs are now mandated for NEPTS colleagues. PHE remain concerned about 'variants under investigation' (VUIs) 'variants of concern' (VOCs), and 'mutations of concern' (MOCs). There are several outbreaks of South African variants within the West Midlands and it is accepted that current vaccines within the UK are less effective at the reducing the severity of illness, variant testing in South Birmingham has now ceased and no SA variants were detected within WMAS staff. The Test and Trace Team continues to perform robust tracing activity

COVID Vaccination Figures as of 31/03/2021

| | | | | |
|----------------|------|-------------------------|------|-----|
| All Staff | 7779 | of which are vaccinated | 6360 | 82% |
| CEV | 86 | of which are vaccinated | 73 | 85% |
| BAME | 839 | of which are vaccinated | 466 | 56% |
| Second Vaccine | 7805 | of which are vaccinated | 2809 | 36% |

Fleet Availability (Taken from the Daily Sitrep 31/01/2021)

| | % Available | VOR | Due Back | Predicted | Target % | Total Fleet |
|---------|-------------|-----|----------|-----------|----------|-------------|
| A&E DCA | 96.81% | 17 | 0 | 17 | 98.44 | 480 |
| A&E RRV | 100.00% | 0 | 0 | 0 | 100.00 | 22 |
| PTS | 95.34% | 18 | 0 | 0 | 97.68 | 386 |

The fleet assets and the workshops continue to serve the Trust by maintaining low VOR (Vehicles off the Road) rate on the figures submitted by the fleet team on the 31/03/2021. All new vehicles are arriving at the Trust as per the plan.

STOCKTAKE SUBMISSION FORM

[Support](#)

Choose Region Midlands

Load Last Processed Submission

Latest reporting date: 2021-03-30

Submitted at: 2021-03-30T06:51:21.741Z

Choose Reporting Entity WEST MIDLANDS AMBULANCE SERV...

Submit

* Please note that successful submissions take about 15 minutes for processing and cleaning before available in the 'Load Last Submission' feature. This does not load future entries for dates

Reporting Date 31 March, 2021

View 0 Pending Submissions

You can now submit weekend stock on Fridays

| Key Reporting Categories | Current Stock Level (?) | Estimated Daily Usage (?) | Days Until Stockout Override | Days Until Stockout | Last delivery feedback |
|--|-------------------------|---------------------------|------------------------------|---------------------|------------------------------|
| Aprons - Heavy Duty 35 Microns - Green - Flat Pack | 0 | 0 | | | no delivery required |
| Aprons - Heavy Duty 35 Microns - White - Roll | 0 | 0 | | | no delivery required |
| Aprons Standard Thickness - White - Flat Pack | 0 | 0 | | | no delivery required |
| Aprons Standard Thickness - White - On Roll | 0 | 0 | | | no delivery required |
| Body Bags (Adult) | 823 | 1 | | 823 | no delivery required |
| Body Bags (Bariatric) | 0 | 0 | | | no delivery required |
| Body Bags (Child) | 0 | 0 | | | no delivery required |
| Body Bags (Infant) | 0 | 0 | | | no delivery required |
| Clinical Waste Bags - Orange (Large 59L+) | 0 | 0 | | | no delivery required |
| Eye Protection (Goggles) | 34331 | 23 | | 1492 | no delivery required |
| Eye Protection (Visors) | 28281 | 94 | | 300 | no delivery required |
| Face Mask FFP2 | 0 | 0 | | | no delivery required |
| Face Mask IIR (Ear Loops) | 209621 | 12775 | | 16 | additional delivery required |
| Face Mask IIR (Ties) | 13900 | 0 | | | no delivery required |
| FFP3 Mask 3M 1863+ | 0 | 0 | | | no delivery required |
| FFP3 Mask 3M 9330+ | 0 | 0 | | | no delivery required |
| FFP3 Mask Alpha Solway H | 0 | 0 | | | no delivery required |
| FFP3 Mask AlphaSolway MM3S ALP 3030V | 0 | 0 | | | no delivery required |
| FFP3 Mask Draeger X-Plor 1730 | 0 | 0 | | | no delivery required |
| FFP3 Mask Draeger X-Plor 1730V | 0 | 0 | | | no delivery required |
| FFP3 Mask Fang Tian FT-045A | 0 | 0 | | | no delivery required |
| FFP3 Mask GVS F31000 | 0 | 0 | | | no delivery required |
| FFP3 Mask Honeywell 3207-D NR | 0 | 0 | | | no delivery required |
| FFP3 Mask HY9330 | 0 | 0 | | | no delivery required |
| FFP3 Mask HY9632 | 0 | 0 | | | no delivery required |
| FFP3 Mask Medcom M53010S-wh | 0 | 0 | | | no delivery required |
| FFP3 Mask Medcom M53014S-WH | 0 | 0 | | | no delivery required |
| FFP3 Mask Medcom M53214S-WH-UK | 0 | 0 | | | no delivery required |
| FFP3 Mask Meixim 2016V | 0 | 0 | | | no delivery required |
| FFP3 Mask Valmy VSP352TF-07C | 0 | 0 | | | no delivery required |
| General Purpose Detergent - Granules | 0 | 0 | | | no delivery required |
| General Purpose Detergent - Liquid | 0 | 0 | | | no delivery required |
| General Purpose Detergent - Tablets | 0 | 0 | | | no delivery required |
| Gloves (L) - Non-Sterile Nitrile (6N) Standard Cuff | 335200 | 4172 | | 80 | no delivery required |
| Gloves (M) - Non-Sterile Nitrile (6N) Standard Cuff | 106000 | 11308 | | 9 | no delivery required |
| Gloves (S) - Non-Sterile Nitrile (6N) Standard Cuff | 194900 | 5390 | | 36 | no delivery required |
| Gloves (XL) - Non-Sterile Nitrile (6N) Standard Cuff | 163200 | 816 | | 200 | no delivery required |
| Gloves (XS) - Non-Sterile Nitrile (6N) Standard Cuff | 105300 | 290 | | 363 | no delivery required |
| Gowns - Coveralls (L) | 2983 | 9 | | 331 | no delivery required |

*error

| | | | | | | |
|--|-------|-----|--|-----|----------------------|---|
| Gowns - Coveralls (M) | 2283 | 11 | | 207 | no delivery required | ▼ |
| Gowns - Coveralls (S) | 1670 | 3 | | 556 | no delivery required | ▼ |
| Gowns - Coveralls (XL) | 2467 | 21 | | 117 | no delivery required | ▼ |
| Gowns - Coveralls (XXL) | 2720 | 41 | | 66 | no delivery required | ▼ |
| Gowns - Coveralls (XXXL) | 1864 | 2 | | 932 | no delivery required | ▼ |
| Gowns (L) - Non Sterile - surgical // Isolation // Without Towel | 0 | 0 | | | no delivery required | ▼ |
| Gowns (M) - Non Sterile - surgical // Isolation // Without Towel | 0 | 0 | | | no delivery required | ▼ |
| Gowns (S) - Non Sterile - surgical // Isolation // Without Towel | 0 | 0 | | | no delivery required | ▼ |
| Gowns (Thumb Loop Aprons) | 0 | 0 | | | no delivery required | ▼ |
| Gowns (XL) - Non Sterile - surgical // Isolation // Without Towel | 0 | 0 | | | no delivery required | ▼ |
| Gowns (XXL) - Non Sterile - surgical // Isolation // Without Towel | 0 | 0 | | | no delivery required | ▼ |
| Gowns Sterile | 0 | 0 | | | no delivery required | ▼ |
| Hand Hygiene Alcohol Gel - 15l-500ml | 4804 | 30 | | 160 | no delivery required | ▼ |
| Hand Hygiene Alcohol Gel - 50-150ml | 21705 | 155 | | 140 | no delivery required | ▼ |
| Hand Hygiene Alcohol Gel - 50l-1250ml | 3469 | 8 | | 433 | no delivery required | ▼ |
| Hand Hygiene Hand Wash 15l-500ml | 0 | 0 | | | no delivery required | ▼ |
| Hand Hygiene Hand Wash 50-150ml | 0 | 0 | | | no delivery required | ▼ |
| Hand Hygiene Hand Wash 50l-1250ml | 1473 | 9 | | 163 | no delivery required | ▼ |

*Error on report: should display “No delivery Required” as Days until stock out at 16 days

Stock Levels (Taken from IPC Stock Report 31/03/2021)

Stock held on A&E Operational Hubs

| | Aprons | | Gloves | | | | | Eye Protection | | | | | | Hand Hygiene | | | | | | |
|--------------------|--------|-----------|--------|-----|-----|-----|-----|----------------|--------|-----------|-------------|---------------------|-----------|--------------|----------------|---------|------------|----------|---------------|-----------|
| Surgical Masks IIR | Thick | Blue Tint | XS | S | M | L | XL | Goggles | Visors | Body bags | Tyrek Suits | Clinical Waste Bags | Hand soap | Moisturiser | Hand sanitiser | Tottles | Desk pumps | Tympanic | Clinell wipes | Swab kits |
| 52720 | 40850 | 24925 | 491 | 324 | 391 | 901 | 753 | 31268 | 15953 | 646 | 7736 | 1078 | 937 | 691 | 2415 | 9717 | 1079 | 42 | 1009 | 326 |

Stock held on PTS Operational hubs

| | Aprons | | Gloves | | | | | Eye Protection | | | Hand Hygiene | | | | | | | |
|--------------------|--------|-----------|--------|-------|-------|-------|-------|----------------|--------|----------------|--------------|-------------|----------------|---------|------------|----------|---------------|-----------|
| Surgical Masks IIR | Thick | Blue tint | XS | S | M | L | XL | Goggles | Visors | Clinical waste | Hand soap | Moisturiser | Hand sanitiser | Tottles | Desk pumps | Tympanic | Clinell wipes | Swab kits |
| 40800 | 32172 | 22300 | 29700 | 33600 | 30700 | 44300 | 35700 | 2942 | 3457 | 13825 | 427 | 392 | 530 | 4238 | 1498 | 2 | 743 | 716 |

Last 14 Day Summary

| Trust | Arranged By | Date | Stock |
|-------|-------------|------|-------|
| None | N/A | N/A | N/A |

PPE Mutual Aid (01/03/2020 to 31/03/2021 - ORBIT 1069)

| PPE Mutual Aid Summary - Since 9th March 2020 | |
|--|---------------|
| Summary Type | Volume |
| 3M PRPH Hoods | 200 |
| Aprons | 439,480 |
| Body Bags | 65 |
| Clinical Waste Bags | 43,700 |
| Coveralls | 14,100 |
| FFP3 Masks | 47,890 |
| Fit Test Kits | 70 |
| Glasses/ Goggles | 72,940 |
| Gloves (boxes) | 2,310 |
| Gowns | 6,610 |
| Hand Hygiene | 4,070 |
| PRPH Centurion Filters | 312 |
| PRPH Centurion Kits | 80 |
| Surgical Masks | 57,000 |
| Tympanic Therm. | 30 |
| Visors | 30,163 |
| Wipes | 80 |

General Notes & Commentary

The Trust maintained a high standard of Command and Control throughout March. The Incident Command Room remained operational for 24 hours a day and provided an oversight and advice for its ongoing functions including the COVID-19 response, the Trust's Test and Trace capability, outbreak management, the NACC and Adverse weather. These arrangements are over and above what is required by NHS England.

- PPE continues to be reported daily and the Foundry submission is signed off 7 days a week by the COVID-19 Incident Director. PPE burn rates are reviewed each week at the senior command meeting and submissions adjusted to ensure accurate reporting.
- Surge preparations continued through January and February and the following table shows the numbers completing training in each area

Student numbers deployed as part of surge contingency mobilisation

| Staffing Group | Area Trained to work | Staff Numbers Trained within Trust |
|---|--|------------------------------------|
| Community First Responders | PTS High Dependency | 49 |
| Year 0 Students (First Year of Study) | PTS Discharge | 230 |
| Year 1 Students (Progressing as Year 2) | PTS High Dependency | 98 |
| Final year students | E&U Ambulance Care Assistant | 49 |
| PTS Induction | PTS | 40 |
| Year 2's and Final Yrs HDCA and ACA 1 day Refresher Day | High Dependency and E&U Ambulance Care Assistant | 16 |
| Returners for PTS and PTS | PTS and PTS High Dependency | 2 |
| AAP's | E&U Ambulance Care Assistant | 155 |
| Total 639 | | |

- Safeguarding level 3 training roll out continues now both adults and children modules.
- SORT (Special Operations Response Team) uplift in numbers recruitment exercise underway
- The Trust has no reported outbreaks of COVID-19 following the last to sites being reviewed on Monday 1 March 2021 and both outbreaks at E&U Dudley and 111 Navigation Point were closed and the outbreak management portal updated.

| Outbreak Dashboard WMAS Site | Date Identified | PHE Notification | Peak of Infection | Outbreak Closure |
|---------------------------------|--------------------|---------------------|----------------------|---------------------|
| 111 - Navigation Point | 09/09/2020 | 10/09/2020 | 15/09/2020 | 13/10/2020 |
| Incident Room - HQ | 18/12/2020 | 21/12/2020 | 18/12/2020 | 14/01/2021 |
| Tollgate EOC | 28/12/2020 | 30/12/2020 | 29/12/2020 | 26/01/2021 |
| 111 - Navigation Point | 04/01/2021 | 10/01/2021 | 01/02/2021 | 01/03/2021 |
| PTS - Wirral | 05/01/2021 | 10/01/2021 | 06/01/2021 | 03/02/2021 |
| E&U Erdington | 04/01/2021 | 10/01/2021 | 24/01/2021 | 21/02/2021 |
| E&U Hereford | 04/01/2021 | 10/01/2021 | 08/01/2021 | 05/02/2021 |
| E&U Hollymoor | 07/01/2021 | 20/01/2021 | 19/01/2021 | 16/02/2021 |
| E&U Willenhall | 13/01/2021 | 28/01/2021 | 27/01/2021 | 24/02/2021 |
| E&U Dudley | 18/01/2021 | 28/01/2021 | 31/01/2021 | 28/02/2021 |

The focus for the senior team remains:

- Focus on staff support with the effects of Test & Trace and the Trust providing the correct advice & management support
- Continued focus to PPE levels being delivered to the Trust daily, reviewing and adjusting burn rates weekly
- Continuing the social distancing arrangements at all Trust locations to further support staff to ensure they are appropriately available at all sites and meet the recommendations of the AACE Guidance for Ambulance services Working Safely in Non-Clinical Areas
- Weekend resource focus to ensure planned resource meets the changing demand profile
- COVID-19 outbreak management preparations
- Preparations for staff returning from shielding
- Super surge preparations and planning
- Safeguarding training
- COVID-19 vaccination uptake increase
- Clearing backlog training
- Student Paramedic Recruitment



Monthly COVID-19 Sitrep

01/04/2021 – 30/04/2021

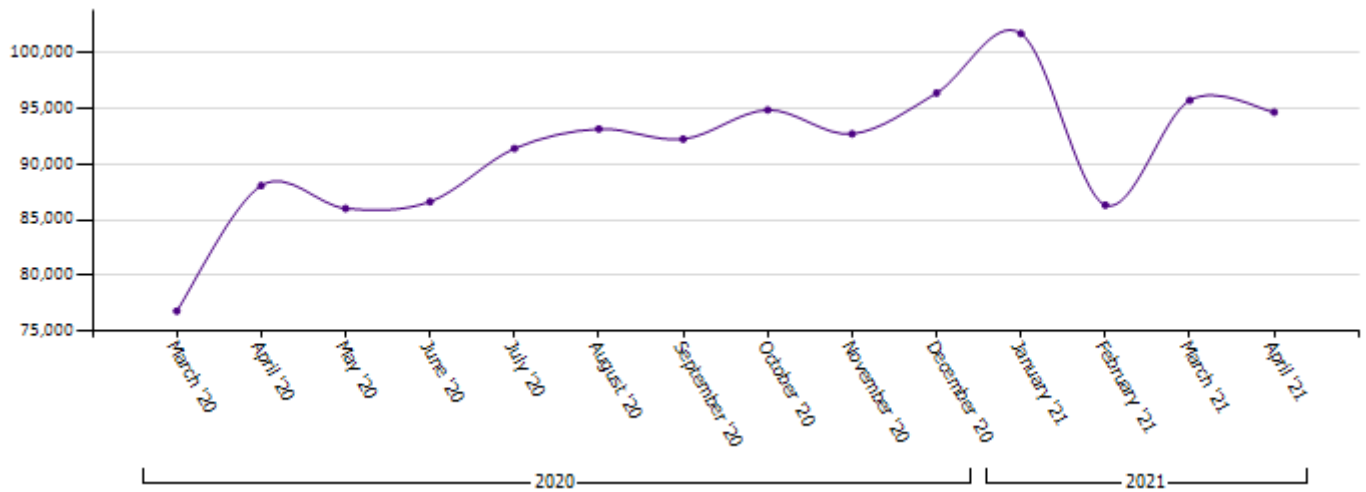
Report Created 08/05/2021

Welcome to the WMAS Covid-19 Monthly Report.

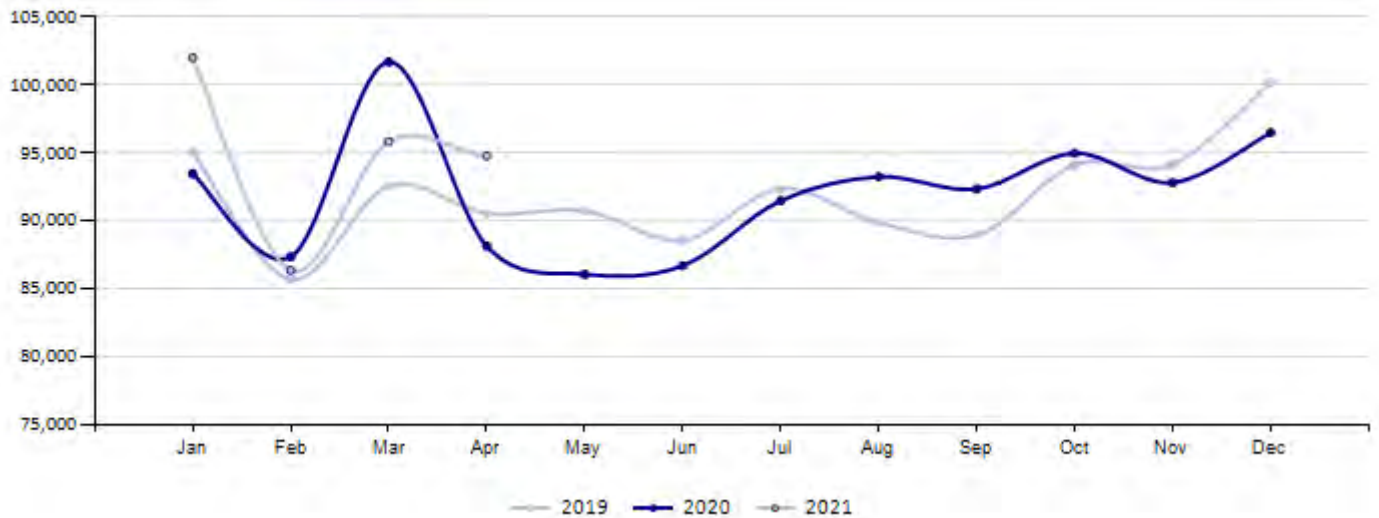
The information contained in this report has been condensed and summarised from the main activities of the Senior Incident Response Management team and key information feeds for the Operational Delivery units of the Trust.

Data captured in this report has been taken from ORBIT report 1120 (unless otherwise stated), which provides information on a monthly basis.

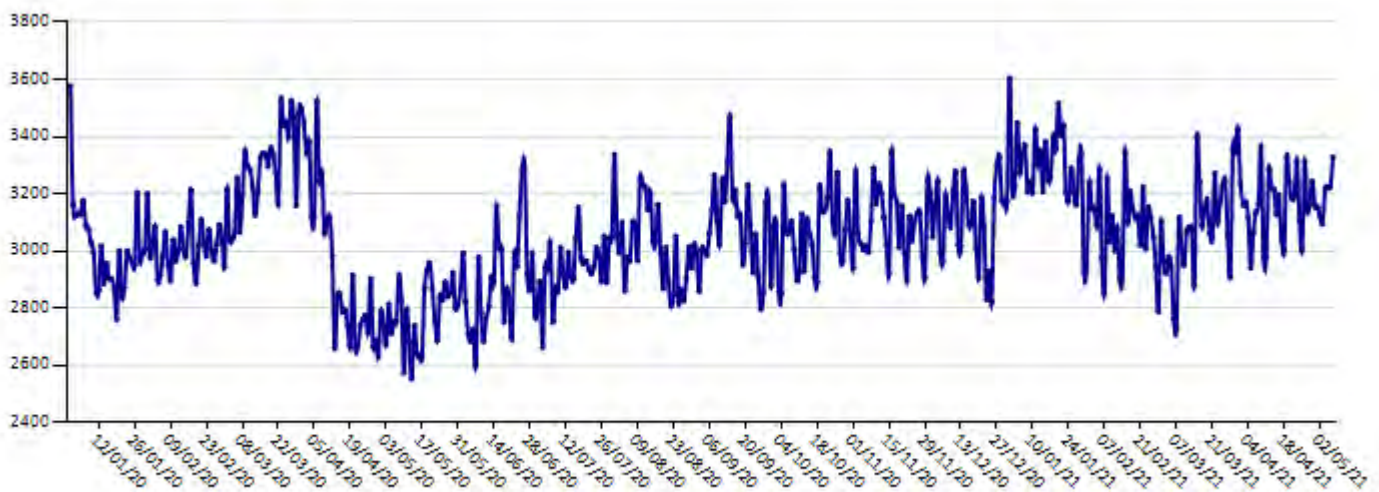
Monthly 999 Incident Activity



Monthly Emergency & Urgent Incidents Compared to Previous Years



Daily Incident Volumes



For clarity, an 'Incident' encompasses all 'See & Treat' 'See & Convey' and 'Hear & Treat' figures, moreover it is classed as a call being opened and then closed following the appropriate disposition.

The daily incident volumes decreased significantly in March 2020 which coincided with the commencement of the first lockdown. There was a gradual increase, followed by a plateau in November, which again coincided with the second lockdown. Incidents then increased in December to the highest volume since January 2020, and then decreased over the next two months, in line with the third lock down. Incidents increased from then until late March and into April where we are now seeing an increase from pre-COVID activity

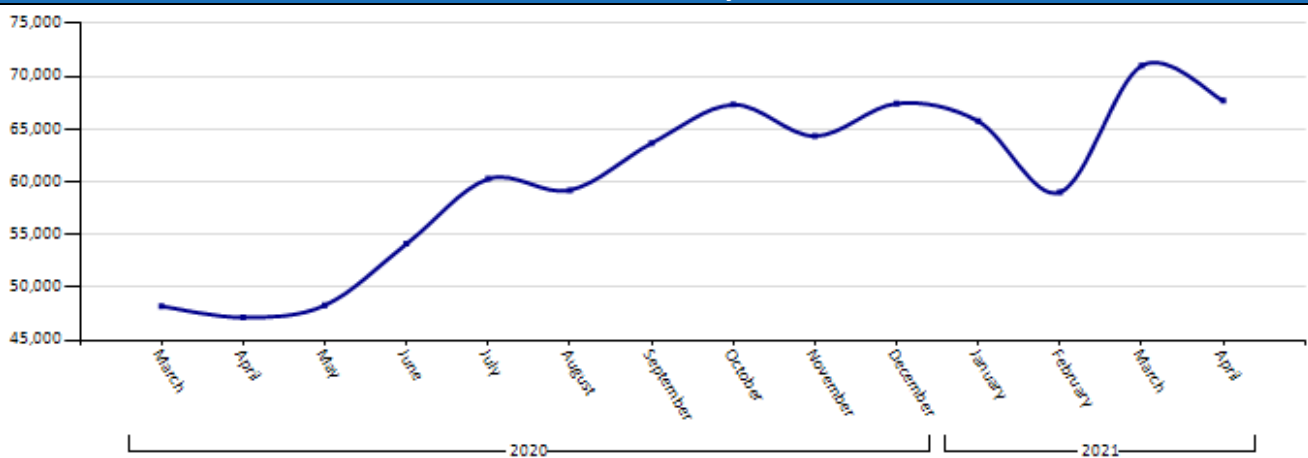
WMAS Response Status

| WMAS REAP Level | WMAS Surge Level | WMAS COVID-19 Level |
|-----------------|------------------|------------------------|
| Level 1 | Level 1 | Currently Not Reported |

Throughout most of March and April, WMAS was the only ambulance trust be at REAP Level 1. The below is a national summary of REAP statuses as of the 30th April 2021, taken from the Proclis Dashboard. All 7 ambulance trusts who were set to REAP Level 3 in February, remained at REAP Level 2, with all trusts set to REAP Level 2 or below. Only WMAS and SCAS remained at REAP Level 1 as of the end of April 2021.

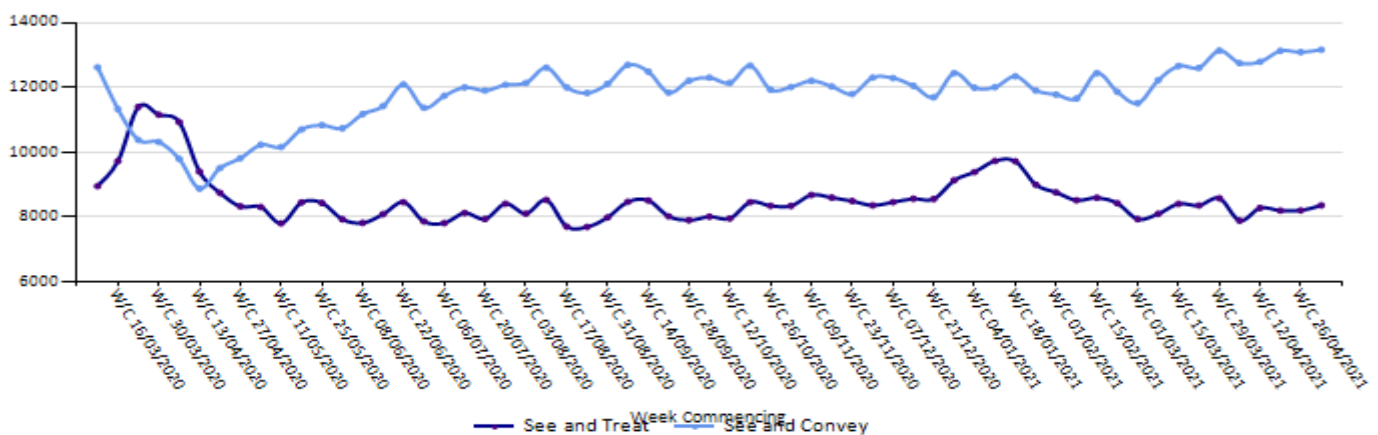
| Trust Status | | | | | | | | | | | | |
|--------------|----|----|----|----|----|----|----|----|----|----|----|-----|
| | EE | EM | LA | NE | NW | SC | SE | SW | WM | YA | YV | YVA |
| REAP | 2 | 2 | 2 | 2 | 2 | 1 | 2 | 2 | 1 | 2 | 2 | 2 |

PTS Activity



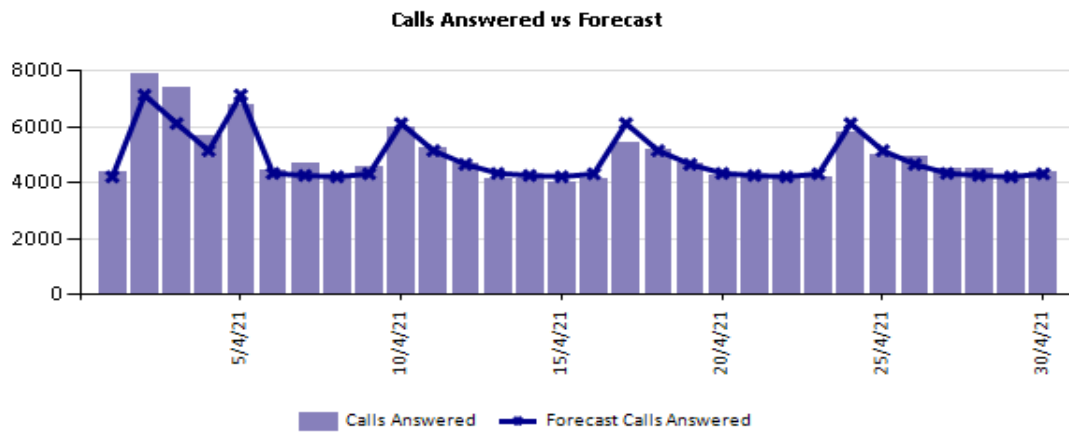
PTS activity increased significantly from February, reaching the highest levels seen throughout the financial year. Hospitals balanced routine outpatient appointments against significant increases in demand due to COVID case admissions. PTS activity has reached c90% of pre-pandemic activity, whilst still having to maintain social distancing on vehicles with the inevitable reduction in patients per vehicles and efficiency as a result.

Conveyances & Non-Conveyances (VNR)



Both See and Treat and See and Convey cases fluctuated between March and April – during the period of the lockdown restrictions being eased. See and Treat cases then remained reasonably stable, whereas see and convey incidents saw a marginal increase. Incidents conveyed in March totalled 54,151, where as April totalled 54,766 (ORBIT 35).

Daily 111 Calls Answered vs Forecast (ORBIT 1014)

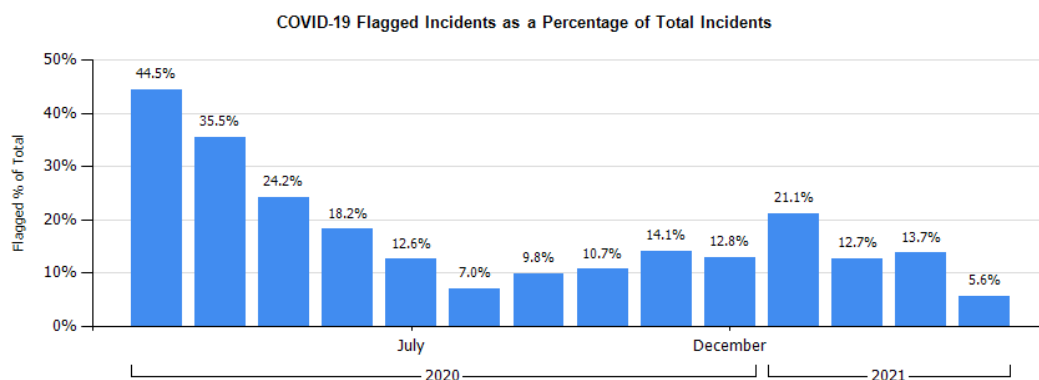


Information is normally provided showing the Daily 111 Calls answered vs Contract, however Contract figures are currently unavailable for reporting. The graph above shows the Daily 111 Called Answered vs Forecast for the month of April. Calls answered remained fairly consistent with forecasting. The 3rd April saw the highest degree of variance, with a 20.92% variance above forecast. The 17th April saw a -11.72% variance against the forecast.

COVID-19 Incidents 01/04/2021 to 30/04/2021

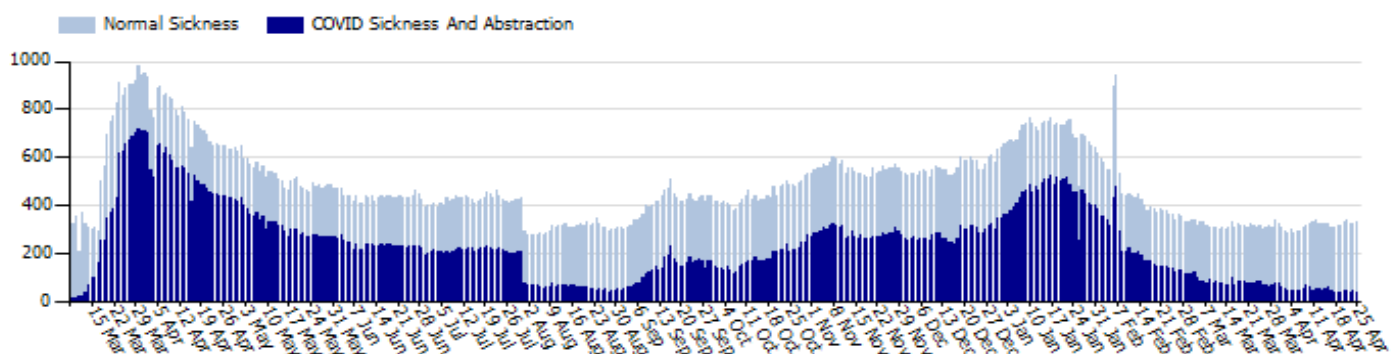
The information below is taken from ORBIT 1090 and includes all cases flagged in the CAD as 'Coronavirus'

| Incidents | Mar 2020 | Apr 2020 | May 2020 | Jun 2020 | Jul 2020 | Aug 2020 | Sep 2020 | Oct 2020 | Nov 2020 | Dec 2020 | Jan 2021 | Feb 2021 | Mar 2021 | Apr 2021 | Total |
|----------------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|----------|---------|
| All Incidents | 54323 | 95513 | 87671 | 88416 | 93129 | 94564 | 93531 | 96032 | 93691 | 97419 | 103215 | 87351 | 54323 | 95513 | 1234691 |
| Cases flagged in CAD | 24149 | 33880 | 21229 | 16083 | 11726 | 6619 | 9173 | 10255 | 13227 | 12513 | 21770 | 11067 | 7443 | 5393 | 204527 |
| Flagged % of Total | 44.5% | 35.5% | 24.2% | 18.2% | 12.6% | 7.0% | 9.8% | 10.7% | 14.1% | 12.8% | 21.1% | 12.7% | 13.7% | 5.6% | 16.6% |



Over the last 12 months, the number of COVID related cases that the Trust responded to matches the trend seen throughout the UK with regards to the number of positive COVID cases reported. The month of April saw a decrease of 8.1% in the cases flagged in the CAD. This is considered in line with the national picture, as vaccination numbers increase and positive cases (incl. deaths) continue to fall.

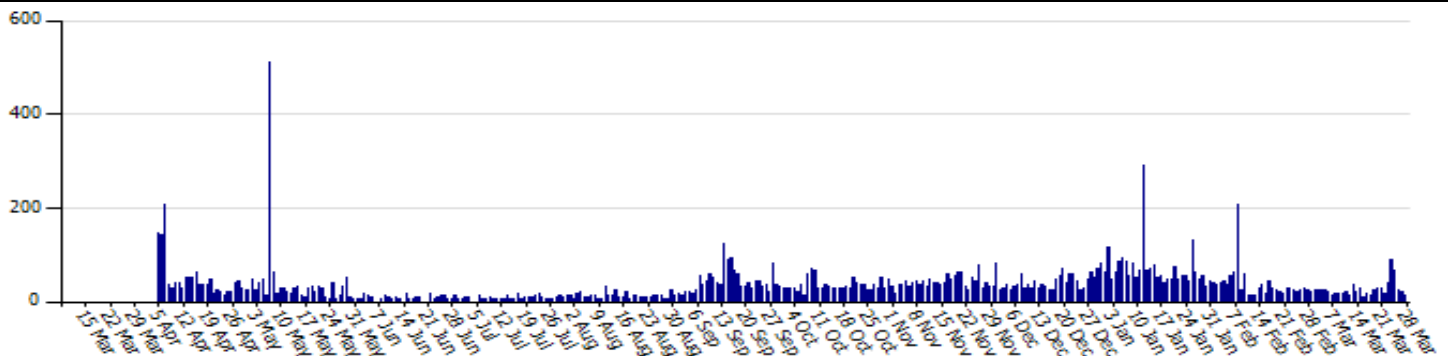
Staff Sickness (as of 30/04/2021)



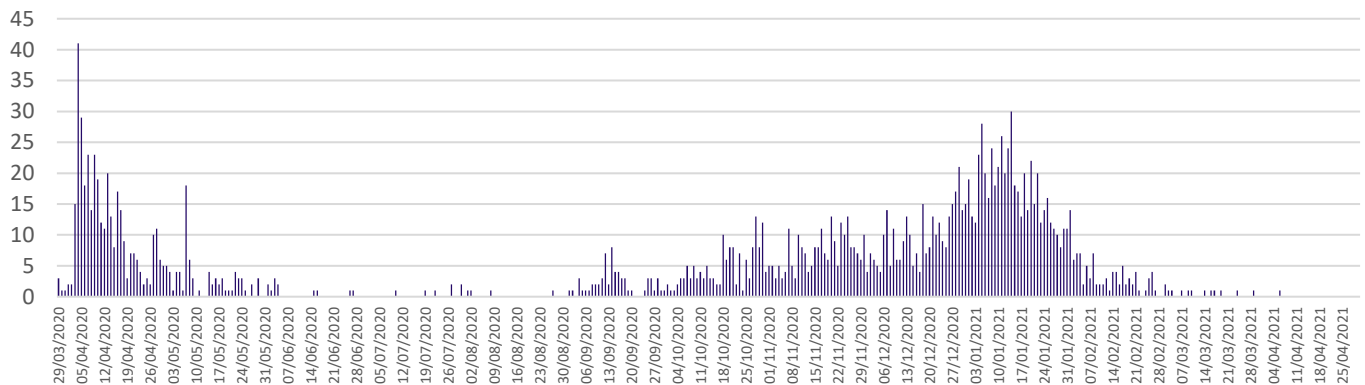
Staff Sickness Breakdown (Strategic Daily Sitrep 30/04/2021)

| | EOC & Perf | 111 | A&E | PTS | Other | WMAS Staff Total | WMAS in Hospital | WMAS in ICU / HDU |
|--------------------|------------|-----------|------------|-----------|-----------|------------------|------------------|-------------------|
| COVID Abstraction | 3 | 2 | 8 | 1 | 0 | 14 | 0 | 0 |
| COVID Shielding | 0 | 0 | 0 | 0 | 0 | 0 | | |
| COVID Test & Trace | 0 | 0 | 0 | 0 | 0 | 0 | | |
| COVID Sickness | 0 | 2 | 10 | 2 | 0 | 14 | | |
| Normal Sickness | 30 | 57 | 142 | 45 | 15 | 289 | | |
| TOTAL | 33 | 61 | 160 | 48 | 15 | 317 | | |

Staff Swabbing Summary (01/03/2020 to 30/04/2021)



Staff Positive COVID-19 Cases



During April there were x9 detected COVID-19 infections which is a 76% reduction on cases reported in March, only x1 of these infections was detected in a WMAS staff member and the remaining x8 was infections were detected in the family members of WMAS staff. There were 609 PCR laboratory Tests completed which was a 27% reduction on the total completed in March. The majority of tests PCR Tests were arranged by WMAS and only 16% were completed by second pillar providers, as the majority of PCR tests are being processed by WMAS and UHB results are often quicker and staff are able to return to work. The Test and Trace Team liaise with Public Health England, who are highlighting Variants of Concern within the West Midlands, current the South African variant remains the variant of most concern and addresses are being flagged. The strategy of Testing within West Midlands Ambulance Service continues to be PCR Testing for all new staff and those attending significant training or planned exercises, twice weekly asymptomatic testing using LFT and PCR Testing for any symptomatic colleague or family member. Test and Trace activity continues using principles laid down by PHE, however the Trust is interested to understand how T&T guidance will alter dependant on vaccination status.

Summary of Testing by Provider

| | Total Offered | Total | Positive | Negative | Awaiting | Invalid | DNA |
|------------------------|---------------|-------|----------|----------|----------|---------|-----|
| Wolverhampton Drive-In | 1606 | 1281 | 300 | 937 | 0 | 10 | 34 |
| Better2Know Home Test | 190 | 190 | 65 | 125 | 0 | 0 | 0 |
| Edgbaston | 240 | 188 | 75 | 108 | 0 | 1 | 4 |
| WMAS Community Test | 7148 | 7148 | 921 | 6114 | 0 | 55 | 57 |
| WMAS LLFT PCR | 670 | 670 | 562 | 108 | 0 | 0 | 0 |
| Asymptomatic Test | 2087 | 2087 | 29 | 2051 | 0 | 7 | 0 |
| Self-arranged Test | 1971 | 1971 | 562 | 1337 | 0 | 57 | 14 |
| City & Sandwell | 180 | 106 | 25 | 81 | 0 | 0 | 0 |

Summary of Testing Results (01/03/2021 to 31/03/2021)

| (YTD) | Swabs Offered | Swabs Sent | Positive | Negative | Awaiting | Invalid | DNA |
|-----------------|---------------|------------|----------|----------|----------|---------|------|
| Count | 206177 | 13,641 | 2539 | 10,861 | 0 | 130 | 109 |
| % of Swabs Sent | | 100% | 18.6% | 79.6% | 0.0% | 1.0% | 0.8% |

Test Results by NGS Ethnic Categories (01/03/2021 to 31/03/2021)

| * Exclude DNA, Invalid and Wait | Total | Positive | % Positive | Negative | % Negative |
|---------------------------------|--------|----------|------------|----------|------------|
| Total of all Tests* | 13,588 | 2,536 | 19.0% | 10,814 | 81.0% |
| Non BAME Total* | 7,770 | 1,544 | 20.1% | 6,125 | 79.9% |
| BAME Total* | 948 | 199 | 21.6% | 721 | 78.4% |
| Unknown and Not Stated | 4,870 | 793 | 16.7% | 3968 | 83.3% |

Fleet Availability (Taken from the Daily Sitrep 31/01/2021)

| | % Available | VOR | Due Back | Predicted | Target % | Total Fleet |
|---------|-------------|-----|----------|-----------|----------|-------------|
| A&E DCA | 99.06 | 5 | 0 | 5 | 98.44 | 514 |
| A&E RRV | 100.00 | 0 | 0 | 0 | 100.00 | 22 |
| PTS | 94.00 | 25 | 0 | 7 | 97.68 | 386 |

The fleet assets and the workshops continue to serve the Trust by maintaining low VOR (Vehicles off the Road) rate on the figures submitted by the fleet team on the 30/04/2021. All new vehicles are arriving at the Trust as per the plan.

NHS Foundry Submission (31/03/2021)

STOCKTAKE SUBMISSION FORM

Actions

Choose Region Midlands

Load Last Processed Submission

Latest reporting date: 2021-04-29

Submitted at: 2021-04-29T12:06:53.315Z

Choose Reporting Entity WEST MIDLANDS AMBULANCE SERVI...

Submit

* Please note that successful submissions take 15 minutes for processing and cleaning before available in the 'Load Last Submission' feature does not load future entries for dates

Reporting Date 30 April, 2021

View 0 Pending Submissions

You can now submit weekend stock on Fridays

| Key Reporting Categories | Current Stock Level (?) | Estimated Daily Usage (?) | Days Until Stockout Override | Days Until Stockout | Last delivery feedback |
|--|-------------------------|---------------------------|------------------------------|---------------------|------------------------|
| Aprons - Heavy Duty 35 Microns - Green - Flat Pack | 0 | 0 | | | no delivery required |
| Aprons - Heavy Duty 35 Microns - White - Roll | 0 | 0 | | | no delivery required |
| Aprons Standard Thickness - White - Flat Pack | 0 | 0 | | | no delivery required |
| Aprons Standard Thickness - White - On Roll | 0 | 0 | | | no delivery required |
| Body Bags (Adult) | 833 | 1 | | 833 | no delivery required |
| Body Bags (Bariatric) | 0 | 0 | | | no delivery required |
| Body Bags (Child) | 0 | 0 | | | no delivery required |
| Body Bags (Infant) | 0 | 0 | | | no delivery required |
| Clinical Waste Bags - Orange (Large 59L+) | 0 | 0 | | | no delivery required |
| Eye Protection (Goggles) | 33193 | 32 | | 1037 | no delivery required |
| Eye Protection (Visors) | 27609 | 89 | | 310 | no delivery required |
| Face Mask FFP2 | 0 | 0 | | | no delivery required |
| Face Mask IIR (Ear Loops) | 215600 | 15014 | | 14 | no delivery required |
| Face Mask IIR (Ties) | 13750 | 0 | | | no delivery required |
| FFP3 Mask 3M 1863+ | 0 | 0 | | | no delivery required |
| FFP3 Mask 3M 9330+ | 0 | 0 | | | no delivery required |
| FFP3 Mask Alpha Solway H | 0 | 0 | | | no delivery required |
| FFP3 Mask AlphaSolway MM3S ALP 3030V | 0 | 0 | | | no delivery required |
| FFP3 Mask Draeger X-Pior 1730 | 0 | 0 | | | no delivery required |
| FFP3 Mask Fang Tian FT-045A | 0 | 0 | | | no delivery required |
| FFP3 Mask GVS F31000 | 0 | 0 | | | no delivery required |
| FFP3 Mask Honeywell 3207-D NR | 0 | 0 | | | no delivery required |
| FFP3 Mask HY9330 | 0 | 0 | | | no delivery required |
| FFP3 Mask HY9632 | 0 | 0 | | | no delivery required |
| FFP3 Mask Medcom M53010S-wh | 0 | 0 | | | no delivery required |
| FFP3 Mask Medcom M53014S-WH | 0 | 0 | | | no delivery required |
| FFP3 Mask Medcom M53214S-WH-UK | 0 | 0 | | | no delivery required |
| FFP3 Mask Meixim 2016V | 0 | 0 | | | no delivery required |
| FFP3 Mask Valmy VSP352TF-07C | 0 | 0 | | | no delivery required |
| General Purpose Detergent - Granules | 0 | 0 | | | no delivery required |
| General Purpose Detergent - Liquid | 0 | 0 | | | no delivery required |
| General Purpose Detergent - Tablets | 0 | 0 | | | no delivery required |
| Gloves (L) - Non-Sterile Nitrile (6N) Standard Cuff | 470000 | 5090 | | 92 | no delivery required |
| Gloves (M) - Non-Sterile Nitrile (6N) Standard Cuff | 311300 | 13341 | | 23 | no delivery required |
| Gloves (S) - Non-Sterile Nitrile (6N) Standard Cuff | 165200 | 6558 | | 25 | no delivery required |
| Gloves (XL) - Non-Sterile Nitrile (6N) Standard Cuff | 199200 | 1192 | | 167 | no delivery required |
| Gowns (XXL) - Non Sterile - surgical // Isolation // Without Towel | 0 | 0 | | | no delivery required |
| Gowns Sterile | 0 | 0 | | | no delivery required |
| Hand Hygiene Alcohol Gel - 15l-500ml | 4523 | 32 | | 141 | no delivery required |
| Hand Hygiene Alcohol Gel - 50-150ml | 19830 | 163 | | 121 | no delivery required |
| Hand Hygiene Alcohol Gel - 50l-1250ml | 3352 | 10 | | 335 | no delivery required |
| Hand Hygiene Hand Wash 15l-500ml | 1338 | 0 | | | no delivery required |

Stock Levels (Taken from IPC Stock Report 30/04/2021)

| Item | UOM qty | In Stock |
|--|-------------------|----------|
| PRPH Full Kits 3M (service spares in yellow bags, no battery) | Each | 35 |
| PRPH Full Kits 3M | Each | 37 |
| PRPH Centurion filters | Each | 442 |
| PRPH 3M Filters | Each | 7,763 |
| PRPH Hoods (Asst styles) | Each, asst styles | 932 |
| Green PVC Rigid Sided Bag inc 3M Hood | Each | 92 |
| Aprons (manufactured blue thick style) | Each | 32,000 |
| Aprons (Blue Tint Disposable Aprons) | Each | 14,750 |
| Aprons (Push Stock Green or White Ambulance Style) | Each | 750 |
| Halyard/Superieur/Unicare/Polyco Disposable Gloves (all sizes) | Box of 100/200 | 7361 |
| Surgical Face Mask IIR (Push Stock) | each | 113,400 |
| Surgical Face Mask IIR (Winter Pressure Stock) | each | 0 |
| Surgical Type IIR Sensitive Face Mask Crosstex | each | 43,150 |
| Surgical Type IIR Hypoallergenic Face Mask Dochem | each | 16,250 |
| Surgical Mask with ties (Type IIR) | each | 13,750 |
| Generic face visors (DS) | Each | 10,328 |
| Alcohol Gel Tottles 50ml (personal size) | Each | 7,982 |
| Purell 300ml Desk Gel (compatible) | Each | 1440 |
| Purell 500ml Desk Gel (compatible) | Each | 778 |
| Packet Clinell wipes | Each pkct of 200 | 1970 |
| Packet wipes PDI (compatible) | Each pkct of 200 | 0 |
| Tyvek suit- small | Each | 150 |
| Tyvek Suit - Med | Each | 450 |
| Tyvek Suit - Large | Each | 900 |
| Tyvek Suit - XL | Each | 825 |
| Tyvek Suit - XXL | Each | 825 |

| Item | UOM qty | In Stock |
|---|--------------|----------|
| Tyvek Suit- XXXL | Each | 52 |
| Specialwear Tyvex compatible- Med | Each | 575 |
| Specialwear Tyvex compatible- Large | Each | 1000 |
| Generic Tyvex Compatible type 3B- S | Each | 200 |
| Generic Tyvex Compatible type 3B- M | Each | 330 |
| Generic Tyvex Compatible type 3B- L | Each | 590 |
| Generic supertouch coverall 3XL | Each | 195 |
| Generic supertouch coverall 4XL | Each | 65 |
| Infectious packs | Each | 507 |
| Shoe covers (qty is prs) | Pairs | 4700 |
| Boot Covers (qty is prs) | Pairs | 200 |
| Safety glasses | Each | 3192 |
| Mop Heads | Each | 15,000 |
| Red soluble bags | Packs of 50 | 23 |
| White laundry bags | Boxes of 300 | 11 |
| 1ltr Gentlewash for wall dispensers | Each | 184 |
| 1ltr Sanitiser Foam for wall dispensers | each | 773 |
| 1ltr Moisturiser for Wall Dispensers | Each | 192 |
| Body Bags | each | 223 |
| Braun Thermoscan 7 IRT 6520 | each | 457 |
| Clinical waste bags (large) | rolls of 25 | 213 |
| Clinical waste bags (small) | rolls of 25 | 1362 |
| Clinical waste seals | Each | 5,200 |
| Clorox Total 360 Disinfecting Cleaner | Each | 58 |

Operational Site Stock Levels (IPC PPE Audit 30/04/21)

| Mask | Thick Aprons | Blue Tint Aprons | Gloves XS | Gloves S | Gloves M | Gloves L | Gloves XL | Goggles | Visors | Body Bags | Coveralls S | Coveralls M |
|-------------|--------------|------------------|----------------|----------------|-----------|-------------|----------------|---------|-----------|-----------|---------------|-------------|
| 54150 | 43600 | 31150 | 450 | 519 | 617 | 885 | 631 | 27212 | 14100 | 610 | 1043 | 1015 |
| Coveralls L | Coveralls XL | Coveralls XXL | Coveralls XXXL | Clinical Waste | Hand Soap | Moisturiser | Hand Sanitiser | Tottles | Desk Pump | Tympanic | Clinell Wipes | SwabKits |
| 1207 | 1319 | 1634 | 1420 | 867 | 725 | 629 | 2047 | 7835 | 845 | 35 | 572 | 319 |

PTS Site Stock Levels (IPC PPE Audit 30/04/21)

| Mask | Clinell Wipes | Thick Aprons | Blue Tint Aprons | Tottles | DeskGel | Wall Hand Sanitiser | Moisturiser | Liquid Soap | Tissues | Gloves XS | Gloves S |
|----------|---------------|--------------|------------------|---------|---------|---------------------|-------------|----------------------|---------|-----------|----------|
| 35900 | 661 | 29040 | 22450 | 3998 | 1413 | 528 | 399 | 421 | 2016 | 279 | 478 |
| | | | | | | | | | | | |
| Gloves M | Gloves L | Gloves XL | PPE Kits | Goggles | Visors | Clinical Waste | Swab Kits | Tympanic Thermometer | | | |
| 456 | 498 | 425 | 1248 | 2789 | 3177 | 523 | 0 | 1 | | | |

PPE Mutual Aid

| PPE Mutual Aid Summary for April 2021 | | | |
|---------------------------------------|-------------|----------|------------|
| Trust | Arranged By | Date | Stock |
| Wye Valley NHS Trust | E. Connell | 21/04/21 | 164x Gowns |

| PPE Mutual Aid Summary – 09/03/2020 – 30/04/2021 | |
|--|-----------|
| Summary Type | Volume |
| 3M PRPH Hoods | 200 |
| Aprons | 1,172,980 |
| Body Bags | 65 |
| Clinical Waste Bags | 47,092 |
| Coveralls | 15,100 |
| FFP3 Masks | 55,530 |
| Fit Test Kits | 425 |
| Glasses / Goggles | 74,120 |
| Gloves (boxes) | 9,454 |
| Gowns | 8,189 |
| Hand Hygiene | 6,773 |
| PRPH Centurion Filters | 322 |
| PRPH Centurion Kits | 80 |
| PRPH Centurion Hoods | 20 |
| Surgical Masks | 91,100 |
| Tympanic Therm. | 30 |
| Visors | 39.383 |
| Wipes | 164 |

General Notes & Commentary

- The Incident Command Room has been relocated to Navigation Point, and is now co-located in the same room as the NACC (National Ambulance Co-ordination Centre) Manager, who is on duty from 0800-2000 daily. The Incident Command Room is staffed by one of the Tactical Incident Commanders 24/7. Since the relocation, and movement in the Senior Command Team, the room is now overseen by Jeremy Brown (ACAO / Integrated Emergency and Urgent Care Director)
- April saw the implementation of Step 2 of the the roadmap out of lockdown. On the 12th of the month, non-essential retail stores, personal care premises, public buildings, indoor leisure facilities and outdoor hospitality venues re-opened
- From the 1st April the shielding advice for the clinically extremely vulnerable ceased
- To date, more than 34 million people in the UK have received at least one dose of the coronavirus vaccine, with Government plans in place to vaccinate the rest of the adult population, a further 21 million people by the end of July. Almost 15 million people in the UK have received their second COVID-19 vaccination
- Social distance arrangements in all Trust locations continue as does the regular COVID secure monitoring
- To date, 83% of WMAS staff have received one dose of either the AZ or Pfizer vaccines, the 2nd dose completion has been progressing rapidly
- As of the 7th May, we have gone for 31 days without a covid +ve staff member, we have had a single positive test of a staff member, this colleague is 34 days post 2nd dose of vaccine
- Hospitals are operating closer to full capacity now on elective resotation (cancer, elective care and diagnostics). Whilst numbers of covid inpatients have fallen dramtically across the region, hospital occupancy remains high
- There is ongoing focus to ensure that the level of PPE being provided to the Trust remains adequate, with regular monitoring of staff compliance with PPE
- WMAS decision to quarantine one item of PPE – Penine type IIR face masks, this relates to a manufacturing fault, whereby liquid may not run off the mask as well as it should be due to the direction of the ‘pleats’. This is not a covid risk, but more so relates to liquid splashes – 2625 masks were removed from use, this equates to 1.3% of our stock, so not a issue of stock holding
- Following the decision to quarantine and return the Type IIR Masks which were affected by a manufacturer error, queries were raised with a further brand – Spirit Medical. These masks presented with the upper pleats in the upwards direction and the lower half in the downwards direction. Thorough inve3stigation by the Incident Command Room revealed that this design was to avoid the masks ‘collapsing’ on the wearer’s face, and conformed to all required European standards and rigorous manufacturer tests. The Trust IPC lead, along with the Head of Risk agreed to update the associated risk assessments to clarify that these masks fall in line with PHE / HSE specifications, and keep the Spirit Medical manufactured Masks in circulation. This was balanced by the lack of incident reports or trends relating to this manufacturer.
- The full release of lockdown measures is scheduled for the 21st June as per the Government lockdown roadmap

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 0bc MONTH: MAY 2021 PAPER NUMBER: 06a

| Draft Annual Report of the Audit Committee | |
|---|--|
| Sponsoring Director | Director of Finance |
| Author(s)/Presenter | Chair of Audit Committee & Senior Executive Assistant to Director of Finance |
| Purpose | To approve the Annual Report of the Audit Committee for the year 2020-21 |
| Previously Considered by | N/A |
| Report Approved By | Chair of Audit Committee |
| Executive Summary It is a requirement of the NHS Audit Committee Handbook for the Audit Committee to provide an Annual Report to the Board. The report covers meetings during the period 1st April 2020 to 31st March 2021. | |
| Related Trust Objectives/ National Standards | All Trust Objectives and standards and maintenance of the Trust's licence to operate. |
| Risk and Assurance | The Committee has reviewed the Trust's risk management arrangements. It reviews the Assurance Framework and Risk Register arrangements through its own activities and through receiving relevant reports from the External and Internal Auditors. |
| Legal implications/ regulatory requirements | The Constitution of the Foundation Trust and in particular the Standing Orders of the Board of Directors, enable the Board to establish whatever Committees it feels appropriate to discharge its business. These Committees will be in addition to the requirement to have an Audit Committee. |
| Financial Implications | Every NHS organisation is required to provide timely, accurate and balanced information about its stewardship, use of resources and also non financial performance to its stakeholders. The Committee reviewed the 2019/20 accounts at the 22 May 2020 meeting and subsequently recommended the final accounts for Accounting Officer signature, authority to do so delegated by the Board. |
| Workforce & Training Implications | Relevant matters relating to Workforce implications are contained within the report and minutes. |
| Communications Issues | Not applicable in the context of the report, although any issues relating staff or stakeholder engagement are contained within the report and minutes presented. The Annual Report and Annual Meeting of the Membership |

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 0bc MONTH: MAY 2021 PAPER NUMBER: 06a

| | |
|--|--|
| | enables the Board to report on its stewardship of the Trust. |
| Diversity & Inclusivity Implications | The Committee is mindful of the Trust's duties in relation to the Workforce Race Equality Standard and also the Public Sector Equality Duty regulations, in addition equalities regulations. |
| Quality Impact Assessment | The Committee reviews the Quality Impact on the Trust's CIP and any material service changes and escalate any concerns to the Board. |
| Data Quality | The Agenda and papers of the Audit Committee is held by the Director of Finance. |
| Action required The Board is asked to approve the report. | |

**WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS
FOUNDATION TRUST**

**ANNUAL REPORT OF THE AUDIT COMMITTEE FOR THE FINANCIAL
YEAR 2020/21**

Introduction

The NHS Audit Committee Handbook includes the requirement for Audit Committees to provide an Annual Report to the Board. The Board is invited to note and comment on the contents of the report and the overall conclusion reached by the Committee in relation to the provision of assurance to the Accounting Officer and the Board.

Membership and Attendance

This Annual Report gives details of the coverage and challenge provided by the Audit Committee of WMAS and the conclusion and opinions reached.

The report covers meetings during the period 1st April 2020 to 31st March 2021. Note the governance arrangements of the Trust were amended and approved at the Board of Directors meeting held on 27 July 2020, and at this time the membership of the Committee changed as detailed in the paragraphs below.

During the period from 1 April 2020 to 27 July 2020 the membership of the Audit Committee was as follows:

Wendy Farrington-Chadd – Chair, Non-Executive Director

Anthony Yeaman – Non-Executive Director

Jacynth Ivey - Non-Executive Director

Caroline Wigley – Non-Executive Director

Narinder Kooner – Non-Executive Director

Mushtaq Khan – Non-Executive Director

During the period from 27 July 2020 to 31 March 2021 the membership of the Audit Committee was as follows:

Wendy Farrington-Chadd – Chair, Non-Executive Director

Anthony Yeaman – Non-Executive Director

Caroline Wigley – Non-Executive Director

Mushtaq Khan – Non-Executive Director

A quorum will be two non-executive members.

In addition the following persons are invited to attend:

Director of Finance, West Midlands Ambulance Service University NHS
Foundation Trust

Internal and External Auditors

Local Counter Fraud Specialist

Directors, senior finance staff and managers as requested by the Audit Committee.

The Chair and CEO attend by invitation of the Committee, the CEO attends annually to present the Annual Governance Statement.

The Audit Committee met six times: 22 May, 14 July, 23 September, 10 October 2020 and 19 January, 16 March 2021.

Each meeting was quorate. The Committee spent time with the auditors and without the presence of management at 4 out of 6 meetings. The Audit Committee reported its findings at the next Board meeting.

Attendance of voting members was as follows:-

| NAME | 22.5.20 | 14.7.20 | 23.9.20 | 10.11.20 | 19.1.21 | 16.3.21 |
|-------------------------------------|---------|---------|---------|----------|---------|---------|
| Wendy Farrington-Chadd ¹ | ✓ | ✓ | ✓ | ☒ | ✓ | ✓ |
| Caroline Wigley | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Narinder Kaur Kooner ² | ✓ | ✓ | | | | |
| Tony Yeaman | ✓ | ✓ | ☒ | ✓ | ✓ | ✓ |
| Mushtaq Khan | ✓ | ☒ | ☒ | ☒ | ☒ | ✓ |
| Jacynth Ivey ² | ✓ | ☒ | | | | |

¹Chair

²Member of Committee to 27 July 2020

Consideration and proposals

The NHS Audit Committee Handbook recommends that the Audit Committee should prepare an annual report that sets out how the committee has discharged its responsibilities and met its terms of reference. The report is timed to support preparation of the Annual Governance Statement and it should summarise the Audit Committee's work for the past year and present the Audit Committee's opinion about:

- The comprehensiveness of assurances in meeting the Board and Accounting Officer's needs.
- The reliability and integrity of these assurances.
- Whether the assurance available is sufficient to support the Board and Accounting Officer in their decision taking and their accountability obligations.
- The implication of these assurances for the overall management of risk.
- Any issues the Audit Committee considers pertinent to the Annual Governance Statement and any long term issues the Committee thinks the Board and/or Accounting Officer should give attention to.
- Financial reporting for the year.

- The quality of both Internal and External Audit and their approach to their responsibilities.
- The Audit Committee's view of its own effectiveness, including advice on ways in which it considers it needs to be strengthened or developed.

Quality of assurances

This section provides the Committee's comments and opinions on the comprehensiveness, reliability, integrity and sufficiency of assurances in meeting the needs of the Board and the Accounting Officer.

In setting its forward agenda the Committee considered items currently on the Board Assurance Framework and the associated High Level Risk Register, items of current interest and also items raised by the auditors and senior management team. In addition the Committee followed up risk items previously identified to ensure that it remains informed of progress against previously agreed actions.

The Committee dealt with the following items, during the year:

- Approval of the WMAS accounts for 2019/20
- Review of 2019/20 Internal Audit Annual Report incorporating Head of Internal Audit Opinion
- The process for external audit from the financial year 2019/20
- Approval of the Trust's Accounting Policies.
- Items from Resources Committee, Performance Committee, Quality Governance Committee raising any areas of concern.
- Review of internal audit reports, including follow up of management actions
- Review of the following Policies and Procedures:-
 - Anti- Fraud, Bribery and Corruption Policy (May 2020)
 - SFI's (standing financial instructions) and scheme of delegation (Nov 2020)
 - Finance procedures (Nov 2020)
 - Fraud sanctions and redress policy (Jan 2021)
 - Cash and Treasury management policy (March 2021)
- Assessment of the applicability of the Going Concern concept to the Trust with respect to production of the 2020/21 accounts and Annual Report.
- Reviewing the Terms of Reference in September 2020 and March 2021.
- Board Assurance Framework and associated Risk Register were reviewed regularly
- Clinical Audit Annual Report 2019/20

- Senior management attendance to discuss Internal Audit report recommendation implementation progress,
- Review of learning from legal claims
- Updates from the external auditors, KPMG
- Approval of annual plans for External Audit, Internal Audit and Counter Fraud.
- Review of aspects of Local Counter Fraud Specialist Service (LCFS):
 - for 2020/2021 the LCFS annual report will include evidence of a completed self-assessment against the Government (Cabinet Office) Counter Fraud Functional Fraud Standards which replaced the Counter Fraud Authority quality standards.
-
- Information on Cyber threats relating to the Covid-19 pandemic.
- The changes in planning, financial arrangements and year end requirements.
- An update on Covid-19 Stock Management with particular attention to PPE stock levels.

The following items were considered in the course of the year:

- Fraud, losses and compensations, waiving of standing orders, hospitality, documents signed under seal, Directors' interests, ex-gratia payments, claims, credit notes in excess of £1k, Procurement workplan (including tenders).

In discharging its responsibilities the Committee places considerable reliance on the work of Internal and External audit.

The Committee concurs with the Annual Opinion provided by Internal Audit as expressed in the "Head of Internal Audit Opinion 2019/20", viz. **"significant assurance can be given that there is a generally sound system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently."**

Overall Management of Risk

The Committee has reviewed the Trust's risk management arrangements. It reviews the Assurance Framework and Risk Register arrangements through its own activities and through receiving relevant reports from the External and Internal Auditors. Risks have been monitored at Executive Management Board (EMB), Audit Committee, Resources Committee (up to July 2020), the Performance Committee (from July 2020) and the People Committee (from July 2020) and the Quality Governance Committee, with high risks reported to Board. Audit Committee monitoring involves a regular review of the Board Assurance Framework and Risk Register processes. This is in keeping with the 2018 NHS Audit Committee Handbook guidelines that state "... the primary role of the Audit Committee is to continually review the relevance and rigour of the assurance framework and the arrangements surrounding it"

Based on this the Committee is assured that appropriate consideration is being given to risk management and took assurance from the steps management is taking to mitigate risks and learn lessons.

Financial Reporting

The Committee reviewed the 2019/20 accounts at the 22 May 2020 meeting and subsequently recommended the final accounts for Accounting Officer signature, authority to do so delegated by the Board.

Audit Arrangements

This section provides the Committee's opinion on the quality of Internal and External Audit arrangements.

The Public Sector Internal Audit Standards describe internal audit as '*...an independent, objective assurance and consulting activity designed to add value and improve an organisation's operations*'. Essentially internal audit works closely with management and the Audit Committee to design and implement risk-based programmes of work. This approach provides assurance on the effectiveness of governance, risk and internal controls across key systems that support the delivery of the objectives and/ or function and duties of the organisation.

The Audit Committee approved the Internal Audit Plan for 2020/21 in July 2020 and has since received a summary of all final reports and agreed management action plans, as shown below with a breakdown of the assurance opinion provided:

| Internal Audit Assignment | Assurance Opinion | | | | Advisory |
|---|-------------------|--------------|----------------------|--------------|----------|
| | Optimal | Substantial | Requires Improvement | Insufficient | |
| Area 1: Governance | | | | | |
| Freedom of information compliance | ✓ | | | | |
| Risk management and assurance framework | | | ✓ | | |
| Management of strategies, policies and procedures | | ✓ (draft) | | | |
| Area 2: Clinical/ Patient Safety | | | | | |
| Safeguarding referrals, cases and reviews | | ✓ | | | |
| Clinical supervision | ✓ | | | | |
| Area 3: Quality/ Performance | | | | | |
| Patient experience | | ✓ | | | |

| | | | | | |
|--|---|---|--------------|--|--|
| Data quality – ambulance system indicators | ✓ | | | | |
| Area 4: Financial Control | | | | | |
| Capital expenditure business cases | | ✓ | | | |
| Influenza vaccination Love2Shop vouchers | | ✓ | | | |
| General ledger and budgetary control | | ✓ | | | |
| Payroll | | ✓ | | | |
| Procurement | | | | | |
| Area 5: Information Management and Technology | | | | | |
| Electronic Patient Records (EPR) device management | | ✓ | | | |
| New systems security | | ✓ | | | |
| General Data Protection Regulation | | ✓ | | | |
| Penetration testing | | | ✓ (draft) | | |
| IT security | | | | | |
| Data Security and Protection Toolkit (DSPT) | | | ✓ (draft) | | |
| Area 6: Workforce | | | | | |
| Workforce Race Equality Standard (WRES) | | ✓ | | | |
| FileStore – record management | | ✓ | | | |
| Area 7: Estates and Facilities | | | | | |
| Fire safety | | | ✓ | | |
| Estates management | | | | | |

* (draft) indicates that the report has not yet been formally agreed with the Executive Lead, however as the draft reports have already been reviewed for factual accuracy by Operational Managers, the stated assurance opinion is unlikely to change.

As part of the Progress Reports presented to each Audit Committee, overdue management actions that require follow up are flagged. The Audit Committee has continued to implement the agreed formal protocol whereby, in the light of the results of Internal Audit enquiries on implementation status, the Committee has requested senior management attendance at the Committee to report more fully on the reasons for any apparent difficulties in recommendation implementation.

An External Quality Assessment on Internal Audit was also undertaken in 2020/21 to evaluate conformance with the Public Sector Internal Audit Standards (PSIAS). West Midlands Ambulance University NHS Foundation Trust requested that the review was based on the Internal Audit Quality Assessment Framework (HM Treasury, 2013), which itself is aligned with the Internal Professional Practices Framework (IPPF). The reviewer was also requested to take a critical look at the existing working practices with a view to making recommendations for improvement. The findings from the assessment and an action plan will be presented to the July 2021 Audit Committee.

The Committee is able to take assurance from the level of engagement with KPMG and their experience of other NHS organisations allows them to make a valued contribution to the Committee.

Private meetings are held regularly to encourage informal dialogue with the auditors.

Based on the above the Committee is satisfied with the audit arrangements in place.

Issues for the Annual Governance Statement

The 2019/20 draft Annual Governance Statement (AGS) was presented to the May 2020 Board. The AGS stated that the Board's review of the effectiveness of the system of internal control is informed by the work of the internal auditors, clinical audit and the executive managers and clinical leads within the West Midlands Ambulance Service University NHS Foundation Trust who have responsibility for the development and maintenance of the internal control framework. The AGS declared that ***"significant assurance can be given that there is a generally sound system of internal control designed to meet the organisation's objectives, and that controls are generally being applied consistently."***

Audit Committee Effectiveness

The Audit Committee carried out its annual self-assessment of its Terms of Reference and the operation of the Committee at its March 2021 meeting. This review concluded that the Audit Committee had clear strengths in the following areas:

- The purpose and duties are undertaken in a competent manner and the Committee's remit is clear
- The Committee is well chaired and focused, with plenty of opportunity to raise questions and allow free debate
- Meetings are regular and timely and there is confidence that meetings could be held outside of schedule if the need arose.

- Meetings are scheduled to meet the requirements of the Trust
- There are a good mix of skills that work well together
- There is good and appropriate challenge and discussion is constructive
- Minutes are completed in a timely manner and the salient outcomes are reported to the Board through Committee reports
- All actions are closed off appropriately in the meeting and in the minutes.
- The quality and quantity of papers are excellent, all reports are well written, clear and circulated in good time for the meeting
- The Chair is well supported by the PA and can defer agenda items when necessary.
- Administration of the Committee is excellent.
- Well structured and orderly Committee
- It stays current in terms of new developments in the NHS and is forward thinking.
- Good input from external and internal Audit.
- The Committee can bring in other Directors/Senior Managers if required
- Reports from both Performance Committee and Quality Governance Committee are received by the Audit Committee. It was also proposed that the Committee receives a report from the People Committee, and the Terms of Reference were changed to reflect this.
- All meetings were held via Teams during 2020-21 and the Chair will try and arrange some future face to face, socially distanced, meetings if possible.
- An excellently chaired meeting at appropriate pace and healthy discussion.

Overall, it was concluded that the current governance arrangements are fit for purpose and the committee functions well.

Forward Look – 2021-22 – anything else to add?

The External Audit plan for 2021-22 has been approved by the Committee at the meeting held on 16 March 2021 and the Board on 31 March 2021.

The committee will review any ongoing business and operational issues posed through Brexit, the impact of Covid-19 and the NHS Financial regime.

For Internal Audit, the plan and charter for 2021/22 was approved by the Committee at the meeting held on 16 March 2021 (which is embedded within a rolling five year strategy considered by the Committee annually). The internal audit plan includes coverage of seven key areas of the organisation, including: governance; clinical/ patient safety; quality/performance; financial control; information management and technology; workforce; estates and facilities.

The Head of Internal Audit Opinion for 2020/21 will be presented to Audit Committee in May 2021. At Audit Committee in March 2021 it was stated that this will conclude significant assurance (as in previous years).

Conclusion

The Committee acknowledges that whilst it is not possible to eliminate risk, it believes that management are managing risk in a professional and considered way. The Schedule of Business includes a “Risk and Assurance Focused” meeting during the year and these are held in January.

The Audit Committee has placed appropriate and reasonable reliance on the reports and representations referred to above and has concluded that a good system of internal control and risk management is in place.

Wendy Farrington-Chadd

Chair – Audit Committee

May 2021

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 08a MONTH: May 2021 PAPER NUMBER: 07a

| Quality Report | |
|---|---|
| Sponsoring Director | Mark Docherty, Executive Director of Nursing and Clinical Commissioning. |
| Author(s)/ Presenter | Mark Docherty, Executive Director of Nursing and Clinical Commissioning. Dr Alison Walker, Executive Medical Director |
| Purpose | The report is presented to the QGC to give the Committee assurance on the clinical quality agenda. It is an integrated report that will be developed to provide a single reporting mechanism to the Committee on all clinical quality issues. |
| Previously Considered by | None |
| Report Approved By | Mark Docherty, Director of Nursing and Clinical Commissioning. |
| Executive Summary This report is presented in the format of an integrated quality report. It is currently a developing report that will be improved over time to reflect all aspects of quality into one report. The report provides a high level of assurance by way of the systems and processes in place to measure and monitor our quality assurance and provides a robust framework to support our clinical quality governance. | |
| Related Trust Objectives/ National Standards | Supports the monitoring against our strategic objective to achieve quality and excellence. |
| Risk and Assurance | The report is presented as a document that gives Board assurance and highlights areas of clinical risk. |
| Legal implications/ regulatory requirements | The report highlights the areas where we have a statutory duty to report. |
| Financial Implications | There are no direct financial implications raised in this report. |
| Workforce Implications | None in the context of this report. |
| Communications Issues | The contents of this report are not confidential and have been provided to multiple people inside and outside the organisation. Much of the information is in the public domain. |
| Diversity & Inclusivity Implications | The report will highlight any diversity and inclusion issues as or if they arise. |
| Quality Impact Assessment | The report will highlight any quality impact assessments as they arise. |

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 08a MONTH: May 2021 PAPER NUMBER: 07a

| | |
|--|---|
| Data Quality | The data used in the report has been provided and quality assured ahead of publication in Board papers. |
| Action required The Board is asked to: <ol style="list-style-type: none">1. Note the integrated quality report to the Quality Governance Committee.2. Receive the report.3. Gain assurance on the quality agenda and the robustness of our quality governance processes. | |

COVID-19

England has moved to Stage 3 of the roadmap for easing the lockdown and there are now increasing freedoms. There is an increasing number of people being found to be positive to the Indian variant of the virus (known as B.1.617.2). In a statement on 16 May 2021, the Health Secretary stated that early laboratory data shows the vaccines remain effective against this variant, and that the majority of those in hospital were unvaccinated.

WMAS is at the forefront in the vaccination of staff and has a high level of vaccination uptake.

COVID-19 Outbreaks

During the COVID pandemic, we have managed a small number of outbreaks across our estate. Since the last report (March 2021) there have been no COVID outbreaks across the whole of the WMAS estate, and the number of positive lateral flow reported by staff is very low.

Support and Communication with Staff

All members of the team continue to work from home during the COVID-19 pandemic. The following systems are in place for staff:

- Meetings organised via MS Teams
- Regular staff briefings and welfare checks every Monday, Wednesday, and Friday at 10am
- All equipment requirements have been addressed
- Individual face to face meetings are held with social distancing where necessary
- The Chairman will be joining one of these meetings in the near future

Maternity Developments

WMAS has been reviewing the recommendations from the HSIB National Learning Report on maternal deaths and this was the subject of a separate QGC report in March 2021.

Maternity developments are continuing with the introduction of a 'Red Phone' into Birmingham Women's and Children's Hospital; this allows the crews to pre-alert relevant patients direct to the maternity service where a relevant team will be ready for the woman.

Patient Handover Delays

The issue of patient handover delays has shown a significant deterioration over the last month, and this is causing significant serious patient safety concerns. Action is being taken with individual hospitals and NHSE/I to address this problem. The WMAS Medical Director has raised this issue directly with the Regional Medical Director of NHSE/I. The additional risks as a result of COVID that have arisen, including patients being held on ambulances for prolonged periods of time also continue to rise. We continue to work to minimise the risk, but we believe that the consequence of prolonged handover delays is one of the biggest risks that our organisation (and therefore patients) faces.

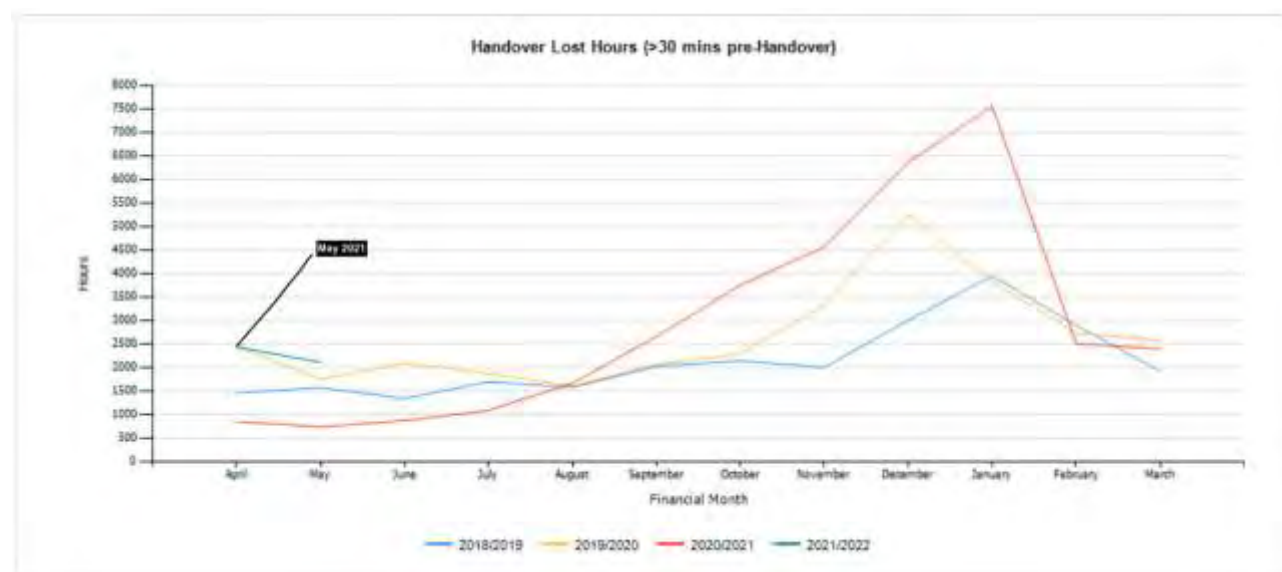
If the patient handover delays continue at the current level of deterioration, we will potentially be experiencing over 15,000 lost hours per month by December due to

handover delays; the same effect would be experienced if we took 40 Fully staffed ambulances off the road every day. To replace this level of lost hours would cost WMAS between £1.8m and £2.5m per month.

Table – Time lost due to handover delays exceeding 30 minutes (May 2021 is data from 01 May to 15 May)

| | 2020/2021 | | | | | | | | | | | | 2021/2022 | |
|----------------------------|-----------|-----------|-----------|------------|-----------|------------|------------|------------|------------|------------|------------|------------|------------|------------|
| Trust/Region | April | May | 2,499 | 3,461 | 3,461 | 3,461 | 3,461 | 3,461 | 3,461 | 3,461 | 3,461 | 3,461 | April | May |
| Alexandra | 9:21:44 | 2:09:43 | 1:32:45 | 0:48:55 | 4:40:34 | 8:59:01 | 23:10:54 | 3:38:49 | 34:53:19 | 9:145:14 | 11:07:24 | 8:18:06 | 11:17:01 | 11:30:24 |
| Birmingham Childrens | 4:15:37 | 4:59:18 | 2:04:03 | 1:40:44 | 1:25:08 | 5:25:24 | 15:144 | 5:10:32 | 5:15:19 | 4:16:49 | 5:08:34 | 5:17:09 | 3:04:38 | 1:19:46 |
| Burton | 8:55:58 | 12:07:35 | 6:07:58 | 11:02:38 | 36:43:43 | 34:22:14 | 86:08:58 | 31:48:43 | 226:53:55 | 35:01:58 | 11:18:08 | 10:03:53 | 36:55:42 | 47:28:52 |
| City (Birmingham) | 13:09:03 | 5:23:58 | 5:50:11 | 1:44:58 | 5:10:24 | 23:31:45 | 69:00:33 | 47:30:02 | 94:32:23 | 245:53:01 | 23:53:58 | 30:22:30 | 19:48:45 | 4:16:28 |
| County Hospital (Stafford) | 4:23:45 | 2:55:21 | 3:35:03 | 6:41:00 | 2:51:06 | 2:27:08 | 33:48:39 | 16:52:30 | 16:58:31 | 12:54:46 | 12:07:54 | 8:47:16 | 6:57:10 | 8:25:57 |
| George Eliot | 24:31:11 | 26:53:28 | 20:50:01 | 15:31:42 | 33:22:23 | 30:38:03 | 42:48:39 | 47:27:07 | 84:35:11 | 66:54:52 | 36:33:45 | 18:49:29 | 24:30:27 | 10:51:13 |
| Good Hope | 106:53:25 | 110:54:16 | 304:48:48 | 338:05:17 | 218:00:44 | 251:32:23 | 255:26:06 | 454:37:44 | 440:01:34 | 480:38:58 | 67:16:27 | 164:36:40 | 201:02:02 | 294:58:59 |
| Heartlands | 56:14:17 | 147:18:15 | 55:53:27 | 330:11:08 | 422:15:40 | 352:58:46 | 758:01:53 | 945:43:52 | 1080:12:08 | 314:15:50 | 368:08:17 | 457:11:42 | 375:07:42 | 365:10:03 |
| Hereford County | 31:04:53 | 36:02:52 | 54:06:28 | 35:07:34 | 48:57:00 | 73:12:31 | 61:23:16 | 57:10:38 | 59:44:48 | 57:49:42 | 14:52:45 | 30:07:55 | 28:25:28 | 20:05:10 |
| Here Cross | 12:36:05 | 9:12:16 | 6:56:31 | 26:53:51 | 21:47:13 | 30:30:41 | 106:10:03 | 337:34:17 | 777:27:15 | 893:22:00 | 16:50:08 | 88:02:32 | 34:32:48 | 100:55:20 |
| Heri Queen Elizabeth Hosp | 181:01:13 | 86:50:47 | 108:24:48 | 39:55:25 | 321:08:04 | 210:35:01 | 300:58:42 | 501:31:38 | 691:16:38 | 903:24:26 | 333:07:09 | 281:52:08 | 288:22:47 | 585:03:18 |
| Princess Royal | 20:15:26 | 11:47:25 | 14:08:03 | 18:08:12 | 14:47:34 | 81:10:45 | 31:54:50 | 18:15:34 | 205:57:34 | 440:35:03 | 339:30:48 | 55:54:44 | 29:13:15 | 34:18:28 |
| Royal Shrewsbury | 14:50:27 | 10:35:03 | 68:34:27 | 116:10:41 | 161:37:42 | 269:41:02 | 330:25:38 | 329:29:22 | 417:17:58 | 388:07:21 | 262:58:29 | 248:17:31 | 291:35:06 | 227:14:15 |
| Royal Stoke New Hosp | 108:02:37 | 86:02:24 | 174:47:08 | 231:50:59 | 236:25:39 | 320:38:54 | 402:38:58 | 720:00:00 | 688:58:16 | 322:17:30 | 119:10:46 | 234:44:28 | 204:54:48 | 133:38:49 |
| Russett Hall | 88:31:56 | 23:04:44 | 18:25:27 | 18:37:40 | 66:23:48 | 160:18:23 | 228:38:28 | 325:39:43 | 303:27:58 | 702:44:32 | 112:00:31 | 123:48:11 | 118:08:53 | 208:24:18 |
| Sandwell | 41:20:32 | 34:33:52 | 17:24:18 | 32:47:58 | 52:30:44 | 42:51:18 | 50:15:56 | 47:03:45 | 79:43:27 | 513:12:24 | 84:41:14 | 182:04:18 | 130:33:59 | 44:32:50 |
| Solihull | 2:44:56 | 0:00:00 | n/a | 0:00:00 | n/a | 0:00:00 | n/a | n/a | n/a | 0:00:00 | 0:00:00 | 0:00:00 | n/a | n/a |
| St Cross | 0:00:00 | 0:00:00 | 0:00:00 | 0:00:00 | 0:00:00 | 0:00:00 | 0:00:00 | 0:00:00 | 0:00:00 | 0:00:00 | 0:00:00 | 0:00:00 | 0:00:00 | n/a |
| Lin Hospital Cw & Wile | 100:42:08 | 53:37:42 | 74:31:40 | 82:15:50 | 85:53:00 | 218:57:17 | 285:21:47 | 276:08:48 | 355:15:45 | 844:31:00 | 300:57:15 | 133:37:52 | 595:15:55 | 137:58:24 |
| Walsall Manor | 8:38:32 | 10:11:40 | 9:15:19 | 6:07:29 | 10:34:18 | 79:36:36 | 159:59:03 | 100:19:58 | 90:02:59 | 109:05:22 | 20:59:48 | 17:04:33 | 35:26:48 | 13:28:21 |
| Warwick | 13:32:03 | 11:08:17 | 16:09:12 | 37:06:37 | 31:16:01 | 39:48:44 | 57:06:15 | 45:48:07 | 115:18:58 | 103:30:08 | 56:46:21 | 54:47:57 | 113:32:17 | 55:18:52 |
| Worcestershire Royal | 22:24:11 | 22:43:14 | 72:57:14 | 38:05:17 | 19:58:08 | 34:18:47 | 181:08:03 | 139:08:27 | 691:13:24 | 281:08:18 | 378:30:52 | 208:08:28 | 170:20:48 | 134:47:54 |
| WMAS Total | 154:36:54 | 741:53:52 | 874:53:50 | 1090:53:19 | 894:55:43 | 2657:17:35 | 7253:45:25 | 4566:48:01 | 5311:13:23 | 7999:01:50 | 2507:10:37 | 2391:53:14 | 2436:58:16 | 2435:58:16 |

Graph – Time lost due to handover delays exceeding 30 minutes (May 2021 is extrapolated data from 01 May to 15 May) for the last 5 financial years



Patients being held on ambulances at hospital

As reported to previous meetings we are concerned that more increasing numbers of patients are being delayed at hospital on the back of an ambulance. This significantly increases risk for the patients in our care:

1. Delay in receiving time-critical definitive care
2. Delays to patients in the community who need an ambulance and one is not available

For our May 2021 report, we are presenting a patient story of how a patient being delayed on the back of an ambulance resulted in significant deterioration and ultimately the death of a patient. We have removed all patient identifiers from this account:

The patient associated with this case was a lady in her early 90s who had a two hour history of epistaxis (the third episode within the space of a week), the bleeding would not stop despite direct pressure and the application of the "rhino pinch" and packing of the patient's nostrils. The patient was extricated to the ambulance and conveyed to the Hospital emergency department; during conveyance the patient remained stable, and the bleeding had begun to slow. When nearing the hospital, the patient started to complain that blood had started to flow backwards into her mouth, and this was causing some discomfort. The patient was encouraged to use postural drainage (sitting forward and allowing it to free flow out of her mouth to avoid any airway compromise).

The crew had been denied access to the hospital Emergency Department, but recognising they had a situation that was proving difficult to manage they continued to attempt to get the lady into the department, but this was proving difficult.

Ten minutes after arriving at the hospital Emergency Department the crew still had their patient on the ambulance, despite a number of attempts to alert staff to the deteriorating position. At this point, the crew gave a message to the triage nurse at the hospital that the lady needed to be seen by the Ear, Nose and Throat [ENT] surgeons rapidly as the bleeding was now uncontrolled and posing an airway compromise; this was met with resistance as the triage nurse stated that the hospital was at capacity and there were no available beds.

The crew were extremely concerned about the patient's safety and contacted the WMAS emergency control room to see if they could take the patient on blue lights to a different emergency department or direct to an ENT service. Unfortunately, at this point, 27 minutes after arriving at the Emergency Department the patient further deteriorated with a coughing episode, vomited, and then exhibited respiratory distress, and then had another episode of this and resultantly aspirated.

32 minutes after arriving at the emergency department the crew were allowed entry with the lady who was now extremely unwell and was moved directly to the resuscitation area of the department where a nurse assisted the patient, and the emergency button was used to alert other staff members to the peri-arrest state of the patient

The lady was requiring full advanced life support, and despite best efforts she was pronounced dead 58 minutes after being allowed into the emergency department.

WMAS have more time lost due to patients being held on ambulances outside hospital emergency departments than the total of all other hospitals in England.

Table – Total time lost whilst patients waiting on ambulances outside hospitals (05 May 2021)

| Overall Loss Per Ambulance Trust (hh:mm) | | | | | | | | | | |
|--|-------|-------|------|-------|-------|--------|-------|--------|-------|-------|
| EMAS | EEAST | LAS | NEAS | NWAS | SCAS | SECAMB | SWAST | WMAS | VAS | YOW |
| 30:49 | 16:11 | 03:03 | NL | 14:26 | 29:02 | NL | 08:46 | 211:42 | 09:25 | 00:00 |

Table 4 – Patients waiting on ambulances outside hospitals (05 May 2021)

| Patients Held Outside Hospital Trusts By Location | | | | | |
|---|-------------------------------------|----------------------|------------------|-----------------|----------------------|
| Trust | Hospital Site | Longest Waiting Time | Total # of Waits | Total Number of | Average Wait Outside |
| WMAS | Good Hope Hospital (WMAS) | 04:28 | 00:40 | 28 | 02:01 |
| WMAS | Isle of Epsom Hospital | 03:07 | 00:40 | 38 | 01:36 |
| WMAS | Queen Elizabeth Hospital Birmingham | 02:41 | 00:40 | 17 | 01:34 |

70% of the total time that patients spent waiting on the back of ambulances in the West Midlands was experienced at three of the hospitals that are part of University Hospitals Birmingham NHS Foundation Trust (UHB). Of all the patients in England that waited on the back of ambulances on that day (05 May 2021), 53% waited outside three of the hospitals run by UHB and an additional 11% waited outside hospitals run by the Shrewsbury and Telford Hospitals NHS Trust (SaTH); two-thirds of all of the patients being held on ambulances in England in one day took place outside 4 emergency departments in the West Midlands.

Table – Patients waiting on ambulances outside hospitals (05 May 2021)

| Patients Held Outside Hospital Trusts by Location | | | | | |
|---|-----------------------------|---|---------------------------------------|--|---------------------------------|
| Trust | Hospital Site | Longest Waiting Time Outside (05/05/21) | Total of all Waits Outside (05/05/21) | Total Number of Patients held in Ambulance | Average Wait Outside (05/05/21) |
| WMAS | Royal Shrewsbury Hospital | 02:09 | 25:08 | 21 | 01:11 |
| WMAS | The Princess Royal Hospital | 02:12 | 11:17 | 9 | 01:15 |

Patient Experience

| Formal Complaints | Year to date | | |
|-------------------|--------------------------------|---------------|-------------|
| | Last reported month (Apr 2021) | 2020-21 Total | 2021-22 YTD |
| WMAS | 26 | 10 | 26 |



Year to Date the Patient Experience Team has acknowledged 100% of its complaints within 3 working days. The Trust has responded to 100% of cases within 25 working days.

For the month of April, we saw 26 complaints received in April 2021 compared to 10 in April 2020.

The main reason for a complaint was Clinical Care = 7

Of the cases closed to date

2 cases are justified, 2 not justified and 22 cases are still under investigation and will require to be closed by 6 June 2021

Month of April 2021: In April 2021, the Trust undertook:

114,263 Emergency Calls, which equates to 1 Complaint for every 14,275 calls received, 95,643 Emergency Incidents, which equates to 1 Complaint for every 7,920 incidents.

67,702 Non-Emergency Patient Journeys, which equates to 1 Complaint for every 33,851 Journeys, 147,897 IUC Calls answered which equated to 1 complaint for every 36,974 calls received

| Informal (PALS) | Year to date | | |
|-----------------|--------------------------------|---------------|-------------|
| | Last reported month (Apr 2021) | 2020-21 Total | 2021-22 YTD |
| WMAS | 198 | 116 | 198 |



The main reason for an informal concern being raised was as follows:

Attitude and Conduct – 38
Call Management – 35
Lost/Damaged – 33

Of the Cases closed year to date –

14= Justified
13 = Part Justified
55= Not justified

| Compliments | Year to date | | |
|-------------|--------------------------------|---------------|-------------|
| | Last reported month (Apr 2021) | 2020-21 Total | 2021-22 YTD |
| WMAS | 144 | 145 | 144 |



Compliments: April 2021, we received 144 compliments compared to 145 in 2020 an increase of 1

Friends and Family Test

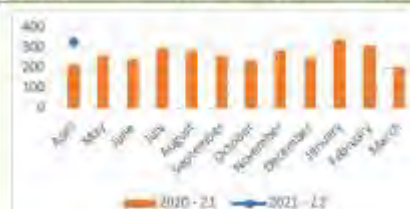
The FFT question is available on the Trust website: "Thinking about the service provided by the patient transport service, overall how was your experience of our service?"

| Response (YTD) | Small Survey | FFT Survey | PTS Survey |
|----------------------|--------------|------------|------------|
| Very Good | 339 | 5 | 37 |
| Good | 4 | 1 | 7 |
| Neither Good or Poor | 0 | 0 | 4 |
| Poor | 7 | 1 | 2 |
| Very Poor | 0 | 1 | 0 |
| Don't Know | 3 | 0 | 0 |
| Total | 363 | 8 | 50 |

Discharge on Scene Results: I can confirm during 2021 437 surveys were sent to identified patients that had received an ambulance response but following assessment had stayed at home. To date the Trust has received 60 responses.

Patient Safety Incidents

| Total Patient Safety Incidents | Year to date | | |
|--------------------------------|--------------------------------|---------|---------|
| | Last reported month (April 21) | 2020-21 | 2021-22 |
| WMAS | 330 | 218 | 330 |



For the month of April, there were 330 patient safety incidents reported. This is a 51% (112) increase on the same month for last year.

Service Delivery (E&U & EOC) had 224 patient safety incidents which accounts for 68% of the total. The main themes are:

- Skin tears from ECG dot removal
- Unsafe patient discharges.

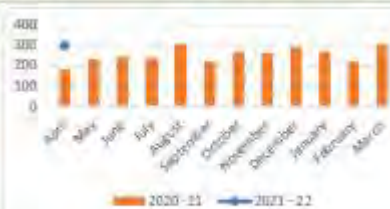
PTS had 86 patient safety incidents which accounts for 26% of the total reported. The main themes are:

- Avoidable injuries and skin tears.
- Patient falls.

IUC/111 had 20 patient safety incidents which accounts for 6% of the total reported. The main themes are:

- GP's asking patients to phone 999.

| No Harm Incidents | Year to date | | |
|-------------------|--------------------------------|---------|---------|
| | Last reported month (April 21) | 2020-21 | 2021-22 |
| WMAS | 297 | 182 | 297 |



For the month of March, there were 297 no harm incidents.

Service Delivery accounts for 67% (199) of the total of no harm patient safety incidents.

PTS accounts for 26% (78) of the total of no harm patient safety incidents.

IUC/111 accounts for 7% (20) of the total of no harm patient safety incidents.

| Harm Incidents | Year to date | | |
|----------------|--------------------------------|---------|---------|
| | Last reported month (April 21) | 2020-21 | 2021-22 |
| WMAS | 33 | 28 | 33 |



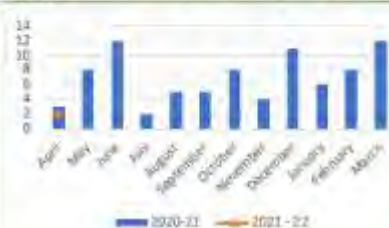
| Harm | April 2021 | % |
|------------------|------------|------|
| Service Delivery | 25 | 76% |
| PTS | 8 | 24% |
| IUC / 111 | 0 | 0% |
| Total | 33 | 100% |

The top trend for low harm incidents, relate to harm caused due to avoidable injuries caused to patients. E.G., skin tears during moving and handling, injury due to collision/contact with an object and ECG dot removal.

Service Delivery accounts for 76%, PTS 24% & IUC/111 0% of the total of patient harm incidents.

Serious Incidents and Duty of Candour

| Total number of serious incidents reported | Year to date | | |
|--|--------------------------------|---------|---------|
| | Last reported month (April 21) | 2020-21 | 2021-22 |
| WMAS | 2 | 3 | 2 |

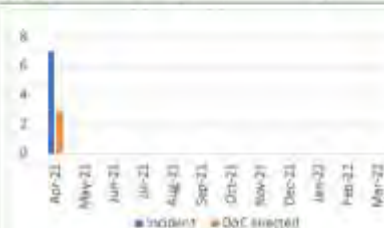


There were 22 serious incidents reported in April 2021.

2021/7738 PAL9 A22419 – Cauda Equina
2021/8111 Non-conveyance of shortness of breath

- There are currently 44 serious incidents open on SIEIS.
- 24 SI's are currently over the time frame. 1 is due to an ongoing police investigation with the others being due to work volume.
- 3 requests for SI closure were made since the last report.
- SI's have been assigned to managers from other directorates to assist with the workload.
- Work is ongoing with the CCG to clear the backlog of cases that WMAS have requested closure on. These are cases where WMAS have requested closure, but have not received closure confirmation from the CCG, following their governance and assurance processes. 6 of these cases were closed during March and 9 during April.

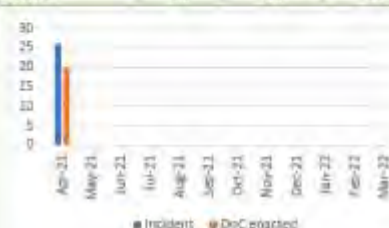
| Moderate harm and above | Year to date | | |
|-------------------------|--------------------------------|---------|---------|
| | Last reported month (April 21) | 2020-21 | 2021-22 |
| WMAS | 7 | 7 | 7 |



Duty of Candour has been enacted in 43% of cases where moderate harm or above has been caused, this is because at the time of reporting, NoK (Next of Kin) details are not always known.

Multiple reporting of the same incident also reduces the compliance.

| Low harm | Year to date | | |
|----------|--------------------------------|---------------------------|--|
| | Last reported month (April 21) | Total number of incidents | Number of incidents being open completed |
| WMAS | 26 | 26 | 20 |

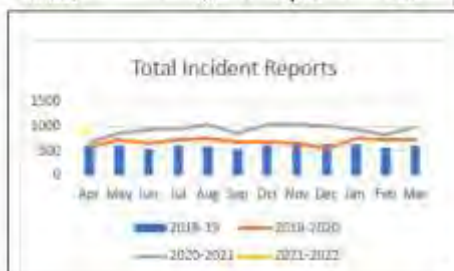


There have been 26 incidents where low harm has been caused to a patient.

Out of these, evidence of 'Being Open' can be provided for 20 of the incidents (76.9%).

Incident Reports

| Total Incidents Reported | Year to date | | |
|--------------------------|--------------------------------|-----------------------|-----------------|
| | Last reported month (April 21) | 2020-2021 April - Mar | 2021-2022 April |
| WMAS | 968 | 11,204 | 968 |



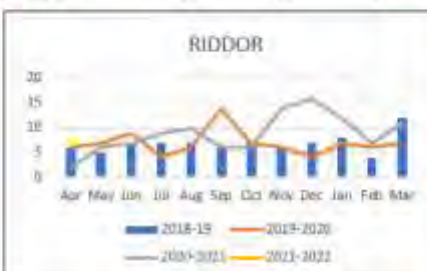
Almost 50,000 ER54's received since implementation

2020-21 saw over 11,000 incident reports received for the Trust, which equates to an average of 248 more incidents per month from the last financial year.

The Trust has now agreed to purchase DATIX as its incident reporting platform. A project group is to be set up for its implementation.

The Health, Safety and Risk Management framework has been agreed, and will introduce both Risk and Incident Report audits to ensure accuracy, management and learning from all incidents. These will start from March 2021.

| RIDDOR | Year to date | | |
|--------|--------------------------------|-----------------------|-----------------|
| | Last reported month (April 21) | 2020-2021 April - Mar | 2021-2022 April |
| WMAS | 6 | 106 | 6 |



RIDDOR trends and themes are reviewed at both Senior and Operational management team meetings, and are reported regularly through the Health, Safety, Risk and Environment Group.

The Management of RIDDOR process has been reviewed and updated and agreed at Policy Group with minor changes, also agreed at HSRE.

Relevant post incident work is completed monthly, including liaison with the HSE, discussions with Managers and review of COVID Staff reports to ensure compliance with RIDDOR Regulations.

Top 5 Incidents for Non-Patient Safety (April)

| WMAS Top 5 Types | Total |
|-----------------------|-------|
| Violence / Aggression | 185 |
| Equipment | 159 |
| RTC | 96 |
| Injury | 46 |
| Complaint | 46 |

| WMAS Top 5 Categories | Total |
|-------------------------------------|-------|
| V&A - Verbal - Intentional | 63 |
| Equipment - Failure | 62 |
| Equipment - Damage | 57 |
| Near Miss | 45 |
| RTC - Struck another vehicle/object | 42 |

The Trust Top 5 incident categories for April (reduction in cases).

1. V&A - Verbal - Intentional - All cases reviewed via Security - BWC pilot planned
2. Equipment Failure - Increase but mainly Tympanic
3. Equipment, Damage - Decrease of cases specific trends discussed at OMT and SMT
4. Near Miss - Predominantly V&A
5. RTC - Struck Another Vehicle/Object - Manoeuvring incidents predominantly. Vehicle Safety Bulletin to be completed and disseminated to all Staff

Learning from Deaths

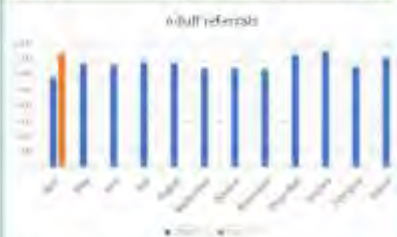
The National Quality Board guidance, which applies to Ambulance Service NHS Trusts and Foundation Trusts, requires the Board to receive quarterly information on deaths. This is achieved through a paper which specifies, in relation to the Learning from Deaths (LFD) agenda: the number of deaths, the number of case reviews (Structured Judgement Reviews (SJRs)), the number of case reviews that have required further investigations, the number of investigations where the trust may have contributed towards the death (serious incidents), the cumulative total of these figures and vitally any subsequent learning, themes and actions that have occurred.

Learning from Deaths (LFD)



Safeguarding Referrals

| Total Adult Safeguarding Referrals | Year to date | |
|------------------------------------|--------------|-----------|
| Last reported month (April 21) | 2020-2021 | 2021-2022 |
| WMAS | 3685 | 39926 |



Adult Safeguarding- these figures are for referrals for 18 years and older and include adult care concerns. The referrals are received from E&U staff, PTS staff and anyone else in the organisation. Comparison to previous years for the same time period.

There is a 26% increase in the number of adult care/welfare and adult safeguarding referrals sent April 2021 compared to the previous year. There is work underway to reduce the number of referrals across the board, with education to staff relating to an enhanced understanding of the criteria for a safeguarding referral, and specifically the distinction between a true protection referral and one highlighting a care and or welfare concern. The change of reporting from the Commercial Call Centre to the Emergency Operations Centre has increased the number of safeguarding referrals.

| Total Child Safeguarding Referrals | Year to date | |
|------------------------------------|--------------|-----------|
| Last reported month (April 21) | 2020-2021 | 2021-2022 |
| WMAS | 1463 | 14082 |



Child Safeguarding Referral- these figures are for under 18 years old.

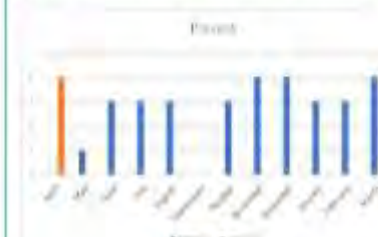
Comparison to previous years for the same time period.

There is a 90% increase in the number of child safeguarding referrals sent April 2021 compared to the previous year.

This is an increase and further work is required with our partner agencies to understand and analyse this increase.

The change of reporting from the Commercial Call Centre to the Emergency Operations Centre has increased the number of safeguarding referrals.

| Total PREVENT Referrals | Year to date | |
|--------------------------------|--------------|-----------|
| Last reported month (April 21) | 2020-2021 | 2021-2022 |
| WMAS | 4 | 31 |



Prevent Referrals are made where there are concern an individual is being radicalised for extremism.

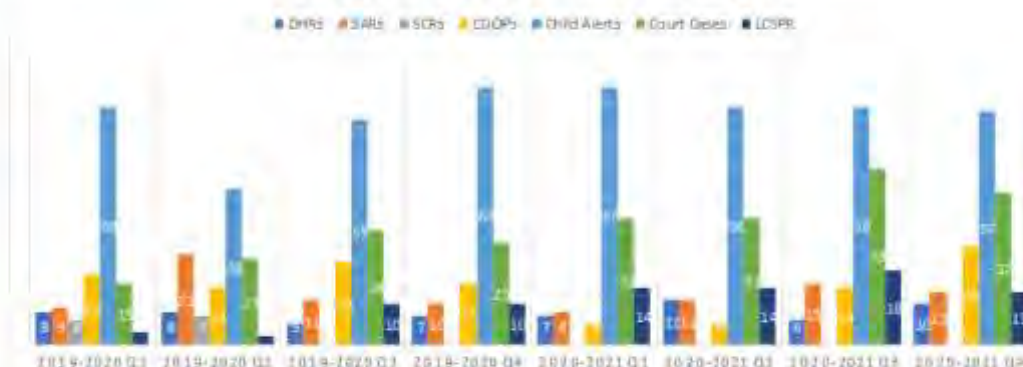
Quarterly Prevent reports are submitted to NHS England via Unify2. This demonstrates compliance with contractual requirements and legislative requirements.

The Trust has been rated as Category 1 by NHS England for Prevent Assurance. There are three levels and Category 1 means the highest, the Trust is in the top category and is compliant.

The numbers remain low so a % increase does not assist in these low numbers.

Safeguarding Case and Reviews

SAFEGUARDING CASES AND REVIEWS



DHR's - Domestic Homicide Review

The Home Office definition for a (DHR) is a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, assault or neglect by: (a) A person to whom he was related or with whom he was or had been in an intimate personal relationship, or (b) A member of the same household as them self.

There has been an increase of 3 DHRs in Q4 against the same period last year.

CDOP's Child Death Overview Panel

The Local Safeguarding Children's Boards (LSCBs) are responsible for ensuring that a review of each death of a child normally resident in the LSCB's area is undertaken by a (CDOP). Within the West Midlands there are 14 CDOP's Groups.

In Q4 there has been an increase of 9 CDOPs against the same period last year.

SAR's - Safeguarding Adult Review

There is reasonable cause for concern about how a LSCB member organisation or other agencies providing services, worked together to safeguard an adult. And

The adult has died, and the LSCB knows or suspects that the death resulted from abuse or neglect (whether or not it knew about or suspected the abuse or neglect before the adult died).

There has been an increase of 3 SARs from Q4 against the same period last year.

Child Alerts - Internal WMAS named case

These are internally named cases where WMAS has been involved in an incident where an under 18-year-old has either died or has significant life changing injuries. Where a child dies this may become a (Child Death Overview Panel) CDOP for WMAS.

There has been a decrease in 6 Child Alert from Q4 against the same period last year.

SCR's - Serious Case Reviews

is defined in 'Working Together 2015 as when:

(a) Abuse or neglect of a child is known or suspected; and

(b) Either the child has died, or (i) the child has been seriously harmed and there is cause for concern as to the way in which the authority, their Board partners or other relevant persons have worked together to safeguard the child.

LCSPR's - Local Child Safeguarding Practice Reviews

LCSPR's replaced SCR's as of September 2019.

WMAS have received 13 LCSPR's in Q4 2020/21

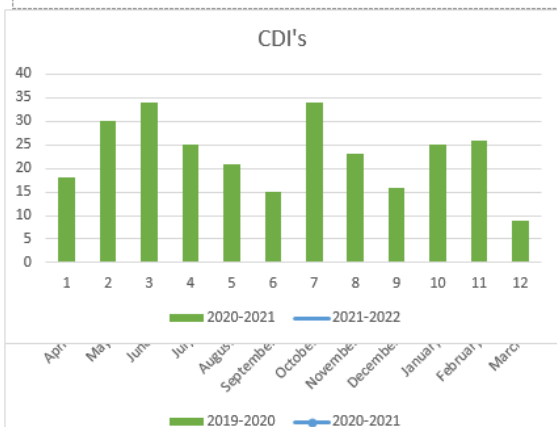
There has been an increase in 3 LCSPR's against the same period last year.

Medicines Management and Pharmacy

CONTROLLED DRUGS

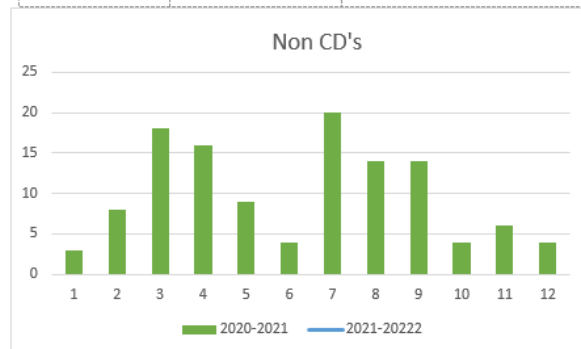
| Total Controlled Drugs Incidents (CDI's) | | Year to date |
|--|-----------------------------|------------------|
| Last reported month (April 21) | 2020-2021 April- to date | 2021-2022 YTD |
| 19 | 18 | 19 |

Three of these incidents have not been included as they relate to misoprostol



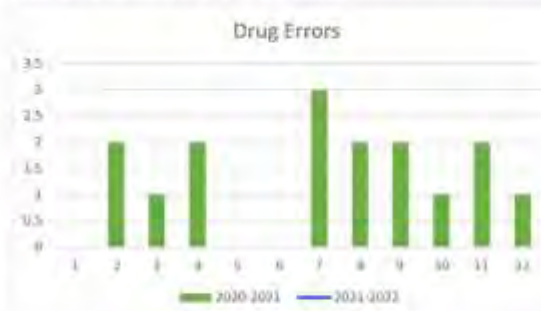
MEDICINES ER54

| Total Medicines Management related ER54's | | Year to date |
|---|---------------------------|------------------|
| Last reported month (April 21) | 2020-2021 Apr- to date | 2021-2022 YTD |
| 5 | 3 | 5 |



| Total Drug Errors, wrong route, wrong dose etc | | Year to date |
|--|-----------------------------|------------------|
| Last reported month April 21 | 2020-2021 April- to date | 2021-2022 YTD |
| 1 | 0 | 1 |

There have been a report of double dose of adrenaline being given to patient, this has caused no harm to the patient.



| MHRA Alerts | | Year to date |
|--------------------------------|-----------------------------|------------------|
| Last reported month (April 21) | 2020-2021 April- to date | 2021-2022 YTD |
| 1 | 0 | 12 |

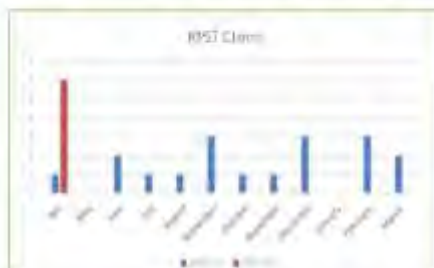
None of the medicines referenced within the alert were procured or distributed by WMAS.



| Corrective and Preventative Actions (CAPA) | | Year to date |
|--|-----------------------------|------------------|
| Last reported month (April 21) | 2020-2021 April- to date | 2021-2022 YTD |
| WMAS | Nil | 0 |

Claims and Coroners

| RPST (Risk Pooling Schemes for Trusts) | Year to date | | |
|--|------------------------------|---------|---------|
| | Last reported month April 21 | 2020-21 | 2021-22 |
| WMAS | 6 | 18 | 6 |

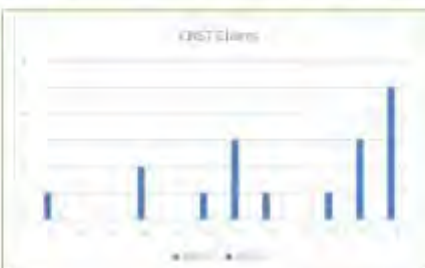


RPST (Risk Pooling Schemes for Trusts)

The Risk Pooling Schemes for Trusts is the collective name for two separate schemes covering non-clinical risks, the Liabilities to Third Parties Scheme (LTPS) and the Property Expenses Scheme (PES).

- The Trust has seen an increase of 5 RPST claims received in April 2021 compared to the previous year.

| CNST (Clinical Negligence Scheme for Trusts) | Year to date | | |
|--|------------------------------|---------|---------|
| | Last reported month April 21 | 2020-21 | 2021-22 |
| WMAS | 0 | 17 | 0 |

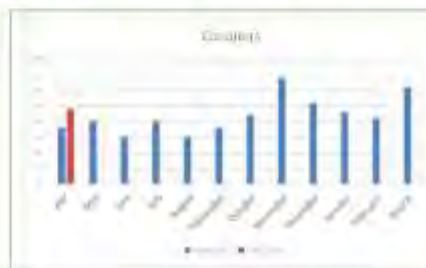


CNST (Clinical Negligence Scheme for Trusts)

These are defined as allegations of clinical negligence and/or a demand for compensation made following an adverse clinical incident resulting in personal injury, or any clinical incident, which carries significant litigation risk for the Trust. Such claims may be made by a patient (or their relative).

- The Trust has seen a decrease of 1 CNST claims received in April 2021 compared to the previous year.

| Coroners Requests | Year to date | | |
|-------------------|------------------------------|---------|---------|
| | Last reported month April 21 | 2020-21 | 2021-22 |
| WMAS | 24 | 263 | 24 |



Coroners Requests

West Midlands Ambulance Service covers the following areas for Coroners

- Birmingham and Solihull
- Black Country
- Coventry
- Herefordshire
- Shropshire, Telford & Wrekin
- South Staffordshire
- Stoke on Trent & North Staffordshire
- Warwickshire
- Worcestershire

Infection Prevention and Control

| Inoculation Incidents | Year to date Comparison | | |
|-----------------------|------------------------------|---------|---------|
| | Last reported month (Apr 21) | 2020-21 | 2021-22 |
| WMAS | 9 | 86 | 9 |



Inoculation Incident Key Performance Indicator:

By the end of 2021/22 all inoculation incidents shall be reported and managed through the incident reporting system with results reported through the Health Safety Risk & Environment Group.

Inoculation incidents are classed as any sharp object that penetrates the skin causing an injury. The highest risk of these are injuries that cause a puncture wound that involved an item contaminated with blood or bodily fluids.

Clinical Team Mentors (CTM) at each hub perform 10 cannulation audits per month. These audits are completed at point of care and input using the EPRF platform. Weekly brief articles supported by clinical notices are published routinely to support the reduction of sharps related incidents.

April 2021 saw 9 inoculation incidents. These incidents include used cannula devices and incidents involving glass ampoules.

2020/21 saw an increase of 7 inoculation incidents compared to 2019/20.

All inoculation injuries are supported through SALs and regular local management welfare checks. Incident reporting of inoculation related incidents is encouraged through the Incident and Audit Framework.

| Splash Incidents | Year to date Comparison | | |
|------------------|------------------------------|---------|---------|
| | Last reported month (Apr 21) | 2020-21 | 2021-22 |
| WMAS | 2 | 48 | 2 |



Splash Incident Key Performance Indicator:

By the end of 2021/22 all splash incidents shall be reported and managed through the incident reporting system with results reported through the Health Safety Risk & Environment Group.

A splash injury is an accidental or purposeful spraying of blood or body fluids onto exposed mucocutaneous surfaces. The Trust also reports on incidents where a near miss where blood may splash onto the face and near to the eyes, mouth or nose.

Many splash incidents could be avoided if Personal Protective Equipment (PPE) had been worn to protect the member of staff's face. Appropriate PPE is available on the vehicles in the response bag and the IP&C pack and in the cupboard above the stretcher in vehicles.

April 2021 saw 2 splash incidents. These include the patients' blood/body fluids splashing onto the face of the treating clinician.

2020/21 saw a decrease of 24 splash incidents compared to 2019/20.

Incident reporting of sharps related incidents is encouraged through the Incident and Audit Framework.

| Environment Incidents | Year to date Comparison | | |
|-----------------------|------------------------------|---------|---------|
| | Last reported month (Apr 21) | 2020-21 | 2021-22 |
| WMAS | 7 | 52 | 7 |



Environment Incident Key Performance Indicator:

By the end of 2021/22 all environment incidents shall be reported and managed through the incident reporting system with results reported through the Health Safety Risk & Environment Group.

The cleanliness of the environment is important to support infection prevention and control, help reduce the incidence of healthcare associated infections and ensure service user confidence.

Environmental incidents capture the general cleanliness of premises, vehicles and management of clinical waste.

April 2021 saw 7 environment related incidents. These include 4 reports reporting contaminated equipment with blood or bodily fluids and conveyance of a patient with a suspected high consequence infectious disease.

2020/21 saw a decrease of 43 splash incidents compared to 2019/20.

The COVID Incident Room continues to capture incident reports relating to PPE and skin irritation and this is reported by the Head of Risk in the trends and themes report.

Incident reporting of environmental related incidents is encouraged through the Incident and Audit Framework.

Clinical Indicators

WMAS performance against the clinical indicators overall is very good and is being maintained despite the pressures of the global pandemic

Field Safety Notice regarding Venflons

In March 2021 the manufacturer Beckton Dickinson (BD) issued a field safety notice in relation to their intravenous cannula that is commonly known as Venflon. There had been reports that a small number of these (2.5 per million) had resulted in leakage from the injection port; there had also been a concern that blood could back flow in the cannula.

BD have identified affected products, which are all related to the sterilisation by ethylene oxide as opposed to radiation. The affected product can be identified on the packaging.

More recently, the notice has been updated to require removal or replacement of affected cannula.

WMAS use this product widely and we are working with NHS Supplies to rectify the issue which is expected to take a couple of months.

A risk assessment has confirmed that the risk for patient use in WMAS is low and the cannula will continue to be used whilst replacement stock is awaited.

Additional Information of Directors Activity

Medical Director

- Interim NARU Medical Advisor role pending a substantive appointment.
- Ongoing engagement with the GMC and NHSE Midland's on Medical Revalidation and associated areas.
- Meeting with the Chair of the National Ambulance Services BME Forum.
- ONE Network meeting to update on progress on Closing the Gap videos and national work. Meetings with the Trust Head of D&I.
- Meeting with regional NHSE handover delay lead and the regional lead for the Clinical Directors for Emergency Departments, focus on reducing hospital handover delays.
- Chair: Royal College of Emergency Medicine guideline review on Acute Behavioural Disturbance Guideline with a focus on the whole patient pathways from scene to resus.
- Attended the NHSE national EPRR Major incident Triage Guidance review meeting.
- Attended as the JRCALC Committee lead for the development of a guideline on agitated delirium.
- Attended Prof Stephen Powis webinar on Covid-19.
- BAME Co-mentoring meetings
- PARAMEDIC3 (co-investigator) Steering Group and Trial Management Group meetings (nationally funded research on OOH cardiac arrest management).
- Midlands Regional Emergency Department Clinical Directors fortnightly meetings.
- Participant in the TRIM research study interviews (WMAS led research study).
- Chaired the WMAS and College of Paramedics joint Maternity CPD Event.

- Participated in the regular NHSE Midlands SDEC (Same Day Emergency Care, including ambulance bypass to SDEC systems) forum meetings.
- Closing the Gap video presentation recorded for the Ambulance Leadership Forum meeting.
- Responded clinically as a prehospital doctor.
- Attended the RCEM Spring Conference online.
- Met with the Birmingham's Children's Hospital Consultant lead for D&I clinically, who has agreed to sharing CPD and other information including video CPD for clinicians.
- Meetings with the MAA and MERIT medical lead.
- Attendance at the weekly NHSE Regional Medical Directors' meetings.
- Attended National Ambulance Services Medical Director meetings.
- Attended two "Leading with Values" Workshops.
- Chaired the national JRCALC Committee meeting.
- Attended the National Ambulance Services Research Group (NASRG) as the NASMeD lead for research.
- Attended the WMAS Aortic Dissection CPD Event.

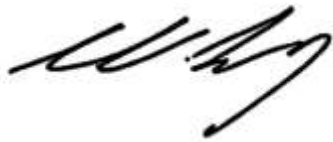
Clinical Commissioning and Nurse Director:

- Regular attendance at the Quality, Governance and Risk Directors meeting hosted by the Association of Ambulance Chief Executives
- Participation in the Regional Emergency Department Clinical Directors meeting
- Regional Chief Nurse Updates
- Represent WMAS at the Herefordshire and Worcestershire clinical ethics forum
- Attendance at the Shrewsbury and Telford Hospitals Safety Oversight Group
-
- Meetings on the South Warwickshire ED avoidance pathways
- Working with New Cross Hospital vascular surgeons on the development of a supra-regional network for the surgical intervention for patients with dissecting aortic aneurysm
- Discussion with commissioners on the commissioning arrangements for 2021/22 and beyond
- Discussion with commissioners on expansion of the 111 service to include Staffordshire
- Meetings with SATH following their CQC notice relating to children and young people with mental health needs
- Regular monthly meetings with the NHSE/I team to discuss the broad urgent and emergency care agenda and system pressures
- Participation in weekly COO/MD/DN briefings by NHSE/I
- Participation in a weekly COVID vaccination steering group
- Presentation at Wolverhampton Health Overview and Scrutiny Committee meeting
- National Hospital Handover Delays monthly updates
- Joint work with Public Health England on their injury surveillance
- Representation at the Think 111 Programme Steering Boards
- Discussions with Staffordshire around a 111 proposal
- Attendance at Lichfield Hub as part of the 'Hub Buddy' initiative
- Tendering for the PTS contracts in Shropshire
- Support for Consultant ENT Surgeons to develop a regional merged on -call rota
- Implementation of the new clinical team directorate structure
- Completing direct line personal development reviews

- Participation in the newly established Regional Ambulance Flow Group
- 1:1 with the Chairman
- Venflon field safety notice briefing attendance and action
- Meeting with the NHSE/I Urgent and Emergency Care Team
- Attendance at the National Hospital Handover Delays meeting
- Mentoring participants on the Engaging Leaders Programme

Medical and Nurse Directors

- Led the formation of a group to review non-medical prescribing in the Trust.
- Instigated and attended multiple regional NHSE Regional Director Hospital Handover delay meetings to continue to escalate the patient harms associated with these events for the patients in ambulances and those with emergency conditions in the community.



Mark Docherty
Executive Director of Nursing &
Clinical Commissioning



Dr Alison Walker
Executive Medical Director

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 08b MONTH: MAY 2021 PAPER NUMBER: 07b

| QUALITY ACCOUNT 2020/21 | |
|---|---|
| Sponsoring Director | Strategy and Engagement Director |
| Author(s)/Presenter | Head of Strategic Planning |
| Purpose | To present the Quality Account for approval, incorporating an update on achievement of the priorities agreed for 2020/21 and those set for 2021/22. |
| Previously Considered by | Priorities have been reviewed by: <ul style="list-style-type: none">• Quality Governance Committee• Executive Management Board• Board of Directors Draft report presented to Council of Governors, Executive Management Board and External Stakeholders |
| Report Approved By | Strategy and Engagement Director |
| Executive Summary | |
| <p>The draft Quality Account is enclosed for review and approval. Achievement of the priorities agreed for 2020/21 are reported within the document along with all other updates in respect of activities across the Trust. The new priorities for 2021/22 are also identified.</p> <p>There is no national guidance for Quality Accounts this year, but the documents are still to be created and published by each Trust according to the normal schedule. Given there is no guidance, the document is presented unaudited. The Trust has discussed expectations with the national team, who confirmed that the Trust must declare that the document is unaudited before publication. This requirement has been discussed at Audit Committee who agreed that the statement included within the Account is acceptable.</p> <p>Within the document, all sections have been updated, with just the following updates still to be made:</p> <ul style="list-style-type: none">• Data Security and Protection Toolkit – final position to be confirmed ahead of national submission deadline in June• Statements from external stakeholders are yet to be received following circulation of the draft document and an engagement event held on 19th May 2021. Any statements that are received by 8th June 2021 will be incorporated into the document before publication. <p>The Board of Directors is requested to approve the document, providing EMB the authority to ratify the final version on 15th June once any remaining comments have been incorporated. The document must be published by 30th June 2021.</p> | |

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 08b MONTH: MAY 2021 PAPER NUMBER: 07b

| | |
|--|--|
| Related Trust Objectives/ National Standards | The Quality Account supports the achievement of all Strategic Objectives |
| Risk and Assurance | Failure to publish the Quality Account and deliver the priorities may adversely affect significant risk 3 (Quality Compliance). |
| Legal implications/ regulatory requirements | The Quality Account is required under the Health & Social Care Act and Quality Account Regulations. |
| Financial Implications | None directly identified |
| Workforce & Training Implications | None directly identified |
| Communications Issues | <p>There has been some uncertainty regarding national expectations, due to the late notice with regard to publication of guidance and submission dates. The Trust has been in discussion with NHS Improvement to establish expectations for audit. The statement within Annexe 3 meets the national expectations in full and this has been confirmed by the Trust's external auditors.</p> <p>The Engagement Event and sharing of the draft report supports our process to collaborate with our stakeholders</p> |
| Diversity & Inclusivity Implications | There are no adverse implications. |
| Quality Impact Assessment | This document provides stakeholders with the Trust Account of its Quality Management. No impact assessment is required |
| Data Quality | All data contained within the report is subject to internal audit and checking processes. Under normal circumstances, the Account is externally audited, though this process has not taken place this year. |
| Action required <p>Members are asked to review and approve the document, noting that some comments may yet be received. All feedback that is received prior to 15th June will be presented to EMB for final ratification.</p> | |



DRAFT

Quality Account 2020-21





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*Please note that information regarding each area of the Trust as described in the Quality Account will
be available on the Trust website*



Part 1

Introduction



Foreword from the Chairman

Welcome to this year's Quality Account from West Midlands Ambulance Service University NHS Foundation Trust. In this account you will find the priorities that we have set for 21/22, and a review of those achieved in 2020/21.

I formally commenced in the role of Chairman of the Trust in April 2020, at the height of the first wave of the Covid-19 pandemic and when the Trust has never been more on the front line of response.

The Trust was quick to recognise the importance of swift intervention and put in place many measures to help keep patients, staff and their families as safe as possible. This meant all staff, students and volunteers for the service have had to work with enormous flexibility. The innovation that has been seen throughout the whole Trust to ensure everyone can continue to carry out their roles and duties, as safely and efficiently as possible has been truly outstanding.

The pandemic has had a huge impact on the Trust, as it has the wider NHS. However, West Midlands Ambulance Service can proudly say that, despite the difficulties brought by the pandemic, it has continued to provide the best, high quality care to patients (both emergency and non-urgent) throughout the region, whilst achieving against all performance standards.

I would also like to draw attention to a number of projects that have continued within the Trust unabated.

The Trust has pushed forward with its plans to fully integrate the 111 and 999 service. As you would expect, this service has seen extremely high volumes of calls but by successfully integrating this system more patients are being cared for in the most appropriate place for their needs. This has also included more care being provided over the phone by a team including GPs; advanced nurse practitioners; community mental health teams; pharmacists, dental nurses, paramedics and midwives.

The Trust is the first ambulance service within the country to start using an all-electric ambulance. The vehicle, which is fully operational within Birmingham, will provide us with important data that we can use to reduce further our footprint on the environment, a subject that I believe very strongly in. Two fully electric response cars and a patient transport vehicle will be added to the fleet during 2020/21. The organisation is committed to improving its environmental impact as can be seen by the drive to also become a paperless organisation.

The Trust has been working hard on setting out our strategic plans for the next five years. It is important for us to be at the forefront of the ever-changing requirements within the NHS. Developing staff and their capabilities is a key part of that. The increasing use of technology will also be an important part of that development. We already have staff using video conferencing to discuss patient care with multi-disciplinary health teams whilst in the patient's own home so that we can reduce the number of patients being conveyed to the emergency department. Such developments will become common place over the next few years. As a forward-thinking organisation, I am determined that we will make as much use of technology as possible to benefit patients but also allow our staff to enhance their skills.



The Trust is committed to achieving the new priorities we have set out for 2021/22, helping to further develop and improve the services we provide to the patients throughout the Region.

Lastly, I would once again like to express and sincere thanks to all at the service who have worked tirelessly throughout this extremely difficult year whilst continuing to deliver such high standards.

Professor Ian Cumming
Chairman



Statement on Quality from the Chief Executive

Welcome to the West Midlands Ambulance Service University NHS Foundation Trust's Quality Account which reviews the year 2020-21 and sets out our priorities for 2021-22. This account is an assessment of the quality-of-care patients receive when they are being assessed and treated by our staff. This report details our continued commitment to delivering the very best care for our patients.

As I look back over the last twelve months, the single factor which has influenced our activities, finances, workforce and operational planning relates to the impact of the COVID-19 pandemic. As an emergency service, our organisation forms a critical part of the national infrastructure in the event of any incident which affects the general public and COVID-19 has been no exception to that arrangement. Our Board of Directors and senior command team have followed national protocols and made proactive decisions to procure the best equipment and implement arrangements to ensure the safety of our staff and patients. We have taken decisions to support the front line in every way possible: for significant periods of the year, we have boosted our staffing levels, both on the front line and in our control rooms. We were able to increase our fleet to keep pace with the inevitable rise in demand. A key development was being able to scale up our ability to keep pace with the amount of personal protective equipment that our staff needed to keep themselves safe whilst dealing with COVID-19 cases. I am proud that we can ensure that our staff were never short of this vital equipment. We also implemented comprehensive arrangements to keep office-based staff safe, including social distancing arrangements, the introduction of screens between desks, the wearing of masks, increased cleaning schedules, and detailed risk assessment to support staff. Where staff have been required to shield, isolate or work from home, arrangements have been made to both keep the staff safe and ensure resources were in place to effectively maintain service delivery.

It is worth noting that the pandemic began less than three months after we successfully introduced the 111 service. The demand on this service has been incredibly high from the start and throughout the year, as many patients were unable to access their GP or were encouraged to ring as a result of the pandemic or the introduction of 111 First. Despite this, we have delivered the service very successfully, with calls answered more quickly than many other 111 services in the country. Furthermore, we have integrated the call handling of 111 and 999 calls, to maximise our clinical expertise and ensure that calls are answered in the most efficient way.

Our Non-Emergency Patient Transport Services have also been under significant pressure, due to the social distancing arrangements that have had to be introduced. Despite this, we have continued to ensure that patients arrive at their appointments and are collected for discharge in a timely manner, supporting the best patient flow through the hospitals at such a challenging time. Indeed, the measures put in place have meant that the PTS Service met every performance metric every month across the entire year.



Over the course of the year, we have managed almost 1.2 million emergency incidents, answered around 1.5 million 111 calls and transported more than 752,000 patients to and from appointments. We have continued to respond to emergency and urgent calls in the timeliest manner, achieving all national response standards. At the end of this most exceptional of years, I am immensely proud of every member of the staff for their dedication and commitment to working through such a difficult time, supporting each other and continuing to deliver outstanding care for our patients across the West Midlands.

We are developing our own strategy which will shape the development path for our organisation and the services we provide over the next five years and have already begun implementing changes despite the challenges that we have faced over the last year. We are very proud to be the first Trust in the country to have introduced a full suite of all-electric vehicles. This included becoming the first Trust in the country to use a 100% electric double-crewed emergency ambulance, non-emergency patient transport ambulance and we have also introduced some electric support vehicles. This trial demonstrates our continued commitment to reducing our carbon footprint.

Looking forward to the next twelve months, we have identified our quality priorities which are based upon our own assessment of where we can develop and improve our core services, ensuring the clinical effectiveness of our care and the safety and experience of our patients. We will also be delivering the largest ambulance hub of its kind in the country, which will be located in the heart of the Black Country. This will provide a modern base for our frontline operational teams, Emergency Preparedness staff, a supply hub and the home of the National Education & Training Academy. This will come online in time for the Commonwealth Games which will take place in Birmingham in 2022.

To the best of my knowledge the information contained in this report is an accurate account. On behalf of West Midlands Ambulance Service, I would like to present this Quality Account. We welcome your feedback and if you have comments on this document or the Trust in general, we would be pleased to hear from you.

Anthony Marsh
Chief Executive Officer



Statement on Quality from the Medical Director and Executive Nurse

At the end of the most challenging year in the history of the NHS, we reflect on the challenges that all our staff and patients have faced and the significant achievements in patient care that have been made throughout the pandemic.

Having only commenced the 111 Contract in November 2019, the Trust responded to an unprecedented rise in calls to this service at the start of the pandemic, with calls on some days being four or five times higher than we would normally expect. We recruited hundreds of ambulance call assessors, alongside an increase in clinicians across a range of specialties to provide the support and expertise that our patients needed at this very uncertain time.

Calls made to our 999 service have fluctuated significantly throughout the year, with demand trends reflecting some aspects of normal seasonality, together with the impact of the various phases of national and local restrictions. Whilst it has been complex to plan our staffing and equipment levels to meet such changeable demand, our staff have continued to provide an outstanding service to all our patients, maintaining our position of providing the best response times in the country, and for many of the clinical performance measures we continue to out-perform other services, supporting the best clinical outcomes for our most seriously ill patients. In March 2021, we achieved a significant milestone in our service development. Having trained our call assessors to handle calls from both 999 and 111 callers, our Emergency Operations Centre in Brierley Hill relocated to provide an Integrated Urgent and Emergency Call Centre for 999 and 111 services. This provides resilience and efficiencies across both services, allowing us to maximise the skill of our clinicians for the patients that need them most, regardless of the number they have dialed.

The restrictions placed on our Patient Transport Service have provided further challenges to the way in which we operate the service. Social distancing requirements have reduced the number of patients that we are allowed to transport together in a vehicle at the same time, placing pressure on our staff to ensure that patients still arrive at their appointment on time. Despite these difficulties, our careful planning and collaboration has helped us to achieve all of the targets across all our PTS contracts throughout the year.

Our clinical research team have experienced a very successful year with a wide range of studies including some which play an important part in the national learning from COVID-19.

Our staff are our greatest asset, and every day, in all weathers, they are out and about in the region and in our call centres and all our other facilities, helping people in our communities. Despite the significant workforce challenges across the NHS, we continue to maintain a position of having no Paramedic vacancies enabling us to have a Paramedic on every front-line ambulance supported by highly skilled Ambulance Technicians, thereby ensuring that our patients get the best care. Unlike many other services around the country, we have no need to use private ambulance services.



Our National Training Academy based in Brierley Hill allows us to employ and train a skilled workforce, and every year we train around 300 Paramedics, most of whom go on to be employed by us across our Region. The training during the last year has been adjusted to boost staffing levels to support our response to the pandemic. We have recalled students from Universities to work on the front line and have delivered some intense training programmes to help newly recruited staff acquire the skills required to work in the community and within our call centres.

We continue to invest in our fleet of ambulances to ensure they remain under 5 years old, and we have “state of the art” clinical equipment on board. This year has seen the successful deployment of a suite of electric vehicles as part of an innovative trial. Our ambulances are maintained by our workforce of skilled mechanics, and Vehicle Preparation Operatives ensure that the highest level of cleanliness is maintained, as well as checking equipment on the ambulances. This vehicle preparation process has proved paramount to achieving well stocked, staffed and serviced vehicles matched to demand levels whilst maintaining the highest infection prevention and control standards.

The Trust has continued to feature in a variety of prime-time television series and has also featured in a short series show-casing our response to the pandemic. These programmes have been helpful in continuing to show the public the extraordinary work undertaken by our staff daily, including compassionate handling of the initial 999 and 111 calls, the excellent care provided by the staff on our ambulances and the vital work behind the scenes in areas such as recruitment, logistics and IT.

We are a CQC “Outstanding” NHS Trust and arguably the best performing ambulance service in the country. But we also recognise that this does not mean we are perfect, we have systems in place that ensure we are aware if mistakes happen so that we can continue to learn and improve the services we provide. We actively seek feedback from patients, we listen to people who have complaints, and we ask our staff to report where there are problems. Through this process we are constantly improving the delivery of our clinical care. Where we get things wrong, we are being very open and honest through our Duty of Candour which is also helping us improve our service. We are also reviewing the systems we use to seek feedback and doing all that we can to make it easy for the public to contact us with their views.

We are the first point of contact with the NHS for many people in an emergency; for others that use our service, we are a source of help and support at a time of crisis. People that use our service are often vulnerable, scared, upset or confused and we continue to strive and be a responsive service that is both caring and compassionate.

We recognise that we are part of a large health and social care system, and that our patients move between different organisations to receive their care. We cannot provide excellent patient care in isolation and we are committed to working with partners to deliver excellent care across the system within which we work. We are grateful to our staff for everything they do in delivering an outstanding service, and we are proud to be the provider of the urgent and emergency ambulance service care for people across the West Midlands.

Dr Alison Walker
Medical Director

Mark Docherty
Director of Nursing and Clinical Commissioning /
Executive Nurse

Healthier Futures Partnership Statement from the Independent Chair

Serving a population of around 1.5 million people, our partnership is the collaboration across local authorities, NHS bodies and the voluntary and community sector to:

- a) improve the health of our population by reducing inequalities in health outcomes and improving the quality of and access to services
- b) attract more people to work in health and care in our region through new ways of working, better career opportunities, support and the ability to balance work and home lives
- c) work together to build a sustainable health system that delivers safe, accessible care and support in the right locations, in order to get the greatest value from the money we spend.

After an unprecedented year, my biggest reflection is of pride in our health and care workforce, together with gratitude for all those who have gone above and beyond to care for people at their most vulnerable and protect many more from the impact of COVID-19. Through the challenges of the last 12 months the strength, the compassion, commitment and determination of our people has been outstanding. On behalf of our partnership, thank you for all that you have done and continue to do.

As COVID-19 pressures start to ease, NHS organisations will face the new challenge of restoring services. Whilst we need to ensure people are seen for the care they need in as timely a way as possible; we also have to guarantee that our NHS workforce are supported to rest, decompress and recover from a year of unprecedented demands placed upon them physically and emotionally. Our People Board is focusing on the wellbeing support required to ensure help and assistance are provided for those who were there for so many people when they were needed most.

For local government partners the challenge of enabling communities and people to safely go about their daily lives is key. Testing capacity and support for local businesses will play a vital part in this, as will support for people and families who need extra help to manage their new circumstances.

This year, more than ever, the voluntary and community sector has played a really important role, helping people to stay connected to communities and building resilience in the darkest of times. The kind spirit of a few has shone through our communities and been a lifeline for many.

Perhaps the greatest example of our partnership working has been our vaccination programme which continues at pace. Operating from over 30 vaccination locations we rapidly moved through the cohorts of eligibility, starting with those most vulnerable. Whilst uptake has been generally high, we have seen some areas of concern. We know the lower uptake in some areas will be due to a number of factors, including confidence in the vaccine, convenience of access and also complacency with regard to whether people feel the need to be vaccinated. We also know that COVID-19 has disproportionately impacted on our Black, Asian and Minority Ethnic communities and that worryingly, the uptake of the vaccine is also much lower amongst these groups.



To respond to these challenges, we are increasing our efforts to get the right information to people and have where necessary changed the mode of vaccine delivery to improve accessibility. Working with Public Health in each place, we have also created a network of community champions, as well as working with community and faith leaders and also trusted community voices, to help deliver the right messages.

Our partnership exists to benefit local people, and through our continued collaboration and working together, I am confident we can deliver truly integrated health and care services of which everyone in the Black Country and West Birmingham can be justifiably proud. I would like to thank all health and care colleagues throughout our system for their commitment, dedication and hard work during the past year and for their help in bringing this ambition closer to being realised.

Jonathan Fellows
Independent Chair
Black Country and West Birmingham Integrated Care System



Introduction

We have a vision to deliver the right patient care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health economies. Put simply, patients must be central to all that we do. This means a relentless focus on the safety and experience of patients during our care and ensuring the best clinical outcomes are achieved.

At West Midlands Ambulance Service University NHS Foundation Trust, we place quality at the very centre of everything that we do. We work closely with partners in other emergency services, different sections of the NHS and community groups. These include working strategically with those that commission and plan local health services, which are the Sustainability and Transformation Partnerships as they transition towards Integrated Care Systems, and on a day-to-day basis with hospitals, Primary Care Networks, mental health and other specialist health and social care workers. We recognise that each care provider plays a vital role in responding to the day-to-day health needs of our population.

We understand, as a provider organisation, that to continue to improve quality it is essential that our patients and staff are fully engaged with our plans and aspirations. In recent months, we have been carefully reviewing our Strategic Plan and developing our ambitions for the future. We remain committed to our current vision, as this continues to reflect our overall purpose:

“Delivering the right patient care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health economies”

We continue to promote the values which represent the professionalism, courtesy and respect that are demonstrated on a daily basis by every member of the Trust. Through our recent review, we have taken the opportunity to add an additional value to reflect our responsibility to deliver our service in an environmentally sustainable manner.

Values

| | |
|------------------------------|-------------------------|
| World Class Service | Skilled Workforce |
| Patient Centred | Teamwork |
| Dignity and Respect for All | Effective Communication |
| Environmental Sustainability | |

Having agreed the following new Strategic Objectives in 2019/20, we have been developing our implementation plans which will take effect from 2021/22 and are reflected in our quality priorities as detailed in this account:



Care Quality Commission

The Trust is required to register with the Care Quality Commission (CQC) and its current registration status, is the highest level of “Outstanding”. WMAS has no conditions attached to its registration.

The Trust has been registered with the Care Quality Commission without conditions since 2010. WMAS has not participated in any special reviews or investigations by the Care Quality Commission during 2019/20 and CQC has not taken enforcement action against West Midlands Ambulance Service during 2019/20.

During 2019/2020 the Trust updated its regulated activity following the acquisition of NHS111 and the Clinical Assessment Service. The Trust was inspected by the CQC in 2019. The final report, available from www.cqc.org.uk, confirms the Trust maintained its overall rating of Outstanding.



West Midlands Ambulance Service University NHS Foundation Trust

Inspection report

Unit 9
Waterfront Business Park, Dudley Road
Brierley Hill
West Midlands
DY5 1LX
Tel: 01384215555
www.wmas.nhs.uk

Date of inspection visit: 24 Apr to 26 Apr 2019
Date of publication: 22/08/2019

We plan our next inspections based on everything we know about services, including whether they appear to be getting better or worse. Each report explains the reason for the inspection.

This report describes our judgement of the quality of care provided by this trust. We based it on a combination of what we found when we inspected and other information available to us. It included information given to us from people who use the service, the public and other organisations.

This report is a summary of our inspection findings. You can find more detailed information about the service and what we found during our inspection in the related Evidence appendix.

Ratings

| | |
|--------------------------------------|----------------------|
| Overall rating for this trust | Outstanding ☆ |
| Are services safe? | Good ● |
| Are services effective? | Outstanding ☆ |
| Are services caring? | Outstanding ☆ |
| Are services responsive? | Outstanding ☆ |
| Are services well-led? | Outstanding ☆ |

Whilst we have been rated, again, as Outstanding, the inspectors did identify some minor areas for regular focus. Where actions were required, these have been completed and all areas remain under regular review.



Part 2

Priorities for Improvement 2021/22



We have assessed our progress against the agreed priorities for 2020/21 and have confirmed those that need to continue to ensure a high-quality service is maintained and continues to improve. In deciding our quality priorities for 2021/22 for improving patient experience, patient safety and clinical quality, we have listened to our patients, staff and other stakeholders. We have done this through engagement events, surveys, compliments, complaints and incident reporting. We regularly review all information available to us to identify trends and themes, this helps us to identify causes and priorities for improvement. We confirm the following have been identified:

Cardiac Arrest Management

Rationale:

There are three elements that are reported for Cardiac Arrest:

- Return of Spontaneous Circulation (ROSC) at hospital
- Survival to discharge post resuscitation
- A care bundle for treatment given post Return of Spontaneous Circulation (ROSC) is achieved on scene following a non-traumatic cardiac arrest. The care bundle includes a 12 lead ECG, Blood Glucose, End-tidal CO₂, Oxygen administered, Blood pressure and fluids administered

Whilst still delivering very safe and highly effective patient care, reports from the last year have shown a reduction in performance.

Target Outcome:

Reduction in the number of Serious Incidents relating to the management of cardiac arrest.

| Domains | Actions |
|------------------------|---|
| Patient Safety | <ul style="list-style-type: none"> • Review and ensure completion of actions/recommendations arising from serious incidents • Conduct a review of all serious incidents relating to the management of cardiac arrest to identify strategic themes and make recommendations • Improved training and support for clinicians attending patients requiring cardiopulmonary resuscitation |
| Clinical Effectiveness | <ul style="list-style-type: none"> • Improvement in the national quality indicator for Return of Spontaneous Circulation (ROSC) through implementation of actions to improve patient safety in cardiac arrest management • Increase public awareness of the importance of CPR and early defibrillation in the chain of survival • National post ROSC Care AQI – include audit figures to demonstrate improvement to above national average |
| Patient Experience | <ul style="list-style-type: none"> • Learning from experience and excellence • Disseminating best practice |



Maternity

Rationale:

WMAS remains committed to supporting the delivery of high-quality care for women during pregnancy, childbirth and the post-natal period, taking into account changing clinical guidelines, best practice and recommendations.

Target Outcome

To support the Trust's plans to develop innovation and best practice, our Clinical Manager for Maternity Services has developed a detailed work plan which supports skills development for staff, interaction with the wider health community and increasing communication with patients.

| Domains | Actions |
|------------------------|--|
| Patient Safety | <p>Response to and embedding lessons learned from reviews of maternity care provision throughout the NHS including the Immediate and Essential Action's (IEA) highlighted within the Ockenden Report.</p> <ul style="list-style-type: none"> share maternity incidents or concerns with Local Maternity Systems Identification of a Non-Executive Board level champion for maternity services |
| Clinical Effectiveness | <p>Development of staff training and quality assurance in respect of application of skills through:</p> <ul style="list-style-type: none"> Availability of training videos and webinars on e-learning portal Develop the role of Link Paramedic in Midwifery on each hub to act as a local resource Development of a programme for maternity case reviews |
| Patient Experience | <ul style="list-style-type: none"> Introduction of an online survey for maternity services Inclusion of information on Trust website about: <ul style="list-style-type: none"> When it is appropriate to use an emergency ambulance in maternity situations An overview of what to expect from the Trust Information about safe conveyance of mothers and their babies The need for the patient to provide their electronic pregnancy record to WMAS staff on arrival |

Reduction in the Volume of Patient Harm Incidents During Transportation (PTS)

Rationale:

Any incidents or near misses which occur during the care and transportation of patients are reported and investigated. Actions are implemented which may require a change of practice or further training for staff to reduce the likelihood of a similar incident occurring again. We included this priority in our Quality Account for 2020/21 and have monitored the trends throughout the year. The year-to-date comparison with the previous year demonstrates a slight reduction in both harm and no harm incidents, however the latest reporting period (Quarter 3) represented an increase compared to the same period in the previous year. With regard to Serious Incidents, these numbers are always very low, and there is a notable decrease in these numbers this year

Target Outcome

The Trust will continue to learn from incidents when they do occur and to educate staff when particular trends emerge. In order to ensure that incidents of all severity continue to show a reducing trend, we will continue to monitor this trend throughout the next financial year.

| Domains | Actions |
|----------------|---|
| Patient Safety | Maintain incident reporting and learning from these incidents with a planned reduction in the number of 'harm' incidents and the level of harm. |



Learning from our Patients' Feedback

Rationale:

The new Family and Friends Test (FFT) national guidance is now in place. The Trust is keen to maximise responses and learning from patients and plans to implement some short surveys at the end of calls from patients:

- **111** Following the introduction of "Think 111 First", we would like to gain a better understanding of the experience of patients during and after the call; and determine whether the outcome achieved met the patients' needs. The Trust is required to report twice per year based upon a mandatory set of questions. These questions will be included, along with other locally agreed questions, in an online survey. The survey will be introduced through a recorded message at the end of the patient's initial call (there may be a need to tailor the message to specific types or categories of call).

The specific arrangements and timing for the survey will be confirmed during Quarter 1. This will include a decision as to whether it is possible to implement a short telephone-based survey, with an onward link to the website for patients who are happy to complete the full survey; or whether the message at the end of the call is purely a recorded announcement for the full online survey.

- **PTS** Due to the regularity of calls from some of our patients (renal for example), it has been decided to implement a telephone survey for one week per quarter. This will provide trends as the year progresses, and the ability to select each survey week to ensure that, as far as possible, different patients are included in each survey. In quarter 1, a test week will be established to ensure that the survey runs smoothly and generates sufficient responses. This will provide assurance of the technical process, the responses and the reporting arrangements. Following this, a survey week will be identified during each quarter to ensure sufficient time for inclusion in the Quarterly Quality Account report. Any responses to the online survey will be collated and reported alongside the telephone survey results. In line with the rules on social distancing, we will consider our options for carrying out targeted surveys by post / email or using discharge / renal co-ordinators

Target Outcome

Increased response and subsequent learning from patient surveys

| Domains | Actions |
|--------------------|---|
| Patient Experience | <ul style="list-style-type: none"> • 111 - Introduce survey at the end of the telephone call. This will provide a link to an online survey which will include a simple set of questions to meet both national and local quality improvement requirements • PTS <ul style="list-style-type: none"> ○ Introduce survey at the end of the telephone call, during one survey week each quarter. There will be advice to progress to a more detailed online survey which will run concurrently. ○ Consider opportunities to carry out further targeted surveys through our Discharge or Renal Co-ordinators |



Our Services

The Trust serves a population of 5.6 million who live in Shropshire, Herefordshire, Worcestershire, Coventry and Warwickshire, Staffordshire and the Birmingham and Black Country conurbation. The West Midlands sits in the heart of England, covering an area of over 5,000 square miles, over 80% of which is rural landscape.

The Trust has a budget of approximately £400 million per annum. It employs more than 7,500 staff and operates from 15 Operational Hubs and a variety of Community Ambulance Stations together with other bases across the region. In total the Trust uses over 1000 vehicles to support front line operations including ambulances, minimal response cars, non-emergency ambulances and specialist resources such as Mental Health, Critical Care, HART and helicopters.

There are two Integrated Urgent and Emergency Operations Centres, located at Tollgate in Stafford and Brierley Hill in Dudley. Approximately 8,000 calls are received each day from both 999 and 111. These calls are handled by our dual trained call assessors and clinicians, providing the opportunity to deliver the optimum level of response to each patient, regardless of number dialled.

During 2020/21, West Midlands Ambulance Service University NHS Foundation Trust provided the following three core services:

1. **Emergency and Urgent (E&U)**

This is the best-known part of the Trust which deals with the emergency and urgent patients. Initially, the Emergency Operations Centres (EOC) answers and assesses 999 calls. EOC will then send the most appropriate ambulance crew or responder to the patient or reroute the call to a Clinical Support Desk staffed by experienced paramedics who will be able to clinically assess and give appropriate advice. Where necessary, patients will be taken by ambulance to an Accident and Emergency Department or other NHS facility such as a Walk-in Centre or Minor Injuries Unit for further assessment and treatment. Alternatively, they can refer the patient to their GP. The EOC incorporates the Strategic Capacity Cell (SCC), a specialist function with regional oversight to support the operational crews to provide the best possible outcome for patients. The staff in the SCC are able to assess the status of emergency departments throughout the region and influence the onward care for patients by facilitating the intelligent conveyance to the most appropriate destination when the most local hospital is operating at capacity.



2. **Non-Emergency Patient Transport Services (NEPTS)**

In many respects, this part of the organisation deals with some of the most seriously and chronically ill patients. They transfer and transport patients for reasons such as hospital appointments, transfer between care sites, routine admissions and discharges and transport for continuing treatments such as renal dialysis. The Non – Emergency Patient Transport Service has its own dedicated control rooms to deal with the 1,000,000 patient journeys it undertakes annually, crews are trained as patient carers. The Trust has contracts in Birmingham, Coventry & Warwickshire, Cheshire, Walsall, Dudley and Wolverhampton. The Trust retained some existing contract through recent tender activities and has been awarded a new contract in Sandwell.

3. **NHS111**

In November 2019, the Trust commenced the provision of the NHS 111 service throughout the West Midlands (excluding Staffordshire). Through this service, the Trust handles more than 1,000,000 calls from patients who require advice or support in determining the best course of treatment for their presenting medical condition. These are mostly patients who do not consider themselves to require an emergency ambulance, however all calls are triaged and categorised according to the patient's clinical need, with the following outcomes:

- Calls transferred to 999 service for ambulance response 13.4 per cent
- Advice to attend treatment centre 10.6 per cent
 - Of which Emergency Department Referrals (8.64 per cent)
- Referral to Primary Care or other Service 55.3 per cent
- Referral to other service 6.4 per cent
- Self-care advice 14.4 per cent

3. **Emergency Preparedness:**

This is a small but vitally important section of the organisation which deals with the Trust's planning and response to significant and major incidents within the region as well as co-ordinating a response to large gatherings such as football matches. It also aligns all the Trust's Specialist assets and Operations into a single structure. Such assets include the staff, equipment and vehicles from the Hazardous Area Response Team (HART), Air Operations, Specialist Operations Response Team (SORT) and the Mobile Emergency Response Incident Team (MERIT). The department constantly arranges training for staff and ensures the Trust understands and acts upon intelligence and identified risk to ensure we keep the public safe in terms of major incidents. The past year has again seen the Trust invest significant time and money in replacing its major incident fleet and equipment, provided annual Commander training and updates to over 200 staff and Managers, trained 350 staff as Specialist Operations Response Team Operatives (SORT), commenced work on the Commonwealth Games 2022, worked in partnership with Midlands Air Ambulance Charity to launch a second critical care car in Worcestershire, responded to significant flooding along the River Severn and introduced drone technology. These are just a few examples of our continuing progression and investment in services



The West Midlands Ambulance Service University NHS Foundation Trust has reviewed all the data available to them on the quality of care for these four relevant health services.

The Trust is supported by a network of volunteers. More than 560 people from all walks of life give up their time to be community first responders (CFRs). CFRs are always backed up by the Ambulance Service but there is no doubt that their early intervention has saved the lives of many people in our communities. WMAS is also assisted by voluntary organisations such as BASICS doctors, water-based Rescue Teams and 4x4 organisations.

The Trust does not sub-contract to private or voluntary ambulance services for provision of its E&U services.

To ensure excellent business continuity in support of major incidents the Trust has agreements in place to request support from other NHS Ambulance Services.

The Trust has utilised the services of private providers during 2019/20 to support Non – Emergency Patient Transport Services particularly during the introduction of new contracts. Sub-contractors are subjected to a robust governance review before they are utilised.

The income generated by the relevant health services reviewed in 2020/21 represents 99.66% of the total income generated from the provision of health services by the Trust for 2020/21. More detail relating to the financial position of the Trust is available in the Trust's 2020/21 Annual Report.



Performance - Emergency and Urgent Service

The Trust is measured nationally against **operational standards for the Emergency and Urgent Service**. Due to its participation in the national Ambulance Response Programme and early implementation of the recommendations, the Trust has been measured against the new national standards since September 2017.

These standards are:

Category 1

Calls from people with life-threatening illnesses or injuries

- 7 Minutes mean response time
- 15 Minutes 90th centile response time

Category 2

Serious Condition that requires rapid assessment (Serious Injury, Stroke, Sepsis, major burns etc.)

- 18 minutes mean response time
- 40 minutes 90th centile response time

Category 3

Urgent but not life threatening (e.g., pain control, non-emergency pregnancy)

- 120 minutes 90th centile response time

Category 4

Not urgent but require a face-to-face assessment.

- 180 minutes 90th centile response time



Ambulance Quality Indicators

National Audits

Ambulance Services are not included in the formal National Clinical Audit programme, however, during 2020-2021 the Trust participated in the following National Ambulance Clinical Quality Indicators Audits:

1. Care of ST Elevation Myocardial Infarction (STEMI)

This is a type of heart attack that can be diagnosed in the pre-hospital environment. Patients diagnosed with this condition are often taken directly to specialist centres that can undertake Primary Percutaneous Coronary Intervention (PPCI).

Audit Element

Percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction who received an appropriate care bundle from the Trust during the reporting period.

In patients diagnosed with STEMI it is important to get them to a Primary Percutaneous Coronary Intervention (PPCI) centre as quickly as possible - MINAP records the time that the PPCI balloon is inflated by the hospital.

Audit Element

The Trust measures 999 Call to catheter insertion by the mean and 90th percentile.

2. Care of Stroke Patients

A stroke is a brain attack. It happens when the blood supply to part of your brain is cut off. Blood carries essential nutrients and oxygen to your brain. Without blood your brain cells can be damaged or die. A stroke can affect the way your body works as well as how you think, feel, and communicate.

Audit Element

- 1. Percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the Trust during the reporting period.*
- 2. The mean, median and 90th centile time from the call for help until hospital arrival for confirmed stroke patients*
- 3. The mean, median and 90th centile time from the arrival at hospital to scan for patients who receive a CT scan*
- 4. The mean, median and 90th centile time from the arrival at hospital to thrombolysis for patients who receive treatment*

Face – can they smile or does one side droop? Arms – Can they lift both arms or is one weak? Speech – is their speech slurred/muddled? Time to call 999.



3. Care of Patients in Cardiac Arrest

In patients who suffer an out of hospital cardiac arrest the delivery of early access, early CPR, early defibrillation and early advanced cardiac life support is vital to reduce the proportion of patients who die from out of hospital cardiac arrest. The Trust provides data to the Out of Hospital Cardiac Arrest Outcomes Registry.

Audit Element

Percentage of patients with out of hospital cardiac arrest who have return of spontaneous circulation on arrival at hospital and patients that survive to hospital discharge and a care bundle for treatment given post return of spontaneous circulation.

4. Sepsis

Sepsis is a serious complication of an infection. Without quick treatment, sepsis can lead to multiple organ failure and death.

Audit Element

Percentage of patients where observations were assessed, oxygen administered where appropriate, fluids administration was commenced and recorded, and a Hospital pre-alert was recorded.

The reports of the National AQIs were reviewed by the Trust in 2020-2021 and the following actions are intended to improve the quality of healthcare provided for patients:

- Communications including compliance with indicators through the Trust “Weekly Briefing” and “Clinical Times”
- Awareness campaign to reduce 999 on scene times.
- Development and review of individual staff performance from the Electronic Patient Record.



Local Audits

The below details the local clinical audit programme and two examples of clinical audits that were completed during 2020-2021.

| Theme | Ref | Clinical Audit Title | Audit |
|-----------------------------|-------|---|---------------|
| Drug Administration | CG002 | PGD Audit | ReAudit 4 |
| | CG080 | Administration of Morphine Audit | ReAudit 4 |
| | CG091 | Adrenaline Administration | ReAudit 1 |
| | CG092 | Naloxone Administration | ReAudit 1 |
| | CG093 | Pre-Hospital Thrombolysis | ReAudit 1 |
| | CG094 | Activated Charcoal | Initial Audit |
| | CG095 | Co-amoxiclav administration | Initial Audit |
| | CG096 | Salbutamol MDI | Initial Audit |
| Locally Identified Concerns | CG043 | Management of Paediatric Pain | ReAudit 4 |
| | CG059 | Management of Head Injury | ReAudit 4 |
| | CG061 | Maternity Management | ReAudit 3 |
| | CG084 | Post Intubation Documentation Audit | ReAudit 3 |
| | CG089 | Post-partum haemorrhage (PPH) management | ReAudit 1 |
| | CG097 | Falls >=65 discharged at scene | Initial Audit |
| | CG098 | Non traumatic chest pain >=18 years discharged at scene | Initial Audit |
| | CG099 | Head Injury discharged at scene discharged at scene | Initial Audit |
| | CG100 | Feverish Illness in children discharged at scene | Initial Audit |
| | CG101 | Post RSI Sedation audit | Initial Audit |
| NICE | CG040 | Deliberate Self Harm | ReAudit 6 |

Feverish Illness in Children Discharged at scene

There has been increasing interest in the process, practice and behaviour of ambulance clinicians when discharging patients at scene. There has been a trend in patient safety incidents following discharge at scene. The Trust has previously completed discharge at scene audits which whilst helpful have not provided an end-to-end review of the patient care.

Feverish illness in children is a common presentation to prehospital clinicians and whilst the vast majority of cases will be self-limiting viral conditions there is a risk of missing significant illness in this patient group who are difficult to fully assess in the prehospital environment.

The aim of the audit is to provide assurance that the discharge on scene of patients under the age of 16 presenting with feverish illness by WMAS clinicians is clinically safe and appropriate.

The audit highlighted the need to improvement the assessment and documentation of these patients and therefore an action plan has been developed including, education and promotion of the appropriate assessment using the NICE guidance, promoting the online resource "Spotting the sick child" and publication of the audit results.



Co-amoxiclav Administration

Following an update to the national clinical guidance for the management of open fractures in the pre-hospital environment the Trust introduced Co-amoxiclav under a Patient Group Directive (PGD) as part of the care provided to patients.

This audit has been completed to provide assurance that the drug is administered in compliance with the PGD.

The objectives of the audit are to identify trust compliance with PGD-011, identify areas for improvement and feedback to staff on levels of compliance.

Since the introduction of the drug into the Trust it has been administered to 161 patients which demonstrates all these patients have received the best evidenced care for their condition. It was identified that compliance to the standards have been affected by documentation and therefore an action plan has been developed to ensure improvement. The action plan includes publishing the audit reports with further education highlighting the areas of improvement and re-iterating the importance for clinicians to adhere, and document adherence, to the PGD. A process will also be developed to address non-compliance with PGDs with individual clinicians.

Participation in Research

During 2020/21, the Trust has continued to expand the opportunities for staff and patients to be involved in pre-hospital research, making huge steps forward in forging academic and research relationships in collaboration with local universities, culminating in West Midlands Ambulance Service becoming a University Ambulance Service.

The Trust continues to acknowledge that research active Trusts are associated with improved patient outcomes. During the year, the Trust has continued to develop strong partnerships with NHS Trusts and universities from across the UK.

Key to the success of research delivery within the Trust are the excellent relationships built with the West Midlands Clinical Research Network, who help us to ensure that all research undertaken by the Trust is ethical, and complies with the highest standards of research governance, to safeguard our patients and colleagues.

The number of participants that were recruited during the 2020/21 period to participate in research approved by the Health Research Authority and a Research Ethics Committee was 1541. During this period the Trust participated in 15 research studies meeting these criteria, of which 13 studies were categorised as National Institute of Health Research Portfolio eligible.

The following research studies have continued during 2020/21



Epidemiology and Outcomes from Out of Hospital Cardiac Arrest Outcomes (OHCAO)

Survival from cardiac arrest differs around the country. This project aims to establish the reasons behind these differences in outcome. It takes a standardised approach to collecting information about Out of Hospital Cardiac Arrest and for finding out if a resuscitation attempt was successful. The project will use statistics to explain the reasons why survival rates vary between regions. It is sponsored by Warwick University and funded by the Resuscitation Council (UK) and British Heart Foundation.

Golden Hour (Brain Biomarkers after Trauma)



Traumatic Brain Injury is a major cause of illness, disability and death and disproportionately affects otherwise young and healthy individuals. Biomarkers are any characteristic which may be used to gain insight into the person either when normal or following injury or disease. The study will look at biomarkers taken from blood, from fluid in the brain tissue and from new types of brain scans and investigate whether any biomarkers can give us insight into new treatments. West Midlands Ambulance Service and Midlands Air Ambulance are working with the University of Birmingham to support this study. This study is currently paused by the University of Birmingham, due to the COVID-19 pandemic.

Resuscitation with Pre-Hospital Blood Products (RePHILL)



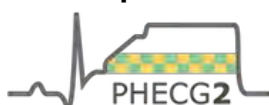
WMAS and Midlands Air Ambulance are working with University Hospitals Birmingham to investigate whether giving blood products (red blood cells and freeze-dried plasma) to badly injured adult patients, before reaching hospital improves their clinical condition and survival.

Patients with major bleeding are currently given clear fluids but military and civilian research suggests that survival could increase if hospital patients receive blood products instead.

Out of Hospital Cardiac Arrests Secondary to Non-Judicial Hanging Injury

Retrospective review of existing data regarding out of hospital cardiac arrests occurring as a result of hanging, to understand the injuries sustained and complications encountered by healthcare professionals during pre-hospital resuscitation.

Pre-Hospital ECG in Acute Coronary Syndromes PHECG2)



This project builds on previous work by the study team, which found that one in three eligible patients did not receive a PHECG, but those that did had a lowered risk of short-term death.

Women, the elderly and people with more complex health status were less likely to receive PHECG. The dominant treatment for heart attack at the time of our earlier analysis was 'clot buster' drug therapy (fibrinolysis). In this study we will update that work, in the context of the shift in recent years to a more interventional strategy for treatment of heart attack (angioplasty and stents) and explore reasons for variations in practice -highlighting opportunities to improve care and outcomes.



Paramedic Identification of Patients with End-of-Life Care Needs

This study aims to discover whether ambulance paramedics report that they currently refer patients to their General Practitioners (GPs) specifically to assess whether that patient may benefit from EOLC. It also aims to determine ambulance paramedics' awareness of the GSF PIG and their attitudes towards the appropriateness of performing this role in their clinical practice.



The Pre-hospital Evaluation of Sensitive Troponin study (PRESTO)

When a patient calls emergency ambulance services for chest pain and a heart attack is suspected, the patient is taken to hospital. In the hospital the patient usually undergoes blood tests, both on arrival and up to 12 hours later before the diagnosis of heart attack can be excluded. With the best available laboratory-based tests for a biomarker called troponin, it may soon be possible to exclude this diagnosis as soon as 3 hours after arrival in the hospital. However, clinicians still have to wait for 1-2 hours for the results of laboratory-based tests. Point of care troponin tests are now available and could potentially be used in the ambulance. It is not known whether use of these point of care tests can exclude the diagnosis of a heart attack at the time of paramedic arrival to patients. If they could, we may be able to safely reduce the number of patients being taken to hospital and unnecessary hospital admissions.

Major Trauma Triage Tool Study (MATTS)

MATTS will carefully study existing triage tools used in England and world-wide. We will also use data already collected by ambulance services and the English national major trauma database (the Trauma Audit and Research Network, TARN) to investigate what factors are important for detecting serious injury at the scene of the incident. Additionally, the study will develop a computer model that simulates the costs and outcomes of using different triage tools. Together, we will take this information to a group of experts and ask them to develop a new triage tool. Participating ambulance services will then test the experts' triage tool, together with other existing tools, to see how they perform.



Strategies to Manage Emergency Ambulance Telephone Callers with Sustained High Needs - An Evaluation Using Linked Data (STRETCHED)

STRETCHED To evaluate effectiveness, safety and efficiency of case management approaches to the care of people who frequently call the emergency ambulance service; and gain understanding of barriers and facilitators to implementation. For high 999 service users: What are the demographics, case mix and patterns of use? What are the costs and effects of case management across the emergency care system? What are the facilitators and barriers to implementation?

Promoting Staff Wellbeing in UK NHS Ambulance Personnel - What Works and How Can We Do Better?

Ambulance service workers have some of the highest rates of sickness absence in the NHS. We don't know why ambulance workers are off sick more than other workers, but some researchers think that it might be due to mental health problems. This study looks at the differences in reported sickness between the ten ambulance services in England. We will also look at what is included and what is missing from the policies that the ambulance services use to support their staff with poor mental health.

The following research studies have commenced during 2020/21

PIONEER

PIONEER is the Health Data Research Hub for Acute Care, led by the University of Birmingham and University Hospitals Birmingham NHS Foundation Trust, in partnership with West Midlands Ambulance Service, the University of Warwick, and Insignia Medical Systems. Acute care is the provision of unplanned medical care; from out of hours primary care, ambulance assessment, emergency medicine, surgery and intensive care. Demand for acute health services is currently unsustainable for our national healthcare resource. Despite this, there has been less innovation in acute care than in many others health sectors, in part due to siloed information about patients with acute illnesses. The PIONEER Hub collects and curates acute care data from across the health economy, including primary, secondary, social care, and ambulance data. PIONEER uses this data to provide accurate, real-time data for capacity planning and service innovation support learning healthcare systems including better use of current/novel investigations, treatments and pathways map innovation needed.



Accuracy, impact, and cost-effectiveness of prehospital clinical early warning scores for adults with suspected sepsis (PHEWS)



The study will test early warning scores for sepsis, collect data from a large group of people who are brought to hospital by ambulance and might have sepsis. We will determine whether patients actually have sepsis and whether they needed urgent treatment. We will determine how accurately the early warning scores identified people with and without sepsis that needed urgent treatment. We will then use mathematical modelling to compare different early warning scores in terms of improving survival and effects on organisation of the emergency department and the costs of providing care. This will allow us to identify the best early warning score for the NHS.



Community First Responders' role in the current and future rural health and care workforce

Community First Responders (CFRs) are trained members of the public, lay people or off-duty healthcare staff who volunteer to provide first aid. They help ambulance services to provide emergency care for people at home or in public places. CFRs are vital in isolated rural areas. CFRs are broadly perceived to be positive, but we need evidence on how they contribute to rural health services and how they improve care for rural communities. We aim to develop recommendations for rural CFRs, by exploring their contribution to rural care and exploring the potential for CFRs to provide new services.

COPE-West Midlands: The contribution of occupational exposures to risk of COVID-19 and approaches to control among healthcare workers (COPE-WM)



Healthcare workers have higher risk of getting coronavirus (COVID-19 disease). Contact with infected patients, the type of work and measures such as use of masks affect their risk. However, factors outside the workplace are also important. For example, being older, from minority ethnic groups, some health conditions and home circumstances increase risk. We don't know how these aspects compare with workplace risks, or which work exposures are most risky. We will invite about 5000 staff with different job-roles and departments from three large West Midlands NHS Trusts to join our study. We will compare workplace exposures and other characteristics amongst those who had positive with those who had negative tests. Our findings will help us to better understand the risk of infection among healthcare workers and to develop guidelines to reduce risk.

What TRIage model is safest and most effective for the Management of 999 callers with suspected COVID-19? A linked outcome study



To evaluate models used to triage and manage emergency ambulance service care for patients with suspected COVID-19 who call 999 in England, Wales and Scotland.

The study's objectives are to categorise models of triage used in emergency ambulance services during the 2020 COVID-19 pandemic and to compare processes and outcomes of care between models identified using linked anonymised data.



Sustainability

Environmental & Sustainability Report

The Trust has an obligation to work in a way that has a positive effect on the communities we serve. The Trust has taken this very seriously, in working towards sustainability means spending public money well, the smart and efficient use of natural resources, designing for sustainability, planning to improve performance, reducing output, such as waste, vehicle emissions which impact on the environment.

The Trust hopes that the work it has undertaken will be viewed as a demonstration of consideration of the social and environment impacts, ensuring the legal requirements of the Public Services (Social Value) Act (2012) are achieved

In order to embed sustainability within the Trust it is important for us to detail where in our process procedures sustainability feature.

| Area | Is sustainability Considered? |
|-----------------------------|-------------------------------|
| Travel | Yes |
| Business Cases | Yes |
| Procurement | Yes |
| Suppliers Impact | Yes |
| Facilities Management | Yes |
| Energy | Yes |
| Waste Management/ Recycling | Yes |
| Water | Yes |
| Bio Diversity | Yes |

The Trust has recently approved a strategy which sets out the commitment to implement, for our organisation, the NHS target of Net Zero carbon footprint.

Good Corporate Citizenship

The Trust reviews its progress against the milestones within the NHS Good Corporate Citizenship (GCC) Assessment model (SDU¹, 2012). Behaving as a good corporate citizen can save money; benefit the population health and can help reduce health inequalities. Many measures that improve health also contribute to sustainable development and vice versa.

The model identifies targets for achieving success through good management and planning. It identifies key areas for action and has been used as the basis for this strategy. Annual assessments will help the Trust to remain on target to help support strong, healthy and sustainable communities.

The Trust is registered on the Good Corporate Citizenship website and completes self-assessments to demonstrate our progress. Due to pressures imposed by the pandemic, the planned review in 2021 is currently overdue. This will be rescheduled and completed as soon as possible, the results will be reported within the 2021/22 Quality Account.



| Theme | May 2011 | June 2012 | March 2016 |
|-----------------------|----------|-----------|------------|
| Travel | 20% | 41% | 46% |
| Procurement | 48% | 50% | 55% |
| Facilities Management | 37% | 35% | 48% |
| Workforce | 83% | 81% | 83% |
| Community Engagement | 56% | 56% | 58% |
| Buildings | 33% | 48% | 64% |
| Average | 46% | 52% | 59% |

This strategy and implementation plan will enable the Trust, our staff, providers, suppliers and stakeholders to take action to safeguard our environment and our planet. Sustainable development is common sense and it also makes good business sense.



Energy

The estates area is a success story with the introduction of state of the art facilities to support the innovative make ready model over the past several years.

All new hubs have been designed to take into consideration the efficiency of the building, this is taken as a combination of three components:

- Efficiency of building services plant and equipment (including building fabric / insulation).
- How the building is run / maintained (including occupancy levels).
- If sustainable energy sources are used.

Each building is assessed and given a 'BREEAM' (Building Research Establishment Environmental Assessment Method) rating.

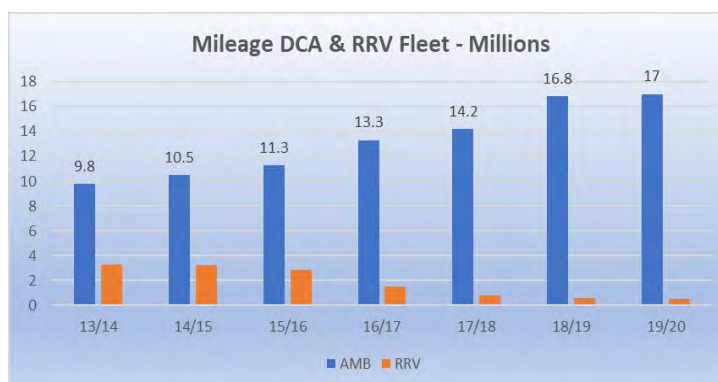
Some of our recent projects that engage innovative plant and equipment include LED lighting and hybrid water systems using air source heat pumps with a secondary source as back up. Additionally, areas of buildings which remain empty for periods, motion sensors to rooms have been installed switching lights when not in use, this will be an accumulative benefit as the level of energy will be reduced with lighting being turned off.

The new Hubs have been designed to achieve a 'good' bream rating. This has been determined by selection of heating plant, lighting and installation of a small array of roof mounted PV's (photovoltaic solar panels) on each site.

Fleet

The increase in demand for our services has increased the mileage our E & U fleet covers, during the period between 2013/14 & 2019/20. This is demonstrated in the graph to the right, showing:

- 74% increase in front line emergency ambulance mileage
- 84% decrease in rapid response vehicle mileage



We have invested heavily in our fleet over the past 7 years – we are the only ambulance service in the country to operate a 5-year replacement policy for our front-line fleet. During the benchmarking exercise undertaken in 2017/18 by NHSI, our model was proven to deliver the lowest whole life cost and has been the basis for the national work to drive standardisation across the country.

If we hadn't taken the decision to invest in this area and continued to operate older emission standard vehicles, we have calculated our CO₂ emissions would be 1608 tonnes higher than they were in 2019/20.

With the imminent implementation of the Ultra-Low Emission Zone which requires vehicles that do not comply to the stringent Euro 6 emission standards, a testament to our fleet improvement plan is all frontline vehicles that will operate in this area are fully compliant with these requirements.

In 2018 we engaged in a tender process for the conversion of our frontline emergency ambulance – one of the main requirements in our specification was the delivery of weight savings to both reduce operating costs and their environmental impact. Vehicles from this contract started to arrive with us in 2019, they weigh 160kgs less than their predecessors and are delivering a 16.6% reduction in NO_x and a 6.9% reduction in CO₂ emissions compared to the previous variant.

We do not underestimate the size of challenge that lies ahead in this area though – through 2019/20 we engaged with external partners to design, build and commission into service the country's first Zero Emission emergency front line ambulance. Following a period of testing this vehicle entered full operational service in December 2020 responding to 999 calls in the north Birmingham area and is performing well.





Data Quality

West Midlands Ambulance Service will be taking the following actions to assure and improve data quality for the clinical indicators while the Clinical Audit Department completes the data collection and reports. The patient group is identified using standard queries based on the Electronic Patient Record. These clinical records are then audited manually by the Clinical Audit Team using set guidance. The data is also clinically validated and then analysed following an office procedure that is available to the Clinical Audit Team and is held on the central Clinical Audit Team's drive. The process is summarised as:

- For the clinical indicators, the Clinical Audit Team completes the data collection and reports.
- The Patient Report Forms/Electronic Patient Records are audited manually by the Clinical Audit Team.
- A process for the completion of the indicators is held within the Clinical Audit Department on the central Teams site.
- A Clinician then reviews the data collected by the Clinical Audit Team.
- The data is then analysed, and reports generated following a standard office procedure. A second person within the Clinical Audit Team checks for any anomalies in the data.
- The results are checked for trends and consistency against the previous month's data.
- The Clinical Indicators are reported through the Trust Clinical Performance Scorecard.

The reports are then shared via the Trust governance structure to the Board, of Directors, Commissioners and Service Delivery meetings.

NHS Number and General Medical Practice Code Validity

The Trust was not required to and therefore did not submit records during 2020/21 to the Secondary Uses service for inclusion in the Hospital Episode Statistics to be included in the latest published data.

Data Security and Protection Toolkit

The Trust continues to work on the NHS Data Security and Protection Toolkit (DSPT) for 2020-21 (version 3), however due to the requirements to respond to the Coronavirus Pandemic, NHSE have set the submission deadline as June 2021. Reports are provided to the Executive Management Board regarding achievement of toolkit requirements as well as the Quality Governance Committee for assurance. The Trust's Head of Governance and Security reports to the Executive Director of Strategic & Digital Integration and is responsible for management of the DSPT.



Clinical Coding Error Rate

West Midlands Ambulance Service was not subject to the Payment by Results clinical coding audit during 2020/2021 by the Audit Commission.

NICE Guidance

The Trust monitors NICE guidance to ensure relevance to the services we provide is identified. These are reported and reviewed at Professional Standards Group (PSG).



Learning from Deaths

In March 2017, the National Quality Board (NQB) produced a framework for NHS Trusts and NHS Foundation Trusts on Identifying, Reporting, Investigating and Learning from Deaths in Care. At the time of publication, the applicability of the NQB Framework and how it would be applied within the ambulance services was unclear, however, from February 2018 it became a contractual obligation that implementation would commence from 1st April 2018. In July 2019, with an implementation date of January 2020, the National Guidance for Ambulance Trusts on Learning from Deaths was published that gave further clarity on how the Learning from Deaths Framework should be applied. WMAS have implemented all the requirements specified within The Learning from Deaths Framework and additionally have employed a full time Patient Safety Officer to ensure it is successfully imbedded into the learning culture of WMAS.

During the 2020/21 reporting year, the total number of deaths that occurred, while in WMAS care, was 891. This aggregate figure represents quarterly totals of:

- 256 in quarter one
- 172 in quarter two
- 230 in quarter three
- 233 in quarter four

During the 2020/21 reporting year, 891 case record reviews and 116 investigations were conducted. WMAS, although not stipulated within the National Guidance for Ambulance Trusts, have adopted the approach that where deaths have occurred while in WMAS care, all will receive a case record review. Therefore, the number of case record reviews that have been conducted will be identical to the number of deaths that have occurred while in WMAS care. This aggregate figure represents quarterly totals of:

- 256 case record reviews and 33 investigations in quarter one
- 172 case record reviews and 22 investigations in quarter two
- 230 case record reviews and 29 investigations in quarter three
- 233 case record reviews and 32 investigations in quarter four

During the 2020/21 reporting year, upon initial case record review or investigation, 37 of the 891 deaths or 4.15% were considered more likely than not to have been due to problems in the care provided to the patient. This number and percentage have been estimated as a result of each case meeting the threshold for investigation under the Serious Incident Framework, which may ultimately determine that there were no problems in the care that was provided. The aggregate figure and percentage represent quarterly totals of:

- 9 deaths or 3.52% in quarter one
- 3 deaths or 1.74% in quarter two
- 9 deaths or 3.91% in quarter three
- 16 deaths or 6.87% in quarter four



All deaths where it was considered more likely than not to have been due to problems in the care WMAS provided to the patient are managed and reported under the Serious Incident Framework. The purpose of a Serious Incident process is to identify the root cause and furthermore to establish what lessons can be learnt to prevent reoccurrence. To ensure learning occurs from the Serious Incident investigation process; actions plans are formulated, and these are instigated and monitored by the WMAS Learning Review Group.

In the previous 2019-2020 quality account reporting period, the following information was published that remains correct:

25 of the 722 deaths or 3.46% were considered, upon initial case record review or investigation, more likely than not to have been due to problems in the care provided to the patient.

Performance Against Quality Indicators

To ensure patients of the West Midlands receive quality care from their Ambulance Service a set of national Ambulance Quality Indicators have been set. This helps set our policies and guidelines and develop our organisational culture that places quality at the top of the Trust agenda. The following details the figures for each and highlights the national mean percentage and position of WMAS against other Trusts.

Operational Performance

Ambulance Services nationally have again struggled to meet both national performance targets and efficiency targets in 2020/21 but West Midlands Ambulance Service University NHS Foundation Trust has continued to perform well, consistently exceeded the national average in all measures as shown in the following table:

| Category | Performance Standard | Achievement | National Average |
|-------------------|--|--------------------------|----------------------------------|
| Category 1 | 7 Minutes mean response time | 6 Minutes 54 Seconds | 7 Minutes 05 Seconds |
| | 15 Minutes 90th centile response time | 12 Minutes 0 Seconds | 12 Minutes 28 Seconds |
| Category 2 | 18 minutes mean response time | 12 Minutes 42 Seconds | 20 Minutes 34 Seconds |
| | 40 minutes 90th centile response time | 23 Minutes 15 Seconds | 41 Minutes 51 Seconds |
| Category 3 | 120 minutes 90 th centile response time | 70 Minutes 47 Seconds | 2 Hours, 9 Minutes 19 Seconds |
| Category 4 | 180 minutes 90 th centile response time | 98 Minutes 34 Seconds | 3 Hours, 5 Minutes 34 Seconds |

We continue to work with our Commissioners and other providers such as acute hospital colleagues to ensure improvements in the provision of healthcare for the people of the West Midlands. WMAS continues to employ the highest paramedic skill mix in the country with a paramedic present in virtually all crews attending patients every day.



WMAS considers that this data is as described for the following reasons: it has been cross checked with Trust database systems and is consistent with national benchmarking and has been audited by external auditors.

Ambulance Quality Indicators

1. Care of ST Elevation Myocardial Infarction (STEMI)

Percentage of patients with a pre-existing diagnosis of suspected ST elevation myocardial infarction (type of heart attack) who received an appropriate care bundle from the trust during the reporting period.

2. Care of Stroke Patients

Percentage of patients with suspected stroke assessed face to face who received an appropriate care bundle from the trust during the reporting period.

3. Care of Patients in Cardiac Arrest

In patients who suffer an out of hospital cardiac arrest the delivery of early access, early CPR, early defibrillation and early advanced cardiac life support is vital to reduce the proportion of patients who die from cardiac arrest.

4. Sepsis

Sepsis is a serious complication of an infection. Without quick treatment, *sepsis* can lead to multiple organ failure and death.

STEMI (ST- elevation myocardial infarction)

This is a type of heart attack. It is important that these patients receive:

- Aspirin - this is important as it can help reduce blood clots forming.
- GTN – this is a drug that increases blood flow through the blood vessels within the heart. (Improving the oxygen supply to the heart muscle and also reducing pain).
- Pain scores – so that we can assess whether the pain killers given have reduced the pain.
- Morphine – a strong pain killer which would usually be the drug of choice for heart attack patients.
- Analgesia – Sometimes if morphine cannot be given Entonox, a type of gas often given in childbirth, is used.

The Care Bundle requires each patient to receive each of the above. In addition to the care bundle the Trust measures 999 Call to catheter insertion by the mean and 90th percentile.

Stroke Care Bundle

A stroke care bundle includes early recognition of onset of stroke symptoms and application of the care bundle. The Stroke Care Bundle requires each patient to receive each of the detailed interventions below:

- FAST assessment - A FAST test consists of three assessments; has the patient got Facial weakness, or Arm weakness or is their Speech slurred.
- Blood glucose - In order to rule out the presence of hypoglycaemia patients suspected of having suffered a stroke should have their blood glucose measured
- Blood pressure measurement documented - Raised blood pressure is associated with increased risk of stroke so patients suspected of having suffered a stroke should have their blood pressure assessed.



In addition to the care bundle the Trust measures 999 Call to Hospital, 999 call to CT Scan and Arrival to Hospital to Thrombolysis by the mean, median and 90th percentile.

Cardiac Arrest

A cardiac arrest happens when your heart stops pumping blood around your body. If someone suddenly collapses, is not breathing normally and is unresponsive, they are in cardiac arrest. The AQL includes:

- Number of cardiac arrests
- ROSC (return of spontaneous circulation) on arrival at Hospital
- Survival to discharge from hospital
- Post Resuscitation care bundle

ROSC and Survival to discharge from hospital are reported within two different groups as follows:

- Overall Group
 - Resuscitation has commenced in cardiac arrest patients
- Comparator Group
 - Resuscitation has commenced in cardiac arrest patients AND
 - The initial rhythm that is recorded is VF / VT i.e., the rhythm is shockable AND
 - The cardiac arrest has been witnessed by a bystander AND
 - The reason for the cardiac arrest is of cardiac origin i.e., it is not a drowning or trauma cause.

In this element, we would expect a higher performance than the first group.

Post Resuscitation Care Bundle

- 12 lead ECG taken post-ROSC
- Blood glucose recorded?
- End-tidal CO2 recorded?
- Oxygen administered?
- Blood pressure recorded?
- Fluids administration commenced?

Care bundles include a collection of interventions that when applied together can help to improve the outcome for the patient.

Sepsis

Sepsis is a serious complication of an infection. Without quick treatment, *sepsis* can lead to multiple organ failure and death.

- Observations assessed?
- Oxygen administered where appropriate?
- Fluids administration commenced?
- Administration of fluids recorded
- Hospital pre-alert recorded?



Year-to-date Clinical Performance AQI's

| Mean (YTD) | | | | | | | | | |
|--|--------------|--------------|--------------|--------------|--------------|--------------|-----------------------|---------|--------|
| Ambulance Quality Indicators | WMAS (15-16) | WMAS (16-17) | WMAS (17-18) | WMAS (18-19) | WMAS (19-20) | WMAS (20-21) | Last National Average | Highest | Lowest |
| STEMI Care Bundle | 77.99% | 81.17% | 81.01% | 95.97% | 97.14% | 95.71% | 76.97% | 97.95% | 94.00% |
| Stroke Care Bundle | 98.19% | 97.36% | 95.19% | 98.98% | 98.66% | 99.28% | 98.04% | 99.76% | 98.31% |
| Cardiac Arrest - ROSC At Hospital (Overall Group) | 30.17% | 29.49% | 29.26% | 32.31% | 32.61% | 25.09% | 25.46% | 34.44% | 18.30% |
| Cardiac Arrest - ROSC At Hospital (Comparator) | 50.61% | 45.60% | 51.91% | 54.93% | 53.98% | 44.53% | 47.47% | 57.50% | 35.19% |
| Cardiac Arrest - Survival to Hospital Discharge (Overall Group) *** | 8.66% | 8.94% | 9.08% | 11.56% | 10.16% | 7.05% | 7.87% | 11.21% | 2.48% |
| Cardiac Arrest - Survival to Hospital Discharge (Comparator Group) *** | 24.69% | 26.39% | 30.43% | 32.61% | 27.80% | 20.24% | 23.71% | 29.41% | 9.38% |
| Sepsis Care Bundle | | | | | 83.62% | 84.87% | 81.08% | 87.10% | 81.03% |
| Post Resuscitation | | | | | 69.33% | 66.67% | 74.42% | 68.81% | 64.96% |

* The Trust is permitted to re-submit nationally reported clinical data to NHS England twice a year. This is to allow for data to be accessed from hospitals for outcome data and to ensure a continual validation of data can be completed. The figures in the above table are therefore subject to change.

** Due to changes in the reporting of national Ambulance Clinical Quality Indicators, not all AQIs will be reported monthly. Future figures will be reported as per the new National AQI Timetable.

*** Survival to discharge data is reported at 30 days. At time of compiling report 30-day period had not passed therefore ytd figures may not be completely accurate.

Clinical Data Notes

- STEMI, Stroke, Cardiac Overall, Cardiac Comparator, Survival Overall, Survival Comparator YTD is based on April 2020 to March 2021
- POST ROSC YTD is currently based on 4 Submissions of April 2020, July 2020, October 2020, January 2021
- Sepsis YTD is currently based on 4 submissions of June 2020, September 2020, December 2020 and March 2021.
- Note: Increase to highest and lowest figures due to revalidation within some areas of the data.



What our Staff Say

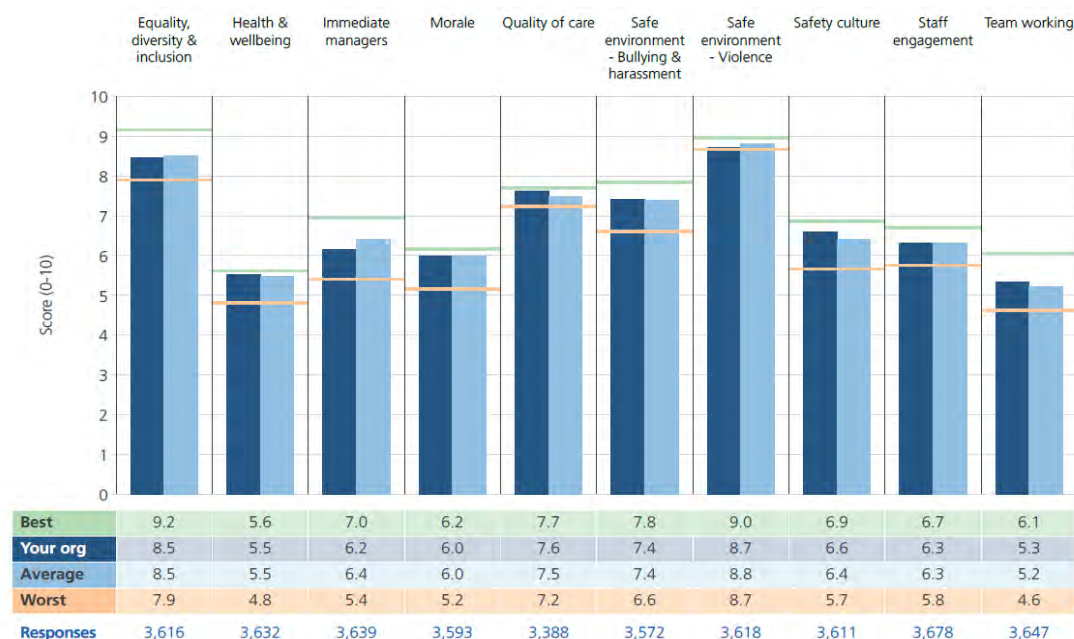
The NHS Staff Survey 2020 was carried out from 21st September to 27th November 2020 and was conducted by Picker Institute Europe, on behalf of West Midlands Ambulance Service University NHS Foundation Trust. Same as previous years the Board of Directors took the decision to run a census. The results shown here summarise the findings from the Staff Survey 20120.

The survey was conducted electronically to maintain confidentiality and anonymity. 3724 staff returned a completed survey, giving a response rate of 56%. Although the response rate is lower than the 2019 survey, the number of staff taking part in the 2020 survey increased by 349. The average response rate for the 11 Ambulance Trusts (Including Wales) is 56%. The final national response rate for all NHS Trusts and specialist organisations that took part in the survey is 47%.

It was very pleasing to also note another considerable increase in the number of responses received from BME staff compared with previous years. 331 BME staff took part in the 2020 staff survey compared to 199 in 2019, and 184 in 2018. The staff survey results feedback focused on some key areas referred to as Key Findings. The Key Findings are further grouped into the following themes:

- Equality & diversity
- Health and wellbeing
- Immediate Managers
- Morale
- Quality of care
- Safe Environment- Bullying and Harassment
- Safe Environment- Violence
- Safety Culture
- Staff Engagement
- Team Working

The chart below gives an overview of the 2020 staff survey results by themes, compared to other Ambulance Trusts. (*“Average”, “Best” and “Worst” refer to results for Ambulance Trusts benchmark group*)





The table below presents the results of significance testing conducted on this year's theme scores and those from last year. It details the organisation's theme scores for both years and the number of responses each of these are based on. The upward arrow indicates a significant increase in score compared to last year and downward arrow indicates a significant decrease.

| Theme | 2019 score | 2019 respondents | 2020 score | 2020 respondents | Statistically significant change? |
|--|------------|------------------|------------|------------------|-----------------------------------|
| Equality, diversity & inclusion | 8.5 | 3322 | 8.5 | 3616 | Not significant |
| Health & wellbeing | 5.2 | 3345 | 5.5 | 3632 | ↑ |
| Immediate managers † | 6.2 | 3347 | 6.2 | 3639 | Not significant |
| Morale | 5.9 | 3292 | 6.0 | 3593 | ↑ |
| Quality of care | 7.6 | 3120 | 7.6 | 3388 | Not significant |
| Safe environment - Bullying & harassment | 7.4 | 3319 | 7.4 | 3572 | Not significant |
| Safe environment - Violence | 8.7 | 3318 | 8.7 | 3618 | Not significant |
| Safety culture | 6.5 | 3315 | 6.6 | 3611 | ↑ |
| Staff engagement | 6.3 | 3374 | 6.3 | 3678 | Not significant |
| Team working | 5.6 | 3333 | 5.3 | 3647 | ↓ |

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

Top 5 scores noted compared to 2019

"Average", "Best" and "Worst" refer to results for Ambulance Trusts benchmark group

Q4g. Enough staff at organisation to do my job properly % of staff selecting 'Agree'/'Strongly Agree'

| | 2019 | 2020 |
|-----------|-------|-------|
| Best | 42.1% | 54.5% |
| Your org | 42.1% | 54.5% |
| Average | 27.5% | 35.8% |
| Worst | 9.8% | 15.8% |
| Responses | 3,364 | 3,674 |

Q6a. I have unrealistic time pressures % of staff selecting 'Never'/'Rarely'

| | 2019 | 2020 |
|-----------|-------|-------|
| Best | 26.7% | 29.7% |
| Your org | 18.6% | 26.0% |
| Average | 18.6% | 23.0% |
| Worst | 14.5% | 17.9% |
| Responses | 3,350 | 3,646 |



Q11d. In the last three months have you ever come to work despite not feeling well enough to perform your duties?

% of staff selecting 'Yes'

| | 2019 | 2020 |
|-----------|-------|-------|
| Worst | 67.8% | 56.7% |
| Your org | 63.6% | 54.5% |
| Average | 63.6% | 53.5% |
| Best | 56.0% | 40.6% |
| Responses | 3,346 | 3,632 |

Q4e. Able to meet conflicting demands on my time at work

% of staff selecting 'Agree'/'Strongly Agree'

| | 2019 | 2020 |
|-----------|-------|-------|
| Best | 42.6% | 46.6% |
| Your org | 40.8% | 46.6% |
| Average | 37.8% | 39.1% |
| Worst | 27.7% | 30.6% |
| Responses | 3,363 | 3,671 |

Q18c. Would recommend organisation as place to work

% of staff selecting 'Agree'/'Strongly Agree'

| | 2019 | 2020 |
|-----------|-------|-------|
| Best | 61.0% | 63.9% |
| Your org | 58.0% | 63.9% |
| Average | 51.4% | 58.1% |
| Worst | 41.7% | 40.4% |
| Responses | 3,293 | 3,601 |

Bottom 5 scores noted compared to 2019

"Average", "Best" and "Worst" refer to results for Ambulance Trusts benchmark group

Q4i. Team members often meet to discuss the team's effectiveness

| | 2019 | 2020 |
|-----------|-------|-------|
| Best | 47.1% | 44.6% |
| Your org | 32.9% | 26.9% |
| Average | 28.4% | 27.9% |
| Worst | 21.3% | 22.9% |
| Responses | 3,365 | 3,670 |



Q4a. Opportunities for me to show initiative frequently in my role

% of staff selecting 'Agree'/'Strongly Agree'

| | 2019 | 2020 |
|-----------|-------|-------|
| Best | 71.9% | 69.7% |
| Your org | 64.3% | 62.0% |
| Average | 62.7% | 62.0% |
| Worst | 55.5% | 52.1% |
| Responses | 3,372 | 3,665 |

Q5a. Satisfied with recognition for good work

% of staff selecting 'Satisfied'/'Very Satisfied'

| | 2019 | 2020 |
|-----------|-------|-------|
| Best | 50.5% | 47.7% |
| Your org | 42.4% | 39.2% |
| Average | 39.9% | 39.2% |
| Worst | 32.1% | 31.4% |
| Responses | 3,356 | 3,650 |

Q4b. Able to make suggestions to improve the work of my team/dept

% of staff selecting 'Agree'/'Strongly Agree'

| | 2019 | 2020 |
|-----------|-------|-------|
| Best | 78.4% | 72.3% |
| Your org | 48.8% | 45.6% |
| Average | 52.7% | 50.1% |
| Worst | 40.7% | 39.7% |
| Responses | 3,371 | 3,678 |

Q9c. Senior managers try to involve staff in important decisions

% of staff selecting
'Agree'/'Strongly Agree'

| | 2019 | 2020 |
|-----------|-------|-------|
| Best | 49.5% | 33.4% |
| Your org | 28.6% | 26.2% |
| Average | 24.5% | 26.0% |
| Worst | 18.4% | 16.8% |
| Responses | 3,344 | 3,634 |



Staff Friends and Family Scores

"Average", "Best" and "Worst" refer to results for Ambulance Trusts benchmark group

Q18c. I would recommend my organisation as a place to work

% of staff selecting 'Agree'/'Strongly Agree'

| | 2019 | 2020 |
|-----------|-------|-------|
| Best | 61.0% | 63.9% |
| Your org | 58.0% | 63.9% |
| Average | 51.4% | 58.1% |
| Worst | 41.7% | 40.4% |
| Responses | 3,293 | 3,601 |

Q18d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation

% of staff selecting 'Agree'/'Strongly Agree'

| | 2019 | 2020 |
|-----------|-------|-------|
| Best | 78.1% | 79.7% |
| Your org | 73.5% | 75.1% |
| Average | 73.5% | 76.0% |
| Worst | 35.5% | 64.7% |
| Responses | 3,296 | 3,597 |

Staff Engagement Score

"Average", "Best" and "Worst" refer to results for Ambulance Trusts benchmark group

The staff engagement remains unchanged since last survey. However, there is an increase in the number of staff responding positively to the staff engagement questions.

| | 2016 | 2017 | 2018 | 2019 | 2020 |
|-----------|-------|-------|-------|-------|-------|
| Best | 6.4 | 6.4 | 6.5 | 6.6 | 6.7 |
| Your org | 6.0 | 6.1 | 6.3 | 6.3 | 6.3 |
| Average | 6.0 | 6.1 | 6.2 | 6.3 | 6.3 |
| Worst | 5.5 | 5.5 | 5.7 | 5.8 | 5.8 |
| Responses | 1,329 | 2,277 | 2,990 | 3,374 | 3,678 |

FTSU Index

"Average", "Best" and "Worst" refer to results for Ambulance Trusts benchmark group

Q16a. My organisation treats staff who are involved in an error, near miss or incident fairly

% of staff selecting 'Agree'/'Strongly Agree'

| | 2019 | 2020 |
|-----------|-------|-------|
| Best | 51.6% | 69.2% |
| Your org | 49.1% | 52.0% |
| Average | 49.2% | 52.0% |
| Worst | 40.4% | 36.9% |
| Responses | 2,712 | 2,959 |

Q44



Q16b. My organisation encourages us to report errors, near misses or incidents
% of staff selecting 'Agree'/'Strongly Agree'

| | 2019 | 2020 |
|-----------|-------|-------|
| Best | 89.5% | 90.1% |
| Your org | 86.3% | 88.1% |
| Average | 84.9% | 86.7% |
| Worst | 81.2% | 77.3% |
| Responses | 3,256 | 3,506 |

Q17a. If you were concerned about unsafe clinical practice, would you know how to report it?

% of staff selecting 'Yes'

| | 2019 | 2020 |
|-----------|-------|-------|
| Best | 96.5% | 96.3% |
| Your org | 93.1% | 93.7% |
| Average | 93.9% | 94.3% |
| Worst | 92.9% | 91.6% |
| Responses | 3,008 | 3,330 |

Q17b. I would feel secure raising concerns about unsafe clinical practice
% of staff selecting 'Agree'/'Strongly Agree'

| | 2019 | 2020 |
|-----------|-------|-------|
| Best | 73.7% | 81.8% |
| Your org | 66.4% | 69.1% |
| Average | 66.1% | 69.1% |
| Worst | 60.6% | 58.0% |
| Responses | 3,313 | 3,605 |



Workforce Race Equality Standard (WRES) Results

"Average" refer to results for Ambulance Trusts benchmark group

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

There is an increase of 7.3% in the response rates for BME staff reporting that they

| | 2017 | 2018 | 2019 | 2020 |
|------------------------|-------|-------|-------|-------|
| White: Your org | 51.0% | 48.4% | 49.1% | 48.6% |
| BME: Your org | 43.5% | 37.7% | 37.9% | 45.2% |
| White: Average | 49.7% | 46.5% | 45.8% | 43.5% |
| BME: Average | 39.4% | 37.8% | 41.2% | 44.3% |
| White: Responses | 2,022 | 2,666 | 3,030 | 3,127 |
| BME: Responses | 108 | 183 | 198 | 325 |

have experienced harassment, bullying or abuse from patients, relatives or the public in last 12 months

Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

| | 2017 | 2018 | 2019 | 2020 |
|------------------------|-------|-------|-------|-------|
| White: Your org | 29.7% | 29.2% | 25.5% | 23.9% |
| BME: Your org | 39.6% | 31.3% | 24.9% | 26.5% |
| White: Average | 27.5% | 27.1% | 25.5% | 24.1% |
| BME: Average | 32.0% | 31.0% | 26.2% | 31.1% |
| White: Responses | 2,022 | 2,657 | 3,025 | 3,123 |
| BME: Responses | 106 | 182 | 197 | 325 |

There is an increase of 1.6% in the response rates for BME staff reporting that they have experienced harassment, bullying or abuse from staff in last 12 months

Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

| | 2017 | 2018 | 2019 | 2020 |
|------------------------|-------|-------|-------|-------|
| White: Your org | 70.0% | 73.7% | 77.0% | 77.3% |
| BME: Your org | 47.4% | 57.8% | 67.9% | 62.4% |
| White: Average | 71.3% | 73.6% | 74.7% | 77.3% |
| BME: Average | 47.7% | 59.6% | 56.6% | 62.8% |
| White: Responses | 1,428 | 1,766 | 2,043 | 2,100 |
| BME: Responses | 78 | 116 | 140 | 213 |

There is a decrease of 5.5% in the response rates for BME staff reporting that the organisation provides equal opportunities for career progression or promotion.

Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months

| | 2017 | 2018 | 2019 | 2020 |
|------------------------|-------|-------|-------|-------|
| White: Your org | 10.7% | 10.0% | 8.8% | 8.6% |
| BME: Your org | 22.7% | 17.9% | 15.8% | 20.7% |
| White: Average | 10.3% | 10.0% | 8.8% | 8.6% |
| BME: Average | 18.3% | 17.7% | 15.8% | 16.7% |
| White: Responses | 2,031 | 2,661 | 3,009 | 3,158 |
| BME: Responses | 110 | 184 | 196 | 329 |

There is an increase of 4.9% in the response rates for BME staff reporting that they have experienced discrimination at work from manager / team leader or other colleagues in last 12 months



Workforce Disability Equality Standard (WDES) Results

Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

| | 2018 | 2019 | 2020 |
|---|-------|-------|-------|
| Staff with a LTC or illness: Your org | 52.3% | 55.0% | 52.5% |
| Staff without a LTC or illness: Your org | 46.9% | 46.9% | 46.8% |
| Staff with a LTC or illness: Average | 52.3% | 52.5% | 47.5% |
| Staff without a LTC or illness: Average | 45.8% | 44.9% | 42.1% |
| Staff with a LTC or illness: Responses | 526 | 671 | 771 |
| Staff without a LTC or illness: Responses | 2,296 | 2,606 | 2,722 |

There is decrease of 2.5% in the response rates for staff with a LTC or Illness reporting that they have experienced harassment, bullying or abuse from patients, relatives or the public in last 12 months

Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months

| | 2018 | 2019 | 2020 |
|---|-------|-------|-------|
| Staff with a LTC or illness: Your org | 31.0% | 24.8% | 25.3% |
| Staff without a LTC or illness: Your org | 16.6% | 13.3% | 11.7% |
| Staff with a LTC or illness: Average | 28.4% | 23.2% | 22.1% |
| Staff without a LTC or illness: Average | 13.8% | 13.3% | 11.2% |
| Staff with a LTC or illness: Responses | 523 | 666 | 767 |
| Staff without a LTC or illness: Responses | 2,277 | 2,596 | 2,711 |

No significant change was noted in the response rate compared to the previous year.

Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months

| | 2018 | 2019 | 2020 |
|---|-------|-------|-------|
| Staff with a LTC or illness: Your org | 24.7% | 25.1% | 23.1% |
| Staff without a LTC or illness: Your org | 16.3% | 14.5% | 13.5% |
| Staff with a LTC or illness: Average | 26.5% | 25.9% | 23.1% |
| Staff without a LTC or illness: Average | 16.3% | 15.7% | 14.7% |
| Staff with a LTC or illness: Responses | 522 | 665 | 771 |
| Staff without a LTC or illness: Responses | 2,276 | 2,601 | 2,713 |

There is a decrease of 2.0% in the response rates for staff with a LTC or Illness reporting that they have experienced harassment, bullying or abuse from other colleagues in last 12 months.

Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

| | 2018 | 2019 | 2020 |
|---|-------|-------|-------|
| Staff with a LTC or illness: Your org | 46.2% | 46.4% | 46.2% |
| Staff without a LTC or illness: Your org | 44.0% | 47.1% | 48.5% |
| Staff with a LTC or illness: Average | 40.4% | 44.6% | 46.2% |
| Staff without a LTC or illness: Average | 40.6% | 41.2% | 45.6% |
| Staff with a LTC or illness: Responses | 305 | 392 | 444 |
| Staff without a LTC or illness: Responses | 1,094 | 1,266 | 1,250 |

No significant change was noted in the response rate compared to the previous year.



Percentage of staff who believe that the organisation provides equal opportunities for career progression or promotion

| | 2018 | 2019 | 2020 |
|---|-------|-------|-------|
| Staff with a LTC or illness: Your org | 61.9% | 69.6% | 66.4% |
| Staff without a LTC or illness: Your org | 74.7% | 77.8% | 78.3% |
| Staff with a LTC or illness: Average | 60.5% | 66.4% | 66.5% |
| Staff without a LTC or illness: Average | 74.4% | 75.8% | 78.3% |
| Staff with a LTC or illness: Responses | 354 | 467 | 533 |
| Staff without a LTC or illness: Responses | 1,508 | 1,744 | 1,803 |

There is a decrease of 3.2% in the response rates for staff with a LTC or Illness reporting that the organisation provides equal opportunities for career progression or promotion

Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

| | 2018 | 2019 | 2020 |
|---|-------|-------|-------|
| Staff with a LTC or illness: Your org | 61.3% | 58.2% | 54.6% |
| Staff without a LTC or illness: Your org | 50.5% | 44.3% | 44.9% |
| Staff with a LTC or illness: Average | 45.3% | 41.6% | 38.3% |
| Staff without a LTC or illness: Average | 33.1% | 32.3% | 30.8% |
| Staff with a LTC or illness: Responses | 429 | 531 | 582 |
| Staff without a LTC or illness: Responses | 1,363 | 1,566 | 1,371 |

There is a decrease of 3.6% in the response rates for staff with a LTC or Illness reporting that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

Percentage of staff satisfied with the extent to which their organisation values their work

| | 2018 | 2019 | 2020 |
|---|-------|-------|-------|
| Staff with a LTC or illness: Your org | 27.6% | 26.7% | 28.3% |
| Staff without a LTC or illness: Your org | 36.0% | 39.9% | 38.1% |
| Staff with a LTC or illness: Average | 25.3% | 27.8% | 29.1% |
| Staff without a LTC or illness: Average | 36.0% | 38.9% | 37.9% |
| Staff with a LTC or illness: Responses | 525 | 670 | 775 |
| Staff without a LTC or illness: Responses | 2,290 | 2,611 | 2,762 |

There is an increase of 1.6% in the response rates for staff with a LTC or Illness reporting that they are satisfied with the extent to which their organisation values their work

Percentage of staff with a long-lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work

| | 2018 | 2019 | 2020 |
|--|-------|-------|-------|
| Staff with a LTC or illness: Your org | 60.6% | 56.4% | 61.2% |
| Staff with a LTC or illness: Average | 60.3% | 58.8% | 68.5% |
| Staff with a LTC or illness: Responses | 292 | 367 | 467 |

There is an increase of 4.8% in the response rates for staff with a LTC or Illness reporting that adequate adjustment(s) has been made by the organisation to enable them to carry out their work



Staff engagement score (0-10)

| | 2018 | 2019 | 2020 |
|---|-------|-------|-------|
| Organisation average | 6.2 | 6.3 | 6.3 |
| Staff with a LTC or illness: Your org | 5.7 | 5.8 | 5.8 |
| Staff without a LTC or illness: Your org | 6.3 | 6.4 | 6.4 |
| Staff with a LTC or illness: Average | 5.7 | 5.9 | 6.1 |
| Staff without a LTC or illness: Average | 6.4 | 6.4 | 6.4 |
| Organisation Responses | 2,990 | 3,374 | 3,678 |
| Staff with a LTC or illness: Responses | 529 | 671 | 778 |
| Staff without a LTC or illness: Responses | 2,300 | 2,616 | 2,765 |

No significant change was noted in the staff engagement score compared to the previous year.



Equality and Diversity

Diversity and Inclusion

The Trust has its core Diversity and Inclusion running through all business streams of the Trust. Over the last year there have been a range of themes that fell within this category:

- EDS2-workforce only
- WRES Workforce Race Equality Standard
- Recruitment
- Public Sector Equality Duty
- Specific Duties
- Equality Objectives
- Diversity & Inclusion Steering Group
- Staff networks
- National Ambulance Diversity Group [NADG]
- National LGBT Group
- WDES Workforce Disability Equality Standard
- Gender Pay Gap

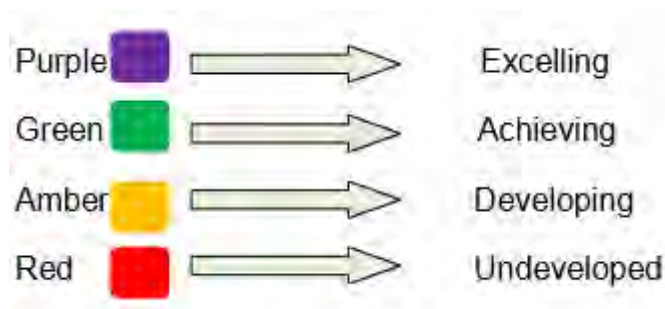


Equality Delivery System 2 (EDS2)

Guidance on EDS3 has yet to be published, in the meantime, through an engagement event with staff, the Trust has delivered Goal 3 relating to “empowered, engaged and well supported staff”. This incorporates:

- Recruitment and Selection
- Development
- Equal pay
- Bullying & Harassment
- Flexible working

The current EDS2 rating system is underpinned by a substantial number of factors which need to be evidenced to achieve one of the four ratings. Each prescribed outcome is presented by a facilitator to the audience who then discussed their views prior to making a decision on the grading and make suggestions to enable improvement. The categories used for grading are:





During the staff engagement event, the above grades were applied to the following:

| | | | | |
|--|------------|---|--|--|
| 3. Representative & supported workforce | 3.1 | Fair NHS recruitment and selection process lead to a more representative workforce at all levels. | | |
| | 3.2 | The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations. | | |
| | 3.3 | Training and development opportunities are taken up and positively evaluated by all staff. | | |
| | 3.4 | When at work, staff are free from abuse, harassment, bullying and violence from any source. | | |
| | 3.5 | Flexible work options are available to all staff consistent with the needs of the service and the way people lead their lives. | | |
| | 3.6 | Staff report positive experiences of their membership of the workforce. | | |

Workforce Race Equality Standard (WRES)

The aim of the Workforce Race Equality Standard (WRES) is designed to improve workplace experiences and employment opportunities for Black and Minority Ethnicity (BME) people in the National Health Service (NHS). It also applies to BME people who want to work in the NHS. The WRES is a tool to identify gaps between BME & White staff experiences in the workplace this is measured through a set of Metrics. The metrics are published annually in conjunction with an Action plan. This was published in December 2020. The Trust supports and promotes the WRES, encouraging BME staff to reach their full potential through equality of opportunity. The Trust aims to recruit a workforce that is diverse and representative of our communities.

Recruitment

The Trust makes every effort to recruit a workforce that is representative of the communities we serve. The Trust has a Positive Action statement on all job adverts encouraging applications from people with disabilities and BME backgrounds. A diverse workforce research tells us provides better patient care, to compliment the WRES the Trust is keen to encourage BME applicants particularly for the role of Paramedic. To achieve this, aim the Trust has enhanced its recruitment programme by the following:



- Employing a Recruitment Engagement Officer with emphasis on encouraging BME applicants.
- Marketing materials have been developed using staff BME role models i.e., pop up stands that can be used for events.
- Literature is reflective of the diversity of the Trust.
- Staff who are involved in the recruitment process must undergo training involving;
 - Value Based Recruitment
 - Equality & Diversity
 - Equality Act 2010 and the law
 - Unconscious Bias
 - Interview skills
 - Co-mentoring for BME staff
- The Trust now has a more modern recruitment web site to attract potential applicants.
- The Recruitment department offers support for BME applicants through the pre-assessment programme.
- All BME applicants are monitored from the point of application to being successful at assessment.



Public Sector Equality Duties (PSED)

The Trust has evidenced how it has achieved the aims of the General Duty i.e.

- To eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

This has been achieved through our work on key areas including a positive and supportive approach to recruitment and actions taken relating to our Equality Delivery System 2 and Workforce Race Equality Standard plans. The annual report covers the Public Sector Equality Duty.

Specific Duties

The Specific Duties require public bodies to publish relevant, proportionate information demonstrating their compliance with the Equality Duty; and to set themselves specific, measurable equality objectives and to publish information about their performance on equality, so that the public can hold them to account. The Specific Duties require the Trust to:

- Publish information to show compliance with the Equality Duty at least annually
- Set and publish equality objectives at least every four years

The Trust publishes this information annually on the website.



Equality Objectives

The Trust is required under the “Specific Duties” to prepare and publish equality objectives which help to further the aims of our Equality Duty. The objectives must be published every four years and this year WMAS has an enhanced set of objectives for 2020-2024 building on the previous plan.

Equality Objectives

Objective 1 Equality Standards

Our commitment to meeting the Equality Standards set by NHS England will be demonstrated by the implementation and monitoring of the following standards:

- Workforce Race Equality Standard
- Accessible Information Standard
- Equality Delivery System 2
- Workforce Disability Equality Standard
- Gender Pay Gap Reporting

We will do this by:

- Implementing and strengthening our approach to the NHS Equality Delivery System 2 (EDS2)
- Continuing to develop our response to the Workforce Race and Disability
- Equality Standards (WRES) (WDES)
- Investigate the experiences/satisfaction of staff through further surveys and focus groups
- Keep invigorating and supporting the staff equality networks to ensure they are aligned with our strategic equality objectives

Objective 2 Reflective and diverse workforce

We will enhance our approach to recruitment, selection and promotion to positively attract, retain and support the progression of diverse staff across the Trust

We will do this by:

Target local and diverse communities in recruitment campaigns

- Review our people policies to ensure that there is appropriate fairness
- Support managers and teams to be inclusive
- Work closely with external partners and providers (e.g., university paramedic programmes) to ensure diversity among the student group, and appropriate course content
- Ensure the recruitment and selection training programme informs recruiting staff and managers of their legal duties under the Equality Act 2010

Objective 3 Civility Respect

Ensure all our Board leaders, senior managers, staff, contractors, visitors and the wider community are aware of the effects of their behaviour on others and are equipped to challenge and report inappropriate behaviour when they experience or witness it

We will do this by:

- Develop and deliver an internal communication campaign on civility and respect in the workplace
- Develop a system where all cases of bullying or harassment are clearly recorded as such, and monitored to identify any trends or patterns across the Trust
- Capture good practice from our partners and peers to improve our diversity and Inclusion performance, e.g., working collaboratively with the NHS Employers’ National Ambulance Diversity Forum and Regional Diversity Groups

Objective 4 Supportive Environment

Ensure our leadership is committed to creating an environment that promotes and values equality and diversity and this is embedded in all we do

We will do this by:

- Delivering diversity and inclusion training to all members of the Board of Directors and Council of Governor’s
- Ensuring all our leaders have specific diversity & inclusion objectives in their annual objectives with performance discussed during their appraisals
- Board and Committee reports include an equality impact analysis



Diversity and Inclusion Steering Group

The Trust supports a “Diversity & Inclusion Steering Group” with representation from a diverse range of staff from across the Trust who are representative of the various roles and departments within the Trust, this group is chaired by the CEO. The Diversity & Inclusion Steering Group meets every three months to consult and drive the Diversity & Inclusion agenda forward.

Staff Groups

- **Proud @ WMAS Network:**

This network is for Lesbian, Gay, Bisexual & Transgendered staff and is supported by “Straight Ally’s” which is a concept developed by Stonewall. The Network is represented at Pride marches and the Trust is a member of the Ambulance Sector National LGBT group. The Network provides support for all LGBT staff and raises issues at national level where appropriate.

- **The BME Network**

The BME Network is expanding. Progress has been made by developing Terms of Reference and electing a new committee. The Network has been actively engaged in a culture change programme as part of the implementation plan for the WRES.

- **A Disability and Carers Network** was launched in July 2020 and supported the recommendations for action in the WDES.
- **A Women’s Network** will be launched in 2021 to support the Gender Pay Gap Action plan. The Trust ran a Springboard Women’s Development Programme in 2019, a second cohort in 2020 and a third cohort is currently underway in 2021.
- **National Ambulance Diversity Group (NADG)** The Trust is represented on the national group and attends the meetings regularly. It is a forum of shared knowledge and expertise which drives the Diversity & Inclusion agenda at a national level.

Workforce Disability Equality Standard (WDES)

The NHS Equality and Diversity Council has recommended that a Workforce Disability Equality Standard (WDES) should be mandated via the NHS Standard Contract in England from April 2019. NHS England has launched this. This has now been implemented and published in the Trust.



Health and Wellbeing

National Wellbeing Framework

This is the current National Health & Wellbeing (HWB) Framework model that is being used by most NHS Trusts. This provides a tool that acts as a diagnostic and a framework to work from.

The current area identified in the framework that requires work is as follows;

- Nutrition and Sugar
 - Do staff have access to nutritious food?
 - Do all staff have access to nutritious food 24/7?

The diagnostic tool grades a dashboard according to individual responses to the questions. The framework is currently under review, consultation groups have been working on the new model with emphasis towards the following;

- Physical Wellbeing
- Mental & Emotional Wellbeing
- Financial Wellbeing
- Healthy Lifestyles
- Development Potential / Sense of Purpose
- Work Life Balance
- Social Relationships and Belonging

This list is a working draft and is subject to change and further development.

Health & Wellbeing Initiatives

Health Checks

Staff Health Checks had commenced prior to the COVID-19 pandemic started and had proved very popular with staff. Staff were trained to deliver the checks using equipment that Unison had purchased for the Trust for the benefit for all staff. Planning is ongoing for the health checks to recommence over the Summer months, with the aim of expanding the health checks through a mobile road show that will visit all staff sites. Centrally trained staff will be in attendance to support them trained staff trained on each site.

An online training programme is under development and will be delivered in June in preparation for the road shows to commence.



Weight Management

Weight management support continued throughout the COVID-19 pandemic, albeit at a reduced service. Slimming World moved to an online model for groups although feedback was that staff preferred the face-to-face groups. There was an increased request from staff to access Slimming world vouchers as lockdown started to end. The Trust invested in 100 online vouchers, 97 have been issued in a 6-week period with staff wanting to start getting healthy and many conscious of their body image and the effects of excess weight on their health. As groups go back to face to face the vouchers can still be used.

SALS

| BY NUMBER OF PEOPLE | | | | | | 2020/21 | |
|---------------------------------------|-------|-----|------|------|-----|--------------|-------------|
| Work Area | APRIL | MAY | JUNE | JULY | AUG | Count | %AGE |
| E&U | 36 | 52 | 28 | 38 | 23 | 177 | 53.80% |
| EOC / 111 | 19 | 22 | 21 | 25 | 23 | 110 | 33.43% |
| PTS | 3 | 3 | 6 | 5 | 4 | 21 | 6.38% |
| STUDENT | 3 | 1 | 4 | 1 | 3 | 12 | 3.65% |
| SUPPORT | 0 | 1 | 0 | 2 | 1 | 4 | 1.22% |
| UNKNOWN | 1 | 3 | 1 | 0 | 0 | 5 | 1.52% |
| | 62 | 82 | 60 | 71 | 54 | 329 | 100.00% |
| Total by No. of People | | | | | | Count | %AGE |
| Traumatic Job / Work Stress | | | | | | 105 | 31.91% |
| Staff Member bereavements | | | | | | 9 | 2.74% |
| Family / relationships / Bereavements | | | | | | 56 | 17.02% |
| Health Issues / Mental Health Issues | | | | | | 64 | 19.45% |
| Assaulted by Patients | | | | | | 5 | 1.52% |
| Advice / Signposting / Support | | | | | | 23 | 6.99% |
| Bullying / Racism / Homophobia | | | | | | 5 | 1.52% |
| Crew mate issues / Mediation | | | | | | 12 | 3.65% |
| COVID 19 | | | | | | 40 | 12.16% |
| Suicidal Ideation / Attempts | | | | | | 10 | 3.04% |
| | | | | | | 329 | 100.00% |

SALS have continued to support staff during the COVID-19 pandemic as well as meeting the demands of their own jobs. Most staff who asked for help were E&U and EOC/111. The top reasons

1. Traumatic job /Work Stress 31.91%
2. Health issues and mental health issues 19.45%
3. Family/ Relationships /Bereavements 17.02%

These results would be expected as this was at the beginning of lockdown due to anxieties around the uncertainty of the pandemic and staff experiencing family members being unwell.



Physiotherapy

- Total New Patients referred to the Service 486
- 10% increase in new referrals to the service compared with the previous two years
- Average referrals per month 40
- Referrals peaked in October a broad range of conditions work and non-work related - 8 of which were shoulder problems
- 36% of all referrals were off sick at the time of the referral but frequently had returned to work within 7 days.
- Total follow-up treatments booked 1200
- DNA average 5% for the year

A total of 100 face to face clinics were delivered across Trust sites following national guidelines regarding COVID-19. This is the same number of clinics as the previous year. There were 50 remote clinics held in the 12 months April 2020 to December 2021

An additional member of staff was recruited to deliver 12 hrs per week, the post holder has subsequently left the Trust. The remaining Physiotherapist has been successful in a promotion outside of the Trust, the advert for a replacement physiotherapist is currently being processed.

Team Prevent, the Trust's Occupational Health provider, have been commissioned to provide physiotherapy treatment as an interim measure to ensure there is no disruption to staff receiving support during the recruitment process.

Key Outputs:

- Staff are contacted within 48 hours of referral.
- Are often seen at their hub
- The Service liaises with the GP in cases where staff are off sick to expedite further investigation / treatment or onward referral.
- An initial report is generated & sent to the referrer on the day of assessment together with a treatment plan and any advisory notes in terms of function.
- Staff are supported by review appointments (either face to face or remotely) as they return to work to ensure that there are no difficulties as they resume their normal shift pattern and role.

Discharge report generated includes the clinical outcome measure with an evidence-based assessment tool recording the minimal perceived clinical improvement. The recognised MPCl is an uplift of 4 points.

The in-house Service achieves an uplift of 14 points on average per case which is 3.5 times higher than the acceptable uplift. There remains no waiting list for physiotherapy.



Mental Health

The Trust now has three Mental Wellbeing Practitioners. The newest member of staff offers a front facing triage and signposting service and ongoing referral to the other two Mental Wellbeing Practitioners [MWP] who are more specialised. Over the pandemic the MWP have provided advice, signposting literature and have provided link to a EAP service called Qwell. This provides an online mental health support accessible 24/7. On the Qwell platform staff can access;

- Free counselling
- Articles and advice
- Discussion boards
- Self-help tools
- Mood tracking
- Mental health goals

This option has proved to be very popular with staff with over 150 having accessed the service in a relatively short period of time.

Staff were also encouraged to self-refer to their local NHS Talking Therapy Services. The service specifics vary between geographical areas, but most offer a range of different therapy approaches to suit people's individual needs. You can identify your local team via this link: <https://www.nhs.uk/service-search/find-a-psychological-therapies-service/>

Many services are fast-tracking NHS staff appointments currently.

| Clinic based hubs | Yearly Counter |
|-------------------|----------------|
| Hollymoor | 12 |
| Erdington | 13 |
| Warwick | 18 |
| Worcester | 10 |
| Stafford | 13 |
| Academy | 34 |

If staff had concerns about their mental health that were urgent, they are advised to contact their GP or their local NHS Urgent Mental Health Helpline without delay to seek support. <https://www.nhs.uk/service-search/mental-health/find-an-urgent-mental-health-helpline>

Mental Health Training

The Trust currently has seven Mental Health First Aid Instructors and 226 trained Mental Health First Aiders. Mental Health First Aiders undergo an intense two-day course aligned to MHFA England. Courses were cancelled last year, and the new programme will commence the 5th July-14th August including 10 courses with the capacity to train 126 members of staff.



Menopause

The Trust is reviewing ways to support women experiencing the mental and physical effects of menopause. The Trust has been advertising courses through the Black Country & West Birmingham Futures which have proved to be popular. The Trust is investing in getting 23 staff trained as “Train the Trainer” instructors to cascade further menopause awareness training across the Trust for both men and women, this will take place on the 30th June.

Health & Wellbeing Champions

The Trust is in the positive position of having over 95 HWB Champions based across all sites. As the Trust has increased in size this has highlighted the need for additional Champions. A training programme will be delivered in June online for all new HWB champions.

Physical Activity

During lockdown all gyms were closed, reducing access to some avenues of physical activity. Wolverhampton NHS devised an online physical activity programme “Doingourbit.” Which was made available to staff. The programme provided Yoga, Pilates and Cardio workouts for all levels as well as exercise dance which children could join in with. This has proved popular with 153 staff accessing the free service.

A Walking Leaders course had been scheduled with Dudley PHE but had to be cancelled due to the pandemic. All walking leaders’ courses were cancelled but are anticipated to be commencing in June 2021.

Walsall MBC has given the Trust concessions of a 15% for all their gyms, swimming pools and Leisure centres and family packages.

Vaccinations

FLU VACCINATIONS

The end of year uptake for the Flu vaccine was 84%, planning is due to commence imminently for the vaccination programme for 2021.

COVID VACCINATIONS

The Trust has now closed the COVID vaccination booking cell however, staff continue to have access to book appointments directly throughout the Trust’s geographical area.

As at 26th April 2021 the Trust’s first dose COVID vaccination uptake for all Trust staff was at 83% (6427 staff), and 64% (4954) of staff having received both doses.

Engagement has focused on BAME employees and those in the under 25 age bracket, as analysis has highlighted that the uptake in these groups of staff has been lower. An onsite clinic at Navigation Point is also being arranged as uptake is lower with IEUC staff.



COVID

- Staff support for those that contracted COVID-19
- The Trust procured sufficient PPE to keep staff safe.
- In house PCR swabbing with quick turnaround of results, swabbing was also available to symptomatic family members.
- Over 6000 staff chose to undergo antibody serology testing, managed in-house.
- Lateral Flow kits provided for all staff to assist with early identification of non-symptomatic individuals. be able to self-monitor and provide assurance in your own home.
- Support still ongoing for staff with Long Covid.
- Strict social distancing, temperature checks on all sites, as well as face masks being mandatory when moving around all Trust sites.



Freedom to Speak Up

West Midlands Ambulance University NHS Foundation Trust (The Trust) is committed to ensuring that staff have the confidence to raise concerns and to know that they will be taken seriously and investigated. At work, it is reasonable that staff may have concerns from time to time, which normally can be resolved easily and informally. However, when staff have serious concerns about unlawful conduct, financial/professional malpractice, or risk to patients/others it can be daunting to speak up about this. Therefore, the Freedom to Speak up (Whistleblowing) policy aims to give staff the assurance that concerns will be listened to and to outline a fair and easy process for staff to raise concerns at work. In order to deliver high quality patient care and protect the interests of patients, staff and the organisation, the Trust aims to encourage a culture of openness and transparency, in which members of staff feel comfortable about raising legitimate concerns. It is hoped that by providing clear procedures and channels for staff to raise concerns, issues can be addressed at the earliest opportunity, in the most appropriate way, so that positive steps can be taken to resolve them and reduce future risk.

FTSU Guardian

The Trust's current guardian is Barbara Kozlowska, Head of Organisational Development. The Guardian is a member of the West Midlands Guardian Network, and the National Ambulance Network (NAN), ensuring that good practice is followed and shared.

FTSU Advocates

There are currently 31 trained advocates around the region. They receive 2 half-days' training each year as part of their mandatory updates. In 2020/2021 a series of development sessions were facilitated by the Guardian for all advocates on Teams covering case studies for new experienced advocates, Transactional Analysis, and Using a Coaching Approach in FTSU. A total of 18 advocates attended a total of 28 sessions between them. Those who were not able to attend have been completing case studies.

Since the pandemic, the Guardian has also held regular "check-ins" with the advocates to ensure they have the support they need, and to learn about the kinds of conversations they are having with our staff around the region.

A poster showing advocates' photographs and locations is displayed in each area.

Governance

There are number of ways in which assurance is provided for FTSU:

- Quarterly returns to National FTSU Guardian's Office
- Quarterly reports to WMAS Learning Review Group, and bi-annual reports to the People Committee, Executive Management Board and Board of Directors
- FTSU NHS Improvement Self-assessment conducted in 2018/19 and reviewed annually at Board of Directors Strategy days, last reviewed February 2020
- Audits by an independent non-executive director, and Internal Audit. Audits conducted in 2019 were extremely positive, the internal audit category being "Substantial".
- Training is in place for all staff at all levels as per the National Guardian's Office guidelines.



Promotion

A poster with details of the FTSU Guardian, Executive (ED) and Non-Executive (NED) leads is on display in all areas.



A SharePoint site has been established, accessed through the Trust's E-Nav Moodle site and intranet - Treble 9.

How Staff May Speak Up

The many ways in which staff are able to speak up are outlined in the Freedom to Speak Up (Whistleblowing) Policy which was updated September 2019. The policy includes flow-charts to determine how concerns can be raised and how they are dealt with.

Concerns Raised 2020

FTSU Advocates addressed 108 approaches from staff wishing to obtain information about FTSU, to discuss informally a concern or to seek advice on how best to deal with their issue. The main themes arising were:

1. Middle management
2. Bullying and harassment
3. Systems and process

Twelve of these required a more detailed understanding of the issue, and two were submitted for a formal investigation.

Where no formal action was agreed with staff as being necessary, every contact was advised that should there be a need to escalate their concern in the future, it was entirely appropriate to re-engage with a member of the FTSU Advocates or the Guardian at any time.

The focus of the Trust's actions is to ensure that our managers have the confidence, skills and knowledge to welcome and deal with concerns as and when they arise, so that staff feel positive in raising any concerns with them. There are several routes available within the Trust, by which staff can raise concerns. FTSU therefore adds to these well-established reporting arrangements



Coronavirus (COVID 19) Progress and Priorities

Throughout the challenging circumstances created by the pandemic, we have proactively managed the response to both 999 and 111 calls, whilst supporting staff and managing all other demands concurrently. A significant command and control model was in place throughout, with many actions implemented to provide a safe working environment for staff; and sufficient highly trained staff to provide a safe service to the public. Whilst many of these arrangements will be stepped down as pressures ease, the Trust will take the opportunity to consider its priorities and actions throughout the coming year. We will pay close attention to national analyses and lessons learned from feedback given by our own staff.

As with all other actions throughout the pandemic, the Trust considered staff vaccination to be paramount for the health and protection of staff, their families and our patients. An early decision was made to prioritise older members of staff and those identified as at risk for the earliest vaccinations. All staff have since been encouraged to receive their vaccinations. This has been made possible through effective partnership working with numerous Hospital Trusts throughout the region. To date, approximately 6,405 (82 per cent) have now received their first vaccine and 4,106 (53 per cent) have already received their second. The Trust is now planning for the likely vaccination requirements in the next financial year along with the flu vaccinations.

Whilst some outbreaks have been identified on Trust sites, these have been very proactively managed and reported according to statutory protocol. Some staff have been severely impacted by the virus and whilst there have been some hospitalisations, these staff have been extremely well supported by the Trust and despite the increased risks facing our frontline staff every day, there have been no staff deaths as a result of the virus.

The Trust has established a very successful in-house Test and Trace process, which has been developed in partnership with University Hospitals Birmingham processing the tests for all staff who have either developed symptoms or been in contact with a COVID positive member of staff. This process extends to family members of staff to maximise the impact of this service.

During the pandemic, we have supported other Trusts with personal protective equipment (PPE) and have also worked with other ambulance services in relation to call handling at times of peak pressure. In May 2020 the Trust undertook a COVID-19 lessons Learnt exercise through email to gain feedback on the Trust's response to the Pandemic so far. This process was repeated in April 2021 to establish further learning. The following areas of good practice have been consistently highlighted and will continue into 2021/22:

- Proactively procuring personal protective equipment to help to keep staff and patients safe
- Effective planning and execution of the command-and-control model
- Effective arrangements for resourcing, and implementation of the Test and Trace process



Part 3

Review of Performance against 2020-21 Priorities



Our priorities for 2020-21 were based upon the principle of an overarching priority for each of our core services. The achievement of each of these priorities were then monitored through each of our clinical quality domains:

| | 999 (Emergency and Urgent) | 111 | Patient Transport Services |
|------------------------|--|---|--|
| | Safe Discharge on Scene | Appropriateness of calls transferred to 999 | Safe Transport of Patients |
| Patient Safety | Paramedics use a variety of information sources to facilitate decision making with regard to the best treatment for patients. The course of treatment or destination chosen for each patient should meet the patients' needs, ensuring safety at all times | Ensuring that patients receive the most appropriate response according to their presenting symptoms will support treatment in the right environment by the most appropriate healthcare professional. This will reduce the number of patients waiting for an emergency response and in some cases, may reduce the number of patients presenting at Emergency Departments | Any incidents or near misses which occur during the care and transportation of patients are reported and investigated. Actions are implemented which may require a change of practice or further training for staff to reduce the likelihood of a similar incident occurring again. We plan to continue to reduce the number of patient safety incidents and serious incidents |
| Clinical Effectiveness | Once assessed by a Paramedic, the patient's onward treatment needs should be met by other healthcare providers; and should not require further intervention from WMAS. | Through a skilled clinical workforce, the revalidation of 111 calls, which are categorised as category 3 or 4, to effectively signpost patients to alternative pathways to meet their needs and requirements | The PTS service does not deliver clinical care, therefore there is no requirement for improvement to the clinical effectiveness of this service |
| Patient Experience | All patients should experience high levels of patient care and safety | The Trust will review complaints received in relation to the outcome of 111 calls which were not transferred to 999 to ensure that patient experience was not adversely affected | Our patients should experience the best treatment whilst in our care. This should be evident in all communications with patients about the care they have received |



Throughout 2020-21, our progress towards each of the above priorities was reported through the governance committee structure. At the end of the year, our achievements are summarised as:

| Safe Discharge on Scene | | |
|-------------------------|---|---|
| Patient Safety | Measurement <ul style="list-style-type: none"> Number of incidents relating to the discharge of patients on scene Review of audit findings | Target <ul style="list-style-type: none"> Reduction in incidents throughout the year Improvements in re-audit during 2020/21 |

Summary of Achievement

Reduction in incidents not achieved, however, the periods are not directly comparable due to the pandemic.

During 2020/21, there were 84 serious incidents, 20 of these related to discharge on scene: Quarter 1 = 7; Quarter 2 = 3; Quarter 3 = 2; Quarter 4 = 8 (note that 75% occurred during the peaks of the pandemic). This compares to 67 serious incidents in 2019/20, 14 of which related to discharge on scene

The year 2020/21 has been exceptional for many reasons, not least of which, we have been through a pandemic. 999 emergency call demand has fluctuated significantly throughout the year as a result of COVID-19. The virus has influenced patient behaviours and expectations along with service availability, all of which impact have affected all ambulance services. The pandemic has also significantly affected the availability and capacity for other services, including hospitals, community services, primary care services, which in turn has reduced the proportion of patients that can be referred to alternative care pathways.

Clinical Audits

There has been increasing interest in the process, practice and behaviour of ambulance clinicians when discharging patients at scene. There has been a trend in patient safety incidents following discharge at scene. The Trust has previously completed discharge at scene audits which whilst helpful have not provided an end-to-end review of the patient care. It was identified that specific clinical presentations that had presented as serious incidents should be audited utilising relevant clinical standards.

Falls Discharged at scene

This audit examines clinical management of patients over 65 years of age who have experienced a fall and following assessment are discharged on scene. Recommendations arising from the audit:

- Produce Trust clinical guidelines for the management of falls, expanding on those contained within JRCALC. This is to include but not limited to Assessment, Risk assessment, Long lies, Referral
- Introduce the concept of frailty and the application to ambulance practice.
- Publish audit results.
- Completed re-audit

Head Injury discharged at scene

The aim of this is to provide assurance that the discharge of patients following suffering a head injury is safe and clinically appropriate. The report provides overall adequate assurance that for the majority of patients their assessment and subsequent discharge on scene is both safe and clinically appropriate, the audit has highlighted some areas that require improvement:

- Glasgow coma scale (GCS) score of 15 on initial assessment.
- Pupil size and reactivity documented
- Any loss of consciousness as a result of the injury
- No current drug or alcohol intoxication
- Is the patient left with someone who can observe the injured person at home?

Non-Conveyance Advice Leaflet completed and left with patient

Recommendations arising from the audit:

Publish audit findings highlighting areas of good performance and those that require improvement.



Feverish Illness in Children

Feverish illness in children is a common presentation to prehospital clinicians and whilst the vast majority of cases will be self-limiting viral conditions there is a risk of missing significant illness in this patient group who are difficult to fully assess in the prehospital environment.

Recommendations arising from the audit:

- Publish the audit results.
- Provide education and promote the appropriate assessment relating to the NICE guidance.
- Promote the free online resource – ‘Spotting the sick child’.
- Complete reaudit as programme plan.

Non-Traumatic Chest Pain

This was re-designed to make sure the data collected enabled the Trust to demonstrate the practice of clinicians when managing patients discharged at scene with recent chest pain. The final report is being drafted and will be reported to the Trust governance groups in May 2021.

| | | |
|-------------------------------|--|--|
| Clinical Effectiveness | Measurement <ul style="list-style-type: none"> • Number of recontacts following discharge on scene • Review of audit findings | Target <ul style="list-style-type: none"> • Reduction in number of recontacts throughout the year • Improvements in re-audit during 2020/21 |
|-------------------------------|--|--|

Summary of Achievement

- Overall reduction achieved
- Audit findings and improvement plans implemented, as above

There has been fluctuation in the number of recontacts during year. This is due, in part, to the unpredictable level of demand during the pandemic, and the availability of services.

We have worked hard to respond to patients needs and, where possible, avoid conveyance to emergency departments. However, throughout the pandemic, many community and alternative services have not been available, which has directly contributed to a rise at times in repeat calls. It is expected that this trend will stabilise as normal services are restored through 2021-22.



| | | |
|---------------------------|---|---|
| Patient Experience | Measurement Ensure a higher positive experience if patients being discharged on scene compared to a negative. | Target To survey 100 patients per quarter to understand their experience and if they re-contacted 999/111. Patients surveyed will be asked if they would consider attending a meeting with representatives of the Trust to discuss their experiences. |
|---------------------------|---|---|

Summary of Achievement

The Trust sent 437 surveys out during 20/21, confirming achievement of the planned survey volume in the latter part of the year. 81 responses have been received, which is in line with expectations of similar types of survey. There have been some positive messages captured within the feedback received, and these have been analysed demographically, which enables us to infer trends, and these have been discussed at Learning Review Group.

Due to COVID-19 restrictions, face-to-face meetings were not possible this year. We are in the processes of reviewing the NHS Patient Experience Framework and Assessment Tool which will provide opportunities for us to adapt our approach to engagement over the course of 2021-22. One of the first changes we are making is to introduce telephone surveys at the end of some of the calls to 111 and PTS.



Appropriateness of 111 calls that are transferred to 999

| Patient Safety | Measurement | Target |
|----------------|--|---|
| | <ul style="list-style-type: none"> Percentage of calls from 111 that are transferred to 999 | <ul style="list-style-type: none"> Gradual reduction throughout the year, where clinically appropriate |

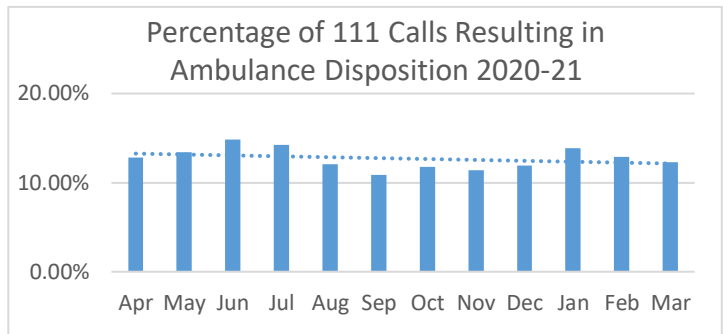
Summary of Achievement

Gradual reduction achieved despite the very challenging circumstances throughout the year. It has been more difficult to refer patients to other healthcare systems, and at times there has been no alternative than to pass the call to the 999 system.

Analysis of total E&U activity shows the following originated from 111 in each quarter in 2020/21:

- Quarter 1 = 13.6%
- Quarter 2 = 12.3%
- Quarter 3 = 11.7%
- Quarter 4 = 13.0%

Whilst there has been fluctuation in the year, and the movement is slight, the trend overall is heading in the right direction. The focus of this priority remains about delivering the most appropriate response to patients, rather than continual reduction in those transferred for emergency response.

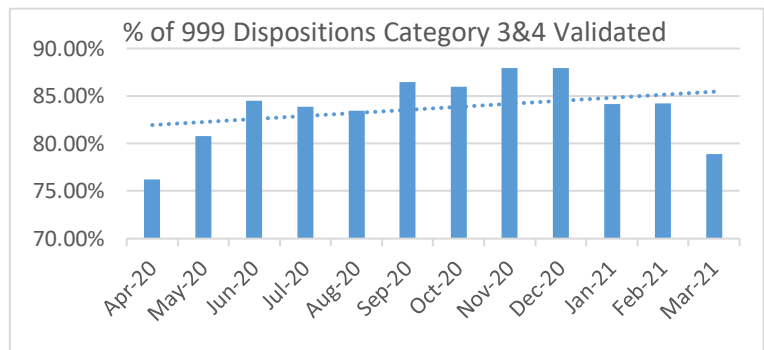


| Clinical Effectiveness | Measurement | Target |
|------------------------|---|--|
| | <ul style="list-style-type: none"> Volume of calls that receive clinical validation Reduction in the number of recontacts within 48 hours | <ul style="list-style-type: none"> Clinical Validation to be increased above 80% by March 2021 Re-contact target to be established once baseline has been determined |

Summary of Achievement

- Clinical validation averaged at 84%, exceeding the target of 80%
- We were unable to report recontact rates on the current system. This will be planned for 2021/22.

Throughout the pandemic, demand on the 111 service has been significantly above what would normally be expected. Despite the high volume of calls, we have continued to work hard to clinically validate calls that were categorized as category 3 or 4 ambulance disposition to ensure that all patients receive the best response for their symptoms. Through this effort, we were able to achieve more than 80% in 10 of the 12 months of the year:



To further verify that patients receive the most appropriate response, we set out to reduce the number of people recontacting us within 48 hours. During the course of the last year, we have, for technical reasons, been unable to measure this for 111. We plan to audit this information following a planned system change in 2021/22 to match that of our 999 calls.

| Patient Experience | Measurement | Target |
|--------------------|---|--|
| | <ul style="list-style-type: none"> Number and nature of complaints in relation to treatment and outcomes | <ul style="list-style-type: none"> Overall reduction in number of complaints relating to outcome following 111 call. Reduction in number of recontacts |

The 111 service received 32 formal complaints in 2020/21 compared to 34 the previous year therefore a reduction has been noted. This reduction is despite the significant increase in 111 activity throughout the pandemic and equates to 1 complaint for every 46,692 111 calls.

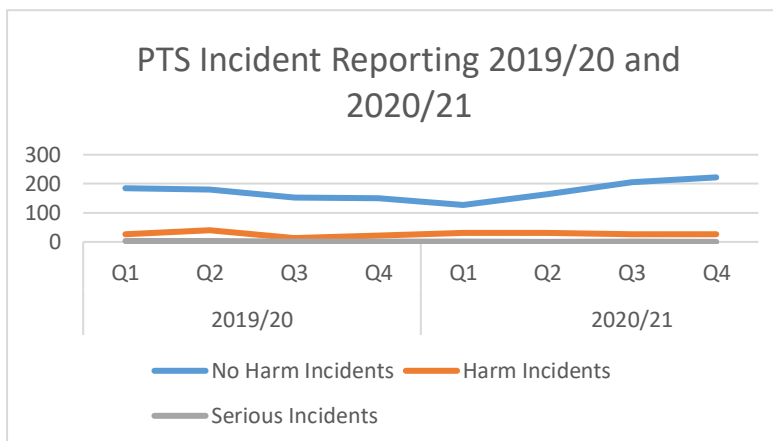


Safe Transportation of Patients

| | | |
|----------------|--|---|
| Patient Safety | Measurement <ul style="list-style-type: none"> Volume of reported patient harm incidents | Target <ul style="list-style-type: none"> Maintain incident reporting and learning from these incidents with a planned reduction in the number of 'harm' incidents and the level of harm. |
|----------------|--|---|

Summary of Achievement

The Trust has continued to promote the need to report any incidents that occur whilst patients are in our care. The volume of reported incidents where no harm occurred reduced during 2019/20 but increased during 2020/21. This may be in part due to the crews being reminded of the importance of reporting, along with the challenges that all staff have faced since the start of the pandemic. It is important to note that the volume of incidents is extremely low in comparison to all activity, and also the vast majority (86%) were "no harm". Where any harm was reported, all but two (98%) were reported as low harm. Three incidents have been investigated under our Serious Investigation procedure (one of these was an incident which occurred during the previous financial year).



As the trend of overall incidents has continued to rise during the pandemic, we have agreed to continue to focus on this as a priority throughout 2021/22. We will continue to learn from any incidents that do occur, ensuring that staff training is updated to reflect any new trends in practice or skills.

| | | |
|------------------------|--|---|
| Clinical Effectiveness | The PTS service does not deliver clinical care, therefore there is no requirement for improvement to the clinical effectiveness of this service | |
| Patient Experience | Measurement <ul style="list-style-type: none"> Volume of complaints Face to face surveys Family and Friends Test Responses | Target <ul style="list-style-type: none"> Reduction in complaints Increase in surveys Increase in responses |

Summary of Achievement

Complaints

34 complaints were received during 2020-21 in relation to the PTS service, compared with 71 in the previous year. This represents a reduction of 52.1% and equates to 1 complaint for every 21,233 patient journeys.

PTS Survey

The table below indicates the ways in which the Friends and Family Test (FFT) question has been received:

| Response (YTD) | Focused Survey | FFT Survey | PTS Survey |
|-----------------------|----------------|------------|------------|
| Very Good | 339 | 5 | 37 |
| Good | 4 | 1 | 7 |
| Neither Good nor Poor | 0 | 0 | 4 |
| Poor | 7 | 1 | 2 |
| Very Poor | 0 | 1 | 0 |
| Don't Know | 3 | 0 | 0 |
| Total | 353 | 8 | 50 |



Service-based Annual Reports 2020/21

Whilst the above tables represent the overall progress in relation to the priorities that were established in the 2018/19 Quality Account, the following reports are available on our website which contain further details of the work in each of these corporate and clinical departments.

- Controlled Drugs and Medicines Management
- Infection Prevention & Control
- Better Births
- Patient Experience
- Safeguarding (including Prevent)
- Making Every Contact Count
- Emergency Preparedness
- Equality, Diversity & Inclusion
- Security and Physical Assaults
- Health, Safety and Risk
- Patient Safety
- Clinical Audit and Research

The Annual Report in respect of the Data Security and Prevention Toolkit will be available later in the year, in conjunction with the adjusted national guidance for 2020/21.



Patient Safety

Reporting, monitoring, taking action and learning from patient safety incidents is a key responsibility of any NHS provider. At WMAS, we actively encourage all our staff to report patient safety incidents so that we can learn when things go wrong and make improvements.

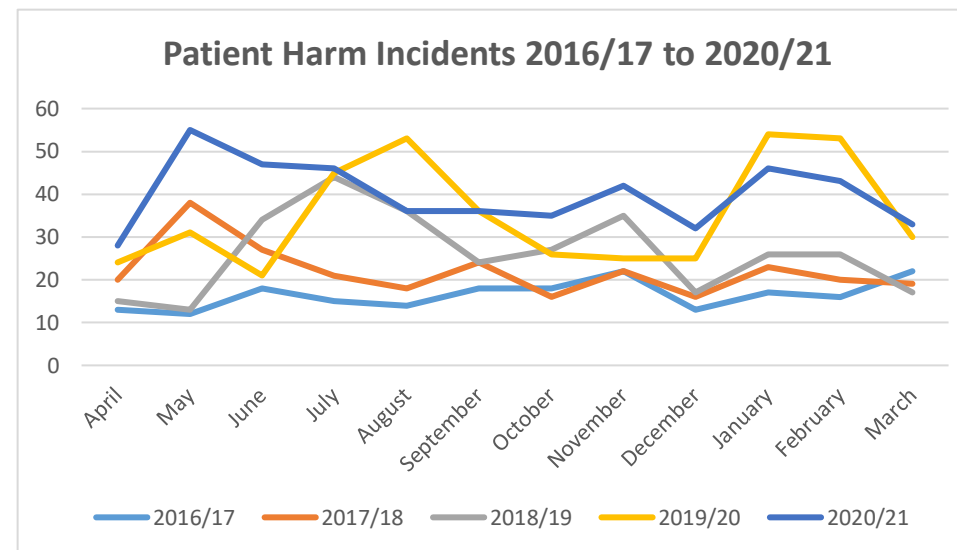
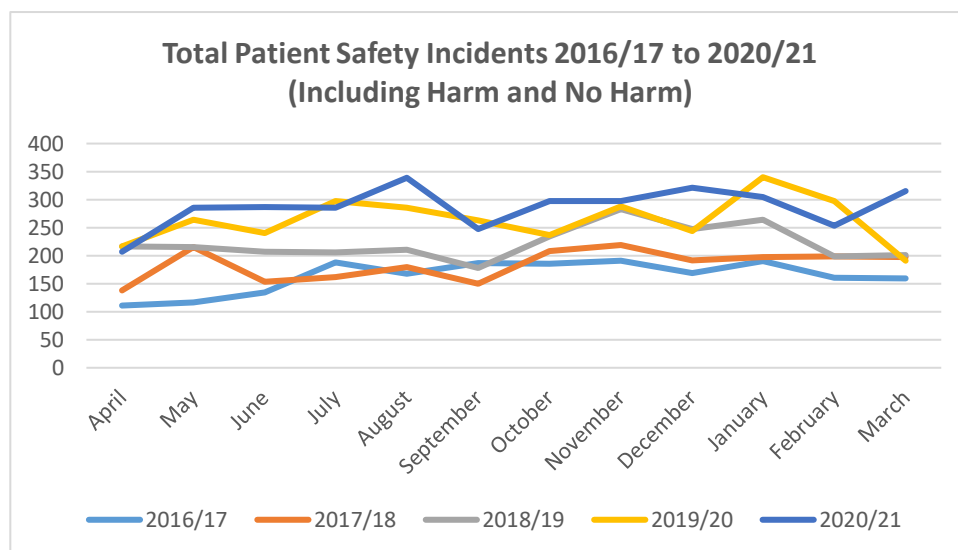
A positive safety culture is indicated by high overall incident reporting with few serious incidents which we continue to achieve. Encouraging staff to report near misses allows us the opportunity to learn lessons before harm occurs.

Analysis of all incidents takes place and is supported by triangulation with other information such as complaints, claims, coroners' inquiries, clinical audit findings and safeguarding cases. These are discussed monthly at the Learning Review Group (LRG). The meeting is chaired by the Director of Clinical Commissioning and Service Development and attended by clinicians from across the organisation. Themes and trends are reported quarterly to the Quality Governance Committee and the Trust Board of Directors.

Total Number of Patient Safety Incidents reported by Month

| | Apr-20 | May-20 | Jun-20 | Jul-20 | Aug-20 | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Mar-21 | Total |
|----------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|------------|-------------|
| Harm | 28 | 55 | 47 | 46 | 36 | 36 | 35 | 42 | 32 | 46 | 43 | 33 | 479 |
| No Harm | 179 | 230 | 240 | 239 | 303 | 212 | 263 | 256 | 289 | 258 | 210 | 282 | 2961 |
| Total | 207 | 285 | 287 | 285 | 339 | 248 | 298 | 298 | 321 | 304 | 253 | 315 | 3440 |

Figures taken from the orbit report show the total number of incidents reported during 2020-21 have increased from the previous year by 8.7% (from 3,165 to 3,440). This includes complaints and NHS to NHS concerns as well as staff reporting through the internal electronic reporting system. There were fluctuations corresponding to the various stages of national lockdown and local restrictions as the pandemic progressed. Patient harm events (479) accounted for 13.9% of all incidents reported during 2020/21. Despite there being a noticeable rise in May, during the first peak of the pandemic, this proportion is consistent with the previous year.





Themes (Patient Safety/Patient Experience/Clinical Audit)

- Harm Incidents:
 - Continue to be associated with slips, trips and falls and collision/contact (E.G., doorframes and furniture) during transfer of patients.
 - Skin tears following removal of ECG dots
- Monitoring: Failure to recognise, treat and transport patients with ST-Elevation Myocardial Infarction (STEMI)
- Make Ready: Missing equipment or out of date drugs on vehicles that have been through the make ready system.
- Delays: PTS delays in attendance continue to be a theme, along with A&E response to category 3 calls.

Serious Incidents

All serious incidents are investigated using Root Cause Analysis methodology to determine failures in systems and processes. This methodology is used to steer away from blaming individuals, to ensure the organisation learns from mistakes and that systems are reinforced to create a robustness that prevents future reoccurrence.

Between April 2020 and March 2021, the Trust registered 84 cases as serious incidents. Of these, 2 were downgraded as they did not meet the threshold for serious incidents. The proportion of serious incidents is consistent with activity and has remained so for the last four years. Following investigations into serious incidents the Trust identified the following key trends and themes in relation to the discharge of patients on scene, for patients with the conditions;

- Sepsis
- STEMI / NSTEMI
- Stroke

Additionally, root cause analyses have identified a common theme, which is related to Crew Resource Management and communication.

The Trust has not had cause to report any Never Event incidents.

Top Patient Safety Risks

- Missing equipment/drugs and/or out of date drugs on vehicles that have been through the make ready system.
- Incidents when transferring/moving patients during transport.
- Failure to interpret clinical findings and act on appropriately.
- Administration of medicines – wrong route and inappropriate dosage.



Duty of Candour

The Trust promotes a culture of openness ('just' culture) to ensure it is open and honest when things go wrong, and a patient is harmed. Being open is enacted in all incidents where harm is caused no matter the severity to ensure this culture is carried out.

NHS providers registered with the Care Quality Commission (CQC) are required to comply with a new statutory Duty of Candour, Health and Social Care Act 2008 (Regulated Activities) Regulations 2014: Regulation 20 Duty of Candour which relates to patient harm events considered to have caused moderate harm or above. This regulation requires a more formal process of ensuring that incidents are investigated at an appropriate level and that being open and honest with the patient and/or their families is completed.

The introduction of a Patient Safety section of the Trust website supports the Trust Duty of Candour requirements and allows greater openness and sharing about when things have gone wrong and what the Trust has learnt and is doing to put things right and improve.

The Trust Duty of Candour/Being Open policy is available via the Trust website or directly from the Freedom of Information Officer.

The policy details the arrangements the Trust has in place for staff and managers and the Trust Learning Review Reports published on the Trust Website and presented to the Board of Directors each quarter identifies compliance with our statutory duties.



Safeguarding

In 2020/2021 West Midlands Ambulance Service has continued to ensure the safeguarding of vulnerable persons remains a priority within the organisation and the trust is committed to ensuring all persons are protected at all times through embedded policies, procedures, education and literature. All staff within WMAS are educated to report safeguarding concerns to the single point of access Safeguarding Referral Line. This enhanced training and promotion of the need to make referrals, coupled with the overall rise in calls to both 111 and 999 contribute to an annual increase in referrals.

Safeguarding Referral Numbers

| | Adults | | Children | |
|------------------|-----------|-------------------------------|-----------|-------------------------------|
| | Referrals | % Variance from Previous Year | Referrals | % Variance from Previous Year |
| 2016/2017 | 21386 | | 4534 | |
| 2017/2018 | 21130 | -1.2% | 4756 | 4.9% |
| 2018/2019 | 23206 | 9.8% | 5631 | 18.4% |
| 2019/2020 | 31639 | 36.3% | 9232 | 63.9% |
| 2020/2021 | 39926 | 26.2% | 14082 | 52.5% |

Currently there are 27 Safeguarding Boards across the West Midlands and engagement continues to develop with WMAS, in addition to contribution to Child Death Overview Panels, Domestic Homicide Reviews, Safeguarding Adult Reviews, Serious Case Reviews, Social Care and Prevent panels and networks.

The Safeguarding Manager is the Prevent lead for the trust and ensures compliance with contractual obligations through reporting via Unify2 to NHS England. In addition, close links have been established with NHS England and Police to ensure Prevent is a key priority within our safeguarding agenda.

The Trust is committed to ensuring all Paramedics are trained to level 3 in Safeguarding, which will refresh and enhance the knowledge of our staff in respect of best practice and current legislation.



Patient Experience

The key themes for Patient Advice and Liaison Service (PALS) and formal complaints relate to:

- **Professional Conduct** - that the patient or their representative feels that the attitude or conduct of the attending ambulance staff, or call taker was not to the standard that they would expect.
- **Loss/Damaged-** the patient or their representative feels that they have lost personal belongings whilst in our care.
- **Timeliness of 999 ambulance and Patient Transport Service Vehicles** - there is a delay or perceived delay in the arrival of a 999 ambulance or response vehicle, or there is a delay in the arrival of a Non-Emergency Ambulance to take a patient to and from their routine appointment.

Complaints

Complaints are an important source of information about patients' views regarding the quality of services and care provided by the Trust. All staff are encouraged to respond to complaints and concerns raised by patients and relatives in an effective, timely, and compassionate way.

The Trust has received 352 complaints raised so far compared to 323 2019/20. The main reason relates to clinical complaints raised.

Breakdown of Complaints by Service Type YTD:

| | 2019-20 | 2020-2021 | % Variance 18/19 – 19/20 |
|---------------|------------|------------|-----------------------------|
| EOC | 62 | 34 | (54.8) |
| EU | 149 | 249 | 67.1 |
| PTS | 71 | 34 | (52.1) |
| Air Ambulance | 0 | 0 | 0 |
| Other | 6 | 3 | (50) |
| IUC | 35 | 32 | (8.6) |
| Total | 323 | 352 | (9%) |

This equates to;

EOC - 1 Complaint for every 39,109 calls received

E&U - 1 Complaint for every 4,478 Emergency Incidents

PTS – 1 Complaint for every 21,233 Non-Emergency Patient Journeys

IUC - 1 Complaint for every 46,692 111 calls

Upheld Complaints

The table below indicates that of the 310 complaints, 44 were upheld & 65 part upheld. If a complaint is upheld or part upheld, learning will be noted and actioned locally and will also be reported to the Learning Review Group for regional learning to be identified and taken forward as appropriate.



| National Reason | Justified | Part Justified | Not Justified | TBC | Total |
|----------------------|-----------|----------------|---------------|----------|------------|
| Attitude and Conduct | 9 | 17 | 32 | 0 | 58 |
| Call Management | 2 | 4 | 16 | 0 | 22 |
| Clinical | 19 | 29 | 108 | 2 | 158 |
| Driving/Sirens | 1 | 1 | 2 | 0 | 4 |
| Eligibility | 1 | 0 | 1 | 0 | 2 |
| Info Request | 2 | 6 | 35 | 1 | 44 |
| IUC - Appointments | 0 | 0 | 1 | 0 | 1 |
| Lost/Damaged | 0 | 1 | 2 | 0 | 3 |
| Patient Safety | 2 | 2 | 4 | 0 | 8 |
| Response | 12 | 11 | 21 | 1 | 45 |
| Safeguarding | 1 | 0 | 6 | 0 | 7 |
| WMAS | 49 | 71 | 228 | 4 | 352 |

Patient Advice and Liaison Service (PALS) Concerns

This year has seen a decrease in concerns with 2114 concerns raised in 2020/21 compared to 2140 in 2019/20. The main reason for a concern be raised is 'professional conduct'

Learning from complaints / PALS

| You said | We did |
|--|--|
| An issue with parking at one of the hospital sites in the region following building work which resulted in a staff conduct matter. | Staff member spoken and reminded of their responsibilities. Staff Notice issued with reference to appropriate parking |
| Issue with use of PPE within the Non-Emergency Operations operational team | Crews reminded that Level 2 PPE is required for all patient contact. Referring to weekly brief |
| A patient's referral through the 111 service was not sent to the Urgent Care Centre | The staff member was spoken to about their error. A technical fix made on the Directory of services where it is not possible to reject all services in error. The fix now requires a rejection and a reason before moving on within the system |
| A 999 call was received however the computer aided dispatch system had similar addresses on the same postcode, one a house, one a flat | A note added to the computer aided dispatch system to ensure the correct address is selected if a 999/111 call is made. |



Ombudsman Requests

The majority of complaints were resolved through local resolution and therefore did not proceed to an independent review with the Parliamentary and Health Service Ombudsman. During 2020/21 – 3 independent reviews were carried out, compared to 4 in 2019/20.

Patient Feedback / Surveys

The Trust received 150 completed surveys via our website, 100 relating to Emergency Services and 50 relating to the Patient Transport Service. A targeted real time survey was undertaken of patients that use the non-emergency patient transport service where a further 353 forms of feedback were received.

Friends and Family Test

The FFT question is available on the Trust website: **‘Thinking about the service provided by the patient transport service, overall, how was your experience of our service?’**:

| Response (YTD) | Targeted PTS Survey | FFT Survey | Online PTS Survey |
|-----------------------|---------------------|------------|-------------------|
| Very Good | 339 | 5 | 37 |
| Good | 4 | 1 | 7 |
| Neither Good nor Poor | 0 | 0 | 4 |
| Poor | 7 | 1 | 2 |
| Very Poor | 0 | 1 | 0 |
| Don't Know | 3 | 0 | 0 |
| Total | 353 | 8 | 50 |

Discharge on Scene Survey:

81 responses have been received to date, with 437 surveys being sent out during 20/21. The Quality Account requirement was to target 100 patients a quarter, this has been achieved.

Compliments

The Trust has received 1834 compliments in 2020/21 compared to 1812 in 2019/20. It is pleasing to note that the Trust has seen an increase in positive feedback.

Governance

Patient Experience reports monthly to the Learning Review Group (LRG) which focuses on ‘trend and theme’ reports. The LRG reports to the Quality Governance Committee and reports any issues relating to assurance; any risks identified; and key points for escalation. The Trust Board receive monthly data on formal complaints and concerns through the Trust Information Pack.



Single Oversight Framework

This Framework was introduced by NHS Improvement in 2016 as a model for overseeing and supporting healthcare providers in a consistent way. The objective is to help providers to attain and maintain Care Quality Commission ratings of 'Good' or 'Outstanding', meet NHS constitution standards and manage their resources effectively, working alongside their local partners. This is done by collating information relating to achievement of the following key themes:

| Theme | Aim |
|---|---|
| Quality of Care | To continuously improve care quality, helping to create the safest, highest quality health and care service |
| Finance and Use of Resources | For the provider sector to balance its finances and improve its productivity |
| Operational Performance | To maintain and improve performance against core standards |
| Strategic Change | To ensure every area has a clinically, operationally and financially sustainable pattern of care |
| Leadership and improvement capability (well-led) | To build provider leadership and improvement capability to deliver sustainable services |

This process has confirmed WMAS' position, in each of the national publications of the Single Oversight Framework, in Segmentation 1. This signifies the Trusts afforded maximum autonomy and the lowest level of oversight with no potential support needs identified.

The following metrics were introduced in 2017/18 as part of the national Ambulance Response Programme, and have since been incorporated into the Single Oversight Framework:

| Category | Performance Standard | Achievement (April 2020 to March 2021) |
|-------------------|--|--|
| Category 1 | 7 Minutes mean response time | 6 Minutes 54 Seconds |
| | 15 Minutes 90th centile response time | 12 Minutes 0 Seconds |
| Category 2 | 18 minutes mean response time | 12 Minutes 42 Seconds |
| | 40 minutes 90th centile response time | 23 Minutes 15 Seconds |
| Category 3 | 120 minutes 90 th centile response time | 70 Minutes 47 Seconds |
| Category 4 | 180 minutes 90 th centile response time | 98 Minutes 34 Seconds |



Listening to feedback

Each year our commissioners and stakeholders provide feedback in relation to the content of the Quality Account. We received many very positive comments in response to the 2019/20 report, a selection of which are listed below:

- we are pleased to see sustained progress and achievement of the objectives set for 2019/20, and the continued prioritisation of patient safety, clinical effectiveness, and patient experience for 2020/21.
- We welcome the continued monitoring and improvements in patient safety to minimise the risk of harm to patients and recognise the effective implementation of the Learning from Deaths Framework.
- We are pleased to see the new Strategic Objectives, which will support our key requirement for improved collaboration between WMAS and the wider health landscape, to offer close alignment to regional priorities and are keen to support the Trust in establishing work streams that help to continue to deliver the best patient care throughout the Integrated Urgent Care system as the full strategy is developed. We are similarly pleased to see the drive for innovation through research and development.
- The ambulance service touches all aspects of emergency and urgent care and is well integrated into the health and social care structures in our community.
- The Strategic Objectives for 2020/2021 embody an ambition to make progress in a wide range of activities.
- This year's Account provides an extensive overview of the year's work. The Account demonstrates how the Trust seeks feedback from those who have used the service, with the sole point of improving the service.
- The Quality Account and the Trust's public Board meetings reflect the ambition of the organisation, and the tremendous motivation and commitment shown by WMAS staff in another year of outstandingly rated service to the community they serve.
- The HOSC Chairman has highlighted the comprehensive presentations given to the Committee, which provide an exemplar for other NHS organisations.
- The HOSC Chairman has highlighted the comprehensive presentations given to the Committee, which provide an exemplar for other NHS organisations.
- From an Equality and Diversity perspective, it is pleasing to note the increase in the number of responses received from BME staff to the 2019 NHS Staff Survey compared with previous years.
- The use and promotion of the Workforce Race Equality Standard aimed at improving workplace experiences and employment opportunities for BME people in the NHS, is supported by an updated action plan and the enhanced recruitment programme in an effort to recruit a workforce representative of the community served.
- The OSC would like to commend the WMAS for their performance over the past year in the most challenging of circumstances and for continuing to maintain a high level of patient care and safety throughout.
- We note that WMAS reports the highest levels on infection control and has a policy of continuous improvement in their work.



Additionally, we would like to provide responses to some of the other comments that were fed back to us in response to the draft report for 2019/20:

| | |
|----------------------|---|
| You Said: | <p>“It is disappointing to note that the return of surveys to WMAS is very low in comparison to the number of patient interfaces.”</p> <p>“It is disappointing that the number of patient surveys is so low in the year. We would ask WMAS to consider using NHS guidelines(below), as well as more emphasis to be put on modern systems to significantly increase the number of patient responses. ‘Providers should for each of the contract areas survey contacts and gather feedback’. This would increase learning, support and inform WMAS in its work. Stakeholders could be a valuable resource in this area.”</p> |
| Our Response: | <p>We had planned to increase our engagement with patients through surveys in 2020/21, however the continued impact of the pandemic has caused difficulties in implementing our plans. Our priorities for 2021/22 will continue to focus on improving responses to surveys. For the first time, this will include implementation of telephone surveys for 111 and PTS.</p> |
| You Said: | <p>“In our response to the quality report in 2019/20 we asked what could be done to improve response times in our rural communities. We would propose that WMAS consider what innovations and clinical response can be brought to bear on the timely interventions and outcomes for category one and two patients”</p> |
| Our Response: | <p>Response times in rural areas will always present difficulties due to the large geographical area to be covered and comparatively few incidents. As a regional service, we have to carefully plan our resources to ensure the fastest response possible to all patients. We have undertaken significant recruitment:</p> <ul style="list-style-type: none"> • Student Paramedics to ensure that there are sufficient volumes of staff coming through training in each year. This provides resilience to account for year on year increasing activity. • Community First Responders (CFRs) to boost our ability to deploy vital lifesaving treatment before a Paramedic crew arrives on scene. These volunteers are particularly crucial in rural areas. It is worth noting that when patients are treated initially by a CFR, our response time only accounts for the time at which the Paramedic crew arrives on scene. |
| You Said: | <p>“The Trust had also set an objective regarding gathering feedback about patient transport services using a specific survey however the response figure reported at the end of quarter 3 is considerably less than that of the previous year.”</p> |
| Our Response: | <p>We have continued to struggle to increase our survey activity during 2020/21 due to restrictions imposed by the pandemic. However, our priorities for 2021/22 include, for the first time, plans to carry out telephone surveys for PTS and 111. We hope that this new approach to surveys will provide new opportunities to seek direct feedback from patients.</p> |



| | |
|----------------------|---|
| You Said: | <p>“When we look at the information provided in the document about patient and public involvement, we begin to be concerned that progress seems to be quite slow. We expected the trust would be able to describe more engagement reach and more pieces of work and mechanisms.”</p> <p>“The Trust mentions developing its arrangements for improving the culture of engagement and changing responsibilities at an executive level. Leadership and culture are very important for encouraging and enabling effective patient and public engagement activity. It is important that there is shared responsibility amongst staff teams with strategic leadership, ambition and oversight.”</p> <p>“There is no other evidence that patients and the public have been involved in the production of the Quality Account.”</p> |
| Our Response: | <p>The Trust has created a new post of Strategy and Engagement Director. This post has been filled during the year, which has boosted our capacity for engagement. Our work during the year has incorporated the development of our Strategic Plan, and as part of this, we have undertaken engagement with stakeholders at a strategic level to assess the view of others in respect of our collaboration, system working and leadership.</p> |
| You Said: | <p>“Healthwatch has no direct evidence to suggest that the priorities of the provider do or do not reflect the priorities of the local population”</p> <p>“It would be useful if the Quality Account provided information about performance, patient safety and quality at a more local level”</p> <p>“Healthwatch understands the challenges in clearly presenting the Quality Account for patients and the public given the content required by NHS England. None the less the draft Quality Account is long, technically complex and the language used is not always clearly presented for patients and the public. We note that WMAS we do have some flexibility in the presentation of their response to the national standards and some of the other performance information and that they have tried to set these out more clearly in the QA.”</p> |
| Our Response: | <p>The Quality Account is a Trust level document, the content of which is prescribed in national guidance. The priorities are developed through the work of our Learning Review Group, which considers all sources of information and feedback including complaints, PALS, compliments, incident reporting, risk assessments, national guidance and local system service developments.</p> <p>To provide information at the best level of granularity, our Quality Account refers each year, to our Department level Annual Reports. These identify in more detail the work of each department and may provide more assurance. Additionally, each meeting of our Board of Directors is presented with a Trust Information Pack which also includes more detailed performance information. These reports are available on our public website.</p> |
| You Said: | <p>We were wondering if it would be more helpful for nearby Councils to provide a joint response.</p> |
| Our Response: | <p>This is a great idea, and we would welcome the opportunity to collaborate collectively with you on matters relating to the Quality Account, in addition to our Strategic Plan and other initiatives.</p> |



| | |
|----------------------|---|
| You Said: | We would also have liked to see some analysis on the 111 service and deployment of ambulances since it has been taken over by the Ambulance Service. It was expected it would reduce the number of dispatches from the previous year and it would be interesting to see if that is the case. |
| Our Response: | This was one of our key priorities for 2020/21 and we have monitored this throughout the year. It is important to note that the emphasis has been on “appropriateness” of the calls transferred for emergency ambulance response, rather than “reduction”. This report demonstrates that there has been a reduction, however the significant fluctuation of activity, along with changing national guidelines and public expectations through the |

| | |
|----------------------|---|
| You Said: | We could find no mention in the Quality Accounts of care homes and how you make decisions to convey or avoid conveyance to hospital. Many care home residents have made advanced care plans and it would be helpful to know how in practice these are followed. |
| Our Response: | Our response to patients in care homes is based, as with all patients, on the clinical assessment of each patient’s presenting symptoms, their medical history and their domestic and social environment. Patients in care homes may be treated on scene if the procedures and staff skillset within the home supports the patient’s treatment and also if their advanced care plan directs this. We do have procedures to support care plans where they have been implemented and would be happy to discuss our arrangements in more detail, if this is of interest. |

| | |
|----------------------|---|
| You Said: | There are some areas of the document where information is presented without reflection or analysis of what the information means or shows. For example, the Trust reports significant increases in the number of safeguarding referrals it is making for both adults and children. This raises the questions of why is this? What does this show? Is this being taken forward in discussion with other agencies? Information such as this would be helpful. |
| Our Response: | Due to the scope of the Quality Account and the content, which is prescribed in legislation, the document is very lengthy. We use this document to provide an overview to all of our areas of service provision and governance. We provide a list of departmental annual reports which will be available on the Trust’s website. These reports provide additional detail in respect of the activity, achievements and plans within each department. |



Annex 1 Statements from External Stakeholders

Commissioners Local Healthwatch Organisations Overview and Scrutiny Committees

Initial responses received from some councils to advise that due to the recent council elections, there are currently no meetings scheduled or members in post to consider consultations from external organisations. Responses will follow once meetings are reconvened.



Statement from the Lead Commissioning Group



Statement from Local Healthwatch Organisations



Statement from the Council of Governors

Once again, we have been presented with an extensive and detailed Quality Account. It is evident that a considerable amount of time and effort has been involved in its preparation.

This year has been like no other, yet West Midlands Ambulance Service has again continued to provide the best, high quality care to patients throughout the region. The work carried out by all staff, students and volunteers within the whole organisation has been nothing but extraordinary.

Following a comprehensive interview process last year, the Trust and Council of Governors welcomed Chairman, Professor Ian Cumming to the organisation on 1st April 2020. The strong leadership shown by both Chief Executive Officer, Professor Anthony Marsh and Chairman, Professor Ian Cumming throughout this unprecedented year has been second to none. This leadership goes beyond hitting targets and deadlines, which is an outstanding achievement in itself, but the safety and welfare measures that have been implemented so swiftly to help protect all staff and patients during the pandemic has been of paramount importance.

During 2020/21 the Council of Governors again went through the processes involved in the recruitment and appointment of two Non-Executive Directors. Following successful interviews, which were held in September 2020, the Council of Governors approved the appointment of Mohammed Fessal and Lisa Bayliss-Pratt as Non-Executive Directors for the Trust. Mohammed who brings clinical knowledge to the Board commenced in post from 1st January 2021 and Lisa, who also brings a wealth of clinical and educational/university knowledge to the Board was appointed into the position from 1st April 2021.

The Trust has worked tirelessly to bring an integrated 111 and 999 call system into place, and despite extremely high volumes of calls taken every single day, the service has answered 999 calls more quickly than any other service in the country.

The Non-Emergency Patient Transport Services faced its own challenges this year, particularly around social distancing arrangements on vehicles, but they have gone above and beyond too and have met each of their performance targets every month, and more importantly have got patients to their appointments safely and in a timely manner.

The Trust pushed forward with its launch of the first ever all electric ambulance in the country, which operates within Birmingham. News of further plans to launch all electric rapid response and PTS vehicles has been welcomed and has demonstrated the commitment of the Trust to continue to reduce its carbon footprint.

It would be impossible within this short statement to highlight all of the excellent work that has been carried out and fulfilled to such a high standard throughout the organisation. All of the staff within WMAS have accomplished so many outstanding achievements.



The Council of Governors welcomes the priorities set out for 2021/22. We can see from these that the Trust is determined to remain the best performing Ambulance Service in the Country, and we look forward to hearing and seeing first-hand how the Trust progresses these.

Eileen Cox, Lead Governor and Public Governor - Staffordshire.

May 2021



Annex 2 - Statement of Directors' Responsibilities

The directors are required under the Health Act 2009 and the National Health Service (Quality Accounts) Regulations to prepare Quality Accounts for each financial year.

NHS Improvement has issued guidance to NHS foundation Trust Boards on the form and content of annual quality reports (which incorporate the above legal requirements) and on the arrangements that NHS foundation Trust Boards should put in place to support the data quality for the preparation of the quality report.

In preparing the Quality Report, directors are required to take steps to satisfy themselves that:

- the content of the Quality Report meets the requirements set out in the NHS Foundation Trust Annual Reporting Manual 2019/20 and supporting guidance Detailed requirements for quality reports 2019/20
- the content of the Quality Report is not inconsistent with internal and external sources of information including:
 - board minutes and papers for the period April 2020 to March 2021
 - papers relating to quality reported to the Board over the period April 2020 to March 2021
 - feedback from commissioners dated TBC
 - feedback from governors dated TBC
 - feedback from local Healthwatch organisations dated TBC
 - feedback from Overview and Scrutiny Committee dated from TBC
 - the Trust's complaints report published under regulation 18 of the Local Authority Social Services and NHS Complaints Regulations 2009, dated TBC.
 - the [latest] national staff survey published
 - the Head of Internal Audit's annual opinion of the Trust's control environment dated TBC
 - CQC inspection report dated 22/08/2019
- the Quality Report presents a balanced picture of the NHS foundation trust's performance over the period covered
- the performance information reported in the Quality Report is reliable and accurate
- there are proper internal controls over the collection and reporting of the measures of performance included in the Quality Report, and these controls are subject to review to confirm that they are working effectively in practice
- the data underpinning the measures of performance reported in the Quality Report is robust and reliable, conforms to specified data quality standards and prescribed definitions, is subject to appropriate scrutiny and review; and
- the Quality Report has been prepared in accordance with NHS Improvement's annual reporting manual and supporting guidance (which incorporates the Quality Accounts regulations) as well as the standards to support data quality for the preparation of the Quality Report.

The directors confirm to the best of their knowledge and belief they have complied with the above requirements in preparing the Quality Report.

By order of the board

Professor Ian Cumming

Chairman

Date: 26 May 2021

Professor Anthony Marsh

Chief Executive

Date: 26 May 2021



Annex 3: The External Audit Limited Assurance Report

In March 2020, NHS Improvement made the decision to relax or remove some of the normal regulatory activities to allow Trusts to free up as much capacity as possible and prioritise their workload to be focused on doing what is necessary to manage the response to the COVID-19 pandemic. This included the decision to cease arrangements for externally auditing Quality Accounts.

In April 2021, NHS Improvement announced that whilst no guidance had been made available for the 2020/21 Quality Accounts, they should still be produced and published. This Account has therefore been produced according to the Trust's normal procedures; however, in the absence of statutory guidance, no audit statements can be provided in respect of content of the report. Assurance is provided that the Trust's rigorous data quality processes apply to all data included within the Account and the report has been reviewed by each committee as part of standard governance procedures. Arrangements for audit will be reinstated for the Quality Account 2021/22.



Annex 4: Glossary of Terms

Glossary of Terms

| Abbreviation | Full Description |
|-----------------|---|
| A&E | Accident and Emergency |
| AFA | Ambulance Fleet Assistant |
| ARP | Ambulance Response Programme |
| AQI | Ambulance Quality Indicators |
| BASICs | British Association of Immediate Care Doctors |
| CCGs | Clinical Commission Groups |
| CFR | Community First Responder |
| CPO | Community Paramedic Officer |
| CPR | Cardio Pulmonary Resuscitation |
| CQC | Care Quality Commission |
| CQUIN | Commissioning for Quality and Innovation |
| COVID-19 | Coronavirus Pandemic |
| CSD | Clinical Support Desk |
| DCA | Double Crewed Ambulance |
| E&U | Emergency & Urgent |
| EMB | Executive Management Board |
| EOC | Emergency Operations Centre |
| FAST | Face, Arm, Speech Test |
| GP | General Practitioner |
| HALO | Hospital Ambulance Liaison Officer |
| HART | Hazardous Area Response Team |
| HCAI | Healthcare Acquired Infections |
| HCRT | Healthcare Referral Team |
| IGT | Information Governance Toolkit |
| IM&T | Information Management and Technology |
| IPC | Infection Prevention and Control |
| JRCALC | Joint Royal Colleges Ambulance Liaison Committee |
| KPIs | Key Performance Indicators |
| MERIT | Medical Emergency Response Incident Team |
| MINAP | Myocardial Infarction Audit Project |
| NED | Non-Executive Director |
| NHSP | National Health Service Pathways |
| NICE | National Institute for Health and Clinical Excellence |
| NRLS | National Reporting & Learning System |
| OOH | Out of Hours |
| PALS | Patient Advice and Liaison Service |
| PDR | Personal Development Review |
| PRF | Patient Report Form |
| NEPTS | Non – Emergency Patient Transport Service |
| QIA | Quality Impact Assessment |
| ReSPECT | Recommended Summary Plan for Emergency Care and Treatment |
| RIDDOR | Reporting of Injuries, Diseases and Dangerous Occurrences Regulations |
| ROSC | Return of Spontaneous Circulation |
| RRV | Rapid Response Vehicle |
| SI | Serious Incident |
| SOF | Single Oversight Framework |
| STEMI | ST Elevation Myocardial Infarction |
| STP | Sustainability and Transformational Partnerships |
| VAS | Voluntary Aid Services |
| WMAS | West Midlands Ambulance Service University NHS Foundation Trust |
| YTD | Year to Date |

Further Information

Further information and action plans on all projects can be obtained by contacting the lead clinician named on the project.

Further information on performance for local areas is available as an Information Request from our Freedom of Information Officer or from the leads for the individual projects.

Progress reports will be available within the Trust Board papers every three months with the end of year progress being given in the Quality Report to be published in June.

If you require a copy in another language, or in a format such as large print, Braille or audio tape, please call West Midlands Ambulance Service on 01384 215 555 or write to:

West Midlands Ambulance Service University NHS Foundation Trust
Ambulance Headquarters
Millennium Point
Waterfront Business Park
Brierley Hill
West Midlands
DY5 1LX

You can also find out more information by visiting our website: www.wmas.nhs.uk

If you have any comments, feedback or complaints about the service you have received from the Trust, please contact the **Patient Advice and Liaison Service (PALS)** in the first instance; **01384 246370**.



**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 08c MONTH: MAY 2021 PAPER NUMBER: 07c

| Departmental Annual Reports 2020/21 | |
|---|---|
| Sponsoring Director | Director of Nursing and Clinical Commissioning |
| Author(s)/Presenter | Director of Nursing and Clinical Commissioning |
| Purpose | To present the draft corporate function Annual Reports to members of the Board for review and approval |
| Previously Considered by | <p>Where appropriate, the reports have been agreed by:</p> <ul style="list-style-type: none"> • Health, Safety Risk and Environment Group (HSRE) • Professional Standards Group (PSG) • Operational Management Team (OMT) • Diversity and Inclusivity Group (D&I) <p>The reports have also been reviewed and agreed by Quality Governance Committee (QGC) as identified</p> |
| Report Approved By | Director of Nursing and Clinical Commissioning |
| <p>Executive Summary</p> <p>The leads of key corporate functions have produced the following reports to cover a summary of activities and achievements during 2020/21 and an overview of priority work areas for 2021/22. The following reflects the groups and committees where each report has been reviewed and approved for presentation to the Board of Directors.</p> <ol style="list-style-type: none"> 1. Controlled Drugs and Medicines Management (Agreed at PSG and QGC) 2. Infection Prevention & Control (Agreed at HSRE and QGC) 3. Maternity (Agreed at PSG and QGC) 4. Patient Experience (Agreed at PSG and QGC) 5. Safeguarding, including Prevent (Agreed at PSG and QGC) 6. Making Every Contact Count (Agreed at PSG and QGC) 7. Emergency Preparedness (Agreed at OMT and QGC) 8. Equality, Diversity & Inclusion (Agreed at D&I, and QGC) 9. Security Management (Agreed at HSRE and QGC) 10. Health & Safety (Agreed at HSRE and QGC) 11. Patient Safety (Agreed at PSG and QGC) 12. Clinical Audit and Research (Agreed at PSG and QGC) 13. Learning From Deaths (Agreed at LRG and QGC) <p>We have worked on a standardised template for most of these reports with the same structured content. This means that whilst they remain standalone documents, if viewed together, they will have the same corporate branding and layout, supporting ease of reference. All of the above reports have been shared with members of the Board of Directors for review. Once approved, they will be published on the Trust's website, supporting the Quality Account.</p> | |

**WEST MIDLANDS AMBULANCE SERVICE
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REPORT TO BOARD OF DIRECTORS

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All of the above reports have been shared with members of the Board of Directors for review. Once approved, they will be published on the Trust's website, supporting the Quality Account.

The Data Security and Protection Toolkit Annual Report will be completed following the DSPT national submission in June 2021.

| | |
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| Related Trust Objectives/ National Standards | The Annual Reports relate to the key objectives of each department and therefore support the achievement of all of the Trust's Strategic Objectives. |
| Risk and Assurance | Failure to achieve key departmental objectives may adversely affect significant risk 3 (Quality Compliance) |
| Legal implications/ regulatory requirements | Some of the reports (for example Infection Prevention and Control, Medicines Management and Safeguarding are statutory functions within all Trusts |
| Financial Implications | Any financial implications arising from individual priorities will be identified and reported through appropriate committees |
| Workforce Implications | None directly identified |
| Communications Issues | The departmental Annual Reports will be available to the public through the Trust's website alongside the Quality Account |
| Diversity & Inclusivity Implications | The Diversity and Inclusion Annual Report is contained within the pack |
| Quality Impact Assessment | Not required |
| Data Quality | All data contained within the reports have been provided and validated by the leads and Director for each area. All Trust data is subject to internal audit and checking processes. |
| Action required Members are asked to review and approve the draft documents, noting their approval at other Trust groups and committees. Once approved, these documents will be made available on the Trust's public website, supporting the Quality Account. | |

**WEST MIDLANDS AMBULANCE SERVICE
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REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 08d

MONTH: MAY 2021

PAPER NUMBER: 07d

| Board Assurance Framework | |
|--|--|
| Sponsoring Director | Executive Director of Nursing and Clinical Commissioning |
| Author(s)/Presenter | Executive Director of Nursing and Clinical Commissioning and Head of Risk |
| Purpose | <p>The Board Assurance framework has been revised into a new format considering Auditor's recommendations.</p> <p>The Committee is asked to note the risks and the actions and mitigations to control and reduce those risks</p> |
| Previously Considered by | EMB |
| Report Approved By | Director of Nursing, Quality and Clinical Commissioning |
| <p>Executive Summary</p> <p>The board assurance framework (BAF) brings together in one place all of the relevant risk assessment information on the threats to the achievement of the board's strategic objectives. The effective application of board assurance arrangements and continued site of the BAF will assist management and the board to collectively consider the process of securing assurance and promoting good organisational governance and accountability.</p> <p>Unfortunately, due to the Digital Make Ready project, the Online BAF Pilot phase has been delayed. Although process notes, and the pilot site has been completed – these are still to be tested by Head of Risk and Web Development before they are released. There will be a verbal update at the meeting. Once "live" the SharePoint report will replace this format</p> <p>Changes to the BAF since the last Board review are;</p> <p>Strategic Objective 1 –</p> <p>ES-002 – Control of Contractors</p> <p>Existing actions updated including dedicated contracts manager, thorough review of outstanding actions and identification of reduction of incidents. Risk has been reduced given the impact of these actions and further actions identified to ensure that the reduction of risk is suitable and maintained.</p> | |

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IPC-035 – Risks associated with bird/vermin droppings on Trust sites – Works commissioned and awaiting implementation before determining change in score

H&S-012 - Risk of staff suffering serious injury because of stab / ballistic weapons

EMB have requested that the Trust procure and trial stab proof vests at 1 E&U operational site. Evidence suggests that the highest number of reported V&A incidents occur against Staff at Willenhall HUB (which is also the HUB of the Crew who were stabbed in July 2020), therefore the trial will take place there. Head of Security is currently obtaining quotes and specific Staff measurements to ensure the most appropriate vests are used. Once the vests are received, they will be reviewed and assessed separately by a working group which will include the trial parameters, SOP for use and impact on dexterity and other tasks whilst using. The group will consist of Staff side, Operations manager, risk and security representative.

The Body Camera Trial Working Group has reconvened and meet fortnightly with progress towards the roll out of the devices. It is hoped that the trial will reduce the number of physical incidents against staff, but all findings will be reviewed and reported back to the group and Health, Safety and Risk Committee and EMB.

EP-019 – Pandemic

Risk reviewed to include additional risks and additional controls. Concerns raised around vaccination numbers, however clinic set up at Navigation Point and figure of vaccinated Staff is at 82%. Learning document to be circulated to identify Trust reflection and relevant actions. Given the reduction of cases and overall management of COVID, decision made to extend review date to monthly rather than fortnightly.

Strategic Objective 2 –

WF-028 - The devolution of workforce planning and educational commissioning could potentially have a detrimental effect on services, – New Risk added following discussion and review with Strategy Lead – full risk assessment completion arranged

Strategic Objective 3 –

No changes

Strategic Objective 4 –

ORG-082 - Devolution of resources to place and PCN level, for example around transformation funds and how the ambulance trusts engage - New Risk added following discussion and review with Strategy Lead - full risk assessment completion arranged.

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ORG-083 - Investment in digital capability for ambulance services often benefit from a regional approach - New Risk added following discussion and review with Strategy Lead- full risk assessment completion arranged.

Strategic Objective 5 –

ORG-084 - The opportunity for “collective accountability” on performance could be helpful in addressing issues - New Risk added following discussion and review with Strategy Lead - full risk assessment completion arranged.

ORG-085 - The loss of a lead commissioner raises the risk that ICS’s focus may be directed towards acute, community, mental health and primary care provision - New Risk added following discussion and review with Strategy Lead - full risk assessment completion arranged.

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| Related Trust Objectives/ National Standards | There is a national requirement for WMAS to have a Board approved Board Assurance Framework |
| Risk and Assurance | The board assurance framework (BAF) brings together in one place all of the relevant information on the risks to the board’s strategic objectives. It is an essential tool for boards and the effective application of board assurance arrangements to produce and maintain a BAF will help management and the board to consider collectively the process of securing assurance using a formal process that promotes good organisational governance and accountability. |
| Legal implications/ regulatory requirements | The completion of a BAF and ensuring risks are managed appropriately is an issue of good corporate governance |
| Financial Implications | There are no direct financial implications for the Committee to consider, however the BAF does address organisational financial risk. |
| Workforce & Training Implications | There are no direct workforce implications, however the BAF does address workforce issues. |
| Communications Issues | The new BAF format will need to be communicated to colleagues in the organisation. |
| Diversity & Inclusivity Implications | This is addressed, where appropriate in the risks identified and mitigating actions. |

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| Quality Impact Assessment | This is addressed, where appropriate in the risks identified and mitigating actions. |
| Data Quality | The information in the BAF is sourced from the WMAS Risk Register |
| Action required The Board is asked to review, discuss and agree the changes to the BAF | |

West Midlands Ambulance Service University NHS Foundation Trust Risk Matrix

Strategic Objective 1 :Safety, Quality and Excellence Lead Director: Mark Docherty

| Strategic Objective | 1: Safety, Quality and Excellence | Risk Description <i>What might happen if the risk materialises</i> | Current Risk Score With Controls and Assurances in Place (Consequence x Likelihood) | Mitigated Risk Score After Applying all Mitigating Actions (Consequence x Likelihood) | Target Risk score <i>(if deemed appropriate upon Board review)</i> | Lead Committee | Health, Safety, Risk and Environment Group |
|---------------------|-----------------------------------|---|---|---|---|-----------------|--|
| Principal Risks | | SR-1 - Failure to achieve Operational Performance Standards | 5x4=20 | 5x3=15 | 5x2 = 10 | Last Reviewed | May 2021 |
| | | PS-074 - Risks associated with extensive Hospital Breaches, Delays and Turnaround times | 4X5=20 | 4X4=16 | 4x3=12 | Review comments | 13th July 2020 – IPC-005 Owner review (removed from BAF as below 12) |
| | | HS-012 - Risk of staff suffering serious injury because of stab / ballistic weapons | 5X3=15 | 5X2=10 | n/a | | 27th July 2020 – Health, Safety and Risk Committee review – all risks added to Teams site for Group to review/comment. |
| | | EP-019 – Pandemic Influenza | 4X5=20 | 4X5=20 | 4X3=12 | | 6th August 2020 – SR1 reviewed – more in-depth review planned for 25th August to present at EMB |
| | | IPC-030 - Risks associated with change of process regarding PRPH | 3X3=9 | 3X3=9 | 3X3=9 | | 11th August – ORG-003 Owner review |
| | | EP-027 – Risks associated with Terrorist Threats | 5x3=15 | 5x10=10 | 5x10=10 | | 12th August – SR-3 reviewed (now removed from BAF as below 12), PS-027 Owner review – score increased and escalated to BAF |
| | | ORG-003 – Failure to complete SI investigations within timescales | 4x3=12 | 4x2=8 | 4x2=8 | | 13th August – EP-019 Owner review |
| | | PS-027 - Hospital Ambulance Liaison Officers being left in charge of patients in Hospital awaiting provision of care within the Hospital Department | 4x3=12 | 4x3=12 | 4x2=8 | | 17th August 2020 – owner review of IPC-030 and IPC-031 (now removed from BAF as archived) |
| | | IPC-032 PTS Staff at risk of conveyance of suspected infectious Patients including COVID-19 | 4x3=12 | 4x2=8 | 4x2=8 | | 10th September – Newly created risk escalated to BAF regarding Outbreak of COVID at 111 – to be discussed at HSRE |
| | | ORG-081 – Outbreak of COVID-19 | 4x5 = 20 | 4x5 = 20 | 4x4 = 16 | | |
| | | IPC-035 -Risks associated with bird/vermin droppings on Trust sites | 4X4=16 | 4X3=12 | 4X1 = 4 | | |
| | | PS-128 - Stacking of incidents at times of high demand | 5x4=20 | 5x3=15 | 5x2=10 | | |

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|--|--|--|--|--|---|
| | | | | | <p>W/C 16th November – IPC-035 scoring increased, IPC-030 scoring reduced and asked to remove from BAF</p> <p>January 2021 – PS-128 reviewed given current climate – planned reviews of PS-074 and PS-027 to ensure current demands are reflected – HS-012 due for review</p> <p>January 2021 – PS-074 scoring increased to reflect current demand and issues of Ambulances and Patients waiting</p> <p>February 2021 – IPC-035 – Escalate to HSRE for further discussion</p> <p>H&S-012 – Head of Safety and Security review and continue to liase with Police. Samples of stab vests being sourced for review/consideration</p> <p>EP-019 updated Bi Weekly EP-027 – Reviewed with no updates ORG-003 – Reviewed with actions identified</p> <p>IPC-032 – Reviewed to include all IPC kits, LFT, PPE and Hand Hygiene reinforcements and Bulkhead review</p> <p>ORG 056 – Archived</p> <p>April 2021 – ORG-056 discussed at HSRE and decision made not to archive but reduce risk and monitor – score is below 12 so not on BAF</p> <p>IPC-035 discussed at HSRE as Estates works has been commissioned – awaiting further update on when work will start and whether risk can</p> |
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|--|--|--------|-------|-------|--|
| | | | | | <p>be reduced</p> <p>HS-012 – To be reviewed on 15th April with Head of Security given agreement for trial of Vest Pilot – although separate RA and project to commence, this RA will be updated to reflect plans</p> <p>EP-019 – Lead changed to Strategy Lead</p> <p>May 2021 ES-002 Control of Contractors score reduced and removed from BAF</p> <p>HS-012 Reviewed and actions generated regarding Pilot of Stab proof vests</p> <p>EP-019 – Strategy Lead review, new additions and decision to extend review to monthly</p> <p>IPC-035 – Work has been agreed, awaiting implementation</p> |
| | IPC-002 - Regulatory concerns due to non-compliance with Clinical Waste Management | 4X3=12 | 4X2=8 | 4X1=4 | |

Strategic Objective 2 :A great place to work for all
Lead Director: Kim Nurse

| Strategic Objective | 2: A great place to work for all | Risk Description <i>What might happen if the risk materialises</i> | Current Risk Score With Controls and Assurances in Place (Consequence x Likelihood) | Mitigated Risk Score After Applying all Mitigating Actions (Consequence x Likelihood) | Target Risk score <i>(if deemed appropriate upon Board review)</i> | Lead Committee | People Committee |
|---------------------|----------------------------------|--|---|---|---|-----------------|---|
| Principal Risks | | ORG-078 - COVID-Secure in the Workplace | 4X3=12 | 4X2=8 | 4X2=8 | Last Reviewed | April 2021 |
| | | WF-028 - The devolution of workforce planning and educational commissioning could potentially have a detrimental effect on services, such as ambulance, that | 4x3 = 12 | 4X2=8 | 4X2=8 | Review comments | <p>4th August – WF-026 Owner review (removed from BAF as below 12)</p> <p>17th August – ORG-078 Owner review – risk increased due</p> |

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|--|---------------------------------|--|--|--|--|---|
| | operate on a regional footprint | | | | | <p>concerns – reinstated to BAF</p> <p>January 2021 – Updated to reflect greater controls – Risk added after review with Strategy Lead</p> <p>February 2021 – Completion of Risk Assessment to commence with Strategy Lead</p> <p>April 2021 - Completion of Risk Assessment to commence with Strategy Lead</p> |
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| <p align="center">Strategic Objective 3 :Effective Planning and use of resources</p> <p align="center">Lead Director: Linda Millincamp</p> |
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| Strategic Objective | 3: Effective planning and use of resources | Risk Description <i>What might happen if the risk materialises</i> | Current Risk Score With Controls and Assurances in Place (Consequence x Likelihood) | Mitigated Risk Score After Applying all Mitigating Actions (Consequence x Likelihood) | Target Risk score (if deemed appropriate upon Board review) | Lead Committee | Audit Committee |
|---------------------|--|---|---|---|---|-----------------|---|
| Principal Risk | | SR-2 The Trust fails to meet its financial duties | 4X3 = 12 | 4X3=12 | 4X2=8 | Last Reviewed | January 2021 |
| | | FI-009 - Patient activity varies at a rate that cannot be contained within the Trust's cost base | 3X4=12 | 3X4=12 | 3X4=12 | Review comments | <p>23rd July – Clarification sought from Audit Committee on frequency and detail for Risks to be reviewed</p> <p>August 2020 – FI-007, FI-020, FI-022, FI-026 added to BAF as reviewed at 12 and Above via Senior Finance Team</p> <p>January 2021 – Review planned as SR-2 is currently out of date on Register – risk added following discussion and review with Strategy Lead</p> |
| | | FI-023 - The current Senior Finance team are due to retire from the Trust during the same time period | 3X5=15 | 3X5=15 | 3X5=15 | | |
| | | FI-025 - Further appeal against the "Flowers" judgment not allowed or unsuccessful will result in a financial risk to the Trust. | 4X4=16 | 3X4=12 | 3X4=12 | | |
| | | ORG-029 - Risk of failure of Corporate IT or IT due to Cyber Terrorism | 4X4=16 | 4X3=12 | 4X3=12 | | |
| | | FI-007 - Tariff requires year on year efficiency improvements – eg 18/19 = 2%, but 19/20 and following 3 years is 1.1% minimum. | 3X4 = 15 | 2X5= 10 | 2X5 = 10 | | |
| | | FI-020 - The change in planning and commissioning of services on a national basis, particularly with reference to STPs, could destabilise the Trust's current business model. | 4X4=16 | 4x3=12 | 4x3=12 | | |

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| | FI-022 - Implementation of the IFRS 16 standard for leasing of assets | 3X4=12 | 3X3=9 | 3X3=9 |
| | FI-026 - The new nationally agreed pay award is not fully funded for the Trust | 5X4 = 20 | 5X3=15 | 5X3=15 |
| | FI-027 -The financial framework with the emphasis now on block contracting without the ability to respect activity growth. PbR has served WMAS well, a different approach will be required. | 4x4 = 16 | 4x3 = 12 | 4x2 = 8 |

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Strategic Objective 4 :Innovation and Transformation Lead Director: Craig Cooke

| Strategic Objective | 4: Innovation and Transformation | Risk Description <i>What might happen if the risk materialises</i> | Current Risk Score With Controls and Assurances in Place (Consequence x Likelihood) | Mitigated Risk Score After Applying all Mitigating Actions (Consequence x Likelihood) | Target Risk score (if deemed appropriate upon Board review) | Lead Committee | Health, Safety, Risk and environment Committee |
|---------------------|----------------------------------|---|---|---|---|-----------------|---|
| Principal Risk | | ORG-082 - Devolution of resources to place and PCN level, for example around transformation funds and how the ambulance trusts engage (220 PCNs across the Midlands region) | 4x3 =12 | 4x2 = 8 | 4x1 = 4 | Last Reviewed | April 2021 |
| | | ORG-083 - Investment in digital capability for ambulance services often benefit from a regional approach, however again devolution of monies to individual ICS may challenge us. | 4x3 = 12 | 4x2 = 8 | 4x1 = 4 | Review comments | January 2021 – review at Audit Committee – inclusion of relevant risks after review with Strategy Leads February 2021 – Risk Assessment completion to commence with Strategy Lead April 2021 - Completion of Risk Assessment to commence with Strategy Lead |

Strategic Objective 5 :Collaboration and Engagement Lead Director: Vivek Khashu

| Strategic Objective | 5: Collaboration and Engagement | Risk Description <i>What might happen if the risk materialises</i> | Current Risk Score With Controls and Assurances in Place (Consequence x Likelihood) | Mitigated Risk Score After Applying all Mitigating Actions (Consequence x Likelihood) | Target Risk score (if deemed appropriate upon Board review) | Lead Committee | Workforce Development Group |
|---------------------|---------------------------------|---|---|---|---|----------------|-----------------------------|
|---------------------|---------------------------------|---|---|---|---|----------------|-----------------------------|

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|-----------------------|--|----------|---------|---------|
| Principal Risk | ORG-084 - The opportunity for “collective accountability” on performance could be helpful in addressing issues - how this would work though is ill defined | 4x3 = 12 | 4x2 = 8 | 4x2 = 8 |
| | ORG-085 - The loss of a lead commissioner raises the risk that ICS's focus may be directed towards acute, community, mental health and primary care provision so ability for ambulance to access national transformation funds for example or capital may continue to be constrained. | 4x3 = 12 | 4x2 = 8 | 4x1 = 4 |

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| Last Reviewed | April 2021 |
| Review comments | <p>January – review at Audit Committee – inclusion of relevant risks after review with Strategy Leads</p> <p>February 2021 - Risk Assessment completion to commence with Strategy Lead</p> <p>April 2021 - Completion of Risk Assessment to commence with Strategy Lead</p> |

Appendices

Strategic Objective 1 :Safety, Quality and Excellence Lead Director: Mark Docherty

| | Risk Description <i>What might happen if the risk materialises</i> | Assurance <i>Evidence that the controls are effectively implemented</i> | Gaps in Assurance | Mitigating Actions | Board Review – Tolerance and Appetite | Action Required (with timescale to complete) <i>Gaps in Controls or Assurance</i> |
|---------|--|--|------------------------------------|--|---|---|
| IPC-035 | Risks associated with bird/vermin droppings on Trust sites | Estates work commissioned | Awaiting implementation of actions | Discussion at HSRE that works had been commissioned – awaiting update to identify when work will be implemented and impact | Await success of actions once implemented before further decision | |
| H&S-012 | Risk of staff suffering serious injury because of stab / ballistic weapons | <p>EMB have requested that the Trust procure and trial stab proof vests at 1 E&U operational site. Evidence suggests that the highest number of reported V&A incidents occur against Staff at Willenhall HUB (which is also the HUB of the Crew who were stabbed in July 2020), therefore the trial will take place there. Head of Security is currently obtaining quotes and specific Staff measurements to ensure the most appropriate vests are used. Once the vests are received, they will be reviewed and assessed separately by a working group which will include the trial parameters, SOP for use and impact on dexterity and other tasks whilst using. The group will consist of Staff side, Operations manager, risk and security representative.</p> <p>The Body Camera Trial Working Group has reconvened and meet fortnightly with progress towards the roll out of the devices. It is hoped that the trial will reduce the number of physical incidents against staff, but all findings will be reviewed and reported back to the group and Health, Safety and Risk Committee and EMB.</p> | | It has been agreed that Pilot to be planned via Head of Security, separate RA and project to be implemented | Await update from Head of Security at EMB | |
| EP-019 | Pandemic | Risk reviewed to include additional risks and additional controls. Concerns raised around vaccination numbers, however clinic set up at Navigation Point and | | Change of Owner to Strategy Lead and decision made that reviews are extended to monthly | | N/A |

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| | | figure of vaccinated Staff is at 82%. Learning document to be circulated to identify Trust reflection and relevant actions. Given the reduction of cases and overall management of COVID, decision made to extend review date to monthly rather than fortnightly. | | | | |
| ES-002 | Control of Contractors | Existing actions updated including dedicated contracts manager, thorough review of outstanding actions and identification of reduction of incidents. Risk has been reduced given the impact of these actions and further actions identified to ensure that the reduction of risk is suitable and maintained. | | | Remove from BAF | |

Strategic Objective 2 :A great place to work for all
Lead Director: Kim Nurse

| | Risk Description <i>What might happen if the risk materialises</i> | Assurance <i>Evidence that the controls are effectively implemented</i> | Gaps in Assurance | Mitigating Actions | Board Review – Tolerance and Appetite | Action Required (with timescale to complete) <i>Gaps in Controls or Assurance</i> |
|--------|---|---|---|---------------------------|--|---|
| WF-028 | The devolution of workforce planning and educational commissioning could potentially have a detrimental effect on services, such as ambulance, that operate on a regional footprint | | Completion of Risk Assessment to commence | | | N/A |

Strategic Objective 3 :Effective Planning and use of resources
Lead Director: Linda Millincamp

| | Risk Description <i>What might happen if the risk materialises</i> | Assurance <i>Evidence that the controls are effectively implemented</i> | Gaps in Assurance | Mitigating Actions | Board Review – Tolerance and Appetite | Action Required (with timescale to complete) <i>Gaps in Controls or Assurance</i> |
|--|--|---|--------------------------|---------------------------|--|---|
| | | | | | | |

Strategic Objective 4 : Innovation and Transformation
Lead Director: Craig Cooke

| | Risk Description <i>What might happen if the risk materialises</i> | Assurance <i>Evidence that the controls are effectively implemented</i> | Gaps in Assurance | Mitigating Actions | Board Review – Tolerance and Appetite | Action Required (with timescale to complete) <i>Gaps in Controls or Assurance</i> |
|----------------|--|---|--|---------------------------|--|---|
| ORG-082 | Devolution of resources to place and PCN level, for example around transformation funds and how the ambulance trusts engage (220 PCNs across the Midlands region) | | Completion of Risk Assessment to commence with Strategy Lead | | | N/A |
| ORG-083 | Investment in digital capability for ambulance services often benefit from a regional approach, however again devolution of monies to individual ICS may challenge us. | | Completion of Risk Assessment to commence with Strategy Lead | | | N/A |

Strategic Objective 5 : Collaboration and Engagement
Lead Director: Vivek Khashu

| | Risk Description <i>What might happen if the risk materialises</i> | Assurance <i>Evidence that the controls are effectively implemented</i> | Gaps in Assurance | Mitigating Actions | Board Review – Tolerance and Appetite | Action Required (with timescale to complete) <i>Gaps in Controls or Assurance</i> |
|------------------|--|---|--|---------------------------|--|---|
| ORG-084 - | The opportunity for “collective accountability” on performance could be helpful in addressing issues - how this would work though is ill defined | | Completion of Risk Assessment to commence with Strategy Lead | | | N/A |
| ORG-085 - | The loss of a lead commissioner raises the risk that ICS’s focus may be directed towards acute, community, mental health and primary care provision so | | Completion of Risk Assessment to commence with Strategy Lead | | | N/A |

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| | ability for ambulance to access national transformation funds for example or capital may continue to be constrained. | | | | | |
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**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 09b MONTH: MAY 2021 PAPER NUMBER: 08a

| 2021/22 Winter Plan | |
|---|---|
| Sponsoring Director | Craig Cooke – Executive Director for Strategic Operations and Digital Integration |
| Author(s)/Presenter | Craig Cooke – Executive Director for Strategic Operations and Digital Integration Nick Henry – Head of Operational Information & Planning |
| Purpose | The Winter Plan is the Trust document that gives the strategic plan for the coming winter and the arrangements in place |
| Previously Considered by | Senior Commander Meeting, OMT and EMB |
| Report Approved By | Craig Cooke – Executive Director for Strategic Operations and Digital Integration |
| Executive Summary This Winter Plan sets out the Strategic overview of the arrangements for the Trust for the coming Winter Period for 2021/22. The Trust has many years of experience of developing its robust planning arrangements for the Winter period, with this year having additional arrangements for the continued global COVID-19 pandemic. This year's plan has been constructed with lessons learnt feedback from last winter, flooding and the COVID-19 experience. This paper comes to the Board for approval | |
| Related Trust Objectives/ National Standards | Achieve Quality and Excellence, Accurately assess patient need and direct resources appropriately, Establish market position as an emergency health care provider and work in partnership. Also to achieve National AQI's |
| Risk and Assurance | This Winter Plan is to enable the Trust to manage the expected risks of increased demand and provide the safest service to the citizens and staff within the region |
| Legal implications/ regulatory requirements | Winter Plans are requested by NHSE/I for regional and national assurance for all NHS Trusts |
| Financial Implications | There are financial implications to delivering this plan that have previously been consider by EMB to enable the plan to be completed |

**WEST MIDLANDS AMBULANCE SERVICE
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REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 09b MONTH: MAY 2021 PAPER NUMBER: 08a

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| Workforce & Training Implications | The necessary recruitment and training have previously been approved by EMB |
| Communications Issues | N/A |
| Diversity & Inclusivity Implications | <p>Given the recruitment of additional staff from within the organisation and externally, these implications are already considered through opportunities within the recruitment process.</p> <p>This plan is inclusive to all citizens, patients and staff within the Trusts regional arrangements</p> |
| Quality Impact Assessment | N/A |
| Data Quality | The information required for this plan are provided by the Trust BIU team and the BIU are internally and externally audited to ensure data quality |
| Action required This report comes to the Board for approval as part of the Trust's formal signoff process for Winter Planning | |



2021/22

Winter Plan

| | |
|-------------------|---|
| Version | 1.1 |
| Ratified by | |
| Date ratified | |
| Author | |
| Intended audience | WMAS Staff NHS England/ Improvement Area Team Ambulance CCG Commissioning Lead |
| Related Plans | WMAS Major Incident Plan WMAS Adverse Weather Plan WMAS Process for patient handover and turnaround at Acute Trust's Mutual Aid Plan Resourcing Escalatory Action Plan (REAP) Surge Demand Management Plan Pandemic Influenza Plan |



Trust us **to care.**



Version Control

| Version | Date of issue | Updated by | Change log |
|---------|---------------|------------|---|
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| 2.0 | | | |

Disclaimer

This plan may require dynamic management during operational delivery due to the nature of the work undertaken, which can result in last minute changes. The author will inform colleagues of any required changes and log all changes accordingly. This plan and any associated documents must not be circulated beyond the plans distribution list.

The Map below shows the geographical areas of the West Midlands Region. The Trust provides all the Emergency Ambulance Service provision and currently provides Patient Transport Services in 2 of the sub areas.



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NHS E/I

Commissioning CCG

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| Incident Command Desk | EOC MP |
| On Call Teams | Teams A to E |
| Strategic Capacity Commander | Regional Capacity Cell |
| EP Team | Emergency Preparedness Managers |



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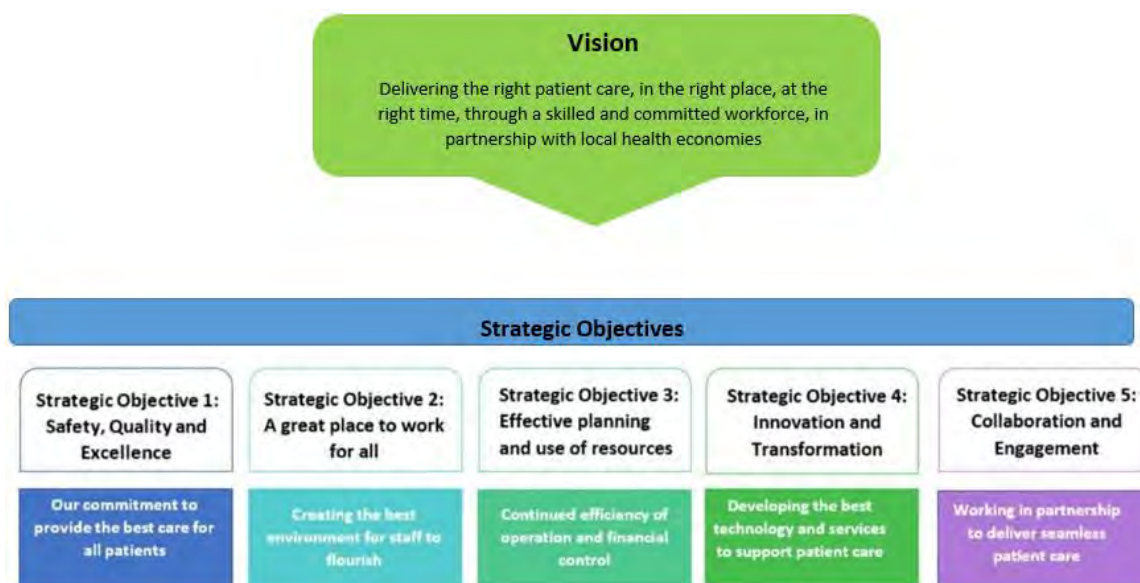
1.0 Background to WMAS

West Midlands Ambulance Service University NHS Foundation Trust (WMAS) is located in the heart of England; it serves a population of over 5.6 million people, who live in the areas of Shropshire, Herefordshire, Worcestershire, Warwickshire, Staffordshire and the Birmingham, Solihull, Coventry and the Black Country conurbation. This covers a region of 5000 square miles of which 80% is rural landscape and well known for some of the most remote and beautiful countryside in the country that includes the Welsh Marches on the Shropshire / Welsh borders and the Staffordshire Moorlands.

The West Midlands is an area of contrasts and diversity. It includes the second largest urban area in the country, covering Birmingham, Solihull and the Black Country where in the region of 45% of the population live. Birmingham is England's second largest city and the main population centre in the West Midlands, second only to the capital in terms of its ethnic diversity. It also sees an annual influx of people of all age groups who attend particular events such as nightlife; Christmas markets; football matches; marches; cricket; live shows at the Birmingham Arena, National Exhibition Centre or travelling to and from Birmingham International airport.

The Trust has a strong set of underpinning structures to ensure the very best services are provided to the patients and public which we serve, whilst ensure continuous improvement and efficiency is enabled for long term sustainably.

WMAS is a high performing urgent and emergency ambulance service that has a significant track record of delivering successful services over many years, which is gaining experience in providing a high quality 111 provision for a large proportion of the region excluding Staffordshire. The Trust is also experienced in managing significantly sustained incidents (such as pandemic flu) and continuous high demand periods (such as heatwave and severe winter weather) and has successfully led the response to such incidents.





The winter of 2020/2021 was very different from any other due to the Global Pandemic and the NHS working at a Level 4 critical incident status. The increased use of facemasks, hand sanitiser and PPE saw the lowest levels of norovirus and seasonal flu.

There was a significant impact to hospital capacity during January 2021 that impacted patient handovers, the return of flooding in February and several snow days to complete a very difficult winter period for the Trust.

The Trust maintained daily Senior Command & Control focused meetings to ensure WMAS were able to maintain and achieve all National Ambulance quality standards for the year, despite very difficult circumstances and keeping staff safe. All learning from winter 2020/21 have been utilised to further inform and improve this plan.

1.1 WMAS Firmographics

- Established in July 2006 merging with Staffordshire in October 2007
- 5.6 million population (Circa 10.5% of the English population)
- Over 5,000 square miles, 80% rural
- Circa 4,000 999 calls per day
- Over 570,000 emergency journeys annually
- NHS 111 provider for Arden, Birmingham, Black Country & West Mercia
- Approaching 3700 average 111 calls per day
- £350 million budget
- Emergency Fleet of over 515 vehicles including:
 - 514 Emergency Ambulances
 - 15 4x4 Wheel Drive Double Crew Emergency Ambulances
 - 22 Rapid Response Ambulance Cars
 - 4 x Helicopters
 - Specialist Vehicles including:
 - Polaris Ranger 6x6 Off Road Ambulance
 - Mass Casualty Vehicles
 - Mobile Command Vehicle
 - Major Incident Vehicles
- Over 7500 Staff and 1,000 Volunteers
- 857 defibrillators per million population

1.2 Infographics

- Only Ambulance Trust with Outstanding CQC rating



- No Vacancies, including Paramedic (nationally there are 2,500 Paramedic vacancies)
- Only ambulance service to have all front-line ambulances that have a Paramedic on board all emergency ambulances (highest skill mix in the country) therefore 100% of patients are assessed by a registered healthcare professional
- Newest fleet in the country, no vehicles more than 5 years old
- Only Outstanding Ambulance Trust in segmentation 1 of the Single Oversight Framework
- Over 400 more Student Paramedics will begin training this year
- Achieved 83% of staff receiving COVID vaccination
- Achieved 85% of staff receiving seasonal flu vaccination
- Lowest level of staff sickness in the country at 3.40% without COVID
- Highest achievement of PDR completion and mandatory refresher training (96% and 97% complete 2020/21)
- Second lowest conveyance rate in the country with our paramedics only conveying patients to ED that require ongoing assessment and treatment with 100% roll-out of the electronic patient record (EPR) on the emergency fleet
- Very high performing in terms of response times – highest performing ambulance service in the country
- High level of preparedness for the eventuality of a Marauding Terror Attack (MTA) or other terrorist activity, enhanced equipment on all vehicles
- Financial Key Metrics (EBITDA, CIPs, Capital, Cash) target achieved and exceeded for 2020/21
- Operational 24/7 Tactical Incident Commander on duty to provide senior experienced management to significant incidents
- 24/7 Incident Command Room fully embedded to support significant incidents
- Fully embedded Strategic Capacity Cell available 24/7 to support hospitals and operational resources to improve support to patients

2.0 Introduction

The winter/festive period is an extremely busy time for WMAS and presents significant challenges in terms of increased 999 and 111 activity, year on year. In reviewing the 2020/21 winter period, the increased pressure from COVID on the Trust abstractions with staff isolating or contracting the virus. Added to this significant impact on hospitals with bed capacity and the needs to flick beds/wards from COVID to non-COVID. Not forgetting flooding in February and the adverse weather days of snow across the region. In reviewing the early winter months profile, it demonstrates that the Trust experiences an average increase in incidents of 7% and peaks at 20% for the 999 service above forecast through the period compared to the rest of year average, with 111 experiencing days of over 24% above forecasted activity.

Early December saw the start of the Trust's COVID vaccination coordination programme that was provided by local hospitals and Primary Care Networks, achieving 83% of all staff vaccinated.

The pandemic saw all Strategic Coordination Groups within the Trust footprint operating at Major Incident level and ensuring increased communication between all partners.

The primary focus of this Winter Plan is to review and outline the service's plans and preparation in readiness to provide sufficient resources, in all areas of the Trust, to achieve safe services for the delivery of patient care and maintain performance over the Winter. This will be the second winter with COVID-19 so has the potential for new variants of the virus and any associated significant risks for patients, staff, the Trust and health community partners.

The impact on service delivery from COVID-19 saw significantly increased abstractions due to staff isolation, sickness and shielding that was very well managed by the Trust with staff testing with lateral flow testing, access to PCR testing through the Queen Elizabeth Hospital that gave staff and their families access to speedy PCR testing. The welfare of staff remains a key priority for the Trust which includes individual risk assessments for any staff that are deemed Clinically Extremely Vulnerable to the virus.

During the normal planning for the period, the Trust will experience payday weekends, school holidays, various festive religious events like Diwali and Christmas celebrations, New Year parties, any adverse weather conditions and increased congestion on the roads. In addition, it is well documented that the overall NHS system becomes challenged during this period with high demand which is often sustained and creates considerable capacity pressures. This coming winter there remains the potential for further national expectations from NHSE/I that the health systems will use the experiences of the 12 months with COVID, to further improve how patients access emergency, urgent and primary care services with ambulance clinicians having direct access to same day emergency care (SDEC) wards.

This Winter Plan has been developed to cover the arrangements for the Trust and so encapsulates all Sustainability and Transformation Partnerships (STP's) that operate within the WMAS regional boundaries.

A separate and more detailed operational plan will be published to ensure the Festive period (pre-Christmas, Christmas, New Year and post New Year) is managed safely and effectively, this will be known as the Festive Plan (FP), and will contain very detailed operational resourcing plans.



2.1 Strategic Planning

The Trust has developed its strategic plan with early investment for robust plans to be in place to ensure that during the Winter/Festive period, that it has the maximum number of available staff to better manage the increases in call volumes and the ability to respond to patients at the busiest period of the year. This to include recruitment of circa 220 new operational staff so that their training is complete, to ensure they are fully operational for the festive period, with the provision to increase this to 320.

There will be reduced planned abstractions for the festive period, timely fleet replacement programme in place to enable an increase in fleet for the busiest months and increased emergency call takers have been recruited in the year to ensure the staff have good experience before the winter period and plans are in place to ensure that these staffing levels are maintained.

All additional staffing and resource will be available and ready to be deployed into frontline operations ahead of the festive period. The annual training of operational staff (mandatory training) has been planned across 8 months of the year to reduce the impact.

The merger of the 999 and 111 call centres in Brierley Hill has been a positive step forward to increase the resilience of these services for the Trust with both services utilising an integrated software platform.

The purpose of this plan is to maximise resourcing to meet high demand. The integrated Emergency Operations Centre (EOC) with 111 call centre, each of the 15 Operational hubs, Emergency Preparedness, Fleet, Logistics and Business Continuity support are all reviewed and explicitly addressed in plans. The Trust has undertaken lessons learnt exercises for last winter, flooding and 12 months of COVID-19. All documented and presented to the Board of Directors.

Plans illustrate how those same risks will be mitigated during the period, including those actions that have been taken to address any potential gaps. All departments must provide their team staff working hours and how they will support operations and/or the control rooms over the winter period. Officers with blue light cars will be asked to provide additional operational support.

All Trust Business Continuity Plans (BCP) are up to date and have been tested.

In order to maximise patient safety over the critical festive period there will be no non-urgent / non-mission critical meetings in Headquarters between Wednesday 15th December and Wednesday 6th January inclusive.

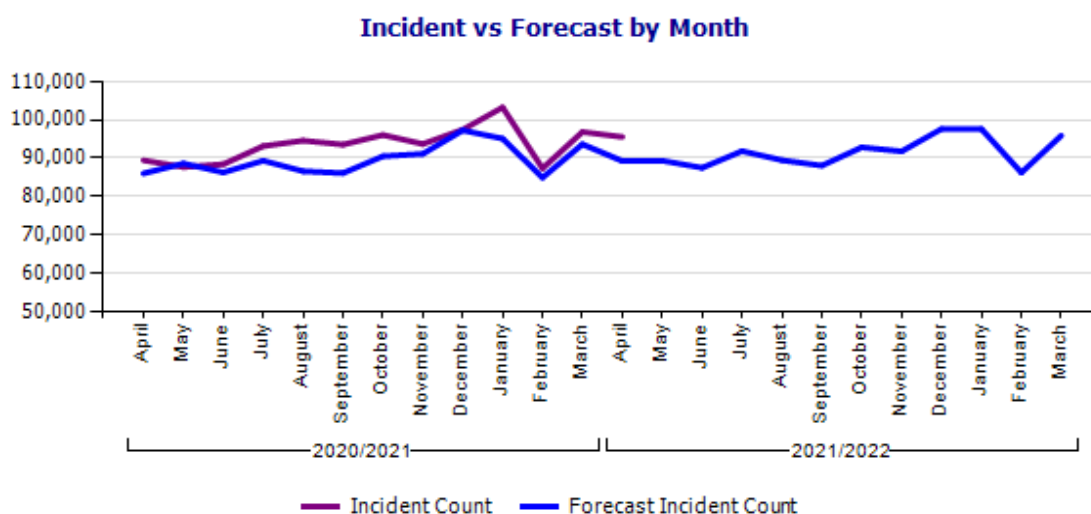
All operational effort is to be focused on responding to patients and this includes all union reps, clinical managers, etc. from 14th December 2021 -12th January 2022.

In addition to the strategic planning for winter and the agreed operational plans for winter, the CEO has delegated authority from the Board of Directors to implement further operational options to increase capability, as the winter demands prevail and to take all necessary action to protect staff and the public.

A number of contingency options for additional resourcing will be developed prior to the winter to support unforeseen circumstances. One that has already been agreed due to COVID-19 is for a High Dependency tier to be available in E&U operations until the end of March 2021.

2.2 Winter Demand

There is typically a 4% demand increase year on year, although through the winter period the Trust experiences a typically 6% growth for the months November and December, compared to the mean average of non-winter months and can also see spikes of 22% at times. The below graph shows the expected increase in demand to assist in the planning of resources.



Demand is also affected by the timing of the Bank Holidays during this coming festive period in relation to the weekends and when NHS services are available. For 2021/22 the Christmas period falls over a weekend with Saturday (Christmas Day) and Sunday (Boxing Day), given this there are Bank Holiday dates for Monday 27th and Tuesday 28th December that will see increased numbers of patients wishing to access services. This four-day period will have additional impact on the Trust's 999 and 111 services for this extended holiday period with reduced primary care services.

Historically when Christmas Day falls on a weekend, it does provide a differing pattern to the activity impacted by the health services availability of primary care given the prolonged weekend and weather conditions.

This winter has the continued potential of higher risks due to the impacts of COVID-19, depending on potential mutations of the virus and delivery of the booster vaccine programme that is being arranged. This could have wider effects on all health and social communities within the region. Plans have been made to assume that COVID-19 will continue to affect WMAS service delivery although the Trust will maintain its robust staff support functions of test & trace and seasonal/COVID vaccination programmes.

2.3 Resilience and Specialist Operations

The winter months present some specific challenges for the Trust in relation to Resilience and Specialist Operations.

The potential for operational challenges encountered through inclement weather often increase throughout the winter period. Such occurrences are covered through the enactment of the Trusts “Adverse Weather Plan” with local and regional forward and real-time forecasting is maintained by the Resilience Department with close links with the “Met Office” and the Environment Agency to allow sufficient time for any actions required.

Winter normally has the potential for increased cases of seasonal flu outbreak so the Trust commenced its robust seasonal flu campaign in May 2021, with additional planning this year for the potential options of delivering COVID booster vaccinations to staff. This to ensure appropriate planning is in place to reduce any potential impact of seasonal flu or COVID outbreaks are managed appropriately.

Although more prevalent in the weeks preceding the festive period, many areas across the region would normally have a significant rise in footfall through major towns and cities leading to “crowded place” scenarios. These scenarios are potential subjects for the increased possibility of terrorist attacks given the change in tactics seen across the globe in recent years. The Trust has a significant capability both in terms of planning, response and links with local agencies in such matters. Dependant on the status of the national COVID-19 arrangements at the time, this will impact the ‘footfall’ at locations and events across the region.

3.0 Commissioning

WMAS is commissioned by 6 CCGs across the West Midlands for the 999-ambulance contract and for 5 CCG’s (excluding Staffordshire) for the 111 contract, with Black Country and West Birmingham CCG being the Lead Commissioner.

3.1 Lead Commissioners

The Lead CCG Commissioner can be contacted for a variety of reasons such as

- Act as a communication point between WMAS and CCGs
- Highlight specific issues that need Commissioner input
- Keep apprised of issues that are ongoing

WMAS have a named Commissioning Executive Director who will be the point of contact for all commissioning matters, specifically:

- Additional winter resources
- Attendance the A&E Delivery Boards
- Lead for the STP’s
- Alerting to additional system resilience requirements for 999 & 111
- Escalating system pressures relevant to CCG’s (e.g. Ambulance Turnaround delays)

3.2 Potential Risks

- Commissioners are looking to WMAS to support delivery of the local healthcare system
- High demand on 999 or 111 services (significant growth due to sudden severe adverse weather or increased illness in patients)
- High levels of COVID-19 with associated variants, seasonal flu, associated illness or isolation abstractions



- Hospital Turnaround delays at Emergency Departments is a likely key risk which will impact the operational delivery of the Emergency Service
- System risks are managed via A&E Delivery Boards, Chief Executives of providers, and Local Authority representation
- Substantial incident or disease outbreak

The following should be focused on to assist in managing the identified risks and workload:

- Increased cover on Bank holidays, weekends and other key dates
- Sustained low level of conveyance to hospital
- Reduced handover times and reducing excessive long delays
- Continued use of the Clinical Support Desk
- Use of Clinical Advisor Service
- Use of alternative Pathways of patient care
- Trust track & trace services to support staff
- Robust COVID-19 and seasonal flu vaccination programme

3.3 111

The Trust has quickly built a reputation for delivering a stable 111 service for the geographical area that it is now the provider, Birmingham, Black Country, Shropshire, Hereford, Worcestershire, Coventry and Warwickshire. This being provided with dual trained call handlers for 999 and 111 calls which has been enhanced since the co-location of the EOC and 111 into a single building with a single CAD catering for both services.

Vocare are the provider for the county of Staffordshire. Given the robust delivery from the Trust, it is vital that Vocare are able to also provide a fully enabled service to answer calls promptly and have the resources to manage their CAS requirements accordingly, to not impact the 999 service in the county.

The Clinical elements of 111 have seen improvements where the clinical model of providing the right clinical skills to meet the needs of patients. The function has clinicians from a wide range of backgrounds including, GP's, Advanced Nurse Practitioners, Advanced Paramedic Practitioners, Nurses, Paramedics, Dental Nurses, Mental Health Nurses and Pharmacists.

4.0 Command and Control

The Trust has a strong track record in delivering effective services through a command structure. This consists of a) Executive Director of On-Call 24/7 (CEO or Deputy Chief Ambulance Officer), b) the Strategic (Gold) Commander team who provide 24/7, 365-day strategic leadership and management through an on-call provision, c) a Duty Director (Gold) provides a live working Strategic on-duty Commander at Headquarters every evening and throughout the weekend. At times of extreme demand these arrangements will be expanded further to meet the needs of the organisation. The on-call system also provides Tactical (Silver) level management for the geographical areas and functional operational departments such as E&U operations, EOC, 111, Emergency Preparedness and PTS.

In the winter period (2021/22) the Trust will provide a) an Executive Director of On-Call 24/7 (CEO or Deputy Chief Ambulance Officer), b) an On-Call Strategic (Gold) Commander 24/7, c) a Duty Director on site at Headquarters at weekends d) a Duty Director working Monday to Friday on twilight shifts.



This role has been proven through the last few winters to be very beneficial to have this senior leadership on site, dealing with matters live and supporting staff.

4.1 Operational Strategic Overview

There is an On-Call Conference call every Monday and Friday at 0900hrs which is attended by the senior managers and the on-call team, chaired by the On Call Strategic Commander. These meetings can be increased to daily, should the need arise.

The operational Tactical level On Call team are collectively managed by one Strategic Commander to improve communications for On Call purposes. All other departments/specialities are managed by their respective Strategic Commander. All ensuring that lessons learnt are shared to continually improve command and control.

There are weekly Senior Manager Team (SMT) meetings that review the control room and operational cover, pressures experienced/ expected and mitigation of risks, also chaired by the Director for each area.

4.2 Officers Booking 'On' and 'Off' Duty

All Officers MUST book on duty with EOC via ARP and MUST inform EOC when moving location or returning home. Officers must be prepared to respond to incidents if they are the nearest vehicle to a 999 call.

4.3 Duty Director/Strategic Commander

Given the experience of the last few winters and COVID-19 management, the Trust will maintain the arrangements for a trained and experienced Duty Director, based at Navigation Point working 7 days to support 999, 111 and PTS. This position is primarily looking at live operational issues and taking senior decisions to resolve problems within the WMAS operation or escalating matters which other providers need to take urgent and robust action, in-order to ensure WMAS operations are not compromised.

This function is undertaken by Assistant Chief Ambulance Officer's (ACAO), giving extended weekday shifts and weekend coverage. The function is based at Navigation Point and works typically a twilight shift. This is further enhanced during the Festive 2 week, to include an additional day shift cover.

This will ensure that the risk to patients is minimized in periods of high demand or situations where WMAS resource is being affected by other providers (such as Hospital Turnaround delays). The arrangements will be continually reviewed for effectiveness in the winter period and adapted as required.

4.4 Operational Tactical Incident Commander

The Trust has an on duty, live operational Tactical Commander level role to enhance the management cover that is provided by the 24/7 Operations Managers and the On-Call provision that the Trust has had in supporting larger scale incidents. During the winter period there is the ability to restrict operational tasking to better support the organisation. Implementing this was proven to work well through winter and COVID-19 first peak. This will be managed directly by the Strategic Command team.



4.5 Incident Command Room

The Incident Command Room is based at Navigation Point, staffed by a Tactical Incident Commander and will be utilised to support the region in Command and Control situation, 24/7. The cell will function under the direction of the Strategic Commander and provide resilience to the region.

This room also houses the National Ambulance Coordination Centre (when live or activated) and the provision for managing significant incident or adverse weather management.

4.6 Additional Manager Cover

All managers with a blue lighted car will make themselves available throughout the winter period by booking on with the EOC, when on duty at all times.

The Trust has agreed a number of key dates where it requires all operationally qualified managers who are not delivering frontline services or priority training, to make themselves operationally available to EOC, either through booking on with their blue lighted car or arranging to work as part of an additional Ambulance crew. Those dates are as follows:

December 2021:

Weekend of 17th, 18th, 19th, 20th

Christmas Day, Boxing Day and following Bank Holidays 27th, 28th, 29th

New Year's Eve 31st

January 2021:

New Year's Day and following days 1st, 2nd, 3rd, 4th

5th, 6th, 7th, 8th, 9th, 10th, 11th

There is a requirement for all operationally trained staff to be available to respond to patients through this period. Given that there will be reduced meetings over the dates stated above, this will increase availability of regional staff to patients.

4.7 Key Operational Requirements

A number of key principles have been agreed as an operational team to ensure focus and consistency is applied in the winter months. This will help all managers to apply a consistent approach and provide some priorities also:

- Ensure all incident types are allocated without delay
- Reduce downtime to the minimum and ensure hospital turnaround is tightly managed and escalated
- Maintain low sickness levels through robust and effective and timely management of all sickness
- Ensure an effective Flu and COVID-19 Vaccination plan is being delivered
- Production of Festive Plan period rosters in October to ensure any identified resourcing issues can be addressed early
- Maximise ambulance resource to ensure strong cover is in place for peak periods such as weekends, Mondays and key dates
- Continued focus on delivering a Paramedic on every ambulance



- Plan ahead for all staff coming from training in readiness for the festive period
- VPO cover to be maximized and recruitment plan is a priority
- Operational Manager posts will be backfilled at all times for Annual Leave etc
- There is no planned use of external VAS support

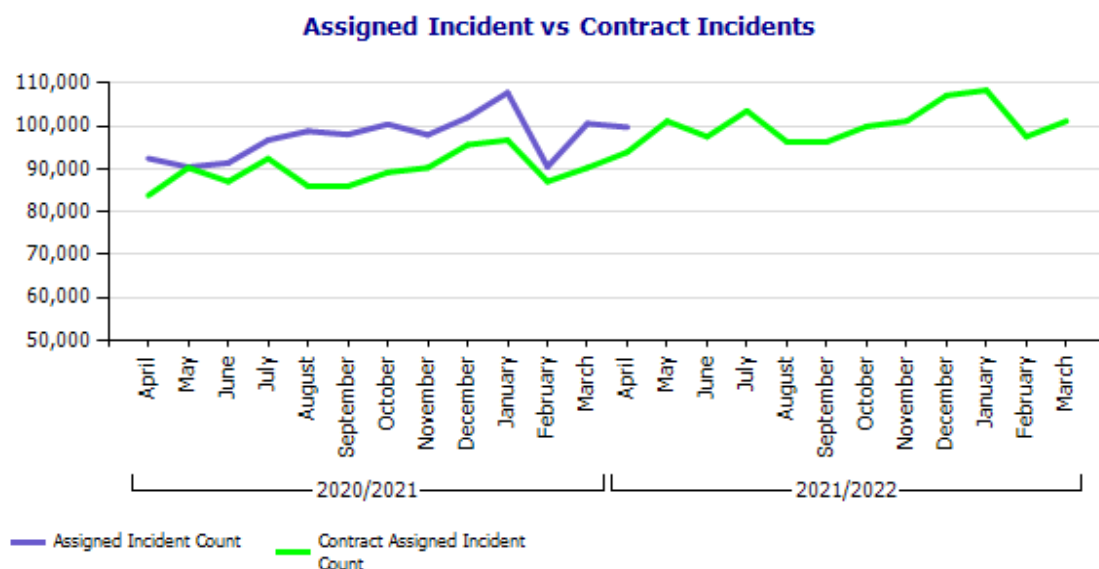
4.8 Key Contact Centre Requirements

- Answer calls promptly and appropriately to meet the needs of calls/patients
- Ensure all incident types are allocated without delay
- Reduce downtime to the minimum and ensure hospital turnaround is tightly managed and escalated
- Maintain low sickness levels through robust and effective and timely management of all sickness
- Ensure an effective Flu and COVID-19 Vaccination plan is being delivered
- Production of Festive Plan period rosters in October to ensure any identified resourcing issues can be addressed early
-

5.0 Activity / Contract / Resourcing Forecasts

5.1 Activity vs Contract

The chart below depicts the assigned incident count against the contracted incident count.

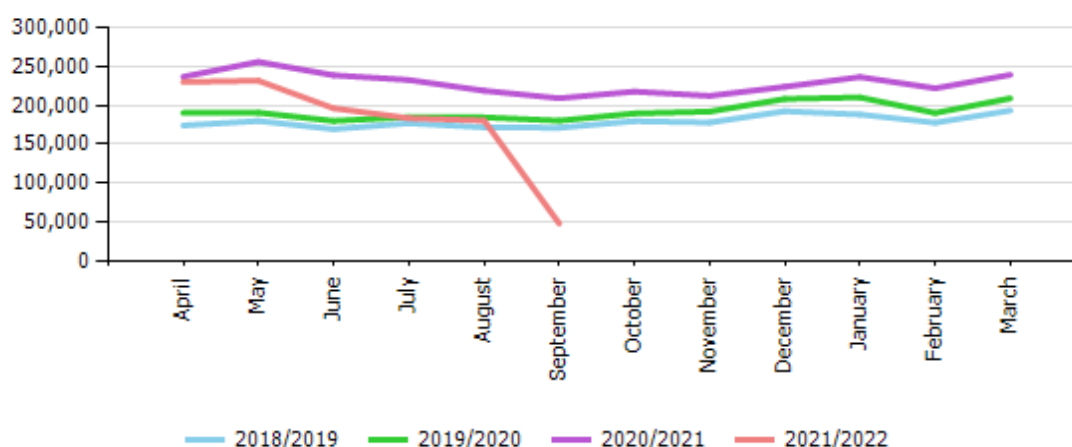


5.2 Resource Hours Comparison

The below chart shows the number of ambulance hours for the last 4 financial years compared to this years forecasted requirement, noticeably there has been a sizable increase to in DCAs to manage COVID-19 from April. From August to October are core rotas currently and Festive cover will not be completed until October



Total DCA Hours Year on Year inc. current year Forecast



6.0 Operational Sector Readiness

The Trust is covered by 15 hubs:

There are 15 E&U Operational hubs of WMAS:

| Hubs | | |
|------------|------------|------------|
| Coventry | Hereford | Stafford |
| Warwick | Worcester | Lichfield |
| Dudley | Hollymoor | Stoke |
| Erdington | Shrewsbury | Willenhall |
| Bromsgrove | Donnington | Sandwell |

Hubs are led by a Senior Operations Managers (SOM's) that have a combination of Hub/s and Community Ambulance Stations where staff book on and off duty. The SOM leads the Hub and is supported by a team of Operations Managers (OM's) who work 24/7 and are responsible for the day-to-day welfare of staff. In addition, they respond and manage serious incidents.

To ensure resilience for the management team there are staff, who fully trained, who can act up to appropriate management roles if required, should substantive managers be abstracted for any reason.

The SOM's planning arrangements will be integrated within the Festive Plan (FP) that will be published on the 8th December 2021, for submission to commissioners as required.

This plan covers the essentials in ensuring that all hubs are in a state of readiness to cope with the demands placed on service delivery for the winter period. This will include additional hours of VPO's, OM's and HALO's throughout the period.

The Winter, Christmas and New Year period traditionally and historically has presented operational delivery challenges to the Trust, with a sustained period of increased demand concentrated in both urban and rural areas.

It is therefore prudent that during anticipated period of increased demand that we harness our available resource capacity to maximum effect:

- Maximised WMAS staff outputs to forecasted workloads (patient facing & VPO)



- Maximised fleet/workshops availability
- Ensure sites are in a state of winter preparedness stock (shovels, Grit etc)

Abstractions rate across all sectors will be kept to a minimum to maximize available ambulances to enable us to respond to the demands placed upon the Trust.

6.1 Hospital Turnaround

The 15-minute clinical handover and 30-minute turnaround will be enforced through the period to ensure crew availability for response. This will be managed through by the HALOs, OMs, SOM's and Tactical on Call out of hours with support from the 24/7 Strategic Capacity Cell.

The agreed escalation policy will be followed robustly to maintain the safest service possible to the citizens within the region.

6.2 Fleet/Vehicle supplies for vehicles

Supplies:

- Snow socks for all vehicles have been checked with orders placed for missing items
- De-icer stocks have been checked for all sites and orders placed as required
- Fuel delivery arrangements have been confirmed with the Fleet Department and all fuel cards are current. Where applicable Fuel bunkers have sufficient stocks to manage the festive period Bank Holiday break

Ambulances:

Each Hub has a specialist 4x4 ambulance capability with trained staff, these ambulances will be deployed 24/7 operationally to the appropriate areas when poor weather is forecast, in addition to supporting the overall Ambulance Fleet to meet peak outputs.

7.0 Strategic Capacity Cell

The Strategic Capacity Cell (SCC) provides the strategic overview of the whole system and is focused on reducing hospital turnaround times, providing robust high-level escalation for hospital turnaround delays, reducing on scene times by sourcing Alternative Care Pathways for operational resources and reduce total task times.

Further to this it has a vital functionality to manage ambulance activity into acute hospitals more effectively with Intelligent Conveyance (IC) to create an even spread of activity and contribute to reducing 4 and 12hour breaches in Emergency Departments, ensuring patient safety and wellbeing.

The Strategic Capacity Cell is located at Navigation Point control centre, where it has access to a comprehensive range of live information feeds giving a real time region wide overview of:

- Acute Trust bed status information/ capacity informatics
- Emergency and urgent ambulance activity



- Predicted/ forecasted demand for both hospital and ambulance e.g. 999 emergency activities and Health care referrals where a clinician is making a transport request
- Outstanding workload/ conveyancing details real time
- Discharge visibility both booked ready and booked but not ready
- Real time HALO intelligence around visible pressure in ED's

The SCC is managed by the Strategic Capacity Commander.

7.1 Strategic Capacity Manager

The Strategic Capacity Manager (SCM) role is staffed by a dedicated team of experienced Tactical Commanders, providing 24/7 cover. The Strategic Capacity Managers provide Tactical level leadership to manage the strategic overview position with regards hospital turnaround and escalation between WMAS and the acute hospital management teams.

In conjunction with the Duty WMAS Strategic Commander, the SCM provides escalatory intelligence and support to the WMAS On-Call Tactical teams and EOC Duty Managers across both Emergency Operation Centres. The SCM are the local contact for the Acute Trust's with regards to the management of hospital escalation and mitigation of hospital turnaround delay, in response to operational demand and increased EMS Level(s).

Included in the structure within the SCC is the Ambulance Hospital Liaison Officer (AHLO) who support the SCM in the early stages of escalation and this allows the SCM to maintain the strategic overview. If there is a requirement to increase the capacity of the SCC team when increased pressure is in the system, then this will be managed by the Trust On-Call Strategic Commander.

The Trust has developed an improved logging tool to enable accurate recording of the Hospital Delays, any patients being held outside of ED's and Escalation actions being undertaken for daily reporting to the whole health system.

The Duty SCM will operate in conjunction with the Ambulance Hospital Liaison Officer (AHLO), Hospital Ambulance Liaison Officers (HALOs) and Hospital Turnaround Desk Supervisors (HTDesk). The HTDesk will coordinate all escalation, intelligent conveying and requests for diversion/deflection of activity across the region and beyond. SCM Commanders will also provide key strategic support and tactical advice within the Strategic Capacity Cell.

During normal operation, the SCM will attend conference calls in regard to escalation of Acute, during peak times local operational management will assist in joining these calls where there is high level escalation or when multiple Acute's are escalating and call may overlap.

7.2 Clinical Advisor and Assessment (CAA) Hub

The Clinical element of the SCC plays a pivotal role in ensuring that crews are available at the earliest opportunity to respond to the next patient. They do this in a number of ways:

- Provide clinical support 24 hours a day to operational clinicians to assist in decision making.
- Intelligently conveying patients to hospital sites across our Region that have capacity and are not experiencing any handover delays. This is in line with the trusts vision of the right care at the right time.
- Proactively assist operational crews with finding alternative pathways where a patient can receive the required treatment outside of the ED setting.

- Access live patient records and other online services to assist in decision making.
- Assist crews in decision making to maximise see and treat of patients and reduce overall conveyancing.
- Utilise a variety of initiatives out in the community specifically aimed to treat long term conditions and specific patient groups without the need to convey to hospitals.
- Interrogate the DOS to access alternative support for crews and patients and highlight any service gaps as appropriate.

7.3 WMAS Trigger for the RCMT Escalation Management System (EMS)

The Regional Capacity Management Team (RCMT) administers the West Midlands region-wide “Escalation Management System” (EMS). EMS is essentially a web-based viewer that displays the levels of pressure being declared by partner agencies against a defined set of triggers for each of the 4 levels.

These levels consist of defined triggers that cover front door information, plus areas such as elective surgery, medical outliers and use of planned additional capacity – effectively focusing on the complete patient pathway.

For the Acute’s, these levels are based around ambulance waiting times, bed capacity and 4hr breaches. WMAS in reality base our declared EMS levels allied to our current REAP Status.

Each trigger is weighted so Acute’s simply input all the relevant data into the reporting matrix and the system calculates the most appropriate EMS Level, which will ensure that the EMS level declared is wholly reflective of the overall pressures being seen within each Acute. The information is only useful and accurate at the time the level is declared – and organisations are only required to update their declared levels before 0930hrs every morning and before 1500hrs in the afternoon.

7.4 Officer Deployment to Acute Sites

Hospital Ambulance Liaison Officers (HALO) are commissioned by individual CCG’s – which must be clearly defined and financially accounted for in each sector. HALO’s have an assigned acute hospital that they work within.

HALO’s are line-managed by the Senior Operations Manager in the local sector, however during their hours of duty are required to book on with the Hospital Desk or AHLO, who will provide tasking, guidance and direction based on the overall picture of operational pressures. HALO rosters are held on GRS, collated centrally by the HTDesk and can be viewed by all Tactical Commanders.

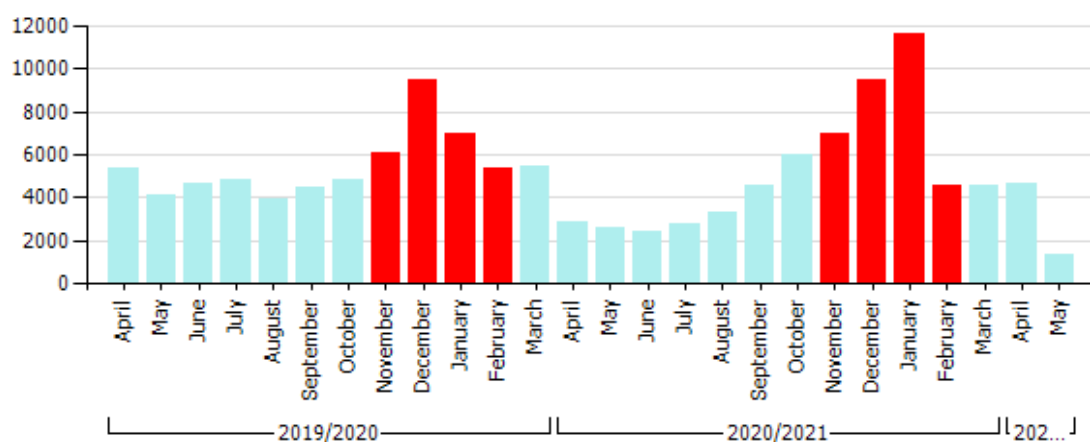
There is some early intelligence which suggest hospital turnarounds maybe more problematic than experienced in the previous winter, given the impact of COVID-19. The Trust will work with commissioners and local A&E delivery Boards to understand what resource is required to reduce the number of patients waiting in handover delays. Some sites may require additional HALO resource to assist the hospitals, which will require additional commissioning.

In providing these arrangements it is the Trust’s expectation that the national directive on ambulance handover is fully complied with by all Acute Trusts.

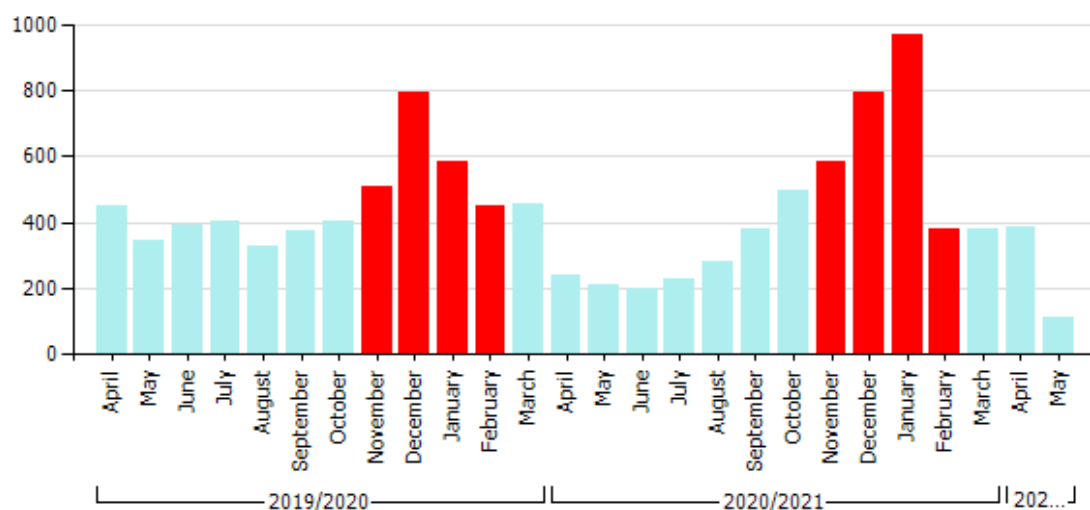
7.5 Lost Hospital Hours – Turnaround

The below chart depicts the number of hours that WMAS lose when an ambulance takes longer than 30 minutes to turnaround at hospital. The first chart represents these in total lost hours; the second represents the number of 12-hour shifts that are lost. These charts clearly demonstrate the need for robust management of hospital turnaround and the impact it has on WMAS's ability to respond to sick patients in the community. The Red columns are winter months.

Hours lost through Hospital Turnaround Delays



12 Hr Shifts lost through Hospital Turnaround.





8.0 Integrated Emergency and Urgent Care (IEUC)

8.1 Duty Manager/s

There are three Duty Managers on duty for every shift across the two sites. Two Duty Managers are based at Navigation Point and one at Tollgate. They provide 24 hours, 7 days a week cover taking responsibility of the day to day running of the IEUC and the staff, which includes Supervisors, Call Assessors, Clinicians, Dispatch, Specialist teams including the Strategic Command Centre (SCC).

Additional support and management will be supplied by the IEUC Commanders during normal working hours across both IEUC Sites and there are two IEUC Tactical commanders on call during the out of hour's periods.

The IEUC General Manager, Commander and Clinical Commander with the Duty Manager constantly review the live Surge Level internally and of the organisation based on both the 999 and 111 demand. They review patients waiting and available ambulance resources, along with demand on the clinical queue escalating the level when required for appropriate additional actions at each level.

8.2 IEUC Tactical Cover

IEUC Tactical (Silver) Commander arrangements are in place for provision of a commander for each of the 111 and 999 specialities. This is to ensure robust and resilient management support that includes weekend and late cover during periods of high activity and pressure, such as the winter.

8.3 Dispatch

Planning is in place to ensure that dispatch team positions are fully staffed to meet the expected demand and the additional requirements for Temporary Minor Injury Unit controllers for the identified dates will be detailed in the Trust Festive Plan.

8.4 Incident Command Desk (ICD) Arrangements

An ICD supervisor is on duty on each and every shift providing 24/7 cover to manage and deploy resources to any large scale or specialist incidents in line with current ICD protocols. This is a regional desk where specialist incidents are managed by the ICD from any location within the areas covered by WMAS. In addition, each of the dispatch teams have identified, trained and experienced dispatchers that provide additional support should there be a requirement for 2 ICD's or resilience.

8.5 Call Taking

During each shift call taking at both IEUC sites, Navigation Point and Tollgate are managed by call assessor supervisors. They provide support and line management responsibilities for the call taking function. The recruitment of Call Taking staff has been maintained to ensure that the team are able to meet the high demand period, this has seen the number of 2 min BT delays reduce to very low levels and the Trust having the best call answering performance in the country.



Through very strong recruitment during the early part of the year and with the Integration of both 111 and 999 the IEUC is well placed to manage increases in demand that winter is likely to present. In addition to strong recruitment the integration with 111 is now complete and by the September 2021, 100% of the dual trained workforce will be trained in 999 and 111 call taking, providing a fully resilient model.

The number of staff on duty at any one time is varied in order to provide the right level of cover to meet call demand. A separate staffing assumption has been made regarding Christmas and NYE and will be contained within the Festive plan. Protocols changes and staff notices will be kept to an absolute minimum during the winter period so that the dispatch and call assessor teams are not distracted by adhoc changes.

8.6 The Clinical Support Desk Team, (CSD) incorporating the Clinical Hub

The Clinical Support Desk Teams are located within both IEUC's and provide 24 /7 cover by 33 experienced Clinicians. The staffing of the team varies throughout the hours of operation to match the activity presented. The Clinical Support team have primary roles;

- The triaging of lower category calls (Category 4 & 5 calls) where an ambulance response is not required, utilising alternate pathways primarily via the Directory of services (DOS), additional to this at busy periods CSD will carry out a welfare check for all other categories of calls which may have a delay in response, this may result in the clinician down grading the call if the response is deemed inappropriate.
- To triage any suicide or overdose case to review the circumstances and medication taken to ensure the case is appropriately categorised and upgrade if deemed appropriate
- Identify alternative treatment routes available for the patient outside of hospital, utilising the DOS.
- To update the patient's own GP with information or a case note
- Make a referral to a community-based service
- Get advice while on scene with a patient with complex needs, utilising the clinical website and other databases available to the team.
- CSD provide support for the IEUC team, primarily for call assessors, who may benefit from clinical knowledge during complex 999 triage.
- Offer additional triage to category 3 patients in the event that a response cannot be identified in a timely manner.

8.7 IEUC Clinical Supervisors, incorporating the Clinicians and CAS staff.

- The Clinical supervisor team are located within the IEUC at NP only and support the clinicians at Tollgate remotely providing 24 /7 cover by a number of experienced Clinicians. The staffing levels of the team varies throughout the hours of operation to

match the activity presented. The Clinical Supervisors primary role is to have clinical accountability for the clinical queue at the same time managing the clinician on duty.

- Allocation of a Clinical Supervisor to P1 priorities when a surge level of 3 or above is reached. Their sole responsibility will be to continually risk assess P1 and validation cases, identifying cases that need to be directed to ED or require a Category 3 Ambulance. They will validate and send the patient using the senior clinician module where appropriate.
- Overall management off the clinician queue assigning cases to specialist clinician is appropriate
- Dynamically manage the queue by being proactive and swiftly reacting to any changes in demand, management and escalating as required.

9.0 Community First Responder Schemes (CFR)

Key to supporting the communities of the West Midlands region are the Community First Responder's (CFR). CFR's contribute towards patient care for Cat1 and Cat2 calls, operating within the vicinity of where they live, (5 miles or 10 minutes). They are contacted if they are booked on duty with EOC. Their utilisation is reliant upon dispatching from both EOC's and are monitored by the local Community Response Managers.

9.1 Communicating with CFR's

Community Response Managers inform CFR schemes when there is a predicted increase in demand, such as winter and the weekends leading up to the Christmas & New Year and request the schemes to book on duty. This is with the clear focus that it is in addition to their usual targeted hours per month.

10.0 Commercial Services

Regional Coverage

WMAS holds 7 Non-Emergency Patient Transport Services (NEPTS) contracts across the West Midlands region and Cheshire.

Accounting for 65% of the regional NEPTS services, the service encompasses routine Patient Transport Services, Renal Dialysis, Mental Health, and High Dependency Services.

Activity Patient transport activity is in excess of 1 million journeys per annum and is serviced by a workforce of over 1100 staff, 390 vehicles and 4 control centres providing 24/7/365 service provision.

Due to the social distancing for COVID-19, this has had a massive impact on the number of patients that can travel together. This has seen the requirement for additional planning and journeys to meet the needs of patients.

During winter periods, activity generally remains constant within NEPTS and does not suffer from increased activity or significant variances; notwithstanding this, pressure upon timely discharges do present as winter pressures and exhibit across the wider health economy. However, there is an increased focus on discharges and WMAS will again this year focus on ensuring all discharges are collected and transported quickly for all hospitals we hold the contract. Patients will be ideally collected within an hour and definitely within 2 hours, to achieve this it is essential that the hospitals are planning correctly. The discharges will be completed as a priority to enable the hospital to keep the flow at the front door and assist with capacity.

In forecasting terms, activity is planned for one to two days in advance of the operating day and responds to the actual activity known and presented; the planning takes into account patient mobilities and vehicle variant requirements. Based upon this, staffing and vehicle allocations are flexed from the full and part-time employed staff pool, as well as bank staff and overtime allocation. Annual leave is managed and controlled during this period to ensure that adequate staff availability is maintained.

To service 'On the Day' activity, such as late notice bookings, discharges and transfers (usually 10-15% of overall activity), additional and unplanned crews are designated in order to service the demand as presented; the unplanned crews are increased during the winter periods in order to meet the growing winter pressure for timely and prompt discharges.

Each contract has a Senior Operations manager who is overall responsible for the operational delivery which is supported by a designated operations manager and supervisors.

The contracts are as follows:

- Pan Birmingham
- Coventry & Warwickshire
- Sandwell & West Birmingham
- Dudley & Wolverhampton
- Walsall
- Black Country Partnership
- Cheshire

There are four control rooms across the region at the following locations:

Frankley – covers Birmingham and Black Country

Coventry – covers Coventry & Warwickshire

Tollgate – covers all contracts and Out of Hours

Warrington – covers Cheshire

As part of plans for managing winter pressures NEPTS will:

- Continue to work with Commissioners and Acute Trusts aim to ensure discharges are arranged earlier in the day. Timely discharges will contribute to patient flow and support “keeping the front door clear”
- Provide additional Regional discharge crews between – 1400 and 0000 (Mon- Fri)

In order to ensure adequate staffing levels for the winter period and to service the presented activity and maintain a normal service provision, annual leave is managed within control levels; Bank staff are utilised as required, and overtime offered. No vacancies will be planned operationally with additional staffing provided to meet demand.

A 24/7/365 NEPTS Tactical on call team operates, to deal with issues on both an in hours and out of hour's basis. This will be enhanced by having a daily late duty Tactical Commander located in Trust HQ EOC to ensure clear focus is maintained across the region on discharges and working directly with each of the contract managers at the sites.

'Snow Socks' are carried on all NEPTS in order to ensure continuity of service during adverse weather conditions.

NEPTS will assist the Emergency and Urgent Services with resources as requested and required throughout the winter period, subject to operational availability. In the event of a Major Incident, NEPTS will provide support as outlined in the WMAS Major Incident Plan

11.0 Fleet, Estates, Logistics and Regional Make Ready Recruitment

Double Crewed Ambulances (DCA) 515 and Rapid Response Vehicle (RRV) 22, this fleet profile includes 1 electric DCA and 2 electric RRV's. All vehicles will be less than 5 years old which will allow the operational teams and fleet teams to focus solely on the daily delivery of frontline operations.

11.1 Fleet Replacement Programme

Deliveries of new DCA's started in June 2021 and complete by end of November 2021 when 87 ambulance will have been replaced. The planned replacement at this time of year does give the Trust the ability to flex increase the fleet profile higher if required, based on the demand profile. This giving greater resilience should this be required.

11.2 Fleet Opening Hours Daily

Vehicle availability and cover during the winter months, Christmas and New Year period is paramount. Opening hours of the workshops, mechanics availability both in and out of hours through on-call will be enhanced. These times may change as the Trust moves closer to the holiday/festive periods and will be reflected in the separate operational holiday/festive plan for this period.

During periods of adverse weather, mechanics availability for evenings and weekends will be scaled up as appropriate, i.e. early starts and late finishes.

There are further cover arrangements with Terrafix through the festive period to provided extended cover from the base contract to ensure that any vehicle downtime due to Terrafix mobile data issues, can be resolved as soon as possible.

11.3 Work Plan at Service Delivery/Operations

Work Plan at Service Delivery/Operations Management Team Meetings will take place; to include fleet availability and workshops cover.

As well as having internal cover (cover supplied by WMAS workshop staff) additional cover has been arranged with our recovery agents, Mansfield Group. A Mansfield Group mechanic will be made available to attend WMAS sites or vehicles broken down with repairable defects, on a nightly or weekend basis, as and when required, throughout the winter months.

Vehicle recovery will be available through our vehicle recovery agents, Mansfield recovery, 24/7 (as normal) inclusive of the Christmas / New Year festive period.

11.4 Fuel Stocks

During the winter period, all Trust fuel bunkers at each hub will have increased deliveries to ensure better resilience given the increase in demand and reduce the impact should inclement weather impact roads networks/ infrastructure.

11.5 Logistics and Estates

The Logistics Manager will remain focused on VPO recruitment, VPO training and process control. This regional function will also manage the stocking of new vehicles as they arrive within the Trust, working closely with the fleet department.

In line with normal Trust winter arrangements, the regionally controlled winter ambulance load list will be rolled into the Make Ready process at each hub in October to ensure each Emergency vehicle has an ice scraper, de-icer, a snow shovel and snow socks load on every RRV and Ambulance vehicle, with adequate spares held on each hub. Hubs will ensure that adequate stock of protective windscreen covers, ice scrapers and de-icer is in place on hubs and CAS sites as required.

The Trust has in place a contract to grit the Operational Hubs and EOC sites. This is provided by an external contractor who monitor temperatures daily and set thresholds to grit based upon Met Office information (daily). A report is circulated each day showing which sites will be gritted that night. The contractor then visits the highlighted sites that evening and spreads grit around the carpark and walkway areas. This provision occurs every day when the threshold is met. This service is managed and facilitated by the estates department, any problems are reported through the Estates Help Desk. In addition, the Trust provides a small stock of grit to supplement certain areas (smaller locations).

To ensure that operational stock levels do not come under pressure additional provisions are made available for:

- a) Ambulance specific drugs
- b) Ambulance specific medical supplies
- c) Additional fleet department stock which includes tyres and key mechanical parts

11.6 Uniform

There are sufficient plans in place to ensure that Trust uniform for appropriate staff is in sufficient stock at the Trust Logistics Centre, includes the availability of material religious purposes (i.e. hijab) and arrangements are in place for all new staff joining the Trust for the winter will have their uniform in good time. The Trust has some PPE additional stocks at local hubs to ensure this can be replaced in quick order.

12.0 Mass Vaccination Plan (Seasonal Influenza and COVID-19 booster)

WMAS has implemented a managed programme for 100% of all eligible staff to participate in the Frontline Staff Seasonal Flu and COVID-19 booster Vaccination Programme. The WMAS Influenza Mass Vaccination Plan 2021/22 will detail the programme in full. In 2020/2021 the Trust flu vaccination programme achieved 85% of its patient facing staff being vaccinated and 83% of staff receiving COVID-19 vaccine.

12.1 Seasonal Flu

Frontline healthcare workers are more likely to be exposed to the influenza virus, particularly during winter months when some of their patients will be infected. It has been estimated that up to one in four healthcare workers may become infected with influenza during a mild influenza season- a much higher incidence than expected in the general population.

Influenza is also a highly transmissible infection. The patient population found in hospital is much more vulnerable to severe effects. Healthcare workers may transmit illness to patients even if they are mildly infected.

Influenza is a serious health threat, especially for vulnerable populations like older adults and people living with and caring for frail, disabled and/or aging persons, including those who work in long term care.

Health Care Professionals who are not vaccinated against influenza may:

- become infected with influenza through contact with infected patients
- become infected with influenza through contact with other infected professionals
- spread influenza to patients and other Health Care Professionals.

Potential exists for WMAS frontline staff to carry the virus and unknowingly infect patients and colleagues – causing illness or even death. Without the vaccine, staff are more likely to infect each other as well as patients, families, and their colleagues. The vaccine will prevent increased pressures on the workforce through sickness and absence.

The Trust will train Paramedics to administer the Flu Vaccine to eligible staff at their base Hub locations. There is a significant programme in place to deliver Flu Vaccine to sites and maintain the cold storage chain. All staff will be approached positively to encourage the uptake of Flu Vaccine administration, with an incentive scheme in place to further promote the uptake of vaccine for at least 90% of the eligible workforce before December 31. In locations which aren't

served by Paramedic staff the Trust have this year has twinned sites following the success of swabbing and serology testing through COVID-19 peaks in the spring of 2020.

The Trust has live monitoring of the global impact of COVID-19 and Flu infection with this a focus on what happens in Australia as they head into their winter period. Any learning that can be factored into WMAS planning will be constantly reviewed by the Trust leads, locally and nationally.

12.2 COVID-19 and Booster vaccine

The Trust has merged the COVID-19 Incident Room as part of the Incident Command Room since the start of the Level 4 NHS critical Incident, led by a Director to ensure appropriate leadership.

The Trust has been provided the opportunity of COVID-19 vaccination to all staff through delivery at Acute's, Mass vaccination or Primary Care Network sites for the 2 doses of vaccine. There are early conversations considering frontline healthcare staff receiving a COVID-19 vaccination booster jab in November.

Plans are being drawn up to explore the possible options for the Trust to be able to deliver the appropriate booster alongside the seasonal flu vaccine in house or whether it will still require delivery at mass vaccination sites/PCN's.

All the provisions to support staff for COVID-19 will remain in place to include Lateral Flow Testing, access to PCR testing and the provision of all the requirements for PPE, as per Public Health England guidance.

13.0 Resourcing Escalation Action Plan (REAP)

This National document gives clear escalation with associated actions that should be considered and taken. The REAP level is reviewed twice each week by the Strategic Commanders.

The Trusts escalation REAP level is captured live on report screens across the Trust and status reports, this to ensure that organisation as a whole understand the Trust escalation.

14.0 Mutual Aid

WMAS has a Mutual Aid Plan that gives clear actions that are required when the plan is enacted.

The decision to request or supply mutual aid will be the result of either a national conference call between all the United Kingdom Ambulance Services or a direct "Strategic (Gold) to Strategic (Gold)" call and will be due to one of the individual ambulance services being in a position where it is unable to provide a safe service to the public in that area. This may be due to a declared Major Incident but may also be due to other pressures existing in that area at that time.



15.0 National Ambulance Coordination Centre (NACC)

The NACC is hosted by the Trust within the Incident Command Room at Navigation Point and as part of the resilience planning for a Major or significant incident.

In support of national arrangements through the winter and during the NHS level 4 critical incident, the NACC remained operational throughout 2020/21.

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO TRUST BOARD OF DIRECTORS

AGENDA ITEM: 09c MONTH: May 2021 PAPER NUMBER: 08b

| Physical & Verbal Assaults on BAME Staff | |
|--|--|
| Sponsoring Director | Executive Director of Strategic Operations & Digital Integration |
| Author(s)/Presenter | John Kelly- Head of Security & Safety |
| Purpose | To show the number of physical and verbal assaults between April 2019 and March 2021, including Lockdown periods and incidents against Black, Asian and Minority Ethnic (BAME) Employees |
| Previously Considered by | EMB |
| Report Approved By | Executive Director of Strategic Operations & Digital Integration |
| Executive Summary <p>The level of BAME staff reporting physical and verbal assaults has increased from 1.45% in 2019/20 to 2.03% in 2020/21.</p> <p>There was a total of 52 members of BAME staff reporting assaults to the Trust during the 2-year period. 19 members of staff did not report incidents to the police</p> <p>Only one reported incident was supported with a CCTV activation.</p> <p>Staff training on the completion of Incident Management ER54 reports is given during Health & Safety training and during Conflict Resolution Training (CRT)</p> <p>Appendix 1 - Flow chart showing initial EOC/police reporting procedures</p> <p>Appendix 2 – Flow chart showing current ER54 reporting/security procedures</p> | |
| Related Trust Objectives/ National Standards | All Trust Strategic Objectives, National Standards and Legislation appropriate to the Trust business |
| Risk and Assurance | Trust Risk Register H&S-017-V17 – Risk of harm to staff due to verbal & physical assaults leading to sickness, complaints and litigation |

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO TRUST BOARD OF DIRECTORS

AGENDA ITEM: 09c MONTH: May 2021 PAPER NUMBER: 08b

| | |
|---|--|
| Legal implications/ regulatory requirements | The Health & Safety at Work Act 1974 places a statutory duty on WMAS as employer to its employees. It is the duty of every employer “to ensure, as far as is reasonably practicable , the health, safety and welfare at work of all employees” (s2 (1)). |
| Financial Implications | There are no financial implications to consider |
| Training & Workforce Implications | There are no training or workforce implications |
| Communications Issues | Further communications will be required to encourage BAME colleagues to report physical and verbal incidents |
| Diversity & Inclusivity Implications | There are no anticipated diversity or inclusion implications |
| Quality Impact Assessment | Not Applicable |
| Data Quality | Not Applicable |
| Action required The Trust Board of Directors is required to note and comment on the contents of this report | |

Background

The information in the table and graphs below has been extracted from the ER54s reported on the Trusts Incident Management reporting system. Between years 19/20 to 20/21 the total number of physical and verbal assaults has increased by just over 34%. Since the introduction of the first lockdown period in March 2020, physical assaults in 20/21 have increased by just over 23% and verbal assaults have increased by almost 42%. As a percentage of the total number of assaults, BAME staff assaulted physically or verbally has seen an increase from 1.4% in 2019/20 to 2.03% in 2020/21

The table and graphs below provide a monthly breakdown of reported incidents.

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO TRUST BOARD OF DIRECTORS

AGENDA ITEM: 09c MONTH: May 2021 PAPER NUMBER: 08b

| | 31/03/2020 | 31/03/2021 |
|--|------------|------------|
| Total Number of staff employed | 6737 | 7795 |
| Total Number of BAME staff employed | 660 | 835 |
| % of staff with undeclared ethnicity | 2.40% | 1.99% |
| % of BAME staff employed against total workforce | 9.80% | 10.71% |
| % of Non BAME staff employed against total workforce | 87.80% | 87.30% |

| Year | Month | Total number of assaults | Physical | Verbal | BAME |
|----------|------------------|--------------------------|----------|--------|------|
| 2019 | Apr | 116 | 37 | 79 | 1 |
| 2019 | May | 128 | 43 | 85 | 1 |
| 2019 | Jun | 119 | 53 | 66 | 4 |
| 2019 | Jul | 99 | 39 | 60 | 0 |
| 2019 | Aug | 149 | 61 | 88 | 2 |
| 2019 | Sep | 89 | 41 | 48 | 0 |
| 2019 | Oct | 93 | 31 | 62 | 1 |
| 2019 | Nov | 83 | 29 | 54 | 2 |
| 2019 | Dec | 71 | 34 | 37 | 2 |
| 2020 | Jan | 96 | 33 | 63 | 3 |
| 2020 | Feb | 114 | 46 | 68 | 2 |
| 2020 | Mar ¹ | 83 | 25 | 58 | 0 |
| Subtotal | 19/20 | 1240 | 472 | 768 | 18 |
| 2020 | Apr ¹ | 88 | 30 | 58 | 2 |
| 2020 | May ¹ | 101 | 48 | 53 | 2 |
| 2020 | Jun ¹ | 145 | 40 | 105 | 6 |
| 2020 | Jul | 152 | 67 | 85 | 2 |
| 2020 | Aug | 188 | 63 | 125 | 9 |
| 2020 | Sep | 136 | 56 | 80 | 3 |
| 2020 | Oct | 125 | 39 | 86 | 3 |
| 2020 | Nov ² | 122 | 41 | 81 | 1 |
| 2020 | Dec | 167 | 54 | 113 | 0 |
| 2021 | Jan ³ | 152 | 48 | 104 | 2 |
| 2021 | Feb ³ | 160 | 51 | 109 | 2 |
| 2021 | Mar ³ | 135 | 44 | 91 | 2 |
| Subtotal | 20/21 | 1671 | 581 | 1090 | 34 |

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

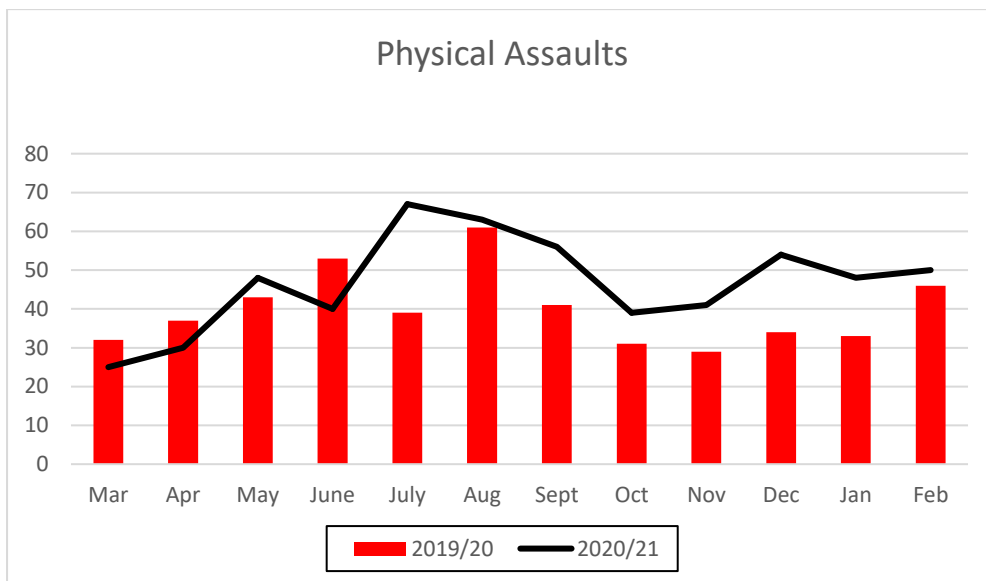
REPORT TO TRUST BOARD OF DIRECTORS

AGENDA ITEM: 09c MONTH: May 2021 PAPER NUMBER: 08b

| | | | | | |
|--------------|--------------|-------------|-------------|-------------|-----------|
| Total | 19-21 | 2911 | 1053 | 1858 | 52 |
|--------------|--------------|-------------|-------------|-------------|-----------|

- Lockdown 1 – 23rd March 2020 – 15th June 2020
- Lockdown 2 – 5th November 2020 – 2 December 2020
- Lockdown 3 – 4th January 2021 – present day

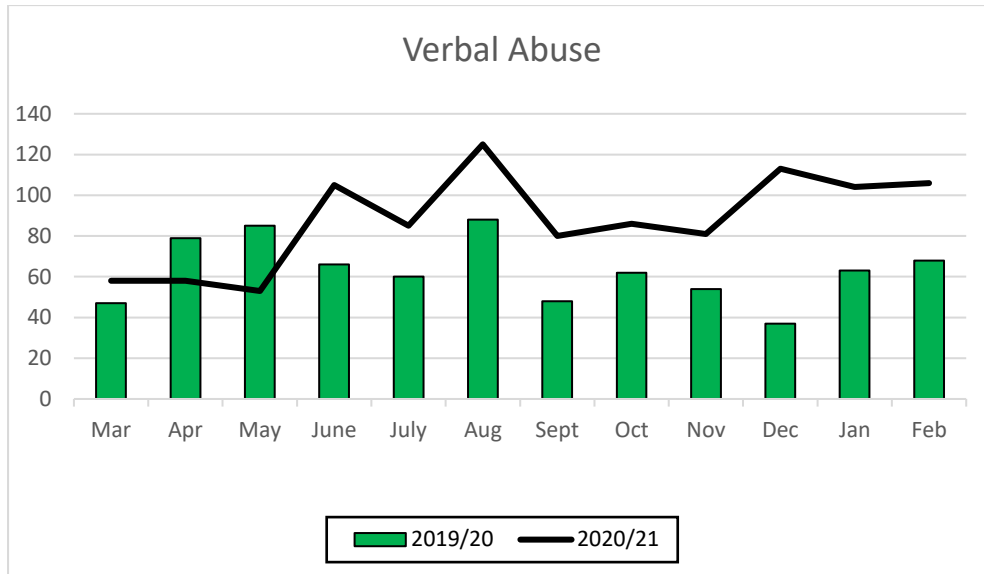
| Physical & Verbal Assaults | 2019/20 | 2020/21 |
|---|----------------|----------------|
| % BAME staff assaulted against total number of assaults | 1.45% | 2.03% |



**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO TRUST BOARD OF DIRECTORS

AGENDA ITEM: 09c MONTH: May 2021 PAPER NUMBER: 08b



The following table shows a breakdown of each reported physical or verbal incident involving BAME staff. Updates on individual cases will only be shared by the police with the victims reporting the crimes. The security team contact individual members of staff to obtain outcomes which if received are added to the Trust's incident management reporting system. The Trust cannot report a crime on behalf of an employee.

Within the incidents recorded below there were nineteen cases where the victims did not report the incidents to the police (No police involvement). Only one case was supported with CCTV footage

| Date of Incident | Number of Staff (IP) | Police Involvement Y/N | Actions taken |
|-----------------------|----------------------|------------------------|---|
| PHYSICAL 19/20 | | | |
| 27 May 19 | 1 x IP | Yes | Court appearance, 15 wk suspended sentence for 12 months, £100 compensation |
| 26 Jun 19 | 1 x IP | Yes | Police involved no updates received from staff |
| 1 Jan 20 | 1 x IP | Yes | Police involved no updates received from staff |
| VERBAL | | | |
| 26 Apr 19 | 1 x IP | No | No Police involvement |
| 17 Jun 19 | 2 x IPs | Yes | Patient left scene before details could be obtained |
| 23 Jun 19 | 1 x IP | No | No Police involvement |
| 15 Aug 19 | 2 x IPs | No | No Police involvement |

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO TRUST BOARD OF DIRECTORS

AGENDA ITEM: 09c MONTH: May 2021 PAPER NUMBER: 08b

| | | | |
|-----------------------|---------|-----|---|
| 01 Oct 19 | 1 x IP | No | No Police involvement |
| 15 Nov 19 | 1 x IP | Yes | Police involved no updates received from staff |
| 20 Nov 19 | 1 x IP | No | No Police involvement |
| 22 Dec 19 | 1 x IP | No | No Police involvement |
| 27 Dec 19 | 1 x IP | Yes | Police involved patient arrested no updates received from staff |
| 07 Jan 20 | 1 x IP | No | No Police involvement |
| 21 Jan 20 | 1 x IP | No | No Police involvement |
| 11 Feb 20 | 1 x IP | Yes | Police involved no updates received from staff |
| 25 Feb 20 | 1 x IP | No | No Police involvement |
| PHYSICAL 20/21 | | | |
| 06 Apr 20 | 1 x IP | Yes | Police involved awaiting update |
| 14 Apr 20 | 1 x IP | Yes | Court appearance, 9 months suspended sentence |
| 24 May 20 | 1 x IP | No | No Police involvement |
| 01 Aug 20 | 1 x IP | Yes | Police involved awaiting outcome of Court Case |
| 21 Sep 20 | 1 x IP | Yes | Police involved awaiting outcome of Court Case |
| 14 Jan 21 | 1 x IP | Yes | Police involved no further action taken |
| VERBAL 20/21 | | | |
| 03 May 20 | 1 x IP | Yes | Police involved awaiting update |
| 05 Jun 20 | 1 x IP | Yes | Police involved no updates received |
| 09 Jun 20 | 1 x IP | No | No Police involvement |
| VERBAL (Cont) | | | |
| 17 Jun 20 | 1 x IP | Yes | Police involved no update received from staff |
| 18 Jun 20 | 1 x IP | Yes | Police involved no update received from staff |
| 18 Jun 20 | 1 x IP | Yes | Police involved no update received from staff |
| 20 Jun 20 | 1 x IP | No | No Police involvement |
| 22 Jul 20 | 1 x IP | No | No Police involvement |
| 31 Jul 20 | 1 x IP | Yes | Police involved awaiting update |
| 12 Aug 20 | 1 x IP | Yes | Police involved awaiting update |
| 14 Aug 20 | 2 x IPs | Yes | Police involved staff not pursuing |
| 16 Aug 20 | 1 x IP | Yes | Police involved awaiting update |
| 19 Aug 20 | 1 x IP | Yes | Police involved awaiting update |
| 21 Aug 20 | 1 x IP | Yes | Police involved awaiting update |
| 23 Aug 20 | 1 x IP | Yes | Police involved awaiting update |
| 30 Aug 20 | 1 x IP | No | No Police involvement |
| 01 Sep 20 | 1 x IP | No | No Police involvement |
| 16 Sep 20 | 1 x IP | Yes | Police involved awaiting update |
| 01 Oct 20 | 1 x IP | No | No Police involvement |
| 08 Oct 20 | 1 x IP | Yes | Police involved awaiting update |
| 21 Oct 20 | 1 x IP | Ye | Police involved awaiting update |
| 29 Nov 20 | 1 x IP | No | No Police involvement |

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO TRUST BOARD OF DIRECTORS

AGENDA ITEM: 09c MONTH: May 2021 PAPER NUMBER: 08b

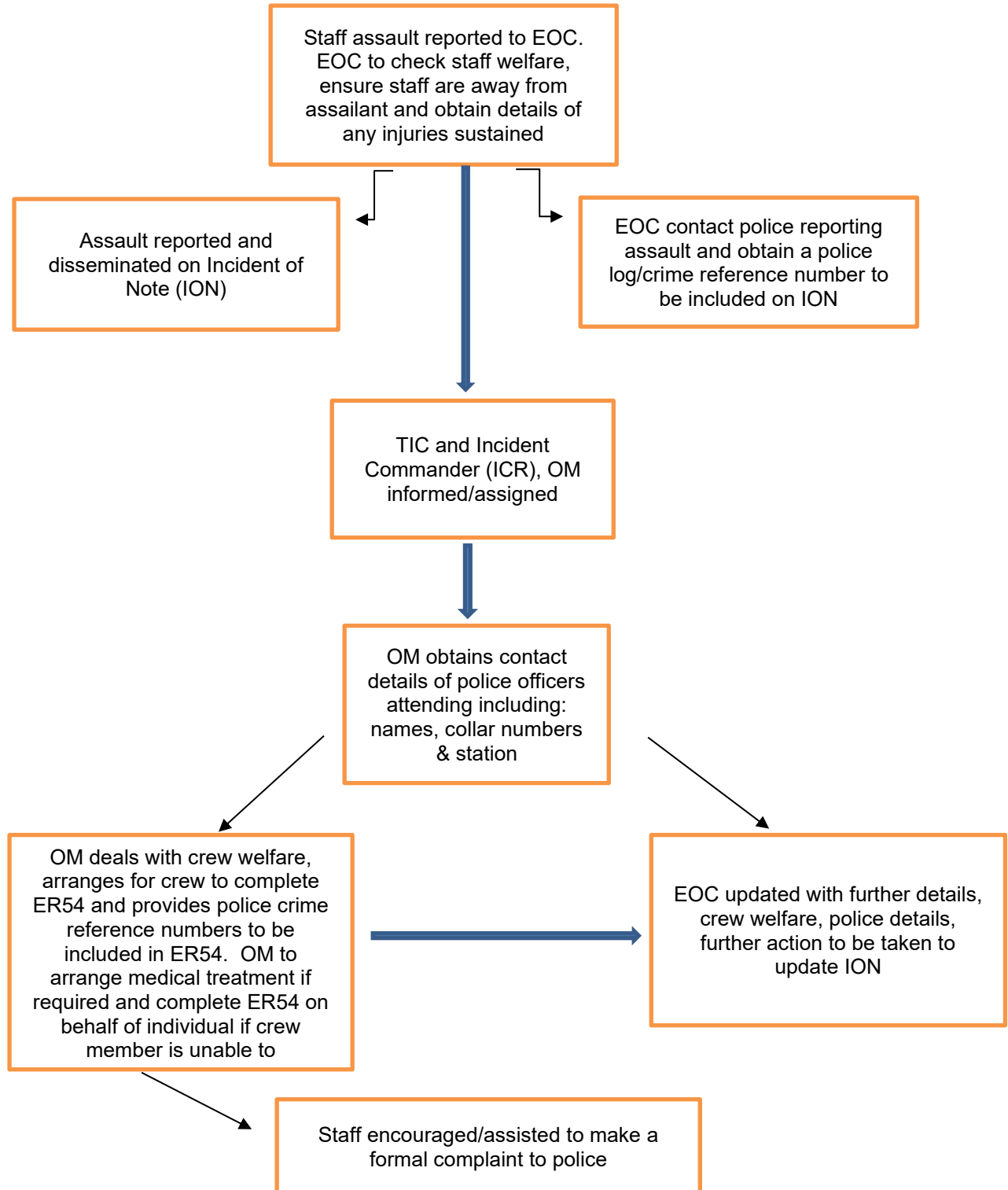
| | | | |
|-----------|--------|-----|---|
| 04 Jan 21 | 1 x IP | Yes | Police involved no update received from staff |
| 04 Jan 21 | 1 x IP | Yes | Police involved awaiting update |
| 23 Jan 21 | 1 x IP | No | No Police involvement |
| 17 Feb 21 | 1 x IP | Yes | Police involved awaiting update |
| 21 Mar 21 | 1 x IP | No | No Police involvement |

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO TRUST BOARD OF DIRECTORS

AGENDA ITEM: 09c MONTH: May 2021 PAPER NUMBER: 08b

Appendix 1 - Initial action following assault



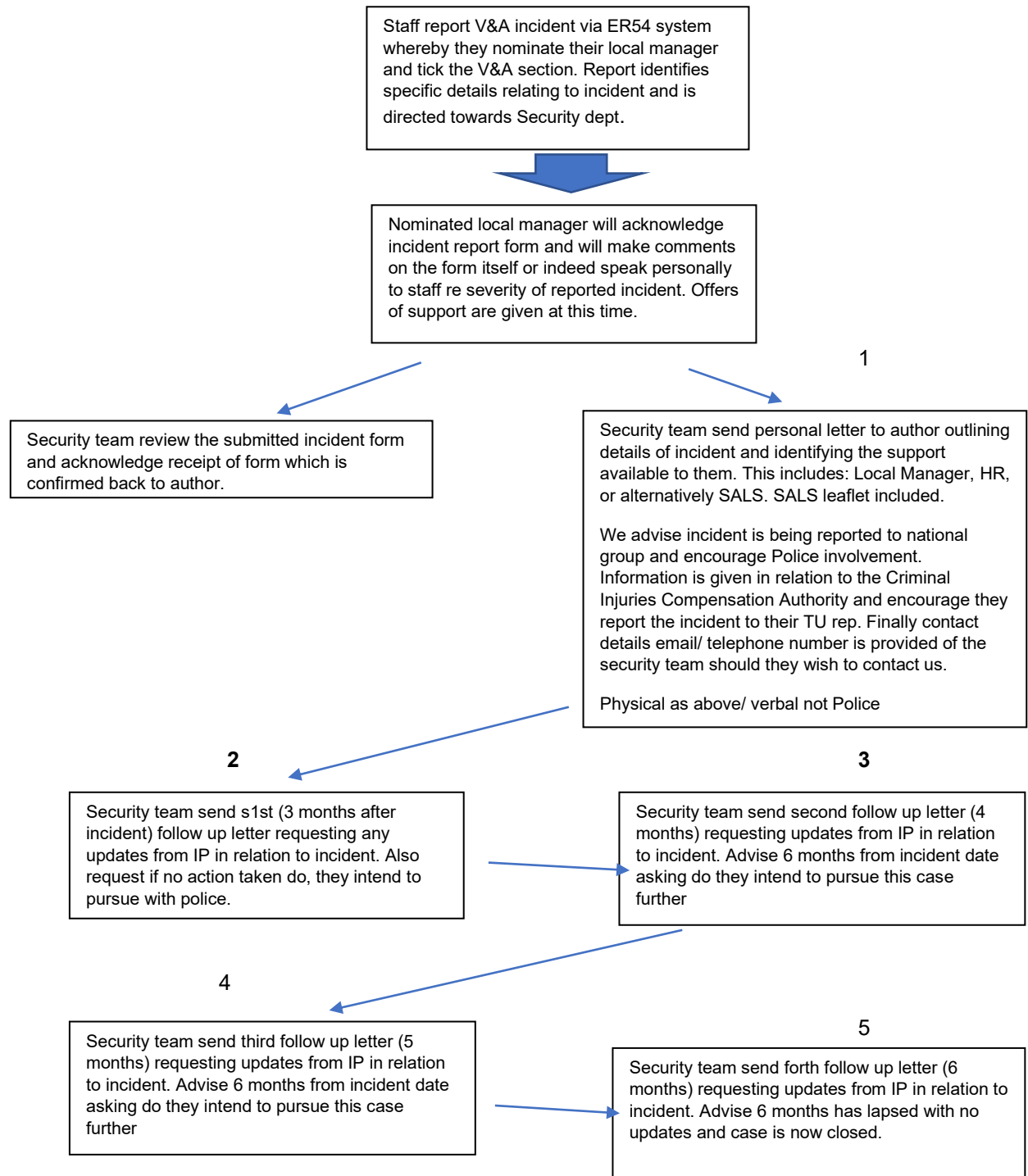
**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO TRUST BOARD OF DIRECTORS

AGENDA ITEM: 09c MONTH: May 2021 PAPER NUMBER: 08b

Support Procedure for Staff who have been subjected to V&A incidents

Appendix 2



**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO TRUST BOARD

AGENDA ITEM: 10a MONTH: May 2021 PAPER NUMBER: 09a

| Title: Gender Pay Gap Report 2020 | |
|---|--|
| Sponsoring Director | Carla Beechey, People Director |
| Author(s)/Presenter | Carla Beechey, People Director |
| Purpose | To receive the Gender Pay Gap Report for 2020. To note the content and to approve the report for publication for national reporting and placing on the Trusts internet. |
| Previously Considered by | Executive Management Board and People Committee |
| Report Approved By | Carla Beechey, People Director |
| Executive Summary | |
| <p>Since 2017 there has been a statutory requirement for all organisations with 250 or more employees to report annually on their gender pay gap.</p> <p>West Midlands Ambulance Service NHS University Foundation Trust is covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 that came into force on 31 March 2017. These regulations underpin the Public-Sector Equality Duty and require the relevant organisations to publish their gender pay gap data annually, including:</p> <ul style="list-style-type: none">• mean and median gender pay gaps;• the mean and median gender bonus gaps;• the proportion of men and women who received bonuses; and• the proportions of male and female employees in each pay quartile. <p>The gender pay gap is the difference between the average earnings of men and women, expressed relative to men's earnings, while equal pay is about men and women being paid the same for the same work.</p> <p>There is a requirement to publish the data on the Trust's public-facing website by 5th October 2021 (this has been extended due to COVID).</p> <p>A full Gender Pay Report and key data analysis, that highlights the key variations for different occupational groups, and the actions that will be taken to improve these findings, is attached.</p> <p>When the Trust gained the 111 contract in November 2019, this resulted in an increase in band 3 Call Assessors who were predominantly female. This has therefore impacted on the gender pay gap mean average % increasing. If the 111 staff are excluded from the report this reduces the mean average from 9.53% to 7.07%.</p> | |

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO TRUST BOARD

AGENDA ITEM: 10a MONTH: May 2021 PAPER NUMBER: 09a

| | |
|---|--|
| Related Trust Objectives/ National Standards | Compliance with the Equality Act 2010 [Specific Duties and Public Authorities] Regulations 2017 |
| Risk and Assurance | Assurance that the Trust has been compliant with the new legal requirement. |
| Legal implications/ regulatory requirements | Legal advice has not been sought or necessary. |
| Financial Implications | There are no financial implications arising from this report at this time. |
| Workforce & Training Implications | An action plan is included in the report. |
| Communications Issues | There should be no adverse media issues. The summary needs to be published on the Trusts internet to comply with reporting requirements that should be in the public domain and remain on the site for a minimum of 3 years. The data will also be submitted to the Gender Pay Gap reporting Service [www.gov.uk/report-gender-pay-gap data]. |
| Diversity & Inclusivity Implications | The Report will be considered by the Trusts Diversity & Inclusion Steering and Advisory Group, and progress on the action plan drafted and monitored. |
| Quality Impact Assessment | Not required for this report. |
| Data Quality | Data has been provided from the Trusts Electronic Staff Records, HR employment contracts of employment, Terms and Conditions frameworks, Recruitment data, and National Pay Review Bodies |
| Action required <ul style="list-style-type: none"> • To note the content of the report • To approve for publication on the Trusts Website by 5th October 2021. • To approve submission to the relevant regulator and commissioner. | |

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST



Gender Pay Gap Report 2020

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Introduction

In 2017 the Government introduced world-leading legislation that made it statutory for all organisations with 250 or more employees to report annually on their gender pay gap. West Midlands Ambulance Service University NHS Foundation Trust is covered by the Equality Act 2010 (Specific Duties and Public Authorities) Regulations 2017 that came into force on 31 March 2017. These regulations underpin the Public-Sector Equality Duty and require the relevant organisations to publish their second set of gender pay gap data by 30 March 2021 and continue annually, including mean and median gender pay gaps; the mean and median gender bonus gaps; the proportion of men and women who received bonuses; and the proportions of male and female employees in each pay quartile.

The gender pay gap shows the difference in the average pay between all men and women in a workforce. If a workforce has a particularly high gender pay gap, this can indicate there may be a number of issues to deal with, and the individual calculations may help to identify what those issues are.

The gender pay gap is different to equal pay. Equal pay deals with the pay differences between men and women who carry out the same jobs, similar jobs or work of equal value. It is unlawful to pay people unequally because they are a man or a woman.

Differences in gender pay show a demographic pay gap. By taking the average hourly rate for all employees and comparing the difference in that metric for men and women, gender pay reporting is most notable about female representation in certain roles – not whether a man earns more for the same job.

Equal pay is about men and women being paid the same for the same work, while the gender pay gap is about the difference in average hourly earnings.

1. Gender Pay Gap Reporting Measure

The report will include the following areas

Mean gender pay gap in hourly pay - the difference between the mean hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees

Median gender pay gap in hourly pay - the difference between the median hourly rate of pay of male full-pay relevant employees and that of female full-pay relevant employees

Mean bonus gender pay gap - the difference between the mean bonus pay paid to male relevant employees and that paid to female relevant employees

Median bonus gender pay gap - the difference between the median bonus pay paid to male relevant employees and that paid to female relevant employees

Proportion of males and females receiving a bonus payment - the proportions of male and female relevant employees who were paid bonus pay during the relevant period

Proportion of males and females in each pay quartile - The proportions of male and female full-pay relevant employees in the lower, lower middle, upper middle and upper quartile pay bands

2. Agenda for Change Pay

West Midlands Ambulance Service University NHS Foundation Trust (WMAS) pay approach supports the fair treatment and reward of all staff irrespective of gender. WMAS uses the NHS Agenda for Change (AFC) pay and allowances.

a. Pay spines

The NHS pay system covering staff within the West Midlands Ambulance Service University NHS Foundation Trust falls within the extended remit of NHS Pay Review Body (NHSPRB). Pay bands have a number of pay spines, where incremental progression is awarded annually relating to performance. The pay and conditions for Directors are determined by the Remuneration and Nominations Committee of the Trust who apply a single spot salary. The pay and conditions however mirrors those covered by the NHS Pay Framework for Very Senior Managers (VSM), with guidance from the Senior Salaries Pay Review Body and NHS Improvement.

The pay spine for staff covered by the NHSPRB are divided into nine pay bands. All staff covered the AFC pay system are assigned to one of these pay bands on the basis of job weight, as measured by the NHS Job Evaluation Scheme.

To assist this process, a set of NHS jobs have been evaluated and national job profiles drawn up where the job evaluation score is agreed. Staff whose jobs match these profiles are assigned based on the profile score. Other jobs are evaluated locally on a partnership basis. When new posts are created, or existing posts re-designed the principles set out in the NHS Job Evaluation Handbook are applied.

The NHS Job Evaluation Handbook sets out the basis of job evaluation, which underpins the pay system and includes the factor plan, the weighting and scoring document and a guide for matching posts locally.

b. Pay progression

Incremental pay progression for all pay points, within each pay band, is conditional upon individuals demonstrating that they have the requisite knowledge and skills/competencies for their role and that they have demonstrated the required level of performance and delivery during the review period.

Provided the appropriate level of performance and delivery has been achieved during the review period, individuals progress from pay point to pay point on an annual basis. For pay bands 1 to 7, 8A and 8B this applies to all the pay points in each pay Band. For pay bands 8C, 8D and 9 this applies at each pay point in the band.

Ordinarily, pay progression would not be deferred on performance grounds unless there has been a prior documented discussion between the individual and the person undertaking their review, regarding failure to meet the required level of performance, and the employee has been given a reasonable opportunity to demonstrate the required improvement before the decision on pay progression is taken. This prior discussion would need to identify areas for improvement and any reasonable developmental support the individual may require to operate at the required local level of performance.

c. New pay progression system

The 2018 framework agreement on the reform of Agenda for Change introduced provisions to move to a new pay system with faster progression to the top of pay bands through fewer

pay step points. The provisions apply to all staff commencing NHS employment on or after 1 April 2019. Promotion means moving to a higher banded role.

For all other staff who were in post before 1 April 2019, current organisational pay progression procedures will continue to apply until 31 March 2021, after which time they will also be subject to the new provisions.

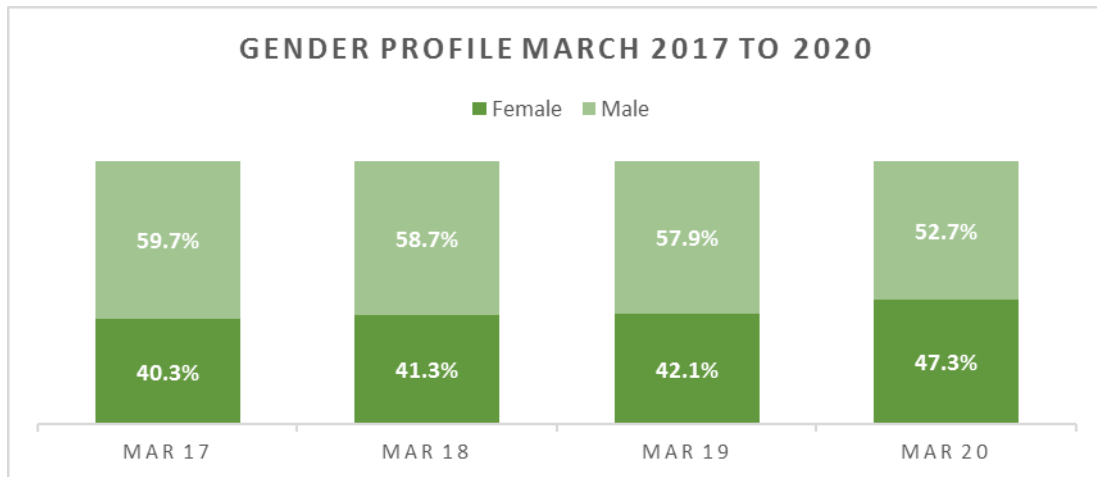
3. Mean and Median Definitions

The arithmetic mean is achieved by adding up all the numbers in a dataset and then dividing the total by the number of items. For example: a group of numbers of 20, 22, 30, 40, 50, will add together to form 162, which will be divided by the 5 numbers in the group, and result in a mean of 32.4.

The arithmetic median is achieved by identifying the middle number in the list. In the example above, the middle number is 30, this is therefore the median.

The following gender pay calculations have been based on both Mean and Median values.

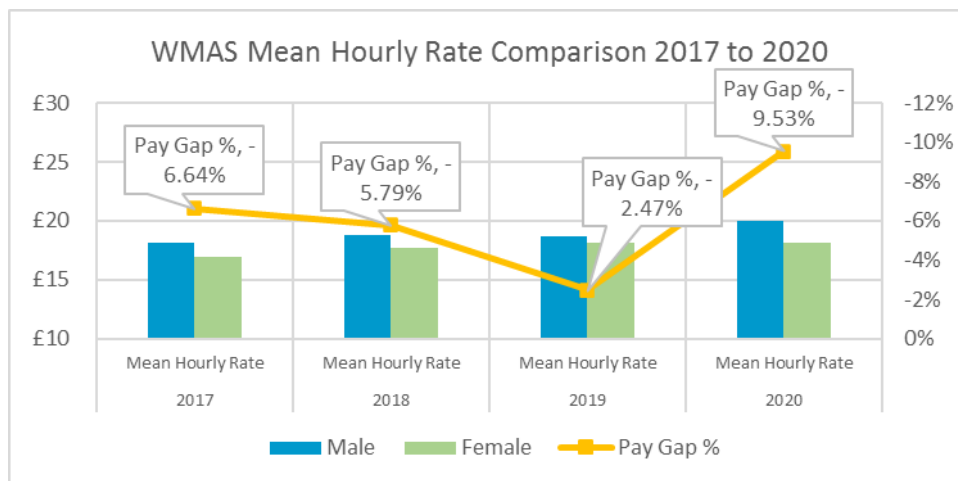
4. Gender Profile



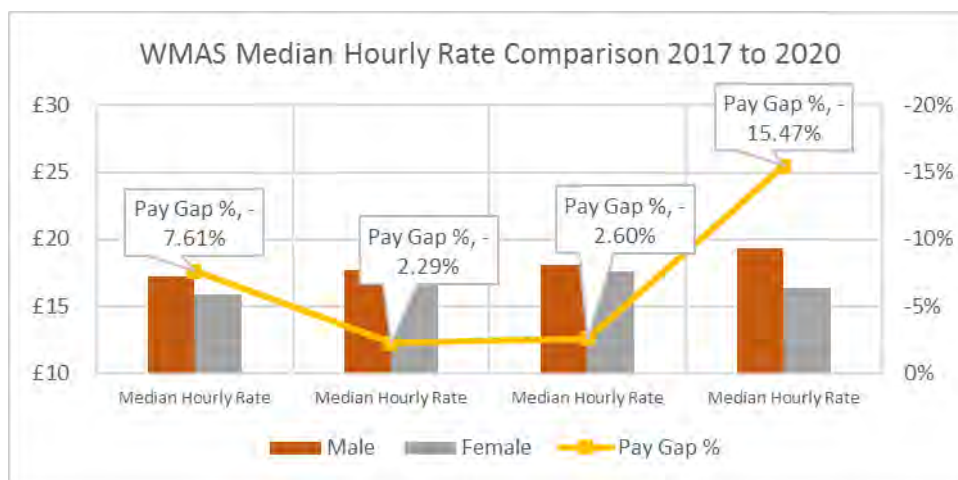
Since the inception of WMAS the gender profile between 2007 and 2020 had increased from 35.3% women to 47.3%. This is a rising trend with year-on-year increases.

5. Gender Pay Gap Report for WMAS

i. Gender Pay Gap in Hourly Pay – Mean



ii. Gender Pay Gap in Hourly Pay –Median



iii. Bonus Gender Pay Gap – Mean & Median

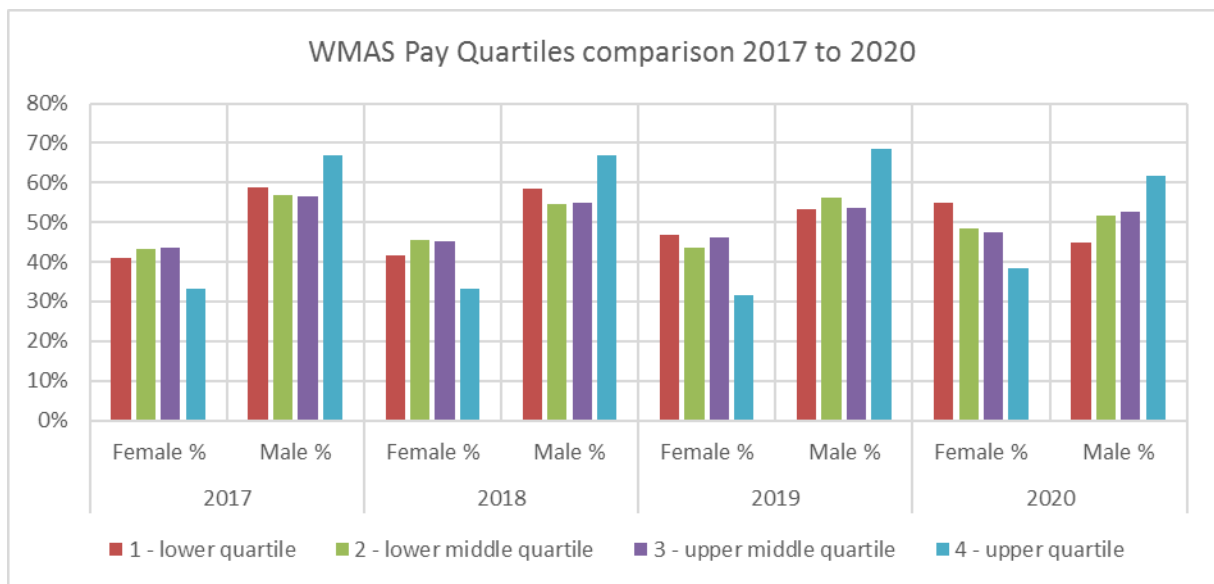
There were no bonus payments made in this year.

Any payment of a bonus is determined by the Remuneration and Nominations Committee. In previous years the Trust determined only the Chief Executive Officer was eligible for a bonus of up to 10% based on meeting pre-determined performance criteria set by the Remuneration Committee annually. All other Executive Directors on VSM contracts and Staff covered by Agenda for Change are not included in the bonus pay scheme.

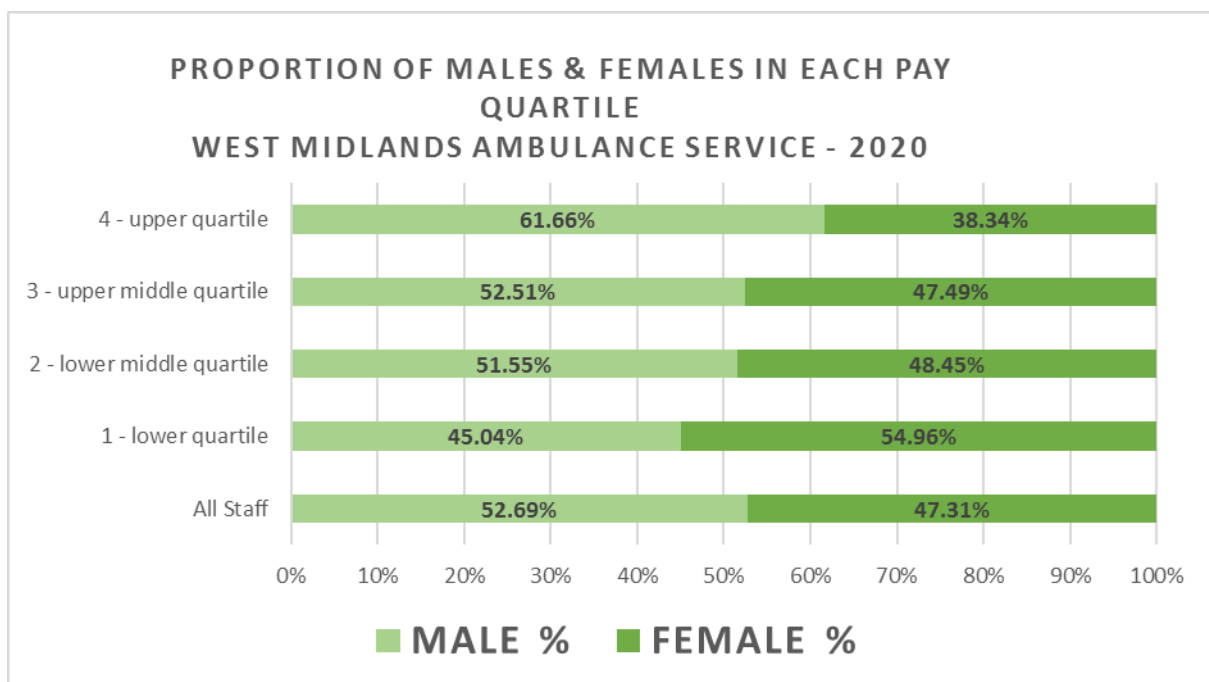
iv. Proportion of Males and Females Receiving a Bonus Payment

There were no bonus payments made in this year.

v. Proportion of Males and Females in each Pay Quartile



In previous years the proportion of women in the lower, lower middle and upper middle pay quartiles was higher than the overall gender profile for the Trust. However, in the upper pay quartile this proportion was lower for women. This is replicated in 2020.



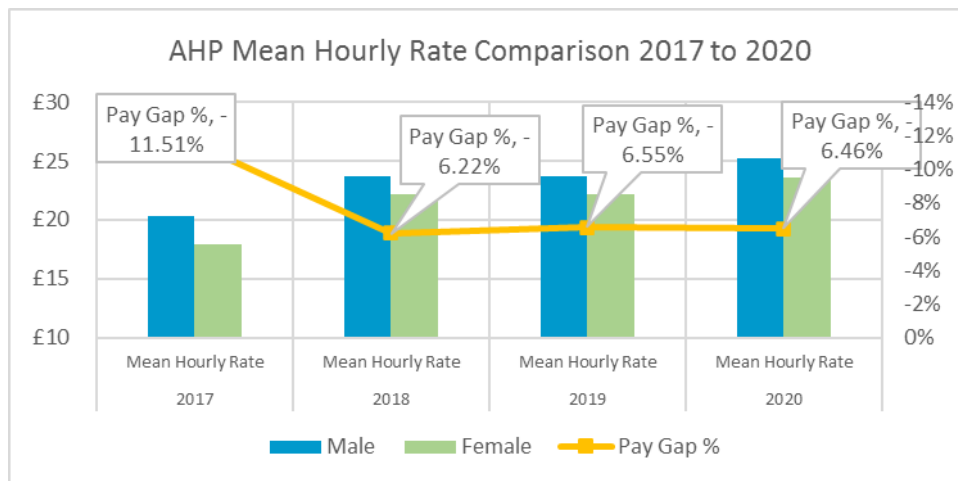
6. Data Review by the main NHS Staff Groups

The following data has been reviewed by different staff groups across directorates of the Trust.

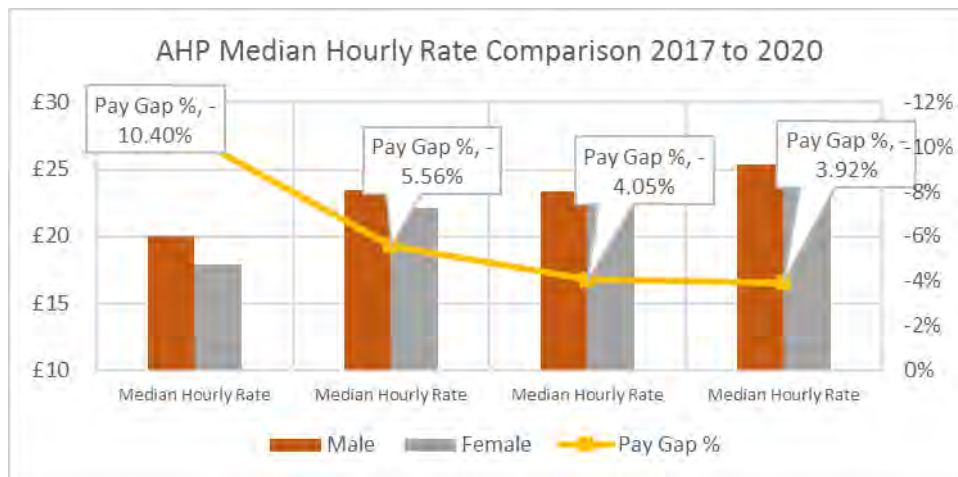
A. Allied Health Professionals (AHP)

This staff group includes all clinically qualified staff in the Trust including Paramedics and Clinical Managers who are required to hold a clinical qualification. All staff are registered with the Health and Care Professions Council.

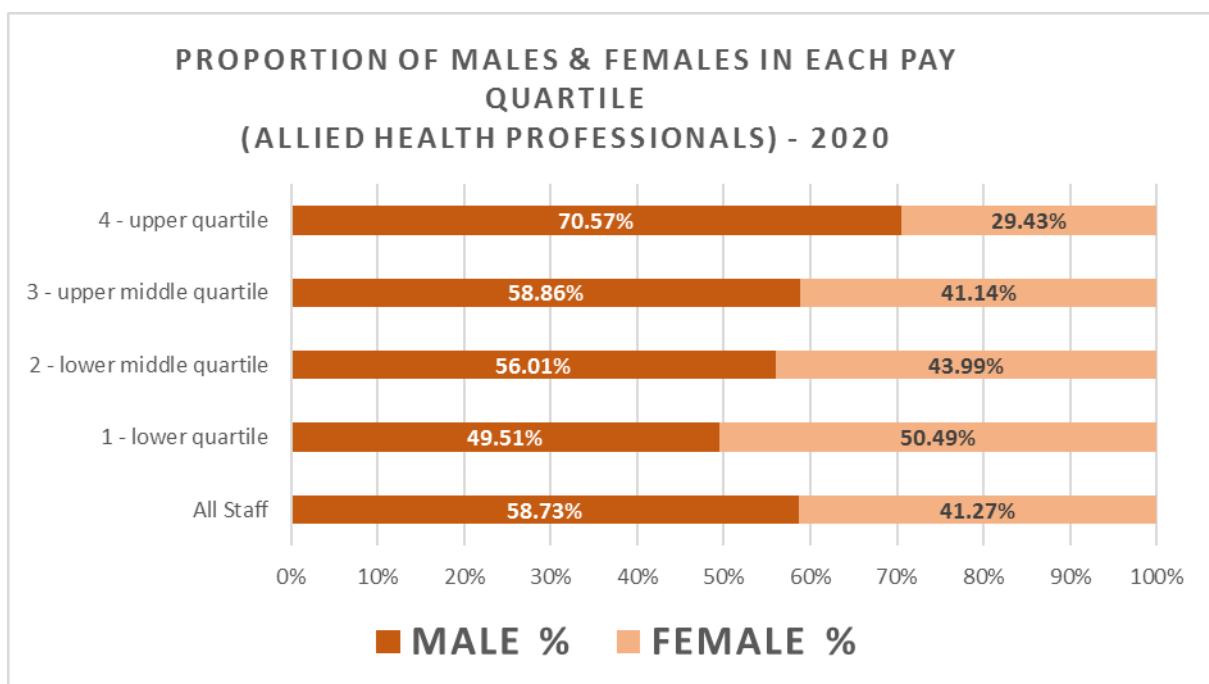
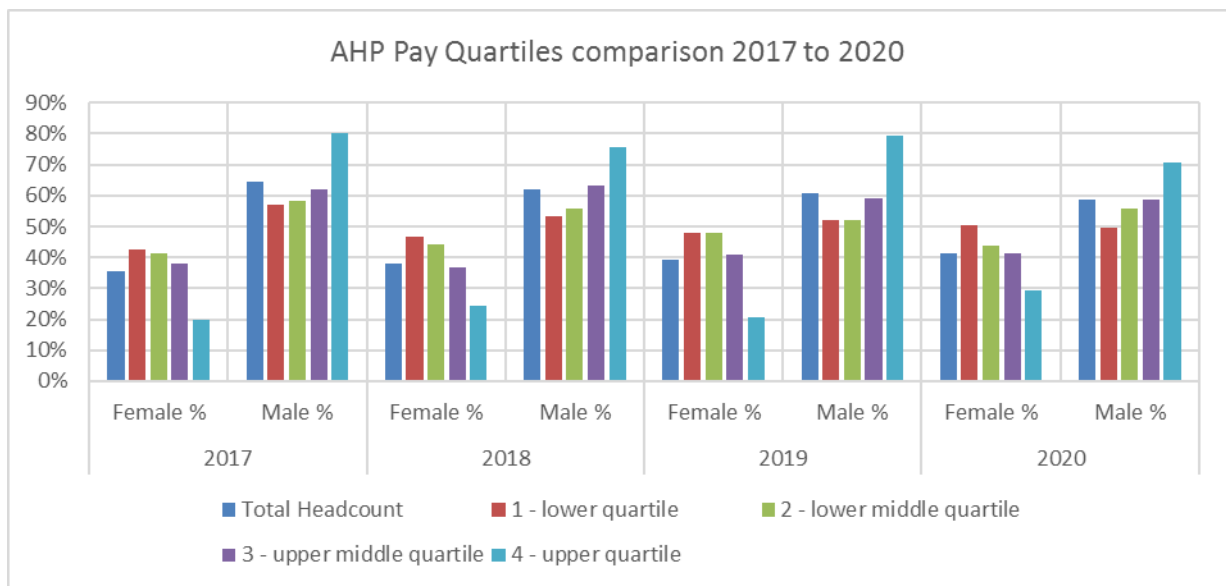
Gender Pay Gap in Hourly Pay – Mean



Gender Pay Gap in Hourly Pay –Median



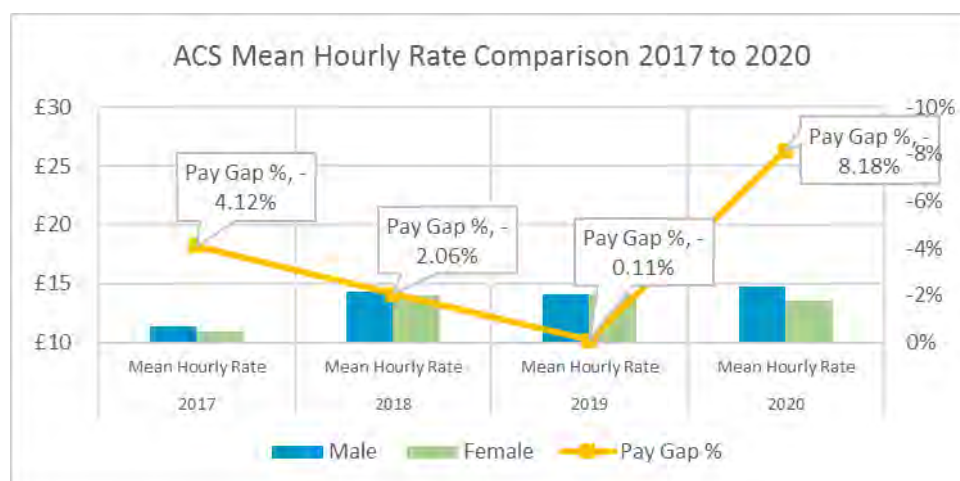
Proportion of Males and Females in each Pay Quartile



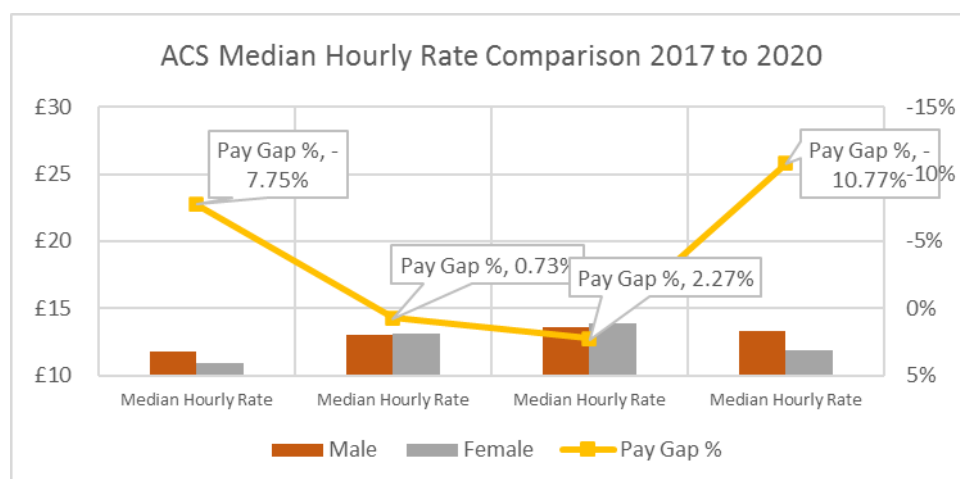
B. Additional Clinical Services (ACS)

This staff group includes: Emergency Care Practitioners, Education & Training Officers, Emergency Technicians, Student Paramedics (2017 to 2019 only), Emergency Care Assistants, Patient Transport Care Assistants, Emergency Call Takers and Emergency Medical Dispatchers, 111 Call Takers.

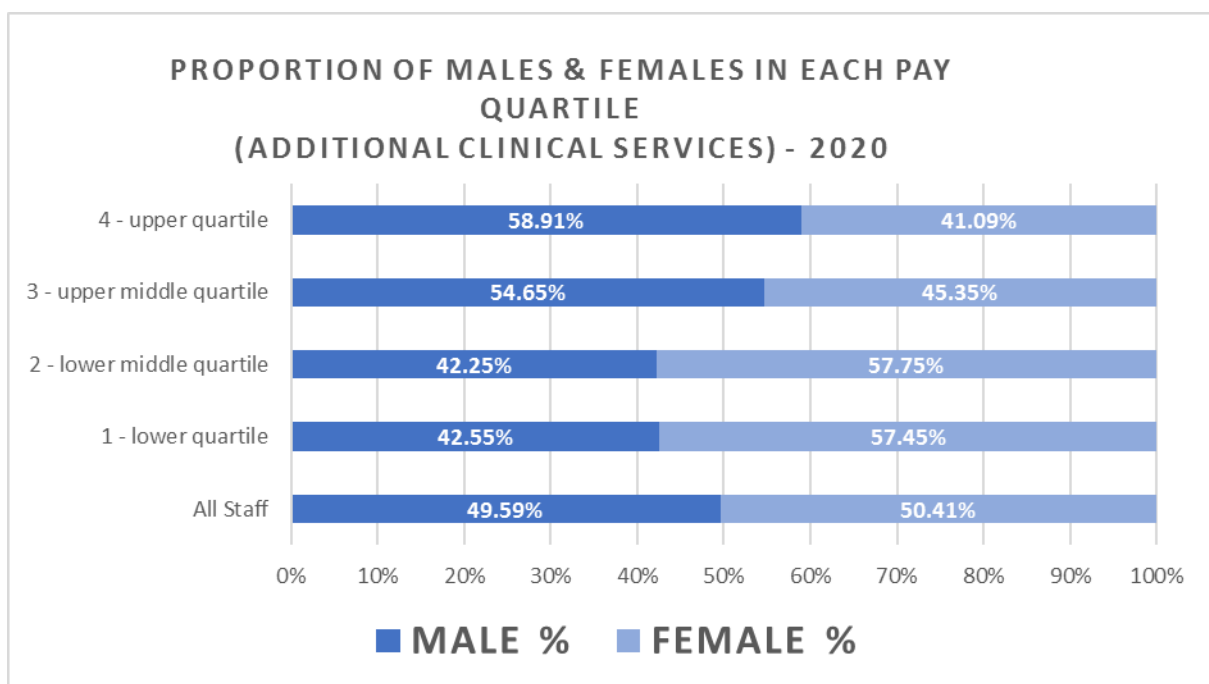
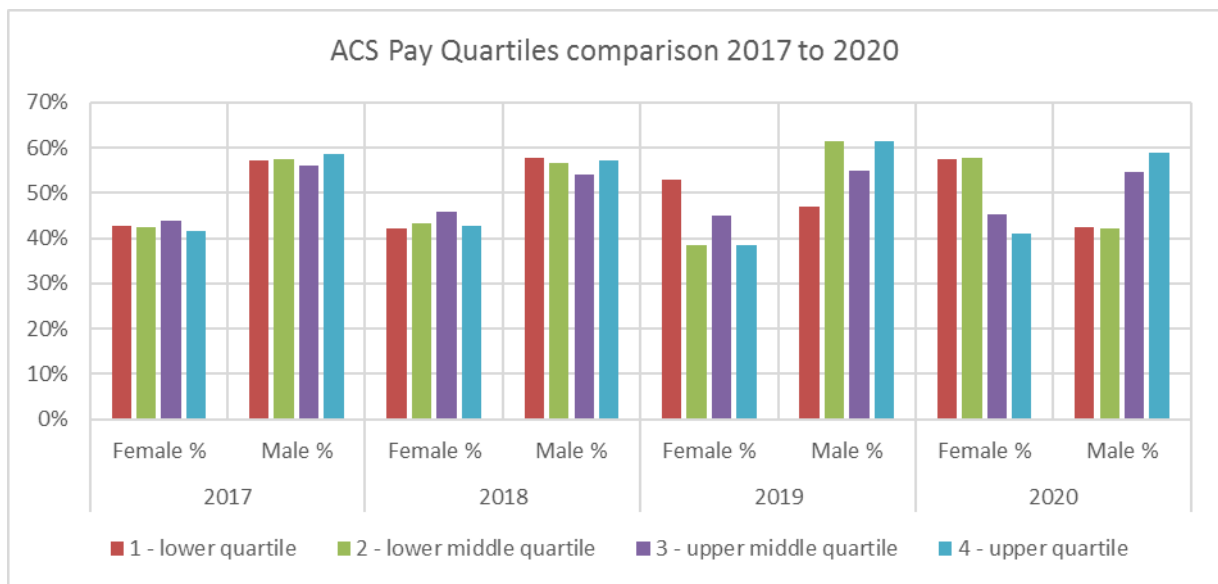
Gender Pay Gap in Hourly Pay – Mean



Gender Pay Gap in Hourly Pay –Median



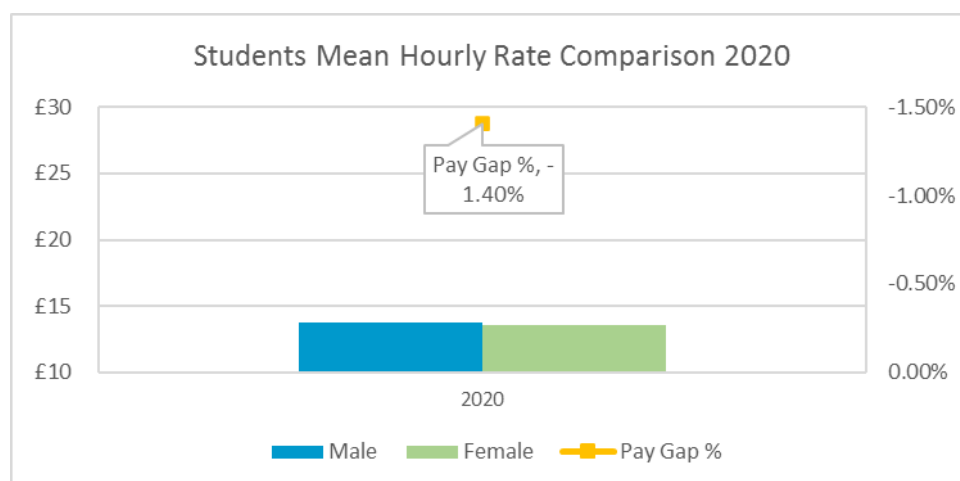
Proportion of Males and Females in each Pay Quartile



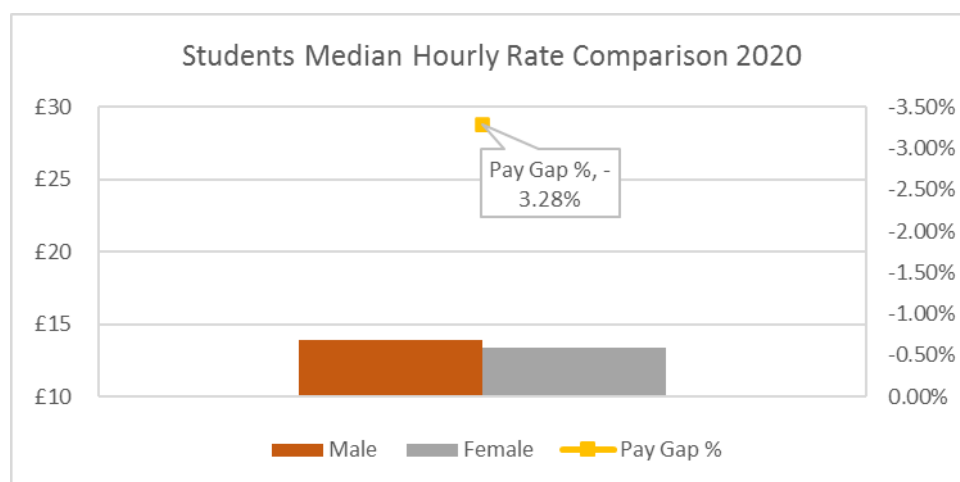
C. Students

This staff group includes Student Paramedics only. Student paramedics were recoded nationally in April 2019 and can now be shown as a separate group. They were previously coded as Additional Clinical Services.

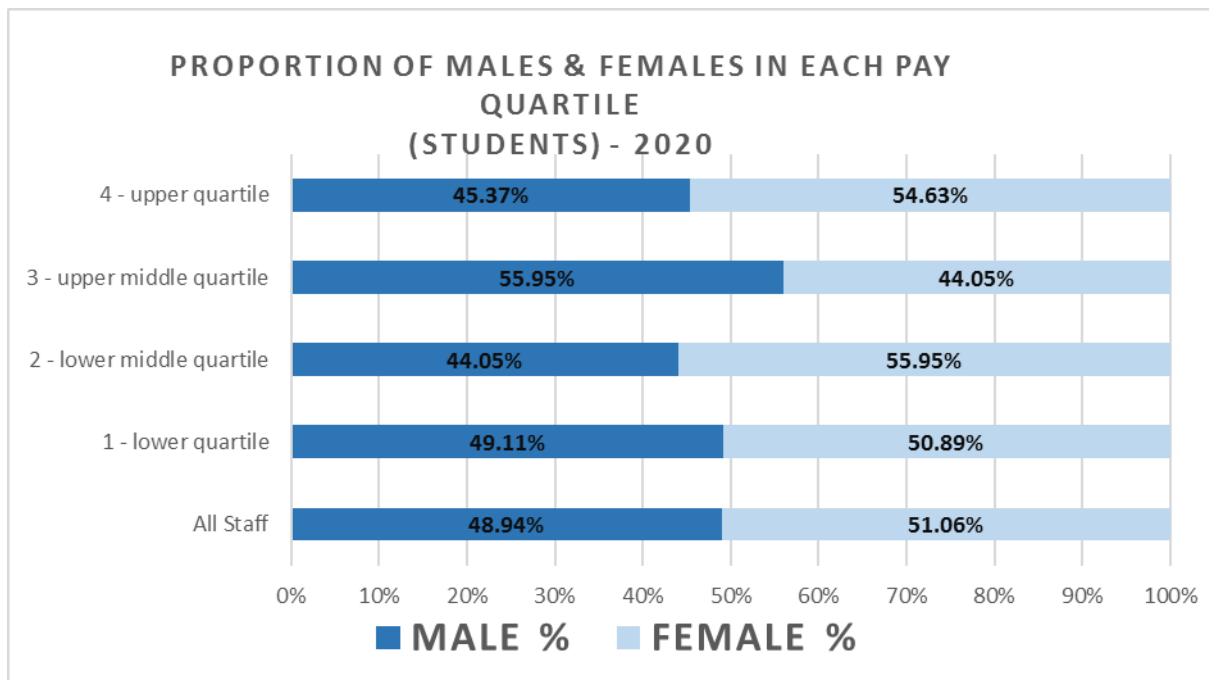
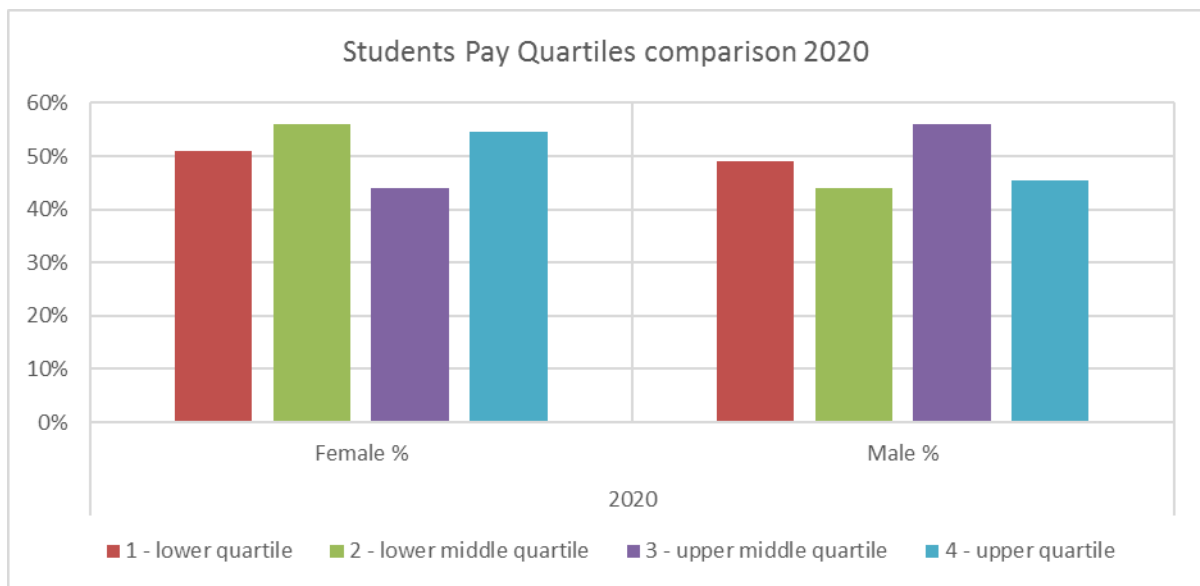
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Gender Pay Gap in Hourly Pay –Median



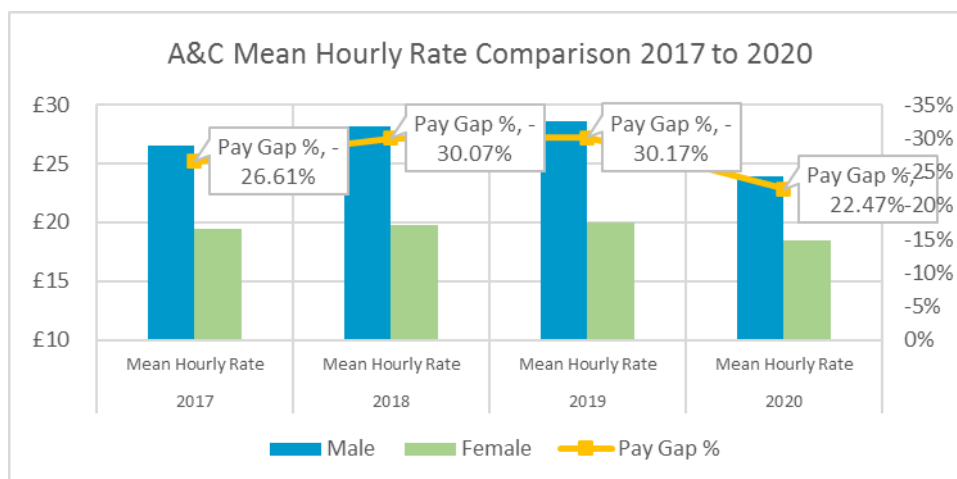
Proportion of Males and Females in each Pay Quartile



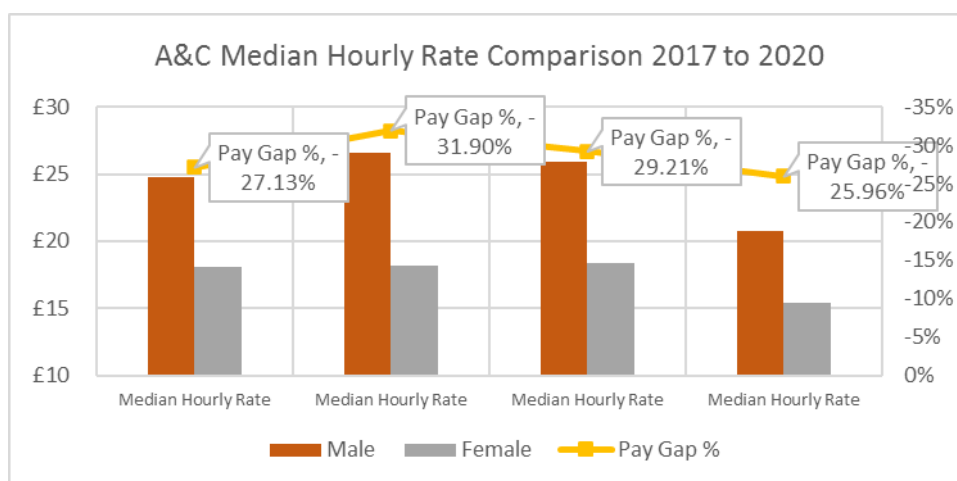
D. Administrative and Clerical (A&C)

This staff group includes NHS Infrastructure staff: Senior Managers, Managers and Administration & Clerical staff.

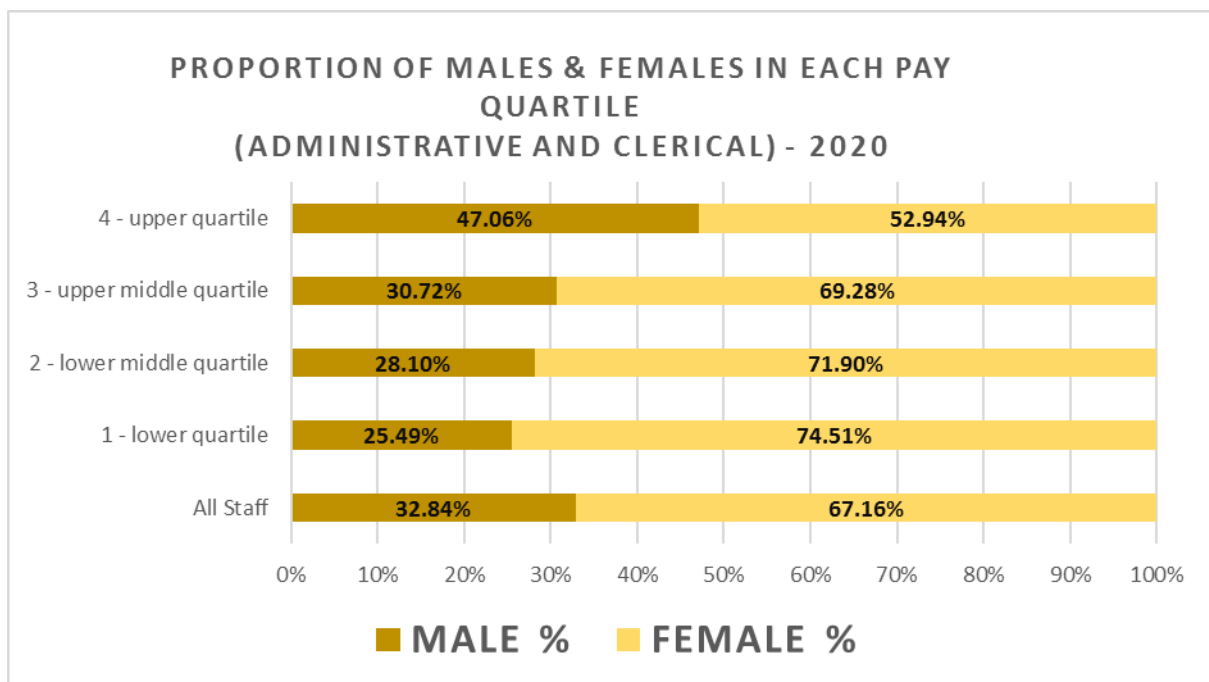
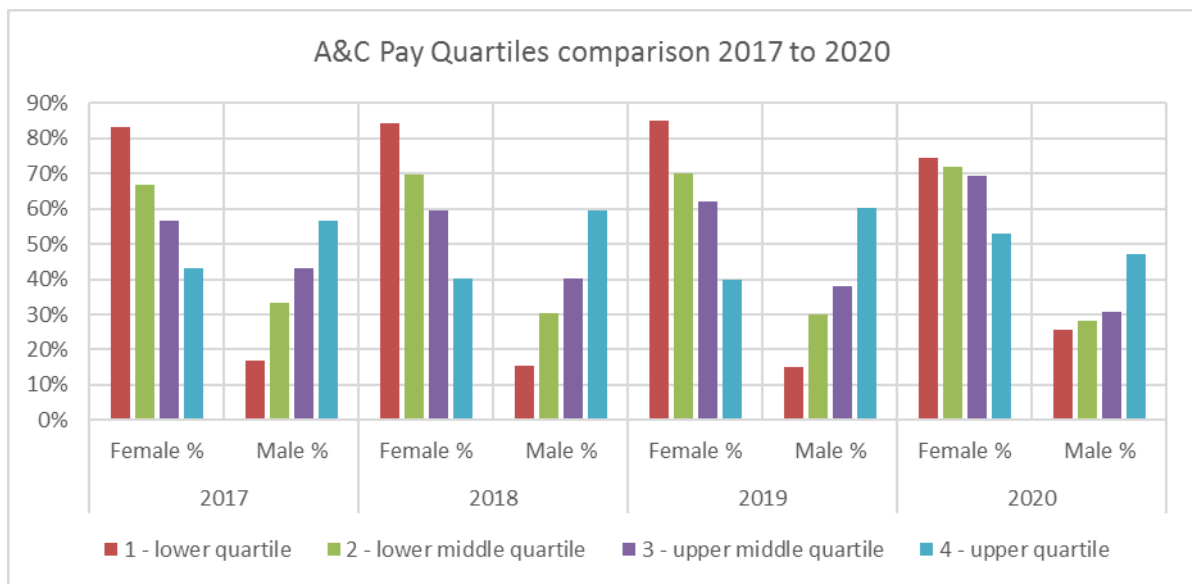
Gender Pay Gap in Hourly Pay – Mean



Gender Pay Gap in Hourly Pay –Median



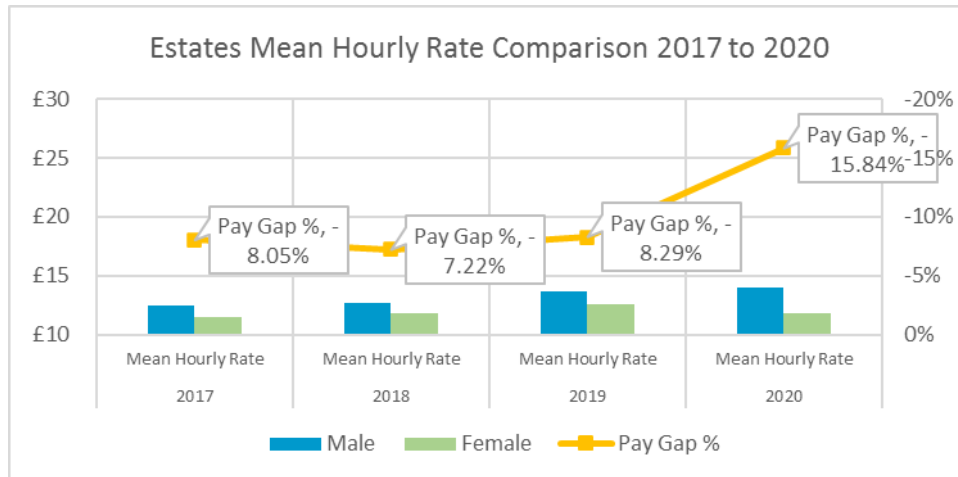
Proportion of Males and Females in each Pay Quartile



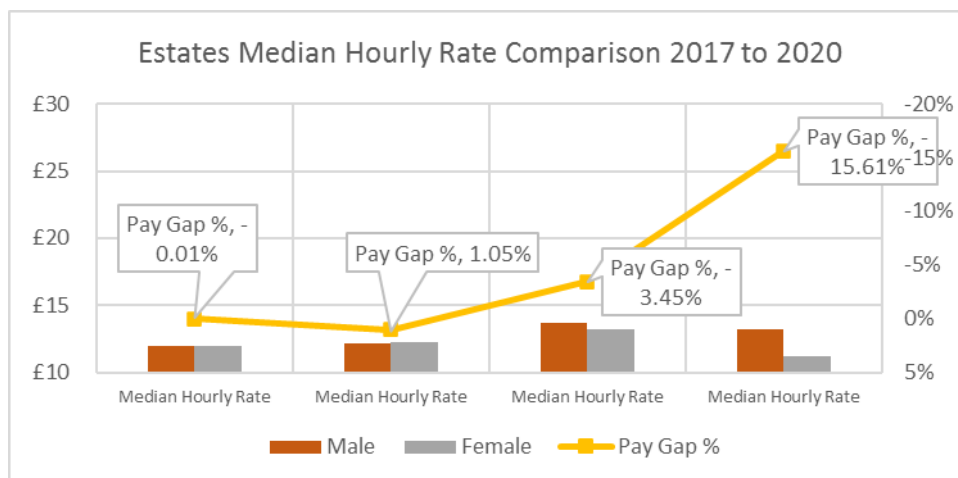
E. Estates and Ancillary (Estates)

This staff group includes Mechanics, Vehicle Preparation Operatives and Drivers in the Logistics Service.

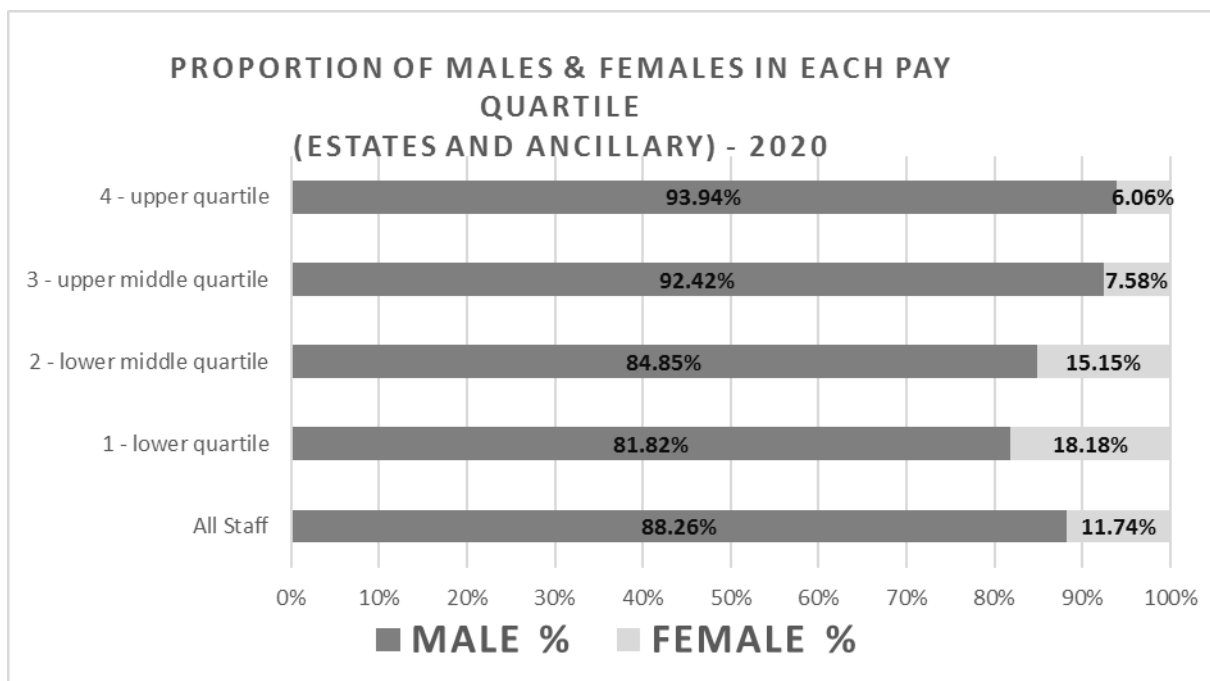
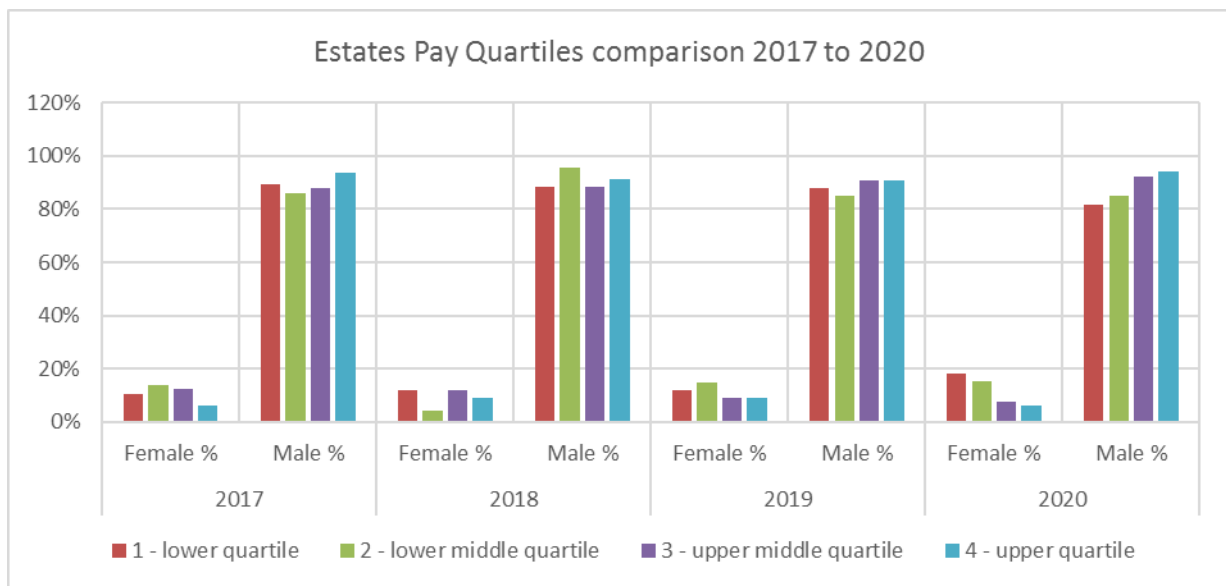
Gender Pay Gap in Hourly Pay – Mean



Gender Pay Gap in Hourly Pay –Median



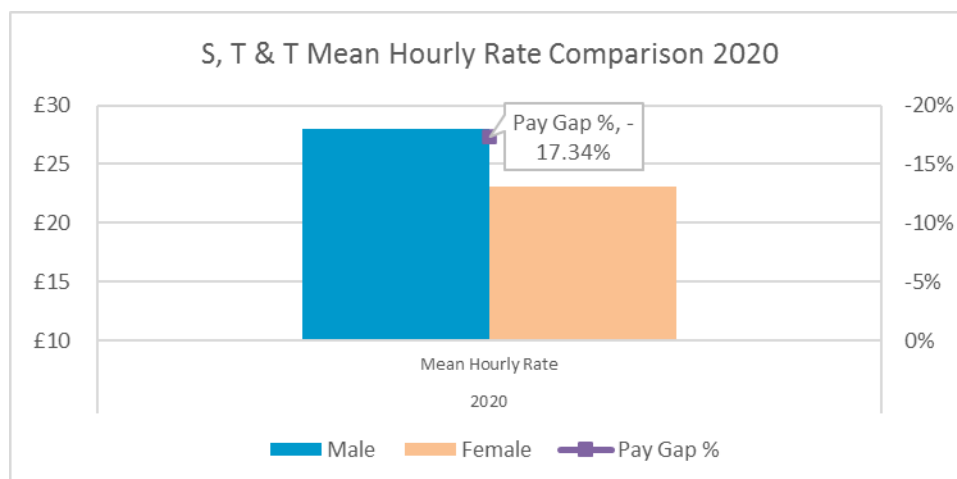
Proportion of Males and Females in each Pay Quartile



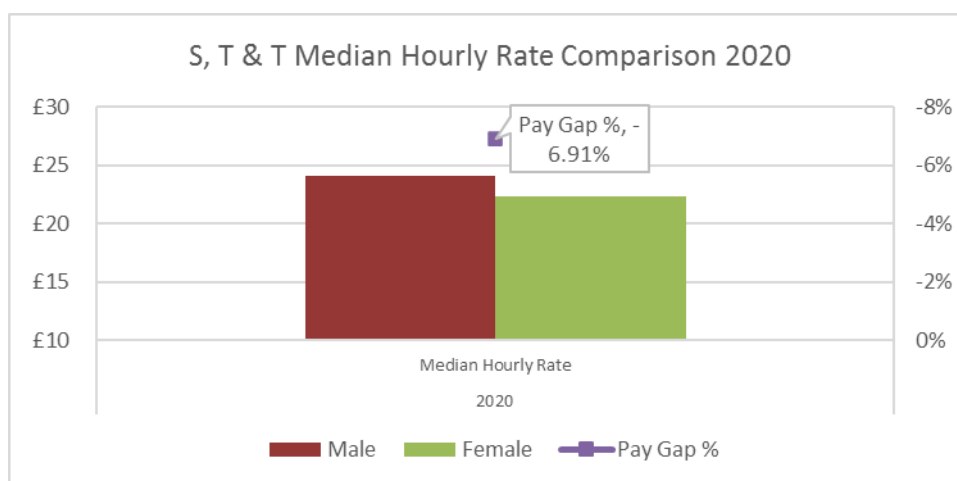
F. Scientific, Therapeutic & Technical (Other Qualified AHPs and Support Staff)

This staff group includes: Pharmacy, Psychotherapy and Dental Nurses.

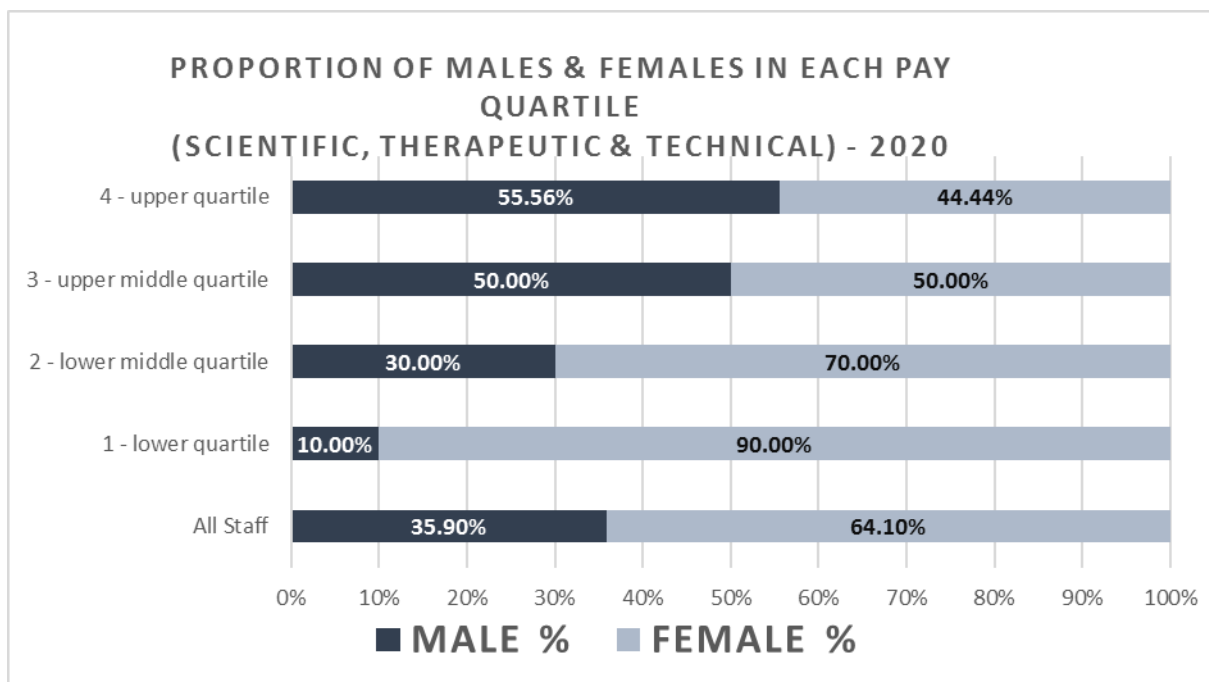
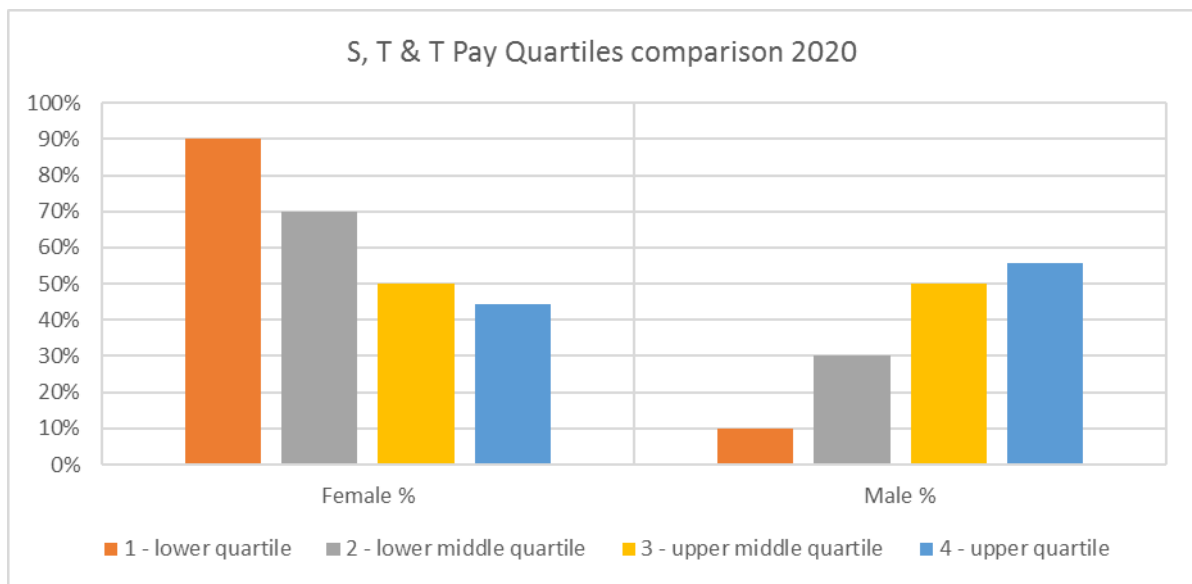
Gender Pay Gap in Hourly Pay – Mean



Gender Pay Gap in Hourly Pay –Median



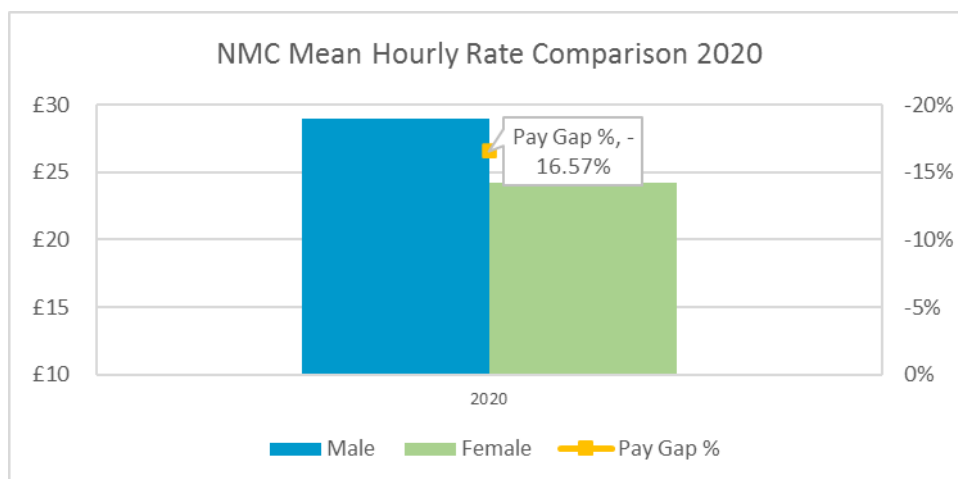
Proportion of Males and Females in each Pay Quartile



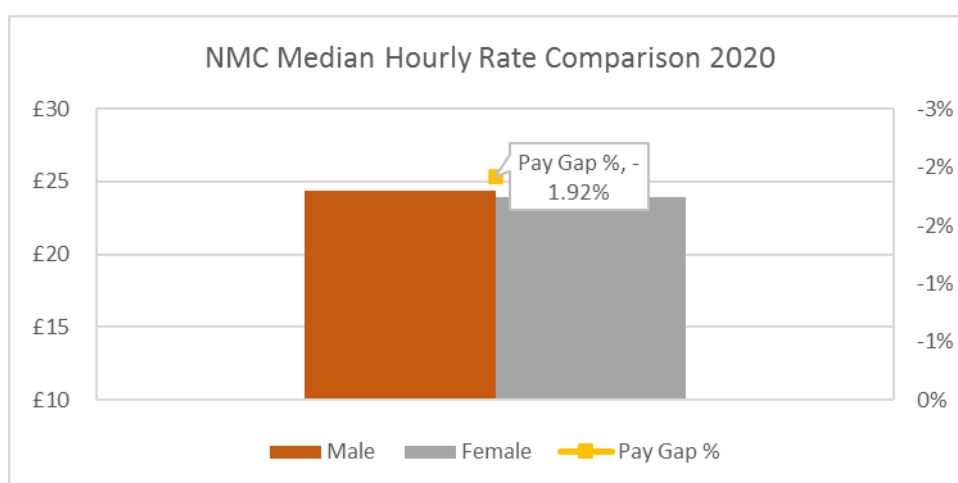
G. Nursing & Midwifery (Registered Nurses)

This staff group includes: Registered Nurses. The group is included in this year for the first time following

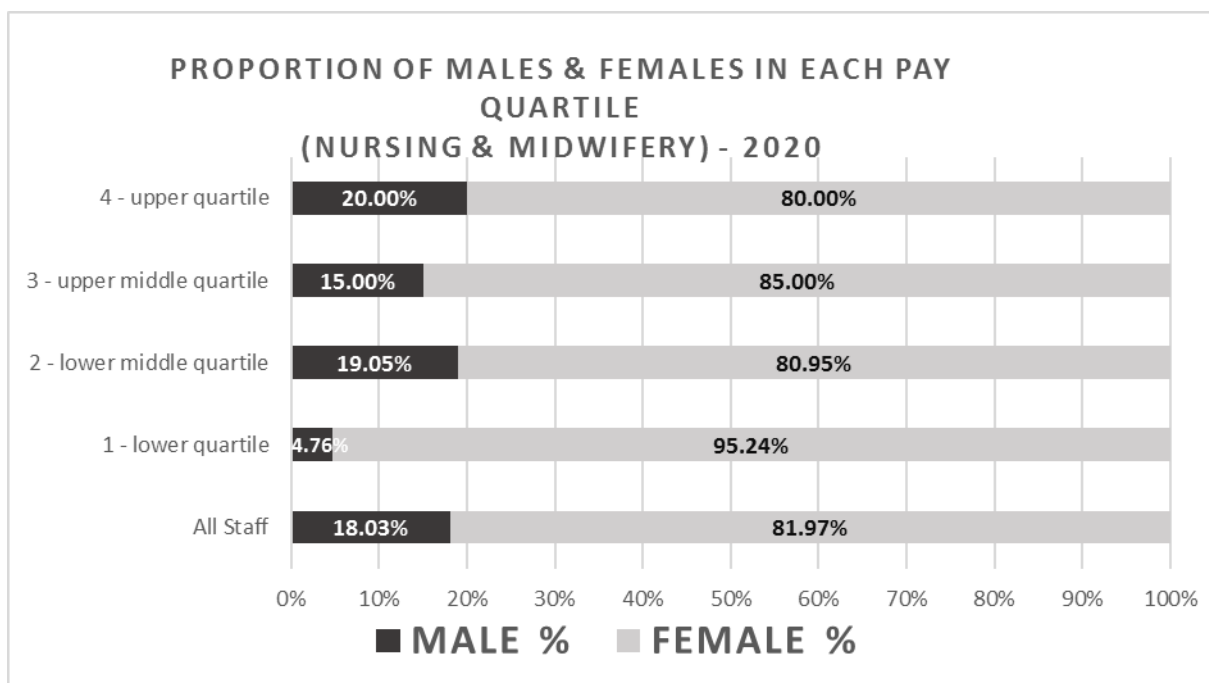
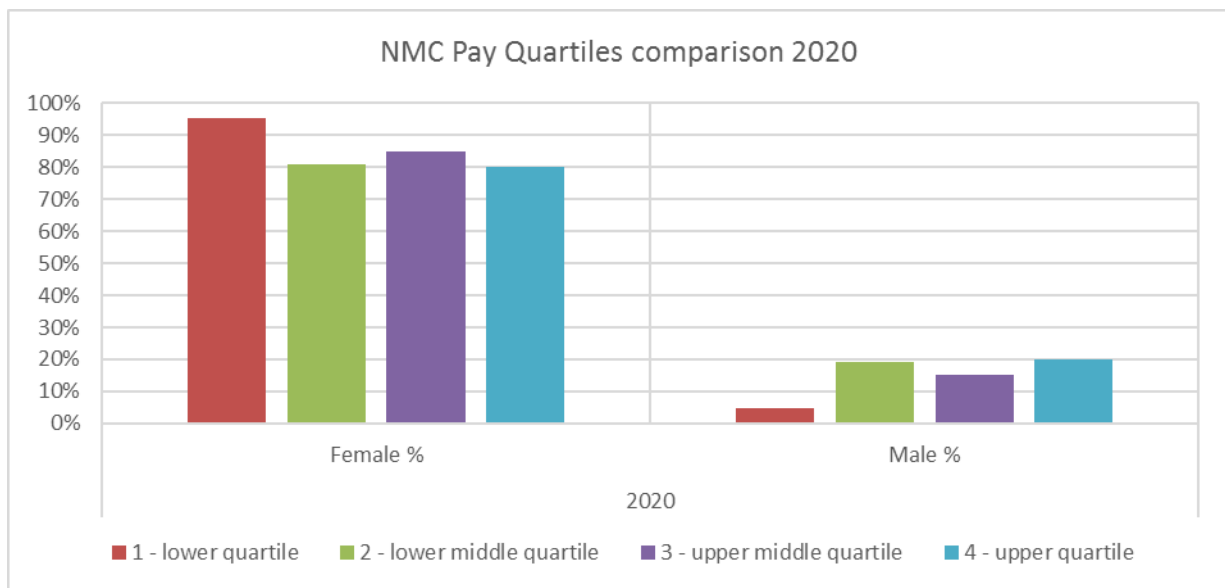
Gender Pay Gap in Hourly Pay – Mean



Gender Pay Gap in Hourly Pay –Median



Proportion of Males and Females in each Pay Quartile



7. Analysis and Conclusion by NHS Staff Group

WMAS has an active workforce plan in place that has seen the recruitment of over 2300 student paramedics into the workforce since 2013. This programme has been instrumental in changing the demographics of the organisation, as can be demonstrated by the continuing change in the gender profile from 35.3% women in 2007 to 40.7% in 2017, 41.3% in 2018, 42.1% in 2019 and 47.3% in 2020.

It is worth noting that WMAS took on the NHS 111 Service in November 2019. The gender profile in that part of the Trust is 78.36%.

The main areas of progress have been within the Allied Health Professionals (AHP) and Additional Clinical Services (ACS).

Additional Clinical Services (ACS)

In Additional Clinical Services, the proportion of women is 50.41%. The lower and lower middle quartiles are higher than the overall Trust gender profile. This is the staff group where all the student paramedic recruitment took place up to March 2019. If these staff are still student paramedics they have been recoded into the 'Student' staff group.

The mean gender pay is higher than the overall Trust at -8.18%% compared to -9.53% for the whole Trust. This may be due to the new starters commencing on the first spinal point in the grade and now progressing as they develop their careers. Generally, those staff who have spent longer in the same grade would have progressed incrementally regardless of gender. The median gender pay gap is also lower the overall all Trust -10.77% compared to -15.47%. Both measures have increased since 2019.

Variations could be attributed to payments for differences in working hours that are spent in unsocial hours periods. As more work is undertaken during these unsocial hours period, the higher the payment. This is paid regardless of gender as it is assigned to job role.

Students

The national coding structure for the Ambulance Workforce was reviewed between 2017 and 2019. Major changes were implemented in April 2019. The Staff Group 'Students' was implemented for Student Paramedics. The rationale for this role is to help identify those staff that are on a training programme to become Paramedics.

The proportion of women is 51.06%. The lower, lower middle and upper quartiles are higher than the overall Trust gender profile. The mean (-1.40%) and median (-3.28%) pay gap are well below the overall Trust pay gap.

Allied Health Professionals (AHP)

In AHP, the proportion of women is 41.27%. Only the lower quartiles proportion is higher than the overall Trust percentage. Once the students have completed their 30-month training programme and qualified as a paramedic with Health and Care Professions Council registration, they move into this NHS Staff Group. Staff in the higher quartiles will increase as newly qualified paramedics progress over a 2-year period from band 5 to band 6. These staff show in the lower and lower middle quartiles. The mean gender pay is lower than the overall Trust at -6.46%. The median gender pay gap is also lower at -3.92%. Both rates have decreased from 2019.

The variations could be attributed to payments for unsocial hours but will also be as a result of a higher proportion of men in the upper quartiles as described. Historically, ambulance services had attracted a higher than average proportion of men in its frontline operations. This demographic has now changed. As staff progress up the pay spines through incremental pay the proportion of women in the upper middle and upper quartiles should similarly increase.

Administrative and Clerical (A&C)

In this staff group the proportion of women is 67.16%. The proportion in all quartiles is higher than the overall gender profile for the Trust in 2020. It is this group where there is a much higher gender pay gap.

In 2020 the mean pay gap is -22.47% and median pay gap -25.96%. There has been a decrease from 2019 in both the mean pay gap from -30.17% and the median pay gap from 29.21%.

This pay gap is largely as a result of a larger concentration of women in lower pay banded roles.

Estates and Ancillary

This staff group has a largely male workforce, the proportion of women is 11.74%.

The mean gender pay is higher than the overall Trust at -15.84%, and the median gender pay gap is marginally higher at -15.61%. Both measures have increased since 2019.

Scientific, Therapeutic & Technical (Other Qualified AHPs and Support Staff) (S,T &T)

WMAS took on the NHS 111 Service in November 2019 which included the Scientific, Therapeutic & Technical (Other Qualified AHPs and Support Staff) staff group. The gender profile in 111 is 78.36%.

There is no comparison with previous years as this is the first time the staff group has had significant numbers in the Trust.

In the S,T&T staff group the proportion of women is 64.10%. This is higher than the Trust percentage of 47.3%.

The mean gender pay is higher than the overall Trust at -14.34%, and the median gender pay gap is much lower at -6.91%.

Nursing & Midwifery (Registered Nurses) (NMC)

WMAS took on the NHS 111 Service in November 2019 which included the NMC staff group. The gender profile in 111 is 78.36%.






There is no comparison with previous years as this is the first time the staff group has had significant numbers in the Trust.

In the NMC staff group the proportion of women is 81.97%. This is the highest percentage in the Trust.

The mean gender pay is higher than the overall Trust at -16.57%, and the median gender pay gap is much lower at -1.92%.

8. Actions to Eradicate the Gender Pay Gap 2020/2021

The Board of Directors and the senior leadership team are committed to improving our gender pay gap and this report offers an update on progress being made.

| Initiative | Actions | Progress |
|--|---|---|
|  | Active support for women returning to work following maternity or adoption leave. | We will continue to run quarterly sessions for staff regarding all family friendly policies and work life balance options to inform and support re-introduction to work following time away. We offer shared parental leave, job share and part time opportunities, and have reviewed our guidance to help line managers ensure those returning from maternity/adoption leave feel supported and welcomed. |
|  | Ensure women have the opportunity and ability to progress their careers within the Trust through talent management schemes, such as the Positive Action Pathway. | We commissioned Springboard to deliver women's development training to a first tranche of 30 women. This was evaluated and a second cohort of Springboard training was commissioned and successfully delivered in 2020 virtually. A third cohort has been filled and commences in April 2021. Women are actively encouraged to attend the Engaging Leaders and Engaging managers programmes and saw an increase in women applying following the Springboard course. This will continue to be monitored and evaluated. |
|  | Establish a Women's Equality Network. [Such a network is intended to actively promote gender equality, run upskilling events, promote campaigns or hold talks to inspire and support other women in the Trust.] | The Springboard development course has resulted in women's support groups being built and a women's network will be launched in 2021. |
|  | Review our recruitment processes, focusing on how to attract women into the Ambulance Service, including a review of the application process to reduce the potential for unconscious bias and ensuring all interviewers have undergone unconscious bias training. | Our recruitment figures are almost equal for men and women and we will continue to include unconscious bias training content for interviewers which specifically includes gender bias. |
|  | Ensure that gender equality is a central point in the Trust's Diversity and Inclusion strategy. | The D&I strategy is inclusive of all the characteristics covered by the Equality Act. |

This is the fourth report from West Midlands Ambulance Service University NHS Foundation Trust (WMAS). It is based on a snapshot of all WMAS staff as at 31 March 2020.

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 10b MONTH: May 2021 PAPER NUMBER: 09b

| 2020 Staff Survey | |
|--|--|
| Sponsoring Director | People Director |
| Author(s)/Presenter | Learning and Development Manager |
| Purpose | This paper provides the Board of Directors an overview of the 2020 staff survey results and resulting recommendations. |
| Previously Considered by | The Executive Management Board: 9 th February 2021 Staff Survey Response Action Group: 8 th March 2021 The People Committee: 18 th March 2021 |
| Report Approved By | |
| Executive Summary The National Staff Survey 2020 opened in Quarter 3 on 21 st September 2020. The survey ran over 10 weeks until 27 th November. The final response rate achieved is 56%. Last year's final response rate was 63%. Although the response rate is lower this time, there was an increase of 349 in the number of staff taking part in the survey. This paper provides information to the Board of Directors about the 2020 staff survey results. Recommendations have been made by the Staff Survey Response Action Group based on those results. | |
| Related Trust Objectives/ National Standards | Safety, Quality and Excellence. A great place to work for all National requirement set by NHSEI for all NHS Trusts to run an annual staff survey. |
| Risk and Assurance | Results have been shared with sector leads and the Staff Survey Response Action Group members for local analysis. This allows each sector to work with staff and gather suggestions on areas for focus and build local action plans to address any concerns or make improvements where needed. |
| Legal implications/ regulatory requirements | These results were under embargo until 11 th March. |
| Financial Implications | This is dependent on agreed actions for addressing concerns or make improvements to staff engagement. |
| Training & Workforce Implications | The results allows the Trust to consult with our staff on areas that are important to them locally, and to share with them all the actions taken based on the 2020 survey results. It is expected that this will impact positively on staff engagement. |
| Communications Issues | None Identified. |

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 10b MONTH: May 2021 PAPER NUMBER: 09b

| | |
|--|---|
| Diversity & Inclusivity Implications | None Identified. |
| Quality Impact Assessment | Not completed on this occasion. |
| Data Quality | The original staff survey results and data are held within the Organisational Development Team and are provided by Picker Europe. |
| Action required The Board of Directors is asked to consider the recommendations made by the Staff Survey Response Action Group in this paper and provide feedback. | |



West Midlands Ambulance Service
University NHS Foundation Trust



2020 Staff Survey

Report to the Board of Directors May 2021



Usha Ramnatsing

Learning and Development Manager

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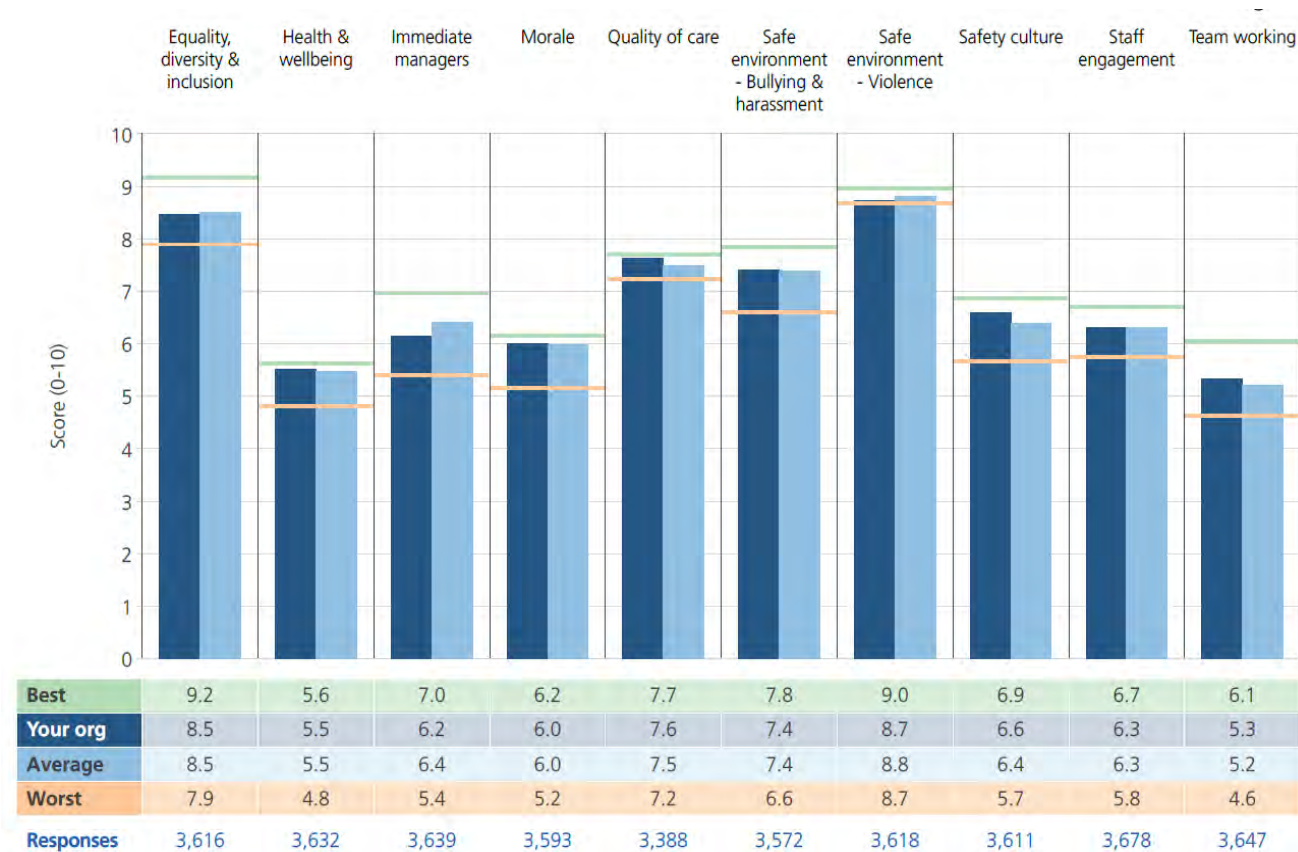
1. Introduction

The NHS Staff Survey 2020 was carried out from 21st September to 27th November 2020 and was conducted by Picker Institute Europe, on behalf of West Midlands Ambulance Service University NHS Foundation Trust. The survey was conducted electronically to maintain confidentiality and anonymity. 3724 staff returned a completed survey, giving a response rate of 56%. Although the response rate is lower than the 2019 survey (insert percentages), the number of staff taking part in the 2020 survey increased by 349. The average response rate for the eleven Ambulance Trusts (Including Wales) is 56%.

It was very pleasing to note a 66% increase in the number of responses received from BME staff compared with the previous year. 331 BME staff took part in the 2020 staff survey compared to 199 in 2019, and 184 in 2018. The staff survey results feedback focused on some key areas referred to as Key Findings. The Key Findings are further grouped into the following themes:

- Equality & diversity
- Health and wellbeing
- Immediate Managers
- Morale
- Quality of care
- Safe Environment- Bullying and Harassment
- Safe Environment- Violence
- Safety Culture
- Staff Engagement
- Team Working

Each theme comprises of a set of individually scored question results which are then grouped together to provide a theme score between 0-10. For all themes the higher score is better. The chart below is an overview of the Trust's score for each theme compared to all Ambulance Trusts in UK. ("Average", "Best" and "Worst" refer to scores for Ambulance Trusts benchmark group)



The table below presents the results of significance testing conducted on this year's theme scores and those from last year. It details the organisation's theme scores for both years and the number of responses each of these are based on. The upward arrow indicates a significant increase in score compared to last year and downward arrow indicates a significant decrease.

| Theme | 2019 score | 2019 respondents | 2020 score | 2020 respondents | Statistically significant change? |
|--|------------|------------------|------------|------------------|-----------------------------------|
| Equality, diversity & inclusion | 8.5 | 3322 | 8.5 | 3616 | Not significant |
| Health & wellbeing | 5.2 | 3345 | 5.5 | 3632 | ↑ |
| Immediate managers † | 6.2 | 3347 | 6.2 | 3639 | Not significant |
| Morale | 5.9 | 3292 | 6.0 | 3593 | ↑ |
| Quality of care | 7.6 | 3120 | 7.6 | 3388 | Not significant |
| Safe environment - Bullying & harassment | 7.4 | 3319 | 7.4 | 3572 | Not significant |
| Safe environment - Violence | 8.7 | 3318 | 8.7 | 3618 | Not significant |
| Safety culture | 6.5 | 3315 | 6.6 | 3611 | ↑ |
| Staff engagement | 6.3 | 3374 | 6.3 | 3678 | Not significant |
| Team working | 5.6 | 3333 | 5.3 | 3647 | ↓ |

* Statistical significance is tested using a two-tailed t-test with a 95% level of confidence.

2. Five-year trend for each Theme

Equality and Diversity

| | 2016 | 2017 | 2018 | 2019 | 2020 |
|-----------|-------|-------|-------|-------|-------|
| Best | 9.0 | 8.8 | 8.7 | 9.5 | 9.2 |
| Your org | 8.3 | 8.3 | 8.4 | 8.5 | 8.5 |
| Average | 8.4 | 8.3 | 8.4 | 8.5 | 8.5 |
| Worst | 7.9 | 7.8 | 8.0 | 8.1 | 7.9 |
| Responses | 1,293 | 2,187 | 2,914 | 3,322 | 3,616 |

Health and Wellbeing

| | 2016 | 2017 | 2018 | 2019 | 2020 |
|-----------|-------|-------|-------|-------|-------|
| Best | 5.2 | 5.2 | 5.3 | 5.3 | 5.6 |
| Your org | 4.8 | 5.1 | 5.1 | 5.2 | 5.5 |
| Average | 4.8 | 5.1 | 5.0 | 5.0 | 5.5 |
| Worst | 3.9 | 4.3 | 4.5 | 4.6 | 4.8 |
| Responses | 1,305 | 2,230 | 2,937 | 3,345 | 3,632 |

Immediate Managers

| | 2016 | 2017 | 2018 | 2019 | 2020 |
|-----------|-------|-------|-------|-------|-------|
| Best | 6.8 | 7.0 | 7.0 | 6.9 | 7.0 |
| Your org | 5.4 | 5.7 | 6.0 | 6.2 | 6.2 |
| Average | 5.8 | 5.9 | 6.2 | 6.3 | 6.4 |
| Worst | 5.3 | 5.5 | 5.3 | 5.5 | 5.4 |
| Responses | 1,308 | 2,228 | 2,953 | 3,347 | 3,639 |

Morale

| | 2018 | 2019 | 2020 |
|-----------|-------|-------|-------|
| Best | 5.8 | 6.0 | 6.2 |
| Your org | 5.8 | 5.9 | 6.0 |
| Average | 5.7 | 5.7 | 6.0 |
| Worst | 4.9 | 5.1 | 5.2 |
| Responses | 2,875 | 3,292 | 3,593 |

Quality of Care

| | 2016 | 2017 | 2018 | 2019 | 2020 |
|-----------|-------|-------|-------|-------|-------|
| Best | 7.7 | 7.7 | 7.8 | 7.7 | 7.7 |
| Your org | 7.4 | 7.5 | 7.5 | 7.6 | 7.6 |
| Average | 7.3 | 7.2 | 7.4 | 7.4 | 7.5 |
| Worst | 7.1 | 6.8 | 7.0 | 7.0 | 7.2 |
| Responses | 1,139 | 2,046 | 2,701 | 3,120 | 3,388 |

Safe Environment-Bullying and Harassment

| | 2016 | 2017 | 2018 | 2019 | 2020 |
|-----------|-------|-------|-------|-------|-------|
| Best | 8.1 | 7.6 | 7.6 | 7.5 | 7.8 |
| Your org | 6.9 | 7.1 | 7.3 | 7.4 | 7.4 |
| Average | 7.1 | 7.1 | 7.3 | 7.4 | 7.4 |
| Worst | 6.3 | 6.5 | 6.9 | 7.0 | 6.6 |
| Responses | 1,289 | 2,174 | 2,903 | 3,319 | 3,572 |

Safe Environment- Violence

| | 2016 | 2017 | 2018 | 2019 | 2020 |
|-----------|-------|-------|-------|-------|-------|
| Best | 9.0 | 9.0 | 9.0 | 8.9 | 9.0 |
| Your org | 8.6 | 8.5 | 8.7 | 8.7 | 8.7 |
| Average | 8.8 | 8.7 | 8.8 | 8.8 | 8.8 |
| Worst | 8.5 | 8.5 | 8.2 | 8.7 | 8.7 |
| Responses | 1,290 | 2,171 | 2,892 | 3,318 | 3,618 |

Safety Culture

| | 2016 | 2017 | 2018 | 2019 | 2020 |
|-----------|-------|-------|-------|-------|-------|
| Best | 6.3 | 6.4 | 6.5 | 6.5 | 6.9 |
| Your org | 5.9 | 6.1 | 6.4 | 6.5 | 6.6 |
| Average | 5.9 | 5.9 | 6.1 | 6.2 | 6.4 |
| Worst | 5.1 | 5.4 | 5.8 | 6.0 | 5.7 |
| Responses | 1,298 | 2,198 | 2,899 | 3,315 | 3,611 |

Team working

| | 2016 | 2017 | 2018 | 2019 | 2020 |
|-----------|-------|-------|-------|-------|-------|
| Best | 5.9 | 5.9 | 6.1 | 6.2 | 6.1 |
| Your org | 5.1 | 5.4 | 5.5 | 5.6 | 5.3 |
| Average | 5.1 | 5.1 | 5.3 | 5.2 | 5.2 |
| Worst | 4.5 | 4.6 | 4.5 | 4.7 | 4.6 |
| Responses | 1,307 | 2,259 | 2,960 | 3,333 | 3,647 |

Staff Engagement

| | 2016 | 2017 | 2018 | 2019 | 2020 |
|-----------|-------|-------|-------|-------|-------|
| Best | 6.4 | 6.4 | 6.5 | 6.6 | 6.7 |
| Your org | 6.0 | 6.1 | 6.3 | 6.3 | 6.3 |
| Average | 6.0 | 6.1 | 6.2 | 6.3 | 6.3 |
| Worst | 5.5 | 5.5 | 5.7 | 5.8 | 5.8 |
| Responses | 1,329 | 2,277 | 2,990 | 3,374 | 3,678 |

3. Top 5 scores noted compared to 2019

Q4g. Enough staff at organisation to do my job properly

% of staff selecting 'Agree'/'Strongly Agree'

| | 2019 | 2020 |
|-----------|-------|-------|
| Best | 42.1% | 54.5% |
| Your org | 42.1% | 54.5% |
| Average | 27.5% | 35.8% |
| Worst | 9.8% | 15.8% |
| Responses | 3,364 | 3,674 |

Q6a. I have unrealistic time pressures

% of staff selecting 'Never'/'Rarely'

| | 2019 | 2020 |
|-----------|-------|-------|
| Best | 26.7% | 29.7% |
| Your org | 18.6% | 26.0% |
| Average | 18.6% | 23.0% |
| Worst | 14.5% | 17.9% |
| Responses | 3,350 | 3,646 |

Q11d. In the last three months have you ever come to work despite not feeling well enough to perform your duties?

% of staff selecting 'Yes'

| | 2019 | 2020 |
|-----------|-------|-------|
| Worst | 67.8% | 56.7% |
| Your org | 63.6% | 54.5% |
| Average | 63.6% | 53.5% |
| Best | 56.0% | 40.6% |
| Responses | 3,346 | 3,632 |

Q4e. Able to meet conflicting demands on my time at work

% of staff selecting 'Agree'/'Strongly Agree'

| | 2019 | 2020 |
|-----------|-------|-------|
| Best | 42.6% | 46.6% |
| Your org | 40.8% | 46.6% |
| Average | 37.8% | 39.1% |
| Worst | 27.7% | 30.6% |
| Responses | 3,363 | 3,671 |

Q18c. Would recommend organisation as place to work

% of staff selecting 'Agree'/'Strongly Agree'

| | 2019 | 2020 |
|-----------|-------|-------|
| Best | 61.0% | 63.9% |
| Your org | 58.0% | 63.9% |
| Average | 51.4% | 58.1% |
| Worst | 41.7% | 40.4% |
| Responses | 3,293 | 3,601 |

4. Bottom 5 scores noted compared to 2019

"Average", "Best" and "Worst" refer to results for Ambulance Trusts benchmark group

Q4i. Team members often meet to discuss the team's effectiveness

% of staff selecting 'Agree'/'Strongly Agree'

| | 2019 | 2020 |
|-----------|-------|-------|
| Best | 47.1% | 44.6% |
| Your org | 32.9% | 26.9% |
| Average | 28.4% | 27.9% |
| Worst | 21.3% | 22.9% |
| Responses | 3,365 | 3,670 |

Q4a. Opportunities for me to show initiative frequently in my role

% of staff selecting 'Agree'/'Strongly Agree'

| | 2019 | 2020 |
|-----------------|-------|-------|
| Best | 71.9% | 69.7% |
| Your org | 64.3% | 62.0% |
| Average | 62.7% | 62.0% |
| Worst | 55.5% | 52.1% |
| Responses | 3,372 | 3,665 |

Q5a. Satisfied with recognition for good work

% of staff selecting 'Satisfied'/'Very Satisfied'

| | 2019 | 2020 |
|-----------------|-------|-------|
| Best | 50.5% | 47.7% |
| Your org | 42.4% | 39.2% |
| Average | 39.9% | 39.2% |
| Worst | 32.1% | 31.4% |
| Responses | 3,356 | 3,650 |

Q4b. Able to make suggestions to improve the work of my team/dept

% of staff selecting 'Agree'/'Strongly Agree'

| | 2019 | 2020 |
|-----------------|-------|-------|
| Best | 78.4% | 72.3% |
| Your org | 48.8% | 45.6% |
| Average | 52.7% | 50.1% |
| Worst | 40.7% | 39.7% |
| Responses | 3,371 | 3,678 |

Q9c. Senior managers try to involve staff in important decisions

% of staff selecting 'Agree'/'Strongly Agree'

| | 2019 | 2020 |
|-----------------|-------|-------|
| Best | 49.5% | 33.4% |
| Your org | 28.6% | 26.2% |
| Average | 24.5% | 26.0% |
| Worst | 18.4% | 16.8% |
| Responses | 3,344 | 3,634 |

5. Staff Friends and Family Scores

"Average", "Best" and "Worst" refer to results for Ambulance Trusts benchmark group

Q18c. I would recommend my organisation as a place to work

% of staff selecting 'Agree'/'Strongly Agree'

| | 2019 | 2020 |
|-----------------|-------|-------|
| Best | 61.0% | 63.9% |
| Your org | 58.0% | 63.9% |
| Average | 51.4% | 58.1% |
| Worst | 41.7% | 40.4% |
| Responses | 3,293 | 3,601 |

Q18d. If a friend or relative needed treatment I would be happy with the standard of care provided by this organisation

% of staff selecting 'Agree'/'Strongly Agree'

| | 2019 | 2020 |
|-----------------|-------|-------|
| Best | 78.1% | 79.7% |
| Your org | 73.5% | 75.1% |
| Average | 73.5% | 76.0% |
| Worst | 35.5% | 64.7% |
| Responses | 3,296 | 3,597 |

6. Staff Engagement Score

“Average”, “Best” and “Worst” refer to results for Ambulance Trusts benchmark group

The staff engagement remains unchanged since last survey. However, there is an increase in the number of staff responding positively to the staff engagement questions.

| | 2016 | 2017 | 2018 | 2019 | 2020 |
|-----------|-------|-------|-------|-------|-------|
| Best | 6.4 | 6.4 | 6.5 | 6.6 | 6.7 |
| Your org | 6.0 | 6.1 | 6.3 | 6.3 | 6.3 |
| Average | 6.0 | 6.1 | 6.2 | 6.3 | 6.3 |
| Worst | 5.5 | 5.5 | 5.7 | 5.8 | 5.8 |
| Responses | 1,329 | 2,277 | 2,990 | 3,374 | 3,678 |

7. Freedom To Speak Up Index

The tables below show the FTSU index for 2020 Staff Survey compared to 2019.

It is to be noted that whilst the FTSU Index survey questions remain unchanged, the question numbers were different in the 2020 survey. In 2019, the same questions were asked at question numbers 17a, 17b, 18a and 18b. In the 2020 survey the question numbers are 16a,16b,17a and 17b.

“Average”, “Best” and “Worst” refer to results for Ambulance Trusts benchmark group

Q16a. My organisation treats staff who are involved in an error, near miss or incident fairly

% of staff selecting 'Agree'/'Strongly Agree'

| | 2019 | 2020 |
|-----------|-------|-------|
| Best | 51.6% | 69.2% |
| Your org | 49.1% | 52.0% |
| Average | 49.2% | 52.0% |
| Worst | 40.4% | 36.9% |
| Responses | 2,712 | 2,959 |

Q16b. My organisation encourages us to report errors, near misses or incidents

% of staff selecting 'Agree'/'Strongly Agree'

| | 2019 | 2020 |
|-----------|-------|-------|
| Best | 89.5% | 90.1% |
| Your org | 86.3% | 88.1% |
| Average | 84.9% | 86.7% |
| Worst | 81.2% | 77.3% |
| Responses | 3,256 | 3,506 |

Q17a. If you were concerned about unsafe clinical practice, would you know how to report it?

% of staff selecting 'Yes'

| | 2019 | 2020 |
|-----------|-------|-------|
| Best | 96.5% | 96.3% |
| Your org | 93.1% | 93.7% |
| Average | 93.9% | 94.3% |
| Worst | 92.9% | 91.6% |
| Responses | 3,008 | 3,330 |

Q17b. I would feel secure raising concerns about unsafe clinical practice

% of staff selecting 'Agree'/'Strongly Agree'

| | 2019 | 2020 |
|-----------|-------|-------|
| Best | 73.7% | 81.8% |
| Your org | 66.4% | 69.1% |
| Average | 66.1% | 69.1% |
| Worst | 60.6% | 58.0% |
| Responses | 3,313 | 3,605 |

Overall FTSU Index based on the
Average of the four above scores:

| | |
|-------------|--------------|
| 2018 | 74.0% |
| 2019 | 74.1% |
| 2020 | 75.7% |

8. The Workforce Race Equality Standard (WRES) Results

“Average” refer to results for Ambulance Trusts benchmark group

a) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

There is an increase of 7.3% in the response rates for BME staff reporting that they have experienced harassment, bullying or abuse from patients, relatives or the public in last 12 months.

| | 2017 | 2018 | 2019 | 2020 |
|-------------------------|-------|-------|-------|-------|
| White: Your org | 51.0% | 48.4% | 49.1% | 48.6% |
| BME: Your org | 43.5% | 37.7% | 37.9% | 45.2% |
| White: Average | 49.7% | 46.5% | 45.8% | 43.5% |
| BME: Average | 39.4% | 37.8% | 41.2% | 44.3% |
| White: Responses | 2,022 | 2,666 | 3,030 | 3,127 |
| BME: Responses | 108 | 183 | 198 | 325 |

b) Percentage of staff experiencing harassment, bullying or abuse from staff in last 12 months

There is an increase of 1.6% in the response rates for BME staff reporting that they have experienced harassment, bullying or abuse from staff in last 12 months.

| | 2017 | 2018 | 2019 | 2020 |
|-------------------------|-------|-------|-------|-------|
| White: Your org | 29.7% | 29.2% | 25.5% | 23.9% |
| BME: Your org | 39.6% | 31.3% | 24.9% | 26.5% |
| White: Average | 27.5% | 27.1% | 25.5% | 24.1% |
| BME: Average | 32.0% | 31.0% | 26.2% | 31.1% |
| White: Responses | 2,022 | 2,657 | 3,025 | 3,123 |
| BME: Responses | 106 | 182 | 197 | 325 |

c) Percentage of staff believing that the organisation provides equal opportunities for career progression or promotion

There is a decrease of 5.5% in the response rates for BME staff reporting that the organisation provides equal opportunities for career progression or promotion.

| | 2017 | 2018 | 2019 | 2020 |
|-------------------------|-------|-------|-------|-------|
| White: Your org | 70.0% | 73.7% | 77.0% | 77.3% |
| BME: Your org | 47.4% | 57.8% | 67.9% | 62.4% |
| White: Average | 71.3% | 73.6% | 74.7% | 77.3% |
| BME: Average | 47.7% | 59.6% | 56.6% | 62.8% |
| White: Responses | 1,428 | 1,766 | 2,043 | 2,100 |
| BME: Responses | 78 | 116 | 140 | 213 |

d) Percentage of staff experienced discrimination at work from manager / team leader or other colleagues in last 12 months

There is an increase of 4.9% in the response rates for BME staff reporting that they have experienced discrimination at work from manager / team leader or other colleagues in last 12 months.

| | 2017 | 2018 | 2019 | 2020 |
|-------------------------|-------|-------|-------|-------|
| White: Your org | 10.7% | 10.0% | 8.8% | 8.6% |
| BME: Your org | 22.7% | 17.9% | 15.8% | 20.7% |
| White: Average | 10.3% | 10.0% | 8.8% | 8.6% |
| BME: Average | 18.3% | 17.7% | 15.8% | 16.7% |
| White: Responses | 2,031 | 2,661 | 3,009 | 3,158 |
| BME: Responses | 110 | 184 | 196 | 329 |

9. The Workforce Disability Equality Standard (WDES) Results

a) Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months

There is decrease of 2.5% in the response rates for staff with a long-term condition (LTC) or illness reporting that they have experienced harassment, bullying or abuse from patients, relatives or the public in last 12 months.

| | 2018 | 2019 | 2020 |
|---|-------|-------|-------|
| Staff with a LTC or illness: Your org | 52.3% | 55.0% | 52.5% |
| Staff without a LTC or illness: Your org | 46.9% | 46.9% | 46.8% |
| Staff with a LTC or illness: Average | 52.3% | 52.5% | 47.5% |
| Staff without a LTC or illness: Average | 45.8% | 44.9% | 42.1% |
| Staff with a LTC or illness: Responses | 526 | 671 | 771 |
| Staff without a LTC or illness: Responses | 2,296 | 2,606 | 2,722 |

b) Percentage of staff experiencing harassment, bullying or abuse from manager in last 12 months

No significant change was noted in the response rate compared to the previous year.

| | 2018 | 2019 | 2020 |
|---|-------|-------|-------|
| Staff with a LTC or illness: Your org | 31.0% | 24.8% | 25.3% |
| Staff without a LTC or illness: Your org | 16.6% | 13.3% | 11.7% |
| Staff with a LTC or illness: Average | 28.4% | 23.2% | 22.1% |
| Staff without a LTC or illness: Average | 13.8% | 13.3% | 11.2% |
| Staff with a LTC or illness: Responses | 523 | 666 | 767 |
| Staff without a LTC or illness: Responses | 2,277 | 2,596 | 2,711 |

c) Percentage of staff experiencing harassment, bullying or abuse from other colleagues in last 12 months

There is a decrease of 2.0% in the response rates for staff with a LTC or illness reporting that they have experienced harassment, bullying or abuse from other colleagues in last 12 months.

| | 2018 | 2019 | 2020 |
|---|-------|-------|-------|
| Staff with a LTC or illness: Your org | 24.7% | 25.1% | 23.1% |
| Staff without a LTC or illness: Your org | 16.3% | 14.5% | 13.5% |
| Staff with a LTC or illness: Average | 26.5% | 25.9% | 23.1% |
| Staff without a LTC or illness: Average | 16.3% | 15.7% | 14.7% |
| Staff with a LTC or illness: Responses | 522 | 665 | 771 |
| Staff without a LTC or illness: Responses | 2,276 | 2,601 | 2,713 |

d) Percentage of staff saying that the last time they experienced harassment, bullying or abuse at work, they or a colleague reported it

No significant change was noted in the response rate compared to the previous year.

| | 2018 | 2019 | 2020 |
|---|-------|-------|-------|
| Staff with a LTC or illness: Your org | 46.2% | 46.4% | 46.2% |
| Staff without a LTC or illness: Your org | 44.0% | 47.1% | 48.5% |
| Staff with a LTC or illness: Average | 40.4% | 44.6% | 46.2% |
| Staff without a LTC or illness: Average | 40.6% | 41.2% | 45.6% |
| Staff with a LTC or illness: Responses | 305 | 392 | 444 |
| Staff without a LTC or illness: Responses | 1,094 | 1,266 | 1,250 |

e) Percentage of staff who believe that the organisation provides equal opportunities for career progression or promotion

There is a decrease of 3.2% in the response rates for staff with a LTC or Illness reporting that the organisation provides equal opportunities for career progression or promotion.

| | 2018 | 2019 | 2020 |
|---|-------|-------|-------|
| Staff with a LTC or illness: Your org | 61.9% | 69.6% | 66.4% |
| Staff without a LTC or illness: Your org | 74.7% | 77.8% | 78.3% |
| Staff with a LTC or illness: Average | 60.5% | 66.4% | 66.5% |
| Staff without a LTC or illness: Average | 74.4% | 75.8% | 78.3% |
| Staff with a LTC or illness: Responses | 354 | 467 | 533 |
| Staff without a LTC or illness: Responses | 1,508 | 1,744 | 1,803 |

f) Percentage of staff who have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties

There is a decrease of 3.6% in the response rates for staff with a LTC or Illness reporting that they have felt pressure from their manager to come to work, despite not feeling well enough to perform their duties.

| | 2018 | 2019 | 2020 |
|---|-------|-------|-------|
| Staff with a LTC or illness: Your org | 61.3% | 58.2% | 54.6% |
| Staff without a LTC or illness: Your org | 50.5% | 44.3% | 44.9% |
| Staff with a LTC or illness: Average | 45.3% | 41.6% | 38.3% |
| Staff without a LTC or illness: Average | 33.1% | 32.3% | 30.8% |
| Staff with a LTC or illness: Responses | 429 | 531 | 582 |
| Staff without a LTC or illness: Responses | 1,363 | 1,566 | 1,371 |

g) Percentage of staff satisfied with the extent to which their organisation values their work

There is an increase of 1.6% in the response rates for staff with a LTC or Illness reporting that they are satisfied with the extent to which their organisation values their work.

| | 2018 | 2019 | 2020 |
|---|-------|-------|-------|
| Staff with a LTC or illness: Your org | 27.6% | 26.7% | 28.3% |
| Staff without a LTC or illness: Your org | 36.0% | 39.9% | 38.1% |
| Staff with a LTC or illness: Average | 25.3% | 27.8% | 29.1% |
| Staff without a LTC or illness: Average | 36.0% | 38.9% | 37.9% |
| Staff with a LTC or illness: Responses | 525 | 670 | 775 |
| Staff without a LTC or illness: Responses | 2,290 | 2,611 | 2,762 |

h) Percentage of staff with a long-lasting health condition or illness saying their employer has made adequate adjustment(s) to enable them to carry out their work

There is an increase of 4.8% in the response rates for staff with a LTC or Illness reporting that adequate adjustment(s) has been made by the organisation to enable them to carry out their work.

| | 2018 | 2019 | 2020 |
|--|-------|-------|-------|
| Staff with a LTC or illness: Your org | 60.6% | 56.4% | 61.2% |
| Staff with a LTC or illness: Average | 60.3% | 58.8% | 68.5% |
| Staff with a LTC or illness: Responses | 292 | 367 | 467 |

i) Staff engagement score (0-10)

No significant change was noted in the staff engagement score compared to the previous year.

| | 2018 | 2019 | 2020 |
|---|-------|-------|-------|
| Organisation average | 6.2 | 6.3 | 6.3 |
| Staff with a LTC or illness: Your org | 5.7 | 5.8 | 5.8 |
| Staff without a LTC or illness: Your org | 6.3 | 6.4 | 6.4 |
| Staff with a LTC or illness: Average | 5.7 | 5.9 | 6.1 |
| Staff without a LTC or illness: Average | 6.4 | 6.4 | 6.4 |
| Organisation Responses | 2,990 | 3,374 | 3,678 |
| Staff with a LTC or illness: Responses | 529 | 671 | 778 |
| Staff without a LTC or illness: Responses | 2,300 | 2,616 | 2,765 |

10. Recommendations

The detailed staff survey results have been shared with individual localities in the Trust. The Staff Survey Response Action Group convened on 8th March 2021 on MS Teams to analyse the results. The group took into consideration the various locality reports, RAG reports and National Benchmark reports received from Picker and made the following recommendations:

1. It was noted that the scores for questions around morale and Staff Engagement were quite low especially from 111 Service, Technicians and Paramedics, and Control Staff in general. The group has recommended that localities will gather qualitative data from staff through Listening into Action Groups to better understand the needs of staff. This will be part of the Local Action Plans for the groups concerned.
2. It was also highlighted that as an organisation, even though other localities have returned more positive responses there were gaps remaining (examples) and it was agreed that it would be useful as an organisation-wide action to focus on staff morale and implement a recovery plan for staff to start feeling some normality at work. It was suggested to reinforce the Resilience and General Wellbeing plans and reinstate team building activities and other recreational activities when possible.
3. It was agreed that localities will highlight the positive scores when sharing the results with staff as it is important to also note the progress made and recognise the efforts made by all staff during the Covid19 crisis. The impact the pandemic has had on staff morale and engagement needs to be recognised and the staff survey results reflect that. Focus should be on lessons learnt.
4. Questions around “Managers” have quite low scores and is the least improved area compared to the 2019 staff survey. The group highlighted that a lot of improvement has been observed over the years in the way the relationship has evolved between staff and their managers. The responses returned from the survey suggest that communication seems to be the main concern for staff. It was suggested that managers across different sectors should work together and share good practices.
5. It was noted across all themes that staff who chose not to provide information about protected characteristics have returned the least positive responses. The group felt this was concerning as the aim of the organisation is to provide a safe environment where staff feel they can speak up about any concerns. The group agreed however that it would be more appropriate for each locality to address this rather than as an organisation-wide action, as it was felt that staff may be more comfortable sharing information within their smaller teams. These actions have been picked up in Local Action Plans under the Equality and Diversity Theme.
6. Each locality has shared the results with their staff from 11th March when the embargo was lifted, and they have built Local Action Plans based on discussions with staff. Most Action Plans are now ready and will be shared with WDG, People Committee, Executive Management Board and the Board of Directors in turn.

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REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 10c

MONTH: May 2021

PAPER NUMBER: 09c

| Equality Delivery System (EDS2) | |
|---|---|
| Sponsoring Director | Carla Beechey People Director |
| Author(s)/Presenter | Pam Brown, Head of Diversity & Inclusion |
| Purpose | To receive and note the staff element of EDS2 outcomes. |
| Previously Considered by | Executive Management Board, DISAG and People Committee |
| Report Approved By | EMB |
| Executive Summary <p>NHS England have almost completed a revision of EDS2, now called EDS3.</p> <p>EDS3 is a simpler consultation process for NHS Trusts.</p> <p>EMB were asked to defer EDS2 in relation to community consultation for 2020/2021 until EDS3 has been approved and published owing to the difficulties with community engagement due to COVID restrictions.</p> <p>EDS3 will potentially change further for the Ambulance sector as many of the consultation criteria are not wholly applicable to our sector.</p> <p>No further information is currently available. WMAS will follow guidance on EDS3 once published.</p> <p>The staff element of EDS2 outcomes for 2020/2021 is attached to the report at appendix 1.</p> | |
| Related Trust Objectives/ National Standards | Public Sector Equality Duty (PSED) Objectives. NHS Standard Contract |
| Risk and Assurance | The EDS is a requirement of all NHS Trusts |
| Legal implications/ regulatory requirements | To maintain compliance with both regulations and the conditions of licence and registration from the Regulators. |
| Financial Implications | N/A |
| Workforce & Training Implications | Consultation with the workforce is a key element of EDS2 and EDS3. |
| Communications Issues | Outcomes of EDS2 staff engagement and EDS3 will be published in the Annual Diversity Report and on the Trust website. |
| Diversity & Inclusivity Implications | WMAS has taken due regard to equality issues under the Equality Act. |

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| | |
|---|--|
| Quality Impact Assessment | N/A |
| Data Quality | Final EDS3 to be published and disseminated in the summer of 2021. |
| Action required <ul style="list-style-type: none">• To receive and note the content of the report.• To approve publication of the EDS2 staff outcomes on the Trust's website. | |

Appendix 1 EDS2 2020/2021

West Midlands Ambulance Service annually holds Equality Delivery System 2 events both internally and externally. Internally we ask staff to grade the Trust against goal 1 which relate directly to them. Externally we ask our communities, partners and other agencies we work with to grade the Trust performance against the other prescribed goals. The 4 goals which all NHS Trusts will be working towards are:

1. **Better Health Outcomes for all**
2. **Improved patient access & experience**
3. **Empowered, engaged & well supported staff**
4. **Inclusive leadership at all levels**

EDS2 EVENTS

As stated in the cover sheet, the Trust have delivered Goal 3 relating to staff only until EDS3 is published later this year.









The Staff event covered goal 3 - empowered, engaged and well supported staff, incorporating:

- Recruitment and Selection
- Development
- Equal pay
- Bullying & Harassment
- Flexible working.















The current EDS2 rating system is underpinned by a substantial number of factors which need to be evidenced to achieve one of the four ratings.

Each prescribed outcome is presented by a facilitator to the audience who then discussed their views prior to making a decision on the grading and make suggestions to enable improvement.

The grading headings are as follows:

| | | | |
|--------|---|---|-------------|
| Purple |  |  | Excelling |
| Green |  |  | Achieving |
| Amber |  |  | Developing |
| Red |  |  | Undeveloped |

The Trust has improved or maintained EDS2 gradings for staff outcomes.

| Outcome | Number | Description of Outcome | Grading 2019/20 | Grading 2020/21 |
|---|------------|---|---|---|
| 3.Representative & supported workforce | 3.1 | Fair NHS recruitment and selection process lead to a more representative workforce at all levels. |   |  |
| | 3.2 | The NHS is committed to equal pay for work of equal value and expects employers to use equal pay audits to help fulfil their legal obligations. |  |  |
| | 3.3 | Training and development opportunities are taken up and positively evaluated by all staff. |  |  |
| | 3.4 | When at work, staff are free from abuse, harassment, bullying and violence from any source |  |   |
| | 3.5 | Flexible work options are available to all staff consistent with the needs of the service and the way people lead their lives. |  |  |
| | 3.6 | Staff report positive experiences of their membership of the workforce. |  |  |

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REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 11a

MONTH: May 2021

PAPER NUMBER: 10a

| 2021/22 Planning update | |
|--|---|
| Sponsoring Director | Vivek Khashu - Strategy and Engagement Director |
| Author(s)/Presenter | Vivek Khashu - Strategy and Engagement Director |
| Purpose | <p>Following the release of planning the 2021/22 planning guidance on the 26th March 2021, the purpose of this paper is to update the Board of Directors (BoD) on the current progress and position on planning for the 2021/22 financial year.</p> <p>The BoD is asked to note the current position and the next steps, including the risks known at this stage and the mitigations in place.</p> |
| Previously Considered by | Planning updates have been provided to the March 2021 and April 2021 Board Meetings |
| Report Approved By | Vivek Khashu – Strategy and Engagement Director |
| Executive Summary <p>The 2021/22 planning round has been very different to prior years, with the focus on 'system level' plans through Integrated Care Systems (ICS), WMAS being formally 'homed' in the Black Country and West Birmingham (BCWB) ICS.</p> <p>WMAS, like all other providers within it has submitted activity, workforce and finance plans to the ICS, which have been grouped further to support the system level draft submission which was made on the 6th May.</p> <p>The activity projection was based on 2020/21 outturn plus two percent, the workforce plan took that level of growth into account, but in addition expected workforce attrition, the potential loss of paramedics into primary care networks and the significant increase in student paramedic training abstractions throughout 2021/22.</p> <p>The income requirement, net of our required cost improvement plans to meet this expected level of activity for months one to six is £183.4m</p> <p>Discussions within the ICS and with NHS England continue in relation to outstanding areas for resolution in advance of final planning submission required by the 6th of June.</p> | |
| Related Trust Objectives/ National Standards | Planning is part of a national annualised process mandatory process for all providers which underpins all give of our strategic objectives. |
| Risk and Assurance | <p>There are some specific risks noted with this years plan, most notably the following:</p> <ul style="list-style-type: none"> Funding is based on block contract to deliver M7-12 activity levels. Continued growth in activity across all services will create a financial risk. Management of cost pressures across the Black country ICS and how that may impact WMAS. |

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| | |
|---|---|
| | <ul style="list-style-type: none"> Recurrent cost pressures associated with 111 first and the 111 service. |
| Legal implications/ regulatory requirements | Delivery of a balanced plan is a requirement of maintaining segmentation level 1, WMAS is submitting a balanced plan for 2021/22 |
| Financial Implications | If the activity levels continue to grow there will be a financial pressure which has not been built into the plan which will require mitigation. The plan assumes non recurrent funding. |
| Training & Workforce Implications | The workforce planning projection remains 411 paramedics as part of our plan, this considers the areas noted with the exec summary |
| Communications Issues | There are no communication issues of note. |
| Diversity & Inclusivity Implications | The annual planning process supports our ambitions around equality, diversity and inclusion and the need to support communities further as we come out of the pandemic. |
| Quality Impact Assessment | A quality impact assessment is not required |
| Data Quality | Templated returns held by our ICS, narrative plan retained on board app. |
| Action required <p>The board is asked to note the current progress, issues and risks arising from the 2021/22 planning process.</p> <p>The plan being submitted by WMAS remains as previously agreed by the board in March 2021 in terms of workforce requirements, planned activity growth and required income to deliver a balanced financial plan.</p> | |

Background

The process behind Operational planning for 2021/22 has been very different to prior years, particularly with the late release of guidance (guidance issued on the 26th March), linked to the covid incident, but also in terms of process and execution.

For 2021/22, providers have received a roll forward of funding based on costs relating to months one to seven of 2020/21 financial year, which means tariff-based payment mechanisms (PbR) remain suspended as a contracting and charging mechanism. The

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chances of PbR returning as a means of funding providers of care diminishes with time and remains unlikely now.

The other significant change, is the requirement for system level plan submission to NHS England, rather than individual trusts and clinical commissioning groups to NHS England and Improvement – this being linked to the go live of Integrated Care Systems (ICSs) and their responsibilities to join up services and remove barriers between providers and commissioners

With these changes are inevitably some new risks, which this paper will address, but some opportunities will also be created.

Current position.

In March 2021, the Board of Directors (BoD) received a breakeven financial plan for 2021/22 which considered a rise in activity of 2% upon last year and the workforce requirements to meet that growth and deal with expected training, attrition alongside the expected levels of income and cost savings required to deliver it.

This plan has been submitted to the BCWB ICS, the activity assumptions and required cost improvement delivery informed the level of income the Trust required to breakeven, without having to immediately deploy any mitigating actions.

Aligned to the core planning requirements of expected activity and timely access performance being supported by an appropriate workforce plan which is affordable, there is a significant response required across eleven priority areas, those eleven priority areas have been covered in the system narrative submission and are noted below:

1. Supporting the health and wellbeing of staff and acting on recruitment and retention
2. Continuing to meet the needs of patients with covid 19
3. Maximising elective activity
4. Restoration of cancer activity
5. Expanding and improving mental health
6. Expanding and improving services for patient with learning disabilities
7. Delivering improvements in maternity care in line with the Okendon review
8. Restoration and improving access to primary care
9. Implementing population health management and reducing health inequalities
10. Transforming community based services
11. Ensuring the use of 111 as the primary route into accessing urgent care and timely admission of patients to hospital who require it from emergency departments.

The BCWB ICS submitted its first draft plan to NHS England in-line with the submission dates noted – the narrative plan is included as appendix A.

Risks and Issues for WMAS

Finance

Several of the priority areas noted above are not directly relevant to WMAS, a great deal of the planning work is focussed on elective, diagnostics and cancer care restoration, this is reflected in the narrative submission sent by the ICS.

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To deliver a balanced plan, taking into account expected activity growth and the workforce required to deliver it, WMAS would require £183.4m income in the first six months of 2021/22.

At the time of writing this paper, the income assumed within the system plan for WMAS £180m, some £3.4m less than what would be required to avoid having to utilise mitigating actions. The Executive continue to work with the ICS and NHS England colleagues on closing this gap, the ICS still has an unallocated budget for 2021/22, so the expectation is that this gap can be closed.

The board is also be aware of the ongoing financial risks linked to the current 111 service, both in terms of 111 itself and the 111 first offer, again these issues are subject to on-going discussion with ICS colleagues for resolution – especially given the planning priority noted for 111.

Activity

Activity during 2020/21 was clearly affected by the pandemic, with WMAS for the first time not receiving growth for the full year. The activity plan was set in line with NHS England guidance, which asked providers to plan for growth, for Emergency and Urgent care (E&U) activity this was 2% above the outturn for 2020/21

Whilst there is provision for growth of 2% upon last year, as the country has started to unlock and restore greater activity, NHS non covid activity, electively and non-electively has risen. With tariff based contracts, the busier WMAS got, the more income it would receive to underpin the infrastructure required to meet patients needs. The block contract supported WMAS for 2020/21 against the loss of income, but as activity rises, the previous benefit could now pose a risk which will require on-going engagement and support of our ICS partners.

This risk is further magnified in 2021/22 by the inability of ambulance trusts to access other forms of funding, unlike acute trusts, for example the incentive schemes around planned care restoration are not applicable to the ambulance sector. We have been notified that Mental Health funding is available to the ambulance sector and further engagement across all ICS is required to ensure WMAS access this.

Management of system level deficits

As the NHS now transitions to ICSs, the approach to financial balance at a system level for Trusts who span multiple ICSs, like Ambulance Trusts, or some specialist Trusts is yet to be fully understood.

Some systems have started to allocated deficits across their system in a fairer, more proportional way across partners, for a collective response. Whilst the principle is of course appropriate, for a Trust who hasn't been in deficit before and with an individual trust segmentation score still taking place, this represents an obvious tension.

WMAS will engage with partners so we aren't affected in a disproportionate manner, given we span six ICSs. It is important to note that only circa 23% of WMAS activity is within the control of the Black country system. Being commissioned by six ICSs also brings with it some benefits and opportunities which will be explored in the next section to.

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Opportunities and benefits

Whilst this paper has highlighted current risks, the fact we provide services to six ICSs also represents a benefit. For example, securing the correct level income to avoid having to immediately use mitigation when we provide services across all six should be possible as the pressure should be managed across all six on a proportional basis

Similarly, with 111, given it is a planning priority for 2021/22, the five out six ICSs that commission us to provide 111 have an inherent interest to support us in delivering the 11th planning aim on 111 being a primary route into accessing urgent care.

Finally, with the expected new Single Oversight Framework (SOF) to be released, which will also now provide a segmentation framework for ICSs, WMAS if resourced correctly can be relied upon to achieve and overachieve on all its performance, finance and quality obligations. WMAS is an organisation that can positively contribute to the overall performance of all our ICS partners when they start to be formally performance managed through the new SOF

Next steps

The Executive team continue to work with ICS partners on closing the gap on the income WMAS requires to deliver upon our expected activity and therefore required workforce, without having to immediately resort to risk mitigating measures. Therefore, WMAS continues to work towards the plan which was taken to the March 2021 board and approved.

111 first and the 111 contracts remain live issues, which we continue to work with BCWB ICS on, progress on both matters will be briefed to the board by a separate paper and discussion item.

The final national planning submission is required on the 6th June 2021, this is being managed for WMAS through the BCWB ICS.

2021/22 Priorities and Operational Planning: Narrative Submission Template

29 March 2021 v1.0

1. Introduction and overview

This narrative submission is intended to provide additional information against numerical plans and further detail to support national and regional assurance. Systems should be developing their own local delivery plans to address each area.

ICSs should set out;

- Where appropriate, the actions and assumptions that underpin the trajectories within the activity and workforce numerical submissions;
- other critical actions that systems will take over the next 6 or 12 months to address the priorities set out in [2021/22 priorities and operational planning guidance](#) and in section 3 (elective recovery), section 4 (health inequalities) and section 5 (maternity) of [2021/22 implementation guidance](#).

Further instructions to support completion are set out within each section of the template.

2. Submission process

Draft and final plans should be submitted at ICS level, using this template to the appropriate regional planning mailbox (see contacts at section 4) by;

- Draft submission: 12noon Thursday 6th May
- Final submission: 12noon Thursday 3rd June

3. Summary of sections

| Ref | Section of 2021/22 priorities and operational planning guidance | Response Required Against | |
|---|--|---------------------------|----------------|
| | | Numerical Plan | Priorities A-F |
| A | Supporting the health and wellbeing of staff and taking action on recruitment and retention | Yes | Yes |
| B | Continuing to meet the needs of patients with Covid-19 | No | Yes |
| C1 | Maximise elective activity, taking full advantage of the opportunities to transform the delivery of service | Yes | No |
| C2 | Restore full operation of all cancer services | Yes | No |
| C3a | <i>Expand and improve mental health services [incorporated in section A.]</i> | No | No |
| C3b | Expand and improve services for people with a learning disability and/or autism | Yes | Yes |
| C4 | Deliver improvements in maternity care, including responding to the recommendations of the Ockenden review | No | Yes |
| D1 | Restoring and increasing access to primary care services | No | Yes |
| D2 | Implementing population health management and personalised care approaches to improve health outcomes and address health inequalities | Yes | Yes |
| E1 | Transforming community services and improve discharge | Yes | Yes |
| E2 | Ensuring the use of NHS111 as the primary route to access urgent care and the timely admission of patients to hospital who require it from emergency departments | Yes | Yes |
| F | <i>Working collaboratively across systems to deliver on these priorities [no requirement for narrative submission]</i> | No | No |
| Other areas outlined within implementation guidance | | | |
| Elective Recovery Framework: Gateway Criteria | | | |
| Health Inequalities: 5 priority areas | | | |

4. Contacts/queries

Any queries relating to this submission and template should be directed to your regional planning leads. Contact details below;

| Location | Contact information |
|--------------------------|--|
| North East and Yorkshire | england.nhs-NEYplanning@nhs.net |
| North West | england.nhs-NWplanning@nhs.net |
| East of England | england.eoe2021operplan@nhs.net |
| Midlands | england.midlandsplanning@nhs.net |
| South East | england.planning-south@nhs.net |
| South West | england.southwestplanning@nhs.net |
| London | england.london-co-planning@nhs.net |

| | | |
|---|--|--|
| System name: | Black Country & West Birmingham | |
| A. Supporting the health and wellbeing of staff and taking action on recruitment and retention | | |
| Please set out the specific actions that, as a system, you will prioritise over the next 6 months to address the objectives below | | |
| A1 Looking after our people and helping them to recover | Please refer to the systems regional submission assessment and plans | |
| A2 Belonging in the NHS and addressing inequalities | Please refer to the systems regional submission assessment and plans | |
| A3 Embed new ways of working and delivering care | Please refer to the systems regional submission assessment and plans | |
| A4 Grow for the future | Please refer to the systems regional submission assessment and plans | |
| Please summarise the key assumptions that underpin the numerical workforce plan submissions listed below, highlighting any key risks and issues. Please also set out any system actions that are critical to the delivery of the planned workforce levels where these are not set out above, including recruitment and retention, use of bank and agency, redesign of teams and roles, deployment across sectors and/or organisations and sickness absence. | | |
| Primary Care | | |
| Assumptions | <p>The workforce data currently available through the NWRS shows the overall headcount and FTE as at December 2020. The data will be refreshed on 20th May 2021 to show the data as at March 2021. The final submission on 3rd June will include this refreshed data.</p> <p>Data extracted (Jan 20 to Jan 21) shows:</p> <p>Overall GP workforce has decreased by -5.7% but there is variation amongst the CCGs with Walsall decreasing -0.7%, Dudley decreasing -5.3%, Sandwell decreasing -7%, Wolverhampton decreasing -</p> | |

| | |
|-----------------------|---|
| | <p>8.7%. Similar variation is seen in the nurses and DPC staff groups: Nurses - There is a 10.7% swing between the largest decrease (Dudley with -3.2%) and the largest increase (Walsall +7.5%). DPC – There is an even larger variation of 19.1% in the DPC workforce trend with Wolverhampton decreasing by -3.1% and Dudley increasing +16%</p> <p>Anecdotal feedback from PCNs suggests that this decrease may continue as a consequence of the pandemic. Responding to changes in delivery, the COVID-19 vaccination programme (first/second dose and anticipated booster programme) alongside restoration and reintroduction of QOF by a primary care workforce that has worked relentlessly over the past 12 months represented potential weakened resilience and presents the risk of further resignations and associated primary care commissioning activities.</p> <p>The number of GP registrars increased over the previous 12 months by over 11%, and the CCG is committed to ensure these GPs are retained in substantive roles within our practices and PCNs.</p> |
| <p><i>Actions</i></p> | <p><i>[Specifically including key actions to address ARRS recruitment and GP recruitment and retention.]</i></p> <p>The BCWB Training Hub leadership will recruit to the full Training Hub team establishment (following the departure of key staff) that will ensure it continues to deliver successful advertising, support and training for new roles, understanding in primary care to nurture the new roles, working together to meet staff needs. Given this, the system is well placed to attract, develop and retain staff and ensure a fit for purpose, motivated and resilient primary care workforce aligned to national strategy. Key initiatives include provision of high quality, enabling and supportive programmes that:</p> <ul style="list-style-type: none"> • the primary care workforce can access easily and with confidence, including mentoring and coaching, difficult conversation training, social Rx, Forums, peer networks and webinars • encourage staff to stay, such as fellowships and mid-career development. Schemes to support the new to practice and retainer schemes • encourage mutual respect, understanding, best practice and competence through supervision and support. <p>The ICS system workforce analyst / planner will work with the primary care and training hub team specialists to ensure accurate and up-to-date workforce data, robust planning and informed recruitment, retention and development. The ambition is to build a reputation for excellence in</p> |

ensuring a motivated, nurtured and fulfilled primary care workforce driven to innovate to meet population needs that considers BCWB the best place to work.

The BCWB Training Hub has a range of initiatives in place to support the recruitment and retention of all roles in general practice. These include:

- A successful new to practice fellowship programme which resulted in 24 GPs and 3 nurses being supported into roles in 2020/21 - this will continue into 2021/22 with the expectation that we will see an increase in the numbers recruited
- the recruitment of ARRS Ambassadors to support PCNs and individuals to access posts, training and development opportunities
- regular network meetings for all roles which provide peer support and education; funded mentoring offers for clinical and non-clinical staff; and
- an ongoing CPD programme to support all staff to increase their capabilities
- workforce retention programmes, mentoring/coaching programmes for all staff, development/training opportunities.
- system development training in terms of PCNs, MDTs etc.

The CCG will continue to work in partnership with PCNs and other partner organisations to optimise the ARRS workforce expansion and development opportunity, integral to the development of the future primary care operating model

ARRS Roles

The CCG will ensure the roles made available through the ARRS, including pharmacists, physician associates, social prescribing link workers, health coaches, first contact practitioners and others, are included in the STP/ICS Workforce Strategies. A local assessment of the current and future staffing and training requirements within the workforce with respect to achieving the NHS Long Term Plan is being undertaken. This is identifying development needs, and peer support networks have been established for a number of the roles. The Training Hub is working with local education providers to ensure the general practice workforce of the future have the necessary skills and training to work in an integrated system.

Mental Health Practitioners (MHPs)

MHPs will form part of community transformation programme across the Black Country and West Birmingham system, with Black Country Healthcare Foundation Trust (BCHFT) leading the recruitment of the 29 WTE to support PCNs in Dudley, Sandwell, Walsall and Wolverhampton. Birmingham and Solihull Mental Health Trust are working with the system to recruit to these roles for West Birmingham (8 WTE). 50% of the costs of the posts are funded through primary care ARRS, **hence the headcount will be split across the Primary Care return with half being reflected in the Mental Health return.**

Whilst the BCH core model will be introduced in phases across the Black Country localities at different times, the first cohort of MHPs will be deployed at the same time in all 4 localities. They will work within BBCH's current service delivery model to establish relationships within the PCNs to support referral pathways and transitions between our current services whilst the new model of integrated care is phased in. The MHPs will be embedded in PCNs whilst employed by BCHFT. This enables BCHFT to provide supervision and CPD for the clinicians. As the new model phases, the MHPs will provide triage and intervention or signposting at first contact, support transition of people from primary care to specialist MH services (and vice versa) and work as part of the integrated MDT in the PCNs. It is anticipated that recruitment for the first cohort of ARRS practitioners will begin in Q1 of 2021/22.

The COVID Primary Care Capacity Expansion Fund (April-September) will be allocated to PCNs to continue making progress on the 7 priority areas (detailed below) and prioritise spend to PCN's committed to deliver the COVID-19 Vaccination Programme

- Enhanced Service:
- Increasing GP numbers and capacity
- COVID oximetry home model,
- identifying and supporting patients with Long COVID
- Supporting clinically extremely vulnerable patients/maintain shielding list
- Address backlog of appointments – chronic disease, immunisations
- Learning disability health checks (67% target)/ethnicity data recording in GP records
- Backfill for staff absences to meet demand

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| <p><i>Risks and issues</i></p> | <p>The number of roles recruited in 2020/21 was lower than anticipated due to the impact of the Covid-19 pandemic and existing staff capacity being limited by the vaccination programme. It is assumed that there will be more capacity in the system to focus on recruitment in 2021/22 as the restoration and recovery of local general practice continues.</p> <p>There are challenges in being able to recruit to some additional roles owing to primary care will and capacity to commit time to the initiative and funding as well as time to train new recruits.</p> |
| <p>Acute, Community and Ambulance</p> | |
| <p><i>Assumptions</i></p> | <p>Each provider has forwarded independent narrative for their data returns, however, detailed below is an overview of the provider assumptions.</p> <p>Increase in staffing</p> <p>The system is seeing on-going recruitment activity (including HCSW's, Registered Nursing, International Nursing and Allied Healthcare Professionals). Wolverhampton has several business cases in place to increase their numbers, for example in CiCCU, Respiratory Development and Ophthalmology.</p> <p>Dudley will see their modular build will open from June, providing an additional 30 beds which will see an increase in planned additional establishment in registered nursing and support to nursing staff groups.</p> <p>At the same time there will be the need for additional staff will be recruited to Imaging as part of Imaging staffing review to meet requirements of CQC and improve access to diagnostics.</p> <p>Walsall's overall aim is to achieve zero levels of vacancies across all areas as achieved with HCSW in March, to be followed by House Keepers and Porters in June. This follows on from the great success the system has had with reducing the health care support workers vacancies across the patch.</p> <p>The system is working in collaboration around its international recruitment being led by RWT. It is envisaged that the ICS campaign will have a great impact on the reduction of the registered vacancies across the system.</p> |

Bank and Agency

The system is still seeing use of bank and agency. There will be some increases in usage which will be driven by requirement to provide additional staffing for some clinical areas and to cover absence (such as sickness absence, COVID related absence (sickness and self-isolation) and maternity leave.

As mentioned above, the system has ongoing recruitment campaign to reduce usage.

Walsall will be ceasing agency use for registered nurses, (except for a small amount of specialist resource) by October 2021.

At the same time, some Trust have indicated that bank and agency usage will remain the same at all levels as this is supporting the COVID vaccination work across a number of settings.

Community Services

Moving to integrated healthcare, there is a review of current PCMH teams and how the service best meets identified needs to provide complete wraparound service for patients and the use of additional roles to support the service. It should be noted that the current status includes staff in post and known funding streams within establishment.

We anticipate a Transfer of children's services from BCH before April 2022 may require addition of workforce to DIHC plan and removal from BCH workforce plan, exact numbers on current BCH workforce plan.

Transfer of community services from Dudley Group to DIHC on or before 1st April 2022 in line with full business case for integration may require addition of workforce plan to DIHC and removal from Dudley Group workforce plan, exact numbers not known at present by DIHC.

Turnover

The system has seen a reduction in staff in some areas due to TUPE transfers.

Sickness absence

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| | <p>Each individual Trust has their own absence target however, as at February 2021 the sickness absence figure for the ICS stands at 5.0%. This figure will be monitored by the People Board on a monthly basis to ensure we see further reduction in sickness absence.</p> <p>LMS</p> <p>Moving to LMS and following Ruth May letter of 9th April the system is working with its providers to develop bids following the Ockenden report. We anticipate that each individual provider will bid however, the implementation will be overseen by the system to achieve Birth Rate plus by end of 2022. Provider are clear that there will be increasing staffing levels at both midwifery and consultant level, as well development of MDT learning and development package.</p> <p>We anticipate as a system we will collaborate again with regards to the recruitment of extra staff as well as supporting each other with regards to job plans and college sign off for consultant rolls.</p> <p>Please see Appendix 1 for further details on individual provider assumptions.</p> |
| <p><i>Actions</i></p> | <p>Each provider has forwarded independent narrative for their data returns, however, detailed below is an overview of the provider actions.</p> <p>The system has been proactive in supporting its staff with a range of interventions to ensure their safety as well as supporting them to recover and it is clear from the actions which have been presented from the provider that staff will continue to be supporting during Q1.</p> <p>With regards to safety, the system anticipated that risk assessments with be part of the wellbeing yearly discussion. Providers will continue to monitoring of any COVID incidences amongst staff to limit spread and understand cause/transmission, for example, our ambulance service provides all staff with LFT with others offering onsite PCR swabbing.</p> <p>In is clear that provider is monitoring sickness absence which has been a significant percentage drop over the past months and will continue with a proactive approach to support staff to return to work as quickly as possible.</p> <p>Moving to vaccination uptake, the system will shortly have detailed figures of staff uptake via the NIMS system. It should be noted that we also have a programme of ongoing work to support and address</p> |

the challenges around vaccination uptake from our ethnic minority staff and communities, which includes myth busting, senior manager speaking to faith leadership.

The system is currently in the process of developing a “online portal” for all health and wellbeing offers as it is clear that as we move out of the second phase, this is when staff may have further wobbles and need that extra support. The system portal should be available from June 2021. BCWB has a very comprehensive mental health support offer via its HUB run by Black Country Healthcare NHS Foundation Trust and offered to all systems staff, NHS, Local Authority and Primary Care. The system has also seen a good take up of the developing a range of staff as mental health first aiders across each NHS organisation, referrals currently stand at 65 individuals access this support.

Moving to annual leave, the providers have forwarded key messages to their staff as well as supporting line managers to have discussions around taking rest breaks and annual leave. The majority of NHS providers have offered the option to carry forward annual leave. A further option has been developed whereby some are offering to buy back schemes. Providers have comments that they always offer the opportunity for their workforce to take the rest and recuperation option first. At the same time, providers are monitoring their rosters to ensure regular breaks are being taken as well as monitoring any increase in absence. If issues are found, then our providers are encouraging line managers to address these issues / concerns at line manager level with their staff directly. We have also seen specific covid rest and recuperation time allocated for staff before clinical and operational recovery plans are resumed.

Moving to recruitment and retention, the system has seen great success with its HCSW programme which has seen an extra 256 individual coming into vacant posts. We have also collaborated as a system on international recruitment for registered nurses, however, we do face challenges due to travel restrictions at present.

We acknowledge that system has numerous vacancies across each sector and in order to support this, we have held our first social care on line recruitment event which was support by Indeed on 28 April. This was a success with xx number attending the webinar, Indeed will be supporting those participating in converting interest in to applications.

In order to growth the workforce further, the system will be holding a career type event which will cover all aspect of career within the health care sector. It is anticipated that this will take late May / June, we also anticipate that live jobs will also be promoted at this event.

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| | <p>Referring to LMS, within the provider bids, again they have indicated their willingness to work collaboratively in order to recruit as a system to attractive the best possible candidates. We will be looking at international and localized recruitment for all posts. In order to grown our own staff, RWT have commence with a midwifery apprenticeship from September, number are currently small however, this will be increased over the system once the programme has been embedded.</p> <p>Moving to bank and agency usage, we have proposals going to the People Board in May for a collaborative acute bank approach for the Acute Trusts. We also have a proposal to put forward to support Primary Care with their locum, we have located a provider and process which now needs approval in May. Equally important is Walsall move to reduce agency usage to same levels as Wolverhampton from Q2.</p> <p>With regards to WMAS there is a significant back log of training from 20/21 (did not take place due to COVID) which will create additional operational workforce abstractions during 21/22 when delivered; there are concerns around loss of staff to PCNs.</p> <p>Our Strategic Workforce Improvement Model (included in this return) highlights numerous action which have already been completed along with the system action plan for the next 6 months. We have a meeting with NHS E&I on 13th May to develop the action plans forward up to 12 months.</p> |
| <p><i>Risks and issues</i></p> | <p>Recruitment</p> <p>There is an identified risk around recruitment to all posts, especially around International Recruitment due to the travel restrictions currently in place. This risk is identified across the patch in a range posts and will have a further impact on the ERF and LMS increases.</p> <p>With regards to MMUH at Sandwell, workforce plans are being developed within Groups, and will consider new roles and new ways of working – however, there may be a decrease in certain roles which will mean we need to support any impact at system level the individuals concerned.</p> <p>HWB</p> <p>The system is supportive of staff being able to take annual leave and has committed to ensuring their staff are able to have breaks. However, due to the amount of leave which needs to be factored in, this will have an impact and risk around delivery of services.</p> |

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| | <p>Staff Engagement We are due to have a large number of staff who will be TUPE transferring, this risk about this piece of change is to ensure that staff engagement is a key factor otherwise there could be a further increase in vacancies.</p> <p>Retention Some providers have identified retention concern at 2 years with other reporting retention issues at 6 months. The system has identified that further work in supporting staff needs to continue and built upon the good work which has already been developed for example HCSW peer support worker.</p> <p>COVID / FLU Challenges around the third wave, winter pressures, flu season – whilst managing restoration and recovery plans, we are also considering workforce requirements, and potential gaps as we prepare for autumn/winter challenges.</p> <p>DHIC Award of contract and ability to recruit to substantive senior posts without award of contract, current risk associated with only being able to advertise for fixed term contracts</p> |
| Mental Health | |
| Assumptions; | <p><i>[Please outline how systems have considered their Mental Health LTP strategy and commitments to complete this workforce collection, and summarise how the workforce assumptions made as part of the Mental Health Workforce submission link to the system's recovery of delivery of the Mental Health LTP and response to Covid-19.]</i></p> <p>Despite the exceptional and unique circumstances that Coronavirus Pandemic has had in 2020 our ambitions moving forward build on the excellent foundations in our drive to develop our existing and future workforce to deliver the Mental Health LTP and respond to Covid-19.</p> <p>Our vision for Black Country STP was to develop a new place-based Community Mental Health model with the emphasis on the individual and emerging Primary Care Networks, to reduce inequality in the way people receive care and ensure that no individual or group is excluded. Having been successful in our bid, we aim to improve the experience of those in services, with a focus on review and recovery,</p> |

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| | <p>supporting the STP commitment to reduce wider health inequalities. Phase 1 of this 3 year Plan is now at implementation stage.</p> <p>As part of the Mental Health Investment Standard we are also expanding a number of services including: Camhs Core, Camhs Crisis, Perinatal Mental Health Services and introducing Maternal Mental Health Services.</p> <p>For Dudley Integrated Health Care (DIHC) they will be undertaking a working review of current PCMH teams and how the service best meets identified needs to provide complete wraparound service for patients and the use of additional roles to support the service.</p> <p>A number of planned transfers into DIHC are also planned during 2021/22 including the transfer of children's services from Black Country Healthcare NHS Foundation Trust before April 2022</p> <p>In addition, there is an intention to transfer community services currently hosted within Dudley Group of Hospitals to DIHC on or before 1st April 2022 in line with full business case for integration. Until transfers are undertaken workforce data is only being report within the employing Trust.</p> <p>In support and underpinning all our planned changes is a commitment to the creation of an integrated workforce plan for the Mental Health STP, and whilst the delivery of the plan has been delayed due to the impact of Covid-19 we are now progressing with the intention of a STP Workforce Plan from September 2021 developed in collaboration with our partners.</p> <p>Further underpinning plans has been the development of both a Clinical Strategy and People Strategy during 2020 setting the platform for how we are reaching out to our communities and our people</p> |
| <i>Actions</i> | <p>Significant focus in Year 1 of our plans for 2021/22 will be to recruit to the 123 posts developed as part of the Community Mental Health Model including the development of posts working with the voluntary sector and Primary Care, specifically leading the recruitment of the 29 posts to support PCNs in Dudley, Sandwell, Walsall and Wolverhampton. Birmingham and Solihull Mental Health Trust are working with the system to recruit to these roles for West Birmingham (8 posts). 50% of the costs of the posts are funded through primary care ARRS.</p> <p>Whilst the core model will be introduced in phases across the Black Country localities at different times, the first cohort of MHPs will be deployed at the same time in all 4 localities. They will work within BBCH's</p> |

current service delivery model to establish relationships within the PCNs to support referral pathways and transitions between our current services whilst the new model of integrated care is phased in.

The MHPs will be embedded in PCNs whilst employed by BCHFT. This enables BCHFT to provide supervision and CPD for the clinicians. As the new model phases, the MHPs will provide triage and intervention or signposting at first contact, support transition of people from primary care to specialist MH services (and vice versa) and work as part of the integrated MDT in the PCNs. It is anticipated that recruitment for the first cohort of ARRS practitioners will begin in Q1 of 2021/22.

In addition we have also begun to recruit to the 68 posts created as part of the Mental Health Investment Standards

To enable us to meet the expansion and creation of these roles and new ways of working there are key milestones that are in development or in progress including:

- Recruitment Plans for each pathway are being developed with targeted recruitment campaigns and social media drives
- Development of a Marketing Plan to support recruitment
- Retention Plans to include development and upskilling of staff recognising this is an essential component to improving service delivery and supports both current and potential opportunities for new ways of working
- Expansion of our internal career pathways targeting Nursing and AHP to include the
- Roll-out of in Year 1 of the Degree Apprenticeship for Nurses, and widening access to our established AHP Degree Apprenticeship. For DIHC the focus is development of IAPT training apprenticeship model to support reduction in vacancies
- Targeted recruitment to our flexible workforce to underpin and strengthen service delivery
- Progressing with the investment in International Recruitment of Nurses through a bespoke Fellowship Programme with RWT and University of Wolverhampton
- Continue with the successfully established International Medical Clinical Fellowship Programme

In addition our existing workforce are already engaged in the Community Transformation programme including:

- Multi-disciplinary service review workshops

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| | <ul style="list-style-type: none"> • Clinical Strategy engagement events • Locality based engagement events • Membership of Programme Governance structure • Regular communication in Trust and Stakeholder bulletins <p>Invested in the establishment and appointment of a Workforce Planner and Transformation Manager to lead in the creation of an integrated workforce plan that will provide visibility of our workforce across the STP, in all partner organisations and all roles, paid and voluntary that contribute to delivery of STP services.</p> <p>It will enable our attraction, retention and development strategies that will make mental healthcare a career of choice in the Black Country and reduce lag in resourcing key roles, skills and behaviours by helping us to identify how and where skills can be developed internally and in secure, long term pipelines.</p> <p>The newly appointed post-holder will support in the formulation of a bespoke Workforce Plan that will build on our experience to expand and redesign to meet the Transformation of Community Services</p> <p>We will also continue to build connectivity across the system and access and make best use of funding attached to initiatives to recruit and retain staff examples have included International Nurse Campaign and a STP system wide campaign to recruit to all Health Care Support Worker vacancies to reduce agency spend.</p> <p>We will also remain a key stakeholder within the STP and People Board.</p> |
| <i>Risks and issues</i> | <p>Whilst our risks and issues have been impacted by Covid-19 pandemic having put significant strain on our systems and our staff it has also enabled learning and an opportunity to do things differently as we emerge through the pandemic. Our risks and issues include:</p> <p>Vacancy Rate: High levels of vacancies continue to be a significant challenge, we will mitigate through recruitment plans for each pathway as detailed in our actions</p> <p>Turnover Rate: Whilst our turnover rate remains within KPI it does form part of wider programmes of work linked to both Health and Wellbeing and Recruitment and Retention Strategy Committees focused on addressing hard to recruit posts</p> |

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| | <p>Age Profile: The Trust has an aging workforce as such the need to ensure that we maximise or staffs' potential through talent management and succession planning frameworks as well as having more flexibility for those who wish to retire and return to address this risk.</p> <p>Workforce Planning: The absence of a bespoke workforce plan does impact on longer term planning however a number of plans are being progressed to ensure all plans are met</p> <p>Covid-19 Impact: We will continue to move forward cautiously, vigilantly but with optimism in delivery of our plans for 2021/22. Our development and implementation of the Black Country Route to recovery and de-escalation sets out our response to the Governments Covid-19 4 step response supporting both our patients and our people in recovery and restoration.</p> <p>For DIHC the main risks remain the proposed transfer of services from partner organisations and the availability of IAPT skilled workforce.</p> |
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| System name: | Black Country & West Birmingham |
| B. Continuing to meet the needs of patients with Covid-19 | |
| Please set out the specific actions that, as a system, you will prioritise over the next 6 months to address the objectives below | |
| Preparations for any future potential surge requirements for Covid patients | <p><i>[Please include commentary on the use of home oximetry and 'virtual wards']</i></p> <p>Summer Surge Modelling</p> <p>System dynamic modelling undertaken indicates that Trusts across the system may be likely to exceed core funded ventilator bed capacity in the event of a summer surge but will not exceed Level 3 Surge Capacity.</p> <p>Oximetry @ Home & Virtual Wards</p> <p>We have well established Oximetry@ Home Pathways (step up/step down) & Virtual Wards in place across the System. We plan to deliver the following actions over the next six months:</p> <p>Oximetry @ Home</p> <ul style="list-style-type: none"> • Additional oximeters have been ordered and will be distributed amongst Primary, Community & Acute services to support any potential surge requirements • Continuation of remote monitoring rollout (Supporting People at Home Scaling Up Programme digital priority) will support any additional requirements. • Providers proactively utilising SEFT data to identify patients to be referred onto pathways • Build and expand on the utilisation of digital technology to support patients where appropriate. Dignio and Luscii are currently being used across some places. <p>Virtual Wards</p> <ul style="list-style-type: none"> • COVID and non COVID Virtual Wards are already in place across the System and are operating well. • Remote monitoring rollout supporting expansion of virtual wards (care homes/ acute/ community) • Build and expand on the utilisation of digital technology to support patients. Currently Luscii is being used for COVID virtual wards in one acute Trust and it is planned to be used for Respiratory pathways during 21/22. • STP Remote Monitoring programme (Docobo) scope of solution is in the process of being expanded to now include supporting Virtual wards |

In addition to this our digital transformation bid for 'Supporting People at Home' scaling up programme has been successful and we will be developing plans to offer technology supported care at home with a focus on four key areas for the regional scale programmes:

- Long Term Conditions management including virtual wards
- Care Homes
- Mental Health
- One locally determined priority area (TBC)

Vaccination Programme

We will build on the work we have delivered to date around the delivery of the Vaccination Programme. across the Black Country and West Birmingham. We have now vaccinated 89% of people aged 45 and over. Of our adult population, in total 633,534 people have received their first dose of the vaccine, which means 59% have significant protection against COVID-19. And we continue at pace to ensure people are fully vaccinated, with more than 222,616 people having received the second vital jab. Successful delivery of the vaccine programme will help reduce and mitigate against the potential impact of a further surge of COVID-19.

We will take the following steps over the next six months:

- Collaboratively as a system, through a mix of vaccination delivery models, (vaccination centres, local vaccination services; PCNs and Community Pharmacies, roving teams, pop up vaccination clinics, hospital hubs) ensure sufficient vaccination and administrative capacity exists to deliver all available vaccine to approved cohorts
- Maintain a robust offer to access vaccination services to receive both doses of the Covid-19 vaccine for all cohorts which ensures no inequality of offer and that no-one is left behind as further cohorts are approved
- Through a partnership approach continue the offer of vaccination services meeting requirements of local population within the five BCWB places, activate services to meet the requirements of the local population
- Deliver vaccination services with minimum disruption to existing health and care services and to maximise opportunities for BCWB partner organisations to deliver restoration and recovery
- Reduce inequalities in the access and uptake to the vaccine through the use of data to identify low uptake from communities, hard to reach groups deploying pop up clinics, roving vaccination teams, activate additional vaccination clinics also mitigating geographical gaps

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| | <ul style="list-style-type: none"> • Working with community leaders and faith leaders support local communities in the uptake of the vaccine by reducing hesitancy • Flex capacity within vaccination delivery models in line with progress, uptake, changing requirements and in response to Covid-19 case rates in specific locations • Deliver 2nd dose vaccinations in line with published guidance, monitoring performance of both the uptake of 2nd doses and the period in which the 2nd dose is administered • Continue use of BI to maintain oversight of delivery of the programme, having early sight of exceptions preventing risk to the programme completing on time • Decommission vaccination sites that are required to return to their original state and purpose whilst maintaining required capacity levels and services to serve the local population i.e. continuation of 2nd doses and access for population in cohorts that required additional time before receiving the vaccine • Continue phase 3 planning for Autumn Winter 2021/22 combining flu and Covid vaccination programmes into a single delivery model • Through the system workforce bureau effectively resource vaccination sites to meet demand, continuing to fully utilise the local, regional and national workforce pools including volunteers • Transition appropriate elements of the programme to a business as usual setting <p><i>Further details regarding plans to deal with any potential surge requirements are outlined in the separate submission relating to COVID/Non-COVID Pathways Submission</i></p> |
| <p><i>Provision of timely and equitable access to Post Covid Syndrome ('Long Covid') assessment services.</i></p> | <p>Post Covid Assessment clinics have been implemented across the system. Business Intelligence, in collaboration with public health, have modelled data for the system utilising the national clinical patient flow pathway to model prevalence/deprivation and demand for services which will be utilised to help inform service planning.</p> <p>We are will be prioritising the following actions in the next six months:</p> <ul style="list-style-type: none"> • System wide primary care education sessions (GPs/ PNs/ HCAs/ Clinical Pharmacists/ Health and wellbeing practitioners etc) will be scheduled to promote awareness and information on signs and symptoms that patients are currently presenting with, and require further support. • Comprehensive primary care clinical templates, including utilisation of the Newcastle screening tool, are currently being finalised, to standardise coding within primary care, to improve accuracy of system wide data regarding prevalence, deprivation and demand for appropriate interventions. |

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| | <ul style="list-style-type: none">• Further develop work through the PCN vaccination programme, where clinical leads have provided vaccination clinics in temples/ faith groups/ BAME and migrant communities. We will engage with our communities through these established routes to raise awareness of signs and symptoms our patient population may be experiencing, to improve engagement with local services and the national interactive rehabilitation platforms (Your COVID Recovery)• Aligning with the national clinical pathway, and 2 of the key principles of care: Personalised Care/ Supporting and enabling self-care, we are finalising the development of specific health coaching for long covid to be rolled out across health care professionals. Training sessions are scheduled for June/ July. |
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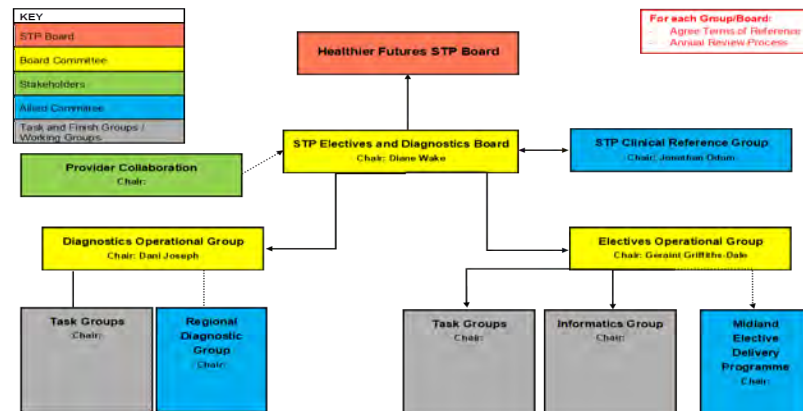
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| System name: | Black Country & West Birmingham |
| C1. Maximise elective activity, taking full advantage of the opportunities to transform the delivery of service | |
| Please summarise the key assumptions that underpin the activity plan submission, highlighting any key risks and issues. Please also set out any system actions that are critical to the delivery of the planned activity levels. | |
| Elective Spells | |

| <p><i>Assumptions</i></p> | <ul style="list-style-type: none"> • That we will achieve 70% of 19/20 financial baseline in April, with 5% steps between July and Sep up to 85%. • Elective activity numbers for FY22 are based on the existing capacity we have available which includes insourced independent sector support and outsourced support already contracted. • Elective activity numbers are calculated without further COVID surge and increase in cases • Demand levels remain as per 2019/20. • Staff sickness absence levels do not increase • Social distancing regulations remain the same • That we will be able to maximally use ISP in delivery of Elective Activity throughout the financial year • That travel restrictions will minimally impact international recruitment • The backlog for elective patients is considered in line with the Federation of Surgical Specialty Association guidelines: <ul style="list-style-type: none"> • Priority 2 – procedures to be performed in ≤28 days from decision to treat • Priority 3 – procedures to be performed in ≤3 months from decision to treat • Priority 4 – procedures to be performed in >1 year from decision to treat. As there is no upper time limit for Priority 4, this has been set by the System for <u>initial</u> planning purposes. That is, patients will not wait any longer than 52 weeks from date of referral. <p>Surgical Assumptions:</p> <ul style="list-style-type: none"> • Anaesthetic Rooms are returned to use for intubation, resulting in Operating Theatre productivity (measured by average cases per 4 hour session) consistent with pre Covid-19 pandemic levels. • As access is being prioritised on a ‘risk’ basis, it is assumed that • The provision of 7 elective theatres, weekend operating lists and use of the Independent Sector arrangements are extended up until the backlog is cleared. • We can continue to use the Independent Sector for 40 patients each month <p>The impact of a further surge of COVID-19 is considered in two distinct scenarios, differentiated by estimates of vaccination effectiveness, as per Table 1.</p> <p>Table 1: Vaccination Effectiveness assumptions, NHS Midlands</p> <table border="1"> <thead> <tr> <th></th><th>First dose effectiveness</th><th>Second dose effectiveness</th></tr> </thead> <tbody> <tr> <td>Balanced Scenario</td><td>70%</td><td>88%</td></tr> <tr> <td>Pessimistic Scenario</td><td>56%</td><td>70%</td></tr> </tbody> </table> | | First dose effectiveness | Second dose effectiveness | Balanced Scenario | 70% | 88% | Pessimistic Scenario | 56% | 70% | <p>for Priority 4</p> |
|---------------------------|---|---------------------------|--------------------------|---------------------------|-------------------|-----|-----|----------------------|-----|-----|-----------------------|
| | First dose effectiveness | Second dose effectiveness | | | | | | | | | |
| Balanced Scenario | 70% | 88% | | | | | | | | | |
| Pessimistic Scenario | 56% | 70% | | | | | | | | | |

| | | |
|--|--|--|
| | <ul style="list-style-type: none">• The impact of COVID-19 is presumed to have an impact on trajectories for PL3 and PL4 priority patient only. <p>Cancer Team Assumptions</p> <ul style="list-style-type: none">• Figures assume the delivery of the national ambitions in each and every month. Figures reflect the current plans in place for each specialty and take account of new ways of working with an increase in virtual attendances compared with 2019/20. Some activity, e.g. PIFU and A&G is not identified as such in PAS and therefore, not possible to report on specifically. Referrals remain at around 60% of normal levels but this does not affect activity at this stage due to the size of the waiting list.• Assumes no summer surge | |
|--|--|--|

| | | |
|-----------------------|--|--|
| | | |
| <p><i>Actions</i></p> | <p>Accountability & Governance Arrangements</p> <p>The Black Country and West Birmingham (BCWB) STP Elective and Diagnostic Strategic Board is established to oversee restoration and recovery across the local system, ensuring that this occurs in a manner consistent with national and regional guidance and priorities. The Boards meet's monthly, with greater frequency when needed.</p> <p>Providing a critical link between the STP's Healthier Futures STP Board and the Operational Groups, the Elective and Diagnostic Strategic Board;</p> <ul style="list-style-type: none"> • Reviews/ challenges and approves both the strategic direction and recovery and restoration approach for Elective Care and Diagnostic Groups. • Receives updates on progress on key programmes and projects • Via the Elective Care Group, it ensures reporting quality and timeliness (weekly submissions of the waiting list MDS included) & actively drives for the ongoing quality improvement within submitted datasets. • Reviews and challenges key variations in performance KPIs for the system. <p>ISP delivery outcomes will be monitored by the Elective Care Group; consideration will be given on how (beyond weekly operational meetings) routine oversight interactions occur between the System and ISP providers to ensure that the right patients are achieving access in the right numbers. (The Elective Care Group will take this forward)</p> <p>The Board reports into the STP Healthier Futures STP Board via the Chair and to the Planning & Recovery Board. Any necessary escalations from the Board will feed into the Quarterly System Monitoring and Accountability Meetings via report to the Provider Collaborative board from the BCWB Electives and Diagnostics Board.</p> <p>The diagram below highlights the governance network across the STP with this board referenced;</p> <p>Diane Wake, Chief Executive of Dudley Group of Hospitals and Chair of the Black Country and West Elective and Diagnostic Board, leads recovery in Elective Care and Diagnostics. Cancer Care is led by Paul Tulley, with information on key decisions being shared between the various boards and Groups.</p> | |

Governance and Oversight of the BCWB Elective Care and Diagnostic Board



The main changes to the system delivery will be overseen by the BCWB Elective and Diagnostics Groups, which in turn are supported by the Elective Activity Coordination Hub (EACH). The Hub is a virtual team working across providers and commissioners ensuring that the decision making groups have the information required to make informed decisions. All of the organisations in the system have supported the creation of the EACH and its governance is linked through to the Integrated Care System structure through the Elective and Diagnostics SRO. The hub is designed to be a support to the operational and tactical work streams allowing the Operational Groups to lead of elective recovery and make recommendations to the strategic group on changes needed.

The hub is underpinned by system business intelligence and is focussed on delivering an equitable recovery for all of the residents in Black Country and West Birmingham. The support is on a tiered approach with support at both system and Trust level. The ethos of the approach centres around mutual support and around equity for all. Trusts are supported to take all feasible internal steps to mitigate a situation with their partners at Place. Once this has been exhausted system resources will be deployed (i.e. to share capacity with other Trusts). Place working might, for example, include exploration of alternative referral or clinical pathways to mitigate acute demand.

The ability to constructively challenge one another is recognised as an important system function and strengthen decision making and agreed approaches. The retention of a system SRO for elective work with a mandate from the Acute Federation will be an important asset in enabling this constructive challenge and coordination.

Support the system identified that it requires to support Delivery

- Given the level of service transformation required to restore and maintain services we will significantly increase project management capacity at both a System and Trust level. If the system is given Accelerator status, we would wish to take advantage of the national arena of support offered; otherwise we will review the capacity of the Elective and Diagnostic Support Hub to build the level of support needed.
- The system will review existing capital programmes to ensure a balance between Trust and System level schemes.

Key Actions

The System is clear on the benefits of being able to do more for its patients through achieving access to ERF: In delivery, in activity terms the system aims to deliver activity of 70% of 19/20 financial baseline in April-21, with 5% steps between July and Sep-21 up to 85%. In funding terms, it is currently anticipated that this will translate to 70% of ERF between May and June 21 with delivery of 85% (or beyond) from July 21. The following initiatives will be implemented by Trusts in support of these activity trajectories; these do not require an additional route to funding and will either improve health outcomes, or improve system capacity. A series of actions are being undertaken to support this across the system.

| | | |
|--|---|---|
| | <p>Dudley Group of Hospitals Trust</p> <ol style="list-style-type: none"> 1) To maintain 8 Theatre sessions per week at ISP 2) Cataract Only lists with increased cataract patients on lists increasing throughput following clinical review 3) Increased weekend sessions, increased from 1 theatre (2 sessions) to 3 theatres (6 sessions) – further increase staff dependent 4) Looking at further use of evening and weekend utilisation of Minor Procedure Room for plastics work 5) Finish time for all theatre staff moved from 5 to 5.30 through Management of Change – starts mid-June 6) Looking at running BONES week for Orthopaedics w.c 28th June (3 session day for week using the BONES Barking Model) <p>Separately to this the below are happening:</p> <ol style="list-style-type: none"> 1) Patient Initiated Follow Up (PIFU) started in Orthopaedics and starting in multiple other specialties – freeing up follow up capacity for OP 2) 2 way text switched back on reducing DNA rate 3) Improving treatment times 3) Elective Green Ward in place and working well and utilised 7 days a week <p>Sandwell and West Birmingham Trust</p> <ol style="list-style-type: none"> 1. Optimising ISP – I'm taking a Trust wide lead to optimize ISP 2. WLIs - outputs will be monitored to ensure we max utilisation 3. Job plans - being reviewed to ensure early benefits (i.e. June/July) 4. Theatre monitoring Scheduling back into BAU rhythm (i.e. 6-4-2) 100% funded sessions expected end of May 21 5. Ensure we deliver 85% value so system can draw down 120% via monitoring & remedial action 6. Reviewing delivery models in Ophthalmology (i.e. low diagnostic numbers to higher volume) 7. Dermatology – using technology to protect capacity &/or increase capacity from existing position (i.e. implementation of TeleDerm) 8. Maximise our virtual appointments- monitored against an 'intrust' target 9. Review Partial booking so as to align to PIFU approach 10. Protecting our green capacity (i.e. BTC) so we can keep delivering green pathways (such as Orthopods) | <p>Royal Wolverhampton Trust</p> <p>Use of ISP providers to support delivery of day cases, outpatient and diagnostic activity across; trauma and orthopaedics, breast services, urology, gastroenterology, cardiology, imaging and neurophysiology.</p> <p>Walsall Healthcare Trust</p> <ol style="list-style-type: none"> 1. Introduction of lead lined facility in Outpatients to remove all Pain Management injections from Theatres – providing an increase of 4 elective theatre sessions per week 2. Introduction of weekend cataract sessions – providing an increase of 4 elective theatre sessions per week 3. Expansion of elective weekend operating – providing an increase of 8 elective theatre sessions per week 4. Purchase of mobile ultrasound scanner – providing an increase of 4 minor operating sessions per week 5. Additional 4 sessions of pre-assessment per week to keep pace with additional treatment <p>From May, this would result in 25% increase in weekly sessions and a proportionate increase in operations undertaken.</p> <p>In addition we are:</p> <ol style="list-style-type: none"> 1. Introduction of Orthodontic Therapist to ensure both Therapist and Orthodontist are working at top of scope 2. Introduction of couch to convert TRUS biopsies to Transperineal biopsies and move these to Outpatients under LA/sedation 3. Introduction of Botox injections for anal fissures as an Outpatient procedure clinic (and move them out of theatres) 4. Expansion of vascular procedures (ablation and sclerotherapy) to outpatient procedure clinic 5. Extension of Colorectal nurse to support personalise stratified follow up pathway 6. Audit of orthopaedic appointment DNAs for appointments at the request of a non-Consultant (i.e. longer-term follow/up appointments) 7. Introduction of mobile C-arm to the orthopaedic service to move some image-guided injections out of the operating theatre 8. Introduction of outcomes for SLA with RWT for the provision of Ophthalmology Services, which could include: <ol style="list-style-type: none"> a. Improved DNA Ratio b. Risk adjusted PCR percentage and risk adjusted visual loss percentage 9. Reviewing Chemotherapy capacity to repatriate some Walsall based patients receiving chemo at UHB |
| | <p>In addition to the above:</p> <ul style="list-style-type: none"> • There will be daily monitoring via capacity oversight to ensure appropriate 'green' capacity is maintained for emergency pathways. | |

- We are reviewing BADs data for opportunities in ENT and Orthopaedics as part of the Midlands Elective Development Programme (; this will be rolled out to some of the other large specialties during the course of the year) & plans will be initiated and monitored through the Elective Care Group.

Investment Considerations

The following list highlights the investments that have been identified by Trusts for funding during FY22. If the system is chosen as an accelerator then plans are in place to implement these schemes and develop a reporting matrix to ensure their delivery. If the system isn't chosen then the elective board will prioritise affordable developments to achieve the fastest possible recovery:

- Vanguard Theatres. Theatre capacity is a priority for all of the Trusts in accelerating the programme. In addition to physical capacity, there is an urgent requirement for staffed options given the pressures in the existing teams
- We will take all opportunities to insource additional theatre staff to make maximum use of the theatres that we have.
- Home Delivery Pharmacy Services. This has been trialled and has been beneficial to reducing delays in discharge, freeing up bed capacity
- Increased Phlebotomy to reduced referrals into secondary care
- Maintaining current Independent Sector capacity to allow Trusts to focus on complex caseloads
- We will build on the success of the covid workforce hub to create a shared resource for the system for access to staff in high demand areas.
- Funding for Waiting List Initiatives. Discussions with both surgeons and anaesthetists have indicated potential for waiting list initiatives. These would be an essential component of the early phase of the acceleration whilst the transformation programmes are in implementation to deliver results. We will look to create shared WLI across the system, rather than for individual Trusts, particularly out of hours, and will look to develop incentives for the wider team, not just surgeons and anaesthetists.
- Funding for additional bank/temporary staff. Part of the reduction in capacity in the current recovery programme is to allow staff to rest and recuperate post-COVID. Accelerating capacity in the short term will therefore require additional staff time above normal contracted establishments. The workforce hub used in the vaccination program would be a model that could be replicated to deliver this.

Outcomes against; project delivery, activity and finance outcomes versus our plans will be monitored through our BCWB Elective Care Group and Board. Outcome dashboards will support decision making and remedial actions with regards to these.

ISP: We have current elective plans for ISP capacity between April and June 2021 per the chart below and have both agreed (& included) the risk prioritisation of activity that will be undertaken within that sector; monitoring on outcomes will be undertaken by the Elective Care Group with remedial actions taken as necessary;

BCWB System - Elective Care Funded ISP Capacity Q1: 2021/22

| POD | Clinical_Priority | Specialty_TFC | Expected_start_date | Apr-21 Activity Plan | May-21 Activity Plan | June-21 Activity Plan |
|---|-------------------|-------------------------------------|---------------------|----------------------|----------------------|-----------------------|
| Daycase | | | | | | |
| | PF2 | 303: Gynaecology | (4wks) | 454 | 454 | 454 |
| | PF2 | 303: Urology | 01/04/2021 | 0 | 0 | 50 |
| | PF3 | 310: Trauma & Orthopaedics | 01/04/2021 | 0 | 0 | 20 |
| | PF3 | 300: General Surgery | 01/04/2021 | 20 | 20 | 20 |
| | PF4 | 300: General Surgery | 01/04/2021 | 5 | 5 | 5 |
| | PF4 | 300: General Surgery Service | 01/04/2021 | 30 | 30 | 30 |
| | PF4 | 303: Urology | 01/04/2021 | 5 | 5 | 5 |
| | PF4 | 303: Urology Service | 01/04/2021 | 27 | 0 | 27 |
| | PF4 | 307: Vascular Surgery | 01/04/2021 | 0 | 0 | 0 |
| | PF4 | 307: Vascular Surgery Service | 01/04/2021 | 0 | 0 | 0 |
| | PF4 | 308: Special Surgery Service | 01/04/2021 | 53 | 57 | 24 |
| | PF4 | 310: Trauma & Orthopaedics | 01/04/2021 | 25 | 25 | 25 |
| | PF4 | 310: Trauma and Orthopaedic Service | 01/04/2021 | 377 | 377 | 383 |
| | PF4 | 320: Ear Nose and Throat Service | 01/04/2021 | 3 | 5 | 30 |
| | PF4 | 320: ENT | 01/04/2021 | 3 | 3 | 3 |
| | PF4 | 330: Ophthalmology | 01/04/2021 | 3 | 3 | 3 |
| | PF4 | 330: Ophthalmology Service | 01/04/2021 | 260 | 320 | 327 |
| | PF4 | 330: Anaesthetics Service | 01/04/2021 | 3 | 3 | 3 |
| | PF4 | 330: Pain Management | 01/04/2021 | 0 | 0 | 0 |
| | PF4 | 330: Pain Management Service | 01/04/2021 | 2 | 0 | 3 |
| | PF4 | 303: Gynaecology | 01/04/2021 | 0 | 0 | 0 |
| | PF4 | 303: Gynaecology Service | 01/04/2021 | 53 | 53 | 58 |
| | PF4 | 307: Vascular Surgery | 01/04/2021 | 0 | 0 | 0 |
| | PF4 | 307: Vascular Surgery Service | 01/04/2021 | 3 | 3 | 2 |
| | PF4 | 320: Otorhinolaryngology | 01/04/2021 | 0 | 0 | 0 |
| | PF4 | 320: Otorhinolaryngology Service | 01/04/2021 | 3 | 3 | 3 |
| | PF4 | 330: Ophthalmology | 01/04/2021 | 0 | 0 | 0 |
| | PF4 | 330: Ophthalmology Service | 01/04/2021 | 2 | 2 | 2 |
| | PF4 | 340: Otorhinolaryngology | 01/04/2021 | 0 | 0 | 0 |
| | PF4 | 340: Otorhinolaryngology Service | 01/04/2021 | 35 | 28 | 65 |
| | PF4 | 600: Physiotherapy | 01/04/2021 | 0 | 0 | 0 |
| | PF4 | 600: Chiropractic | 01/04/2021 | 0 | 0 | 0 |
| | PF4 | 602: Diagnostic Imaging | 01/04/2021 | 0 | 0 | 0 |
| Daycase total | | | | 874 | 876 | 886 |
| Daycase - Colorectal surgery | | | | | | |
| | PF2 | 303: Colorectal surgery | 01/04/2021 | 50 | 50 | 50 |
| | PF2 | 303: Colorectal surgery | 01/04/2021 | 68 | 68 | 68 |
| Daycase - Colorectal surgery total | | | | 118 | 118 | 118 |
| Daycase - Colorectal surgery | | | | | | |
| | PF2 | 303: Colorectal surgery | 01/04/2021 | 28 | 28 | 28 |
| | PF2 | 303: Colorectal surgery | 01/04/2021 | 32 | 32 | 32 |
| Daycase - Colorectal surgery total | | | | 60 | 60 | 60 |
| Daycase - Daycase | | | | | | |
| | PF3 | 300: General Surgery | 01/04/2021 | 4 | 4 | 4 |
| | PF3 | 300: General Surgery | 01/04/2021 | 20 | 20 | 20 |
| | PF3 | 303: Urology | 01/04/2021 | 20 | 20 | 20 |
| | PF3 | 310: Trauma & Orthopaedics | 01/04/2021 | 20 | 20 | 20 |
| | PF4 | 307: Vascular Surgery | 01/04/2021 | 40 | 40 | 40 |
| | PF4 | 307: Vascular Surgery | 01/04/2021 | 30 | 30 | 30 |
| | PF4 | 310: Trauma & Orthopaedics | 01/04/2021 | 3 | 3 | 3 |
| | PF4 | 310: Trauma & Orthopaedics | 01/04/2021 | 6 | 6 | 6 |
| | PF4 | 303: Urology | 01/04/2021 | 3 | 3 | 3 |
| | PF4 | 308: Special Surgery Service | 01/04/2021 | 2 | 3 | 2 |
| | PF4 | 310: Trauma & Orthopaedics | 01/04/2021 | 53 | 53 | 53 |
| | PF4 | 310: Trauma and Orthopaedic Service | 01/04/2021 | 68 | 68 | 68 |
| | PF4 | 320: Ear Nose and Throat Service | 01/04/2021 | 0 | 0 | 0 |
| | PF4 | 320: ENT | 01/04/2021 | 0 | 0 | 0 |
| | PF4 | 330: Ophthalmology | 01/04/2021 | 0 | 0 | 0 |
| | PF4 | 330: Ophthalmology Service | 01/04/2021 | 3 | 3 | 3 |
| | PF4 | 330: Pain Management | 01/04/2021 | 0 | 0 | 0 |
| | PF4 | 330: Pain Management Service | 01/04/2021 | 0 | 0 | 0 |
| | PF4 | 303: Gynaecology | 01/04/2021 | 0 | 0 | 0 |
| | PF4 | 303: Gynaecology Service | 01/04/2021 | 3 | 3 | 3 |
| | PF4 | 307: Vascular Surgery | 01/04/2021 | 25 | 25 | 25 |
| | PF4 | 600: Physiotherapy | 01/04/2021 | 0 | 0 | 0 |
| | PF4 | 600: Chiropractic | 01/04/2021 | 0 | 0 | 0 |
| Daycase - Daycase total | | | | 265 | 260 | 265 |
| Grand Total | | | | 1739 | 1816 | 1884 |

Overview of Waiting Times: Our system PTL illustrates time-series data, but does not advise either rationale for movements, or protected characteristics in support of decisions related to health inequalities. We are working with the System's BI Team to develop this insight towards during Q1.

Waiting times evidence (report as at 04/04/21):



At Risk Prioritised level, we currently collate the following information at detail and summary level manually, but are working on automated systems.

Top 5 Specialties BCWB System

| P2 Priority | | | | |
|----------------------------------|-----------------|------|--------------------|-------------|
| Rank | Specialty | Nbr | Change Since 31/03 | Paeds in P2 |
| 1 | Ophthalmology | 459 | 12 | 2% |
| 2 | Plastic Surgery | 398 | 0 | 0% |
| 3 | Urology | 330 | -36 | 3% |
| 4 | Other | 296 | 100 | 14% |
| 5 | General Surgery | 268 | -107 | 3% |
| Total of top 5 | | 1751 | -31 | |
| Top 5 is 'x' % of Prioritised P2 | | | | |
| PTL | | 75% | -20% | |

| P3 Priority | | | | |
|----------------------------------|-----------------------|------|--------------|-------------|
| Rank | Specialty | Nbr | Change Since | Paeds in P3 |
| 1 | Trauma & Orthopaedics | 1385 | 45 | 2% |
| 2 | Ophthalmology | 1384 | 290 | 4% |
| 3 | General Surgery | 666 | 118 | 4% |
| 4 | Other | 521 | 71 | 5% |
| 5 | Urology | 250 | 34 | 1% |
| Total of top 5 | | 4206 | 558 | |
| Top 5 is 'x' % of Prioritised P3 | | 108% | 84% | |

| P4 Priority | | | | |
|--------------------------------------|-----------------|-------|--------------|-------------|
| Rank | Specialty | Nbr | Change Since | Paeds in P4 |
| 1 | Orthopaedics | 4686 | 190 | 2% |
| 2 | Other | 3556 | 390 | 7% |
| 3 | Ophthalmology | 3165 | -90 | 7% |
| 4 | General Surgery | 2536 | 179 | 2% |
| 5 | Urology | 1398 | 55 | 7% |
| Total of top 5 | | 15341 | 724 | |
| Top 5 is 'x' % of Prioritised P4 PTL | | 115% | 92% | |

| P0 Priority | | | | |
|--------------------------------------|-----------------------|------|--------------|-------------|
| Rank | Specialty | Nbr | Change Since | Paeds in P0 |
| 1 | Other | 586 | -154 | 5% |
| 2 | Trauma & Orthopaedics | 186 | -59 | 4% |
| 3 | Ophthalmology | 162 | -96 | 10% |
| 4 | Cardiology | 152 | -71 | 0% |
| 5 | General Surgery | 143 | -69 | 8% |
| Total of top 5 | | 1229 | -449 | |
| Top 5 is 'x' % of Prioritised P0 PTL | | 80% | 84% | |

System's approach to the prioritisation

At all 4 Trusts, P1 patients undergo surgery on NHS Trust sites; they are prioritised for surgery within 24 hours and are constantly clinically reviewed to ensure that access within safe timeframes are achieved. Occasionally & where necessary, escalations through the management system is made to achieve alignment to necessary resources including bed capacity and theatre.

The system has agreed to prioritise 0 breaches of the P2 standard and the elimination of 104week wait, once this has been achieved at the end of June, we will move on to eliminating 90ww and zero breaches of the P3 standard by the end of September.

Trusts have shared their existing risk prioritised recovery trajectories & (as can be seen below,) we are maintaining a dataset of excess P2-P4's (& P0) which are monitored against Trust trajectories at the BCWB Elective Group meetings where remedial plans and mutual support is discussed and initiated.

| Theme | System | DGH | RWT | SWB | WHT | Notes |
|------------------------------------|-------------------------------|------|------|------|------|--|
| Surgical Risk Prioritised Pathways | | | | | | |
| P1> 24 hours | 0% | 0% | 0% | 0% | 0% | |
| P2> 28 days % | 50% | 43% | 41% | 69% | 62% | ~1177 (50%) of P2 pathways are > 28 day waiting time standard, & approx 2,816 (58%) P3 are> 91 days |
| | | | | | | Key contributor to P2 improvement 1st -21st April was DGH x 101 less pathways added than it added to the WL. 71% of P2 WL with no TCI (key drivers RWT, SWB and WHT) |
| | | | | | | Highest specialty P2 rise since 31st March is 'other' with an increase of 100 pathways, best P2 improvement is in General Surgery x 107 pathways. Rises in P3 pathways x55 since 31/03; largest of which is ophthalmology x290 followed by Genreal Surgery x 118 |
| | | | | | | Cancer - slight reduction in pathways overall since 1st April (x9) |
| P2 (nbr) | 2331 | 755 | 821 | 661 | 94 | |
| P3> 91 days % | 58% | 42% | 33% | 74% | 11% | 2,825 pathways are in excess of 91 days (59%) |
| P3 (nbr) | 4818 | 351 | 1387 | 2388 | 692 | P2 remains priority for system, hence continued rises in P3/P4 (combined rise of 1456 since 31/03) |
| P4 > 40wks % | To be assessed - awaiting RWT | | | | | |
| P4 (nbr) | 18186 | 5757 | 6360 | 4016 | 2053 | |
| | | | | | | Marked improvement in P0 since 31st March (x 532 pathways) as moved from P0 to other pathways, however 1,535 pathways |
| P0 (nbr) | 1535 | 0 | 0 | 1034 | 501 | |

At System level, weekly monitoring is conducted by the Elective and Diagnostic Care Hub on risk prioritised waits & as part of that process, assurance of 'zero' P1 risk prioritised waits is obtained; escalation to the chair would arise if breaches of P1's were reported..

BCWB Summarised Risk Prioritised System Waiting List & Status Report

Current State at 21/04/2021

| System Risk Prioritised Surgical PTL Summary | | | | | | |
|--|------|------|------|------|-------|-----------|
| Activity | DGH | RWT | SWB | WHT | Total | % of PTL |
| P1 | | | | | | |
| P2 | | 755 | 821 | 661 | 94 | 2331 11% |
| P3 | | 351 | 472 | 2388 | 692 | 3903 18% |
| P4 | | 5757 | 1511 | 4016 | 2053 | 13337 63% |
| P0 | | 0 | 0 | 1034 | 501 | 1535 7% |
| Total | 6863 | 2804 | 8099 | 3340 | 21106 | |

Whilst some of our system's Cancer patients undergo surgery in the IS, waiting list management oversight remains with Trusts with consistent clinical safety review reviews being performed by clinicians.

Our cancer patients are separately identified within the System's Risk Prioritised PTL with movements reviewed and challenged by the BCWB Cancer Board where opportunities for mutual aid are investigated and put in place.

Surgical Waiters - Cancer Only

| | | P2 | | | | |
|--|------------------------------|------------|------------|------------|------------|-------|
| Specialty | Specialty | WAL | DGH | SWR | RWT | Total |
| Data | Extracted Date | 21/04/2021 | 21/04/2021 | 21/04/2021 | 21/04/2021 | |
| | Brain/Central Nervous System | - | - | 0 | - | - |
| | Breast | 8 | 18 | 15 | 23 | 64 |
| | Children's | - | - | 0 | - | - |
| | Gynaecological | 2 | 14 | 8 | 19 | 47 |
| | Haematology | - | - | 0 | - | - |
| | Head & Neck | 2 | 1 | 9 | 7 | 19 |
| | Lower Gastrointestinal | 6 | 7 | 4 | 11 | 28 |
| | Lung | - | - | 0 | 3 | 3 |
| | Sarcoma | - | - | 0 | - | - |
| | Skin | 2 | 80 | 47 | - | 129 |
| | Upper Gastrointestinal | 6 | - | 0 | - | 6 |
| | Urological | 8 | 17 | 39 | - | 64 |
| | Other | - | - | 0 | - | - |
| Total Pathways | | 34 | 137 | 122 | 63 | 356 |
| Pathways with a TCI Date (P2/P3 only) | | 13 | 81 | 75 | 23 | 192 |
| Pathways with no TCI Date (P2/P3 only) | | 21 | 56 | 47 | 40 | 164 |
| REF1 Needed | | | | | 2 | |

| P3 | | | | |
|------------|------------|------------|------------|-------|
| WAL | DGH | SWB | RWT | Total |
| 21/04/2021 | 21/04/2021 | 21/04/2021 | 21/04/2021 | |
| - | - | - | - | - |
| - | - | - | - | - |
| - | - | - | - | - |
| - | - | - | - | - |
| - | - | - | - | - |
| - | - | - | - | - |
| - | - | - | - | - |
| - | - | - | - | - |
| - | - | - | - | - |
| - | - | - | 41 | 41 |
| - | - | - | - | - |
| - | - | - | 49 | 49 |
| - | - | - | - | - |
| - | - | - | 90 | 90 |
| - | - | - | - | - |
| - | - | - | 21 | 23 |
| - | - | - | 67 | 67 |
| | | | - | - |

[illegible]

Confirmation of a shared PTL

The Black Country and West Birmingham STP has historically managed the PTL at a local level with each health economy having a separate structure for managing demand and capacity. Over the past few months the STP Elective and Diagnostic group has created a single process for managing information and has centralised the reporting of the PTL for agreement of priorities. This has enabled the Operational Group involving all of the Chief Operating Officers to agree standardisation of assumptions and share recovery trajectories as a whole and by individual specialty. Moving forward this will allow the system to target better use of the Independent sector capacity to ensure that this capacity is used in line with the system priorities and that the acute capacity is maximised for the most complex work.

| PTL – Overview Slide Latest Week Ending:04/04/2021 | | | | | | | | NHS | |
|---|--|---|--|---|--|---|--|-----|--|
| System | # Patients Waiting | # Patients Waiting under 18 Weeks | # Patients Waiting 18 - 26 Weeks | # Patients Waiting 26 - 40 Weeks | # Patients Waiting 40 - 52 Weeks | # Patients Waiting 52+ Weeks | # Patients Waiting 90+ Weeks | | |
| | 135679 Previous Week: 135874 (-195 -0.14%) | 93808 Previous Week: 95726 (-1918 -2%) | 18850 Previous Week: 18305 (+545 +2.98%) | 14243 Previous Week: 13234 (+1019 +7.71%) | 2566 Previous Week: 2366 (+200 +8.45%) | 6212 Previous Week: 6253 (-41 -0.66%) | 67 Previous Week: 52 (+15 +28.85%) | | |
| The Dudley Group NHS Foundation Trust | # Patients Waiting | # Patients Waiting under 18 Weeks | # Patients Waiting 18 - 26 Weeks | # Patients Waiting 26 - 40 Weeks | # Patients Waiting 40 - 52 Weeks | # Patients Waiting 52+ Weeks | # Patients Waiting 90+ Weeks | | |
| | 22406 Previous Week: 22162 (+244 +1.01%) | 16829 Previous Week: 16952 (-123 -0.73%) | 2716 Previous Week: 2618 (+98 +3.74%) | 2023 Previous Week: 1803 (+220 +12.2%) | 375 Previous Week: 355 (+20 +5.63%) | 463 Previous Week: 454 (+9 +1.96%) | 0 Previous Week: 0 | | |
| Sandwell and West Birmingham Hospitals NHS Trust | # Patients Waiting | # Patients Waiting under 18 Weeks | # Patients Waiting 18 - 26 Weeks | # Patients Waiting 26 - 40 Weeks | # Patients Waiting 40 - 52 Weeks | # Patients Waiting 52+ Weeks | # Patients Waiting 90+ Weeks | | |
| | 48365 Previous Week: 49566 (-1201 -2.42%) | 34520 Previous Week: 36210 (-1690 -4.67%) | 5911 Previous Week: 5864 (+47 +0.8%) | 4395 Previous Week: 4043 (+352 +8.71%) | 979 Previous Week: 901 (+78 +8.66%) | 2560 Previous Week: 2548 (+12 +0.47%) | 32 Previous Week: 29 (+3 +10.34%) | | |
| The Royal Wolverhampton NHS Trust | # Patients Waiting | # Patients Waiting under 18 Weeks | # Patients Waiting 18 - 26 Weeks | # Patients Waiting 26 - 40 Weeks | # Patients Waiting 40 - 52 Weeks | # Patients Waiting 52+ Weeks | # Patients Waiting 90+ Weeks | | |
| | 43872 Previous Week: 43326 (+546 +1.26%) | 28435 Previous Week: 28586 (-151 -0.53%) | 6942 Previous Week: 6688 (+254 +3.8%) | 5283 Previous Week: 4901 (+382 +7.79%) | 787 Previous Week: 719 (+68 +9.46%) | 2425 Previous Week: 2432 (-7 -0.29%) | 35 Previous Week: 23 (+12 +52.17%) | | |
| Walsall Healthcare NHS Trust | # Patients Waiting | # Patients Waiting under 18 Weeks | # Patients Waiting 18 - 26 Weeks | # Patients Waiting 26 - 40 Weeks | # Patients Waiting 40 - 52 Weeks | # Patients Waiting 52+ Weeks | # Patients Waiting 90+ Weeks | | |
| | 21036 Previous Week: 20800 (+236 +1.13%) | 14024 Previous Week: 13970 (+54 +0.39%) | 3281 Previous Week: 3135 (+146 +4.66%) | 2542 Previous Week: 2477 (+65 +2.62%) | 425 Previous Week: 391 (+34 +8.7%) | 764 Previous Week: 819 (-55 -6.72%) | 0 Previous Week: 0 | | |

The system has a joint plan to tackle the backlog in P2 patients and to tackle patients waiting more than 104 weeks on their pathway.

To support access equity across the system, the BCWB Elective Group has agreed and is applying agreed criteria for designating patients as P1-P4 (in addition to P0, P5 & 6). This ensures in part that there is equity in access for the most clinically vulnerable groups; particularly as mutual aid schemes are developed. Presently, the system is not able to assess the composition of its waiting times by ethnicity and deprivation, however, protected characteristics will be integrated into our PTL within the next few months to support assessments related to equity and fairness. Now that Trust capacity is returning to normal post covid surge, the system will review all P5 and P6 to ensure that those patients return to normal prioritisation.

Work is starting, supported by the Midland Elective Delivery Programme (MEDP) to focus work on the specialties with the highest number of patients, with the focus on; Ophthalmology, Orthopaedics, General Surgery and Urology. We have held an initial session which included ENT, and whilst not an immediate priority, opportunities have been identified to improve performance. From the first session, plans will be developed for ENT and Orthopaedics at a future meeting, progression themes for ophthalmology where identified as follows;

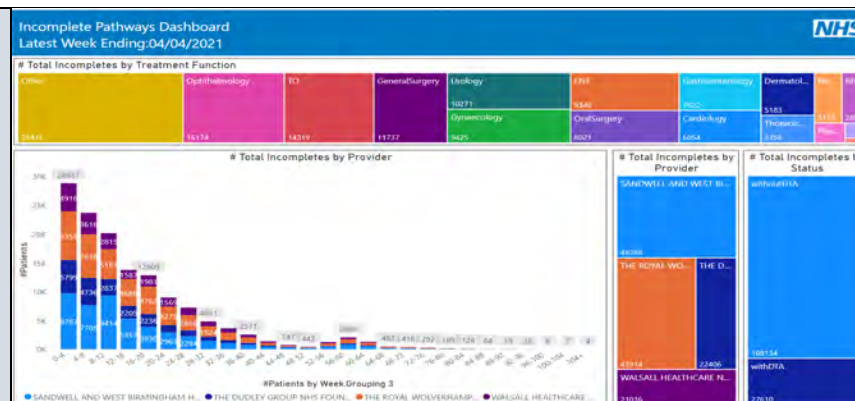
- *Cataract Post-Operative pathway* development across the system; this is to be centrally led.
- *Referral Refinement* – a unified pathway with a common governance structure across the ICS
- *Risk Stratification (review outpatients) & outcome risk stratification surgical cataracts:*

Other programme ongoing work includes;

- working with NHSX in the implementation of electronic eye care referrals (EeRS) where procured to send referrals and large image files between primary care optometry and hospital eye services and to overcome the barriers to the consistent commissioning of extended primary eye care services
- Increasing the level of work that progresses through ophthalmic digital diagnostic hub that provides a range of services across eye care pathways and referrals

The work in the Electives and Diagnostics stream runs in partnership with the Cancer Group with the same Senior Responsible Officer (SRO) across the 2 groups.

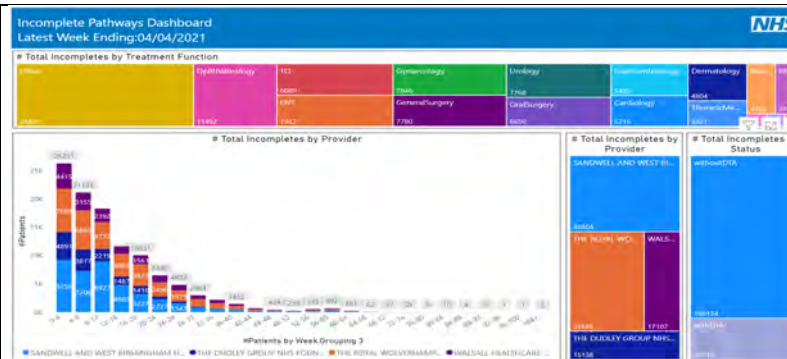
We will agree and implement common pathways across the system in high volume specialties. Nationally 29 pathways have been quickly developed for high volume low complex procedures. It is expected that systems will adopt these pathways and increase capacity by reducing; late starts, early finishes and turnaround time. Additional funding would be available for systems that wish to develop step changes in capacity within NHS facilities. The Independent Sector is to sign up to the same pathways and costs thereby placing all providers on the same level for this initiative.



The Operational Groups have started to focus on the differences in recovery at specialty level and the differences in recovery trajectories between surgical and non-surgical pathways to look at the transformation needed both in hospitals and in the wider system. An example would be in Orthopaedics, where plans for patients with DTAs are focussing on creating dedicated green capacity, theatre efficiency, reducing length of stay and use of the Independent Sector



Whereas in the non-surgical pathways the introduction of First Contact Practitioners to manage outpatient alternatives in the community will reduce demand and move activity away from consultants creating capacity to clear the non-admitted backlog.



This will evolve the shared PTL beyond the acute systems to capture all demand in the system in order to ensure that the system capacity is known and factored into prioritisation.

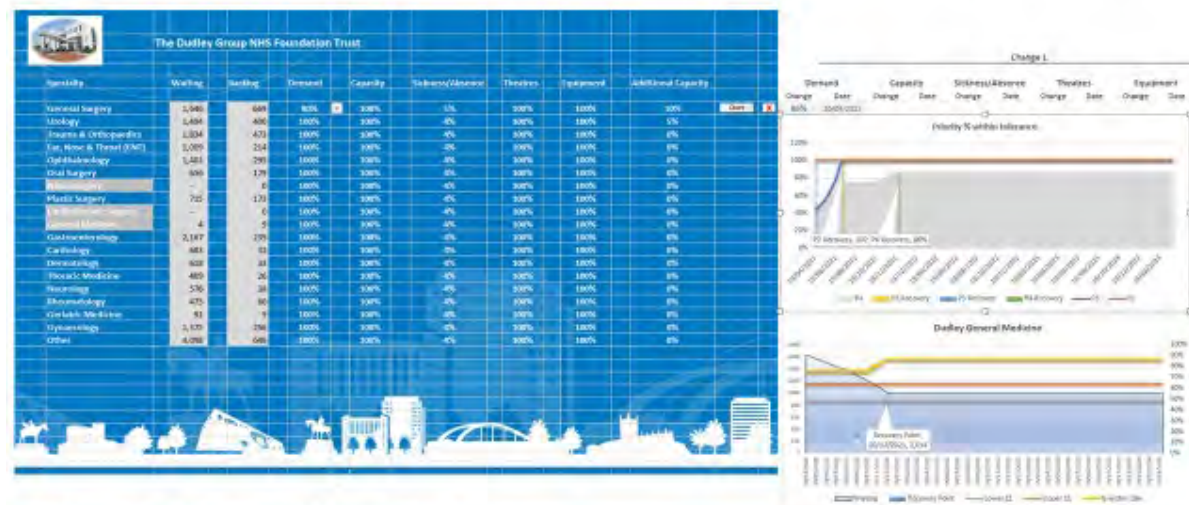
The same approach has been taken with the diagnostic PTL with a shared system view of all patients and mutual aid in the system where required. This single view of the system will inform the response to the Richards' review and the location and functionality of the future Community Diagnostic Hubs.



In the same way as the elective modelling can be detailed to specialty level, the diagnostic modelling can be viewed at test level to look at variations across the health economy to target mutual aid or the commissioning of additional capacity.



The next iteration of the system PTL at the end of April will allow the system to predictively model activity at system and Trust level to factor in changes in; demand, capacity, use of the independent sector, theatre availability at System and Trust level both in real time and to model up to 3 scenarios to allow modelling of planned or potential changes such as theatre closures and staff absence to understand the impact on the system position and potentials to mitigate



Screen Shot of the Planned Care modelling tool

The tool allows initial settings followed by 3 bespoke change points to reflect changes in demand, capacity, additional capacity, sickness and absence, theatre availability and equipment resource facility over the next three years. The tool predicts wait performance against targets and stable recovery points given the model inputs.

Workforce

The system has been proactive in supporting its staff with a range of interventions to ensure their safety as well as supporting them to recover.

During the height of the pandemic, all staff have received a risk assessment, this has included Trust bank staff as well other healthcare workers. The system has utilised these assessments to review staff on a regular basis to ensure that nothing has changed for the individual concerned. It is anticipated that these assessment will be part of the wellbeing yearly discussion.

We have also seen each interaction between infection control teams across the system. They have been proactive in design, delivery and monitoring of Standard operating Practices in relation to cleaning, distancing and review of processes to limit the risk faced by all staff in both clinical and non-clinical areas. This has included zoning, PPE marshals/wardens, support visits and regular reviews.

| | |
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| | <p>PPE has been available to all staff and continues to be provided as we move into recovery. The system will continue to monitor supply and social distance guidance as and when national guidance changes. In peak times PPE was also distributed to care homes that were in need to enable ongoing service delivery.</p> <p>Monitoring of any COVID incidences amongst staff to limit spread and understand cause/transmission. There has been excellent flow of disseminated national information. For our office staff we have seen installation of glass screen in control rooms / offices as well as heat sensor cameras. For example, our ambulance service provides all staff with LFT with others offering onsite PCR swabbing.</p> <p>At the same time, our People Board reports on system sickness absence which areas of risk highlighted to enable a proactive approach to support staff to return to work as quickly as possible.</p> <p>We have a robust programme of health and social COVID vaccination roll out, which has seen the majority of individual from across the whole system taking up the vaccination. Shortly we will be able to have detailed figures of staff uptake via the NIMS system. It should be noted that we also have a programme of work to support and address the challenges around vaccination uptake from our ethnic minority staff and communities.</p> <p>All of the NHS organisations within the system have encouraged managers to stay in regular contact with “at risk” staff and include them as much as possible in “on line” meetings. Staff have had a range of interventions offered to them both at a trust, system and national level. The system is currently in the process of developing an “online portal” for all health and wellbeing offers as it is clear that as we move out of the second phase, this is when staff may have further wobbles and need that extra support. (Do we need to include the MH Hub?)</p> <p>BCWB has a very comprehensive mental health support offer via its HUB run by Black Country Healthcare NHS Foundation Trust and offered to all systems staff, NHS, Local Authority and Primary Care. The system has also seen a good take up of the developing a range of staff as mental health first aiders across each NHS organisation.</p> <p>It provides with access to specialist psychologist support, trauma therapies, counselling, bereavement support, counselling and react mental health practitioner support and wellbeing coaching model. At the same time, providers have also provided additional remote and on-site psychological support - including enhanced employee assistance programme offering counselling and wider support; on-site counselling 1-1. In reach service to support those service areas that have identified higher incidences of mental health issues amongst staff. Ranged from informal listening through coaches to referrals for high intensity support.</p> |
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| | |
|--|---|
| | <p>At the same time, providers introduce central rest spaces during wave 1 and staff are encouraged to create local rest spaces during wave 2/3 and these are located and run by staff within teams/services. There is additional investment planned in shared rest/support spaces in Q1 2021/22 along with additional outdoor spaces provided.</p> <p>We have ensured that key messages were sent to all staff and through line managers around supporting rest breaks and annual leave. The majority of NHS provider have offered the option to carry forward annual leave. A further option has been developed whereby some are offering to buy back schemes. It should be noted that providers as always offered the opportunity for their workforce to take the rest and recuperation option.</p> <p>As further support for the workforce, organisations are regularly monitoring developed rosters checking annual leave booked shifts and breaks to ensure that issues with work life balance and health needs are addressed. Any issues found on current rosters, we have encouraged organisation to challenge these issues / concerns at line manager level with their staff directly. We have also seen specific covid rest and recuperation time allocated for staff before clinical and operational recovery plans are resumed.</p> <p>Each NHS organisation within the system has appointed its health and wellbeing guardian and work is now on track to develop “health and wellbeing conversations” as business as usual for staff. We anticipate that these conversations will form part of the annual appraisal / development conversations, however, we do anticipate that over the course of the first-year ongoing discussion will need to take place as move back to normal service delivery.</p> <p>One of the BCWB People Board objectives was to encourage and promote flexible working. Work carried out today include review of all flexible working policies across the NHS organisations as well as a “flexible working” statement being developed for all advertisements. We have seen a greatly flexibility from clinical areas to take on individual doing part time or flexible working patterns.</p> <p>Other</p> <p>With NHSE/I support, some of the ways in which we propose creating some capacity from existing resources across our health economy are as follows;</p> <ul style="list-style-type: none"> ○ Re-assigning activity to the most appropriate clinical setting i.e. transferring some work between the acute setting to GP & community locations (, examples include some minor surgical procedures and work that could be transferred to high street optometrists): we recognise that there is some variation at Place level and our intent is to reduce variation. |
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| | <ul style="list-style-type: none"> ○ We will deliver on High Impact changes across the system. ○ We will replicate initiatives which have delivered at scale in some of our Trusts to other Trusts within the System (i.e. tele-dermatology and first contract practitioners in orthopaedics). ○ Embedding and increasing; virtual consultations, Advice & Guidance and Patient Initiated Follow-up <p>We have potential to expand 'green' (cold) hospital capacity in both Cannock Chase Hospital (which serves both Black Country and Staffordshire patients through multi-system working), and in Birmingham at 'The Birmingham Treatment Centre'. Walsall Manor, outpatient and day case centre is already a recognised green site, because it is physically distinct from the non-elective wing, it gives us an opportunity for re-design and expansion. We will work with the Midlands Elective Delivery Programme to ensure that we're aligned in delivering against objectives that improve capacity and flow at scale. We recognise that some of the build of activity between now and July will depend on what we are able to outsource however we have good existing relationships with our independent sector providers and will work with them to mitigate any potential delivery risks.</p> <p>Cancer Actions Continued review of theatre plan to exploit any further opportunity that might become available</p> <p>Health Inequalities There is currently no monitoring system for health inequalities, however, development of a system enabling waiting lists analysis across risk priority groups P2-P4 is currently being developed by; this will enable us to understand average waiting times by; ethnicity, deprivation and learning disability. The Elective Care Group, working together with a clinical reference group will review the outcomes of these assessments and develop and oversee the implementation of appropriate plans to reduce inequalities.</p> |
| <i>Risks and issues</i> | <ul style="list-style-type: none"> ● Increase in COVID cases & the impact on workforce design due to redeployment and absence ● That travel restrictions may impact international recruitment acutely ● Additional focus than planned may need to be placed on bank and agency for the reasons stated above ● Third wave of Covid, Patient compliance and lower prioritisation to operate on routine patients (P4s) ● Staffing shortages ● Social distancing continuance ● IS capacity failing to deliver as planned for ● Cancer Risks <ul style="list-style-type: none"> ○ Theatre capacity limited by staff availability and desire to undertake extra work |

| | |
|--------------------|--|
| | <ul style="list-style-type: none"> ○ Limited support available for ISP ○ Risk of summer surge – not reflected in activity plan |
| Outpatients | |
| <i>Assumptions</i> | <ul style="list-style-type: none"> • OPD activity numbers are calculated without further COVID surge and increase cases. • Social distancing process remain in place • Demand levels remain as per 2019/20. • Staff sickness and absences do not increase • Level of virtual remains stable • Cancer Assumptions <ul style="list-style-type: none"> ○ Figures assume the delivery of the national ambitions in each and every month. Figures reflect the current plans in place for each specialty and take account of new ways of working with an increase in virtual attendances compared with 2019/20. Some activity, e.g. PIFU and A&G is not identified as such in PAS and therefore not possible to report on specifically. Referrals remain at around 60% of normal levels but this does not affect activity at this stage due to the size of the waiting list. ○ Assumes no summer surge. ○ Assumes cancer referral numbers increase to 105% of 2019/20 levels based on view from West Midlands Cancer Alliance. |
| <i>Actions</i> | <p>Actions the system will focus on include:</p> <p>Investment Considerations</p> <p>The following list highlights the investments that Trusts have identified for progression during FY22. If the system is chosen as an accelerator then plans are in place to implement these schemes and develop a reporting matrix to ensure their delivery. If the system isn't chosen then the elective board will prioritise affordable developments to achieve the fastest possible recovery:</p> <ul style="list-style-type: none"> ○ Rollout of digital triage services. Parts of the system have invested in digital triage, particularly dermatology and ophthalmology. A key element of increasing low advice and guidance rates would be to extend tele-triage services to be standardised in all major pathways and to make mandatory in pathway design ○ Increased Phlebotomy to reduced referrals into secondary care |

- We will build on the success of the covid workforce hub to create a shared resource for the system for access to staff in high demand areas.
- Funding for Waiting List Initiatives. Discussions with both surgeons and anaesthetists have indicated potential for waiting list initiatives. These would be an essential component of the early phase of the acceleration whilst the transformation programmes are in implementation to deliver results. We will look to create shared WLI across the system, rather than for individual Trusts, particularly out of hours, and will look to develop incentives for the wider team, not just surgeons and anaesthetists.
- Funding for additional bank/temporary staff. Part of the reduction in capacity in the current recovery programme is to allow staff to rest and recuperate post-COVID. Accelerating capacity in the short term will therefore require additional staff time above normal contracted establishments. The workforce hub used in the vaccination program would be a model that could be replicated to deliver this.

ISP: We have current IS plans for outpatient capacity between April and June 2021 per the chart below. Activity outcomes against the plan will be monitored by the BCWB Elective Care Group with remedial actions taken as necessary;

BCWB System – Outpatient Funded ISP Capacity Q1: 2021/22

| POD | Clinical_Priority | Specialty_(TFC) | Expected_start_date | Values | | | | |
|-------------|-------------------|--|-----------------------------|-------------------------|----------------------|-----------------------|------|---|
| | | | | Apr-21 Activity Plan | May-21 Activity Plan | June-21 Activity Plan | | |
| Outpatients | P not applicable | 100: General Surgery Service | 01/04/2021 | 152 | 194 | 202 | | |
| | | 101: Urology Service | 01/04/2021 | 141 | 146 | 143 | | |
| | | 107: Vascular Surgery Service | 01/04/2021 | 2 | 2 | 3 | | |
| | | 108: Spinal Surgery Service | 01/04/2021 | 335 | 400 | 314 | | |
| | | 110: Trauma & orthopaedics | 01/04/2021 | 152 | 152 | 152 | | |
| | | 110: Trauma and Orthopaedic Service | 01/04/2021 | 1790 | 2005 | 1894 | | |
| | | 120: Ear Nose and Throat Service | 01/04/2021 | 89 | 90 | 75 | | |
| | | 120: Ent | 01/04/2021 | 4 | 4 | 4 | | |
| | | 130: Ophthalmology | 01/04/2021 | 1 | 1 | 1 | | |
| | | 130: Ophthalmology Service | 01/04/2021 | 743 | 798 | 708 | | |
| | | 160: Plastic surgery | 01/04/2021 | 0 | 0 | 0 | | |
| | | 190: Anaesthetic Service | 01/04/2021 | 3 | 4 | 5 | | |
| | | 191: Pain management | 01/04/2021 | 0 | 0 | 0 | | |
| | | 191: Pain Management Service | 01/04/2021 | 3 | 9 | 13 | | |
| | | 300: General Internal Medicine Service | 01/04/2021 | 14 | 22 | 11 | | |
| | | 300: General medicine | 01/04/2021 | 1 | 1 | 1 | | |
| | | 301: Gastroenterology | 01/04/2021 | 1 | 1 | 1 | | |
| | | 301: Gastroenterology Service | 01/04/2021 | 115 | 114 | 112 | | |
| | | 302: Endocrinology | 01/04/2021 | 1 | 1 | 1 | | |
| | | 302: Endocrinology Service | 01/04/2021 | 8 | 13 | 16 | | |
| | | 401: Clinical Neurophysiology Service | 01/04/2021 | 1 | 2 | 2 | | |
| | | 502: Gynaecology | 01/04/2021 | 6 | 6 | 6 | | |
| | | 502: Gynaecology Service | 01/04/2021 | 453 | 508 | 462 | | |
| | | 650: Physiotherapy Service | 01/04/2021 | 217 | 207 | 182 | | |
| | | PM | 100: General surgery | 01/04/2021 | 13 | 13 | 13 | |
| | | | 101: Urology | 01/04/2021 | 35 | 35 | 35 | |
| | | | 108: Spinal Surgery Service | 01/04/2021 | 5 | 5 | 5 | |
| | | | 110: Trauma & orthopaedics | 01/04/2021 | 35 | 35 | 35 | |
| | | | 120: Ent | 01/04/2021 | 9 | 9 | 9 | |
| | | | 130: Ophthalmology | 01/04/2021 | 2 | 2 | 2 | |
| | | | 191: Pain management | 01/04/2021 | 0 | 0 | 0 | |
| | | | 301: Gastroenterology | 01/04/2021 | 16 | 16 | 16 | |
| | | | 302: Endocrinology | 01/04/2021 | 4 | 4 | 4 | |
| | | | 502: Gynaecology | 01/04/2021 | 37 | 37 | 37 | |
| | | | 650: Physiotherapy | 01/04/2021 | 22 | 22 | 22 | |
| | | | 658: Orthotics | 01/04/2021 | 1 | 1 | 1 | |
| | | | (blank) | 812: Diagnostic imaging | 01/04/2021 | 0 | 0 | 0 |
| | | | | 101: Urology | 05/04/2021 | 0 | 0 | 0 |
| | | Outpatients Total | | | 4411 | 4859 | 4487 | |
| | | Grand Total | | | 4411 | 4859 | 4487 | |

Ongoing Validation of Waiting Lists

Across the system, waiting Lists are validated on an ongoing basis by clinicians, escalating and de-escalating patients through priority groups as needed. Funding is in place for a clinician to be appointed to validate clinical methodology across the system (initially for clinically urgent and long waiters) & this will be appointed to in coming months.

There is variation across the system in terms of how waiting lists are administratively signed off prior to submission this is being reviewed and harmonised through the BCWB Elective Care Group.

Outpatient Attendances of Low Clinical Value

The BCWB System has a consistent policy on Procedures of Limited Clinical Value and the Elective Board has agreed that the System should not list patients who do not meet the treatment criteria: where it is less clear based on the presenting symptoms, triage systems will be introduced to allow a rapid assessment without the

need for an outpatient appointment e.g. tele-dermatology. Whilst this policy will undoubtedly provide additional capacity for higher priority patients, the System is appreciative that application may risk the creation of further inequity in health access; it will therefore work closely with both the clinical reference group in the development of plans in this area. The System is starting a process of policy harmonisation that will help reduce variation and inequity across the patch.

Implementing High Impact Changes

Traditionally, change initiatives have been implemented at individual 'Trust', level; our system aims to move instead towards implementation across the System where it is warranted and viable to do that. The Nationally designated High Impact Interventions are as follows together with an update on current state:

- First Contact Practitioner Physiotherapy – national deadline of 2024 but already in place in Dudley; and are in development at other Trusts.
- Advice & Guidance – in place in all areas but further work required to establish levels of usage that match with our ambitions.

<https://www.england.nhs.uk/elective-care-transformation/best-practice-solutions/>

Shared Decision making between clinicians and patients

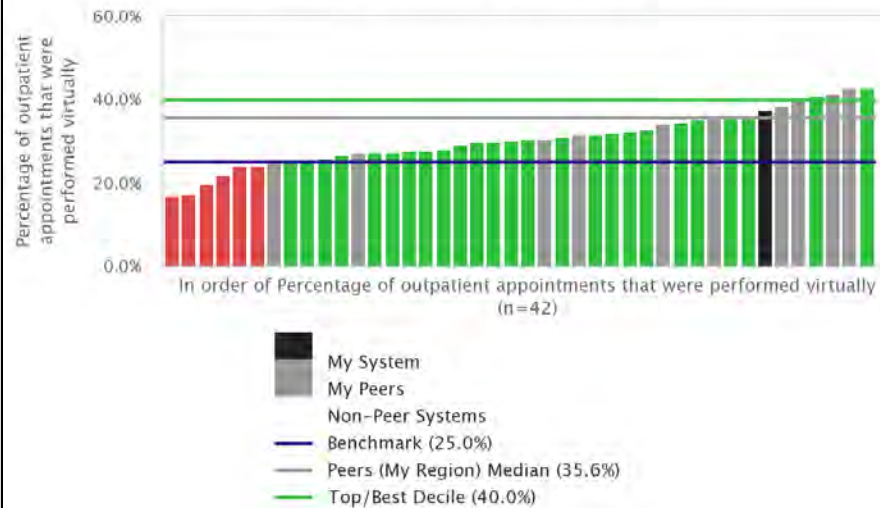
Shared Decision Making is the process whereby patients and clinicians work together to make evidence-based decisions centred on patient values and preferences. Within the context of waiting list support for patients, the Shared Decision Making tool may be used by clinicians for planning for patient care and delivery. Senior clinicians will have increased ownership of waiting list management, particularly for patients with the highest clinical need or length of wait. This is in line with surgical and medical risk prioritisation guidelines. In FY22 through the BCWB Elective Care Group's working with the Clinical Reference Group, the system will; review work already undertaken in this area, understand the gaps and cascade applied good practice to other Trusts within the system. As part of the shared decision making process we will explore with patients alternatives to surgery through the development of personalised care approaches, starting with; ophthalmology, renal and cardiology.

BCWB will continue in the employment of attendance avoidance pathways, including; teledermatology, Covid Urgent Eye Care etc.

Non Face-to-face delivery

The system is within the national upper quartile of delivery related to non-face-to-face outpatient activity.

Percentage of outpatient appointments that were performed virtually, National Distribution



- BCWB will achieve the top/best decile in 2021/22
- Currently at 37.6% which is above the national median but below the top/best decile (40%)
- SWBH are the only Trust in BCWB currently delivering above the 40% threshold
- All BCWB Trusts are achieving the benchmark 25% standard

Specific actions that the system is taking to ensure both that;

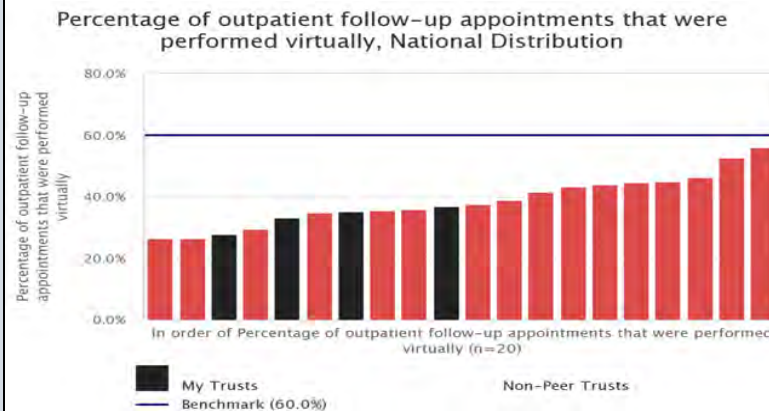
- all patients are supported to access an alternative to a face-to-face appointment where it is clinically appropriate
- all patients are able to access the most clinically appropriate attendances type in an equitable waiting time

The following initiatives are in evidence;

- All acute Trusts are using Attend Anywhere in order to facilitate non face-to-face appointments
- Waiting times are managed as part of the overall referral process

The system is planning to use local information to identify 'who' is accessing; face-to-face, telephone, & video consultations and with work with its Business Intelligence Unit to develop such insight using protected characteristics and health inclusion information. As part of increasing non-face to face delivery of care, the system will ensure that Health inequalities are not exacerbated through digital exclusion.

In support of our delivery objective of 25% minimum non-face-to-face appointments, the system plans to maintain gains achieved during covid related to non-face to face appointments where it is safe to do so. This threshold will be built into system plans and will be signed off at Elective Board level and then overseen by the Electives Operational Group.



A clear risk to delivery in this is that as lockdown restrictions ease there's potential that more patients may be accepted into face-to-face settings. Trusts will ensure that any patient that can be seen virtually, will continue to do so, however, it I acknowledged that this is a lower proportion of overall outpatients due to some activity being suspended during covid that will require face to face attendance. The ongoing balance between virtual

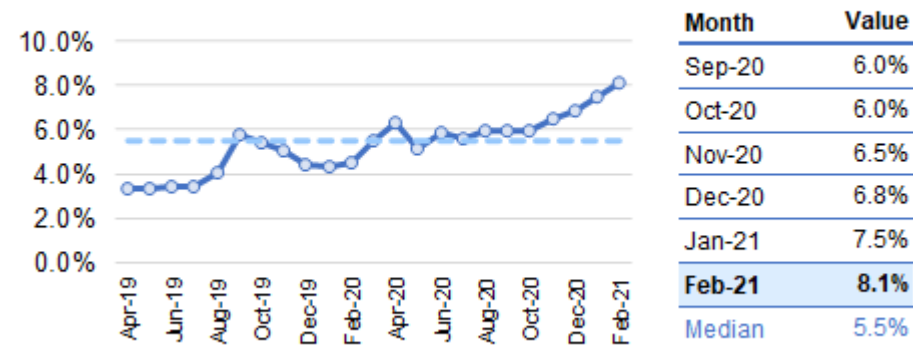
and face to face consultations will be monitored both by Trusts and BCWB Elective Care Group in mitigation, with remedial actions being agreed and put in place.

Referral Optimisation / Advice & Guidance (link to section 3.2.2 of implementation guidance)

Through our BCWB Elective Care Group we will increase current Advice and Guidance delivery across the system through the application of both national and regional best practice

1. A&G Ratio of Referrals Seen All Specialties (Top 18)

NHS Black Country And West Birmingham CCG



We will increase current delivery to meet the reach upper quartile (75 - 99% percentile) by ensuring that all referrals go through a review/triage system.

University Hospitals Birmingham implemented a mandatory Advice & Guidance system for routine referrals as part of their response to Covid-19 and are now ranked number one nationally in A&G referrals.

BCWB as a system averages around 10% so to achieve 75% minimum standard represents a significant shift in referral processes.

Patient Initiated Follow-up (PIFU)

| | |
|----------------------------|--|
| | <p>BCWB will additionally employ PIFU in three major specialties system wide. Whilst PIFU currently happens across the system means of measuring either levels of activity robustly, or outcomes do not currently exist; we will work with BIU teams to develop the necessary insight – outcomes will be overviewed by the BCWB Elective Care Group.</p> <p>Dudley has recently started PIFU in orthopaedics & SWB has plans to review its partial booking system to assess what changes need to be made in support of PIFU; learning will be reviewed in support of roll-outs across the system.</p> <p>We are currently working with NHSE/I in baseline assessing PIFU and as an outcome a system wide plan will be developed.</p> <p>Within both cancer services and elective care, we will continue to exploit new ways of working including referral triage, further adoption of advice and guidance, PIFU etc. For key challenged specialties, particularly within cancer, we will continue to look for ISP support in addition to other demand expansion strategies</p> |
| <i>Risks and issues</i> | <ul style="list-style-type: none"> • Advice and Guidance may require increasing amount of clinician time. If this improves management of patients in Primary Care and reduces Secondary Care referrals then this is beneficial but if it does not have this effect it will result in an additional capacity constraint. • A potential 3rd wave and surge of COVID admissions which compromises clinic activity and redeployment of some areas of operational workforce to support COVID areas if the surge is beyond levels planned for. • Risk of funding support or inability to renew Independent Sector (IS) contracts • Staffing shortages • Additional Covid surge • Social distancing • IS capacity • Cancer – there is finite staffing capacity which is reflected within activity numbers – little further opportunity |
| Diagnostic Activity | |
| <i>Assumptions</i> | <ul style="list-style-type: none"> • COVID levels remain the same • Social distancing requirements remain the same • Staff absences remain at the same level • Recruitment goes ahead as planned 2019/20 activity levels |

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| | <ul style="list-style-type: none"> Cancer - Activity for echo and radiology assume return to 2019/20 levels. Gastroenterology activity slightly below (at 90% from June onwards) owing to infection prevention and control measures associated with Covid as well as staff availability (the activity plan increases as staff become available). |
| Actions | <p>Actions the System will Focus on</p> <p>The following list highlights the diagnostic investments that Trusts have identified for progression during FY22. If the system is chosen as an accelerator then plans are in place to implement these schemes and develop a reporting matrix to ensure their delivery. If the system isn't chosen then the elective board will prioritise affordable developments to achieve the fastest possible recovery:</p> <ul style="list-style-type: none"> Mobile Endoscopy Units. The additional capacity for Endoscopy is required to support the waiting list priorities. Endoscopy is a challenged specialty across the STP and this scheme allows full support within the ICS footprint Independent sector diagnostic capacity targeted would be targeted to high backlog tests whilst clinical review of the referral criteria and their implementation is done to reduce referrals that could be managed in primary care through advice and guidance and tele-medicine Funding for Waiting List Initiatives. Discussions with both surgeons and anaesthetists have indicated potential for waiting list initiatives. These would be an essential component of the early phase of the acceleration whilst the transformation programmes are in implementation to deliver results. We will look to create shared WLI across the system, rather than for individual Trusts, particularly out of hours, and will look to develop incentives for the wider team, not just surgeons and anaesthetists Funding for additional bank/temporary staff. Part of the reduction in capacity in the current recovery programme is to allow staff to rest and recuperate post-COVID. Accelerating capacity in the short term will therefore require additional staff time above normal contracted establishments. The workforce hub used in the vaccination program would be a model that could be replicated to deliver this. Development of an ultrasound academy to address shortages in the longer term in key diagnostic areas. <p>ISP: We have current diagnostic (ICF Framework) plans for IS capacity between April and June 2021 per the chart below. Activity outcomes against the plan will be monitored by the BCWB Diagnostic Group with remedial actions taken as necessary;</p> <p><i>BCWB System – Diagnostic Funded ISP Capacity Q1: 2021/22</i></p> |

| | | | | Values | | |
|--|--------------------|---------------------------------|---------------------|----------------------|----------------------|-----------------------|
| POD | Clinical_Priority | Specialty_(TFC) | Expected_start_date | Apr-21 Activity Plan | May-21 Activity Plan | June-21 Activity Plan |
| ☐ Diagnostics excluding endoscop | ☐ P not applicable | ☐ 101: Urology | (blank) | | | |
| | | ☐ 320: Cardiology | 01/04/2021 | 60 | 60 | 60 |
| | | ☐ 401: Clinical neurophysiology | 01/04/2021 | 432 | 0 | 0 |
| | | ☐ 812: Diagnostic imaging | 01/04/2021 | 680 | 680 | 680 |
| | ☐ P4 | ☐ 100: General surgery | 01/04/2021 | 0 | 0 | 0 |
| | | ☐ 101: Urology | 01/04/2021 | 0 | 0 | 0 |
| | | ☐ 108: Spinal Surgery Service | 01/04/2021 | 0 | 0 | 0 |
| | | ☐ 110: Trauma & orthopaedics | 01/04/2021 | 0 | 0 | 0 |
| | | ☐ 120: Ent | 01/04/2021 | 0 | 0 | 0 |
| | | ☐ 130: Ophthalmology | 01/04/2021 | 0 | 0 | 0 |
| | | ☐ 191: Pain management | 01/04/2021 | 0 | 0 | 0 |
| | | ☐ 301: Gastroenterology | 01/04/2021 | 0 | 0 | 0 |
| | | ☐ 302: Endocrinology | 01/04/2021 | 0 | 0 | 0 |
| | | ☐ 502: Gynaecology | 01/04/2021 | 0 | 0 | 0 |
| | | ☐ 650: Physiotherapy | 01/04/2021 | 0 | 0 | 0 |
| | | ☐ 658: Orthotics | 01/04/2021 | 0 | 0 | 0 |
| | | ☐ 812: Diagnostic imaging | 01/04/2021 | 15 | 15 | 15 |
| | ☐ (blank) | ☐ (blank) | 01/04/2021 | 436 | 436 | 436 |
| Diagnostics excluding endoscopy Total | | | | 1623 | 1191 | 1191 |
| Grand Total | | | | 1623 | 1191 | 1191 |

New Ways of Working and Delivering Care

The BCWB Diagnostics Group is developing system working for diagnostics; where identified support is needed it is intended that support will be offered via either the movement of resources or some patients in support.

The system supports some Remote homeworking – by way of example, one of the bids for capacity improvement we are assessing is investment in additional kit for radiology remote working.

Workforce supply

This theme links in closely with service demand and capacity; we are assessing anticipated levels of growth over the next 5-10 years and have noted that some of the key gaps include the following in our radiology services, a service in which we have a turnover rate of approximately 7%;

BCWB Radiography - Workforce Gaps Assessment

| Key Clinical Workforce | Workforce Gap |
|-------------------------|---------------|
| Consultant Radiographer | 13% |
| Registrar | 17% |
| Radiographer | 16% |

We will compare the outcome of this with our workforce supply assessment which is currently in train; a key feature of this assessment is a review of the newly qualified new entrants to the workforce that remain in our region each year from each relevant university course. Our plan is to actively recruit radiology apprentices to these gaps that are either looking for a different way to access training, or a different work role.

Career and pay progression across the 4 trusts will be reviewed as apart of planning to ensure both standardisation of initial offers and standardisation in future pay progression.

Mapping is being conducted across the system to ensure that good practice is replicated across all Trusts. As an example, at Walsall approximately 79.5% of plain films are reviewed and reported on by radiographers; rates of approximately 9.5% are achieved elsewhere within our system.

A BCWB wide mapping exercise will be completed to understand both what diagnostic forums and initiatives are happening across the system. Two such initiatives are outlined below;

- Supporting Development and Training, Sonography Academies are being set up by Health Education England (HEE) and we will link in with them through ensuring that a group member from the BCWB Diagnostic Group attends relevant meetings on the topic and feeds back to the Group
- There is a regional Allied Health Profession (AHP) forum which acts as a clinical senate for workforce development – As a system we will develop closer ties with this – linking in via the BCWB Diagnostic Operational Group.

Maximising Elective Activity

National bids proposals have been requested for CDH's with bids are heavily focussed on ensuring that there is better access to patients in health deprived areas; we will be submitting the bid for our system on 24th May 2021. We are investigating the holding central contacts for diagnostic outsourcing and insourcing capacity so we can place this in areas in which it needs to go. We will Partner with Birmingham City University (BCU) with regard to determining poor health outcomes and health inequalities using Artificial Intelligence (AI). We are reviewing the structure needed to ensure that AI projects in one part of the system benefits all other parts of the system; one way in which we will achieve this is through early development of data sharing agreements enabling quicker rollout of AI when we're ready to do so.

We have agreed diagnostic KPI (see below) and have visibility of performance at each stage of the patient pathway these cover both emergency and diagnostic pathways, we are reviewing how timely & central information sets can be created to support 'surveillance' and 'screening' KPI's.

| Priority | Pathway | Diagnostic Modality | Target turnaround time | Request to scan | Scan to report |
|-----------|--------------------------|---|------------------------|---|--------------------------------|
| Emergency | ED referral | CT X ray US | 1 hour | % within 30 mins | % within 30 mins (For CT only) |
| Emergency | Assessment Unit referral | CT X ray US MR | 12 hours | % within 12 hours (same day imaging) | |
| Emergency | Ward/ inpatient referral | CT X ray US MR Endoscopy | 24 hours | % within 12 hours | % within 12 hours |
| Planned | Cancer referral | CT X ray US MR Gastroscopy Colonoscopy Flexi sigmoidoscopy Cystoscopy (haematuria) | 14 days | % within 8 days | % within 5 days |
| Planned | Cancer referral | CT X ray US MR Gastroscopy Colonoscopy Flexi sigmoidoscopy Cystoscopy (haematuria) Histopathology | 7 days | % within 4 days | % within 3 days |
| Planned | Image Reporting | CT X ray US MR | 4 weeks | % of scans reported less than 4 weeks after request | |

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| | <p>We are developing a capacity and demand model is being for each service and are developing baseline assessments in which we are looking at opportunities or change and assessing the risks that exist. Using the Mike Richards report as a framework, we have 3 key priority future diagnostic work streams & will continue to work on these across FY22;</p> <p>Work stream 1: Understanding our Services - this cover</p> <ul style="list-style-type: none"> • Capacity and Demand • Baseline Diagnostic Assessments <p>Work stream 2: Implementing New Service Models – covering the following key themes;</p> <ul style="list-style-type: none"> • Imaging Networks – starting with both the development of the structure that supports BCWB effectively & the development of shared standards. • Community Diagnostic Hubs – the initial phase of this work stream includes the development of a bid for submission at the end of May-21 <p>Work stream 3: Developing our workforce covering the following key themes:</p> <ul style="list-style-type: none"> • Professional training Academies • Joint workforce strategy <p>In addition to the above, the cancer team is actively reviewing support across areas of service</p> |
| <i>Risks and issues</i> | <ul style="list-style-type: none"> • A potential 3rd wave and surge of COVID admissions which compromises clinic activity and redeployment of some areas of operational workforce to support COVID areas – surge is not included in current plans • Risk of funding support or inability to renew Independent Sector (IS) contracts • Staffing shortages • Social distancing • IS capacity fails to deliver in line with planned intent • Cancer - there is finite staffing capacity which is reflected within activity numbers – little further opportunity, risk of summer surge – not reflected in activity plan |

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| System name: | Black Country & West Birmingham |
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C2. Restore full operation of all cancer services

Please summarise the key assumptions that underpin the activity plan submission, highlighting any key risks and issues. Please also set out any system actions that are critical to the delivery of the planned activity levels. (Note: this submission is not designed to replace the single comprehensive delivery plan for cancer that Cancer Alliances have been asked to develop on behalf of their respective ICSs. Systems will want to engage with their Cancer Alliance to inform this submission).

Urgent cancer referrals

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| <i>Assumptions</i> | The ICS has planned for referral activity to be greater than the 19/20 baseline figures, however not as high as has been indicated in the planning guidance supporting information. This is based on the referral trends of the past 12 months which shows a level of unpredictability to the referral numbers. |
| <i>Actions</i> | <p>The ICS is continuing to have regular communications with primary care to improve referral practice. The ICS is undertaking a number of bespoke transformation projects planned to tackle health inequalities and ensure patients are being educated to recognise signs and symptoms of cancer. In addition, the introduction of RDC non-specific symptoms pathways is also likely to increase the number of patients being referred on 2WW pathways.</p> <p>However we do not anticipate that significant referral increases from these projects will be experienced before September 2021.</p> <p>Further engagement with BSOL regarding cancer services plans.</p> |
| <i>Risks and issues</i> | There is a risk that cancer referrals may increase beyond the levels identified in our trajectory, which then has an impact on capacity in all other elements of the pathway, e.g. diagnostics and treatments. However if unexpected referral activity (significantly different from our planning assumptions), then flexible system approaches to providing short-term additional capacity will be considered. |

| Cancer treatment volumes | |
|---|---|
| <i>Assumptions</i> | The ICS providers will continue their restoration of elective services, and have phased their trajectories in accordance with their theatre recovery plans. The ICS has continued to deliver SACT treatments through 19/20 and 20/21, however there is an ambition within some providers to increase this capacity during 21/22. |
| <i>Actions</i> | <p>As an ICS we will continue to monitor and oversee recovery plans through the ICS Cancer Board and the Cancer Operational Group, to ensure elective/theatre recovery plans are being delivered.</p> <p>We will continue to explore opportunities for system-first working to spread best practice and secure the benefits of collaboration across our four hospital sites.</p> |
| <i>Risks and issues</i> | <ul style="list-style-type: none"> • Theatre capacity limited by staff availability and desire to undertake extra work • Limited support available from ISP • Risk of summer surge – not reflected in activity plan |
| Patients waiting 63 or more days | |
| <i>Assumptions</i> | <p>The ICS is required to secure a reduction down to 368 patients by September (in line with the decrease expected within the planning guidance), and the trajectory submitted shows the ICS is planning to achieve this.</p> <p>In setting this trajectory we have included 2WW patients only and excluded patients sent to external tertiary centres (as per guidance).</p> <p>Assume restoration and recovery goes as planned without any further significant COVID-19 surges.</p> |
| <i>Actions</i> | <p>As an ICS we will continue to monitor and oversee performance through the ICS Cancer Board and the Cancer Operational Group.</p> <p>Examples of actions Trusts are undertaking to secure the required reduction include the following :</p> <ul style="list-style-type: none"> • Reduce first outpatient appointments to within 7 days • Continue to work with diagnostic services to reduce time to test. • Continue to work with histology to improve turnaround times. |

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| | <ul style="list-style-type: none"> • Increased Chemotherapy capacity. • Prospective tracking of cancer pathways • Daily monitoring of potential tip-over with early escalation process imbedded for all patients at identified points of the pathway • Weekly review of patients by management |
| <i>Risks and issues</i> | <ul style="list-style-type: none"> • Risk of increased referrals beyond planning assumptions above • Diagnostic capacity • Risk of late tertiary referrals • Patient compliance with treatment pathway |

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| System name: | Black Country & West Birmingham |
| C3b Expand and improve services for people with a learning disability and/or autism | |
| Please set out the specific actions that, as a system, you will prioritise over the next 12 months to address the objectives below | |
| Make progress on the delivery of annual health checks and improve the accuracy of GP Learning Disability Registers | <p><i>[Please set out a summary of the key actions you will take in 2021/22 to improve the identification of people with a learning disability in GP practices and to improve uptake of annual health checks]</i></p> <p>The following series of actions will be taken to over the next 12 months to improve the identification of people with a learning disability in GP practices and to improve uptake of annual health checks as set out below:</p> <ul style="list-style-type: none"> • Individuals who received a partial AHC in 2020/2021 will be prioritised for full AHC in 2021/2022. • We will ensure all practices/PCNs successfully complete the QOF QI Module: Care of People with Learning Disabilities which includes: <ul style="list-style-type: none"> ○ improving the accuracy of the GP register ○ increased uptake annual of health checks and completion of personalised health action plans ○ optimisation of medication in line with the STOMP initiative ○ ensuring reasonable adjustments are identified, recorded and implemented ○ implementing the learning from the 19/20 LeDeR report ○ consideration of the use of wider community support through engagement with local community LD services and network social prescribers in collaboration with people with a LD and their families and carers. • Programme of audits will be undertaken across all practices to assess the quality of AHCs and identify areas of good practice together with areas for improvement. • Continue to focus on outcomes from AHCs and the experience of care, working with people with a LD and their families and carers to document case studies to aid learning and demonstrate impact. |

- Undertake a programme of work to reach out to individuals who consistently DNA or decline the offer of an AHC to engage them and encourage uptake with a particular focus on those from a BAME background and children and young people aged 14-25.
- Standardise training offer across the 5 places, ensuring all practices have an opportunity to access training throughout the year.
- To undertake a focused piece of work on reasonable adjustments, including training and education around how these should be applied and flagged in the patient record to ensure an individualised approach to care in all interactions with the practice.
- Explore further opportunities for PCN models to deliver LD AHCs
- Link in with the Treat me Well Campaign
- To improve data quality by ensuring a consistent approach to local data extraction across the 5 places, including a breakdown by age, sex and ethnicity together with ensuring a full understanding within practices of the process for CQRS which feeds the national data set.

Through this programme of work the LD AHCs Working Group will continue the momentum around delivery of LD AHCs in order to ensure continuous quality improvement with high levels of uptake, addressing any inequalities that are identified through further data analysis.

In relation to Stopping Over Medication of People (STOMP) with a learning disability, autism or both with psychotropic medicines and Supporting Treatment and Appropriate Medication in Paediatrics (STAMP) is focussed support for children and young people, PCNs working with the medicines management team and practice pharmacists will:

- Ensure all patients in this cohort prescribed psychotropic medications are receiving an annual specialist review to measure ongoing appropriateness of these agents for their condition
- Increase collaboration between acute mental health trusts and GPs to enhance existing patient referral pathways and the flow of information between providers.
- Jointly develop clear and appropriate referral criteria for these pathways to ensure the right patients are being referred through to mental health community team making the best use of this resource

The CCG is developing a targeted piece of work to review LD registers for patients who are on insulin, where it might be suitable for Freestyle libre, to reduce demand on acute and some community services

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| | <p>for poorly controlled diabetes and non-elective care for hypoglycaemia (initial pilot in Wolverhampton Place and wider transfer across the system subject to evaluation of outcomes).</p> <p>The CCG is committed to further development of remote monitoring for LD/ MH health checks</p> |
| <p><i>Reduce reliance on inpatient care for both adults and children with a learning disability</i></p> | <p><i>As part of your submission please provide a summary of your investment plan for 2021/22 to increase the capacity of intensive, crisis and forensic community services for children young people and adults at risk of admission to mental health inpatient care</i></p> <p><i>For local systems confirmed as Keyworker Early Adopters sites, please also set out your plan for ensuring that all children and young people at risk of admission on the dynamic support register or who are in mental health inpatient care settings will have an allocated keyworker by the end of Q2 2021/22]</i></p> <p>We have made substantial progress across the system in reducing the reliance on inpatient care for both adults and children with a learning disability. Our current performance is:</p> <ul style="list-style-type: none"> • 42 adult inpatients per million population (against the by end March 2021 LTP target of 40 adult inpatients per million population) • 2 CYP inpatients per million (against end March 2024 LTP target of 12-15 CYP inpatients per million) <p>The 42 current adult inpatients are all subject to regular review and the development of individualised discharge plans. Based on the latest information for discharges planned over the next 3 years, the proposed 21/22; 22/23; and 23/24 inpatient trajectories are proposed to achieve the LTP targets. It should be noted that an allowance has been made for admissions within each year to enable planned short-term admissions to support people's mental health needs.</p> <p>Operational Plan for 2021/2022</p> <p>The 2021/2022 Operational Plan is based on the 2021/2022 objectives and the LDA Operational Steering Group will ensure implementation of those objectives and monitor progress, with monthly reports to the LDA Programme Board. The 3-year Strategic Plan will be the responsibility of the LDA Strategic Steering Group, with focus on Autism; Population Needs Assessment; and Tackling Inequalities through the wider determinants of health.</p> |

A range of work programme/projects as set out below will help deliver the operational plan objectives:

- All-age Autism model
- CYP Keyworker
- AHC
- Autism population needs assessment
- LeDeR
- Inequalities & the wider determinants of health:
- employment (housing, access to autism early intervention & prevention, access to all services with reasonable adjustments)
- Develop sustainable community offer to support people of all ages at home including community crisis interventions to avoid admissions
- Digital flag expansion
- STOMP/STAMP
- Personalised care – Life-planning, access for all inpatients to improve personalisation of discharge plans, Individualised care & support plans that have personalised outcomes, personal budgets to improve outcomes for people (health & social care)
- Workforce Strategy (including training & development)

A summary of the investment plan is provided below:

| Description | 21/22 | |
|--|---------|---------|
| | £ | |
| All-age Autism Pathway | 160,000 | 40,000 |
| CYP keyworker | 189,600 | 47,400 |
| AHCs to expand to include autism | - | - |
| Autism Population Needs Assessment | 40,000 | 10,000 |
| LeDeR to expand to include autism & workforce changes | 27,200 | 6,800 |
| Inequalities & Wider Determinants of health: autism early intervention and prevention | 160,000 | 40,000 |
| Inequalities & Wider Determinants of health: reasonable adjustments | 60,000 | 15,000 |
| Develop sustainable community offer to support people of all ages at home including community crisis interventions to avoid admissions | 96,000 | 24,000 |
| Personalised care: Life planning | 21,600 | 5,400 |
| Workforce strategy (inc training & development): specific focus on autism and sensory awareness training | 40,000 | 10,000 |
| Trauma informed approach CYP - COSA model | - | - |
| Target Funding | - | 182,000 |

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| | <p>The BC&WB is a CYP Keyworker Early Adopter site and progress on implementation is working well. Currently the following milestones within the project plan have been fully completed (governance, admin, recruitment and risk management processes in place), other milestones (Stepdown development, Comms & engagement, Finance, Evaluation and exit plan) are on track for completion. Recruitment to all posts is now complete and workforce development milestones have been reviewed and progress is ongoing. The following team are now in place:</p> <ul style="list-style-type: none"> • 4 x Keyworkers • 1x Professional Lead • 1 x Administrative Support <p>Digital hub development off track due to RIO rollout, timescales and mitigations requested from IT but still awaiting updates. Additional project team support encompassing recruitment, capital and HR advice has been added to the pilot team.</p> |
| <p>Implement 100% of the actions coming out of LeDeR reviews within 6 months of notification</p> | <p>[Please set out details of your local LeDeR governance system for monitoring the completion of LeDeR reviews and implement actions from learning from LeDeR reviews]</p> <p>The new LeDeR platform is effective from 1st June 2021 with phased arrangements planned to be fully operational by April 2022. Learning from LeDeR reviews will be discussed at local governance groups which will include:</p> <ul style="list-style-type: none"> • family members who are carers • people who have a learning disability (appropriately supported) • each of the main acute providers in an ICS • the mental health and community learning disability team providers • commissioning of acute (including ambulance providers), community mental health and learning disability and autism services (including those within provider collaboratives) • PCN representatives across the ICS • social care commissioning • the provider arm of social care (where social care is delivered by the local authority) • screening services (unless access to screening is demonstrated not to be an issue locally) <p>These groups will discuss with the reviewer; the learning identified and agree any SMART actions from the review, actions will be monitored quarterly.</p> <p>The local governance system arrangements must be in place for 30th September 2021 which will show how LeDeR governance must also report within mainstream ICS quality surveillance and governance arrangements. These governance arrangements will be operational by 1st April 2022</p> |

| Please summarise any additional key assumptions that underpin the activity and performance plan submission, highlighting any key risks and issues. | |
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| <i>AHCs delivered by GPs for patients on the Learning Disability Register</i> | <p>The Long-Term Plan trajectory for Annual Health Checks over the next three years has been set at 5,655 AHCs each year, representing 78% of our current LD register of individuals aged 14+ which is in line with the national targets of achieving 70% by March 2021 and 75% by March 2024.</p> <p>Our trajectory for the first six months is to complete 1445 annual health checks, which equates to 18% of the population on the GP learning disability register.</p> <p>As we move in to 2021/22 there is a risk that we may not be able to sustain the higher level of AHCs completed in 20/21 as primary care move to restore and recover services, the COVID capacity funding ends and confirmation is received around whether partial health checks will still be accepted, however we will continue to strive to exceed the annual plan level set.</p> <p>The national incentives for primary care in the area of Learning Disabilities remain in 21/22 with the QOF QI module being rolled over from 20/21 and the linking in of the completion of a Health Action Plan as part of the AHC process in the Investment and Impact Fund Indicator for PCNs.</p> |
| <i>Reliance on Inpatient Care for Adults with a learning disability, autism or both</i> | <p>Our trajectory for reliance in inpatient beds for adults for bed commissioned by CCG and NHSE for first six months of 2021/22 is 41 adult inpatients per million population.</p> <p>The 21/22 Operational Plan requires £122k additional funding from the spending review targeted funding to achieve the ambitions for our autistic population this year. Region have indicated that £31m is available and that autism is a priority. We are awaiting confirmation of the allocation to our ICS.</p> <p>The system wide work on admissions avoidance is being led by the 4 Black Country local authorities during 21/22 using the Community Discharge Grant funding from 2020/21. The continuation of that work is dependent on the allocation of the CDG in 21/22. The DHSC has sent a CDG evaluation form to be complete by 17th May and this will be used to inform allocations for 21/22.</p> |
| <i>Reliance on Inpatient Care for Children with a learning disability, autism or both</i> | <p>We are currently exceeding the LTP target of 12-15 CYP inpatients per million and have 2 CYP inpatients per million our trajectory for the first six months will look to maintain this position.</p> <p>The 21/22 Operational Plan requires £122k additional funding from the spending review targeted funding to achieve the ambitions for our autistic population this year. Region have indicated that £31m is available and that autism is a priority. We are awaiting confirmation of the allocation to our ICS.</p> <p>The system wide work on admissions avoidance is being led by the 4 Black Country local authorities during 21/22 using the Community Discharge Grant funding from 2020/21. The continuation of that work is</p> |

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| | dependent on the allocation of the CDG in 21/22. The DHSC has sent a CDG evaluation form to be complete by 17 th May and this will be used to inform allocations for 21/22. |
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| System name: | Black Country & West Birmingham |
| C4 Deliver improvements in maternity care, including responding to the recommendations of the Ockenden review | |
| Please set out the specific actions that, as a system, you will prioritise over the next 6 months to address the objectives below | |
| Pandemic recovery – recovering the full maternity care pathway | Although maternity and neonatal services have had to continue throughout the activity, due to staff shielding and therefore having to readjust staffing to accommodate gaps, some services such as Continuity of Care pathways were reduced during the pandemic. In addition, partner attendance at all antenatal scans and all antenatal appointments ceased during the pandemic. All Trusts are now allowing partners to attend antenatal scans with some Trusts now allowing partners to attend antenatal appointments and some Trusts still working on returning this service back to normal by late Spring 2021. Additionally Trust providers are taking active steps to help maternity staff recover from the pressures of the pandemic. |
| Confirmation that Local Maternity Systems have a plan in place, agreed with their ICS to deliver the maternity transformation priorities for 2021/22 in line with the timings set out in section 5 of the implementation guidance | The LMNS can confirm that a plan has been developed to deliver the maternity transformation priorities for 2021/22. This plan will be approved by the LMNS Operational and Delivery Programme Board on 28 April 2021 and will then be submitted for approval at the ICS Board in May 2021. This plan is in line with the timings set out in section 5 of the implementation guidance. <u>(deadline for submission of plan is 3rd June 2021)</u> |
| How Local Maternity Systems will improve their governance and how ICSs will strengthen their oversight of Local Maternity Systems | The BCWB LMNS currently has robust governance arrangements in place, however, development of a Perinatal Clinical Quality Surveillance (PCQS) model is in progress. This model will dovetail with the LMNS Quality and Safety Work Stream and the ICS Quality Surveillance Group. The LMNS is already a maternity arm of the ICS, in line with integrating care, but this additional governance will strengthen quality assurance of the Ockenden recommendations within the LMNS and ensure oversight at ICS level |

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| System name: | Black Country & West Birmingham |
| D1 Restoring and increasing access to primary care services | |
| Please set out the specific actions that, as a system, you will prioritise over the next 6 months to address the LTP objectives below | |
| Getting practice appointment levels to appropriate pre-pandemic levels | <p><i>[Please include a summary of the key assumptions that underpin the activity plan submission, highlighting any key risks and issues.]</i></p> <p>The level of appointments being undertaken by primary care in our CCG has restored to pre-pandemic levels. All practices are delivering face to face appointments based upon clinical need whilst using digital modes of appointments as appropriate. PCNs have reinstated the QOF requirements and by quarter 2 will be increasingly taking action to implement QOF plus frameworks. Dedicated primary and community long COVID services are mobilised to ensure the needs of those diagnosed with Long COVID are met. Equally, our PCNs are cognisant of the anticipated presentation of patients with suspected cancer and are organised to ensure prompt referral on to the appropriate pathways</p> <p>Over the next six months we will continue to monitor the appointments in general practice data to ensure all practices are at least maintained to pre-pandemic levels. We will also work with practices to ensure that the GPAD standard appointment categories are applied in line with the June deadline.</p> <p>With QOF and our local primary care frameworks fully stood back we expect to see a continual increase in the number of appointments being provided as patients are brought in for their annual reviews and LTC monitoring. In addition, our red sites set up during COVID to manage COVID positive patients are currently being phased out with a repatriation of work back to general practice.</p> <p>We will also continue to work with colleagues from 111 to monitor call volumes by practice in order to ensure a systematic approach to managing capacity and appointments. Practices whose patients are high users of 111 will be looked at to understand the local access provision and gain assurance that this is sufficient to meet patient demand.</p> <p>The expansion of the GP COVID Capacity Funding will support primary care to restore access back to pre-pandemic levels. This will be weighted in favour of those PCNs who have signed up to deliver COVID vaccinations to cohorts 10-12 to ensure their day to day primary care access offer is maintained.</p> |

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| | <p>The ongoing recruitment to the PCN ARRS roles will also support a continual increase to the number of appointments available within practices and we will work with PCNs to ensure they make full use of their ARRS allocation.</p> <p>In addition to practices' face to face, telephone and video consultations we will continue to work with practices to increase the use of online consultations as part of their total triage offer, ensuring all practices are actively promoting this to patients as part of their overall access offer. As part of this work we will also ensure that any digital inequalities are addressed to ensure all patients have equitable access to primary care with their individual needs being taken into account.</p> <p>To support all of this work we will develop a primary care dashboard to support monitoring and identify practices for additional support. The dashboard will also provide assurance of how we are progressing in a number of key indicator areas.</p> <p>Implementation of General Practice Referral to Community Pharmacist Consultation Service (GP-CPCS) to ensure most appropriate clinician reviews patients. Maximising the workforce available, whilst freeing up capacity within GP Practices</p> <p>Increasing awareness of Pharmacy First Scheme + New Medicines Service – to optimise medicines reviews and minor ailments are managed away from GP practices, thus freeing up capacity for more complex patients</p> <p>Empowering point of delivery staff to prompt patients who need blood tests or Long-Term Condition health checks to contact their surgery</p> |
| <i>Maximising clinically appropriate dental activity</i> | Not applicable |

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| System name: | Black Country & West Birmingham |
| D2 Implementing population health management and personalised care approaches to improve health outcomes and address health inequalities | |
| Please set out the specific actions that, as a system, you will prioritise over the next 6 months to address the LTP objectives below | |
| Expansion of smoking cessation services | <p>In terms of Primary care, we have undertaken the following analysis which reflects our ambition and priority during H1:</p> <ul style="list-style-type: none"> • To bring Wolverhampton and Walsall to the national average, around 2,600 smokers will be given smoking cessation advice • To bring Dudley and Sandwell and WB to the national average, around 6,000 smokers will be given smoking cessation advice <p>Work will be undertaken with our practices through PCN structures and with oversight from the Primary Care Board.</p> <p>In terms of secondary Care, 25% of all people admitted to hospitals and 65% of inpatients in low and medium secure MH units are smokers. Hence, inpatient wards provide easy access to smoking population:</p> <ul style="list-style-type: none"> • During H1 we will be accelerating our approach to systematically identify smoker inpatients, providing pharmacotherapy & behavioural support in the hospital and connecting service users to long-term community support services post-discharge; • We have established a working group across the system to oversee the development of this work <p>Although all our Trusts have the option for NRT prescription where this need is identified, there are currently no systematic methods for capturing smoking status, and no clear pathways for a patient to be given brief advice or additional smoking cessation support, and support on discharge is both complex and variable – to that end we have convened a system wide Steering group as cited above that draws together leads from all of our trusts and also includes Local Authority reps to develop a consistent and coherent process to deliver the LTP requirement – funding will be allocated to support improvements. The Steering Group will meet again in May to consider a set of proposals for utilising LTP funding</p> |

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| | <p>following which we will then focus on implementation and delivery monitoring – Maternity actions are being driven through our local LMNS network.</p> |
| <p><i>Improved uptake of the NHS diabetes prevention programme</i></p> | <p>Pilot project will commence in Q1-2 21/22 where additional support (CSU Medicines Management) will increase engagement with eligible patients to improve referral and uptake in the national programme. GP practices will send bulk messages (either mjog/ accuRx) to eligible patients with information regarding the programme, and request consent to be contacted by a member of the CSU Meds Optimisation team, who will then engage with the patients by utilising ‘motivational conversations’, and subsequently refer patients into the programme, where agreement has been provided.</p> <p>The NDPP steering group are working closely with the Regional leads from NHSE/I CVD Network to analyse current trends in referrals/ uptake in the programme, with a Primary care dashboard containing prevalence/ deprivation / referral rates/ uptake, being utilised to target those practices that are identified as having an increased prevalence and deprivation rates.</p> <p>During National diabetes prevention week – we will continue to support the national Diabetes UK BAME marketing campaign, we will rerun video/ audio materials from George Elokobi (ex Wolverhampton Wanderers FC player) and Gulshan Radio through our communications and engagement team, along with NHSE/I video clips touching on the impact of COVID-19/ Diabetes patients and additional risks dependent on ethnicity.</p> <p>We will further develop work through the PCN vaccination programme, where clinical leads have provided vaccination clinics in temples/ faith groups/ migrant communities. We will engage with our communities, working in collaboration with Diabetes UK Engaging Communities Officers, through these established routes to raise awareness of Know Your Risk, and the prevention programme.</p> <p>There is also a change in the digital provider supporting the prevention programme, enabling the system to increase the number of languages provided to patients. In addition, we are working with our provider in developing BSL session for patients who have identified this as a preferred language, and the provider is actively engaging with community groups to promote awareness of available programmes.</p> |
| <p><i>Progress on CVD prevention</i></p> | <p>The BCWB Clinical Learning Network for CVD is established and will be reinvigorated over the next 6 months to provide a forum for learning and sharing at ICS level. The key areas of focus will be as follows:</p> <p>Early detection of CVD</p> |

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| | <p>Following successful work in a number of our places we will re-establish close links with our local public health colleagues to identify further initiatives to increase the uptake of health checks. We will also further analyse uptake data to examine whether there is lower uptake across particular segments of the population for example people living in deprived areas or BMAE populations and target interventions accordingly to support a reduction in any inequalities identified. Given the lower life expectancy across certain segments of our population we will explore the benefits of offering NHS Health Checks from a younger age.</p> <p>We will work to increase public awareness of the importance of people knowing their 'ABC' (AF, Blood Pressure and Cholesterol) to empower our population to present to primary care for an early diagnosis.</p> <p>We will also look to build on the work we have already undertaken around care navigation with frontline reception staff providing key information to patients around BP and lifestyle.</p> <p>We are a trailblazer for the BP@Home Pilot so will be able to evaluate the impact of patients monitoring their BP at home, including whether any positive changes have occurred as a result of more frequent monitoring and ownership of their readings. Given the pilot is targeted at areas of deprivation we will also be able to look at the take up of this by patients across different postcodes, genders, age, sex and ethnicity. Good progress is being made in this area as follows:</p> <ul style="list-style-type: none"> • Distribution of Phase 2 equipment is rolling out; phase 3 equipment delivery schedule is in progress • SOP in place in all areas • Patient identification and risk stratification is in place with majority of sites • Patients that have received training and equipment are starting to submit readings • Licences and digital pathways are agreed in all areas • Pathways are agreed in all places • Staffing models are in place; workforce are identified • Consolidation and standardisation of documentation in progress, to ensure shared key messages across the system • Local KPIs are in development • Examples of good practice are being shared across the system as part of the bi-weekly steering group • Data access and extraction pathway in development with IMT colleagues |
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Management of CVD Risk Factors

We will continue to work towards the 10 year CVD ambitions for England. QOF and all of our local placed based primary care frameworks have been stood back up and practices are actively working towards these. During this financial year we will be working to standardise the indicators in our primary care frameworks to ensure consistency across the 5 places, with CVD prevention being a key area for inclusion. This work will be supported by and feed into the audit of key CVD indicators collected by NHSE through CVD Prevent. This initiative commenced in December 2020 but full implementation of data collection has been delayed by COVID but will be commencing fully in 2021/22.

In order to further examine potential inequalities across all CVD risk factors in all places we will look to replicate a health equity audit that was previously undertaken in Dudley which identified that people in more deprived areas were less likely to have their BP measured, recorded or managed or be on antihypertensives.

Hypertension

Practices will work to the QOF indicators around Hypertension to support the achievement of the 10 year CVD ambition for England to ensure 80% of the total number of people already diagnosed with high blood pressure are treated to target as per NICE Guidelines. In addition practices in the Sandwell and West Birmingham places have an additional target within the local primary care framework to carry out a QRISK2 assessment for patients on the hypertension register aged 25-84 years.

AF

A review of anticoagulation at practice level has taken place across the 5 places to identify any variation. Practices will be encouraged to review their registers to ensure that those patients with a diagnosis of AF are being appropriately managed with individual practice level conversations taking place via the clinical leads with practices who are lower performers in this area. In addition our local acute trusts have also had a proactive programme to switch patients from Warfarin to NOACs. Options for patients prescribed.

A review of anticoagulation at practice level has taken place across the 5 places to identify any variation. Practices will be encouraged to review their registers to ensure that those patients with a diagnosis of AF are being appropriately managed with individual practice level conversations taking place via the clinical leads with practices who are lower performers in this area. In addition our local acute trusts have also had a proactive programme to switch patients from Warfarin to NOACs. Options for patients prescribed Warfarin to self-test to enable better self-management of anticoagulation have been introduced (Wolverhampton Place) for roll-out across the system as appropriate.

Practices will work to the QOF AF indicators which will support progress toward the 10 year CVD ambition for England for 90% of patients with AF already known to be at high risk of a stroke to adequately anticoagulated. In addition practices in the Sandwell and West Birmingham places have an additional stretch target within the local primary care framework to ensure 80-90% of people with AF and a record of CHA2DS2-VASc score of 2 or more are offered/treated with anticoagulation drug therapy.

Hypercholesterolaemia

In line with the 10 year CVD ambitions for England our local place based primary care frameworks in Dudley, Sandwell, West Birmingham and Wolverhampton all include indicators to support the achievement of the ambition for 45% of people aged 40-74 identified as having a 20% or greater 10 year risk of CVD being treated with statins.

Dudley

- The percentage of people with a QRISK2 score of 20% or more at risk of developing CVD in the next 10 years who are treated with lipid lowering medication.
- The percentage of people with a QRISK2 score of 10% or more at risk of developing CVD in the next 10 years who are treated with lipid lowering medication.

Sandwell and West Birmingham

- The percentage of patients on the practice register with a high risk of CVD (QRISK2 score of 10% or more) who are offered/treated with lipid lowering medication.

Wolverhampton

- The percentage of patients with a recorded QRISK2 score of 10 or above who have been offered advice on lifestyle modification as part of a primary prevention strategy, including discussion about treatment with statins
- The proportion of adults with a 10 year risk of CVD of 10% or more, for whom lifestyle changes are ineffective or inappropriate, with a recorded discussion on the risks and benefits of starting statin therapy.

In addition to the above to support the 10 year CVD ambition for England to ensure 25% of people with Familial Hypercholesterolaemia (FH) are diagnosed and treated optimally according to the NICE FH Guideline we will ensure a clear structure for the identification of patients in primary care with potential FH including a clear referral pathway for formal diagnosis. There is currently a target in the Sandwell and

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| | West Birmingham local primary care framework for 10% of patients with Cholesterol greater than or equal to 9 mmol/L who meet the West Midlands Familial Hyper-cholesterolaemia Service referral criteria to be referred to the FH service for diagnosis. |
| <i>Progress against the LTP high impact actions to support stroke, cardiac and respiratory care</i> | <p>Stroke</p> <p>Further reductions in the number of stroke receiving units has been achieved with the recent transfer of the hyper acute and acute service from Walsall to Wolverhampton.</p> <p>Progress on Stroke remains an area of development and we will work with our secondary care providers over the next six months to re-invigorate work around the LTP actions relating to stroke care including:</p> <ul style="list-style-type: none"> • Stroke care targets e.g. % of Stroke patients receiving care in specialist stroke units and % of patients receiving thrombolysis • Increasing the availability of thrombectomy • Modernising the stroke workforce • Improvements to stroke rehabilitation <p>A review of the Stroke Pathway for Wolverhampton patients was undertaken in early 2020. This identified a number of areas where action was needed in order to deliver against the Long Term Plan objectives, in particular the development of an integrated community stroke service including ESD. This work was paused due to COVID and is awaiting further developments both at Wolverhampton Place and at STP/ICS level, and also for the development of the proposed Integrated Stroke Delivery Network set out in the LTP.</p> <p>Cardiac Care</p> <p>See above section on CVD prevention.</p> <p>Heart Failure and Cardiac Rehab remain areas for development and we will work with our secondary care providers over the next six months to re-invigorate work around the LTP actions relating to cardiac care.</p> <p>Respiratory Care</p> <ul style="list-style-type: none"> • Spirometry <ul style="list-style-type: none"> ○ ARTP accreditation training for PCNs paused during the pandemic. |

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| | <ul style="list-style-type: none"> ○ Association for Respiratory Technology Physiology (ARTP) & PCRS statement indicating that spirometry should only be carried out in primary care when the results will definitively inform or change a patient's management, and should be performed by appropriately trained professionals, whilst adhering to local infection control guidance, given the risk to individual patients. ○ Currently no further changes to the provision of spirometry, and the AGP nature of the test requiring full PPE if tested indoors. ○ Training gap analysis of PCNs will be revisited, to assess any identified gaps within networks. <ul style="list-style-type: none"> ● Pulmonary Rehabilitation <ul style="list-style-type: none"> ○ Indicators within primary care frameworks have increased thresholds to improve referrals through to programmes ○ Increase education and training for PCNs to increase awareness and benefits of completing PR, to improve engagement with eligible patients. ○ Utilisation of ARRS to proactively run searches on patient registers to identify patients suitable for the programme (inc patients presenting with long covid symptoms) ○ Health and well being coaches/ social prescriber link workers to engage with community groups raising awareness/ benefits of attending/ completing programmes <ul style="list-style-type: none"> ● Oximetry @ Home <ul style="list-style-type: none"> ○ Additional oximeters have been ordered and distributed amongst Primary/ Community/ Acute services to support any surge requirements ○ Continuation of remote monitoring rollout (Supporting People at Home Scaling Up Programme digital priority) will support any additional requirements ○ Providers proactively utilising SEFT data to identify patients to be referred onto pathways <ul style="list-style-type: none"> ● Other <ul style="list-style-type: none"> ○ Remote monitoring rollout within primary care supporting LTC management ○ Utilisation of UCL risk stratification algorithm to identify patients at greater risk of deterioration, and therefore maybe suitable for Oximetry@ home pathway ○ Increase ICS wide education sessions for GPs/ PNs/ Clinical Pharmacists (inc inhaler technique, fatigue management, benefits of PR etc) ○ Develop standardised ICS patient education for respiratory conditions |
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| | <ul style="list-style-type: none"> ○ Clinical pharmacists to increase number of medication reviews and provide patient education on inhaler technique as part of annual reviews ○ Gap analysis to be finalised regarding availability of Fatigue, Anxiety and Breathlessness (FAB) services, and Shortness of Breath pathways, to increase capacity within existing services, improving the number of patients completing exercise based rehabilitation. |
| <i>Expansion of NHS digital weight management services</i> | As part of National programme we will deliver culturally tailored community-based support sessions + pharmacotherapy; Bilingual and bicultural CHWs or peers are needed; Insights from history of interventions will be combined with national/international best practices for a targeted approach. We are also exploring with secondary care clinicians how we might redesign tier3 and tier4 obesity services. There is an opportunity to access some national funding to test out some changes. |
| Please summarise the key assumptions that underpin the personalised care activity plan submission (personal health budgets, personalised care and support planning, social prescribing unique patient referrals), highlighting any key risks and issues. Please also set out any system actions that are critical to the delivery of the planned activity levels. | |
| <i>Assumptions</i> | <p>Work will be undertaken to analyse population health needs at system and place level to ensure personalised care transformation projects are targeted appropriately (working in partnership with the BCWB Academy). PCNs will need ongoing support to develop a collaborative shared local plan for social prescribing with local stakeholders</p> <p>There is recognition of the variation that exists still in the extent to which Personalised Care is embedded pathways, programmes, workforce, and approaches.</p> <p>As we recover from the greatest challenge the NHS has ever faced, we plan within the context of a difficult period of restoration of services. This narrative is intended as an immediate response for plans, and to inform longer term improvement planning</p> <p>Personal Health Budgets 1906 PHBs are expected for the financial year 2021/22. This is expected to be the most challenging area as it requires the most growth to stay on target but is also highly dependable upon patient choice. Although our delivery plan was delayed for 12 months by the pandemic, the content and core approach of this delivery plan still stands.</p> |

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| | <p>To achieve the target we would need to see equity of access across all the CCG places. There is potential for higher growth particularly in Sandwell and West Birmingham. To achieve the trajectory, work is needed to diversify the PHB offer.</p> <p>Social prescribing We expect 66 FTE Link Workers to be in post in 2021/22 which is in line with the trajectory from 19/20 and 20/21. We are mindful that some Link Workers are still redeployed from their core role during the pandemic. Referral activity suggests 1.0 FTE Link Worker can manage a case load of approximately 150-200 referrals per annum. On this basis we expect 11209 referrals for 2021/22. This is 1791 lower than the MOU target agreed in March 2020.</p> <p>Personalised care support planning (PCSPs) We expect 63815 new or reviewed PCS Plans for 2021/22. There is an opportunity for growth in this area in respect of care homes PCSP uptake (a core requirement of the Primary Care Network DES). This exceeds the MOU targets agreed in March 2020.</p> |
| <p><i>Actions</i></p> | <p>In 2021/22 will also see a specific focus on undertaking the following actions:</p> <ul style="list-style-type: none"> • Developing our approach to collaboration and engagement in personalised care • Embedding the personalised care model across all PCNs, reviewing work done so far and plans to deploy Social Prescribing, Health Coaches and Care Coordinator additional roles • Find ways to harness the ICS which support the VCSE sector to build their capacity for social prescriptions • Work in partnership with the system to ensure we build on social prescribing offer, to ensure a smart proactive model which follows population health management principles, • Put in place levers and mechanisms to capture impact data in respect supported self-management. • work in partnership to improve the quality of in supervision and support for Social Prescribing Link Workers • Ensuring staff are supported to recover from the COVID pandemic through training and development in personalised care approaches. This will include training staff in health coaching approaches to support Long COVID pathways where knowledge, skills and confidence play a significant role in recovery. |

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| | <ul style="list-style-type: none"> • Working in partnership with providers to embed personalised care approaches into pathways which support COVID recovery, including Long COVID pathways, COVID oximetry @home and COVID Virtual Ward services • Working in partnership with the BCWB Training Hub and other partners to ensure primary care are supported in every way possible to make optimal use of the Additional Roles Reimbursement Scheme – especially in respect to Care Coordinators and Health Coaches • Designing a personalised care ‘train the trainer’ programme which would aim to be accredited through the Personalised Care Institute • Package and share learning from the BCWB demonstrator site programme, in each place to embed personalised care approaches within all MSK pathways, pain management and T&O to support people waiting for surgery or that are following alternatives to surgery. • Embed personalised care approaches within the top 3 highest priority (to be identified) elective pathways to address waiting lists generated by the COVID pandemic • Embed personalised care interventions, in particular <i>shared decision making</i>, through Patient Initiated Follow up (PIFU) in outpatient recovery and transformation. (top 3 highest priority) • Embed supported self-Management approaches in Type 2 Diabetes (health coaching in primary care, peer support and self – management education) • Undertake an assessment of mental health pathways and learning disability and autism services, to identify opportunities to embed personalised care approaches • Developing our supporting a sustainable ‘Community of Practice’ for anyone who has accessed training or needs support to embed personalised care approaches • Provide training and development for all CCG staff in personalised care fundamentals and how this contributes towards improving health inequality. • Providing support to primary care and care homes to help improve the quality of personalised care support planning, including within MDT functions. • Develop a standardised BCWB pathway for end-of-life care to ensure identification of people likely to be in their last 12 months of life and to offer Personalised Care & Support Plans • Ensure everyone is clear on what the BCWB PHB offer is and what it means • Take forward the PHB delivery plan which was suspended due to the pandemic. Focus on a diversified offer beyond s117, wheelchair services and CHC. Explore ways to find an equitable offer across BCWB which is available in each place |
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| | <ul style="list-style-type: none"> Secure agreement between the ICP on a joint PHB commissioning framework including who will be responsible for funding integrated budgets where appropriate Ensure people involved in delivering or commissioning PHBs have ongoing access to training, mentoring and support to develop and maintain their skills. |
| <i>Risks and issues</i> | <p>If Primary Care Networks choose not to recruit Social Prescribing Link workers, or if Link Worker numbers fall, then the level of planned referral activity will not be achieved. (estimated every 1.00 WTE Linker Worker can manage a caseload of 200 patients per annum)</p> <p>Access to Personal Health Budgets is driven by patient choice. If more patients choose not to uptake in a PHB, this is good for patient choice but will affect the overall performance of PHBs accessed.</p> |

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| System name: | Black Country & West Birmingham |
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E1 Transforming community services and improve discharge

Please set out the specific actions that, as a system, you will prioritise over the next 6 months to address the objective below

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| <i>Deliver an improvement in average length of stay with a particular focus on stays of more than 14 and 21 days</i> | <p>Securing improvements in average length of stay and delayed transfers of care requires a system response which brings the acute hospital alongside, primary and community services and local authorities.</p> <p>During the period of the COVID-19 pandemic a significant amount of work has been undertaken to enable people to be discharged from hospital in a timely way. Over the next 6 months we will seek to embed the learning and positive practice from the COVID response phase, continue to develop strong place-based approaches and implement a system level framework to provide assurance.</p> <p>Discharge teams and protocols are in place within each of our Trusts which comply with national guidance. Over the coming period a piece of work will be undertaken across our Trusts to review of the application of the Clinical Criteria to Reside with the view to promoting consistency and best practice.</p> |
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| | <p>In hospital processes will also be reviewed to ensure maximum efficiency. As part of this discharge lounges will be considered and work will be undertaken at both a system and Trust level to respond to the opportunities identified through the recent review of Patient Transfer Services.</p> <p>We will continue to focus on the development of effective multi-disciplinary discharge hubs to put in place discharge pathways for those identified as being medically fit for discharge in line with D2A guidance.</p> <p>Within each of our 5 places, Dudley, Sandwell, Walsall, West Birmingham, and Wolverhampton partnerships will continue to be strengthened with local authorities, community health service providers and PCNs, via our Integrated Care Partnerships to ensure that strong local offers are in place.</p> <p>Key to this local response will be the continued development of Urgent Community Response services to provide support to those most at risk of extended hospital stays. Whilst UCR services are in place across our system there is further work to be done to maximise their potential through a strengthening of referral links and the development of clear access arrangements.</p> <p>Strong links will also be made to oximetry at home, virtual wards and long covid services to provide ongoing community-based support to those who need it.</p> <p>A review of designated settings will be undertaken, and a new framework approach put in place across the system with the support of community health providers and local authorities.</p> <p>Opportunities to strengthen links with community-based palliative care services and hospices will also be explored for those who are end of life.</p> <p>Partners in primary care and PCNs will be engaged to support discharge pathways via the provision of strong local anticipatory care offer.</p> <p>An Ageing Well/Community Transformation Workstream will be established to sit underneath the UEC Board. The Workstream Group will lead delivery of the Ageing Well agenda across the system and will be accountable for utilisation of the SDF. The group will be multi-disciplinary with representation from providers, commissioners, and clinical leads.</p> <p>Please also see actions set out in section B relating to Oximetry @Home & virtual wards</p> |
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Please summarise the key assumptions that underpin the 2-hour crisis community health 12 month activity plan submission highlighting any key risks and issues. Please also set out any system actions that are critical to the delivery of the planned activity levels.

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| <i>Assumptions</i> | <p>The following assumptions underpin the 2-hour crisis activity plan:</p> <ul style="list-style-type: none"> • Ageing Well infrastructure funding and SDF community transformation funding will be provided to systems. • D2A guidance will remain in place underpinned by a home first approach. • Duties for local authorities to assist remain • Effective primary care restoration and recovery • Community teams continue new models of working – home visits, telephone reviews, attend anywhere |
| <i>Actions</i> | <p>The following actions will be undertaken to support delivery of the plan:</p> <ul style="list-style-type: none"> • Review current governance arrangements and establish an Ageing Well/OOH workstream to sit under the UEC Board with responsibility for driving forward agenda. • Review Trust and system level monitoring arrangements to collate information on LOS and D2A pathway requirements to inform commissioning. • Review LOS data through a patient experience and equalities lens to highlight areas of potential inequity. • Progress clinical review of discharge criteria and policies across Trusts to promote consistency and best practice • Secure opportunity identified through PTS review • Progress development of multi-disciplinary discharge HUBs • Ensure consistent application of D2A guidance • Strengthen primary and community service offer through place based ICPs • Ensure contractual compliance with UCR model & reporting is in place • Complete task and finish review with a focus on end of life to increase the number of people dying in a place of their choice • Review designated settings and commission forward service model • Continue to work with partners to increase referrals i.e. WMAS, PCNs, 111 • Reviewing infrastructure, capacity and operational hours |
| <i>Risks and issues</i> | <p>Key issues and risks which may impact on plan are:</p> <ul style="list-style-type: none"> • Workforce availability |

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| | <ul style="list-style-type: none"> • Funding and capacity in adult social care. • Care home market resilience • Further COVID surges and resource demand as a consequence of the vaccination programme • Lack of IT infrastructure to support remote working • WMAS and primary care bypassing community services |
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| System name: | Black Country & West Birmingham |
| E2 Ensuring the use of NHS111 as the primary route to access urgent care and the timely admission of patients to hospital who require it from emergency departments | |
| Please set out the specific actions that, as a system, you will prioritise over the next 6 months to address the objective below | |
| Continue to progress the work already underway through the NHS 111 First and Same Day Emergency Care programmes | <p>Over the coming 6 months we will focus on building a strong, comprehensive, and consistent UEC offer to ensure that patients get the care they need in the most appropriate setting as quickly as possible.</p> <p>To support this an SDEC workstream will be established to sit underneath the UEC Board to bring clinicians, providers, and commissioners together to develop a system level SDEC framework. The work of this group will be informed by both national policy and by recent opportunities reviews completed within each of our Trusts.</p> <p>The opportunities reviews highlighted clearly for us the transformation potential, highlighting cohorts of patients who could have their needs better met through primary care and UTCs as well as through more effective triaging and streaming at the front door of the hospital.</p> <p>We will continue to work with our 999/111's services to develop the range and accessibility of services available via the DoS. We will lever the opportunity that a high level of UTC co-location onto acute sites provides us with to increase the number of people seen in the UTC setting.</p> <p>Work will be undertaken within each of our place based ICPs to strengthen the links to primary and community services, with information being shared about inappropriate referrals/escalations from these settings. We will seek to build upon areas of good practice from both within our system and the wider region to develop GP led triage, direct booking and diversion schemes to ensure that primary care needs are well managed by primary care.</p> |

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| | <p>Similarly, we will continue to embed the EHCH model to wrap MDT support around care homes, identify risks early and reduce the number of unplanned admissions from care homes.</p> <p>We will continue to develop our UCR services to provide targeted support to those at risk of admission within a community setting and will ensure that these services can be easily accessed by 999/111, GPs and community partners.</p> <p>Triaging is in place in all of our Trusts to support initial assessment and work is underway to expand the range of options available post triage to include – discharge home, SDEC, ED majors, SDEC, UTC, See and Treat minor injuries stream, pharmacy and community services.</p> <p>In line with our system framework SDEC offers will be further developed in each of our Trusts to reflect local population need and the specifics of their individual opportunities review. Care will be taken to ensure that strong SDEC pathways are in place for those with long term conditions, frailty and those who continue to be impacted by COVID.</p> <p>To deliver the SDEC pathways dedicated SDEC areas are being developed in each of our Trusts which bring together clinicians from a range of disciplines together to assess and plan care. Acute physicians will support those who are medical and ambulatory.</p> <p>For those requiring support from other specialities space will be made available in SDEC areas for further assessment to take place, enabling direct booking without the need for the patient to pass through the ED.</p> <p>We will continue to build links with our urgent mental health services to ensure that those who present at acute settings can access the support they need in timely way. A further review of high intensity service users will be undertaken to inform a refresh of the associated support offer.</p> <p>Within each of our Trusts work will be undertaken to continue to improve the efficiency of clinical assessment and decision making to deliver in line with the revised UEC indicators.</p> <p>Work will continue to be undertaken to reduce time to admission for those who require it. 12-hour DTA breaches will continue to be reported in line with protocols and reviewed at a system level to support continuous learning and improvement.</p> |
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| | Winter planning processes will be completed within the coming period using common approach to demand and capacity planning across all Trusts to enable the development of a strong collaborative system plan. |
| Roll out of the Emergency Care Data Set (ECDS) to all services | <p><i>[Please include commentary on the readiness and ability to capture 'Ready to Proceed' and the ability to monitor time to initial assessment and 12 hours from time of arrival.]</i></p> <p>Work is underway to roll out the ECDS. A BI group meets weekly to bring together CCG and Acute Trust BI leads to support effective implementation.</p> |
| Please summarise the key assumptions that underpin the UEC activity plan submission highlighting any key risks and issues. Please also set out any system actions that are critical to the delivery of the planned activity levels. | |
| A&E attendances excluding planned follow ups | |
| <i>Assumptions</i> | <p>Following assumptions have been applied to A&E attendances plan</p> <ul style="list-style-type: none"> • Type 1 ED attendances to 102.5% 19/20 levels • 105% 19/20 non-elective admission rate. • Social distance requirements remain the same • Staff absence levels remain the same • COVID levels remain the same • Recruitment goes ahead as planned |
| <i>Actions</i> | <p>The following actions will be taken to support planned activity levels:</p> <ul style="list-style-type: none"> • Review front door triage process to ensure patients are directed to most appropriate service i.e. co-located UTC etc • Maximise utilisation of direct referral from 111 to other hospital services including SDEC and speciality hot clinics • Review SDEC pathways |
| <i>Risks and issues</i> | <ul style="list-style-type: none"> • Any potential further covid surge may impact on A&E numbers either increasing or decreasing • Potential risk that activity will be higher than forecast due to unmet need, late presentation of patients' presenting at ED • Potential staff sickness and staff shortages |
| NHS 111 referrals to SDEC | |

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| <i>Assumptions</i> | <p>We have submitted a zero-response due to difficulties with identifying the denominator. 111 have identified the numerator (how many people were sent to SDEC) but the denominator is difficult to quantify due to the fact that as soon as the patient accesses a different service the disposition changes and so 111 can't identify how many patients had SDEC as an option.</p> |
| <i>Actions</i> | <p>The following actions will be undertaken:</p> <ul style="list-style-type: none"> • Establish SDEC workstream as part of UEC system governance. • Development SDEC system framework to respond to opportunities reviews. • Ongoing review of DoS and development of options • Work with place based ICPs on to tackle inappropriate referrals and escalations. • Build on existing practice around GP triaging and diversion schemes. • Continued development of EHCH model with associated monitoring of unplanned admission • Realise UCR model through contractual management and operational development • Trust level development of SDEC offer • Active review of 12hr breaches • Task and finish group review of urgent mental health response • Commissioning review of HISU support • Completion of system level capacity and demand monitoring |
| <i>Risks and issues</i> | <ul style="list-style-type: none"> • Capacity within community services • Restoration and recovery of primary care • Care home market resilience |

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| System name: | Black Country & West Birmingham |
| Elective Recovery Framework: Gateway Criteria | |
| To qualify for ERF funding, systems are required to demonstrate their elective recovery plan supports the requirements in sections C1 and C2 of the planning guidance and the five objectives listed in the accompanying implementation guidance. Please set out the specific actions that, as a system, you will take to meet the 'gateway criteria' below: | |
| Addressing health inequalities | <p><i>Plans should take due regard of the need to reduce pre-pandemic and pandemic related health inequalities using related waiting list data that is embedded within system performance frameworks to measure access, outcome and experience for BAME populations (and those in the bottom 20% of IMD scores)</i></p> <p>Elective Care waiting list inequalities analysis by Trust in progress to deliver the following;</p> <ul style="list-style-type: none"> • By Trust; • P2-P4 (absolute minimum is P2); • Average wait; • Average wait by ethnicity; • Average wait by deprivation (IMD 1&2) compared with (IMD 3, 4 & 5); • Average wait by ethnicity & deprivation; • Average wait with Learning Disability (split male and female); • Average wait with MH. <p>Primary Care access review also undertaken and included in our full delivery plan. Findings highlight disparity in treatment, with population in less deprived communities accessing treatment in disproportionately greater numbers compared to those from more deprived communities</p> <ul style="list-style-type: none"> • Along with understand ethnicity and deprivation within waiting lists – going forward we will want to understand wider constitutional performance in this way. The key work will be in prioritisation which will be taken forward through the ICS Clinical leadership Group. • A MH data analysis group has been established to review access/utilisation by ethnicity and deprivation. Detailed MH activities are included in the MH Delivery Plan. |

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| | <ul style="list-style-type: none"> • We are working with PHE on HEAs and are taking advantage of training and building that into our Health Inequalities strategy whilst also developing an approach to embed HEAs as BAU going forward • Due to COVID pressures, Primary Care and Outpatients Digital HEAs have not been concluded - but we are working with colleagues to complete within the first quarter of 21/22 • While we now have access to Foundry which includes service utilisation data during the COVID period (as aforementioned so far we have observed parity in access to elective and non-elective care across all of our populations during COVID) - The CCG Business Intelligence Team has undertaken an analytical exercise to extract pre-COVID service utilisation data which is intended to identify inequity in access across Elective/Non-elective care including ambulance calls/conveyances – this will then enable us to establish a baseline in access/utilisation and then develop appropriate improvement activities which will be monitored through a revised core-performance monitoring dashboard that will complement what is being developed through the regional team - Our pre- and during covid analysis is available if required; • As part of our utilisation improvement plan – we will also be analysing constitutional performance (specifically waiting lists) to better understand who is waiting (highlighting impact against protected characteristics) and where prioritisation is required to correct any inequity. A clinically led prioritisation process will be developed to support both primary and secondary care to manage patients accordingly. Our general approach to constitutional performance improvement will be based on delivering equity in access. |
| Transforming outpatient services | <p><i>Plans should embed outpatient transformation, taking all possible steps to avoid outpatient attendances of low clinical value and re-deploy capacity where needed. Specifically, plans should; demonstrate that Patient-Initiated Follow-up (PIFU) is being implemented and scaled up across at least three outpatient specialities; show that uptake of Advice and Guidance or similar models is being increased; ensure that telephone or video consultations are typically being used for at least 25% of outpatient attendances; and provide evidence that concrete progress is being made to be able to capture and report full quantitative data on the above within the first half of 2021/22.</i></p> <p>BCWB will additionally employ PIFU in three major specialties system wide. Whilst PIFU currently happens across the system means of measuring either levels of activity robustly, or outcomes do not currently exist; we will work with BIU teams to develop the necessary insight – outcomes will be overviewed by the BCWB Elective Care Group.</p> |

Dudley has recently started PIFU in orthopaedics & SWB has plans to review its partial booking system to assess what changes need to be made in support of PIFU; learning will be reviewed in support of roll-outs across the system.

We are currently working with NHSE/I in baseline assessing PIFU and as an outcome a system wide plan will be developed.

Within both cancer services and elective care, we will continue to exploit new ways of working including referral triage, further adoption of advice and guidance, PIFU etc. For key challenged specialties, particularly within cancer, we will continue to look for ISP support in addition to other demand expansion strategies

patient Attendances of Low Clinical Value

The BCWB System has a consistent policy on Evidence Based Interventions (formerly Procedures of Limited Clinical Value) and the Elective Board has agreed that the System should not list patients who do not meet the treatment criteria: where it is less clear based on the presenting symptoms, triage systems will be introduced to allow a rapid assessment without the need for an outpatient appointment e.g. tele-dermatology. Whilst this policy will undoubtedly provide additional capacity for higher priority patients, the System is appreciative that application may risk the creation of further inequity in health access; it will therefore work closely with both the clinical reference group in the development of plans in this area. The System is starting a process of policy harmonisation that will help reduce variation and inequity across the patch.

Implementing High Impact Changes

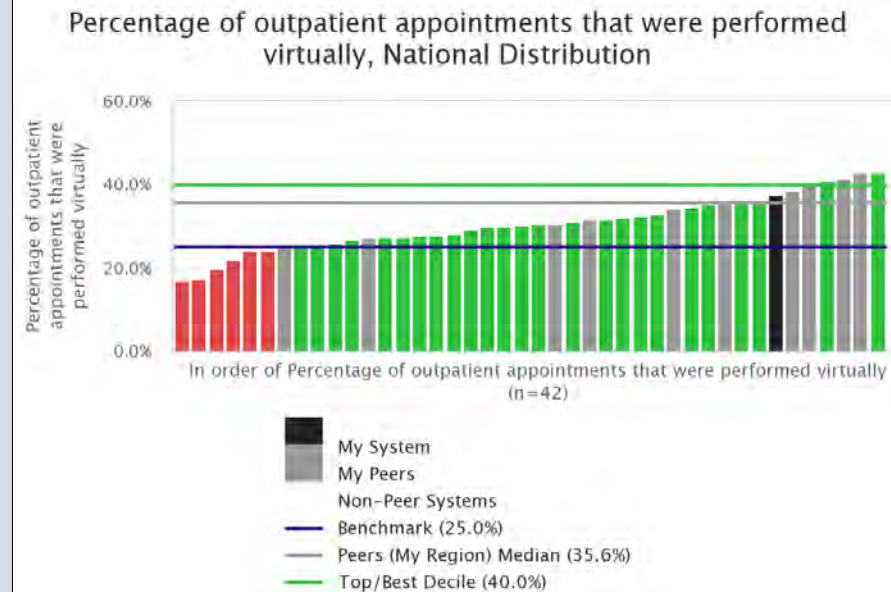
Traditionally, change initiatives have been implemented at individual 'Trust', level; our system aims to move instead towards implementation across the System where it is warranted and viable to do that. The Nationally designated High Impact Interventions are as follows together with an update on current state:

- First Contact Practitioner Physiotherapy – national deadline of 2024 but already in place in Dudley; and are in development at other Trusts.
- Advice & Guidance – in place in all areas but further work required to establish levels of usage that match with our ambitions.

<https://www.england.nhs.uk/elective-care-transformation/best-practice-solutions/>

Non-Face-to-face delivery

The system is within the national upper quartile of delivery related to non-face-to-face outpatient activity.



- BCWB will achieve the top/best decile in 2021/22
- Currently at 37.6% which is above the national median but below the top/best decile (40%)
- Whilst all BCWB Trusts are achieving above the 25% benchmark, one is ahead at 40% - the system will work together in equalising outcomes moving initially to 40%+

Specific actions that the system is taking to ensure both that;

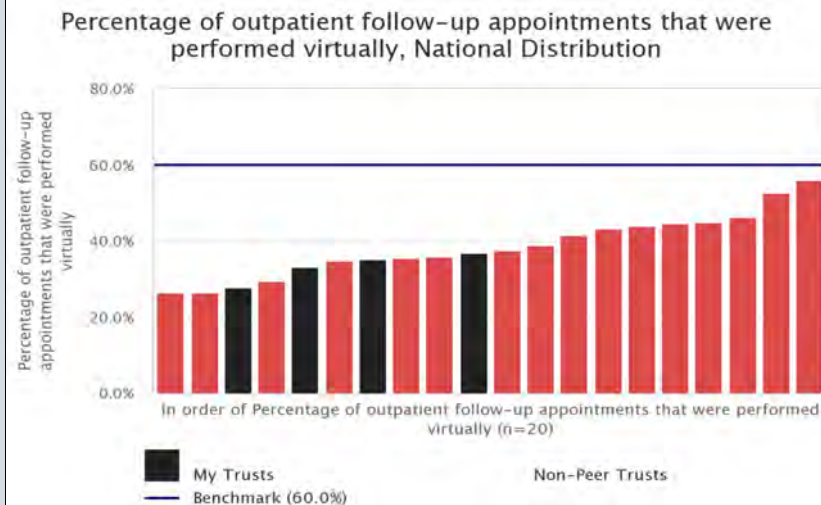
- all patients are supported to access an alternative to a face-to-face appointment where it is clinically appropriate
- all patients are able to access the most clinically appropriate attendances type in an equitable waiting time

The following initiatives are in evidence;

- All acute Trusts are using Attend Anywhere
- Waiting times are managed as part of the overall referral process

The system will use local information to identify 'who' is accessing; face-to-face, telephone, & video consultations and with work with its Business Intelligence Unit to develop such insight using protected characteristics and health inclusion information. As part of increasing non face to face delivery of care, the system will ensure that Health inequalities are not exacerbated through digital exclusion.

In support of our delivery objective of 25% minimum non face-to-face appointments, the system plans to maintain gains achieved during covid related to non-face to face appointments where it is safe to do so. This threshold will be built into system plans and will be signed off at Elective Board level and then overseen by the Electives Operational Group.



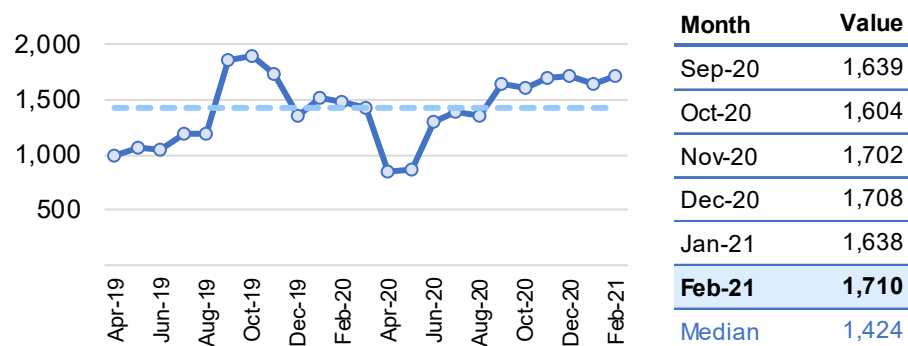
A clear risk to delivery in this is that as lockdown restrictions ease there's potential that more patients may be accepted into face-to-face settings. Trusts will ensure that any patient that can be seen virtually will continue to do so, however, it is acknowledged that this is a lower proportion of overall outpatients due to some activity being suspended during covid that will require face to face attendance. The ongoing balance between virtual and face to face consultations will be monitored both by Trusts and BCWB Elective Care Group in mitigation, with remedial actions being agreed and put in place.

Referral Optimisation / Advice & Guidance

Through our BCWB Elective Care Group we will increase current Advice and Guidance delivery across the system through the application of both national and regional best practice.

2. eRS Requests All Specialties (Top 18)

NHS Black Country And West Birmingham CCG



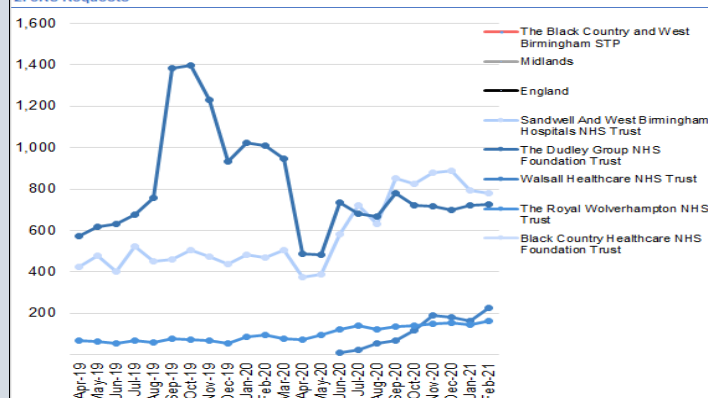
A&G we will work across the system to improve levels of A&G which have levelled in recent months.

We will also seek to better understand the impact of Referral Assessment Services as part of the overall referral management process.

We will increase current delivery to meet the reach upper quartile (75 - 99% percentile) by ensuring that all referrals go through a review/triage system.

All PROVIDER's in The Black Country And West Birmingham STP

2. eRS Requests



| Code | Organisation Name | Sep-20 | Oct-20 | Nov-20 | Dec-20 | Jan-21 | Feb-21 | Rank |
|------|------------------------------------|--------|--------|--------|--------|--------|--------|------|
| RXK | Sandwell And West Birmingham Hos | 850 | 823 | 877 | 889 | 792 | 780 | 1 |
| RNA | The Dudley Group NHS Foundation Tr | 781 | 719 | 718 | 700 | 723 | 727 | 2 |
| RBK | Walsall Healthcare NHS Trust | 69 | 118 | 191 | 180 | 163 | 225 | 3 |
| RL4 | The Royal Wolverhampton NHS Trust | 135 | 141 | 149 | 155 | 145 | 164 | 4 |

BCWB as a system averages around 10% so to achieve 75% minimum standard represents a significant shift in referral processes.

System led recovery

Plans should ensure that Patient Tracking List (PTL) management is undertaken at a system level and that all capacity (including IS) is being used to the benefit of the whole-system population.

Confirmation of a shared PTL

Recovery will be managed through the BCWB Elective Care Group on behalf of the BCWB Elective Care and Diagnostic Board. The multi-disciplinary group will oversee the individual projects relating to recovery; ensure that there is remedial action as necessary when needed.

As outlined at C1, whilst the Black Country and West Birmingham STP has historically managed the PTL at a local level with each health economy having a separate structure for managing demand and capacity, over the past few months the STP Elective and Diagnostic group has created a single process for managing information and has centralised the reporting of the PTL for agreement of priorities. This has enabled the Operational Group involving all of the Chief

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| | <p>Operating Officers to agree standardisation of assumptions and share recovery trajectories as a whole and by individual specialty. Moving forward this will allow the system to target better use of the Independent sector capacity to ensure that this capacity is used in line with the system priorities and that the acute capacity is maximised for the most complex work.</p> <p>In support of identifying issues early, we are developing a demand and capacity tool which will be used by the System's Trusts in the development of plans.</p> <p>Where recovery trajectories at individual Trust's need support, supported by the System's Elective Care and Diagnostic Hub we will initiate initiatives that may involve;</p> <ul style="list-style-type: none"> ○ the movement of resources or patients between Trusts ○ the movement of patients to independent sector providers that may have been initially designated for use by another Trust ○ insourcing* or outsourcing <p><i>*working with HR, we will develop staff passports to support the movement of staff between sites</i></p> <p>-</p> <p>We will monitor delivery at site (including ISP locations) and POD level to ensure that activity is being delivered in line with plans and will overlay outcomes of the health inequalities assessment once this information is available to the Elective Care Group.</p> <p>The system is working with NHSX in the implementation of electronic eye care referrals (EeRS) where procured to send referrals and large image files between primary care optometry and hospital eye services and to overcome the barriers to the consistent commissioning of extended primary eye care services</p> |
| <p><i>Clinical validation, waiting list data quality and reducing long waits</i></p> | <p><i>Plans should ensure ongoing clinical validation and shared decision making between patients and clinicians as well as maintain a continuous focus on waiting list data quality</i></p> <p><i>Clinical Validation:</i> Across the system, waiting Lists are validated on an ongoing basis by clinicians, escalating and de-escalating patients through priority groups as needed. Funding is in place for a clinician to be appointed to validate clinical methodology across the system (initially for clinically urgent and long waiters) & this will be appointed to in coming months.</p> <p>There is variation across the system in terms of how waiting lists are administratively signed off prior to submission this is being reviewed and harmonised through the BCWB Elective Care Group.</p> |

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| | <p>In ophthalmology, the MEDP will continue working with the BCWB Elective Care Group in harmonising risk stratification for new and follow-up patients, failsafe processes & regular recording of delays to follow up patients (earliest clinically appropriate date or ECAD) to reduce harm</p> <p><i>Shared Decision Making:</i> In FY22 through the BCWB Elective Care Group's working with the Clinical Reference Group, the system will; review work already undertaken in this area, understand the gaps and cascade applied good practice to other Trusts within the system.</p> <p>As part of the shared decision-making process we will explore with patients' alternatives to surgery through the development of personalised care approaches, starting with; ophthalmology, renal and cardiology.</p> |
| People recovery | <p><i>Plans should demonstrate how the health and wellbeing of staff will be monitored, including through an appropriate set of measures, and that the rate of service restoration takes account of the need for individuals and teams to recover from what they have been through and consider the wider workforce capacity available.</i></p> <p>The system has been proactive in supporting its staff with a range of interventions to ensure their safety as well as supporting them to recover.</p> <p>During the height of the pandemic, all staff have received a risk assessment, this has included Trust bank staff as well other healthcare workers. The system has utilised these assessments to review staff on a regular basis to ensure that nothing has changed for the individual concerned. It is anticipated that these assessment with be part of the wellbeing yearly discussion.</p> <p>We have also seen each interaction between infection control teams across the system. They have been proactive in design, delivery and monitoring of Standard operating Practices in relation to cleaning, distancing and review of processes to limit the risk faced by all staff in both clinical and non-clinical areas. This has included zoning, PPE marshals/wardens, support visits and regular reviews.</p> <p>PPE has been available to all staff and continues to be provided as we move into recovery. The system will continue to monitor supply and social distance guidance as and when national guidance changes. In peak times PPE was also distributed to care homes that were in need to enable ongoing service delivery.</p> <p>Monitoring of any COVID incidences amongst staff to limit spread and understand cause/transmission. There has been excellent flow of disseminated national information. For our office staff we have seen installation of glass screen</p> |

in control rooms / offices as well as heat sensor cameras. For example, our ambulance service provides all staff with LFT with others offering onsite PCR swabbing.

At the same time, our People Board reports on system sickness absence which areas of risk highlighted to enable a proactive approach to support staff to return to work as quickly as possible.

We have a robust programme of health and social COVID vaccination roll out, which has seen the majority of individual from across the whole system taking up the vaccination. Shortly we will be able to have detailed figures of staff uptake via the NIMS system. It should be noted that we also have a programme of work to support and address the challenges around vaccination uptake from our ethnic minority staff and communities.

All of the NHS organisations within the system have encouraged managers to stay in regular contact with “at risk” staff and include them as much as possible in “on line” meetings. Staff have had a range of interventions offered to them both at a trust, system and national level. The system is currently in the process of developing an “online portal” for all health and wellbeing offers as it is clear that as we move out of the second phase, this is when staff may have need extra support.

BCWB has a very comprehensive mental health support offer via its HUB run by Black Country Healthcare NHS Foundation Trust and offered to all systems staff, NHS, Local Authority and Primary Care. The system has also seen a good take up of the developing a range of staff as mental health first aiders across each NHs organisation.

It provides with access to specialist psychologist support, trauma therapies, counselling, bereavement support, counselling and react mental health practitioner support and wellbeing coaching model. At the same time, providers have also provided additional remote and on-site psychological support - including enhanced employee assistance programme offering counselling and wider support; on-site counselling 1-1. In reach service to support those service areas who have identified higher incidences of mental health issues amongst staff. Ranged from informal listening through coaches to referrals for high intensity support.

At the same time, providers introduce central rest spaces during wave 1 and staff are encouraged to create local rest spaces during wave 2/3 and these are located and run by staff within teams/services. There is additional investment planned in shared rest/support spaces in Q1 2021/22 along with additional outdoor spaces provided.

We have ensured that key messages were sent to all staff and through line managers around supporting rest breaks and annual leave. The majority of NHS provider have offered the option to carry forward annual leave. A further

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| | <p>option has been developed whereby some are offering to buy back schemes. It should be noted that providers as always offered the opportunity for their workforce to take the rest and recuperation option.</p> <p>As further support for the workforce, organisations are regularly monitoring developed rosters checking annual leave booked shifts and breaks to ensure that issues with work life balance and health needs are addressed. Any issues found on current rosters, we have encouraged organisation to challenge these issues / concerns at line manager level with their staff directly. We have also seen specific covid rest and recuperation time allocated for staff before clinical and operational recovery plans are resumed.</p> <p>Each NHS organisation within the system has appointed its health and wellbeing guardian and work is now on track to develop “health and wellbeing conversations” as business as usual for staff. We anticipate that these conversations will form part of the annual appraisal / development conversations, however, we do anticipate that over the course of the first-year ongoing discussion will need to take place as move back to normal service delivery.</p> <p>One of the BCWB People Board objectives was to encourage and promote flexible working. Work carried out today include review of all flexible working policies across the NHS organisations as well as a “flexible working” statement being developed for all advertisements. We have seen a greatly flexibility from clinical areas to take on individual doing part time or flexible working patterns.</p> |
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| System name: | Black Country & West Birmingham |
| Health Inequalities: 5 priority areas | |
| Please set out the specific actions that, as a system, you will prioritise over the next 6 months to address the priorities below | |
| Restore NHS services inclusively | <p>We will build on the work delivered to tackle health inequalities and will prioritise the following actions over the next six months:</p> <ul style="list-style-type: none"> • Along with understand ethnicity and deprivation within waiting lists – going forward we will want to understand wider constitutional performance in this way. The key work will be in prioritisation which will be take forward through the ICS Clinical leadership Group. • A MH data analysis group has been established to review access/utilisation by ethnicity and deprivation. Detailed MH activities are included in the MH Delivery Plan. • We are working with PHE on HEAs and are taking advantage of training and building that into our Health Inequalities strategy whilst also developing an approach to embed HEAs as BAU going forward • Due to COVID pressures, Primary Care and Outpatients Digital HEAs have not been concluded - but we are working with colleagues to complete within the first quarter of 21/22 • While we now have access to Foundry which includes service utilisation data during the COVID period (as aforementioned so far we have observed parity in access to elective and non-elective care across all of our populations during COVID) - The CCG Business Intelligence Team has undertaken an analytical exercise to extract pre-COVID service utilisation data which is intended to identify inequity in access across Elective/Non-elective care including ambulance calls/conveyances – this will then enable us to establish a baseline in access/utilisation and then develop appropriate improvement activities which will be monitored through a revised core-performance monitoring dashboard that will complement what is being developed through the regional team - Our pre- and during covid analysis is available if required; • As part of our utilisation improvement plan – we will also be analysing constitutional performance (specifically waiting lists) to better understand who is waiting (highlighting impact against protected characteristics) and where prioritisation is required to correct any inequity. A clinically led |

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| | <p>prioritisation process will be developed to support both primary and secondary care to manage patients accordingly. Our general approach to constitutional performance improvement will be based on delivering equity in access.</p> <ul style="list-style-type: none"> • The CCGs will work with PCNs to target ARRS going forward in a way that reflects health inequalities intelligence to address needs. As part of our population health management, risk stratification and determined case finding approach, the primary care offer can be tailored to those communities that are reluctant and/or do not access services. • This presents the opportunity for new roles to be recruited and developed so that primary care is restored appropriately and with a culturally competent approach. Health coaches, social prescribers and mental health practitioners are key to a determined focus upon health literacy, understanding family/social dynamics and motivators/barriers, and in turn influencing transformation of care models, access and approaches. Furthermore, these roles alongside the rest of the primary and community team can make sure every contact counts and promote self-care/responsibility with individuals. To improve our HLE performance, we will consider not only managing those diagnosed with multiple co-morbidities/LD/SMI but also how we keep those in good health healthy. • As the pandemic backlog is tackled and QOF reintroduced, the CCG will work with PCNs to consider how GPs and their teams can engage with their patients appropriately to achieve greater equality in the secondary care referral conversion to treatment position. |
| <i>Mitigate against digital exclusion</i> | <ul style="list-style-type: none"> • During H1 We are developing a Health Equity Policy that will include the requirement for detailed Health Equity Assessments on all service changes. In addition we will be working with PHE to deliver HEA training across the ICS. All ICS Boards will be required to adopt the Health Equity Assessment process. • We have conducted Health Equity Assessments on 111 and Mental Health. Our plan is to complete Virtual O/P and Total Triage during H1. We have developed a Digital Inclusion strategy will be an addendum to the Plan and overseen by the Digital Board. • We have plans to repeat a patient engagement exercise post-(during?) pandemic to reassess the public perception of digital access to services however we are confident that the initial comprehensive exercise identified our areas of focus and gave us the mandate to proceed with the rapid implementation of digital access in line with the aims of our STP digital strategy. • We have plans to work across the STP to consolidate digital access systems where appropriate, particularly through both GP IT Futures framework and the provider collaboration programmes. |

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| | <ul style="list-style-type: none"> • We have plans to improve access to the NHS App with a joint programme in partnership with the CSU, engaging with staff and patients. • We have plans to improve the interoperability of existing solutions across our STP with the NHS App by working with the national team through our Beacon status. We have plans to continue to innovate as a system, to ensure that the STP exploits and maintains the recent acceleration in both the organisational and the public's implementation and acceptance of digital solutions. • We have plans to work outside of the traditional boundaries, partnering with tech giants, the leading mobile communications companies (particularly with West Midlands 5g) and with the Education sector to promote digital inclusion. • We have plans to launch the Ofqual accredited digital qualifications, branded as in partnership with the NHS, and include them on West Midlands Colleges syllabuses immediately. Conversations are ongoing with national DfE colleagues and the national NHSX lead for inequalities about how we can embed this regionally and even nationally • Aligned to the system Digital Strategy, as services are restored we will need to ensure that new digital delivery channels / models are maintained and/or enabled access is safe, appropriate and non-discriminatory. Service providers will need to ensure that we restore face to face appointments alongside preserving digital access routes, taking individual needs and circumstances into consideration consistently. |
| <i>Ensure datasets are complete and timely</i> | <ul style="list-style-type: none"> • An ICS data and intelligence subgroup has been formed to conduct a diagnostic during Q1 and then detailed action plan as part of the wider digital strategy during H1. • HI Plan in 21/22 will use existing datasets to monitor performance. We will be holding ICS wide Action Planning sessions in May, June and July. We will have system HI Dashboard during H1 • PCNs will be asked to proactively review and ensure the completeness of patient ethnicity data on clinical systems for all practices where this is provided and/or the opportunity presents. Having a complete and timely dataset is crucial to ensuring future primary care delivery is underpinned by an understanding and response to health inequalities. |
| <i>Accelerate preventative programmes which proactively engage those at greatest risk of poor health outcomes</i> | <p>Our Health Inequalities Plan 21/22 includes detailed actions on:</p> <ul style="list-style-type: none"> • Smoking cessation – primary and secondary care (described in PHM section above); • Obesity – children and adults (described in PHM section above); • Alcohol misuse. |

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| | <p>BAME maternity care report from Nursing Team included in our Delivery plan.</p> <p>LD/SMI Health Checks also included in our plan – highlighting opportunity for improvement – during H1 we will continue good work of the Black Country Healthcare Community Development Workers, targeting (1) BAME community with specific cohorts, (2) Homeless people, (3) Eastern European community, (4) LGBTQ community; Case management teams and community support for both people with LDs and their carers; Culturally-tailored, CHW-led community group sessions for proactive support in participant's and carer's first language. Community advocacy for ethnic minority groups with LDs are also highly recommended.</p> <p>In terms of prevention we will work with Community organisations to provide emotional, social and therapeutic support to members in need; Workshops to improve community awareness around the components of well-being including MH</p> <p>The health inequalities strategy will be a key driver in the restoration as primary and community care address backlog long term conditions management, provide care and support to those diagnosed with long COVID and those with Learning Disabilities and enduring mental health conditions.</p> |
| <p><i>Strengthen leadership and accountability</i></p> | <ul style="list-style-type: none"> • Exec leads for inequalities identified across the ICS. • We have an established Health Inequalities and Prevention Board that meets monthly that will be chaired by a DPH and supported by CCG HI SRO. • We will progress Network development and role of ICS and ICP as set out in Health Inequalities plan during H1. • Leadership development will be set out as part of ICS development programme during H1 and will include training on inequalities and inclusion for all exec leads. <p>The developing system health inequalities strategy will inform the co-production of the future primary care operating model that connects the lived experience of individuals, connects with communities and makes reasonable adjustments, is outcomes-focussed and demonstrates appreciation of family dynamics and other wider determinants impacting on equity and equality.</p> <p>Furthermore, this strategy will be used to prioritise the use of resources across PCNs. Engaging with GPs and other key stakeholders the CCG will explore how outcomes frameworks might reflect differences in levels of patient deprivation, and the associated workload for primary and community teams working together.</p> |

Appendix 1 - BCWB Workforce Narrative

Workforce Assumptions

In order to support the system narrative, we have included in this appendix, provider assumptions to allow for linkage back to the numerical figures which have been submitted.

THE DUDLEY GROUP NHS FOUNDATION TRUST

Bank & agency staff associated with the COVID vaccination programme have not been included in any of the figures.

For staff groups where the gap between establishment and current position is small, assumption is that gap will be bridged within H1.

Modular build will open from June, providing an additional 30 beds. This is the primary driver for planned additional establishment in registered nursing and support to nursing staff groups.

Additional staff will be recruited to Imaging as part of Imaging staffing review to meet requirements of CQC and improve access to diagnostics;

There is on-going recruitment activity (including HCSW's, Registered Nursing, International Nursing and Allied Healthcare Professionals) which will lead to reductions in requirement for bank and agency, but requirement for bank and agency will be driven by requirement to provide additional staffing for some clinical areas and to cover absence (such as sickness absence, COVID related absence (sickness and self-isolation) and maternity leave.

Target absence is 3%, the Trust (Overall Sickness/Absence was 4.98% in March, which is a significant reduction from 7.75% in February)

DUDLEY INTERGRATED HEALTHCARE

Please note, numerical figures have been included in the MH upload on HEE portal

Review of current PCMH teams and how the service best meets identified needs to provide complete wraparound service for patients and the use of additional roles to support the service.

Current status includes staff in post and known funding streams within establishment. Transfer of children's services from BCH before April 2022 may require addition of workforce to DIHC plan and removal from BCH workforce plan, exact numbers on current BCH workforce plan.

Transfer of community services from Dudley Group to DIHC on or before 1st April 2022 in line with full business case for integration may require addition of workforce plan to DIHC and removal from Dudley Group workforce plan, exact numbers not known at present by DIHC.

THE ROYAL WOLVERHAMPTON NHS TRUST.

AHPs – All are re business cases, mainly 3.85 WTE SALT for 7 day working (Covid) and 7.9 WTE across therapies for CICCUC Expansion Business Case.

Nursing – Overseas Recruitment re Covid of 20WTE, 23.03WTE in UTC CCG Funded Business Case, 22.59 WTE CICCUC Expansion Business Case, 12.9 WTE Acute Respiratory Business Case (Covid), and Respiratory Development (Covid) 7 WTE.

Support to Nursing - Overseas Recruitment re Covid 20 WTE, Respiratory Development (Covid) 7 WTE, 5.36 WTE CICCUC Expansion Business Case 3.23 WTE across 3 Ophthalmology Business Cases

Infrastructure – Mainly Covid related 35.88 WTE, Walsall Ophthalmology Business Case 6 WTE, and 3 Ophthalmology Business Cases totalling 11.49 WTE

Medics – AEC Frailty 2.55 WTE Consultants and 0.5 WTE Trainee, Acute Paediatric Consultants 2 WTE, 1 WTE Consultant Urology Business case.

Primary Care: Drop in FTE for Month 12 out-turn establishment is due to loss of 1 GP Surgery; we do anticipate an increased in ARRS funded roles, however this has not yet been agreed and therefore is not included in this plan at this point.

COVID: not quoted in the figures but expectation of bank and agency usage will remain the same at all levels as this is supporting the COVID vaccination work carried out through Alfred Squire Surgery.

WALSALL HEALTHCARE NHS FOUNDATION TRUST

The overall aim is to achieve zero levels of vacancies across all areas as achieved with HCSW in March, to be followed by House Keepers and Porters in June. We will cease agency use for registered nurses, (except for a small amount of specialist resource) by October 2021 through International Nurse recruitment AHP recruitment campaigns.

It is envisaged that the ICS work towards International Nurse recruitment once implemented will reduce the vacancy levels.

The Ockenden report highlights a need for Maternity Services within England to ensure that they are staffed to the recommended level. This is a nationally mandated report on actions required to be implemented by providers of Obstetric Services. To meet this requirement the Trust will increase clinical workforce presence to enhance Obstetric Consultant/Midwifery staffing and implementation of the nationally recognised Birth-rate Plus Tool.

SANDWELL and WEST BIRMINGHAM NHS FOUNDATION TRUST

Figures are based on budgeted establishment and planned year-end outturn, allowing for turnover and potential higher levels of early retirement (N&M) as a consequence of the pandemic. Turnover has averaged 13% over the past 12 months.

In addition, the figures take account of the TUPE transfer of 56 staff from Estates to Engie on 5th April 2021; the recruitment of international nurses between April-July 2021, c60 (however, delays are likely due to travel restrictions from countries on the 'red list', as well as a risk of applicants withdrawing from the process).

Progression through grades by medical staff.

Ongoing challenges in recruiting to midwifery posts. Delays in commencement of overseas nurses due to restrictions as consequence of the pandemic.

DUDLEY INTEGRATED HEALTH & CARE TRUST

Staff in Post as at 31st March does not include Primary Care Mental Health and IAPT teams as this has already been provided in the previous Mental Health return

Data as at end of June includes the transfer of the following staff:

- School Nursing staff from Shropshire Community NHS Trust
- PCN staff from Futureproof Health Ltd
-

Data as at the end of September includes the transfer in of 33 WTE Practice Based Pharmacists currently providing services via the Dudley CCG

PCN workforce plan accounts for an additional 49 WTE over the course of the year which is phased across the quarters. These positions are included in the relevant staff group.

Staff working on bank contracts and secondments (senior team) are included in the total bank numbers

The template does not provide a category for employed GP's and so these have been categorised as "Any Other"

This excludes any additional increase in corporate infrastructure in advance of the award of the ICP contract to DIHC

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 11b MONTH: May 2021 PAPER NUMBER: 10b

| CQC action plan | |
|---|---|
| Sponsoring Director | Strategy and Engagement Director |
| Author(s)/Presenter | Vivek Khashu – Strategy and Engagement Director |
| Purpose | <p>Following the 2019 CQC inspection, whilst receiving a rating of outstanding, with four out of five trust level domains rated as outstanding, there were a number of items feedback in our report for further action.</p> <p>The action plan attached highlights progress against completing those actions.</p> |
| Previously Considered by | The action plan itself has been overseen by EMB |
| Report Approved By | Vivek Khashu – Strategy and Engagement Director |
| <p>Executive Summary</p> <p>WMAS was last inspected by the CQC in April 2019, with the report published in August 2019, with a rating of outstanding, four out of five domains were rated as outstanding, only one other trust in the country has secured a stronger trust level rating than WMAS, that is the former Western Sussex Trust (now merged with Brighton)</p> <p>Like all CQC reports, there were several recommendations within the report, WMAS set out reviewing those, creating an action plan, which it has been managing ever since.</p> <p>The action plan is appended to this report for the Boards review.</p> <p>Whilst the action plan relates to the most recent CQC inspection, the inspection process by the CQC has evolved considerably since 2019, this paper will also update the board on changes to inspection methodology to.</p> | |
| Related Trust Objectives/ National Standards | Strategic Objective 1 – Quality, Safety and Excellence |
| Risk and Assurance | <p>One single area of further work identified in the action plan relates to further developing our patient experience and engagement strategy.</p> <p>This does not however represent a strategic risk</p> |

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UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 11b MONTH: May 2021 PAPER NUMBER: 10b

| | |
|---|--|
| Legal implications/ regulatory requirements | The action plan supports our regulatory responsibilities towards the quality regulator, the CQC. |
| Financial Implications | There are no financial implications noted within this report |
| Training & Workforce Implications | There are no training and workforce implications noted within this report |
| Communications Issues | There are no immediate communications issues associated with this action plan. However, the changes to inspection methodology are something for WMAS to brief into leadership teams. |
| Diversity & Inclusivity Implications | There are no identified Diversity and Inclusion issues noted as part of this action plan. |
| Quality Impact Assessment | A Quality Impact Assessment is not required as part of implementing the actions. |
| Data Quality | The action plan and paper are now uploaded to the board papers app. |
| Action required The board is asked to note the contents of the action plan and the final outstanding action. The board is also asked to note the transitional changes to inspection by the CQC by way of briefing. | |

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UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 11b MONTH: May 2021 PAPER NUMBER: 10b

Background

WMAS was inspected by the CQC in April 2019, it received its report in August of the same year, whilst the rating of outstanding was received, being a comprehensive inspection, several recommendations were still made to the Trust for further improvement.

All the recommendations were accepted and WMAS responded to them by developing an action plan, which it has been working through since the last inspection – accepting that the national covid emergency also took hold five months after receiving the report.

One area for final completion highlighted in the action plan is a refreshed approach to patient engagement and participation. The need to engage with patients as part of business for usual for WMAS was also highlighted by Healthwatch as part of their feedback on our strategy development. Whilst practically doing patient engagement has become challenging over the last fourteen months, as things start to normalise further pandemic wise, now is the right time for WMAS to redefine its strategy and approach in this area.

Whilst the action plan relates to the report WMAS received in 2019, the CQC even then were reviewing their own approach to inspection methodology, the pandemic hastened that, with the CQC implementing a transitional inspection methodology. This paper will highlight the key points from that to.

Status of the action plan

Whilst the action plan now relates to an inspection which took place nearly two years ago, it is important the recommendations from that inspection are reviewed and acted upon, WMAS has done this.

Whilst progress had been made, EMB tasked senior leaders to re-review the actions and be able to evidence them, so we can be assured that the recommendations and the associated actions are live and current, the action plan included within this report covers that.

There is one item which requires further work, which is about developing a refreshed approach to patient engagement, utilising the NHS patient experience framework, which we haven't specifically done so far.

A first draft of a new framework and strategy is expected to be completed and taken to QGC in June 2021.

Patient engagement for all providers of care has of course been challenging at a time of national lockdowns and individual Trust priorities in response to the pandemic. The Chief Executive at the beginning the of the pandemic set WMAS three clear priorities, 1) protecting the front line and 999 national critical infrastructure, 2) saving as many lives as possible and 3) Always able to help all of our patients who need us.

In Developing our organisational strategy, our partners from Healthwatch particularly have urged us to enshrine patient engagement in everything we do. Whilst patient and community engagement are challenging for an ambulance trust which cover 10% of the population and over five thousand square miles, it just means we have to work that much harder, but post pandemic, smarter in this area, for example through virtual and social media.

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 11b MONTH: May 2021 PAPER NUMBER: 10b

Update on transitional approach to CQC inspection

In 2019 WMAS experienced a traditional inspection, with a provider information return issued, multiple requests for information and a large external team of peers and inspectors coming on site to inspect them against the five domains of safe, caring, responsive, effective and well led.

The CQC would then have 33 weeks from issuing the provider information return to ultimately publishing a final report, with an internal standard of reviewing the well led domain every 24 months, though the CQC would use local judgement on whether inspection was needed sooner or indeed later, based on risk.

From March 2020 the CQC suspended all inspection activity, due to the pandemic, only doing very limited and targeted work on services which were thought to pose immediate risks.

However, prior to the pandemic, the CQC were already viewing their operating model and were seeking to make changes, which the pandemic pulled forwards in some respects.

The CQC launched a consultation in January 2021 on their future strategy, it closed in March, it had four themes, they were:

1. People and communities – regulation being driven by patient experience
2. Smarter regulation – more dynamic, flexible inspection, driven by data, focused on risk
3. Safety through learning – promoting a culture of safety, learning and improvement
4. Accelerating improvement – targeting support to areas where improvement in services for patients are needed

Specifically, on point 2, the CQC implemented a transitional approach to inspection during the pandemic and essentially implemented action 2 straightaway, furthermore they have taken seven additional steps, some of which are not relevant to the NHS Trust sector, those which are (or of interest to WMAS), are noted below:

- 1) CQC will return to inspect and rate NHS Trusts that are rated Inadequate or Requires Improvement, or where new risks have come to light – they will review the trusts ratings to still ensure they are appropriate
- 2) Close monitoring on infection prevention and control, with focussed IPC inspections where concerns arise.
- 3) Will carry out focussed inspections of Emergency Departments where intelligent monitoring suggests risks are present
- 4) They will prioritise high risk independent providers for inspection, such as independent ambulance and 111 providers.

Given WMAS was previously rated as outstanding and has maintained performance, the CQC are planning to schedule a “light touch review” of well led with us shortly (in the next 2-4 weeks) this will be done virtually, rather than in person.

Once the consultation outcome is published, a further update to the board will be given, briefing members on the defined approach to inspection going forwards. This will be linked to a briefing to our staff on a the revised approach to quality inspection and regulation.

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 11b MONTH: May 2021 PAPER NUMBER: 10b

Recommendations to the board

Firstly the board is asked to note the progress in completing the actions from the 2019 inspection, with one more action to complete, before the action plan is closed.

The final action within the action plan, a refreshed patient engagement strategy will be presented to QGC, currently scheduled for June. The board should note its importance by way of the focus from the CQC on patient experience in future inspections, but also the feedback we have received from partners on our own strategy development.

To note the update on the current transitional approach to inspection, pending an outcome to the CQC consultation issued this year.

Finally, to note that WMAS will receive a “light touch review” on well led, likely before the next board meeting in June 2021.

CQC 2019 Inspection Report Action Plan

Initial actions updated were updated following the 2019 Inspection Report. In 2021/2022 leads are asked to give an update on the current position.

| Reference | Type of concern | Area | Issue raised by the CQC | Action to be taken | Evidence | Lead | Status on completion | Update April 2021 | Rag Status 2021 |
|-----------|-----------------|------|---|--|--|------|----------------------|--|-----------------|
| CQC19-1 | Should do | E&U | The trust should ensure medicine recording documentation is accurate and up to date. | 1.1 Complete Update March 2021: All work required to be undertaken identified and roll out underway. Shelving complete on all sites and Controlled drugs register underway and due to have a version to test by the end of the March with roll out due April / May 2021 | 1.1.1 Complete | EC | | Complete All work required to be undertaken identified and roll out underway. Shelving complete on all sites and Controlled drugs register underway and due to have a version to test by the end of the March with roll out due April / May 2021 | |
| CQC19-2 | Should do | E&U | The trust should ensure storage temperatures for medicines are safe. | 2.2 Complete Each hub has 24 hour remote temperature monitoring in the Controlled Drugs Room, POMS room and outside temperatures | 2.2.1 Example of reports now available: Hollymoor Hub CD/POMS room reports Stoke Hub CD/POMS room reports | NH | | Evidenced provided by NH | |
| CQC19-3 | Should do | E&U | The trust should ensure investigations to some incidents were not always investigated | Darren Davis and HR (Lucy Mackcracken) are leading on the delivery of a Trust wide investigation process. The work has been complete and | 3.1.1 Documents available for review. | NH | | Evidence provided by NH – TORs for investigations are drawn up by HR, a process to challenge managers on the | |



| | | | thoroughly and robustly. | will be updated on the intranet by Tim James. Training for managers will start April 2021. | | | | requirement for investigations 'the bar' into conduct is near completion, this will ensure further consistency | |
|-----------|-----------------|------|---|--|-------------------------------|------|----------------------|--|-----------------|
| Reference | Type of concern | Area | Issue raised by the CQC | Action to be taken | Evidence | Lead | Status on completion | Update April 2021 | Rag Status 2021 |
| CQC19-4 | Should do | E&U | The trust should consider the overall managerial responsibilities of operations managers. | 4.1 Complete To help and assist in this process there is now a SOM on every HUB to help with seniority and assistance with those responsibilities. Also the SOP has been updated regarding the role and responsibilities of the OM | 4.1.1 SOPS Available | NH | | Further to the 24/7 management capacity based on each hub, a development programme has been running for all Operational Managers | |
| CQC19-5 | Should do | E&U | The trust should consider ways in which to increase staff attendance at team meetings. | 5.1 Complete The Trust and the EU Hubs will be and has been using Microsoft teams to try and increase attendance. Donnington and Lichfield has trialled this process which has shown good results with increased staff engagement. The Trust has also done QA engagement events with some good attendances. | 5.1.1 Weekly briefing. | NH | | VK Update SMT Team meetings now moved on line, enabling greater participation. Exec level team briefs for all staff now organised, taking place on alternate months. | |

| | | | | | | | | | |
|---------|-----------|-----|--|--|-------|----|--|---|--|
| | | | | Throughout the course of 2021, these Hub meetings will be updated in the weekly briefing. Other ways have also been explored such as staff surgery days on such Hubs, like Erdington | | | | | |
| CQC19-6 | Should do | PTS | The service should consider how to alert staff that safeguarding reports to the central contact point have been actioned. | 6.1 Complete The system within WMAS is clear and robust – Safeguarding and Welfare concerns are passed via a single point of contact through EOC – at this stage the referral is in effected delegated to WMAS to pass on the crews/staff members behalf -Where feedback is received staff members are informed but feedback is only provided for safeguarding cases and often even then we do not receive it. | 6.1 | RC | | Complete- continues to be a robust system in place and no issues or incidents reported. Feedback examples provided and Safeguarding Manager attended PTS SMT on to say thank you and give an example of good practice from PTS staff. | |
| CQC19-7 | Should do | PTS | The service should ensure that equipment servicing administration is up to date and correct. This should be regularly monitored. | 7.1 Complete Immediate action taken and evidence provided in the 3 unannounced CQC inspection action plan updates. Weekly reports continue to be sent to the Non-Emergency Operations Delivery Director | 7.1.1 | MB | | Complete Weekly asset reports reported through PTS SMT shared with Fleet Department. Staff member employed to look after PTS assets and maintain. PTS Asset Assurance Checklist 05.04.21 | |

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| CQC19-8 | Should do | PTS | The service should ensure that they continue to monitor vehicle cleanliness consistently post inspection. | 8.1 Complete Immediate action taken and evidence provided in the 3 unannounced CQC inspection action plan updates. Daily checks and check sheets completed | 8.1.1 PTS Operational Notice – PTS Vehicle Cleanliness 8.1.2 Evidence of continued monitoring and reporting 12 June 2019 reports | MB | | Complete Weekly asset reports reported through PTS SMT shared with Fleet Department. Random sample selected from each area during the PTS SMT meeting minutes | |
|-----------|-----------------|------|---|--|--|------|----------------------|---|-----------------|
| Reference | Type of concern | Area | Issue raised by the CQC | Action to be taken | Evidence | Lead | Status on completion | Update April 2021 | Rag Status 2021 |
| CQC19-9 | Should do | PTS | The service should ensure that risk assessments completed at the booking stage contain all relevant information to enable staff to safely transport patients. | 9.1 Complete Immediate action taken and evidence provided in the 3 unannounced CQC inspection action plan updates. | 9.1.1 PTS Operational Notice PTS011 9.1.2 PTS Transportation of Mental Health Patients Pan Birmingham Risk Assessment (PTS-020) 9.1.3 PTS Mental Health Transportation Black Country Risk Assessment (PTS-029) | MB | | Complete Risk assessments completed for complex needs, daily orbit report available which details complex patient needs and the requirement for individual risk assessments. Detailed risk assessments also available for mental health patients in the Black Country partnership | |
| CQC19-10 | Should do | PTS | The service should ensure that all taxi firms and their drivers are fully aware of | 10.1 Complete Immediate action taken and evidence provided during the CQC Data Requests | 10.1.1 Taxi Incident Reporting risk assessment | MB | | Complete Met with providers bimonthly. Governance pack given to each taxi | |

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| | | | when and how to report an incident; and ensure that these staff are aware of what may constitute an incident. | <p>reference (DR34) CQC inspection action plan updates.</p> <p>10.1.2 Complete Service level agreement in place and shared with Taxi Providers</p> <p>10.1.3 Complete Each Taxi provider required to complete incident reporting assurance document.</p> <p>10.1.4 Complete Information sheets on how to report incidents given to each Taxi provider and driver</p> | <p>10.1.2 Service Level Agreement</p> <p>10.1.3 Taxi Assurance Document completed by a provider</p> <p>10.1.4 Taxi Incident Reporting information sheet</p> | | | <p>driver. Examples of when incidents have been provided have gone to SMT. PTS SMT meeting minutes</p> <p>Taxi Spot Checks examples April 2021</p> <p>TAXI and VCS letter COVID-19</p> <p>PTS TAXI Framework</p> <p>PTS Operational Notice PTS/015 Reporting of Incidents by 3rd Party Providers and Voluntary Car Service</p> | |
|-----------|-----------------|------|---|---|---|------|----------------------|---|-----------------|
| Reference | Type of concern | Area | Issue raised by the CQC | Action to be taken | Evidence | Lead | Status on completion | Update April 2021 | Rag Status 2021 |
| CQC19-11 | Should do | PTS | The trust should ensure their guidance to staff regarding 'do not attempt cardiopulmonary resuscitation' is compliant to national best practice guidelines. | <p>11.1 Complete Immediate action taken and evidence provided in the 3 unannounced CQC inspection action plan updates.</p> <p>11.2.1 Complete Reinforced on the PTS Mandatory training program 2019/2020.</p> | <p>11.1.1 PTS DNACPR Clinical Notice</p> <p>11.2.1 2019/2020 PTS Mandatory training Program</p> | RC | | Complete No further issues and ongoing work undertaken with educating staff yearly on PTS Mandatory training. PTS Notice continues to be live and includes electronic DNAR. | |

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|----------|-----------|-----|---|--|---|-------|--|---|--|
| | | | | <p>11.3.1 Complete This was also previously included in the PTS 2017/2018 Mandatory Training program</p> <p>11.4.1 Complete DNACPR included in the PTS 2019/2020 Personal Development Reviews (PDR's) 100% completed</p> <p>11.5.1 Complete Each PTS member of staff has a personal issue pocketbook. One is also in every vehicle pack</p> | <p>11.3.1 2017/2018 PTS Mandatory Training Program</p> <p>11.4.1 2019/2020 PTS PDR paperwork</p> <p>11.5.1 PTS Pocketbook</p> | | | <p>Latest PTS DNACPR Clinical Notice</p> <p>Copy of 2021/2022 PTS Mandatory Training program</p> <p>2-week PTS Induction Course Timetable 2021</p> <p>2-week PTS Induction Learning Objectives 2021</p> | |
| CQC19-12 | Should do | PTS | The service should ensure that all relevant staff are confident to identify signs of a deteriorating patient. | <p>12.1 Complete This is included now on the induction and training and also forms part of the mandatory training.</p> | 12.1.1 | JW/MB | | <p>Complete Work continues to educate staff through mandatory training, through appraisals, number of good examples of where this has worked well.</p> <p>Copy of 2020/2021 PTS Mandatory Training program</p> <p>Copy of 2021/2022 PTS Mandatory Training program</p> | |

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| CQC19-13 | Should do | PTS | The service should consider teams where culture could be developed and identify actions to do so. | 13.1 Complete October is national Speaking Up Month and FTSU will be promoted through this campaign. FTSU was promoted widely during October both in the Weekly Briefing, and also at drop-in events at Hubs. Considerable development has been facilitated for supervisors and managers in "Vital Conversations"; "PDR Reviewers"; "Supporting Home Workers" and local FTSU advocates have had 2 development sessions. | 13.1 | BK | | Complete Promotion and development for FTSU is continuous. Engaging Leaders, Engaging Managers and all OD interventions continue to focus on culture change and behaviours. | |
|-----------|-----------------|------|---|---|--|------|----------------------|---|-----------------|
| CQC19-14 | Should do | PTS | The service should record team meetings consistently and consider how to best disseminate information to all staff. In addition, where attendance at team meetings is consistency low; the service should consider alternative ways to generate attendance. | 14.1. Complete Dates of all meetings up until April 2020- timings of meetings tailored, each SOM does drop in sessions at each site. Michelle then visits sites with the Staff Governor. | 14.1.1 PTS Staff meeting dates 2019-2020 | MB | | Complete Station meetings and drop ins continue at all sites. Local staff side meetings also with a regional meeting also. | |
| Reference | Type of concern | Area | Issue raised by the CQC | Action to be taken | Evidence | Lead | Status on completion | Update April 2021 | Rag Status 2021 |

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| CQC19-15 | Should do | PTS | The service should ensure all identified risks are recorded and monitored through the risk register. | 15.1 Complete Risks discussed every week at PTS SMT meetings | 15.1.1 PTS Senior Management Team meeting minutes 03.07.19 21.08.19 | MB/CK | | Complete Standard agenda item on the PTS SMT for risks where ER54's, risk assessments and trends and themes are reviewed. | |
|-----------|-----------------|------------|---|---|---|-------|----------------------|--|-----------------|
| CQC19-16 | However | Trust wide | The trust had a clear vision and set of values with quality and sustainability as the top priorities. The vision and values were widely known with a focus on delivering high-quality sustainable care to people who use services, and robust plans to deliver. However, the strategy had not kept pace with the ambitions of the trust. Plans were in place to ensure its refresh. | 16.1 Complete Strategy review completed. New Strategic Objectives formally approved in March 2020. Underpinning work streams to be fully developed and approved. The current enabling strategies remain in date, these will be updated to incorporate new elements of the corporate strategy throughout the year. | 16.1 | PW | | Detailed reviews have taken place by the Board of Directors to identify priority workstreams to support the strategic objectives. These have been discussed with staff and external stakeholders and will be formally approved within the fully updated five-year Strategy. The review dates for the enabling strategies have been extended to September 2021 to facilitate alignment and embedding of key priorities to the appropriate strategies. | |
| Reference | Type of concern | Area | Issue raised by the CQC | Action to be taken | Evidence | Lead | Status on completion | Update April 2021 | Rag Status 2021 |
| CQC19-17 | However | Trust wide | The trust had some effective systems for identifying operational risks and | 17.1 Complete The risk register has been updated further to include a separate "group" and | 17.1 | MB | | Risks identified through EMB | |



| | | | | | | | | | |
|--|--|--|---|---|--|--|--|---|--|
| | | | <p>planning to eliminate or reduce them. However, this was not always consistent, and some risks were not managed in a timely manner.</p> | <p>“committee” responsible column. This ensures that all risk assessment on the risk register have a specific responsible “group” (e.g. HSREG, PTS SMT, WFDG) and Committee at the Trust. Each group meeting receives a snap shot of the Trust’s risk register for those risks which it is responsible to. The column heading has also been updated to state 1st or 2nd line of risk defence/assurance to assist in providing responsibility and assurance.</p> <p>The risk team has also implemented a process where risk owners (1st line of defence/assurance) are notified of their risk when the review period has 28 days to go. This is followed up on 14 days and 7 days.</p> <p>Both approaches above ensure that the Trust manages its risk’s in a timely consistent manner.</p> <p>The Health Safety Risk and Environmental Group receives a full snapshot of the Trust’s risk register, and</p> | | | | <p>Board assurance framework for strategic risks update on a rolling basis</p> <p>Weekly risk log completed through Covid managed through the senior command team meeting. - operational level.</p> | |
|--|--|--|---|---|--|--|--|---|--|



| Reference | Type of concern | Area | Issue raised by the CQC | Action to be taken | Evidence | Lead | Status on completion | Update April 2021 | Rag Status 2021 |
|-----------|-----------------|------|---|---|---|-------|----------------------|--|-----------------|
| CQC19-18 | However | PTS | A small number of staff told us they had received some training on sepsis, but they would not know how to identify this in a patient. | 18.1 Complete Because PTS staff aren't clinicians they will not have the diagnostic tools to be able to identify Sepsis. However, poster displayed on PTS sites and also provide a couple of brief slides to be included on the mandatory training. | 18.1.1 PTS Sepsis poster 18.1.2 PTS Mandatory training sepsis slides | JW/MB | | Complete Reinforced on training, PTS notice ON/106 remains in place | |
| CQC19-19 | However | PTS | A small number of staff within a specific team did not feel supported. | 19.1 Complete 100% of available staff have had a PDR with their line manager. Tailored PDR to cover the issues raised by the CQC. Regular station meetings. Staffs-side and managers meet monthly | 19.1 | MB | | Complete Engagement continues, managers are visible and regular site meetings continue | |
| CQC19-20 | However | PTS | We saw team meetings were recorded and information was disseminated inconsistently between teams. | 20.1 Complete PTS hold weekly Senior Manager Meeting attended by the PTS Senior Operations Managers, PTS Operations Managers (Overall responsibility for contracts and stations) chaired by Non-Emergency Service Delivery Operations Director. All managers are in | 20.1 | MB | | Complete Minutes are recorded and action points are recorded for meetings are brought to LPF | |

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| | | | | one email group to ensure information chains are clear and concise. | | | | | |
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| CQC19-21 | However | Trust wide | There was not a committee dedicated to human resources and workforce development. This was reported through the resources committee. There was a potential that a lack of a direct voice at board may lead to some oversight of this crucial area. However, we did not see any examples of this. | <p>21.1 Complete</p> <p>The Director of Workforce and Organisational Development role is an Executive appointment.</p> <p>Workforce discussions are integrated into all corporate strategic decisions.</p> <p>The Director chairs the Workforce Development Group meetings quarterly where assurance and risks are discussed.</p> <p>All workforce matters are escalated to EMB, QGC, Resources and directly to BOD where necessary and required.</p> | 21.1 Minutes of Workforce Development Group meetings were provided to CQC Inspectors. Workforce Reports are presented to QGC and Resources Committees at every meeting. | KN/CB | | People Committee in place from 2020. | |
| Reference | Type of concern | Area | Issue raised by the CQC | Action to be taken | Evidence | Lead | Status on completion | Update April 2021 | Rag Status 2021 |
| CQC19-22 | However | E&U | The trust promoted new talent and leadership. There were links with four universities to bring in new staff particularly students paramedics under a 'earn as you learn' scheme. The | 22.1 Complete Recognised that the Trust is leading the ambulance sector in the delivery as a learning organisation. This requires our experienced workforce to support less experienced colleagues. | 22.1 Apprenticeship levy reports to Finance committee. Financial returns to Skills Funding Agency, | KN/CB | | <p>BSc upskilling available for qualified Paramedics.</p> <p>CPD uptake monitored and reported to WDG by staff group / job role.</p> | |

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| | | | <p>effect of constantly having new recruits however also impacted on experienced staff as they had to mentor, sign off competencies and support them on a continual basis. Some staff expressed the view that this was at the expense of promoting learning for experienced staff.</p> | <p>To ensure clinical placement support is adequately managed, the Trust engages with our University Consortium members to together, collaboratively plan student abstractions throughout the year ensuring significant peaks in placement demand are avoided.</p> <p>To support Mentor Development the following actions have been taken: Reviewed the Mentor Framework – paper with recommendations in draft.</p> <p>Identified with the HEIs for named mentors development sessions</p> <p>Reviewing the mentor register, focusing on non-active mentors and their development needs to re-engage .</p> <p>HEIs are developing a plan to deliver development sessions for mentors/CTMs directly at hubs sites.</p> <p>Inviting more CTM and mentors to</p> | <p>Workforce Development Group reports from Head of OD and Head of Education and Training reporting number of staff undertaking Trust supported programmes of education.</p> <p>Board of Directors Reports .</p> <p>ESR/OLM records.</p> | | | <p>OM development programme in place.</p> | |
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| | | | <p>graduations/award ceremonies</p> <p>CTMs and mentors part of OD/HEI consortium working groups</p> <p>In addition to the support for Student Paramedics, the Trust has an ambitious focus on offering all Paramedics the opportunity to gain a Degree level qualification, fully funding their academic costs.</p> <p>All funded BSc level programmes include a mandated mentor module.</p> <p>Across the organisation there are substantial development programmes supported by the Trust, predominately via the apprenticeship levy route. Including PTS Carers, Business apprentices in HR, Finance and IT, and mechanical engineering.</p> <p>Further initiatives under development are to provide EOC call assessors with an apprenticeship route.</p> | | | | | | |
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| Reference | Type of concern | Area | Issue raised by the CQC | Action to be taken | Evidence | Lead | Status on completion | Update April 2021 | Rag Status 2021 |
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| CQC19-23 | However | Trust wide | A clinical strategy was in place and had been approved May 2018. This was led by the medical director. Since its implementation there had been a new medical director appointed. Clinical steering objectives were agreed at the Professional Standards Group, however there had not always been attendance at the meeting by the medical director or their predecessor. | 23.1 Ongoing Clinical Strategy 2020 approved | 23.1 The clinical strategy was agreed at EMB earlier in 2020. Further update being approved in 2021-2022 | AW | | VK – revised clinical strategy to be developed in line with the Trusts new organisation strategy to be signed off in May 2021 | |
| CQC19-24 | However | Trust wide | There were 22 FTSU advocates within the trust. Each advocate had been comprehensively recruited and trained. Most recently, all of which had attended a development day in September 2018 which involved working through case | 24.1 Complete There has been considerable engagement from PTS with 6 PTS advocates covering Tollgate NEOC, Coventry and Gravelly. They all communicate across the contracts are very active and visible. PTS to undertake further ongoing engagement | 24.1.1 | MB/NH/BK | | Complete PTS: Has seen an increase and further work during 2021/2022 in PTS Managers objectives to complete | |

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| | | | <p>studies and receiving national and regional updates on FTSU. However, it was highlighted in the annual report there were some hubs and locations which did not have FTSU advocates. A Non-Executive Director (NED) had also been appointed as the FTSU lead on the board.</p> | <p>exercises throughout 2020-2021</p> <p>EU update all Hubs are now up to date and have recruited FTSU Advocates.</p> <p>All BAME staff written to across the organisation encourage them to consider becoming FTSU advocates.</p> | | | | | |
| CQC19-25 | However | Trust wide | <p>However, while there was oversight of the top scoring risks below that there were some clinical, patient facing risks had been on the risk register for some time. While we saw some actions had been taken we not assured of the longstanding timely oversight and management of some risks.</p> | <p>25.1 Complete</p> <p>Papers presented at EMB July 2019</p> | <p>25.1.1 Patient Facing Risks Paper presented to EMB in July 2019</p> <p>25.1.2 Patient Facing Risks Paper presented to EMB in July 2019 Appendix</p> | MB | | <p>MB update</p> <p>Risks included in all SMT meetings as a standing item, this actions crosses over with the "CQC safe" domain action plan.</p> <ul style="list-style-type: none"> All Risk reviews are reported through the Risk Changes report to HSRE – increase, decrease, archive, new risk etc | |



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| | | | | | | | | <ul style="list-style-type: none"> • Risk Grading Tool and Matrix reviewed and updated to reflect management of Risks at 4 Levels - Very Low, Low, Moderate and High • Risk Appetite Statement created and reviewed to include 3 Lines of Defence Model of Risk Management and key risk terms, and risk decision making • BAF reported at Committee Level and Board, which now includes all Risks graded at 12 and Above and any changes following reviews | |
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| | | | | | | | | <ul style="list-style-type: none"> Lead SOM now appointed to attend HSRE to report directly from E&U SMT Other Risk documents created to provide information on greater risk management including Health and Safety Framework, Competency to Complete a Risk Assessment, Managers guide to incident investigation | |
| CQC19-26 | However | Trust wide | The Caldicott guardian was the medical director. They reported meeting regularly with colleagues regarding information management however the meetings were not | 26.1 Complete Notes and log kept | 26.1 All meetings now have notes, also Chris Kerr is keeping a log of all events where the Medical Director is involved as the Caldicott Guardian. | AW | | AW and CK update Previous action remains in place, Chris Kerr retains a log. | |



| Reference | Type of concern | Area | Issue raised by the CQC | Action to be taken | Evidence | Lead | Status on completion | Update April 2021 | Rag Status 2021 |
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| CQC19-27 | However | Trust wide | Poor staff performance was addressed, however there was not always consideration taken into account of how the practices could potentially impact on the wider service provision. For example, where medications had been stolen this was not reported as an incident or explored to look at further potential risk of thefts. | 27.1 Complete This has been addressed in action CQC19-3 | 27.1 | NH | | Evidence provided by NH. Pages 30,31,32 of the medicines management procedure sets out how and what needs to be investigated This is further supported by the incident reporting process "IR 54" | |
| CQC19-28 | However | Trust wide | The trust engaged with the local health economies it serves through the six West Midlands sustainability and transformation plans (STPs). The trust had limited senior management resource which meant it was challenging to | 28.1 Ongoing Board engagement plan drafted to be presented at EMB Letter has been sent to each STP outlining the lead Executive Director and Assistant Chief Officer for each STP. Document to be presented to EMB to support handover arrangement from existing lead to new executive lead and to | 28.1 | PW | | Board level engagement leads have been reviewed and re-confirmed for each area. Each lead is in regular contact with their respective STP / ICS senior leads. All key meetings have resumed in a virtual manner, which has | |

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| | | | provide a consistent level of engagement across all systems. The trust had excellent working relationships with many acute providers, however they could be inconsistent in their approach and this was not always conducive to building effective partnership working with all acute providers, particularly during times of extreme pressure. | provide a process for feedback on key conversations and issues for feedback into Board discussions Each Director began attending STP and associated meetings in their respective areas. Report presented to EMB in February proposing method of gathering feedback from meetings, but due to, Covid-19 most external meetings have since been cancelled. Proposed arrangements to be reconsidered when normal business resumes | | | | proved to be an efficient way for WMAS to increase attendance. Engagement exercise in relation to Trust Strategy was conducted with all external stakeholder groups, with further engagement through Lead Commissioners' forum. This has supported wider awareness and understanding of our ambition, which will provide solid foundation for future engagement and strategic alignment. | |
| CQC19-29 | However | Trust wide | There was no specific strategy document or policy in relation to patient experience. We were told the complaints policy was the main source of guidance and information regarding patient experience. There was limited awareness within the patient experience team regarding the | 29.1 Ongoing Pippa Wall to provide an update | 29.1 Marie to provide update on the framework and then we'll review what changes need to be made to the strategies. | MC | | A review of the framework and a revised patient experience strategy is scheduled for completion for review by relevant committees in June 2021 | |



| | | | NHS patient experience improvement framework and assessment tool. The framework is an evidence-based framework to enable board and senior teams in providers to continuously improve the experience of patients. The assessment tool is a tool which allows providers to score themselves against the characteristics outlined in the framework. | | | | | | |
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| Reference | Type of concern | Area | Issue raised by the CQC | Action to be taken | Evidence | Lead | Status on completion | Update April 2021 | Rag Status 2021 |
| CQC19-30 | However | PTS | Not all fleet supervisors had access to an overview of when all vehicles had been serviced and had received a MOT. This was localised to the Cheshire Contract. We reviewed MOT data for 17 vehicles located at Warrington | 30.1 Complete Bensons provide weekly reporting on the last done and next due for servicing of equipment. | 30.1.1 Example of Benson's weekly assurance report | TP | | Complete Dedicated fleet supervisor who works for fleet department. Assurance reports available if required as evidence | |



| | | | and found all were in date with their MOT requirements. However, 10 vehicles had exceeded 15,000 miles in between the two last service points which was outside of the recommended mileage set out by the servicing record. | | | | | | |
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| Reference | Type of concern | Area | Issue raised by the CQC | Action to be taken | Evidence | Lead | Status on completion | Update April 2021 | Rag Status 2021 |
| CQC19-31 | However | PTS | Staff working within the service transporting patients with mental health conditions reported some patients could display aggressive behaviour; however, they were rarely given any relevant information which could support them to deal with this. Where patients were not deemed safe to travel; they were referred to a local third-party provider who specialised in transporting detained | 31.1 Complete There is a robust protocol-in previous CQC DR- AP to dig out. Mandatory training 18/19 and 19/20- me to add in the training Individual issues MH cards and in vehicle packs | 31.1.1 2019/2020 PTS Mandatory training Program 31.1.2 2017/2018 PTS Mandatory Training Program | MB/RC | | Complete PTS has 1 dedicated mental health contract. All staff are trained, always on mandatory training Copy of 2020/2021 PTS Mandatory Training program | |



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| | | | patients. However, staff had concerns that some patients were allocated to the service despite concerns around suitability being raised such as patient and staff safety. The staff told us they had raised concerns but had not received responses. | | | | | | |
| CQC19-32 | However | PTS | A small number of staff told us they were unclear on the policy for transporting patients living with dementia. They felt the guidance on whether patients should be transported by single or double crewed vehicles was confusing. Staff had been told to make an assessment in the event a single crewed vehicle was sent to a patient living with dementia. Staff felt patients living with dementia should always be transported by a double crewed | 32.1 Complete Staff do have dementia awareness training. On the majority of contracts its either the Patient or a health care professional who makes the booking. Patients have to go through an eligibility criteria | 32.1.1 PTS Mandatory Training 2017-2018 program included a session on "Assisting Patients with Learning Difficulties and Dementia" | MB/RC | | Complete Dementia continues to be on mandatory training. Copy of 2020/2021 PTS Mandatory Training program Copy of 2021/2022 PTS Mandatory Training program | |



| | | | vehicle as there was significant safety risks if transported in a single crewed vehicle. Staff also felt they were not qualified to assess whether a patient was or was not a safety risk if transported by a single crewed vehicle. | | | | | | |
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| Reference | Type of concern | Area | Issue raised by the CQC | Action to be taken | Evidence | Lead | Status on completion | Update April 2021 | Rag Status 2021 |
| CQC19-33 | However | PTS | Staff raised concerns that they did not have any specific patient handover forms. To specifically record any incidents of note. For example, to report a patient injury which occurred during the journey which may occur if knocked themselves | 33.1 Complete There is a process in place that for any patient being transported by PTS that is injured an A&E crew is contacted to attend and the injury will be documented by them as per the normal process. The PTS crew then complete an ER54 and inform their supervisor. We have done a lot of work on this which is why we have seen an increase in reporting over the past 18 months or so. | 33.1 | JW/CK | | Complete PTS High Dependency have patient report forms. For remaining PTS staff if an incident occurs they would follow PTS notice ON/106 and call for an E&U Ambulance if required | |
| CQC19-34 | However | PTS | Staff could tell us about learning following incident trends. For example, | 34.1 Complete Weekly briefing SI newsletters | 34.1.1 Serious Incident Newsletters | ST/MB | | Complete Managers briefings, regular sections in the weekly briefing | |

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| | | | following incidents involving bariatric patients being at risk due to unsuitable equipment, new equipment was purchased and all staff trained in its use. However, some staff told us that they do not regularly receive learning from incidents. | | | | | available to all staff which identifies learning from incidents. Monthly reports to SMT and LPF (Staff side representatives there) which identifies trends and themes an example is skin tears and falls from wheelchairs which resulted in new SOP's and additional training | |
| CQC19-35 | However | PTS | Technology was used to deliver an effective service. Staff transporting patients used personal digital assistants (PDAs) to receive patient bookings, details about patients and any other relevant information. Staff could use these devices to contact the control room, however, due to the devices not being connected to a car call taking system, solo staff were unable to answer a call without stopping the vehicle. | 35.1 Complete Staff are advised not to answer the PDA whilst driving and control know not to contact crews whilst driving | 35.1 | MB/CC | | Complete And previous advise remains that "Staff are advised not to answer the PDA whilst driving and control know not to contact crews whilst driving" PTS PDA Notices: PTS/022 PDA Procedures PTS/009 Emergency Button Activation on Vehicle PDA Device PTS/005 PTS PDA Storage | |



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| CQC19-36 | However | PTS | Some staff said the executive team were not always visible and could not remember the last time they saw them. Data from the trust showed that each PTS base had an allocated 'buddy' from the board of directors. From October 2018 and March 2019; 12 executive visits had been made to various bases; although not all bases were visited. | 36.1 Ongoing To be included in the objectives of the buddies | 36.1 | MB/VK | | Buddy sites agreed by EMB and board – however, exec and non exec buddies now covid restrictions are lifting need to ensure regular visits are made to their sites | |
| CQC19-37 | However | PTS | At the time of our inspection the central alarm system on one of the units was not working. Staff identified this to us as a risk that the trust were aware of and were working to have this rectified. Staff told us that this was on the services risk register. However, following the inspection, the trust sent us a copy of their risk register and | 37.1 Complete Already addressed and as such not required to be on the risk register. | 37.1 | MB/CK | | Complete No issues, reinforced on PDR's, training and a PDR notice. | |



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| | | it did not contain the lack of alarm as a risk. | | | | | | | |
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Lead Initials Key

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| NH | Nathan Hudson- Emergency Services Operations Delivery Director |
| MB | Michelle Brotherton – Non-Emergency Services Operations Delivery Director |
| RC | Robert Cole |
| JW | Jason Wiles – Lead Paramedic |
| BK | Barbara Kozlowska |
| CK | Chris Kerr |
| PW | Pippa Wall |
| KN | Kim Nurse |
| AW | Dr Alison Walker Medical Director |
| TP | Tony Page |
| ST | Simon Taylor |
| VK | Vivek Khashu |
| CB | Carla Beechey |

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REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 11c

MONTH: May 2021

PAPER NUMBER: 10c

| Draft Trust Strategy 2021-2026 | |
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| Sponsoring Director | Strategy and Engagement Director |
| Author(s)/Presenter | Vivek Khashu – Strategy and Engagement Director |
| Purpose | <p>The purpose of this paper is to present the draft organisational strategy for the boards approval.</p> <p>In presenting the attached strategy, the paper will set out the engagement and feedback during the process of developing it, so the board can be assured the right stakeholders have been or will continue to be engaged with.</p> <p>Every organisational strategy should be a live document, which are adaptable based on prevailing issues and opportunities, for WMAS to drive towards its vision of bringing the right care, to the right patient first time.</p> <p>The board are asked to note the contents of this paper and consider endorsing the attached strategy for implementation.</p> |
| Previously Considered by | April 2021 Trust board |
| Report Approved By | Vivek Khashu – Strategy and Engagement Director |
| Executive Summary | |
| <p>In September 2021 the WMAS board of directors embarked on developing a new organisational strategy, it did this by looking back over the previous strategy and the Trusts achievements and looking forwards, assessing the strategic drivers for change.</p> <p>In November 2021, the board re-affirmed our vision, our updated our set of values and reviewed and prioritised a new set of strategic priorities.</p> <p>From October onwards to this day, WMAS has been engaging with a diverse set of partners on our vision, values and priorities. Partners including our staff, unions, governors, Integrated Care Systems, Clinical Commissioning Groups, and several others external to the trust.</p> <p>The feedback has helped affirm our vision, the amended values set and shaped our strategic priorities further, the engagement in of itself has also been appreciated by partners.</p> | |

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Based on the level of engagement that has taken place, in line with a previously agreed engagement plan, the draft organisation strategy is now presented to the board of directors for review and consideration approval, so it can be implemented.

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| Related Trust Objectives/ National Standards | The strategy development work directly impacts upon all five trust objectives, as it sets out the strategic priorities under each one. |
| Risk and Assurance | Our future strategy is about reducing organisational risk, by understanding key pressures and issues and working towards proactively resolving them and ultimately creating opportunities for improvement and better outcomes for those we serve. |
| Legal implications/ regulatory requirements | Having a live organisational strategy is a key part of the “well led” domain as part of the Care Quality Commission rating of all providers of care. |
| Financial Implications | There are no immediate financial implications associated with the strategy development work or its launch |
| Training & Workforce Implications | There are no immediate workforce or training implications as part of this paper however, it does set a direction for the next 5 years on workforce re-design / development. |
| Communications Issues | Communicating and launching our new organisational strategy, primarily to our own staff has a plan which will be set out in the paper. |
| Diversity & Inclusivity Implications | This new strategy serves to build on our ambition to be truly representative employer, by having a strategic priority on having a organisation which is truly representative of the region we serve, which has amongst the most diverse towns and cities in the country. |
| Quality Impact Assessment | A quality impact assessment has not been undertaken. |
| Data Quality | The papers are lodged within the board papers app. |

Action required

The board are asked to note a consolidated account of the feedback we have received from our stakeholders and how the feedback has been recognised within the development of the strategy.

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The board is also asked to endorse the draft strategy for implementation.

The board is asked to receive further feedback from our Health Overview and Scrutiny Committees (HOSCs) and Membership. HOSCs were observing purdah during the local council elections held in May, so were unable to participate at that stage.

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Background

The WMAS service strategy launched in 2015 has served the organisation incredibly well, between 2015 and 2020 The Trust has achieved more than any other ambulance service and indeed is amongst the very highest performing Trusts in the country.

However, the previous strategy concluded in 2020, the board extended it for a year, due to the covid 19 pandemic and the need for the Trust to focus on three key objectives, 1) protecting the 999 national critical infrastructure, 2) always being there for our patients when they call us and 3) saving as many lives as possible.

The Trust began its strategy development work in earnest in September 2020, critically reviewing our own recent progress but also the drivers for change that we could see arriving over the next 5 years and longer.

During December and January its development and engagement with partners slowed down, as the NHS once again rose to the challenge of the third wave of covid 19.

In developing its thinking, WMAS firstly engaged internally with our staff and then externally with stakeholders, engagement on our strategy and progress will continue all the way through its delivery in the coming years.

Developing the strategy – who was engaged and what was the feedback

As a university teaching trust and regional provider of urgent and emergency care serving over five million people, across more than five thousand square miles there are several key stakeholders

The table below attempts to capture in one place who we engaged with and the key items of feedback, alongside a 'what did we do' section aligned to stakeholder and feedback.

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| Stakeholder engaged | Summary points of feedback | Response |
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| One to ones with staff | <ul style="list-style-type: none"> • Clear desire to extend our reach into communities through schools engagement • Consistent feedback on a lack of career structure clinically (for those staff not wanting to progress through operational management), with very few roles in advanced practice currently | <ul style="list-style-type: none"> • Development of extended and new types of roles included within the strategy (subject to aligned commissioner support) • Our role in public health and reducing health inequalities are also strategic priorities, which link to community engagement. |
| Lead commissioner | <ul style="list-style-type: none"> • Very supportive of direction which is aligned to commissioner and ICS future intentions • “pushing against an open door re strategic priorities” | <ul style="list-style-type: none"> • Kept lead commissioner engaged and briefed on how our strategy has been progressing |
| Council of Governors (x2 sessions) | <ul style="list-style-type: none"> • Raised the need to engage with ICSs • Raised the issue of career development through advanced practice • Opportunities to tackle isolation through social prescribing seen as an opportunity • A challenge on how we engage younger people on | <ul style="list-style-type: none"> • ICSs were engaged with in the development of the strategy. • Career development is respected in the strategy • Strategic priorities around health inequalities and public health are included • WMAS has joined Birmingham Women’s and |

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| | <p>how we develop our strategy</p> <ul style="list-style-type: none"> To note that our stakeholders do include the third sector to | <p>Children's Hospital on patient / user engagement jointly with health watch Birmingham</p> <ul style="list-style-type: none"> Approach to engaging the 3rd sector will be reviewed through the communications and engagement underpinning strategy |
| WMAS Regional partnership forum (unions) | <ul style="list-style-type: none"> Challenge on vision and whether they it was owned by staff – seen as a one way discussion when it came to trust disciplinary process Would we meaningful engage staff on the development of the strategy | <ul style="list-style-type: none"> We asked staff if they felt our values were aligned to the jobs that they did and if they were the “right ones” 29/30 said yes in a survey. Staff engagement event held with the CEO with on-going events now planned in |
| Combined integrated Urgent and Emergency Care Commissioning Team | <ul style="list-style-type: none"> Very supportive of the direction of travel Welcomed the change to engage Supported and arranged the direct engagement with the six ICSs and all twenty-two CCGs | <ul style="list-style-type: none"> WMAS took up the offer to engage with CCGs and ICSs – grateful thanks to our lead commissioner for enabling that to happen |
| All constituent CCGs | <ul style="list-style-type: none"> Welcomed the chance to engage with us on it All supported the direction of travel Specific feedback on rural healthcare | <ul style="list-style-type: none"> Our hubs across the region are increasingly becoming embedded within the local health and social care |

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| | <p>and the need for us to have a differential approach (the approach itself not described though)</p> <ul style="list-style-type: none"> • “pushing against an open door re strategic priorities” | <p>systems they serving, forging local relationships</p> <ul style="list-style-type: none"> • Forthcoming clinical strategy to review the model of care across the organisation • Shropshire ICS and WMAS to work jointly together on what they would seek in their system. |
| All six Integrated Care Systems | <ul style="list-style-type: none"> • Welcomed the chance to engage with us • Supported us with the on-going need to remain ‘regional’ where there are local tensions on providing ‘place’ based services • Sought an on-going dialogue – June all ICS meeting arranged • Shropshire, Telford and Wrekin ICS raised the issue of rural provision of acute care, in the same way Shropshire CCG did • On-going support for ICS level engagement events, eg on 111 | <ul style="list-style-type: none"> • Planned slot in June to update all ICSs in how our strategy has progressed • Shropshire ICS and WMAS to work jointly together on what they would seek in their system. |
| Internal SMTs | <ul style="list-style-type: none"> • Importance of youth employment • Raised the profile of research | <ul style="list-style-type: none"> • WMAS is part of the kick start programme • WMAS engaged with the Prince of |

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| | <ul style="list-style-type: none"> How will non-emergency transport feature in our future strategy | <p>Wales Nursing cadetship scheme (it's a cadetship scheme for younger people for all NHS roles)</p> <ul style="list-style-type: none"> Being research led is a new strategic priority within the trust The Trusts "commercial strategy" is under review now Non-emergency patient transport is included within the revised draft strategy as a key service line. |
| Virtual all staff briefing | <ul style="list-style-type: none"> Affirmation of all the points raised in 121 discussions mental health and wellbeing should be a strategic priority The desire to continue live engagement events The need to develop roles outside of paramedic practice, for example greater midwifery capacity Several items of feedback on how we accommodate the needs of those colleagues with disabilities | <ul style="list-style-type: none"> Professional development included as a strategic priority Mental health and wellbeing included as a strategic priority Individual conversations taking place with colleagues who felt disability in the work place was not being adjusted for Individual conversations with staff on flexible working Jargon was removed Feedback on language was also taken into account, for example on |

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| | <ul style="list-style-type: none">• Flexible working and its application outside of corporate areas• Affirmation of our inclusion of environmental sustainability as a value. | <p>how we referred to “millennials” and covid.</p> <ul style="list-style-type: none">• Individuals Qs raised on the briefing answered in real time by the CEO and then followed up outside of the meeting by respective Directors and senior managers. |
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| <ol style="list-style-type: none"> 1. University partners 2. CQC regional link 3. NHSE relationship lead 4. Health Watch 5. Primary Care – Birmingham and Shropshire | <ul style="list-style-type: none"> • Vision is clear • Vision aligned to partners view • Focus on “client centred care” with connection to local services • Strategic objectives are clear – feedback though on patient engagement on shaping services and listening to patient voices • If capacity exits, for WMAS to review the priorities set out by our university partners to check for alignment • Strategic priorities ranked equally – i.e. none were prioritised above another • Regarding our values – a suggestion of inclusion of “inclusivity” • All wanted to continue to engage with us going forwards as the strategy evolves and as we seek to refresh it • “strategy is a comprehensive document” • “This looks comprehensive and innovative, | <ul style="list-style-type: none"> • A refresh of our patient experience framework and strategy is planned – a key piece of work linked to feedback on our strategy and also the future focus from the CQC • Whilst having a representative workforce of the people we serve is a strategic priority, “inclusivity” is not explicitly stated, for consideration by the board. • A student and academic reference groups with out aligned universities should be progressed • On-going engagement to take place with partners noted, especially given they have stated they want to remain engaged with us. |
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| | <p>and I thank you for asking my opinion”</p> <ul style="list-style-type: none">• The Strategy needs to be a live document as things around us change• Continue to engage governors• “we can help you to involve the public in your work and promote what you do and offer”• Higher Education Institutes could develop a student reference group with WMAS, separately an academic reference group could also be formed. | |
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| <p>Health Overview and Scrutiny Committees</p> <p>Due to the local authority elections some HOSCs did make touch to delay feedback in relation to the purdah period and the reappointment of councillors</p> | <ul style="list-style-type: none"> • Develop informal meetings with chair and vice chair of Health Overview and Scrutiny Committees • Telephone discussion with the Warwickshire HOSC who wanted to arrange a separate discussion with WMAS and the HOSC chair once appointed – they also thanked us for the years of engagement they have had through Mark Docherty and Pippa Wall. • One committee suggested a single combined committee with representatives from all others could be beneficial for our service | <p>1. From June 2021 onwards HOSCs will re-mobilise with key councillor roles appointed – WMAS will follow up HOSC feedback</p> |
| <p>Foundation Trust Membership</p> | <ul style="list-style-type: none"> • Draft strategy has been sent to our membership in advance of the board meeting, feedback will be presented back to a future board meeting | <ul style="list-style-type: none"> • Feedback from our membership to be brought back to a future board meeting. |

The timing of developing our strategy has overlapped with the pandemic and a challenging winter period, which has resulted in some in some key adjustments, eg virtual engagement and a pause over December and January at the peak of pressures.

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Especially for our staff, we would have ideally wished to have had mass participation events but doing so for obvious reasons. was not possible.

Whilst in challenging circumstances, seventeen different forums or bodies have been engaged with, involving ultimately hundreds of colleagues from across the health and care spectrum.

Whilst there is some more feedback to potentially receive through the HOSCs and our membership, this should not further delay the approval of our organisational strategy. The strategy should always remain a live document, subject to updating on a regular basis in the coming months and years, based on new developments and of course feedback from our staff and partners.

Our staff and partner have reaffirmed our vision, our values, our objectives and have helped us shape our strategic priorities for the next five years, their time and input into doing so is greatly appreciated and valued.

Implementation and next steps

Should the board approve the organisational strategy, an exec team briefing event open to all staff is scheduled to take place the day after the board meeting on the 27th May. The strategy will be launched at this event, the event itself is one of a regular series which have been put in place following feedback from our staff at our virtual all staff briefing event.

The strategy will also be briefed into the Bulletin for Thursday the 27th of May, the day after the board meeting.

The Strategy and Engagement Director will also join the SMTs from each directorate to brief our leaders. Through this work, old versions within each hub will be removed and replaced with our 'strategy on a page'

A slot at the monthly Integrated Urgent and Emergency Care meeting of all our ICSs has also been secured in June 2021 to brief all of partners.

The strategy itself will be subject to quarterly review, there are several underpinning strategies in need of re-fresh during 2021/22 as set out within the document itself.

Finally, the level of external engagement is pencilled in for review by our internal audit team.

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Final recommendations

Following a considerable amount of engagement, both internally and with partners, which has guided the development of this draft strategy, the board is now asked to accept this draft strategy for implementation.

I would also like to pass on my thanks for individual members contribution to this work, every board members contribution has been incredible valuable, alongside that of our colleagues and partners.

Vivek Khashu – Strategy and Engagement Director

May 2021



DRAFT Trust Strategy 2021 – 2026

Trust us to Care



Trust Strategy

Trust us to care.

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Introduction

Who are we?

West Midlands Ambulance Service University NHS Foundation Trust (WMAS) is an incredibly ambitious organisation, it has been at the forefront of quality and safety, performance and innovation for a number of years, not only within the ambulance sector but more broadly across all types of NHS trusts.

Some of the most notable achievements over the last five years which we are proud about include the following:

- Rated “outstanding” by the CQC in consecutive assessments - the only ambulance service to be ever rated “outstanding” by the CQC
- Awarded University Teaching status, the only ambulance trust to receive such recognition.
- Have consistently maintained a zero-vacancy rate and have not used any private sector capacity to deliver response time performance.
- Pioneered the innovative make ready system now adopted across the country (fewer, larger new ambulance hubs with onsite vehicle preparation and support to reduce the time our clinicians spend on non-clinical tasks)
- The first and only ambulance Trust to ensure there is a paramedic on every ambulance
- The only Trust who continues to consistently achieve all of its response time standards for patients (call assessing, 999 response times and patient transport)
- Ensured all of its fleet remains no older than five years and is now trialling zero emissions vehicles in both front line and operational support roles such as IT - the first Trust to do so in the U.K and Europe.
- Delivered a fully Integrated Urgent and Emergency care service with NHS 111 now fully integrated into our service offer with 999.
- Whilst achieving for patients and our staff, maintaining the lowest cost base of all English Ambulance trusts, delivering balanced budgets every year.

The ambition which has driven this level of success remains undiminished, working with our partners across health and social care, WMAS is determined to be at the forefront of the delivery of integrated Urgent and Emergency Care.

WMAS is determined to set the direction for the future of care delivery, both regionally and nationally and indeed internationally – within the Ambulance sector, but also more broadly as an NHS provider of care.

We were formed in 2006 bringing four previous ambulance services together and in January 2013, WMAS was authorised to become an NHS Foundation Trust. WMAS in 2018 also began providing Patient Transport services across Cheshire and Mersey side to. Then in 2019, WMAS started to provide NHS 111 across the region, with the exception of Staffordshire and Stoke on Trent.

We look after the people who require care across Shropshire, Herefordshire, Worcestershire, Coventry and Warwickshire, Staffordshire and the Birmingham and Black Country conurbation. All added together, we are responsible for the immediate care needs of more than 5.5 million people, or roughly 10% of the English population.

The West Midlands is the second most ethnically diverse part of the United Kingdom after London and includes the second largest urban area in the country, the Birmingham, Solihull and the Black Country conurbation, where 43 per cent of our population live.



WMAS is also an anchor organisation within the West Midlands

- We employ 7500 local people, providing good quality work, terms and conditions that support those we employ and their dependents.
- We support local supply chains and industry, most of what we buy is through UK based suppliers and employers
- We have buildings across the whole region, supporting the communities we serve
- Ambulance Trusts are anchors within the NHS – connecting patients to a whole variety of other care outcomes - we touch every single part of health and care
- This year we will put close to £400m of taxpayers' money back into the local economy

What are our services? - supporting the needs of people within the West Midlands and beyond.

The Trust provides a range of services in a comprehensive, increasingly integrated offer, they include the following:

1. 999 Emergency Response
2. 999 and NHS 111 “non-emergency line” - Integrated Urgent and Emergency Care
3. Non Emergency Patient Transport
4. Specialist Operations to include Hazardous Area Response Teams and critical care infrastructure such as our “Merit Teams” - Critical Care Practitioners and Doctors, attending the most critically injured and unwell
5. Hosting the National Ambulance Resilience Unit – the coordinating body supporting resilience planning, training, incident management delivery across the country
6. In house student paramedic training program
7. Research and practice development

The seven service lines in detail

999 Emergency Response

WMAS deploys up to 450 ambulances per day at peak levels of demand, operating out of fifteen major hubs across the West Midlands, each one with a paramedic on board, so any ambulance can attend any patient, anywhere, we are the only service in England to have a paramedic on board every vehicle.

The 999 service continues to have a fleet which is no more than five years of age and is now also trialling zero emissions vehicles, the first service in Europe to do so – the journey to “zero net carbon” being a strategic priority for WMAS.

Over the last five years we have steadily been replacing Rapid Response Vehicles (RRVs), with ambulances, whilst maintaining our nationally leading response times. This has ensured the resource that attends a patient can still meet the immediate patient need, but can also convey to hospital if required, rather than tying up an RRV and ambulance together, which is clearly less efficient.

Despite annual growth of more than four percent, our 999 Emergency Service has consistently met all its response times for years, something we are immensely proud of, we do this by continually investing in our front line each year, with 95% of all our staff working in front line roles

Aligned to the in-house student paramedic course, WMAS uniquely carries a zero-vacancy rate when it comes to paramedics and has maintained ‘NHS only’ provision for some years now, with zero use of private ambulance sector capacity or agency staff.

No vacancies and zero use of the private sector, supports efficient care to, as we do not lose money to the private sector to deliver costly capacity - a standard of care and efficiency we are committed to maintaining.

Whilst investing in our workforce, we have been investing in technology to support them in practice to. For example, our staff are now able to see the GP health record for the patients they attend, they access the record in half of the cases they now go to. This supports high quality decisions and nationally leading non-conveyance rates – again, something we are committed to improving on further.

During 2021/22 all of our front-line staff will also be issued with data enabled iPads, this will enable them to use a range of apps to support decision making and care. One such example could be live interpreting service, so the patient and clinician can see and interact with the interpreter. Indeed, Artificial intelligence available now and in the future may support decision making to, when it comes to diagnosis and treatment – WMAS is preparing for that now.

Our 999 service remains at the heart of what we do, as a provider of immediate care, but WMAS also recognises the evolving needs of our patients, partners and staff, hence the recent integration with 111.

999 and NHS 111 – Integrated Urgent and Emergency Care.

In November 2019 WMAS took on board the provision of the non-urgent help line NHS 111 across the whole West Midlands (except for Staffordshire).

When WMAS took on the provision of NHS 111 in November 2019, we were planning to receive 1.2 million calls a year, just eighteen months later, for 2021/22 we are now set to receive approximately 1.8 million calls.

NHS 111 provides a comprehensive patient offer, with experienced clinicians from a variety of backgrounds, such as general practice, advanced paramedic practice, pharmacy, minor illness and injury, mental health and maternity care amongst other things.

Taking on board NHS111 enabled WMAS to take a significant step forwards on integrating care across the whole region, in line with the NHS long term plan 'ask' and our own vision bring the right care, to the right patient, at the right time, which could not be achieved through providing 999 services alone.

We now can assess patients needs and book them directly into slots with primary care, dental clinics, Emergency Departments, community-based services, or indeed bring a 999-emergency response to them, should that be needed - all things not possible just 2 years ago.

NHS 111 also formed a significant part of the regional and national covid pandemic response, as patients were asked to call 111 with symptoms first and to call NHS 111 with non-emergency needs when presenting to Emergency Departments. Furthermore, our 111 teams also provided support to the critical infrastructure of 999 at times of peak pressures, by assisting with taking calls. Through 2020/21 we fully integrated the 999 and 111 call assessing teams, with call assessors able to receive and manage both types of calls, providing a truly integrated and resilient offer, again in line with our vision – we believe this will stand in good stead going forwards.

The pandemic has seen a significant change in how patients access healthcare, virtual, online consultations with timely access have become normalised across all providers of care. NHS 111 is now increasingly seen by patients as the 'first port of call' to access urgent care, moving away from the traditional GP / Emergency Department face to face offer.

NHS 111 is also increasingly seen as the primary means of connecting patients to the correct care offer, whether that be in General Practice, community-based teams or indeed an Emergency Department – one phone number which can access a whole variety of different types of care – again, in line with our vision, right care, in the right place at the right time.

WMAS wishes to build this service offer much further, by building the service increasingly around where patients are choosing to access healthcare, but to also offer a much more front-loaded clinical model of care, supported by increasing levels of technology.

WMAS is already exploring how Artificial Intelligence can support NHS 111 more, for example through interactive 'chat bots' and interpreting services. The technology already exists to monitor basic physiology remotely to, in a way which can be shared with our clinicians.

Taking our integrated Urgent and Emergency Care offer forwards through expanding the skills our clinical teams have, but the bringing the latest technology also available to them, will be a central part of achieving our vision and the ambitions of our partners to.

Non-Emergency Patient Transport

WMAS has a long history of providing patient transport (PTS) across much of the West Midlands and more recently the Cheshire and Merseyside region to, with c900 staff operating 350 vehicles across the two regions, 24 hours a day, seven days a week - our service will expect to complete approximately one million journeys this year.

Our PTS teams consistently meet all their response times standards, ensuring patients who need transport can get to appointments, clinics and back home, including following discharge from hospital.

PTS played a vital part in the NHS covid response, ensuring patients were discharged in timely fashion from hospitals and that lifesaving treatments such as chemotherapy and renal dialysis continued uninterrupted all the way through the last year, into this year.

Our PTS team also provides a “high dependency team” to support the timely transfer of stable GP referred patients to hospital, ensuring they got there quickly, whilst not waiting for a 999 ambulance to arrive - in many other parts of the country, these patients can wait far longer, as they rely solely on 999 ambulances.

PTS for WMAS is an integral part of what we do and supports us again in providing a comprehensive, integrated offer to our patients, in line with our vision – right care, in the right place at the right time.

Specialist Operations Teams

In addition to core 999, 111 and PTS services, WMAS also provides 24/7 specialist medical and critical care paramedic cover to the West Midlands' region, working closely with the Midlands Air Ambulance Charity. Our teams are sent to the most critically unwell and injured patients across the region, 24/7, bringing specialist lifesaving care to the patient.

Within this portfolio of specialist teams, we also have a dedicated ‘Hazardous Area Response Team’ (HART) consisting of approximately 50 paramedics, providing seven teams of six paramedics, who provide rolling 24/7 cover.

This team focuses on providing dedicated 24/7 care in hazardous environments, normally beyond the reach of the NHS, for example in collapsed buildings, at height, in contaminated environments or waterways. They are also trained and equipped to treat and extricate patients within the warm zone of firearms incidents.

The HART teams are solely dedicated to the types of cases and incidents they have been trained and equipped to deal with. This is to ensure they are always available to immediately respond to such incidents should the need arise, 24/7, both regionally and should the need arise, nationally to.

Annually, HART teams from all ambulance trusts attended 5035 incidents, from patients in trapped cars, through to responding to terrorism attacks and everything in-between.

National Ambulance Resilience Unit “NARU”

“Preparing for the future, protecting lives today – ensuring that the NHS ambulance service is effectively trained and fully equipped to provide the best front-line healthcare during the most complex incidents”

NARU is funded by NHS England and hosted by WMAS.

It provides central support to all ambulance trusts nationally, to ensure the service can respond to a variety of hazardous and challenging environments. NARU achieves this through education and training, compliance and quality assurance and assisting with capability for all ambulance trusts.

In recent times, our HART teams were tested in responding to large scale incidents, such as the Alton Towers incident, the fire and evacuation at University Hospital North Midlands, the Bullring contamination incident and the recent floods in early 2020 which cut off portions of Shropshire and Worcestershire from transport links.

Linked to our hosting of the NARU team, Professor Anthony Marsh, the Chief Executive Officer of WMAS is also the national lead for ambulance service emergency planning and preparedness, working alongside the national leads from Police, Fire and Rescue.

Our leadership support to NARU alongside our significant investment in our HART and MERIT teams signifies our absolutely commitment to keep the people of the West Midlands and the Country itself as safe as it can be where immediate healthcare is needed in the most challenging of situations and circumstances.

In house student Paramedic programmes

WMAS has been the forefront of training and development for more than a decade now, primarily through setting up its own in-house student paramedic course.

The student course first began in 2010, by the end of 2021, it will have successfully recruited close to 2000 paramedics into WMAAS and further afield, such as other ambulance services or other providers of care.

The in-house programme has been a cornerstone behind how WMAS have eliminated vacancies and have become self-reliant in workforce terms - which for an NHS provider of any kind is unique. The course itself has become increasingly popular, receiving hundreds of applications each time a course is advertised.

Whilst our student paramedic course has been a cornerstone of our success, its value to the organisation and beyond continues to grow. The paramedic workforce is in demand across the healthcare spectrum, not only amongst fellow ambulance trusts, but also increasingly within hospitals and primary care.

WMAS has started to engage with primary care networks on how we may be able to support them with their workforce needs, as an example of how we can support not only our own objectives directly, but also our objectives indirectly, through supporting other providers of healthcare.

We believe WMAS can not only remain self-reliant in workforce terms but can also support the needs of our partners to, this represents a significant opportunity for WMAS and our partners going forwards.

Research and practice development

Research is most often associated with large university teaching hospitals, WMAS has been active in research since 2010, with a dedicated team leading on several research projects related to paramedic practice, pre hospital and shared care.

Research is vitally important, it informs our future practice and therefore directly effects patient outcomes, some of our recent research projects have looked into the following:

- The Pre-Hospital Evaluation of Sensitive Troponin (PRESTO) study – a joint project with University Hospitals Coventry and Warwickshire and South Warwickshire Acute Hospitals, this looked trailing a blood test for paramedics to use to diagnose heart attacks
- The Major Trauma Triage Tool Study (MATTS) - this was a project which reviewed how we could better identify potential victims of major trauma, so the right care could be brought to the patient
- The Purines for Rapid Identification of Stroke Mimics (PRISM) study – this study tested a device to distinguish patients who have a condition that mimics a stroke. the aim was to help identify these patients and minimise the numbers of them conveyed to hyper acute stroke centres.

There are a number of live research projects, for example we are looking into diagnostic accuracy of diagnosing respiratory failure in the prehospital environment, jointly with the university of Sheffield.

Another live project, jointly with university of Swansea, is reviewing the triage method methods employed by ambulance services when receiving 999 calls.

We are also a participant in the COPE study in the West Midlands, with the University of Birmingham, which is looking into the contribution of occupational exposures to risk of covid-19 and approaches to control amongst healthcare workers.

Our activity in research, education and development led to WMAS receiving University Teaching status, with the University of Wolverhampton. We are incredibly proud of this, as it recognises our efforts and future intent to develop research, practice and process much further.

WMAS remains the only University Teaching Ambulance Trust in the country, which means WMAS has a responsibility to push the boundaries on research and education much further.

Why are we producing a five-year strategy?

Success for West Midlands Ambulance Service is when a person turns to us for help and we deliver the right care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health economies.

As outlined within the “who are we” section at the beginning of this document, WMAS has met or exceeded our obligations as a provider of care, but also pushed boundaries on innovation, development and quality - not just locally, but on a national and indeed international level when it comes to our fleet and zero emissions work.

The achievements came about because of a vision, a set of values and a set of strategic objectives and priorities which have been driven by the board and embraced by our staff.

WMAS is determined to be the forefront of quality, safety and performance for today, but also wants to set the direction of travel for the next five years to keep being the leading ambulance service nationally, so our patients receive the best care locally. To do this, we must redefine our vision for the environment we are in and to come, but also our strategic objectives and priorities.

The context for the next five years will be very different than what has gone on before

However, if we fail to adapt to the changing needs of our patients, the outlook on workforce and health policy together with the prevailing economic conditions post pandemic, failure to adapt could look something like this:



This strategy is intended to act as a reference point for WMAS, our staff, partners and patients to set out how we have assessed our future challenges and identified solutions, enduring we always remain focused on our staff and patients, it will:

- Guide the decisions we make in the short term, such as our annual plan and the priorities within it
- Inform our longer-term work programme
- Enable our board, our staff and patients to assess our actions against our expected strategic objectives and priorities, and to challenge us if we are of course
- Provide the basis for engagement with our partners and stakeholders about the future challenges and opportunities that lie ahead.

Ultimately, we are accountable to the people we serve, our patients, taxpayers and our 7500 colleagues. All need to know about our plans for success going forwards and be able to hold us to account for achieving them. However, to create a new strategy for the next five years, we also need to be clear on what are the drivers for change.

The drivers for change

In understanding the drivers for change, the Board explored the following:

1. What have we achieved over the previous five years and what didn't we achieve from our previous strategy and why?
2. What do our staff think of us and what is WMAS like to work for?

3. What do our partners (other Trusts, Commissioners, regulators such as the CQC and NHSE/I) think of working with us from a care and partnership perspective?
4. Current and immediate operational challenges facing us across our emergency and non-emergency services (999 and patient transport) and Integrated Urgent and Emergency Care portfolio (111 and 999 call assessing)
5. What are the strategic drivers for change happening around us? In areas such as workforce, demography, technology, care innovation, the economy, learning from COVID- 19 and national policy development.

What have we achieved over the previous 5 years, what did we also not deliver and why?

In reviewing this area, it was clear that WMAS had achieved or surpassed expectations of NHS Trusts in several areas, for example in improving upon its CQC rating of “outstanding” being the first Trust in the country to get to a 100% paramedic skill mix, having the youngest fleet in the country and also having the lowest cost base and achieving all of our response times amongst many others.

However, this level of achievement has also come from a considerable amount of transformation, for example through the focus on our culture as an organization, the innovative make ready program and the relentless focus on investing in our front-line services and reducing our cost base in other areas to do so.

The focus on continual improvement, our culture of high achievement and on-going transformation has been and will remain a key determinant for future success.

What do our staff think of us and what is WMAS like to work for?

The board reviewed our latest staff survey results and other workforce information available to us, such as sickness, turnover, attrition, equality and diversity plus demographic data . WMAS has improved year on year in-terms of staff survey results, it also maintains the lowest sickness and attrition levels of all ambulance services.

Our staff are proud to work for us and for the NHS, however, the board recognises the need to change and not take this for granted, the shape of our workforce in terms of age is changing, with a greater proportion of new, younger colleagues choosing a career with WMAS. Those new colleagues are also seeking different career paths, involving advanced practice and alternative roles, we also want it to be more diverse than it is at all levels, with 10.71% of our workforce currently identifying as coming from an ethnic minority background.

Other areas of feedback and suggestions going forwards included the following:

1. Wanting to engage on service improvement and community engagement
2. Seeking a greater focus on mental health and wellbeing
3. Opportunities to use skills and develop them further
4. Opportunities for greater levels of flexible working

What do our partners (other Trusts, Commissioners, regulators such as the CQC and NHSE/I) think of working with us from a care and partnership perspective?

For the first time we went to our partners and surveyed their views on the following:

- Operational and clinical effectiveness
- Working relationships

- System working
- Collaboration
- Outcomes for patients
- Trust priorities

Our partners expressed clear appreciation for our patient facing services, however, they sought closer working between us on integration and collaboration, outcomes, workforce and investment.

It is on the later point, collaboration and what can come from it, that our partners have feedback they believe we need to build this further into our organisational strategy.

This has been feedback which the board has embraced as we move into a new world of Integrated Care systems (ICSs), which requires organisations across the health and care spectrum to integrate their services and to collaborate in the delivery seamless care.

Current and immediate operational challenges facing us across our emergency and non-emergency services (999 and patient transport) and Integrated Urgent and Emergency Care portfolio (111 and 999 call assessing / IUEC)

Covid has represented some unique challenges to WMAS, both short term and more medium term, for our patient transport teams, who deliver c1m journeys per year, they have had to operate a social distancing policy, which has reduced productivity (reduced seat utilization between 12% - 36%), but they are still delivering close to 100% of the activity now.

Despite this unique challenge, all response standards have been met, this gives our partners and patients confidence, that WMAS can respond to and adapt to challenges. Things like social distancing have been in place for a year now, they are very likely to continue for the year to come.

For IUEC, 999 call assessing has delivered the best performance of all ambulance trusts nationally on speed of taking calls, the lowest sickness levels of all Emergency Operations Centres, the lowest attrition whilst having to integrate a 111 service.

The IUEC team have had to deal with huge variability in call demand, especially with 111, which has risen considerably, infection control measures, not normally required in non-clinical environments and complex dispatch pathways with reconfigured hospital services. However, through change has come innovation, with clinicians working remotely from home, truly integrated 999 and 111 call assessing, more virtual consultations and the ability to access a whole range of services through one call.

In addition to the full integration of 111 and 999 the IUEC team has moved from three sites to two, have migrated onto a single system for 111 and 999 and are increasing the clinical input into category 3 and 4 calls.

Our 999 service has face significant challenges, whilst overall demand this year due to lockdowns reduced, going forwards, that trend will reverse, with growth in work resuming.

However, whilst we may get busier, we will do so with the complexity of PPE, ongoing testing of staff, the growth in job opportunities for paramedics in other sectors, such as primary care and the need to create a career path that meets the aspirations of a changing workforce, which is younger and more diverse than it ever has been.

What are the strategic drivers for change happening around us? In areas such as workforce, demography, technology, care innovation, the economy, learning from COVID-19 and policy development.

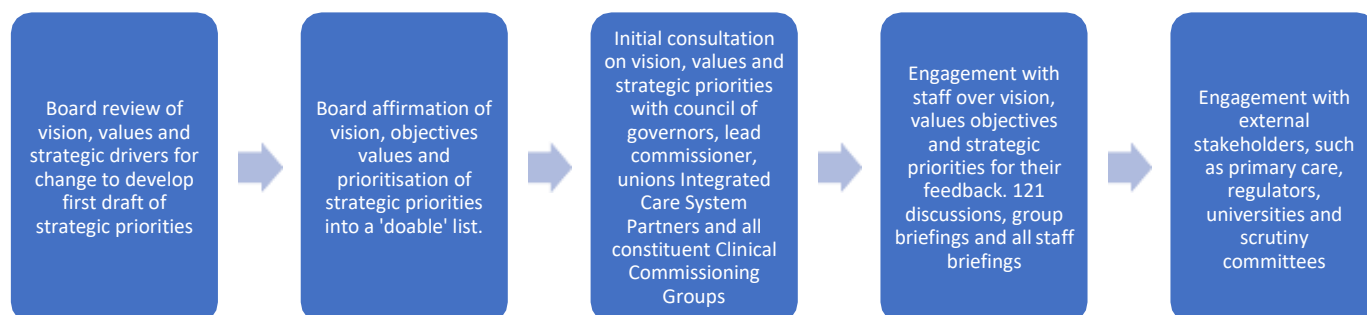
There are several drivers for change, some local to the west midlands, some of national or indeed international significance, for WMAS, we have reflected on the following:

- Demographic change within the West Midlands, with an aging population
- The spectrum of wealth and deprivation across the West Midlands region.
- The increasing diversity within the population of the West Midlands
- NHS national policy, specifically the NHS Long Term Plan, published in 2019/20
- University Teaching Status and the value in research and education
- Improved data connectivity with the transition from 4G to 5G
- Pressures on hospitals with patient flow and occupancy in Emergency Departments
- The impact that the pandemic will have on the UK economy and subsequent investment in public services.
- Covid 19 itself, our response to it and its on-going impact and opportunities
- The global climate emergency

The ten strategic drivers for change noted above have informed our thinking on how we should respond to them by way of developing our future strategy.

How did we develop the strategy?

WMAS has taken five steps in order to develop our vision, values, strategic objectives and priorities, this process began in September 2020. The process has involved both internal and external stakeholders, such as staff, our unions, our council of governors, commissioners, Integrated Care Systems, regulators, universities, our foundation trust membership, local authorities and primary care.



The feedback from both internal and external stakeholders has been helpful in refining the initial work of the board. Whilst the overall feedback has been positive, there have been some specific items of feedback which have shaped things further.

The specific feedback which has led to change or further review:

- Respecting the needs of rural populations and the difference between them and urban areas
- The inclusion of mental health and wellbeing as a strategic priority under objective 2 "A great place to work"
- The need to engage with partners, particularly our ICSs
- The importance of staff engagement

- Embedding of values and culture further, including inclusivity
- How we reflect changes relating to staff demographics and COVID-19
- Strategic priorities viewed as being aligned to that of our ICSs
- The inclusion of a strategic priority around equality, diversity and inclusion
- Affirmation of the value of research and our role in supporting younger people in employment.
- Our ability to do more on community engagement, particularly with schools.
- The need to focus patient engagement and participation
- Strategic partnership forums with Higher Education Institutes for students and academic work

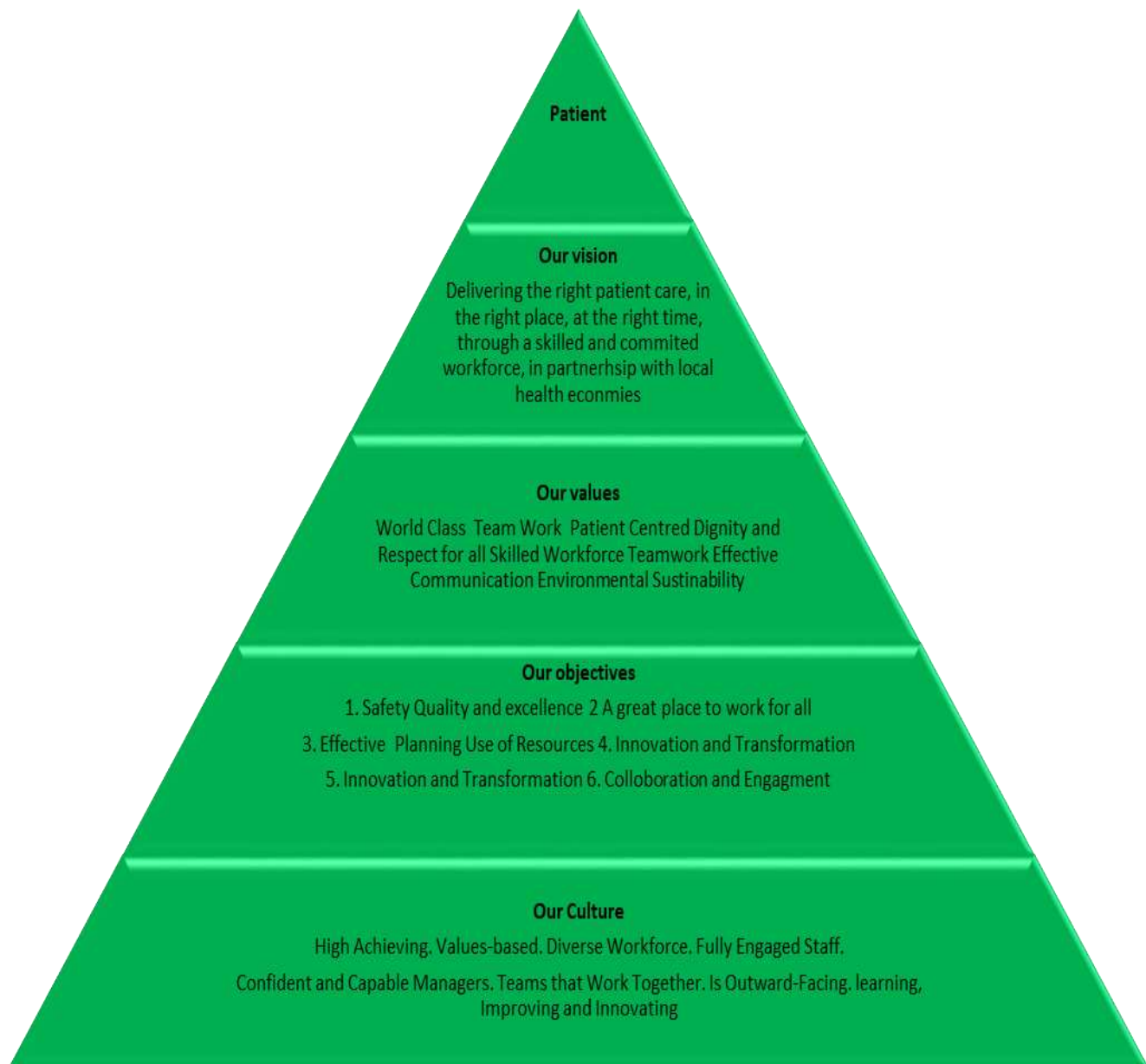
The next five years - Our Values, Vision, Strategic Objectives and Strategic Priorities

Having reviewed the five drivers for change, the board re-affirmed our vision, the vision from 5 years ago is more relevant now than ever, as bringing the right care to our patients, in the right place at the right time has never been more important – it is the core tenant of the Urgent and Emergency Care section of the current NHS Long Term Plan and a central part of why ICSs have developed,

In addition to reaffirming our vision, the board reviewed our values, to respect the need to tackle the climate emergency, we introduced an additional value of environmental sustainability, this value has been endorsed by our staff and partners.

The Strategic Objectives were signed off earlier in 2020, however the board reviewed them again and they absolutely remain the right strategic objectives for WMAS to align individual strategic priorities against.

What does our strategic framework look like on a page - vision, values, objectives and our organisational culture?



Breaking down the values further....

Our Vision

Delivering the right patient care, in the right place,
at the right time, through a skilled and committed
workforce, in partnership with local health
economies



World Class Service

- Deliver a first-class service which is responsive to individuals' needs
- Recognise and celebrate good performance by our staff
- Strive to maintain a positive, safe, supportive and enjoyable work environment for all staff
- Use our resources carefully, making sure that we provide the most cost-effective high quality service
- Be trustworthy and consistently deliver on our promises

Patient Centred

- Provide the highest quality service and care for our patients and their relatives within the available resources
- Every member of staff will help to improve patient care, either directly or indirectly
- Listen and respond to carers and staff
- Learn from our successes and our mistakes and work to improve our service to patients at all times
- Encourage staff to use their experiences to help develop the Trust and the services it provides to patients

Dignity and Respect for All

- Show understanding of and respect for each other's roles and the contribution each of us makes to the organisation
- Promote equality of opportunity and celebrate diversity
- Observe high standards of behaviour and conduct, making sure we are honest, open and genuine at all times, and are ready to stand up for what is right
- Listen to and take on board the views, ideas and suggestions of others

Skilled Workforce

- Recognise that our staff are our most valuable asset
- Recognise and encourage the contribution and personal development of individuals
- Ensure that we, through our good working practices retain and recruit staff of the highest quality
- Encourage and support all staff in their personal development and training to increase and maintain their high levels of competency, skills and professionalism to meet their full potential regardless of role

Teamwork

- Our Staff work closely with colleagues of all levels
- Our staff make their views known and have them taken seriously
- Promote teamwork and take a genuine interest in those whom we work with, offering support, guidance, and encouragement when it is needed
- Inspire each other to work together to create better services for our patients

Effective Communication

- Open and honest in our communication with each other and with those outside the organisation
- There is a two-way flow of communication throughout the organisation
- Plan our services and generate new ideas for service improvements in partnership with staff, patients and the community
- Respect confidential and personal information about patients, their relatives and colleagues.

Environmental Sustainability

- We put our environmental responsibilities at the heart of what we do
- WMAS will invest in its fleet to reduce emissions of carbon and harmful particulates, reducing them year on year to a net reduction by 80% by 2028-2030 and net zero by 2040.
- The use of technology to become fully paperless
- Volume of waste for landfill and incineration to reduce and level of recycling to increase

Alongside our vision, values, strategic objectives and culture, the board with our staff and partners have developed a new set of strategic priorities, this reflects the work to plan against what we believe our five strategic drivers of change to be, to ensure continued high quality, efficient and safe care over the coming years.

Underneath each of our five strategic objectives are our strategic priorities for the next five years, they are set out below:



Vision

Delivering the right patient care, in the right place, at the right time, through a skilled and committed workforce, in partnership with local health economies

Strategic Objectives

Strategic Objective 1: Safety, Quality and Excellence

Our commitment to
provide the best care for
all patients

- Become a service which takes care beyond the "ambulance" by providing a more comprehensive offer of integrated care.
- Become an organisation which is research led
- Focus on public health and the health of the population of the West Midlands
- Further develop clinical capability in areas such as frailty, mental health and primary care.

Strategic Objective 2: A great place to work for all

Creating the best
environment for staff to
flourish

- Mental Health and wellbeing of staff to become a strategic priority
- By 2030 have an organisation which is representative of the public we service from an equality and diversity perspective.
- Adapt to the needs of the "millennial shift" 30% WMAS staff are aged between 21 and 38.
- Develop roles which encapsulate the changing needs of our patients.

Strategic Objective 3: Effective planning and use of resources

Continued efficiency of
operation and financial
control

- Whole organisational engagement and mass participation in developing new ideas for efficiency and productivity
- Develop proposals for our commissioners as we transition away from payment by results
- Embed efficiencies from response to the pandemic
- Work with partners to substantially reduce handover delays.

Strategic Objective 4: Innovation and Transformation

Developing the best
technology and services
to support patient care

- Organisational net carbon zero by 2040
- Use artificial intelligence to support innovation, to better meet patients' needs and improve the experience for staff in the delivery of care
- Expand opportunities for telephone and video conferencing to facilitate the best treatment and conveyance decisions
- Enhance clinical skills development through the use of technology

Strategic Objective 5: Collaboration and Engagement

Working in partnership
to deliver seamless
patient care

- Create dynamic partnership arrangements to facilitate the best treatment options for patients throughout the healthcare system
- Enhance our regional service through development of local presence and engagement at place level
- Collaborate with all community settings to identify and reduce health inequalities
- Utilise our strengths and brand to support young people to engage with their community and step into a career in healthcare

Over the next 5 years, we will:

Focus on safety quality and excellence, ensuring our all of our patients receive the best care possible, this will be enabled by bringing the array of services patients may need to them in an integrated offer, by remaining best in class on how quickly we respond to patients, continually improving practice through research, by working with our partners to support improved public health and finally to build our own capabilities further in areas such as mental health, frailty and long term conditions.

Create a great place to work so our staff can flourish. We will focus on the wellbeing and mental health of our staff as a priority, we also want to reflect the population we serve in terms of diversity within our own workforce, so we can better meet the needs of patients and provide great career opportunities for all. With a younger and increasingly gender balanced workforce we want to create career paths that can better meet their needs and aspirations, both within the ambulance service and beyond in other sectors to. Finally, to diversify the roles we have, to better meet the needs of our patients.

Effectively plan and use our resources is the most efficient manner possible. Doing this will enable us to continually invest in our front line of the future, but also the technology they will need to use to bring the safest, highest quality care possible. We can do this by engaging with our staff for ideas on improving efficiency and productivity, to work with our partners on where resources can be best deployed and to reduce inefficiency in time – the most valuable resource we have.

Continually Innovate and Transform we have begun the journey already with a cleaner fleet, the environment will continue to be something we care about to, as we move to net carbon zero. Through using our resources effectively, we will continue to invest in technology to, such as improved connectivity for our staff with data and other clinical services (eg health records, or sharing of diagnostic data with hospital teams), to bring care to the home or street. Artificial Intelligence will play a greater role in what we do, by providing an immediate and efficient means for patients to access healthcare and reduce the workload of our staff.

We will pro-actively engage and collaborate with our partners, this will be a must if we are to realise our vision of bringing the right care, in the right place in the right time. Currently our directory of services has over 10,000 entries of services our patients can access. We want to be locally engaged with our towns and cities, but also seamless in our offer is a regional provider of care across a population. Collaboration and engagement will extend to community engagement, regeneration, and employment to, something that covid has really brought to the top the agenda for all public sector bodies.

To deliver upon our strategic objectives and the strategic priorities within them, work has begun on the underpinning strategies required to drive success.

Each underpinning strategy will be aligned to the relevant strategic objectives and priorities.

Whilst the trusts overall strategy is still subject to further consultation with external stakeholders and final sign off by our board, work has begun in several areas, in advance, to ensure the trust is moving in a coherent direction, immediately and seamlessly from the moment the trusts five-year strategy is signed off.

For example, WMAS has recently signed off or has live / underpinning strategies in the following areas which map to our new vision, strategic objectives and priorities, they are:

- Communications and Engagement
- Environmental sustainability strategy including estates.
- Fleet Strategy
- Operational Strategy (Emergency Services)
- Equality, Diversity and Inclusion strategy

Work by lead directors has commenced to refresh our strategies in the following areas, for completion by September 2021, which will ensure they are aligned to our new five-year strategic plan:

- Risk Management strategy
- Finance and Procurement strategy
- IM&T strategy
- Clinical Strategy
- Commissioning Strategy
- Quality Strategy
- People Strategy, including mental health and wellbeing
- Commercial services

How will we know we have been successful?

As we move through the forthcoming five-year period, it is important for WMAS to understand what success will look like in achieving our vision and strategic objectives:

Objective 1 – Safety Quality and Excellence

- Retain CQC rating of Outstanding, but improve from ‘Good’ to ‘Outstanding’ for the domain of “Safe”
- Continually deliver upon national access standards across all services
- Improve clinical outcomes through changing clinical practice, driven by research and development
- Improve the outcomes for patients from a public and population health perspective, with greater integration of services, sharing of public health data with partners and embedding different roles within WMAS, which can meet the needs of patients

Objective 2 – A great place to work

- Improve staff survey results year on year
- Improve performance on Workforce Race Equality Standard gender pay gap and workforce disability equality standards.
- Increase the representation of ethnic minority colleagues at all levels with the organisation, 10.7% of the WMAS workforce is from an ethnic minority background, c17% of the West Midlands population identifies as coming from an ethnic minority group.
- Retain our staff for longer, with roles which attract and retain new and existing colleagues which are aligned to the need of our patients and the aspirations of our staff.

Objective 3 – Effective planning and use of resources.

- WMAS continues to deliver a balanced budget each year, by continually improving our efficiency and reducing lost clinical time.
- We co-design with partners the emerging commissioning model for our service, as the NHS moves to Integrated Care Systems.
- Lessons are learned from the pandemic, which have supported efficiency, such as remote working, use of technology and reduce building use.
- Our staff feel engaged in our investment decisions, our financial performance and ideas for efficiency and productivity.

Objective 4 – innovation and transformation

- We deliver on the NHS ambition of an 80% reduction in carbon emissions by 2028-2030 and move to carbon neutral by 2040.
- We provide the technological capability to our front line so clinical teams can connect remotely the services our patients require, from interpreting to specialist advice.
- We can measure how much activity automated technology can now take up, eg through chat bot use in 111 as an example

Objective 5 - Collaboration and Engagement

- That we continue to appropriately improve upon non conveyance rates to Emergency Departments, through better co-ordination of services between primary, secondary and community base services
- That we continue to provide regional services such as 111 and patient transport, beyond our statutory 999 responsibilities
- That we build our relationships at 'place level' through our regional ambulance hubs
- That we contribute to reducing health inequalities and social value
- Where possible, we support new workforce models which require collaboration across organisations and sectors.

Conclusion

Since 2015 the WMAS vision, its objectives, values and culture alongside its strategic priorities has led to WMAS being the most successful ambulance trust in the country by any objective measure, this matters to our patients, staff and partners.

In order to keep delivering the very best services for our patients, to be a great employer as judged by our staff and to be key partner in delivering services, we much keep adapting and transforming what we do.

The five key drivers for change, if not responded to proactively, will result in an ambulance service which will begin to struggle to meet the needs of its patients, staff members, and partners alike. However, by working through them systematically, by engaging with our staff and our partners, we believe that WMAS can continue to be the successful organisation that it is today and going forwards for the long term.

We believe that our patients will continue to be able to “Trust us to Care”

Further Information

Further information and action plans on all projects can be obtained by contacting our Strategy Team:

Vivek Khashu, Strategy and Engagement Director
Pippa Wall, Head of Strategic Planning

Further information on performance for local areas is available as an Information Request from our Freedom of Information Officer or from the leads for the individual projects.

Progress reports will be available within the Trust Board papers every three months with the end of year progress being given at the Trust's Annual General Meeting.

If you require a copy in another language, or in a format such as large print, Braille or audio tape, please call West Midlands Ambulance Service on 01384 215 555 or write to:

West Midlands Ambulance Service University NHS Foundation Trust
Ambulance Headquarters
Millennium Point
Waterfront Business Park
Brierley Hill
West Midlands
DY5 1LX

You can also find out more information by visiting our website: www.wmas.nhs.uk

If you have any comments, feedback or complaints about the service you have received from the Trust, please contact the **Patient Advice and Liaison Service (PALS)** in the first instance; **01384 246370**.





**Minutes of the Audit Committee held on
 16 March 2021, 1000 hours via Microsoft Teams**

Present:

| | | |
|------------------------|-----|--------------------------------|
| Mrs W Farrington-Chadd | WFC | Non-Executive Director (Chair) |
| Mr A Yeaman | AY | Non-Executive Director |
| Mrs C Wigley | CW | Non-Executive Director |
| Mr M Khan | MK | Non-Executive Director |

In attendance:

| | | |
|--------------------|-----|---|
| Ms C Finn | CF | Director of Finance Designate |
| Mr J Brown | JB | External Audit |
| Mr T Felthouse | TF | External Audit |
| Mr C Knight | CKn | Internal Audit |
| Miss Z Baker | ZB | Internal Audit |
| Mrs J Hill | JH | Local Counter Fraud Specialist |
| Miss E Nowell | EN | Senior Management Accountant |
| Mr M Brown | MB | Interim Head of Risk |
| Mr P Higgins | PH | Governance Director and Trust Secretary |
| Mr C Kerr | CKr | Head of Information Governance |
| Ms J Lumley-Holmes | JLH | Clinical Audit Manager |

Secretariat:

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| Mrs D Stevenson | DMS | EA to Director of Finance |
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| ITEM | Audit Committee Meeting 16 March 2021 | ACTION |
|-----------------|---|--------|
| 03/21/01 | Welcome and apologies | |
| | <p>Apologies were received from Linda Millinchamp and Mandy Kalea.</p> <p>WFC welcomed Claire Finn to the meeting, who will be Director of Finance for the Trust from 1 April 2021.</p> | |
| 03/21/02 | Minutes of the Last Meeting – 19 January 2021 | |
| | Resolved: The minutes of the meeting held on 19 January 2021 were agreed as an accurate record. | |
| 03/21/03 | Matters Arising | |
| | Actions from the last meeting were noted as being either completed or ongoing. | |
| 03/21/04 | Claims and Coroners Report | |



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| | <p>MB outlined the report on behalf of Mandy Kalea as follows:</p> <ul style="list-style-type: none"> • 28 claims have been received so far this financial year, compared to a total of 41 claims during 2019-20. • 16 staff claims have been received and 12 Clinical Negligence claims, both a decrease on last year. The highest number of staff claims relate to slips, trips and falls. • It was pointed out that there had been a reduction in staff having to attend inquests, this is mainly due to Covid. | |
| | Resolved: The Claims report was received and noted by the Committee. | |
| 03/21/05 | Data Security and Protection Toolkit (DS&PT) | |
| | <p>CKr attended the meeting to outline progress to date with the Data Security and Protection Toolkit submission. He said the paper presented is as read and drew members' attention to the later submission date of 30 June 2021 (rather than the usual 31 March). This may have an impact on the Trust's Annual Governance Statement and the Trust's Head of Internal Audit has been informed.</p> <p>The process will be the same as last year whereby the DS&PT was submitted to EMB (9 March 2021) and then to the HSREG on the 29 March 2021. An update will also be presented to EMB in May.</p> <p>CKn queried the timing of the audit and said there is no reason why the Internal Audit review cannot take place at any given point during the year as evidence supporting compliance should be readily available. CKr said timing for the recent Policies and Procedures Audit had been based on policies and strategies that had been reviewed and not the ones due for review. WFC said it is important that the Trust meets the requirement for assurance purposes. CKr to be invited to May meeting for further update.</p> | |
| | <p>Resolved:</p> <p>a) The Committee received and noted the report.</p> <p>b) C Kerr to be invited to May Audit Committee meeting.</p> | DMS |
| 03/21/06 | Internal Audit Update | |
| | <p><u>Progress Report</u></p> <p>ZB outlined the progress report to the Committee which details delivery of the internal audit plan for 2020-21.</p> <ul style="list-style-type: none"> • 13 assignments have been issued as final reports. • 2 assignments have been issued as draft reports. • 3 assignments are completed. • 4 assignments are at fieldwork stage. | |



Since the last Audit Committee three reports have been finalised as follows: -

Risk Management and Assurance Framework – Requires Improvement. ZB said a lot of progress has been made since the audit last year. A Risk Appetite Statement has been drafted, the Risk Strategy and Policy have been updated and induction training is also ready to go onto the electronic system. The risk grading tool has also been simplified. MB is also progressing a SharePoint site with IT for the BAF whereby updates can be made by individual risk owners and members of Groups/Committees prior to meetings.

6 actions have been identified as follows: -

1. New Risks – risk ownership section to be completed for every Risk Assessment.
2. Inaccuracies from General risk assessment to SharePoint risk register – these are now all aligned.
3. Risk descriptions to be worded in a way that captures the “cause and effect” of the risk. This work is currently in progress.
4. BAF – some of the current and mitigating risks are the same – this will require further explanation as to what additional actions are required to reduce the risk.
5. Timing of the BAF going to the Board – changed to 4 times per year from 3.
6. Schedule of Businesses for Performance Committee and People Committee updated to include review of the BAF.

WFC said that post mitigation scores should not be the same as pre-mitigation and asked if this could be a priority action.

WFC also queried the requires improvement rating even though quite a few improvements have been made. ZB said the underlying issue is the governance structure of risk management to ensure all directors and NEDs have access to the SharePoint site.

MB is also working on a paper regarding mitigating scores and will share this with the Committee.

BAF – MB said the online BAF will be piloted on 29 March. Process notes will be circulated for each Committee. Changes to the scoring compared to previous scores will also be visible.

PH said the Risk appetite statement will be submitted to the March Board for approval, it has already been through EMB and Audit Committee.

MK said a discussion regarding the post mitigation scoring would be helpful.

Clinical Supervision – Optimal Assurance. No problems associated with clinical supervision even during Covid-19. The only action arising from the audit is that feedback from Clinical Team Mentors will be formally documented within Senior Management Team meeting minutes to demonstrate that clinical supervision has been evaluated between April



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| | <p>and September of each year to inform the Annual Training Needs Analysis.</p> <p><i>General Ledger and Budgetary Control</i> – Substantial Assurance. There has been much improvement since the last review. The only action arising from this review is that the Control and Suspense Account reconciliations will be reviewed by the Chief Financial Accountant only to ensure oversight that all are completed within a timely manner and to ensure any discrepancies are investigated and corrected. This can now be implemented due to the appointment of a second Senior Financial Accountant.</p> <p><u>Looking ahead</u> – 4 audits are currently in progress. Penetration Testing – the Draft report has been issued with an overall opinion of “Requires Improvement”, but this is an improvement on last year’s “Insufficient” rating.</p> <p>WFC congratulated the Team on the progress of the plan, especially with the challenges seen over the past year. This was supported by the Committee members.</p> <p>ZB said the External Quality Assessment of Internal Audit has been completed – this has been sent to WFC and CF and on the whole the report was positive. A summary of the findings and an action plan will be brought to the next meeting.</p> <p><u>Internal Audit Strategy and Plan 2021-22</u></p> <p>ZB outlined the plan to the Committee, which was submitted to EMB last week and includes audit reviews aimed at providing assurance to the Audit Committee on key risk to the Trust.</p> <p>The following audits are proposed: -</p> <p><i>Governance</i> – 3 audits proposed:</p> <ul style="list-style-type: none"> • Assurance mapping – advisory piece of work. • Annual risk Management and Assurance Framework review. • Business Continuity. This is mainly due to the changes over the last 12 months and will focus on the IT elements within EOC. WFC asked if this would include the changes that are being undertaken in EOC and 111. ZB said this audit will take place in Quarter 1. <p><i>Clinical/Patient Safety</i> - 3 audits proposed:</p> <ul style="list-style-type: none"> • Review of Maternity Services. • Covid 19 – PPE and Test and Trace. • Controlled Drugs. <p><i>Quality and Performance</i> - 3 audits proposed:</p> | |
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|--|--|--|
| | <ul style="list-style-type: none"> • Data Quality – 2 audits which will be split into E&U and NEPTS. • Engagement with Stakeholders. This will be undertaken in Quarter 4, but there is a possibility that it could be moved into 2022-23. WFC said, due to the importance placed on this topic by the Board, she would want to see this audit carried out this year. CW echoed this and said this is a key priority for the Trust. <p>Financial Control – 5 audits proposed:</p> <ul style="list-style-type: none"> • Charitable funds – due to both the Trust joining NHS Charities Together and the extra charity income that has been received because of Covid. • Cost Improvement Programme. • Income and Debtors. • Expenditure and creditors. • Annual Payroll review – the audit will focus on the whole process from GRS through to ESR. <p>IMT – 5 audits proposed:</p> <ul style="list-style-type: none"> • DSPT • Penetration testing. <p>3 further audits requested by the Director of Strategic Operations which are:-</p> <ul style="list-style-type: none"> • Cyber security incident simulation • Sensitive information ID and protection • Active Directory user management. • <p>Workforce – 3 audits proposed:</p> <ul style="list-style-type: none"> • Clinical registration and revalidation, which was requested by the People Director Designate. • Work placements and Apprenticeships – to provide assurance that monitoring and supervision is provided, this will also include the Kickstart scheme. • Corporate Induction – to review the online delivery of corporate induction for new starters, rather than the face-to-face delivery. <p>Estates and Facilities – 2 audits proposed:</p> <ul style="list-style-type: none"> • Fire Safety – this currently “requires improvement” so previous actions will be followed up. • Fleet Management – vehicle lease or purchase review to be considered. <p>The Total Plan contains 309 days.</p> <p>The plan was endorsed by the Committee.</p> | |
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| | <p>The Internal Audit Charter was also approved by the Committee.</p> <p><u>Monthly Insight Report</u></p> <p>Circulated for information. CKn pointed out the following:</p> <ul style="list-style-type: none"> • HFMA briefing: Head of internal audit opinion: key considerations for 2020/21. • New counter fraud standards to be implemented in April 2021. • CQC consults on changes to regulation. • White Paper - NHS Providers' briefing: Integration and Innovation: working together to improve health and social care for all. CKn stressed the importance of engagement with ICS's in the future. | |
| | <p>Resolved:</p> <ol style="list-style-type: none"> a) The Internal Audit Strategy and Plan was endorsed and approved by the Committee. b) The Internal Audit Charter was approved by the Committee. c) External Quality Assessment of Internal Audit Findings and Action Plan to be submitted to a future Audit Committee. | ZB |
| 03/21/07 | External Audit Plan | |
| | <p>TF outlined the External Audit Plan to the Committee and said the financial statements section has largely the same content that was presented to the January meeting, but he outlined the Value for Money section as follows: -</p> <p>The VFM Risk Assessment is now completed. There are three areas (domains) that were focused on:</p> <ul style="list-style-type: none"> • Financial Sustainability • Governance • Improving Economy, Efficiency and Effectiveness. <p>The management questionnaire has been completed and supplemented with various documentation and a number of conversations with Directors and Senior Managers across the Trust. Overall, only one VFM risk was identified: -</p> <p><i>"Due to the current levels of underlying deficit at both the Trust and Integrated Care System level there is a risk that the Trust does not have in place adequate arrangements to achieve financial sustainability over the medium term."</i></p> <p>TF pointed out that this is not a WMAS specific risk as it has been raised at every Trust this year. WFC queried whether block contracting arrangements would have an impact on this as WMAS have always previously held activity-based contracts. TF said this would be built into the context of the plan. JB said it will be a challenge for all ambulance</p> | |



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| | <p>services due to them not being aligned with only one ICS, therefore, engagement with the differing ICS partners is very important.</p> <p>Governance – TF said he was unable to fully finalise a couple of items, but this is unlikely to affect the VFM risk rating.</p> <p>Overall, it was a good process and TF thanked the Finance team for the evidence and information provided.</p> <p>The Audit Committee approved the plan – but added that any contractual changes should be highlighted.</p> | |
| | Resolved: The Committee approved the External Audit Plan. | |
| 03/21/08 | LCFS Progress Report | |
| | <p>JH outlined the LCFS report to the Committee as follows:</p> <p><i>Hold to account</i> – this section shows all the referrals received during the year. Since the paper was written there has been an update to item 10 and this is ongoing, and the documentation will be handed over to the Claims team. There have been three thefts of Trust equipment and these have been passed to the Security Management Specialist. JH also said there is a requirement for a joint working protocol between the Counter Fraud Team and the Security Management office, and this is being developed.</p> <p><i>Appendices</i> - JH also pointed out the appendices to the report as follows:</p> <ul style="list-style-type: none"> - • Appendix 1 outlines progress made against plan. One red overdue item noted which relates to the delay in the National Procurement Exercise owing to the Counter Fraud Authority national guidance not being issued. • Appendix 2 - National proactive exercise relating to procurement - the circular summarises results during the year and future arrangements. • Appendix 3 - The new Counter Fraud Functional Standard Return (Functional Standard Return) will replace the current self-review tool (SRT). • Appendix 4 - Summary of fraud risks relating to Covid-19 to the NHS – this details those members of the NHS exposed to greater risk. | |
| | <p>Resolved:</p> <p>a) The Committee received and noted the report.</p> | |
| 03/21/09 | Review Accounts Progress and Year-end accounts timetable | |
| | | |



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| | <p>CF outlined progress to date on the accounts and reported a break-even position at month 11.</p> <p>The Finance team are currently finalising the year-end for which the year-end timetable is circulated, this is of standard format, but CF pointed out that Easter falls early this year and this will have an impact but will be managed appropriately.</p> <p>The key dates in terms of year-end are:</p> <ul style="list-style-type: none"> • final accounts audit, which will commence on 27 April. • final year-end accounts will be reported to the May Audit Committee. <p>CF said there is regular contact with the NHSE/I Regional team with regard to the financial régime and also regular contact with other NHS colleagues.</p> <p>PH said the Audit Committee will be authorised to approve the Annual Report and Accounts on behalf of the Board and this will be minuted at the March Board meeting.</p> <p>WFC asked if there would be any issues with regard to the handover from LJM. CF said this would not be a problem and said she had been involved closely with the accounts process and also involved in Regional and National meetings.</p> | |
| | Resolved: The Committee received and noted the verbal update and the year-end timetable. | |
| 03/21/10 | Going Concern Review | |
| | <p>CF said it is requirement for the Board and the Audit Committee to review the financial performance of the Trust and confirm the Trust as a Going Concern. She said the paper is self-explanatory and drew members' attention to the last page which also considers the financial position, CIP programme for next year, ability to service capital requirements, financial plans and the Head of Internal Audit Opinion. The review was also produced with the emergency financial régime and Covid-19 over the past 12 months recognised.</p> <p>JB pointed out the going concern is made on the assumption of continuation of delivery of services and this would not be an issue for WMAS.</p> | |
| | <p>Resolved:</p> <p>a) The Audit Committee to recommend to the Board that the there are no material uncertainties that may cast significant doubt about</p> | DMS |



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| | the Trust's ability to continue as a going concern. Paper to be submitted to Board. | |
| 03/21/11 | Accounting Policies | |
| | <p>CF outlined the accounting policies which are based on a national standard set for NHS Foundation Trusts. These policies will support the year end accounts process. She said two specific dates have still not been advised and these are highlighted on the report.</p> <p>CF will bring the paper back to the Committee once these have been received to provide assurance to the Committee. The only other point to make is the clarity around the insurance policy – process for holding account for this within the Trust has been included.</p> | |
| | Resolved: a) CF to re-submit when finalised for assurance to the next meeting. | CF/DMS |
| 03/21/12 | Cash and Treasury Management Policy | |
| | CF said this has been updated, members to be given the option to review due to its late submission and will be brought back to the next Audit Committee. Dates for any comments to be received by is 26 March. | |
| | Resolved: a) CF to circulate policy for any final comments. Re-submit to May Audit Committee. | CF/DMS |
| 03/21/13 | Items from the Performance Committee Meeting | |
| | MK said there were not items of concern. | |
| | Resolved: a) The Committee received the verbal report. | |
| 03/21/14 | Items from the Quality Governance Committee Meeting | |
| | AY said some increased risks were logged but these have been picked up in other areas and Committees. | |
| | Resolved: a) The Committee received the verbal update. | |
| 03/21/15 | Clinical Audit Update | |
| | JLH outlined the Clinical Audit and Research Programme to the Committee and said that it is a rolling programme and progress against it | |



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| | is monitored by the Professional Standards Group and the Clinical Audit and Research Programme Group. The clinical audits included were noted by the Committee and it was pointed out that all the audits are either complete, progressing to time, or delayed with evidence of actions to get back on track. None of the audits are a cause for concern. | |
| | Resolved: The Committee received and noted the report. | |
| 03/21/16 | Review Directors' Interests | |
| | PH said this has been updated and the register for 2021-22 will be submitted to the May board. | |
| | Resolved: The Committee received and noted the Register of Interests. | |
| 03/21/17 | Review Terms of Reference | |
| | WFC said as these were reviewed in September 2020 by the Committee under the new governance arrangements and recommended there were no further changes. ZB said that an issue was flagged up from the external review of Internal Audit regarding including the of ratification of the appointment or removal of the Head of Internal Audit in the Terms of Reference. | |
| | Resolved: The Committee agreed the Terms of Reference. Ratification of the appointment/removal of the Head of Internal Audit to be included. | DMS |
| 03/21/18 | Annual Self-Assessment | |
| | The Committee completed the self-assessment as a group, on the whole very positive feedback was given. Any further comments to be forwarded direct to DMS. DMS to complete the self-assessment with the comments made and forward to PH. | |
| | Resolved: DMS to forward completed self-assessment to PH. | DMS |
| 03/21/19 | Schedule of Business | |
| | Noted by members. Any changes to be forwarded to DMS. | All |
| 03/21/20 | Any Other Urgent Business | |
| | <ul style="list-style-type: none"> WFC thanked Tony Yeaman and Caroline Wigley for their input and support in the past as this will be their last Audit Committee meeting and wished them well for the future. WFC also expressed thanks and gratitude to Linda as Director of Finance who will also be leaving the Trust at the end of March and said she has provided a really strong, stable and rigorous financial | |



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| | leadership to the organisation, and wished her well for the future. | |
| 03/21/21 | Dates of Future Meetings 2021 | |
| | <ul style="list-style-type: none"> • 19 May 2021, 10am • 13 July 2021, 10am • 9 November 2021, 10am | |
| 03/21/22 | Meeting of the Audit Committee in the absence of Officers from the Trust | |
| | Held separately. | |

Chair..... Dated.....
 The meeting closed at 1145 hours.

Action Points – Audit Committee 16 March 2021

| Minute | Details | To be actioned by | Complete/ Incomplete | Evidence |
|-----------------|--|-------------------|----------------------|--|
| 03/21/05 | C Kerr to be invited to May Audit Committee meeting | DMS | <i>Complete</i> | <i>It was agreed that C Kerr did not have to attend the May meeting as this would be covered in the Internal Audit Report into the DSPT</i> |
| 03/21/06 | External Quality Assessment of Internal Audit Findings and Action Plan to be submitted to a future Audit Committee | ZB | <i>Complete</i> | <i>Agreed to submit to the July Audit Committee meeting</i> |
| 03/21/10 | Going Concern - The Audit Committee to recommend to the Board that there are no material uncertainties that may cast significant doubt about the Trust's ability to continue as a going concern. Paper to be submitted to Board. | DMS | <i>Complete</i> | <i>Paper submitted to March Board.</i> |
| 03/21/11 | Accounting Policies - CF to re-submit when finalised for information and assurance to the next meeting. | CF/DMS | <i>Complete</i> | <i>Updated and submitted to May meeting for assurance purposes only</i> |
| 03/21/12 | Cash and Treasury Management Policy to be circulated to members for comment. Re-submit to May Committee for information and assurance. | DMS | <i>Complete</i> | <i>Circulated for comment by 26 March to enable publication on 1 April. Policy published on the intranet, submitted to May meeting for assurance purposes only</i> |



| Minute | Details | To be actioned by | Complete/ Incomplete | Evidence |
|----------|--|-------------------|----------------------|--|
| 03/21/17 | Terms of Reference – agreed - Ratification of the appointment/removal of the Head of Internal Audit to be included. | DMS | <i>Complete</i> | <i>Amended and forwarded to PH on 18/3/21</i> |
| 03/21/18 | Annual Self-Assessment – any further comments to be forward to DMS. Completed Self-assessment to be forwarded to PH. | All DMS | <i>Complete</i> | <i>Sent to PH on 18/3/21</i> |
| 03/21/19 | Schedule of Business: <ul style="list-style-type: none"> Any further amendments to be forwarded to DMS. | All | <i>Complete</i> | <i>Reportable items deferred from May meeting to July meeting.</i> |

Date of next meeting:
19 May 2021, 10am



Minutes of the Performance Committee held on 23 February 2021, via Microsoft Teams, 9am

Present:

| | |
|-----|---|
| MK | Mushtaq Khan, Non-Executive Director (Chair) |
| WFC | Wendy Farrington-Chadd, Non-Executive Director |
| CF | Claire Finn, Director of Finance Designate |
| CC | Craig Cooke, Director of Strategic Operations and Digital Integration |
| DS | Donna Stevenson, EA to Director of Finance (Minutes) |

| | Meeting held on 23 February 2021 | ACTION |
|----------|--|--------|
| 02/21/01 | Welcome and Apologies | |
| | Apologies received from Linda Millinchamp, Jeremy Brown and Narinder Kooner. | |
| 02/21/02 | Minutes of the Meeting of the Performance Committee held on 22 January 2021 | |
| | Resolved: The minutes of the Performance Committee meeting held on 22 January 2021 were agreed. | |
| 02/21/03 | Matters Arising | |
| | <ul style="list-style-type: none"> • Handover Delays workshop meeting – CC has met with MD and discussed the depth of the problem regarding hospital delays. NHSE/I have accepted the severe difficulties and one of their team will be picking up this in order to produce a longer-term solution. • Risk Register – MB to circulate Risk Register – DS to chase. • Financing of unfunded resources – CF said this is still ongoing and ACM has been in discussion with NHSE/I. CF said the Trust needs to ensure it is reimbursed for this and recover the funding. • Schedule of Business - Separate meeting to be held to determine the revised schedule of business with Directors. DS said she will arrange this now that CF had commenced with the Trust. <p><u>Risk Tracker</u> The following updates were provided:-</p> <ul style="list-style-type: none"> • STP Financial Régime. CF said this is ongoing given the situation with STPs and ICS and will provide regular updates with regard to this risk and the new way of working. • Wave 3 demand and complexities of managing response to Wave 3. CC said WMAS was under a lot of pressure during Wave 3 of the pandemic. Difficulties of hospital handovers and the need to assist both London AS and Scottish AS with call answering. | |



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| | <p>Resolved:</p> <ul style="list-style-type: none"> a) Key Risk Tracker to be updated. b) Meeting to be arranged to discuss Schedule of Business. | <p>DMS DMS</p> |
| 02/21/04 | Finance Report Month 10 | |
| | <ul style="list-style-type: none"> • CF outlined the Finance Report and gave an overview of the financial position. • M7 to M8 the Trust delivered a better than plan position and further improvements in M9 and M10 year to date deficit of £1.9m against plan of £4.2m. This largely relates to income over performance due to PTS social distancing. This means that the Trust is likely to maintain the £2m deficit and this is where the forecast remains. Since then, a number of discussions have been held and the Trust is aware that the national team have a level of underspend and have made assumptions around commercial income meaning that they may 'flow fund' into various systems in order for Trusts' to break even. The STP has been forecasting a deficit of £27m. The result may be that WMAS could achieve a better year-end position than £2m deficit if further funding is received. • CIPs - £30k above plan and achieved at month 10. • Capital - the Trust is currently trying to deliver against the plan of £24.7m, there was a £2.9m slippage at month 10, but it is expected that the capital plan will be achieved by the year end. • Cash – cash is strong with £78m against a plan of £59m due to advance payments being received. At the beginning of the next financial year cash will drop to around £40m due to advance payments ceasing, the forecast will be adjusted to reflect this. • WFC queried the provision in place for Flowers and if this would affect the bottom-line position. CF said this is still outstanding and is aware that this is one area that the national team may seek to resolve. CF also said that there is a robust list of schemes that could be brought into this financial year to ensure that WMAS maintain a break even position rather than a surplus position. <p><u>Budget planning</u> – CF gave a verbal update as follows: -</p> <ul style="list-style-type: none"> • Roll forward of interim financial regime for months 1 to 3. • Likely to receive planning guidance in mid-March for months 4 to 12 2021-22 so need to be mindful of this. • Need to look at way forward with regard to STP. • Good progress has been made with budget setting for 2021-22 and rolling over budgets which have been adjusted for known areas such as inflation and cost pressures. • Detailed planning session to be held on 24 February. • Capital allocations still to be received from the STP. • CIPs for next year are strong and CIP schemes identified. | |



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| | <p><u>Finance Risk Log</u> – CF said the only item to highlight is the new risk included in the log relating to Capital planning which is now a part of the STP process and subject to STP agreement. The Trust does not have control over the amount and timing of its capital expenditure planning.</p> | |
| | <p>Resolved:</p> <ul style="list-style-type: none"> a) The Committee received and noted the report. b) The Committee received and noted the verbal update on budget planning. c) The Committee received and noted the Finance Risk Log. | |
| 02/21/05 | Operational Performance Pack | |
| | <ul style="list-style-type: none"> • CC presented the operational report for January 2021. The main issue was the significance of the wave 3 pandemic, high demand and high abstraction rates due to COVID-19, hospital delays and requirements to undertake mutual aid for Scottish AS and London AS. The Senior Command team took a range of decisions to ensure resources were available. • CC pointed out the higher demand compared to the same time last year. • With regard to meeting operational targets – all were met apart from Category 3 90 second target, which was missed by only 38 seconds. • WMAS performed well compared to other Ambulance Trusts nationally. • Hospital turnaround times – the number of lost hours were noted and the turnaround times had increased significantly during January. Some patients were waiting for longer than 4 hours outside Emergency Departments. • Call answering – mutual aid provided to London Ambulance Service and this is reflected in the call answering performance. • WFC queried demand spikes – CC said the Trust is seeing strong demand during the day, particularly Mondays and Tuesdays. Hospitals have seen an improvement in the last couple of weeks. | |
| | <p>Resolved:</p> <ul style="list-style-type: none"> a) The Committee received and noted the Operations Report. | |
| 02/21/06 | IEUC Report | |
| | <p>CC presented the IEUC report to the Committee on behalf of JB. The following items were noted:</p> | |



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| | <ul style="list-style-type: none"> Building work continues at Navigation point and is likely to be completed early March. MP EOC move will be during the week commencing 22 March. The integration of software to be completed for 111 and 999 calls will be completed after Easter. Service delivery – huge pressure was seen in Wave 3. London AS and Scottish AS call answering assistance given by WMAS via mutual aid. 111 – The 111 service was extremely busy but continued to deliver a safe service to the public. CC pointed out that the activity is above contracted levels, and the financial aspect will need to be raised with commissioners. | |
| | Resolved: a) The Committee received and noted the IEUC Report. | |
| 02/21/07 | Commercial Services Report – Confidential | |
| | CC presented the January report to members and highlighted the following: <ul style="list-style-type: none"> It is worthy of note that all KPIs were met across every contract. PTS is fully resourced with no vacancies. Social distancing on vehicles - commissioners have recognised this and additional income secured. MK said the achievement in PTS is outstanding and if any extra work is commissioned for this can be pointed out. | |
| | Resolved: a) The Committee received and noted the report. | |
| 02/21/08 | Schedule of Business | |
| | The Schedule of Business was received and noted by members. Separate meeting to be held to discuss. | |
| | Resolved: a) the Schedule of Business was received and noted by members. Meeting to be held to discuss Schedule of Business. | DMS |
| 02/21/09 | Any Other Urgent Business | |
| | There was no other business. | |
| 02/21/10 | New Risks Identified at the Meeting | |
| | <u>Finance –</u> | |



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| | <ul style="list-style-type: none"> Uncertainty of financial regime and block contracts. Trust being able to meet workforce requirements. <p>Operations –</p> <ul style="list-style-type: none"> Ensuring the Trust has enough resourcing for next year to deal with all complexities e.g., high demand, NHS struggle to recover, WMAS recovery (education and training). | |
| | Resolved: a) Action Tracker for Key Risks to be updated. | DS |
| 02/21/11 | Dates and times of Future Meetings | |
| | 27 April 2021 27 July 2021 26 October 2021 24 January 2022 Commencement time: 9am | All |

The meeting closed at 1005 hours.

Action Points – Performance Committee February 2021

| Minute | Details | To be actioned by | Complete/ Incomplete | Evidence |
|-----------------|---|-------------------|----------------------|--|
| | | | | |
| 02/21/03 | Schedule of Business – Meeting to be arranged. | DS | Complete | <i>Arranged for 16 March</i> |
| | Any other changes to be notified to MK and DMS. | All | Complete | |
| 02/21/03 | “Action Tracker for Key Risks” to be updated. | DS | Complete | <i>Included at the end of the minutes.</i> |



Performance Committee - Action Tracker for Key Risks

| Date | Details | Lead Director | Comments/Action |
|----------------------------------|--|---------------|--|
| Oct 2020 Jan 2021 Feb 2021 | Financing of unfunded resources. 111 surge cell - 267 wte staff in unfunded posts Trust being able to meet workforce requirements. | LJM | This has been escalated to NHSE/I. Discussion to be held at Board on how to contain additional expenditure. |
| Oct 2020 Jan 2021 Feb 2021 | STP Financial Régime. System based and place-based working arrangements will continue and WMAS will be part of the STP envelope and will therefore be required to work within the STP arrangements. There is no plan to move back to any other arrangement. Uncertainty of financial regime and block contracts. | LJM CF | Wider engagement from all Departments of the Trust required with the Black Country STP. This risk will be discussed at Board. PW said that she and V Khashu have also discussed risks relating to the current consultation, which have been considered alongside each of the Trust's Strategic Objectives. Vivek Khashu will be presenting his observations to the Board of Directors in January. |
| Oct 2020 Jan 2021 | Adequate resources for the unpredictability of activity pressures (Winter, Covid). | CC | Festive plan revised. Targets achieved at Q3. Work in this area is continuing. |



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| Oct 2020 Jan 2021 | Partner organisations not being able to cope i.e., do they have enough resources for the Winter? And if not, will this have an impact on WMAS? | CC | Hospital turnaround times continue to be critical across the Midlands. Majority of Directors have held discussions with Hospital Trust heads and Commissioners, but the situation continues to deteriorate. WMAS is providing sufficient resources. No solutions have been forthcoming from discussions with Hospital Trusts. |
| Oct 2020 Jan 2021 | Unpredictable 999 and 111 demand. | JB | Significantly higher demand than the same time last year and demand pressures have been seen. Dual training has taken place for staff in order to support both 999 and 111 services. |
| Oct 2020 Jan 2021 | Second wave of Covid – lack of other agencies' preparation impact on WMAS. | JB | Hospitals were not as prepared as WMAS. WMAS have continued to deliver a service to patients. Nightingale hospitals – the Birmingham Nightingale hospital falls under the remit of UHB. |
| Oct 2020 Jan 2021 | Handover delays – to be escalated to CEO and Chair. Severe difficulties with hospital handovers. | CC | Escalation to the CEO and Chairman. In addition, both Mark Docherty, Alison Walker and Craig Cooke have been heavily involved in senior escalation with NHSE/I at Regional and National Level. |
| Jan 2021 | Wave 3 demand and complexities of managing response to Wave 3. | CC | WMAS was under a lot of pressure during Wave 3 of the pandemic. Difficulties of hospital handovers and the need to assist both London AS and Scottish AS with call answering. |
| Feb 2021 | Ensuring the Trust has enough resourcing for next year to deal with all complexities e.g., high demand, NHS struggle to recover, WMAS recovery (education and training). | CC | |

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 34 MONTH: MARCH 2021 PAPER NUMBER: 29

| Board of Directors Schedule of Business | |
|---|---|
| Sponsoring Director | Prof. Ian Cumming |
| Author | Governance Director & Trust Secretary |
| Purpose | The Board are requested to review the contents of the attached and approve the schedule of business for the year ahead. |
| Previously Considered by | Not Applicable |
| Report Approved By | The Chair of the Board of Directors |
| Executive Summary The workplan of the Board is attached, also included are those development sessions that are considered appropriate for members of the Board of Directors to maintain their knowledge and skills. The workplan of the Trust should also align with the workplans of its Committees and will require review in line with any changes in the governance structure and the Terms of Reference of the Committees. The schedule of business is normally the responsibility of the Chair of the Board of Directors and facilitated by the Trust Secretary in consultation with EMB. It is intended, following comments made at meetings of the Board Committees that the schedule will be further reviewed to enable papers to be submitted to the Board and its Committees in a timely fashion and avoid duplication, and directors of the Trust have been requested to review the content to make sure that it is correct, relevant and timely. | |
| Related Trust Objectives/ National Standards | All Trust Objectives |
| Risk and Assurance | <p>The Code of Governance states that it is the Chair's responsibility for ensuring that directors (and governors) receive accurate and timely and clear information that is appropriate for their respective duties</p> <p>The Chair should ensure that the Board receives timely and considered papers, this schedule is a means of establishing specific standards in the preparation of the board papers.</p> |

**WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST**

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 34

MONTH: MARCH 2021

PAPER NUMBER: 29

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| | Without a robust schedule of business The Board would function inadequately without appropriate and timely information. |
| Legal implications/ regulatory requirements | The schedule as aimed at ensuring compliance with all regulatory requirements |
| Financial Implications | The schedule of business should be influenced by the Trust's financial and strategic planning and also compliance regimes to which the Trust is subject. |
| Workforce Implications | Workforce matters, such as the Staff Survey are included in the schedule of Business. |
| Communications Issues | Dates of Board of Directors meetings are advertised on the website and key partners are advised of the dates. |
| Diversity & Inclusivity Implications | Equality Impact Assessment complies: Equality Impact Assessment is not applicable and will be undertaken in relation to projects and programmes. |
| Quality Impact Assessment | Not applicable for this report |
| Data Quality | The schedule is influenced by the reporting and planning requirements of the Trust. |
| Action required The Board of Directors are requested to review the contents of the schedule attached and if appropriate approve the schedule of business for the year ahead. | |

| | Board Schedule of Business | | Lead |
|--------------------------------|---|--------------------|--------|
| Standing Items | | | |
| | Apologies | | Chair |
| | Declarations of Interest | | Chair |
| | Minutes of Previous Meetings | | Chair |
| | Board Action Log | | Chair |
| | Chair's Report | | Chair |
| | CEO report | | ACM |
| | Risks arising from meetings | | All |
| Care Quality and Safety | | | |
| Annual reports | Patient Experience Report | Report through QGC | MD |
| | EDI Annual Report | Report through QGC | PB |
| | Safeguarding Report | Report through QGC | MD |
| | Infection, Prevention and Control Report | Report through QGC | MD |
| | Patient Safety, Duty of Candour and Serious Incidents Report | Report through QGC | MD |
| | Research and Development Report | Report through QGC | CC |
| | Medicines Management Report | Report through QGC | MD |
| | Accountable Officer for Controlled Drugs Report | Report through QGC | MD |
| | Annual staff survey report | Report through QGC | KN |
| | Physical and Verbal Assaults to Staff Report | Report through QGC | PH |
| | Better Births Annual Report | Report through QGC | MD |
| | Annual Report on Health and Safety, including fire safety | Report through QGC | CK/PH |
| | Freedom to Speak Up Report | | MD |
| | Quality Impact Assessment Report (and also any Equality Impact Assessment) Relating | | LJM/AW |
| Governance | | | |
| | Annual Governance Statement as part of the Annual Report | Confidential | LJM |
| | Annual Budget (including capital programme and CIP programme) - Draft | | LJM |
| | Annual Budget (including capital programme and CIP programme) - Final | | LJM |
| | Review Board Assurance Framework and Significant Risks | | PH/CK |
| | Review of Register of Seals | Confidential | PH |

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| Review of Standing Orders and SFIs as required | | Report through Audit Committee | |
| Reports from Committee Chairs | Audit Committee | | WFC |
| | Annual Report of Audit Committee | | WFC |
| | Resources Committee | | CW |
| | Quality Governance Committee | | JI |
| | Remuneration and Nominations Committee | | IC |
| Review of Terms of Reference to Committees of the Board | | | PH |
| Annual Review of Self Assessment of Committees of the Board and their membership | | | PH |
| Review of Governance structure of the Trust | | | PH |
| Staff Survey Action Plan Quarterly Review | | Report through QGC | KN |
| Staff Survey Action Plan Annual Outcome Report | | Report through QGC | KN |
| NHS Resolution Annual Scorecard | | Confidential | MD |
| Update on NARU - KP to attend | | Confidential | KP |
| Serious Incidents report | | Confidential | MD/ST |
| Claims & Coroners Report | | Confidential | MD/MK |
| Trust Information Pack | | | |
| Regular performance KPI based exception reports covering: | | | |
| Finance including CIPS and Capital Programme | | | LJM |
| Corporate Indicators | | | PH |
| Clinical Indicators | | | MD |
| Operational Key Performance Indicators | | | CC |
| Workforce Indicators | | | KN |
| Strategy & Engagement | | | |
| People Strategy (review Sept 2019) | | | KN |
| Operational Strategy (review Sept 2019) | | | CC |
| Clinical Strategy (review Sept 2019) | | | MD |
| Quality Strategy (review Sept 2019) | | | MD |
| Stakeholder Engagement Strategy (review Sept 2019) | | | PW/MM |
| Commissioning Strategy (review Sept 2020) | | | MD |
| Commercial Services Strategy (review Sept 2020) | | | MB |
| Operating Model | | | CC |
| HART, Academy, West Brom Estate Strategy | | | CC |

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|---|--|---------------------------------|----------|
| FTSU Strategy | | | MD |
| Risk Management Strategy | | | PH |
| Fleet Strategy | | | CC |
| Research Strategy | | | CC |
| Commissioning Intentions | | | MD |
| Operating Plan (NHSI Submission) | | | PW |
| Finance Strategy | | | LJM |
| 5 Year Strategic Plan | | | PW |
| Regulatory, Guidance or Contractural | | | |
| Annual Audit Letter ISA 260 | | Confidential | Auditors |
| Annual report and accounts | | Confidential | LJM |
| Quality Account Approval | | | PW/AP |
| Review of Register of Interests - Directors | | | PH |
| Data Security and Protection Toolkit (March - review, October - conf.of submission) | | | PH/CK |
| GDPR/Data Protection Officer Report | | | PH/CK |
| Learning From Deaths Report | | | MD/ST |
| Workforce Race Equality Standard data report for publishing | | | CEO |
| Public Sector Equality Duty Report | | | CEO |
| Licence Conditions | | | PH |
| Annual Meeting of Members - Agenda Approval | | | PH |
| Board Developments | | | |
| Safeguarding and Prevent | | Rob Cole | Chair |
| General Data Protection Regulation (GDPR) | | Chris Kerr | Chair |
| Directors role in Inclusion and Diversity | | Pam Brown | Chair |
| WRES Updates and Training | | Pam Brown | Chair |
| Patient Safety, Duty of Candour and Serious Incidents | | Simon Taylor | Chair |
| Research Development | | Andy Rosser | Chair |
| GGI Board Development Session - Darren Grayson | | Chair | Chair |
| Downside Scenerio Planning | | Mark Docherty/Linda Millinchamp | |
| Miscellaneous Items | | | |
| Winter Plan | | | CC |
| Festive Plan | | | CC |