West Midlands Ambulance Service
University NHS Foundation Trust

AGENDA

TITLE OF MEETING: Meeting of the Board of Directors

Wednesday 27 October 2021 at 10.30 hours
To maintain the Trust's policy on 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
Prof. 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
02	**Patient/Staff Experience**			
03	**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
04	**Any Questions from the Public relating to matters to be discussed at this Board of Directors meeting.**		Chair	Verbal
05	**Board Minutes**			
05A	To agree the Minutes of the meetings of the Board of Directors held 28 July 2021 and the 29 September 2021		Chair	Paper 01 Paper 02
05B	Board Log and any matters arising from both sets of Minutes not on the Agenda		Chair	Paper 03
06	**Chief Executive Officers Update Reports**			
06a	To receive the report of the Chief Executive Officer.		CEO	Paper 04a
	Action	To Receive and note the contents of the paper seeking clarification where necessary.		
06b	Executive Scorecard relating to performance for the month of September 2021		CEO	Paper 04b
	Action	To receive the Executive Scorecard		
06c	Covid Update		CEO	Papers 04 c&d
	Action	To receive the Covid update report for September 2021 and the Covid monthly trend for the period March 2020 to September 2021		
06d	Commonwealth Games Preparations Update		CEO	Verbal
	Action	To receive a briefing on the Trust's preparations		
07	**Report of the Director of Finance**			
07a	A financial update from the Director of Finance.		Director of Finance	Paper 05a
	Action	To receive a report on the financial position of the Trust from the Director of Finance.		

Item No	Description		Lead	Paper No/ Comments
07b	Finance Strategy (Subject to review at Performance Committee)		Director of Finance	verbal
	Action	To receive an update from the Director of Finance.		
07c	Procurement Strategy (Subject to review at Performance Committee and Audit Committee)		Director of Finance	Paper 05b
	Action	To review and if appropriate approve the updated Quality Strategy		
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 06a
	Action	To receive the report		
08b	Clinical Strategy		Director of Nursing and Clinical Commissioning & The Medical Director.	Paper 06b
	Action	To review and if appropriate approve the updated Clinical Strategy		
08c	Quality Improvement Strategy		Director of Nursing and Clinical Commissioning & The Medical Director.	Paper 06c
	Action	To review and if appropriate approve the updated Quality Strategy		
08d	Commissioning Strategy (Subject to Performance Committee Review)		Director of Nursing and Clinical Commissioning & The Medical Director.	Paper 06d
	Action	To review and if appropriate approve the updated Commissioning Strategy		
08e	Risk Management Strategy		Director of Nursing and Clinical Commissioning & The Medical Director.	Paper 06e
	Action	To review and if appropriate approve the updated Risk Management Strategy		
08f	Hand Over Delays BAF Risk Rating of 25		Director of Nursing and Clinical Commissioning & The Medical Director.	Paper 06f
	Action	To review the proposed Risk Rating of 25 relating to Handover Delays and the impact on patient care.		
08g	Board Assurance Framework		Director of Nursing and Clinical Commissioning &	Paper 06g
	Action	To receive and approve the Board Assurance Framework		

Item No	Description		Lead	Paper No/ Comments
			The Medical Director.	
08h	Risk Appetite Statement		Director of Nursing and Clinical Commissioning	Paper 06h
	Action	That the Board of Directors is requested to review and approve the submitted Risk Appetite Statement.		
08j	Freedom to Speak Up Guardian – Update report		Director of Nursing and Clinical Commissioning/ FTSU Guardian	Paper 06i
	Action	To receive and note the Update Report		
09	**Report of the People Director**			
09a	Staff Survey Update		People Director/ Head of Organisational Development	Paper 07a
	Action	To receive and note the update		
09b	People Strategy (Updated)		People Director/ Strategy & Engagement Director	Paper 07b
	Action	To receive and approve the revised People Strategy		
10	**Reports of the Director of Strategic Operation and Digital Integration**			
10a	Operational Performance Update		Director of Strategic Operations and Digital Integration	Paper 08a
	Action	To receive the report		
10b	Winter Plan		Director of Strategic Operations and Digital Integration	Paper 08b
	Action	To receive and approve the updated plan		
10c	NHS Violence Prevention & Reduction Standard, including a general update on Body Worn Cameras and Stab Vests.		Director of Strategic Operations and Digital Integration	Paper 08c
	Action	To receive and note the report		
10d	Security Mangement Strategy		Director of Strategic Operations and Digital Integration	Paper 08c
	Action	To receive and approve the revised Security Strategy		
10f	Operations Strategy		Director of Strategic Operations and Digital Integration	Verbal
	Action	To receive an update on progress in reviewing the Strategy		
10g	IT, Data & Digital Strategy		Director of Strategic	Paper 08d

Item No	Description		Lead	Paper No/ Comments
	Action	To receive and approve the revised Strategy	Operations and Digital Integration	
11	**Reports of the Strategy & Engagement Director**			
11a	Update on Trust's review of the following Enabling Strategies: • Trust Strategy • Clinical Strategy • Quality Strategy • Communications and Engagement Strategy • Risk Management Strategy • Security Strategy • Sustainability Strategy • Operations Strategy • Commissioning Strategy • Finance Strategy • IT Strategy • Procurement Strategy • Estates Strategy • Commercial Services Strategy • Fleet Strategy • People Strategy • Equality and Inclusion Strategy		Strategy & Engagement Director	Paper 09a
	Action	To receive and note the Report		
11b	Communications and Engagement Strategy		Strategy & Engagement Director	Paper 09b
	Action	To receive and approve the Strategy		
11c	Update on CQC Inspection Methodology		Strategy & Engagement Director	Presentation Paper 09c
	To receive a presentation from the Strategy and Engagement Director.			
12	**Review of Committee Terms of Reference**			
	Action	To approve the content	Chair	Paper 10
13	**Board Committee Meeting Minutes**			
	Action	a) Quality Committee – To receive the Minutes of the Meetings held on 24 May 2021 and 21 July 2021	Respective Chair of Committee	Paper 11 a&b
14	**New or Increased Risks Arising from the Meeting**			
15	**Board of Directors Schedule of Business**			
	To receive the Schedule of Business and Development Sessions		Secretary	Paper 12
	Action	To review and note the Board Schedule of Business		

Item No	Description	Lead	Paper No/ Comments
16	**Any Other Business** (previously notified to the Trust Secretary)	Chair	
17	**Review of Guiding Principles**	Secretary	Circulated by email for response
18	**Date and time of the next meeting:** **The next meeting will be on** **Wednesday 26 January 2022 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)

Paper 01

Minutes of the Meeting of the Board of Directors held on 28 July 2021, at 1000 hours, via Microsoft Teams

Present:

Prof I Cumming*	Chairman	Non-Executive Director (Chairman)
Prof A C Marsh*	CEO	Chief Executive Officer
Mrs W Farrington-Chadd*	WFC	Non-Executive Director (Deputy Chair)
Ms Lisa Bayliss -Pratt*	LBP	Non-Executive Director
Ms Carla Beechey	CB	People Director
Ms Claire Finn*	CF	Director of Finance
Mr M Khan*	MK	Non-Executive Director
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 K. Freeman	KF	Private Secretary – Office of the Chief Executive
Ms R Farrington	RF	Staff Side Representative
Mr P. Higgins	PH	Governance Director & Trust Secretary
Ms P Brown	PB	Head of Diversity and Inclusion (for part of the meeting)

07/21/01	**Chairman's Introductions, Apologies and Announcements**	
	Apologies were received from Mr Fessal & Mrs Kooner The Chairman paid tribute to the work of the Chief Executive and his staff. He asked the Chief Executive to pass on to staff the grateful thanks of the Board. He indicated that the levels of demand across all aspects of our service have been unprecedented with records being broken daily: the number of calls received; delays associated with patient handover at acutes; and sadly, the time taken to respond to patients. Although these delays have been longer than we would ever have wanted, as a Service, the hard work of staff means we have coped better than we could ever have expected given the challenges, which has protected patients. He concluded by stating that the Trust has a truly amazing team of people serving the population of the West Midlands. The Chairman reminded directors that the Annual Meeting of the Governors and the Membership was commencing at 1600 hours that	

	day and the Board was invited to attend. He took the opportunity of reminding directors that it was a full day and asked those presenting reports to the meeting that they should work on the basis that the directors have read the reports and keep any comments concise and to the point so that the business of the Board was dealt with in an expeditious manner. The Chairman informed the Board that the new Secretary of State is one of the Trust's local MPs. The Chairman has written to him in his capacity as a local MP and invited him to visit the Trust. A response to the invitation was awaited.	
07/21/02	**Declarations of Interest**	
	There were no conflicts of interest declared by anyone attending the meeting in relation to any matters on the agenda.	
07/21/03	**Questions from the Public**	
	There were no questions submitted in relation to any matters on the agenda for this meeting.	
07/21/04	**Board Minutes**	
	To agree the Minutes of the meeting of the Board of Directors held 26 May 2021.	
	Resolved:	
	That the submitted minutes of the meeting held on 26 May 2021, be approved as a correct record of that meeting.	
07/21/05	**Correction to the Quality Report Submitted to the Last Meeting**	
	The Board was requested to note the following amendment to commentary in the Quality Report submitted to the last meeting, the report should have stated: "Of all the patients in England that waited on ambulances on that day (05 May 2021), 22% waited outside three of the hospitals run by UHB and an additional 8% waited outside two hospitals run by the Shrewsbury & Telford Hospitals NHS Trust (SaTH); 40% of all the patients being held on ambulances in one day took place outside emergency departments in the West Midlands". " Of all the time lost in England due to patients waiting on ambulances on that day (05 May 2021), 46% of the time was lost outside three of the	

	hospitals run by UHB and an additional 11% outside two hospitals run by the Shrewsbury & Telford Hospitals NHS Trust (SaTH); 65% of all the time lost due to patients being held on ambulances in England in one day took place outside emergency departments in the West Midlands". The report was updated with the correct information after the meeting and published, and in the spirit of transparency the Board was requested to note the amendment to the published report.	
	Resolved	
	That the updates to the published Quality Report after its submission to Board Meeting be noted and that approval be given to update the report and republish it.	
07/21/06	**Board Log**	
	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). **a. 05/21/13 - The Annual Report of the Audit Committee** The Board had agreed that the Annual Report of the Audit Committee be forwarded to the next ordinary meeting of the Council of Governors for its review, and the that Chair of the Audit Committee be invited to attend and present the report. It was reported that this was an item on the agenda for the meeting of the Council of Governors to held later that day and on that basis the Board agreed to discharge this matter from the Action Log. **b. 05/21/14 b) - Quality Update Report** The Chairman had agreed to write to the top 5 or 6 worst performing Trusts in terms of patient handover delays and seek an invite to discuss the serious implications for patient safety unless they address patient handover delays. The Chairman indicated that matters had progressed in relation to this matter and a conscious decision was taken not to send the letter out at this time. This will be kept under review to agree the best course of action.	

07/21/07	**Chief Executive Officer (CEO) Update**	
	A report of the Chief Executive Officer was submitted. The CEO informed the Board that the over 2-minute call answering delays for the Trust were good. However, the numbers for July nationally were disappointing. The Chief Executive stated that other ambulance services have requested mutual aid from WMAS. The Trust was doing everything it can to answer 999 calls and this was the subject of the next item of business. The CEO drew the Board's attention to the handover delay statistics which were of serious concern with the Trust losing circa 800 hours a day in terms of staff time in ambulances caring for patients whilst waiting to hand patients over to the Acute staff. The Board was asked to note that the ERIC submission was made by the deadline date. If anyone wishes to review the submission it can be shown online or is available on request.	
	Resolved:	
	That the contents of the report be received and noted.	
07/21/08	**Clinical Validation of Category 3 & 4 Patients**	
	The Board was reminded that the Trust Secretary wrote to all members of the Board of Directors on 20 July 2021 stating that given the current demand pressures and the significant number of patients consistently waiting for help there is a requirement to revise the current operating model to take a different approach to meeting the needs and requirements of patients dialling 999 in the lower call categories. It was in the light of this situation that the reports submitted to this meeting were considered at an extraordinary meeting of the EMB on the afternoon of 20 July 2021. At that meeting the EMB unanimously approved the proposals and recommended the Board to approve the establishment of a Clinical Validation Team into the EOC to provide clinical validation of category 3 and 4 patients as detailed in the reports attached; so that the Trust can respond more expeditiously to those patients that do require an ambulance response and could be dealt with more appropriately by other parts of the NHS. The reason for urgency in relation to this matter was to enable the appointments to the Clinical Validation Team within EOC as soon as possible if approved. Given the urgency of the situation in terms of increasing patient demand and the pressures this is placing on the service there is a need for the Board to expedite this matter urgently. The Trust Secretary	

	asked that if a member of the Board had any objections to the proposals, then they were to notify the Trust Secretary by 4pm the following day, 21 July 2021. If there were no objections by that time and date the Trust would proceed to implement the proposal. Clearly this was an operational matter, but it was felt essential to ensure the Board had oversight of and agreed the proposed changes in how the Trust responds to calls from its patients. No objections were received. The CEO informed the Board that the pressure the Trust has been under has been unprecedented. On the worst days over the last few weeks the Trust had been stacking 300, 400 and 500 emergencies with no one to send. The CEO explained that the proposed changes would be implemented very quickly and could not have been done without of staffside colleagues and in particular, staffside Chair, Reena Farrington's help. The Board thanked staffside for their support. The CEO informed the Board that prior to the changes: • 5-6% of cases are dealt with by hear and treat. These are mostly Cat 4 cases. • 95% of all cases WMAS responds to. • Convey just over 50% of all 999 cases to ED. • If the patient did not need an ambulance, what alternative pathway could we use. • Could we give advice to the patient. • If the patient is close to a hospital (½ mile) could a family member take them to hospital. • We need to grow the 5% to at least 15%. The Director of Strategic Operations & Digital Integration informed the Board that he had undertaken operational duties on 23 July and he saw 10 patients and only one needed to be transported. The Strategy & Engagement Director informed the Board that this work has been well supported by the A&E Delivery Boards. The Chairman noted the need for the NHS to work together at this difficult time and Primary Care and all parts of the NHS is under extreme pressure at present. WMAS is the service that ends up picking up the pieces. The Director of Strategic Operations & Digital Integration explained in his experience none of the patients he saw had tried anywhere else first. WMAS needs to help patients with this. Mrs Farrington was really pleased to see this proposal as it is pointing to a new way of working going forward which will be better for patients. Ms Farrington explained that WMAS has become the victim of its own success, people know they will get a result. This is what makes this process better as we can point patients to the most appropriate places.	

	The Communications Director informed the Board that Ms Farrington's point is well made. We need to show patients and staff this is the right thing to do. The integration of 111 and 999 is very important. The Communications Director informed the Board that the Trust engaging with staff is important and trying to show staff that this is working will help. The Trust needs to keep reminding staff that we are all making a difference. The Chairman agreed and explained that this is something he has raised, and he will continue to do so. The Chairman pointed out that the Trust has a duty to be honest with the Public about the issues and challenges we are facing. The Communications Director informed the Board of a patient who had waited outside for 11 hours for WMAS with a query fractured femur. The family had contacted the media, the Communications Director had considered it correct to apologise as the Trust had a duty of candour and it must be honest and open in these matters. The Medical Director informed the Board that clinical validation fits with what the Trust is trying to do. The right place, right treatment first time. This fits with having enhanced clinical engagement to support outcomes. Regarding the media the Medical Director said she was happy for items to go out in her name if this helps. The Medical Director was also escalating the case raised by the Communications Director with the Regional Medical Director. The Director of Nursing & Clinical Commissioning thanked the Communications Director for taking such a strong stance and said that WMAS was fortunate to have such a dedicated Communications Director who cares about patient care. The Director of Nursing & Clinical Commissioning pointed out that as a Board the Trust has a statutory duty of Candour, and it is not acceptable for the National Team to try and keep this quiet. We need to look out how we clinically work different at the front end. The Director of Strategic Operations & Digital Integration hoped that the demand would be able to be moved through the Control Room. Mr Khan supported everything said today and congratulated the Communications Director on what he had done. The CEO thanked Board Members for their support. The CEO pointed out that this is the right thing to do, it is not without risk but doing nothing is not an option. The CEO confirmed that this will be kept under review, and he will keep the Board updated. Mr Khan informed the Board that this had been discussed at the Performance Committee yesterday. Mr Khan was pleased that this was being kept under review due to the risks and this has been added to the Risk register. Mr Khan pointed out thar if this is not adopted there are bigger risks to patient outcomes.	

	Resolved	
	a) That the contents of the report be received and noted. b) That the action already taken in establishing a Clinical Validation team into the EOC to provide clinical validation of category 3 and 4 patients for the reasons set out above and as detailed in the reports submitted be approved.	
07/21/09	**Executive Scorecard relating to performance for the month of June 2021**	
	The Executive Scorecard of KPIs for the month of June 2021 was submitted. 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. 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. The CEO informed the Board that the Trust's performance was dreadful and was unprecedented. The CEO explained that the measures the Trust is taking now and has in hand over the next few weeks with the extra call handling staff etc will help to stabilise the situation and would form part of the preparations for winter. The Trust will work to restore all YTD targets by March 2022. The Chairman agreed the position was not good but given the pressures the Trust was facing in terms of demand it was understandable. Mr Khan explained that this had also been discussed at the Performance Committee and it was agreed that it was not where the Trust would like to be in terms of performance, but was satisfied that the mitigating actions in place will help to restore performance. The CEO informed the Board that he had personally briefed the Secretary of State for Health and Minister of State for Health on the issues facing Ambulance Services across the whole Country.	
	Resolved:	
	That the contents of the scorecard be received and noted.	
07/21/10	**Covid Update Report**	
	The WMAS Covid updates previously circulated to the members of the Board for the period May and June 2021 were submitted for the purposes of transparency. 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. The CEO explained that 87% of	

	staff had received their first vaccination and the Trust was not far behind that figure for staff receiving their second.	
	Resolved	
	That the Covid briefing reports for May & June 2021 be received and noted.	
07/21/11	**Covid 19 – PPE Guidance from Public Health England & IP&C Notice to Staff**	
	The notice to staff from the Head of IP&C on the continued use of PPE in line with guidance issued by Public Health England was submitted, also included was the PHE Guidance for the information of Members. The CEO informed the Board that the Trust has maintained all the measures put in place for clinical and non-clinal working. Where we believe it is safe to relax some measures we will do so. Some measures will however be retained. The Strategy & Engagement Director informed the Board that the Centre has created a PPE Customer Board which he has joined on behalf of the Trust. The Chairman asked for an update on PPE supply and where the Trust is with push stock as opposed to our own supplies. The CEO informed the Board that the Trust had reviewed stock on all sites and had returned this to Central Stores. The Trust has stopped ordering things it does not need. The Trust is reviewing those items it purchases itself. The only items received through push stock is surgical masks everything else the Trust purchases itself. The CEO informed the Board that the Trust is conducting a review to look at the quality of PPE through push stock to see if it is safe for the ambulance environment. If it, is we will use it? The Strategy & Engagement Director explained that the Trust operates at 14 days and that is what we have been doing now for the last couple of months. The Chairman was pleased to see this healthier position. The Director of Finance explained that the Covid-19 top up will be reviewed going into H2 and the Trust should be accessing as much as possible through push stock. The trust neds to be clear why it is not utilising push stock. The Chairman agreed with the CEO that it is important to document if not utilising push stock and the reasons for this.	
	Resolved	
	That the published guidance be noted and that the Board supports the Chief Executive Officer in applying the Guidance for the purpose of continuing to provide the correct standard of PPE to protect operational staff.	

07/21/12	**REAP 4/ Surge 3 evaluation Update**	
	A report prepared by the Director of Strategic Operations & Digital Integration was submitted. The report stated that over the previous four weeks the Trust had experienced what was described in the report as a 'rising tide' scenario of increased emergency 999 demand. On regular occasions the Trust had seen movement up to surge 3 through busy periods of the day and night and holding at surge 2 for long periods of time. The demand pattern has now further increased on 999 calls and incidents in the previous ten days and the delays at hospitals across the West Midlands has significantly deteriorated. The Trust took the decision to move to *REAP 4* due to the sustained increase in demand pressure, which then followed with movement to surge 4 for periods of time. To respond the Trust has now taken the decision to further enhance the Command and Control arrangements to manage the current demand and risks the Service is facing. The Board was advised that Craig Cooke, the Director of Strategic Operations and Digital Integration has been appointed to lead the Strategic management and decisions which need to be taken as part of the response to the situation. Also set out in the report were the Strategic objectives that have been set to mitigate risks, manage demand, maintain staff welfare.	
	Resolved	
	That the contents of the report be noted and that the Action being taken by the Chief Executive and his operational commanders as set out in the report submitted be endorsed.	
07/21/13	**Director of Finance Report**	
	A report of the Director of Finance was submitted. The Key Issues set out in the report were: The format of the finance report has been revised to align with the monthly submission to NHSI. Further refinement of the report will take place as the financial year progresses and further information is made available for H2 planning. H1 Finance Position for Month 3 was: • Year to date deficit of £1.4m • the Forecast deficit - £4m • Capital expenditure to date £0.4m against a full year plan of £16.6m • Cash in bank - £46m • Non recurrent income included in the position £18.9m	

	• Better payment practice code – 92.5% against target of 95% H2 Finance position • Guidance had not yet been issued. Similar arrangement to H1 with a greater efficiency requirement and reduction in non-recurrent funding. • Additional ambulance funding of £5.6m notified for H2 Key actions were: • Securing recurrent funding to replace £18.9m (pye) non recurrent funding within the position. • Agreement with regional ICS's as to management of cost pressures in response to increased demand. • Action to deliver achievement of Better Payment practice code in response to national focus. Apprenticeship levy funding was received in M3 and higher than expected which increased the cash balance above expected. Capital spend comprises payments made to capital suppliers, including payments of year-end creditors. Cash flow is largely as anticipated. Forecast H1 and H2: It is currently forecast that cash movements will be largely in line with the expectations to meet a balanced position. The cashflow accounts for the corrective payments required in respect of the Flowers settlement which will likely be made by Sept pending Treasury agreement. Cash flows beyond H1 will be largely dependent on the impact on the Trust's financial outturn from the NHS funding regime implemented from October and the ability to maintain the capital programme. Increased recruitment and additional winter funding which is largely applicable from H2 will be built into future cashflow analysis. Mrs Farrington-Chadd thanked the Director of Finance for the report which was much clearer and for keeping the NEDs up to date. The presentation was helpful. The Chairman supported the new format. The Chairman asked as 10% of the Trust's income is non-recurrent how much could we add into the baseline. The Director of Finance explained that there was a meeting last week with the Regional Team and DFs and there was common census of those present on how this should be managed going forward. The Director of Finance informed the Board that this was one of the most productive meetings she had attended. These discussions should go a long way in converting non-recurrent into recurrent.	
	Resolved:	

	That the contents of the report and the month 3 financial position be received, and the ongoing actions being taken to deliver organisational financial balance be noted.	
07/21/14	**Quality Update Report**	
	A report of the Director of Nursing and Medical Director including Serious Incidents Update and Learning from Deaths Report was submitted. The Director of Nursing & Clinical Commissioning gave an update and reported that support and engagement with our Clinical Team continues. The CEO had prepared a video for staff which had was really appreciated. The Trust continues with the development of the Care Pathway. A lot of work has been undertaken in the Patient Experience Improvement Framework. This has been rag rated as green on all areas. Complaints have increased and will increase further. Regarding learning from deaths the Trust is still managing to undertake 100% of the reviews but may have to go to a sampling methodology. March 2020 was the only month that the Trust did not undertake 100% of the reviews. The Director of Nursing & Clinical Commissioning gave an update on safeguarding and proposed that this would no longer be a separate agenda item but in future included within the Quality Report. Not all the clinical indicators are presented in this report. A statistical process has been put in place and going forward we will focus on what has statistical significance. Discussions are taking place regarding 111 in Staffordshire. Productive meeting has taken place with the Medical Director at Russell Halls Hospital. The Medical Director gave an update and explained that most of the time has been focused on demand capacity. The Medical Director has continued to participate in Regional Medical Director and ED Meetings. Meetings took place with Regional Medical Directors across East & West Midlands regarding why the Trust had taken its decision regarding end of shift time. Met with National Clinical Director for Reducing Length of Stay to discuss ongoing work in WMAS on increasing referrals to Community Pathways. The Chairman asked to what extent our Regional colleagues understand just how serious the situation is and has been. The Medical Director explained that there had been more engagement in the last 6-8 weeks of the issues facing the Trust. It was clear that the Medical Directors did not appreciate our staff were undertaking a 12-hour shift and then having to stay on with patients. The Medical Director pointed out that the Trust has a duty of care to ensure the health and wellbeing of our staff. Across the region there was no recognition of the risks for our staff. The Director of Nursing & Clinical Commissioning informed the Board that staff should be allowed to finish on time. It was not helpful that the Region wrote	

	saying they did not support our proposal. Although the support from ED Consultants has been immense. Far more support than we expected. The Chairman agreed with the point about not normalizing poor behaviour. The only god thing in the stack is zero patients. The Strategy & Engagement Director informed the Board that the Trust has an open channel with the CQC on issues we pick up on. The CQC are being very supportive on the 9 and10 hour delays at hospitals.	
	Resolved	
	That the report be received and Noted	
07/21/15	**Board Assurance Framework (BAF)**	
	A report of the Director of Nursing & Clinical Commissioning was submitted that presented the Board Assurance Framework for review and approval. The Director of Nursing & Clinical Commissioning informed the Board that the report should only include risks rated 12 and above. IPC 030 was rated as 9 and should not be included and will be reviewed before the next submission. The report is regularly presented at the EMB, QGC and HS&R Committee. Each risk has a lead committee that reviews it. The Trust's main risk remains the hospital handover delays. The headings will be much clearer going forward. The Chairman explained that the BAF is the Trusts document, and we need to be fully happy with its content. Mrs Farrington-Chadd noted the need to spend some time on the BAF. A lot of the risks are out of date and have just been carried forward from the previous year. This is an area that has been targeted for improvement. The Board needs to spend some time on this, and it also needs to be on the agenda for other committees as well. It would be useful to build ins some time for one of our development sessions. The Chairman asked over the next meeting cycle for each sub-committee to ensure they have reviewed the BAF. A session will be scheduled for the next Strategy day. The Director of Finance agreed. A review of the finance risks took place at the Performance Committee the day before.	
	Resolved	
	That the Board Assurance Framework as presented be approved. That the Trust Secretary would meet with the Director of Nursing & Clinical Commissioning and Matt Brown to review the BAF.	

07/21/17	**Safeguarding Update**	
	The Director of Nursing & Clinical Commissioning indicated that this matter had been addressed as part of the generic Quality Report earlier on the agenda and had nothing further to add.	
07/21/18	**Operational Performance Update**	
	The Director of Strategic Operations & Digital Integration submitted a report on operational performance. The report set out operational performance and the action the Trust was taking. It was reported that a decision has been taken to revert the Dispatch functions from Navigation back to Millennium Point. The following functions will now be moved back to the old EOC in Millennium Point: • Emergency Dispatch for Birmingham, Black Country, Shropshire and Hereford and Worcester • SOC – Managing the Hospital Turnaround and Capacity Decisions • Regional Incident Command Desk • Trauma Desks and CCP Function • Air Operations Dispatch • High Dependency Resource Dispatch • Incident Command Room • National Ambulance Co-Ordination Centre It was stated that this move will bring together all command functions into a single entirety including the senior command functions for managing critical incidents and a Major Incident. The move will also free-up capacity for the Call Taking workforce for the 999 and 111 services we operate now and, in the future, alongside also making adequate space available for the various clinical triage functions for the 999 and 111 services. The move will likely take place during week commencing the 9th of August 2021 when key work will be undertaken. The Director of Strategic Operations & Digital Integration informed the Board that PTS performance continues to be excellent despite the increase in journeys. The E&U Service has been under immense pressure with demand up by 12.5%. There has been a 400% increase in hospital delays compared to 2019.	
	Resolved	

	That the report be noted.	
07/21/19	**The Winter Plan**	
	The report of the Director for Strategic Operations and Digital Integration was submitted. Attached thereto was the Trust's 2021/22 Winter Plan which gives the strategic plan for the coming winter and the arrangements in place.	
	Resolved	
	That the 2021/22 Winter Plan be approved.	
07/21/20	**DSPT Submission Update**	
	The Director for Strategic Operations and Digital Integration made a verbal report confirming the submission of the DSPT. The Trust submitted a compliant return against the 149 lines. The Director of Strategic Operations & Digital Integration gave assurance that the Trust has supporting evidence against each line.	
	Resolved	
	That the contents of the report be noted.	
07/21/21	**Business Continuity Policy**	
	A report of the Director of Strategic Operations and Digital Integration was submitted. The report presented information on the progress to date in updating the Trust's Business Continuity Policy and seeks to give assurance that it is compliant with ISO 22301 and BCI Good Practice Guidelines in preparation for the management of disruptions.	
	Resolved:	
	That the report now submitted be received and noted.	
07/21/22	**Health and Wellbeing Strategy**	
	A report of the People Director was submitted, the purpose of the Strategy was part of supporting the Health & Wellbeing of "Our People". The Strategy is presented for approval. The Board has appointed Narinder Kaur Kooner as the NED responsible for Wellbeing this is a relatively new role to support and champion staff health and wellbeing.	

	The People Director informed the Board that the new strategy has more of a holistic approach this time. This has been to the EMB and People Committee and is submitted today for approval. We are looking at a HWB Dashboard to be produced which will monitor the KPIs. The Chairman thanked The People Director for the excellent document and asked when time allows to look to see if there is any more the Trust can do on the physical exercise side of things and also further work around gym membership. The People Director informed the Board that she is meeting with a member of staff about expanding work on social support across the Trust. The Chairman explained that Sport England are looking at how they can help people post Covid and there is funding available.	
	Resolved	
	That approval be given to the contents of the Health and Well Being Strategy submitted.	
07/21/23	**Trade Union Facility Time**	
	A report of the People Director was submitted. The Board were requested to note the content of the report and to approve publication on the facility time report for West Midlands Ambulance Service University NHS Foundation Trust is for the period 01 April 2020 to 31 March 2021 on Trusts Website by 31st July 2021 and submission to the relevant regulator. The Board was advised that the Trade Union (Facility Time Publication Requirements) Regulations 2017, which came into force on 1st April 2017, implemented the requirement introduced by the Trade Union Act 2016 for specified public-sector employers, including NHS Trusts, to report annually a range of data in relation to their usage and spend on trade union facility time. The facility time report was attached to the report submitted for West Midlands Ambulance Service University NHS Foundation Trust is for the period 01 April 2020 to 31 March 2021. “Trade union activities” relates to union matters, it includes things like attending branch or regional union meetings, meetings of official policy making bodies such as the executive committee or annual conference, voting in union elections and / or meetings with full time officers to discuss issues relevant to the workplace. Whereas “Trade Union Facility time” is to do with representation of members and inwardly facing WMAS meetings / matters.	

	There has been a reduction in paid TU time from £146,484 in 19/20 to £122,784 in 20/21. This is part due to the reduction in hours of a senior TU representative who was previously full-time release for union duty There is a requirement to publish the data on the Trust's public-facing website by 31 July 2021.	
	Resolved	
	a. That the contents of the report submitted be noted b. That approval be given to the publication of the facility time report for West Midlands Ambulance Service University NHS Foundation Trust for the period 01 April 2020 to 31 March 2021 on Trusts Website by 31st July 2021 and submission to the relevant regulator.	
	Pam Brown joined the meeting.	
07/21/24	**Equality, Diversity, and Inclusion (EDI) Strategy 2021 to 2025**	
	A report of the People Director was submitted. The report sought the approval for the EDI Strategy for 2021 to 2025. The Board was reminded of its obligation to publish its equality objectives under the Public Sector Equality Duty. These must be reviewed every four years and should be based on our consultation and involvement with patients, employees, and stakeholders. The report and Strategy submitted was in compliance with the above duty. The People Director will report on progress against the objectives contained within the Strategy annually as they underpin the Trust's Diversity and Inclusion Strategy for the next four years until 2025 when it will be refreshed. Ms Brown informed the Board that this is the second D&I Strategy for the Trust. This is a much shorter and more focused document based on last years D&I Annual Report. There is already a series of actions based on those objectives. Mrs Farrington-Chadd asked why the focus was on senior leadership and not overall and asked if this could be reflected. Ms Brown confirmed that it could and that is about all levels. The Chairman pointed out that it is a real challenge. The Trust is diverse until it reaches Band 8. Mr Khan thanked Ms Brown for the paper and asked what the timelines are for measuring the Trust's success. Ms Brown explained that it was four years and if approved it will be accompanied by another document identifying what needs to be done and by when. Ms Brown explained that community engagement will be challenging given the resources we have available to us. If we do not resource these things, we cannot do it. Mr Khan pointed out that WMAS	

	is an incredibly successful organisation in all other areas. This is work in progress and resource should not be an issue if trying to achieve targets. The Trust should apply the same approach as it does to any other part of the organisation. The CEO thanked Ms Brown for her presentation and confirmed that it should be the whole organisation not just senior leadership. The CEO stressed the need to repeat the men and women split with BME colleagues. More resource needs to be put into this area. The CEO was hopeful the Trust could recover the ground lost over the last 18 months. The CEO reminded colleagues that Ms Brown leaves the Trust in the next few weeks and wished to thank Ms Brown for everything she has done. Ms Brown informed the Board that the Disability & Carers Network have invited Board Member Champions to attend their meetings. Details will be sent to the Trust Secretary. The Chairman agreed that it would be helpful for the NEDs to attend these meetings periodically. The Chairman also thanked Ms Brown for the tremendous works she has done.	
	Resolved	
	That approval be given to the content of the EDI Strategy for 2021 to 2025 and that the People Director be authorised to publish the Strategy Document. That Approval be given to the set of EDI strategic objectives contained therein.	
07/21/25	**National Ambulance Service Improvement Faculty / Quality Improvement within the Trust**	
	A report of the Strategy and Engagement Director was submitted. The report stated that the Trust has continued to engage within quality improvement during the pandemic, for example by leading on several local initiatives locally, regionally, and nationally however, responding to waves 2, 3, winter and now wave 4 has made progress challenging. Reference was made to the launch of the national improvement faculty in August 2019, but as reported to the board in July 2020, further work on that has not progressed since, again due to the pandemic and re-prioritising work by the sector. The report submitted will set out the work which has happened since July 2020, but also proposed next steps on WMAS Quality Improvement and the national ambulance improvement faculty.	

	Ms Bayliss-Pratt welcomed this work and she looked forward to working with the Strategy & Engagement Director on this matter. Mrs Farrington-Chadd was interested in the Warwickshire work and linking that with this work at some point in the future. The Medical Director confirmed that the EMB received a presentation on the Warwickshire work, and she would be happy to share this at Board. The Medical Director would work with the Trust Secretary to co-ordinate this.	
	Resolved	
	a) That the report be received and noted b) That approval be given to the development of a Quality Improvement Strategy aligned to our national and local priorities.	
07/21/26	**Covid 19 – Lessons Identified one year on – Action Plan**	
	A report of the Strategy and Engagement Director was submitted. The report was presented to the meeting following a review of the first twelve months of working with COVID-19, including a completed survey of our staff which had been reported to EMB. All the items raised within the survey were reviewed by an appropriate senior manager or Director. The action plan with appropriate RAG rating was submitted. It was further indicated that the Action Plan would influence the review of the Trust Pandemic Flu Plan, which is a linked piece of work. Ms Farrington pointed out that there was little feedback form Control Staff and nothing in the report about the lessons learnt from the Control perspective. The Strategy & Engagement Director would work with Ms Farrington in this regard to ensure this is incorporated within the document.	
	Resolved	
	a) That the content of the report be received and noted. b) That the RAG rated Action Plan be received.	
07/21/27	**Review of Committees**	
	A report of the Chairman was submitted. The report stated that the current review was aimed at developing the review of committees and governance agreed at the meeting of the Board in July 2021. The Board at that meeting agreed a revised governance and committee structure. Although there were a number of changes to the Trust committee structure, for the purpose of this report the salient matter was the former Resources Committee was deleted from the structure and its Terms of Reference was distributed between the following two committees which were established in its place: • A Performance Committee • A People Committee	

	These committees were in addition to the Quality Governance Committee. Attached as appendix A to the report was the committee structure the only variation to the previously approved Committee structure was to delete the Workforce Development Group as it was felt that it duplicates executive management meetings within the Trust which involve workforce representatives. The report further stated that the EMB, at its meeting on 1 June 2021 agreed that it was now timely to review the Board Committees, primarily to reduce duplication i.e. an issue being discussed at several committees and then the Board: and also in the light of changes to the Board membership. The Trust Secretary was asked to meet with each of the lead directors (and NEDs) and discuss: • Have we got the right number of Committees? • Does the ToR have the right membership and focus? • What do you think we can do to make the Coversheet more helpful? The outcome of those discussions was presented to the Board Briefing meeting in June 2021 and a copy of the report is available upon request to the Trust Secretary. In addition further meetings took place between the Chairman, CEO, Committee Chairs, and lead directors. The attached report submitted sets out the outcome of the review and presents for approval a schedule showing the Membership, the duties, and objectives of each Committee. Mr Khan indicated that he was comfortable with the outcome of the review subject to Committees reviewing in detail their Terms of Reference prior to the Board approving the final Terms of Reference at its meeting in October 2021. The Chairman confirmed that this would be the case. Other members of the Board asked about alternative Board Paper Apps which they felt were worth reviewing. The Chairman felt that would be timely to review the current Board Papers App used by the Trust and asked the Trust Secretary to liaise with the Director of Strategic Operations & Digital Integration and report back to the Board.	
	Resolved	
	a. That the report submitted be noted.	

	b. That approval be given to the Committee Structure attached as appendix A, in particular the recommendation to delete the Workforce Development Group as it is felt it duplicate management meetings within the Trust. c. That approval be given to the schedule of Membership and Duties attached as Appendix B, and these be incorporated into the standard Terms of Reference for each Committee, and that each Committee now review the Terms of Reference and report any variations to the next ordinary meeting of the Board in October 2021. d. That the Trust Secretary be requested to vary the annual cycle of Committee meetings to free up directors' time to concentrate on delivering their objectives and present it to the Board Briefing meeting in September 2021. e. That approval be given to the report template attached to the report as appendix c for use at all meetings of the Trust f. That all Committees and Groups without exception are to immediately use the Board Papers App, and that the Trust Secretary liaise with the Director of Strategic Operations & Digital Integration and review alternative systems available.	
07/21/28	**Board Committee Meeting Minutes**	
	Resolved:	
	That the Minutes of the Meeting of the Audit Committee held on 19th May 2021 be received. That the Minutes of the Meeting of the Quality Governance Committee held on 24 March 2021be received.	
07/21/29	**New or Increased Risks Highlighted Today**	
	Increasing Demand to unprecedented levels posed a major risk to patient harm, various mitigation was in place such as moving to REAP 4 and by introducing the clinical validation for category 3&4 calls. However, the Board was of the opinion that to do nothing given the seriousness of the situation was not an option and supported the Chief Executive Officers actions taken and documented above. Handover delays remain a high risk to patient safety and the Board recognized that it was a system wide issue, actions had been agreed to mitigate the risk in so far as this Trust was concerned. Financial Planning and Workforce Planning remained a high risk in the current climate and the changes to the Governance of the regional planning system and the delay in financial planning guidance.	

07/21/30	**Board of Directors Schedule of Business**	
	The Schedule was as submitted.	
	Resolved:	
	That the Board Schedule of Business be received and noted.	
07/21/31	**Date and time of the next meeting** Wednesday 27th October 2021 at 09:00 hours	
	There being no other business for this meeting the Chairman brought proceedings to a close and thanked members for their attendance.	

Paper 02

Minutes of the Extraordinary Meeting of the Board of Directors held on 29 September 2021, at 0930 hours, the meeting was convened via Microsoft Teams

Present:

Prof I Cumming*	Chairman	Non-Executive Director (Chairman)
Prof A C Marsh*	CEO	Chief Executive Officer
Mrs W Farrington-Chadd*	WFC	Non-Executive Director (Deputy Chair)
Prof Lisa Bayliss -Pratt*	LBP	Non-Executive Director
Ms Carla Beechey	CB	People Director
Mr M. Fessal*	MF	Non-Executive Director
Ms Claire Finn*	CF	Director of Finance
Mr M Khan*	MK	Non-Executive Director
Mrs N. Kooner*	NK	Non-Executive Director
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 R Farrington	RF	Staff Side Representative
Mr P. Higgins	PH	Governance Director & Trust Secretary

09/21/01	**Chairman's Introductions, Apologies and Announcements**	
	The Chairman welcomed directors to this extraordinary meeting of the Board.	
09/21/02	**Declarations of Interest**	
	There were no conflicts of interest declared by anyone attending the meeting in relation to any matters on the agenda.	
07/21/03	**Workforce Disability Equality Standard**	
	A report of the People Director was submitted requesting the Board to note the 2021 data, ratify the 21/22 action plan and approve publication of both items. The WDES has been mandated by the NHS Standard Contract and all NHS Trusts and Foundation Trusts are required to publish their results	

	and agreed action plans to address the differences highlighted by the Metrics. In addition by 31 October 2021, Trusts must publish their board ratified 2021/22 WDES Annual Report and Action Plan on their website. The WDES annual report 2021 and local action plan which has been developed for 21/22 to enable WMAS to demonstrate progress against the indicators of disability equality was submitted.	
	Resolved:	
	That subject to further review of the 2021/22 Action Plan by the People Committee and that a further report be presented to the Board following that review: a) The WDES Annual Report 2021 and associated action plan for 2021/22 be received and approved. b) The WDES Action Plan for 2020/21 be received and the actions to close down the Action Plan be noted. c) The WDES Annual Report 2021 and the WDES Action Plan for 2021/22 be published on the Trusts internet by 31 October 2021.	
09/21/04	**Workforce Race Equality Standard**	
	A report of the People Director was submitted requesting the Board to note the 2021 data, ratify the 21/22 action plan and approve publication of both items. The WRES has been mandated by the NHS Standard Contract since 2015/2016 and from 2017 independent healthcare providers are required to publish their WRES data. In addition by 31 October 2021, Trusts must publish their board ratified 2021 /22 WRES Action Plan on their website The WRES is deeply rooted in the fundamental values, pledges and responsibilities set out in the NHS People Plan and the NHS Constitution.	
	Resolved:	
	That subject to further review of the 2021/22 Action Plan by the People Committee and that a further report be presented to the Board following that review a) The WRES data report 2021 and associated action plan for 2021/22 be received and approved. b) The WRES Action Plan for 2020/21 be received and that the	

	actions contained therein to close down the Action Plan be noted. c) The WRES Annual Report 2021 and the WRES Action Plan for 2021/22 be published on the Trusts internet by 31 October 2021.	
	The Chief Executive asked the Board to note the work undertaken by Pam Browne (who had now left the Trust) and also Reena Farrington in drawing up the WDES and the WRES Action Plans and Reports.	
09/21/05	**Date and time of the next meeting** Wednesday 27th October 2021 at 09:00 hours	
	There being no other business for this meeting the Chairman brought proceedings to a close and thanked members for their attendance.	

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 06a MONTH: October 2021 PAPER NUMBER: 04a

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:

1. Non-Emergency Patient Transport – Key Performance Indicators
2. Over 2-minute 999 Call Answering Update
3. Safeguarding Training
4. Community Ambulance Station Closures
5. CEO Meetings – 19 July to 15 October 2021

Related Trust Objectives/ National Standards	**Current Strategic Objectives:** • SO1 – Safety Quality and Excellence (our commitment to provide the best care for patients) • SO2 – A great place to work for all (Creating the best environment for all staff to flourish) • SO3 - Effective Planning and Use of Resources (continued efficiency of operational and financial control) • SO4 - Innovation and Transformation (Developing the best technology and services to support patient care) • SO 5 – Collaboration and Engagement (Working in partnership to deliver seamless patient care) **National Standards** • 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.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 06a MONTH: October 2021 PAPER NUMBER: 04a

Risk and Assurance	The NHS is facing financial and activity challenges, and the Trust needs to ensure it has robust arrangements in place to meet it financial and operational targets and obligations in line with its strategic direction. Risks are captured on the Board Assurance Framework and Risk Register. Assurance can be provided through discussions and evidence provided at the Board of Directors through its pillar committees.
Legal implications/ regulatory requirements	To maintain compliance with both regulations and the conditions of licence and registration from the Regulators. No legal advice has been sought or required in the construction of this report.
Financial Implications	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.
Workforce & Training Implications	Only those noted in the paper.
Communications Issues	To ensure relevant items from this paper are communicated as appropriate to internal and external stakeholders.
Diversity & Inclusivity Implications	Not applicable at this stage.
Quality Impact Assessment	No new QIAs required at this time.
Data Quality	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 collected from national ambulance performance data.
Action required	

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 06a MONTH: October 2021 PAPER NUMBER: 04a

The Board of Directors is asked to:

- Receive and note the contents of the paper seeking clarification where necessary.

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 - September 2021 for each Contract. I am pleased to report all targets are being achieved each month. We have seen an increase in activity in September, with the week commencing 27 September being the busiest since July 2021. We have been averaging 30,00 journeys a day, with Tuesdays and Fridays being our busiest. We have also seen an increase in activity on weekends due to additional out-patient clinics and discharges/transfers.

2. Over 2-minute 999 Call Answering Update

Call answering performance has been very strong, but it deteriorated in July after call numbers rose to record levels. The position has improved during August and September but is still a cause for concern even though the Trust continues to report the lowest 2-minute call answering delays in the country.

Trust	April	May	June	July	August	Sept	Year To date
WMAS	**13**	**3**	**18**	**737**	**211**	**252**	**1234**
	26	190	654	1701	2180	2839	**7590**
	99	290	1016	1245	1006	1769	**5425**
	14	693	1856	5894	3209	4451	**16117**
	39	86	612	868	448	681	**2734**
	92	238	1014	3837	2530	2586	**10297**
	360	286	693	2512	2424	5541	**11816**
	158	374	1159	2114	1769	4660	**10234**
	49	220	359	2150	2435	4528	**9741**
	678	3023	5070	6263	1275	3958	**20267**
Total	**1528**	**5403**	**12451**	**27321**	**17487**	**31265**	**95455**

3. Safeguarding Training

The People Director provided the EMB on 7 September 2021 with a summary of assurance in place for safeguarding training. Delivered within the first week of the AAP programme each student receives a face to face taught 2-hour session which as a component of the curriculum covers safeguarding specific to their personal welfare, in addition reference to a mental health screening tool, TASC, REMPLOY, SALS, Chaplaincy, Samaritans, Mental Practitioners and First Aiders are also covered. Additional cross referencing against core competencies is included to ensure foundation education is in place for upskilling to L3 Safeguarding which exceed 9.5 hours of education to provide narratives which support safeguarding referrals. Each student/ apprentice will complete the Educare components (young adults and adults' level 2) and Mandatory workbook as a component of their 12-week probationary period for their portfolio. All students employed by the Trust must complete the Mandatory workbook Level 1 Adult & Children Safeguarding. In addition, all students receive access to the Trust's, the University's, or their external Training provider's/ College's policies and procedures upon enrolment to their different programmes as they progress. Ofsted compliance is in place as the Trust has already satisfactorily been audited against the framework.

4. CAS Closures

The Trust was formed in June 2006 and had circa 70 ambulance stations across the region. Over the last decade the Trust has moved to a new operating model which has seen the replacement of Ambulance Stations with 15 larger purpose built Make Ready Hubs. The introduction of the Ambulance Response Programme in 2018 by the Trust also saw the closure of the smaller Community Ambulance Stations (CAS) and response posts in line with the review of the operational delivery model. The money saved from not having the CAS sites is being invested in additional paramedics. There will be no change to the services currently provided as a result of the closure of the CAS sites.

Following the closure of all of the CAS sites at the beginning of October, staff have moved to the operational Hub of their choice.

The Schedule of CAS Closures was as follows.

Cas Sites closed/closing	**Operational Hub**	**Date of Closure**
Stratford	Warwick	3rd of October
Rugby	Coventry	3rd of October
Malvern	Worcester & Hereford	3rd of October
Evesham	Worcester	3rd of October
Stourport	Bromsgrove	Closed on the 4th of September 2021
Oswestry	Shrewsbury	3rd of October
Bridgnorth	Donnington	3rd of October

Market Drayton	Donnington	3rd of October
Biddulph	Stoke	3rd of October
Leek	Stoke	3rd of October
Craven Arms	Shrewsbury	3rd of October
Uttoxeter	Stoke	2nd July 2021 (due to flooding
Leominster	Hereford	Closed February 2021

Broader strategic consideration

This proposal will also contribute to the Trust's environmental planning as part the NHS Net Zero targets. The Trust has two ambitious, but feasible targets that have been set to deliver a Net Zero National Health Service these are:

- Net Zero by 2040 for the emissions we control directly (the NHS Carbon Footprint) With an 80% reduction (compared with a 1990 baseline) by 2028-2032 (The emissions would be from the following sources: Fossil Fuels, NHS Facilities, Anaesthetics, and NHS Fleet & Leased Vehicles).

- Net Zero by 2045 for the emissions we can influence (the NHS Carbon Footprint Plus) with an 80% reduction (compared with a 1990 baseline) by 2036-2039 (These emissions would be from the following sources: Electricity, Waste, Water Services, business travel).

The total Emissions for each year are shown below, these figures should read within the context that the operational model means that the CAS sites are not used for approximately 23 hours a day and are only used primarily for crew handovers.

	CAS Site Emissions		**All sites (inc CAS & PTS)**	
	2019/2020	**2020/2021**	**2019/2020**	**2020/2021**
	Kg C02	**Kg C02**	**Kg C02**	**Kg C02**
Electricity	51,213.21	44,847.27	991,989.95	932,178.37
Gas	69,187.41	62,150.57	660,845.61	699,141.89
Waste	4,439.73	4,338.86	120,157.57	148,805.53
Total	**124,840.35**	**111,336.70**	**1,772,993.13**	**1,780,125.79**

The change contributes to building resilience, in light of recent events, with the Trust having sufficient fuel to sustain operational capacity for approximately 27 days. Hub based vehicles are 100% fuelled on site from our bunkers, whilst rural CAS sites can be reliant on fuelling at retail fuel stations.

Further updates will be made to the EMB and Board as the sites are disposed.

Petitions received

The Board is asked to note that two petitions have been received and are available for inspection from the Trust Secretary:

The first is headed "Save Oswestry Community Ambulance Station" and contains 3,264 names.

The second petition is headed "Say no to the removal of Rugby's last ambulance" the petition then sets out the reason's which are:

- Rugby is an expanding town
- Worry about waiting times for an ambulance to arrive in an emergency
- "With the removal of the ambulance the waiting times for people in the town will get worse and the risk is someone will needlessly lose their life while waiting for an ambulance."
- Rugby is close the motorway system which is "known" for a high number of RTCs
- It then calls on WMAS to consult on the changes as the "residents of the town, pay for this service"
- They indicate that they want to ensure adequate healthcare for the residents of their town.

The Constitution requires the Trust to present the Petitions to next appropriate meeting of the Board and the Council of Governors.

Recommendations:

To receive and note that petitions have been received by the Trust.

5. Chief Executive Officer Meetings – 19 July to 15 October 2021

<u>Staff</u>

- Staff Side
- Eileen Cox
- Council of Governors
- NEDs Meeting
- Tollgate Hub
- Senior Command Team
- Worcester Hub
- Engaging Leaders Tranche 13

- Coventry Hub
- Warwick Hub
- Anchor Brook
- Jon Murray's Funeral
- Erdington Hub
- Willenhall Hub
- Sandwell Hub
- Dudley Hub
- Lichfield Hub
- Engaging Leaders Tranche 12

National Meetings

- Craig Harman, St John Ambulance
- Martin Flaherty & Daren Mochrie, Association of Ambulance Chief Executives
- NHS England / NHS Improvement - Ambulance Service Pressures Discussion
- Edward Baker, CQC
- Minister State for Health – Ambulance Deep Dive
- NHS England / NHS improvement C3/C4 Pilot
- Secretary of State for Health
- Tracy Nicholls, College of Paramedics
- Ciaran Sundstrem, NHS England
- NHS England / NHS Improvement - National Incident Response Board
- NHS England / NHS Improvement - Urgent UEC Performance
- NHS England / NHS Improvement - Vaccination Resources
- NHS England / NHS Improvement - 999 Ambulance Call Check In
- NHS England / NHS Improvement - UEC Recovery Steering Group
- NHS England / NHS Improvement - Review of Ambulance Funding Proposals
- NHS England / NHS Improvement - Ambulance Service Pressures Discussion
- Claire Land /Helen Vine, CQC
- NHS England / NHS Improvement – ADS Project Review Outputs
- ECPAG
- NHS England / NHS Improvement - C3/C4 Validation
- NHS England / NHS Improvement Performance Discussion – 999, 111 & Eds
- Emma Hall, NHS England
- Association of Ambulance Chief Executives – Ambulance Chief Executives Group
- NHS England / NHS Improvement - Hospital Handover Delays Review Meeting
- NHS England / NHS Improvement – UEC Pressures Regional Focus
- NHS England / NHS Improvement – Winter Planning
- NHS England / NHS Improvement - UEC Recovery Oversight Group
- Diane Scott, The Ambulance Service Charity

- NHS England / NHS Improvement - RTD Midlands – SaTH – UEC Pressures & Ambulance Handover Delays
- JESIP
- Iain Pickles, NHS England
- NHS England / NHS Improvement – Extra-ordinary AIIB
- NHS England / NHS Improvement - RTD Midlands – Worcester Royal – UEC Pressures & Ambulance Handover Delays
- NHS England / NHS Improvement CEO Advisory Group
- NHS England / NHS Improvement – No. 10 Pre-meet
- NHS England / NHS Improvement - RTD Midlands – UHL NHST – UEC Pressures & Ambulance Handover Delays
- NHS England / NHS Improvement - RTD Midlands – UHB – UEC Pressures & Ambulance Handover Delays
- NHS England / NHS Improvement - RTD Midlands – UHB & Weston Combined – UEC Pressures & Ambulance Handover Delays
- NHS England / NHS Improvement – UEC Current Situation Across Ambulance Trusts
- Stephen Groves, NHS England
- NHS England / NHS Improvement – UEC Pressures Catch Up
- CQC Emergency Care Quality & Safety Feedback Session
- NHS England / NHS Improvement Ambulance Transformation Forum
- The Ambulance Service Charity National Memorial Service
- NHS England / NHS Improvement EPRR
- NHS England / NHS Improvement – UEC Pressures & Next Steps
- Pauline Philip Meeting with Ambulance CEO's
- Dane Gore, Association of Ambulance Chief Executives
- NHS England / NHS Improvement – Ambulance Service Capacity Panel
- CQC – Sexual Services in Ambulance Webinar
- NHS England / NHS Improvement – 999 Call Handling Contingencies Task & Finish Group
- NHS England / NHS Improvement – Medical Directors Meeting
- NHS England / NHS Improvement - RTD Midlands – North West Anglia NHS FT – UEC Pressures & Ambulance Handover Delays
- NHS England / NHS Improvement – Next Steps Ambulance Auxiliary Support Contract
- NHS England / NHS Improvement – Fortnightly UEC SMT
- NARU Steering Group
- NHS England / NHS Improvement Joint Ambulance Improvement Programme Board

<u>Regional Meetings</u>

- NHS England / NHS Improvement NHS Midlands Leaders Update with Dale Bywater
- Kate Griffiths MP

- Mark Pritchard MP
- Nigel Huddleston MP
- Harriett Baldwin MP
- Philip Dunne MP
- Rod Hammerton, Chief Fire Officer, Shropshire
- Staffordshire MPs
- Coventry University
- Alex Hopkins, Wolverhampton University

Professor Anthony C. Marsh
Chief Executive Officer
October 2021

Non-Emergency Patient Transport Services

2021-22 Performance

West Midlands Ambulance Service
University NHS Foundation Trust

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%	93.94%	93.73%	93.03%	93.58%	90.01%							92.95%
% Arriving on time	Info	94.19%	94.65%	94.66%	94.02%	94.53%	91.19%							94.07%
Planned Arrival														
% Arriving within 60 minutes prior & 15 mins after appt	90%	94.38%	93.95%	93.50%	94.60%	92.78%	91.62%							93.54%
% Arriving on time	Info	95.29%	95.29%	94.86%	96.12%	94.85%	93.16%							95.06%
EPS Departure														
% Collected within 60 minutes	85%	98.50%	98.35%	98.13%	98.57%	98.23%	96.92%							98.12%
% Collected within 90 minutes	90%	99.63%	99.53%	99.48%	99.71%	99.49%	99.01%							99.47%
Planned Departure														
% Collected within 60 minutes	80%	93.52%	94.87%	93.00%	92.33%	93.44%	92.54%							92.80%
% Collected within 90 minutes	90%	97.23%	97.81%	96.91%	96.51%	97.40%	97.30%							96.74%
Unplanned Departure														
% Collected within 60 minutes	75%	90.08%	89.07%	89.60%	92.94%	90.96%	88.10%							90.05%
% Collected within 90 minutes	85%	96.69%	96.70%	96.37%	97.25%	97.22%	93.90%							96.36%
EPS Time on Vehicle														
On vehicle is <60 minutes.	85%	96.96%	95.54%	94.74%	95.39%	94.54%	95.68%							96.95%
Planned Time on Vehicle														
On vehicle is <60 minutes.	80%	94.14%	93.69%	92.66%	93.12%	91.48%	92.68%							94.94%
UnPlanned Time on Vehicle														
On vehicle is <60 minutes.	80%	93.58%	90.78%	91.95%	89.30%	89.54%	90.92%							92.78%

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%	70.1%	61.1%	56.8%	56.0%	56.0%							54.9%
Too Early + KPI Window (With Exemptions)	95%	97.00%	98.00%	97.00%	96.00%	99.00%	95.20%							97.80%
Outward Journeys - Planned (OP, AT, DP & Dis.)														
collection < 60mins (of scheduled / ready time)	75%	**85.10%**	**87.60%**	86.60%	84.50%	87.50%	76.50%							**86.40%**
collection < 90mins (of scheduled / ready time)	95%	95.00%	95.10%	95.20%	95.00%	96.10%	95.00%							95.20%
collection < 60mins (of scheduled / ready time)	60%	71.30%	66.90%	63.00%	60.60%	62.40%	63.00%							65.80%
collection < 120mins (of scheduled / ready time)	95%	99.10%	96.60%	95.00%	95.20%	95.00%	95.00%							96.10%
Transfers														
collection < 90mins (of scheduled / ready time)	75%	100.00%	100.00%	85.70%	100.00%	100.00%	100.00%							100.00%
collection < 120mins (of scheduled / ready time)	95%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							100.00%
Home Visits														
< 30 mins before outward collection time	90%	100.00%	100.00%	na	100.00%	100.00%	100.00%							100.00%
< 30 mins after inward collection time	90%	100.00%	100.00%	na	100.00%	100.00%	100.00%							100.00%
Within 10 miles of destination < 60 mins	90%	91.00%	91.30%	90.50%	92.70%	92.20%	93.00%							92.10%
Within 11-20 miles of destination < 90 mins	90%	92.00%	92.90%	91.70%	94.30%	93.20%	92.00%							93.70%

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%	75.3%	80.4%	75.1%	56.0%	81.0%							78.0%
Too Early + KPI Window (With Exemptions)	95%	98.00%	97.00%	96.00%	95.50%	97.00%	96.00%							97.20%
Outward Journeys - Planned (OP, AT, DP & Dis.)														
collection < 60mins (of scheduled / ready time)	75%	**94.10%**	**94.40%**	93.70%	91.90%	95.80%	94.40%							**94.20%**
collection < 90mins (of scheduled / ready time)	95%	98.00%	97.50%	96.90%	95.30%	98.60%	98.10%							97.30%
Outward Journeys - On Day (OP, AT, DP & Dis.)														
collection < 60mins (of scheduled / ready time)	60%	83.00%	81.00%	76.50%	73.50%	77.30%	74.60%							78.80%
collection < 120mins (of scheduled / ready time)	95%	99.20%	97.80%	97.40%	96.20%	96.50%	95.80%							97.70%
Transfers														
collection < 90mins (of scheduled / ready time)	75%	87.20%	81.00%	79.50%	86.50%	100.00%	85.70%							88.60%
collection < 120mins (of scheduled / ready time)	95%	95.70%	97.80%	95.00%	95.00%	100.00%	96.40%							96.80%
Home Visits														
< 30 mins before outward collection time	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							100.00%
< 30 mins after inward collection time	90%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							100.00%
Within 10 miles of destination < 60 mins	90%	99.70%	97.40%	97.00%	97.20%	98.00%	97.10%							97.80%
Within 11-20 miles of destination < 90 mins	90%	99.30%	99.10%	98.90%	99.40%	99.50%	98.80%							99.50%

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%	90.0%	90.1%	90.0%	88.2%	85.3%							90.1%
Too Early + KPI Window (With Exemptions)	90%	91.00%	90.20%	90.20%	90.00%	90.30%	90.00%							90.10%
Outwards: Outpatients														
Patients collected < 60 mins after agreed pick-up time	75%	78.40%	78.20%	75.90%	75.40%	82.80%	78.80%							78.50%
Patients collected < 90 mins after agreed pick-up time	90%	96.50%	95.90%	95.40%	90.90%	97.90%	95.80%							95.40%
Discharges: (Inc. Transfers & After Treatment)														
Discharged < 60 mins	60%	68.40%	63.50%	60.00%	60.00%	64.70%	62.00%							62.70%
Discharged < 120 mins	80%	98.20%	93.60%	90.70%	85.30%	94.50%	89.60%							94.20%
Time Spent On Vehicle														
Planned mileage < 10 miles and < than 60 mins	90%	92.80%	91.40%	93.10%	90.70%	93.40%	92.30%							92.40%

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%	100.0%	100.0%	100.0%	100.0%							100.0%
Inwards: Planned (Admission, Day & OPs)														
> 30mins before & <15mins late	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%							100.0%
Outwards: Planned (all categories)														
Collection < 60mins after ready time	95%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%							100.0%
Planned mileage < 10 miles, < 60 mins on vehicle	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%							100.0%

Non-Emergency Patient Transport Services

2021-22 Performance

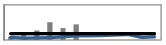
West Midlands Ambulance Service
University NHS Foundation Trust

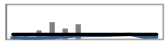
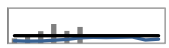
Coventry & Warwickshire PTS	KPI	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	YTD
Renal Contract [LOT 2]														
Renal: Response Times: Outpatients														
<15 miles, Collected from home < 90mins before appointment.	90%	94.60%	97.25%	95.00%	93.00%	94.00%	93.00%							95.50%
>15 miles, Collected from home < 120mins before appointment.	95%	95.20%	99.25%	95.00%	95.00%	95.00%	95.00%							97.00%
Renal: Arrival Times: For Outpatients														
Arrive < 60 mins before appointment time.	95%	96.00%	97.25%	96.50%	95.00%	95.00%	95.00%							97.00%
Collection < 60 mins of request.	95%	96.00%	97.00%	97.00%	95.00%	97.00%	95.00%							97.00%
Collection < 4 hours of request.	95%	100.00%	100.00%	100.00%	99.00%	100.00%	98.00%							99.00%
Renal : Time on Vehicle														
<60 minutes for journeys < 12 miles of the destination Trust.	95%	96.00%	97.00%	97.50%	97.00%	95.00%	95.00%							97.00%
<120 minutes for journeys >12 miles (unless out of area).	95%	98.00%	100.00%	100.00%	98.00%	95.00%	95.00%							99.00%
Main Contract [LOT 1]														
Response Times: OP, Admissions and Day Cases														
<15 miles, Collected from home < 90mins before appointment.	90%	95.00%	96.00%	95.00%	95.00%	96.00%	95.00%							95.50%
>15 miles, Collected from home < 120mins before appointment.	95%	95.00%	96.00%	96.75%	95.00%	98.00%	96.00%							95.50%
95														
Arrive < 60 mins before appointment time.	95%	96.00%	96.25%	97.00%	95.00%	95.00%	95.00%							96.00%
Planned Outwards														
Collected <60 mins of request.	95%	97.00%	97.00%	97.00%	96.00%	95.00%	95.00%							97.00%
Home Visits: Collected <30 mins of request. (out)	95%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							100.00%
Home Visits: Collected <45 mins of request. (in)	95%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							100.00%
On Day Booking														
Collected <4 hours of request.	95%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							100.00%
End of Life: Collected <2 hours of request.	98%	100.00%	100.00%	100.00%	100.00%	100.00%	100.00%							100.00%
Time on Vehicle														
<60 minutes for journeys < 12 miles of the destination Trust.	95%	97.00%	99.50%	100.00%	100.00%	98.00%	98.00%							98.00%
<120 minutes for journeys >12 miles (unless out of area).	95%	99.00%	100.00%	100.00%	100.00%	100.00%	99.00%							99.50%

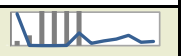
Pan Birmingham PTS	KPI	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	YTD
Inwards: Planned														
Not Late for Appointment (includes too early)	90%	92.30%	90.40%	91.50%	92.00%	91.80%	90.00%							91.20%
Inwards: On-Day (GP Urgents)														
< 120mins of agreed collection time	90%	-	-	-	-	-	-							-
Outwards: Planned														
Collection < 60mins of scheduled/ready time	90%	94.60%	94.20%	93.70%	94.50%	94.10%	93.80%							94.10%
< 120mins of agreed collection time	90%	98.20%	96.10%	91.30%	92.50%	92.90%	95.50%							94.90%
< 60mins of agreed collection time (Eds & Assess. Areas)	95%	95.20%	95.10%	95.30%	96.20%	96.20%	95.90%							95.70%
Time Spent On Vehicle														
< 60mins within a distance of 15 miles	95%	95.30%	95.80%	95.00%	95.40%	95.80%	95.40%							95.30%
Renal Dialysis Performance - For Info Only														
Inwards: Planned														
Not Late for Appointment (includes too early)	90%	91.60%	92.00%	95.80%	95.30%	94.70%	93.40%							94.60%
Outwards: Planned														
Collection < 60mins of scheduled/ready time	90%	95.80%	95.20%	94.70%	95.60%	95.20%	94.60%							95.10%
Time Spent On Vehicle														
< 60mins within a distance of 15 miles	95%	98.50%	98.30%	98.40%	98.40%	98.70%	98.60%							98.50%

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

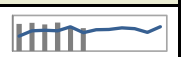
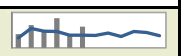
Executive Performance Dashboard
September 2021

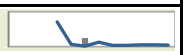
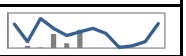
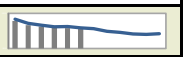
Activity and Performance			
Measure	**Month**	**YTD**	**Monthly Trend**
Category 1 - Mean Target 7 mins	07:43	07:20	
Category 1 - 90th Target 15 mins	13:30	12:55	
Category 1 T - Mean Target 19 mins	09:06	08:29	
Category 1 T - 90th Target 30 mins	16:14	15:11	
Category 2 - Mean Target 18 mins	30:59	22:08	
Category 2 - 90th Target 40 mins	67:01	44:21	
Category 3 - Mean Target 60 mins	147:18	91:47	

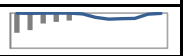
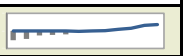
Activity and Performance			
Measure	**Month**	**YTD**	**Monthly Trend**
Category 3 - 90th Target 120 mins	359:51	225:43	
Category 4 - Mean Target 180 mins	172:06	112:06	
Category 4 - 90th	389:24	280:18	
HCP 2hr - 90th	315:46	211:02	
HCP 4hr - 90th	447:18	301:31	
Call Answer (999 only) 95%	00:25	00:19	
Number of 2 min call delays	252	1234	

111			
Measure	**Month**	**YTD**	**Monthly Trend**
% Calls Answered in 60 seconds	6.5%	43.9%	
Average Call Answer (mm:ss)	24:32	08:37	
% of Calls Abandoned after 30 seconds	47.1%	24.2%	

PTS			
Measure	**Month**	**YTD**	**Monthly Trend**
Achieved KPIs	69	0	
Failed KPIs	0	0	

Clinical Quality & Safety			
Measure	**Month**	**YTD**	**Monthly Trend**
Total Incident Forms	746	5247	
No. of RIDDORS	5	35	
No. of Verbal Assaults	80	660	
No. of Physical Assaults	37	329	
Patient Safety (Total)	321	2218	
Patient Safety Harm	60	334	
Being Open (low to moderate harm only)	19	153	
Duty of Candour (severe harm and above)	6	63	
Serious Incidents	9	63	
Complaints	46	245	
PALS	229	1312	
Compliments	Not yet available	781	
Claims	1	21	

Financial			
Measure	**Month**	**YTD**	**Monthly Trend**
EBITDA £million (Plan £6.1m)	2.8	7.6	
Delivery of CIP Programme £million (Target £2.3M)	0.48	0.48	
Capital Expenditure £million (2020/21 £24.8m)	2.6	5.7	
Better Payment Practice Code	92.0%	92.0%	

Financial - Use of Resources *			
Measure	**Month**	**YTD**	**Monthly Trend**
Capital Service Capacity	14.6	14.6	
Liquidity	0.5	0.5	
I&E Margin	-0.05%	-0.05%	
Distance from YTD plan	0.04%	0.04%	
Agency Spend £million	0.0	0.0	

* 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)	5.1%	4.6%	
Appraisals (YTD)	77.5%	77.5%	
Mandatory Training E&U (YTD)	23.6%	23.6%	
Mandatory Training PTS (YTD)	52.3%	52.3%	

Clinical Quality & Safety			
Measure	**Aug-21**	**YTD**	**Monthly Trend**
Return of Spontaneous Circulation At Hospital (Comp)	31.25%	44.14%	
Cardiac Arrest Survival to discharge (Comp)	7.69%	17.05%	
Post ROSC Care Bundle	Not required in month	72.20%	
STEMI Care Bundle	96.88%	94.89%	
Stroke Diagnostic Bundle	99.07%	99.02%	
Sepsis Care Bundle	88.76%	88.67%	

West Midlands Ambulance Service
University NHS Foundation Trust

Monthly COVID-19 Sitrep

01/09/2021 – 30/09/2021

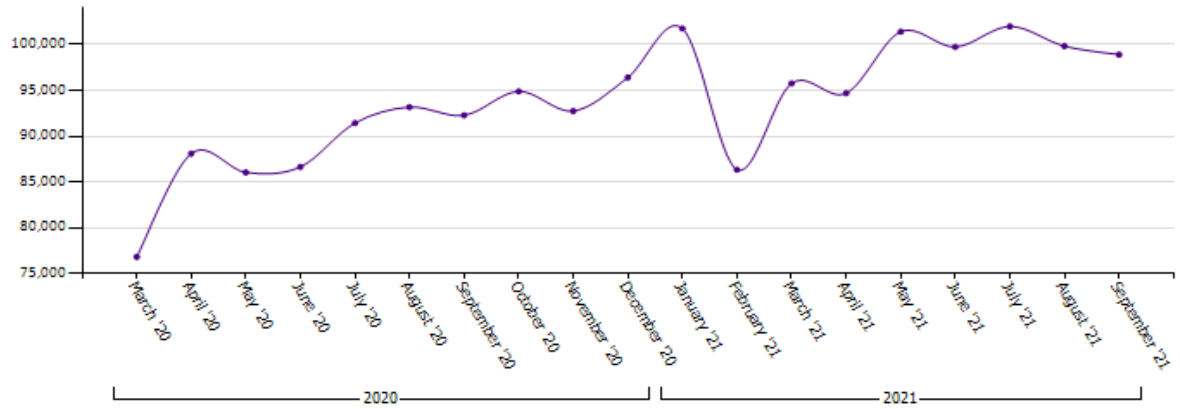
Report Created 03/10/2021

Welcome to the WMAS Covid-19 Monthly Report.

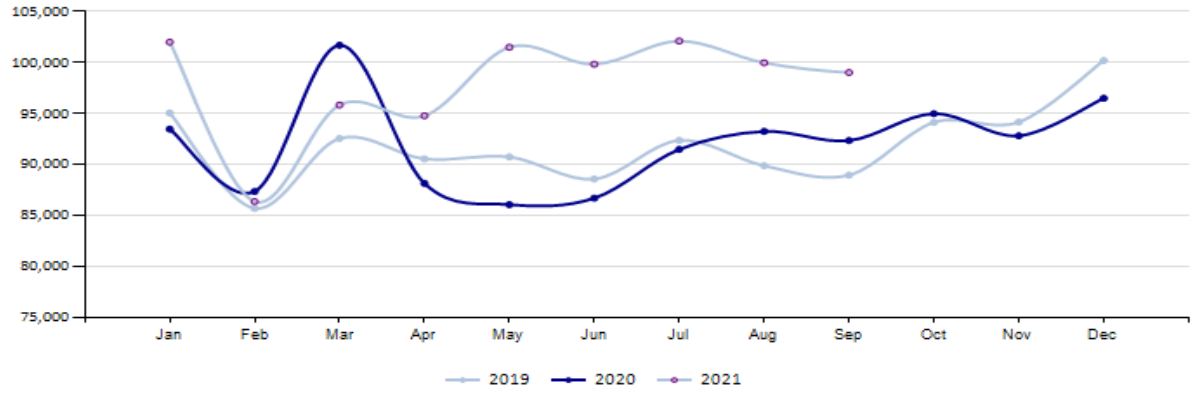
The information contained in this report has been condensed and summarised from the main activities of the Senior Incident Response Management team and key information feeds for the Operational Delivery units of the Trust.

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

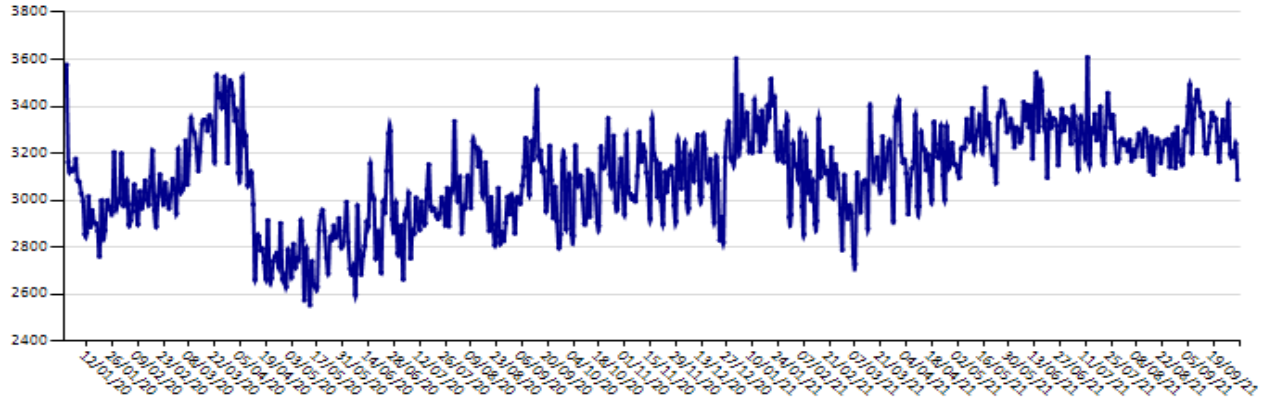
Monthly 999 Incident Activity



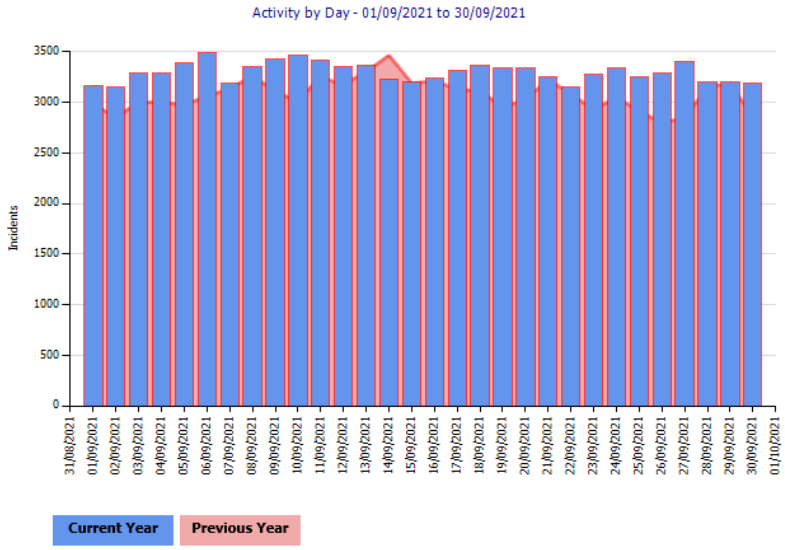
Monthly Emergency & Urgent Incidents Compared to Previous Years



Daily Incident Volumes



E&U Incidents Compared to Previous Year (01/09/2021 to 30/09/2021, ORBIT 71)



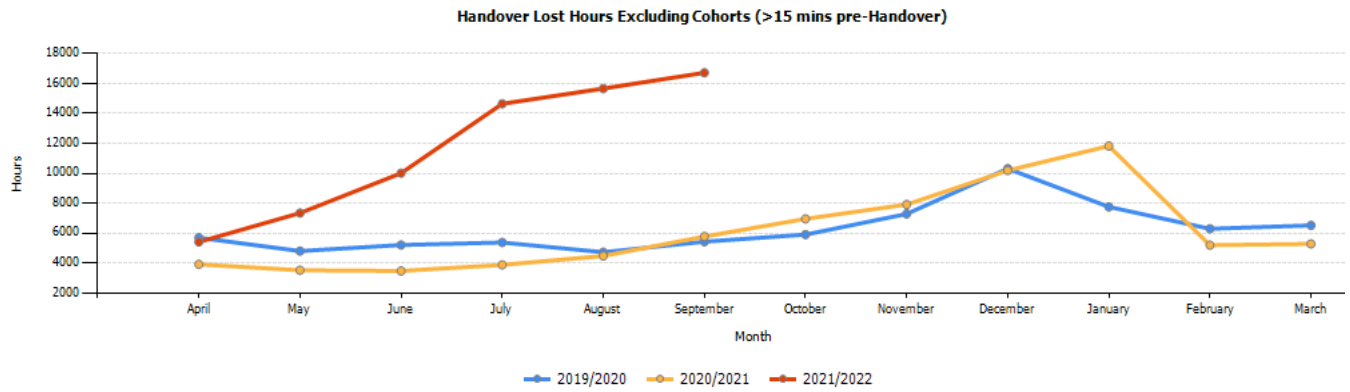
For clarity, an 'Incident' encompasses all 'See & Treat', 'See & Convey' and 'Hear & Treat' figures, it is classed as a call being opened and then closed following the appropriate disposition.

Daily activity during September totalled 99,017 incidents, compared to 99,966 incidents in August (a 0.95% decrease). However, this is a 7.35% increase compared to August 2020, which saw a total of 92,236 incidents. The 7th September now ranks 4th in the Top 20 busiest days of the last 10 years, totalling 6392 incidents. 7 of the 20 top busiest days in the last 10 years occurred in September, with the busiest day remaining the 19th of July which saw a total of 6420 calls. The 19th September was +19.5% compared to the same day in 2020, closely followed by the 26th (+17.7%).

Hospital Handover Lost Hours - >15mins Pre-Handover (01/04/2020 to 30/09/21, ORBIT 1214)

	2020/2021												2021/2022					
Destination	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Alexandra	55:50:45	17:36:09	15:22:03	17:33:58	19:47:58	32:04:26	46:05:36	18:12:52	57:03:36	99:59:37	36:13:03	29:50:44	31:38:18	64:46:51	99:21:10	242:27:30	320:08:34	259:00:20
Birmingham Childrens	40:23:10	46:32:15	33:15:31	44:05:34	40:26:51	55:25:57	43:19:11	64:49:34	51:41:49	45:11:46	47:38:15	68:07:35	40:16:26	59:53:52	74:52:49	71:38:36	59:32:19	83:27:19
Burton	89:40:14	68:25:50	58:29:17	77:01:06	115:39:54	175:22:52	167:23:54	162:50:48	332:55:27	115:24:00	83:45:15	140:58:47	88:03:42	131:33:49	94:59:03	157:21:15	137:36:04	184:05:38
City (Birmingham)	90:23:41	61:27:59	63:56:19	66:16:21	71:06:52	89:04:30	154:06:58	132:58:10	136:04:20	409:12:08	95:39:35	73:41:30	85:10:55	84:02:12	158:43:37	258:28:31	196:16:04	252:16:15
County Hospital (Stafford)	23:46:32	16:47:35	16:26:46	23:36:59	17:13:48	17:44:52	51:17:15	40:57:42	46:37:28	34:19:09	36:37:41	24:09:20	33:00:13	48:16:37	58:59:18	56:38:33	61:17:27	96:21:35
George Elliot	113:56:08	123:27:36	103:13:35	91:39:15	128:26:16	121:05:18	138:27:53	155:50:14	190:24:12	199:10:35	131:09:42	97:43:04	93:11:34	87:56:29	92:34:13	104:51:44	99:54:10	98:39:28
Good Hope	339:38:57	353:13:27	318:41:06	322:28:59	395:02:52	473:39:49	743:20:42	622:58:07	655:34:42	723:04:09	203:51:28	267:37:16	299:18:25	626:25:26	859:41:11	972:42:18	1132:06:10	1186:43:24
Heartlands	313:53:31	386:50:03	236:16:36	352:01:39	592:55:49	763:28:39	977:36:35	1128:31:47	1327:36:05	1217:47:17	556:11:27	641:52:18	567:52:16	824:33:38	1373:03:41	2069:34:43	2293:27:31	1951:29:12
Hereford County	130:22:48	156:14:50	173:49:21	153:50:49	179:56:47	180:22:18	156:23:33	153:14:11	211:35:11	144:09:41	86:08:28	110:53:00	127:32:11	142:57:40	198:34:26	240:54:56	330:49:51	293:07:26
New Cross	155:35:10	118:14:26	106:12:47	133:02:26	117:33:52	149:08:31	250:46:25	548:31:28	1083:20:09	1295:33:56	203:32:17	250:50:53	226:54:52	371:00:10	589:05:53	882:36:34	1176:51:02	1383:44:36
New Queen Elizabeth Hosp	488:28:41	436:49:39	451:38:37	438:59:55	461:10:32	533:16:49	635:42:32	848:15:30	1109:33:59	1347:04:10	545:59:31	590:21:30	624:02:54	726:39:07	963:38:03	1576:57:49	1819:47:08	1630:28:17
Princess Royal	124:04:20	97:25:37	106:10:57	120:09:04	109:02:50	229:45:35	236:27:15	237:49:33	377:57:46	679:51:43	348:53:56	245:24:44	232:08:12	327:47:01	440:41:03	851:18:03	515:16:35	768:16:26
Royal Shrewsbury	88:01:30	78:41:51	150:45:32	216:51:49	278:47:34	384:14:18	450:59:45	465:46:33	567:21:00	465:18:51	402:27:10	360:45:49	456:44:54	539:27:58	880:17:44	1202:39:40	1249:27:06	1375:21:10
Royal Stoke Univ Hosp	484:03:01	418:12:39	544:57:06	657:47:35	656:17:49	786:44:46	909:05:27	1344:39:04	1160:53:00	803:54:39	452:45:08	605:43:12	659:38:48	859:18:43	986:33:39	1559:44:21	1954:31:45	1810:44:58
Russells Hall	297:09:17	155:59:53	134:24:37	184:54:35	250:59:19	351:52:24	425:46:01	503:44:38	498:53:59	1409:00:39	286:09:00	276:45:49	277:49:29	559:17:21	646:03:25	795:14:02	620:11:55	1311:46:26
Sandwell	184:01:50	173:14:27	139:15:21	183:09:04	189:19:59	187:11:50	211:38:05	187:59:40	235:09:08	760:37:53	290:32:45	319:43:26	273:14:26	224:35:15	257:53:17	434:38:46	351:35:22	635:03:05
Solihull	18:50:45	03:12:52	00:18:27	01:01:46	00:12:35	00:36:29	00:09:41		00:03:07	03:48:44	01:42:07	01:10:01	00:24:54		00:09:56	01:17:48	01:14:49	00:09:48
St Cross	24:30:50	39:17:46	21:34:29	08:47:20	07:52:58	02:53:27	02:08:03	02:28:08	02:28:36	03:23:05	03:09:59	02:11:50	01:23:59	00:20:52	00:15:16	01:44:39	01:08:36	00:14:16
Uni Hospital Cov & War	494:47:09	448:25:37	419:22:18	408:19:53	397:28:36	591:17:15	626:34:50	652:01:42	761:12:06	1093:51:57	651:23:51	537:40:22	577:03:45	636:35:28	799:25:41	806:26:54	668:44:05	1112:14:01
Walsall Manor	102:00:09	77:31:33	68:19:41	71:03:21	84:23:18	207:34:42	284:20:21	200:37:12	193:01:51	245:21:40	120:21:20	110:35:29	124:26:35	121:55:19	154:38:45	190:15:37	201:03:12	272:14:10
Warwick	98:47:41	86:50:40	99:17:56	143:22:07	143:50:34	155:50:42	181:58:18	164:47:03	248:58:21	228:13:06	170:32:45	174:40:37	237:54:47	244:51:18	287:01:42	340:24:37	455:52:42	442:34:14
Worcestershire Royal	164:57:17	163:51:13	220:26:49	174:01:45	229:22:27	292:33:44	267:59:33	279:35:58	938:34:54	497:54:20	449:58:35	360:27:07	359:48:35	664:25:44	992:20:28	1818:06:06	2010:00:05	1562:27:17
WMAS Total	3923:13:26	3528:23:57	3482:15:11	3890:05:20	4486:59:30	5781:19:13	6961:37:53	7916:39:54	10187:00:46	11822:13:05	5204:43:18	5291:14:23	5417:40:10	7346:40:50	10008:54:20	14636:03:02	15656:52:32	16710:29:21

The above table highlights the significant increase in hospital handover delays experienced by WMAS conveying patients to hospitals in the West Midlands. When comparing the month of September 2021 to September 2020, there has been a 189% increase in hours lost. When comparing September 2021 to September 2019 the gap the deterioration is well more than 300%. The graph below provides a visual representation when comparing the current delays experienced to those in 2019/2020 and 2020/2021. The below table outlines the Hospital activity during September 2021, highlighting that 67.1% of Arrival to Handover times were out of target (15min target).



		Conveyed To ED			All Departments		Handover Time Recorded		*Arrival To Handover (15min target)				**Handover To Clear (15min target)			Arrival To Clear (turnaround) (30min target)						
		Grand	Handover Time Recorded						in target		out of target		avg: time	out of target		avg: time	in target		out of target		avg: time	max: time	Total Over 1hr
Acute Trust Name	Hospital Conveyed To	Total	Total	%	Total	Forecast	Total	%	Total	%	Total	%	h:m:s	Total	%	h:m:s	Total	%	Total	%	h:m:s	h:m:s	Total
Birmingham Childrens	Birmingham Childrens	678	563	83.0%	781	965	620	79.4%	439	56.2%	342	43.8%	0:18:56	378	48.4%	0:19:21	450	57.6%	331	42.4%	0:30:40	1:50:08	19
Dudley Group Of Hospitals	Russells Hall	3,189	3,008	94.3%	3331	4139	3060	91.9%	778	23.4%	2553	76.6%	0:44:59	1369	41.1%	0:19:55	916	27.5%	2415	72.5%	0:58:59	9:35:32	666
Heartlands Foundation	Good Hope	2,524	2,277	90.2%	2790	3434	2476	88.7%	926	33.2%	1864	66.8%	0:46:49	1144	41.0%	0:19:59	1008	36.1%	1782	63.9%	0:59:52	7:15:24	602
	Heartlands	3,769	3,523	93.5%	4193	5131	3833	91.4%	1098	26.2%	3095	73.8%	0:59:23	1614	38.5%	0:18:39	1319	31.5%	2874	68.5%	1:13:08	8:25:48	839
	Solihull	n/a	n/a	n/a	4	381	0	0.0%	2	50.0%	1	25.0%	0:08:58	1	25.0%	0:08:58	3	75.0%	0	0.0%	0:08:58	0:24:48	0
The Royal Wolverhampton	New Cross	3,622	3,435	94.8%	3900	4919	3560	91.3%	1598	41.0%	2302	59.0%	0:49:29	1527	39.2%	0:19:20	1672	42.9%	2228	57.1%	1:04:03	7:48:52	715
Sandwell & West Birmingham	City (Birmingham)	2,110	2,035	96.4%	2280	2765	2129	93.4%	1348	59.1%	932	40.9%	0:19:40	852	37.4%	0:16:14	1355	59.4%	925	40.6%	0:33:17	4:12:44	115
	Sandwell	2,213	2,111	95.4%	2317	2865	2171	93.7%	836	36.1%	1481	63.9%	0:31:29	896	38.7%	0:17:16	910	39.3%	1407	60.7%	0:45:12	5:53:20	312
University Hospital Birmingham	New Queen Elizabeth Hosp	3,434	3,089	90.0%	3681	4824	3156	85.7%	805	21.9%	2876	78.1%	0:58:48	1409	38.3%	0:24:39	1116	30.3%	2565	69.7%	1:11:15	10:28:17	682
Walsall Hospital	Walsall Manor	2,854	2,739	96.0%	2974	3455	2795	94.0%	1391	46.8%	1583	53.2%	0:19:19	1162	39.1%	0:16:17	1481	49.8%	1493	50.2%	0:33:18	4:25:12	92
Hereford	Hereford County	1,485	1,317	88.7%	1639	2069	1430	87.2%	496	30.3%	1143	69.7%	0:25:09	678	41.4%	0:16:43	634	38.7%	1005	61.3%	0:37:00	3:29:27	128
Shrewsbury & Telford	Princess Royal	1,751	1,536	87.7%	1944	2410	1577	81.1%	634	32.6%	1310	67.4%	0:42:27	985	50.7%	0:23:30	649	33.4%	1295	66.6%	0:54:53	7:01:50	394
	Royal Shrewsbury	1,242	899	72.4%	1346	1943	944	70.1%	136	10.1%	1210	89.9%	1:44:30	776	57.7%	0:44:56	223	16.6%	1123	83.4%	1:56:35	9:45:47	615
Worcester Hospitals	Alexandra	1,782	1,740	97.6%	1833	2170	1760	96.0%	1267	69.1%	566	30.9%	0:20:38	722	39.4%	0:15:20	1178	64.3%	655	35.7%	0:34:33	5:09:35	155
	Worcestershire Royal	2,572	2,254	87.6%	2854	3540	2302	80.7%	1066	37.4%	1788	62.6%	0:52:17	1354	47.4%	0:25:08	1150	40.3%	1704	59.7%	1:04:09	7:24:47	735
George Eliot	George Elliot	1,147	1,107	96.5%	1189	1548	1134	95.4%	400	33.6%	789	66.4%	0:19:03	411	34.6%	0:14:17	536	45.1%	653	54.9%	0:32:01	1:20:54	12
University Coventry & Warwick	St Cross	n/a	n/a	n/a	1	10	0	0.0%	0	0.0%	1	100.0%	0:29:16	1	100.0%	0:29:16	1	100.0%	0	0.0%	0:29:16	0:29:16	0
	Uni Hospital Cov & War	3,724	3,391	91.1%	4098	5409	3591	87.6%	899	21.9%	3199	78.1%	0:31:17	1603	39.1%	0:16:46	1348	32.9%	2750	67.1%	0:43:04	6:31:16	507
South Warwickshire	Warwick	1,648	1,557	94.5%	1708	2187	1595	93.4%	269	15.7%	1439	84.3%	0:31:03	788	46.1%	0:16:43	375	22.0%	1333	78.0%	0:45:05	4:23:30	232
Burton Foundation	Burton	958	880	91.9%	1111	1438	1016	91.4%	342	30.8%	769	69.2%	0:24:46	385	34.7%	0:16:10	461	41.5%	650	58.5%	0:37:20	3:50:42	77
Univ Hosp North Mids	County Hospital (Stafford)	916	876	95.6%	962	1185	916	95.2%	571	59.4%	391	40.6%	0:19:44	310	32.2%	0:15:38	598	62.2%	364	37.8%	0:32:59	3:29:29	53
	Royal Stoke Univ Hosp	3,070	2,625	85.5%	4750	6404	3904	82.2%	1023	21.5%	3727	78.5%	0:38:58	2404	50.6%	0:21:09	1285	27.1%	3465	72.9%	0:51:16	5:40:31	875
	WMAS Hospital Summary	44688	40,962	91.7%	49686	63192	43969	88.5%	16324	16324	33361	67.1%		20769	41.8%		18668	37.6%	31017	62.4%			7825

WMAS Response Status

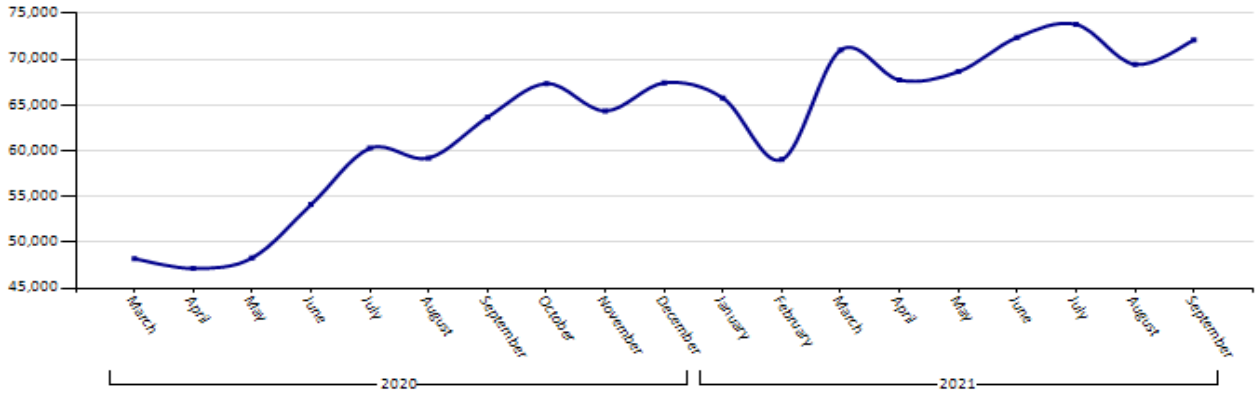
WMAS REAP Level	WMAS Surge Level	WMAS COVID-19 Level
Level 3	Level 1	Currently Not Reported

The month of September remained a significant challenge nationally, as extreme increases in service demand saw Ambulance Trusts maintain their REAP levels due to sustained increases in demand and hospital delays. WMAS have experienced prolonged periods of Surge 2, 3 & 4 which were managed effectively in line with the Trusts Surge Demand Management Plan. The Trust remained on REAP 3 until the 7th September, then escalated to REAP 4 due to the aforementioned reasons. Below is a snapshot of the National REAP summary, taken from the Proclus on the 30th of September, which highlights the pressure across the country

Trust Status

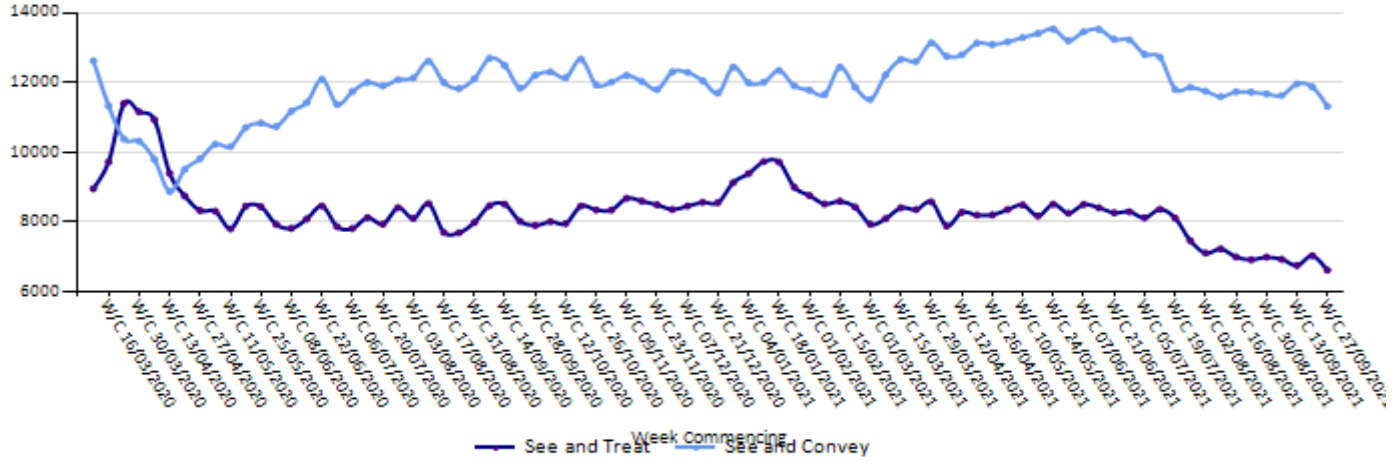
	EE	EM	LA	NE	NW	SC	SE	SW	WM	YA	IW	WA	SAS
REAP	4	4	4	4	4	4	4	4	4	4	3	4	4

PTS Activity



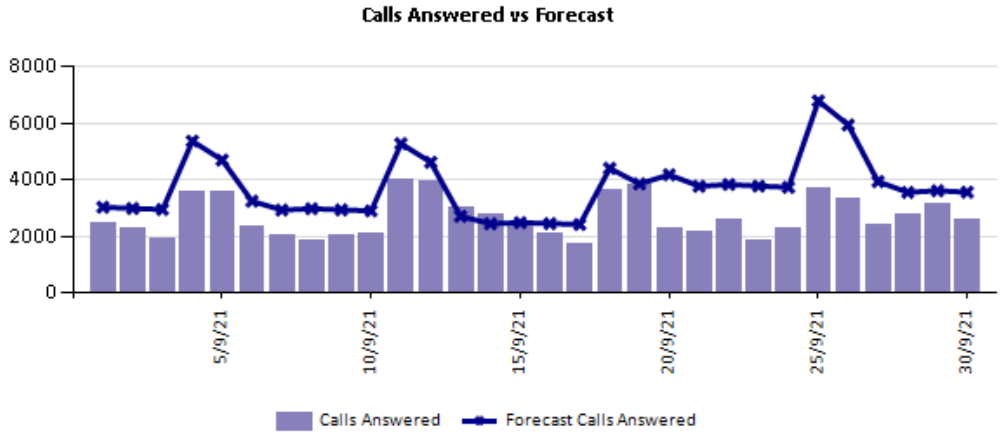
Patient Transport Service activity has increased from March onwards following the resumption of planned care activities as the covid situation started to decrease and hospitals focussed on restoration of planned care and reducing waiting times. PTS services still must maintain social distancing on vehicles (1m) as per the recently revised IPC guidelines for PTS services, with the inevitable reduction in patients per vehicles and efficiency as a result. In addition to the social distancing impact, WMAS are also having to manage the impact of the government direction to care homes, they cannot be entered for non-emergency needs by anybody unless the person concerned is doubly vaccinated – currently we have 19 PTS staff who have refused the vaccine and are now going being managed with the support of their line management and HR in terms of next steps.

Conveyances & Non-Conveyances (VNR)



See and Treat and See and Convey cases both decreased towards the end of the month, this may be attributed to the Trusts Clinical Validation process of category 3 and 4 calls. Conveyance rates decreased slightly from 50.2% (Aug) to 49.4% (Sep). See & Treat totalled 2085 (11.6%) for the month, See & Convey totalled 3760 (20.9%) & Hear & Treat totalled 11,499 (63.8%)

Daily 111 Calls Answered vs Forecast (ORBIT 1014)

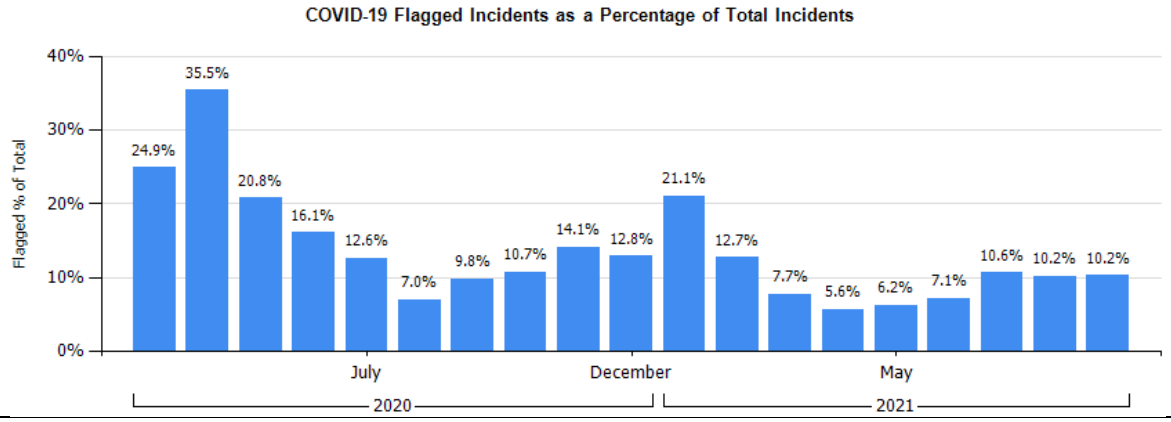


The graph above shows the Daily 111 Calls Answered for the month of September, with call answering remaining fairly consistent with forecasting. The 14th September saw the highest degree of positive varience, 13.8% above forecast, with a total of 2800 calls answered. The 11th September saw the most calls answered, totalling 4026. Whilst WMAS is forecasting a level of demand it is important to note the forecast and actuals continue to be signifcantly in excess of what was planned for with our commisioners when taking the service on, by as much as 40%

COVID-19 Incidents 01/03/2020 to 30/09/2021 (ORBIT 1090)

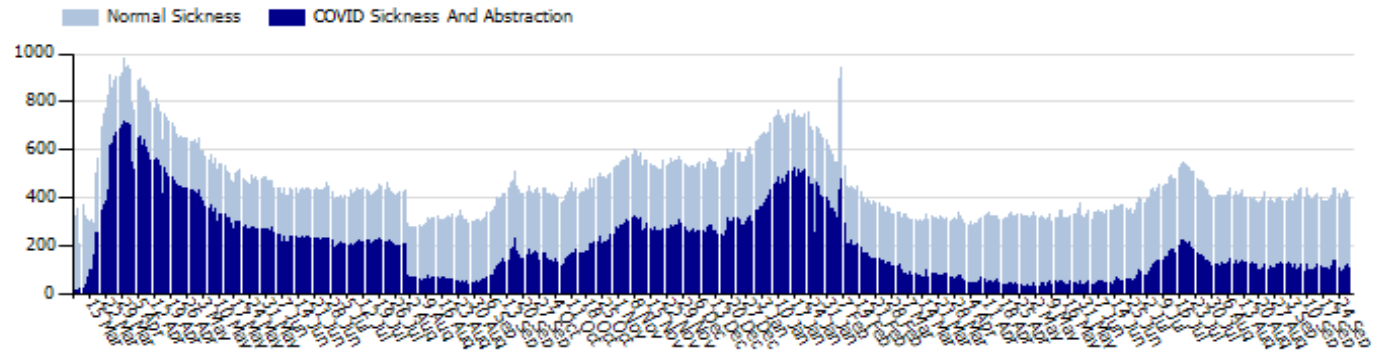
The information below is taken from ORBIT 1090 and includes all cases flagged in the CAD as 'Coronavirus'

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	May 2021	Jun 2021	Jul 2021	Aug 2021	Sep 2021	Total
All Incidents	96823	95513	102105	100144	93129	94564	93531	96032	93691	97419	103215	87351	96823	95513	102105	100144	93129	94564	93531	**1829326**
Cases flagged in CAD	24149	33880	21229	16083	11726	6619	9173	10255	13227	12513	21770	11067	7443	5393	6288	7114	9899	9642	9580	**247050**
Flagged % of Total	24.9%	35.5%	20.8%	16.1%	12.6%	7.0%	9.8%	10.7%	14.1%	12.8%	21.1%	12.7%	7.7%	5.6%	6.2%	7.1%	10.6%	10.2%	10.2%	**13.5%**



Over the last 12 months, the number of COVID related cases that the Trust repsonded to matches the trend seen throughout the UK with regards to the number of positive COVID cases reported. September saw the same percentage of calls flagged as 'Coronavirus' within the CAD (9580 from 93,531 cases). Hospital inpateint numbers remain static across the West Midlands, though some Trusts are suffering with greater volumes of covid activity than others, the Trust with the highest proportion of covid inpatients being SWBH.

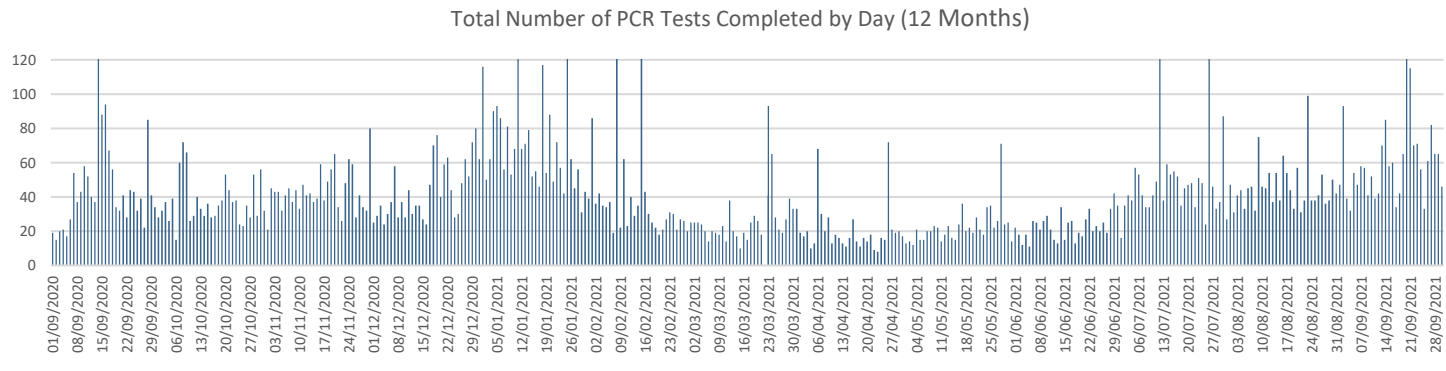
Staff Sickness (as of 30/09/2021)



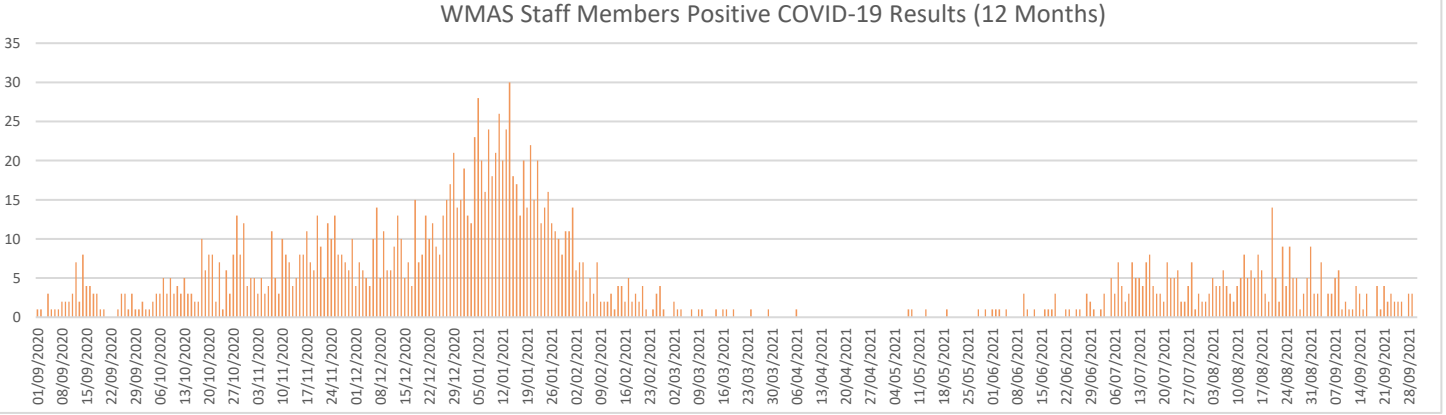
Staff Sickness Breakdown (Strategic Daily Sitrep 30/09/2021)

	EOC & Perf	111	A&E	PTS	Other	WMAS Staff Total	WMAS in Hospital	WMAS in ICU / HDU
COVID Abstraction	4	5	20	2	1	32	0	0
COVID Shielding	0	0	0	0	0	0		
COVID Test & Trace	2	0	2	0	0	4		
COVID Sickness	6	15	37	9	3	70		
Normal Sickness	32	49	139	66	8	294		
TOTAL	44	69	198	77	12	400		

Staff Swabbing Summary (01/09/2020 to 30/09/2021)



Staff Positive COVID-19 Cases



There was a significant decrease (-54%) in staff infections during September with a total of 72 staff cases v 156 in August however in contrast an increase (27%) in PCR testing. The decrease in staff infections demonstrates that the new test to release scheme is not adversly affecting work based infections. A large majority of transmission considered to be community aquired in the main due to children returning to school and staff taking holidays. There is currently pressure within the laboraoty system which is due to all trusts requiring additonal asymptomatic PCRs in order to bring people back to work however we continue to work with the UHB who always aim to provide an excellent service. The number of staff reporting LFTs using the online reporting system is reducing in part due to the Government aquired LFTs requiring that these are recorded on the .gov portal, however communications with colleague continue about this important testing programme. Looking at infection rates in 2020 does cause some concern when we look at the level of infection in Q3 and January Q4. There are currently no sites of concern and we contine to work with PHE and local Health Protections Teams.

Summary of Testing & Staff Positive (01/04/2020 to 30/09/2021)

	Jan	Feb	Mar	April	May	June	July	August	Sept	Oct	Nov	Dec
Staff Positive Y-1	-	-	-	357	80	12	7	4	63	146	219	303
Staff Positive 2021	538	97	13	1	6	25	120	156	72	0		
Total PCR Tests Y-1	-	-	-	1259	1290	248	250	400	1340	1150	1301	1359
Total PCR Tests 2021	2304	1253	843	609	700	683	1528	1424	1805	0		

Summary of Testing by Provider (01/03/2020 to 30/09/2021)

	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	10328	10328	1256	8860	0	100	111
WMAS Test to Release	841	841	10	796	0	10	25
WMAS LFT PCR	938	938	738	200	0	0	0
Asymptomatic Test	2454	2454	31	2408	0	12	3
Self-arranged Test	3456	3456	1104	2225	0	92	35
City & Sandwell	180	106	25	81	0	0	0

Summary of Testing Results (01/03/2020 to 30/09/2021)

(YTD)	Swabs Offered	Swabs Sent	Positive	Negative	Awaiting	Invalid	DNA
Count	20,233	19,782	3,604	15,740	0	225	212
% of Swabs Sent		100%	18.2%	79.6%	0.0%	1.1%	1.1%

Test Results by NHS Ethnic Categories (01/03/2020 to 30/09/2021)

* Exclude DNA, Invalid and Wait	Total	Positive	% Positive	Negative	% Negative
Total of all Tests*	19,667	3,597	18.7%	15,641	81.3%
Non BAME Total*	10,982	1,885	17.5%	8,901	82.5%
BAME Total*	1,441	282	20.2%	1,114	79.8%
Unknown and Not Stated	7,244	1,430	20.3%	5,626	79.7%

Fleet Availability (as of 30/09/21)

	% Available	VOR	Due Back	Predicted	Target %	Total Fleet
A&E DCA	95.83	20	8	12	98.44	480
A&E RRV	95.24	1	1	0	100.00	23
PTS	95.00	20	9	11	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 30/09/2021. All new vehicles are arriving at the Trust as per the plan.

NHS Foundry Submission (NHS Foundry Online Submission Platform 30/09/2021)

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)	733	1		733	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)	29416	28		1050	no delivery required
Eye Protection (Visors)	25478	44		579	no delivery required
Face Mask FFP2	0	0			no delivery required
Face Mask IIR (Ear Loops)	158150	12632		12	additional delivery require
Face Mask IIR (Ties)	13550	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 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 Medicom M53214S-WH-UK	0	0			no delivery required
FFP3 Mask Meixin 2016V	0	0			no delivery required
FFP3 Mask Valmy VSP352TF-07C	0	0			no delivery required
Gloves (L) - Non-Sterile Nitrile (6N) Standard Cuff	247500	4407		56	no delivery required
Gloves (M) - Non-Sterile Nitrile (6N) Standard Cuff	390500	10351		37	no delivery required
Gloves (S) - Non-Sterile Nitrile (6N) Standard Cuff	156400	4831		32	no delivery required
Gloves (XL) - Non-Sterile Nitrile (6N) Standard Cuff	147700	887		166	no delivery required
Gloves (XS) - Non-Sterile Nitrile (6N) Standard Cuff	81200	244		332	no delivery required
Gowns - Coveralls (L)	1448	13		111	no delivery required
Gowns - Coveralls (M)	1025	9		113	no delivery required
Gowns - Coveralls (S)	794	6		132	no delivery required
Gowns - Coveralls (XL)	991	13		76	no delivery required
Gowns - Coveralls (XXL)	1229	10		122	no delivery required
Gowns - Coveralls (XXXL)	897	4		224	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 - 151-500ml	2554	21		121	no delivery required
Hand Hygiene Alcohol Gel - 50-150ml	7510	123		61	no delivery required
Hand Hygiene Alcohol Gel - 501-1250ml	869	9		96	no delivery required
Hand Hygiene Hand Wash 151-500ml	0	0			no delivery required
Honeywell SuperOne 3207 V2	0	0			no delivery required

Stock Levels (Taken from IPC Stock Report 30/09/2021)

PRPH Full Kits 3M (service spares in yellow bags, no battery)	Each	33
PRPH Full Kits 3M	Each	21
PRPH 3M Filters	Each	6,280
PRPH Centurion Particulate filters	Each	69
PRPH Hoods (Asst styles)	Each, asst styles	437
Green PVC Rigid Sided Bag (empty)	Each	450
Green PVC Rigid Sided Bag inc 3M Hood	Each	141
Aprons (manufactured blue thick style)	Each	0
Aprons (Blue Tint Disposable Aprons)	Each	35750
Aprons (Push Stock Green or White Ambulance Style)	Each	750
Halyard/Superieur/Unicare/Polyco Disposable Gloves (all sizes)	Box of 100/200	7,030
Surgical Face Mask IIR (Push Stock)	Each	47,000
Surgical Face Mask IIR (Winter Pressure Stock)	Each	0
Surgical Type IIR Sensitive Face Mask Crosstex	Each	33,150
Surgical Type IIR Hypoallergenic Face Mask Dochem	Each	16,250
Surgical Mask with ties (Type IIR)	Each	13,550
Generic face visors (DS)	Each	23987
Alcohol Gel Tottles 50ml (personal size)	Each	4636
Purell 300ml Desk Gel (compatible)	Each	1553
Purell 500ml Desk Gel (compatible)	Each	5
Packet Clinell wipes	Each pckt of 200	718
Packet wipes PDI (compatible)	Each pckt of 200	0
Tyvex suit- small	Each	0
Tyvek Suit - Med	Each	0
Tyvek Suit - Large	Each	0
Tyvek Suit - XL	Each	390
Tyvek Suit - XXL	Each	471
Tyvek Suit- XXXL	Each	50
Specialwear Tyvex compatible- Med	Each	370
Specialwear Tyvex compatible- Large	Each	845
Generic Tyvex Compatible type 3B- S	Each	0
Generic Tyvex Compatible type 3B- M	Each	0
Generic Tyvex Compatible type 3B- L	Each	0
Generic Supertouch Coverall XXL	Each	200
Generic Supertouch Coverall 3XL	Each	220
Generic supertouch coverall 4XL	Each	324
Infectious packs	Each	543
Shoe covers (qty is prs)	Pairs	0
Boot Covers (qty is prs)	Pairs	550
Safety glasses	Each	27990
Mop Heads	Each	5,900
Red soluble bags	Packs of 50	83
White laundry bags	Boxes of 300	38
1ltr Gentlewash for wall dispensers	Each	373
1ltr Sanitiser Foam for wall dispensers	Each	486
1ltr Moisturiser for Wall Dispensers	Each	373
Body Bags	Each	599
Braun Thermoscan 7 IRT 6520	Each	284
Clinical waste bags (large)	Rolls of 25	86
Clinical waste bags (small)	Rolls of 25	1176
Clinical waste seals	Each	9,280
Clorox Total 360 Disinfecting Cleaner	Each	46

PPE Stock Levels – Ops / PTS / Anchor Brook (IPC PPE Audit 30/09/21)

	Item	Anchor Brook 1600 Yesterday	A/E Hubs Fleet Tracker	PTS IPC PPE Stock Levels
NHS FOUNDRY	Body Bags	599	134	
	Eye Protection (Goggles)	27,990	575	851
	Eye Protection (Visors)	23,987	731	760
	Face Mask IIR (Ear Loops) (Excl. Sensitive Alternatives)	47,000	63600	45,550
	Face Mask IIR (Ties)	13,550	0	
	Gloves (L) - Non-Sterile Nitrile (6N) Standard Cuff	167,500	57600	22,400
	Gloves (M) - Non-Sterile Nitrile (6N) Standard Cuff	321,900	46800	21,800
	Gloves (S) - Non-Sterile Nitrile (6N) Standard Cuff	97,000	33700	25,700
	Gloves (XL) - Non-Sterile Nitrile (6N) Standard Cuff	79,000	41400	27,300
	Gloves (XS) - Non-Sterile Nitrile (6N) Standard Cuff	37,600	23100	20,500
	Gowns - Coveralls (L)	845	603	
	Gowns - Coveralls (M)	370	655	
	Gowns - Coveralls (S)	0	794	
	Gowns - Coveralls (XL)	390	601	
	Gowns - Coveralls (XXL)	671	558	
	Gowns - Coveralls (XXXL)	594	303	
	Hand Hygiene Alcohol Gel - 151-500ml DESK PUMP	1,558	276	720
	Hand Hygiene Alcohol Gel - 50-150ml TOTTLES	4,636	1411	1,463
	Hand Hygiene Alcohol Gel - 501-1250ml WALL SANITISER	486	164	219
WMAS	Hand Hygiene Hand Wash 501-1250ml HAND WASH	119	70	111
	Aprons - Blue thick	0	300	6,844
	Aprons - Blue tint	35,750	28000	10,712
	Clinical Waste bags (Yellow) (Roll x25)	31,550	16000	6,050
	Hand Hygiene - Moisturiser	373	103	75
	Clinical Wipes	718	450	386
	Swabs		331	716

PPE Mutual Aid

PPE Mutual Aid Summary for September 2021			
Trust	**Date**	**Stock**	**Quantity**
N/A			

Above is the summary for the Mutual Aid provided to Trists throughout August. A detailed list of items allocated to other Trusts through Mutual Aid is held in the Incident Command Room and is updated on a weekly basis. Below is a Mutual Aid Summary since October 2020:

Date	Product Co	Product Description	Quantity	Order number	Trust Allocated to	Date
Aug-21	n/a	Lateral Flow Test Kit	135	n/a	University Hospitals Birmingham NHS Foundation Trust- QE	31.08.21
Jul-21	n/a	Tympanic covers	21120	Various	Black Country Partnership NHS Foundation Trust	06.07.21
Jul-21	n/a	Tympanic Genius	2	Various	Black Country Partnership NHS Foundation Trust	06.07.21
Jul-21	n/a	Moisturiser	348	Various	Walsall Healthcare NHS Trust	06.07.21
Jul-21	n/a	Moisturiser	192	Various	Birmingaham & Solihull Mental	06.07.21
Jul-21	n/a	PRPH Centurion Filter	382	Various	Auction	09.07.21
Jul-21	n/a	Gentlewash 1ltr	450	Various	Kettering Hospital	12.07.21
Jul-21	n/a	Hand Sanitiser	450	Various	Kettering Hospital	12.07.21
Jul-21	n/a	Moisturiser	60	Various	Kettering Hospital	12.07.21
Jul-21	n/a	Hand Sanitiser	450	Various	Stoke Hospital (University Hospitals of North Midlands NHS Trust)	14.07.21
Jul-21	n/a	Tympanic cover 303030 for Genius Infa Red Cardinal	1	Various	Stoke Hospital (University Hospitals of North Midlands NHS Trust)	14.07.21
Jul-21	n/a	Generic Coverall Type 3B	20	Various	Stoke Hospital (University Hospitals of North Midlands NHS Trust)	14.07.21
Jul-21	n/a	Special Wear Coverall M	25	Various	Stoke Hospital (University Hospitals of North Midlands NHS Trust)	14.07.21
Jul-21	n/a	Generic Supertouch Coverall XXL	20	Various	Stoke Hospital (University Hospitals of North Midlands NHS Trust)	14.07.21
Jul-21	n/a	Disposable Aprons	100	Various	Stoke Hospital (University Hospitals of North Midlands NHS Trust)	14.07.21
Jul-21	n/a	Chlorclean Tablets	1 box of 200	Various	Stoke Hospital (University Hospitals of North Midlands NHS Trust)	14.07.21
Jul-21	n/a	Face Visors	25	Various	Stoke Hospital (University Hospitals of North Midlands NHS Trust)	14.07.21
Jun-21	n/a	Disposable Aprons	1013	Various	Auction	23.06.21
Jun-21	n/a	Blood Collection Needle 21G	7056	Various	Auction	23.06.21
Jun-21	n/a	Blood Collection Needle with Holder 21G Quickshield	1500	Various	Auction	23.06.21
Jun-21	n/a	Blood Collection Support Product Holder white	6600	Various	Auction	23.06.21
Jun-21	n/a	Vernous Tube Serum Vacuette 5ml	4900	Various	Auction	23.06.21
Apr-21	n/a	Gloves Large	15	Push Stock via NHSSC	The Royal Orthopaedic Hospital NHS Foundation trust	29.04.21
	na/	Gowns	164	Push Stock via NHSSC	Wye valley NHS Trust	21.04.21
Mar-21	n/a	Gowns (Aprons with Sleeves)	105	Push Stock via NHSSC	University Hospitals Birmingham NHS Foundation Trust	17.03.21
Mar-21	n/a	FFP3 Masks	880	Push Stock via NHSSC	University Hospitals Birmingham NHS Foundation Trust	01.03.21
Feb-21	n/a	Gloves Assorted Sizes	55	Push Stock via NHSSC	University Hospitals Birmingham NHS Foundation Trust	26.02.21
Nov-20	n/a	JSP Ft Test Solution	10	Push Stock via NHSSC	North Staffordshire Combined Healthcare NHS Trust	02.11.20
Nov-20	n/a	JSP Ft Test Solution	10	Push Stock via NHSSC	The Royal Wolverhampton NHS Trust (New Cross Hospital)	02.11.20
Nov-20	n/a	JSP Ft Test Solution	12	Push Stock via NHSSC	Shropshire Community Health NHS Trust	02.11.20
Nov-20	n/a	JSP Ft Test Solution	20	Push Stock via NHSSC	Heartlands Hospital NHS Trust (UBH NHS Foundation Trust)	02.11.20
Nov-20	n/a	JSP Ft Test Solution	40	Push Stock via NHSSC	Coventry & Warwick Partnership NHS Trust	02.11.20
Nov-20	n/a	JSP Ft Test Solution	80	Push Stock via NHSSC	Russells Hall Hospital (The Dudley Group NHS Foundation Trust)	02.11.20
Oct-20	n/a	Gloves Assorted Sizes	38	Push Stock via NHSSC	Walsall Healthcare NHS Trust	09.10.20
Oct-20	n/a	Gloves Assorted Sizes	140	Push Stock via NHSSC	Walsall Healthcare NHS Trust	09.10.20
Oct-20	n/a	Gloves Assorted Sizes	150	Push Stock via NHSSC	Abbey Court Care Home	06.10.20
Oct-20	n/a	Gloves Assorted Sizes	150	Push Stock via NHSSC	Gorsemoor Road	06.10.20
Oct-20	n/a	Gloves Assorted Sizes	150	Push Stock via NHSSC	Heath Hayes Medical Practice	06.10.20

General Notes & Commentary

- To date, over 93million vaccinations have been given throughout the UK. 48,048,009 have received the first dose of the vaccine, with 44,969,396 receiving the second dose.
- Social distance arrangements in all Trust locations continue, as does the daily COVID secure monitoring
- To date, 90% of WMAS staff have received one dose of either the AZ or Pfizer vaccines, the 2nd dose completion has been progressing
- 3rd dose vaccination commenced in the last week of Setember, all staff are eligible for it, as long as they are 180 days or more on from their 2nd dose and havent had covid in the preceeding 28 days.
- Hospital bed occupancy remains a significant concern, as covid levels remain stactic by way of inpatients, whlst trying to sustain elective work.
- 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
- There are no longer requirements for those fully vaccinated to self isolate following close contact with someone who has COVID-19, however a PCR swab will be required and normal self isolation applies if this shows a positive result
- Clinical validation triaged 18,017 calls in September, 11,499 (63.8% resulted in Hear & Treat, 2085 (11.6%) resulted in See & Treat and 3760 (20.9%) resulted in See & Convey (ORBIT 1211)
- WMAS senior leaders across operations and the people directorate alongside union colleagues are managing the impact of the revised guidance on care homes and people requiring double vacciantion before entering
- The national ambulance reference groups continues to work with NHSE and DHSC on introducing ambulance specific PPE onto NHS supply chain catalogues, such as aprons and suits
- National guidance has been issued on IPC conrols in the PTS sector, which have been adopted by our teams with revised operational notices issued for immediate implementation.
- The Senior Command team alongside procurment have reviwed our stock of Tyvek like suits due to the level of stockholding which occurred in wave 1 last year, appropriate types have been released for use and gradual wind down of the stock
- The Clinical Validation of cat 3 and 4 has enabled WMAS non conveyance rates to ED to dip below 50% which is the lowest in the country and to increase our hear and treat rates from a 4% pre implementation to now 20%, which again is the highest in the country.

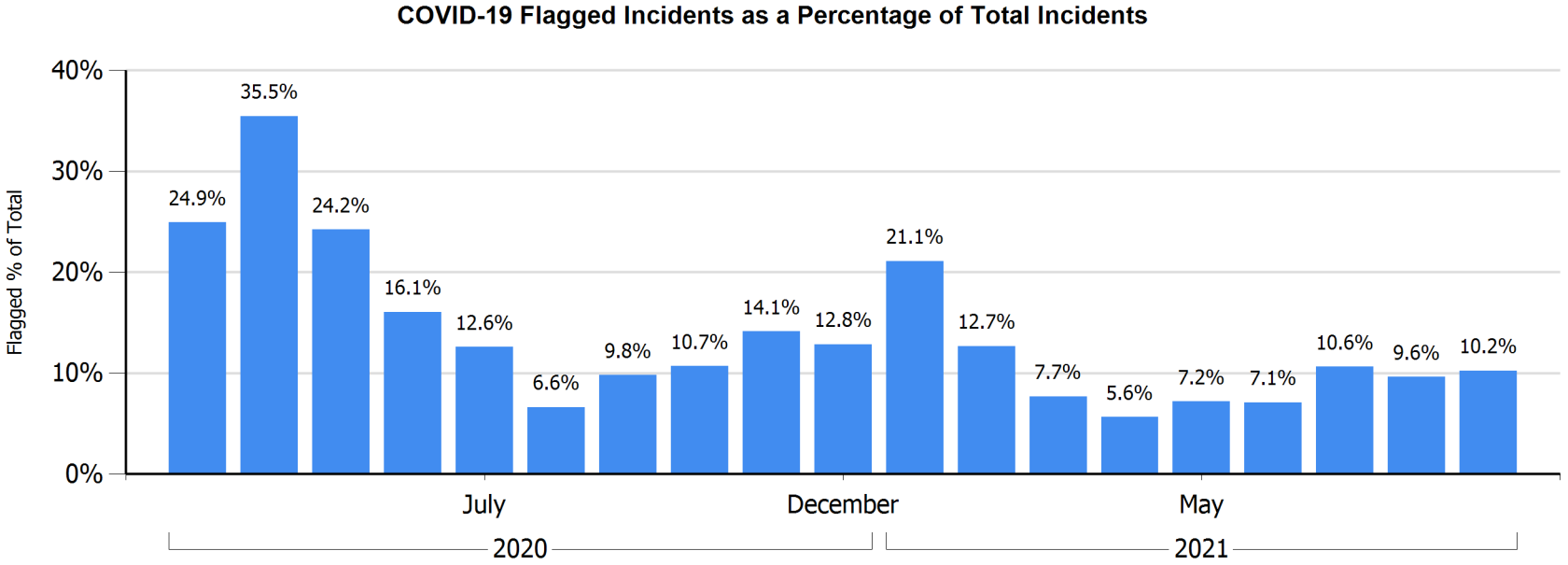
COVID-19 Monthly Report

From: 16/03/2020 to 30/09/2021

Please note that this report includes all cases flagged in the CAD as 'Coronavirus'
Valid from 16.03.2020
Run at : 01/10/2021 07:04:09
Report Ref: 1090

(Click for Daily Report 1037)

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	May 2021	Jun 2021	Jul 2021
All Incidents	96823	95513	87671	100144	93129	100146	93531	96032	93691	97419	103215	87351	96823	95513	87671	100144	93129
Cases flagged in CAD	24149	33880	21229	16083	11726	6619	9173	10255	13227	12513	21770	11067	7443	5393	6288	7114	9899
Flagged % of Total	24.9%	35.5%	24.2%	16.1%	12.6%	6.6%	9.8%	10.7%	14.1%	12.8%	21.1%	12.7%	7.7%	5.6%	7.2%	7.1%	10.6%



Aug 2021	Sep 2021	**Total**
100146	93531	**1811622**
9642	9574	**247044**
9.6%	10.2%	**13.6%**

West Midlands Ambulance Service
University NHS Foundation Trust

Finance Report

Reporting period: Month 6 -September 2021

Trust us to care.

Integrated Finance Report |Finance Headlines

Reporting Month: September 2021

As Part of the on-going emergency financial regime the Trust has set a breakeven financial plan for the first half of the year (April 21 – September 21). This is referred to as H1. The Trust is reporting achievement of the breakeven plan at M6. Additional income received from all 6 systems supported the delivery of a breakeven position.

There will be an increased focus on the Better Practice Payment Code to achieve 95%. The Trust is currently at 92.0%

H2 guidance has now been received. The financial arrangements are expected to be similar to H1 with a greater CIP (waste reduction) requirement

INCOME

£7.1m favourable position reported at Month 6 due to the pay award impact and funding from ICS to cover WMAS deficit position.

£22.3m non recurrent income

£

Year To Date position at M6 (H1) Forecast – H2 plan currently being finalised.

EXPENDITURE

including Operating Expenditure and Finance Costs is £7.1m adverse position at Month 6.

H1 Target £482k of which 100% has been identified. Assumed delivery from Q2 as per planning assumptions.

OVERTIME SPEND

YTD £9.1m

Overtime spend Year to date equates to £9.1m, compared to a spend of £9.6m, for the period April to Sept 20 which was at the height of the pandemic.

CASH-FLOW

£59m closing cash balance

BPPC – 92.0% Against target of 95%

Capital

Capital Plan £16.6m

Capital Expenditure of £5.7m at Month 6. Full Year forecast expenditure £16.6m

Integrated Finance Report |Trust Financial Position

Reporting Month: September 2021

6 Months Ended 30 September 2021	YTD Budget £'000	YTD Actual £'000	YTD Variance to Budget £,000	Budget H1 £,000	Forecast H1 £,000	H1 Variance to Budget £,000
Total Income From Patient Care Activities	177,870	183,915	6,045	177,870	183,915	6,045
Adjusted Top Up Income	0	0	0	0	0	0
Total Other Operating Income	5,544	6,648	1,104	5,544	6,648	1,104
Total Operating Income	**183,414**	**190,563**	**7,149**	**183,414**	**190,563**	**7,149**
Total Medical and Dental - Substantive	(456)	(654)	(198)	(456)	(654)	(198)
Total Agenda for Change - Substantive	(135,048)	(137,992)	(2,944)	(135,048)	(137,992)	(2,944)
Total Medical and Dental - Bank	(720)	(784)	(64)	(720)	(784)	(64)
Total Agenda for Change - Bank	(1,752)	(2,900)	(1,148)	(1,752)	(2,900)	(1,148)
Total Medical and Dental - Agency	0	0	0	0	0	0
Total Agenda for Change - Agency	0	0	0	0	0	0
Other gross staff costs	(558)	(615)	(57)	(558)	(615)	(57)
Total Employee Expenses	**(138,534)**	**(142,945)**	**(4,411)**	**(138,534)**	**(142,945)**	**(4,411)**
Total Operating Expenditure excluding employee expenses	**(44,345)**	**(47,183)**	**(2,838)**	**(44,345)**	**(47,183)**	**(2,838)**
Total Operating Expenditure	**(182,879)**	**(190,128)**	**(7,249)**	**(182,879)**	**(190,128)**	**(7,249)**
Operating Surplus/ (Deficit)	**535**	**435**	**(100)**	**535**	**435**	**(100)**
Total Finance Expense	(10)	(11)	(1)	(10)	(11)	(1)
PDC dividend expense	(525)	(525)	0	(525)	(525)	0
Movements in Investments & Liabilities	0	101	101	0	101	101
Net Finance Costs	**(535)**	**(435)**	**100**	**(535)**	**(435)**	**100**
Surplus/Deficit For the Period	**0**	**0**	**0**	**0**	**0**	**0**
Control Total Adjustments	0	0	0	0	0	0
Donated assets (income)	0	(128)	(128)	0	(128)	(128)
Donated assets (depn)	0	0	0	0	0	0
Impairments	0	0	0	0	0	0
Impact of consumables from other DHSC bodies	0	0	0	0	0	0
Control Total	**0**	**(128)**	**(128)**	**0**	**(128)**	**(128)**

Year to date Financial Performance :

Breakeven position at 30 September 2021

Income from Patient Care Activities: £6.0m favourable

- £22m of non-recurrent funding in the position.
- £3.9m income accrued for pay award impact and £2.2m for funding from ICS to cover deficit position
- Additional funding for 111 First

Other Operating Income: £1.1m favourable

- Overperformance on other operating income due to higher than expected Apprenticeship Levy income in line with recruitment plan.

Expenditure: £7.2m adverse

- Ongoing pressures to services resulting in high use of overtime
- Recruitment in 999, and 111 in line with the recruitment plan and to support the pressures on the service
- Pay award impact for months 1 to 6.
- PTS Taxi's to support PTS contracts/KPI's
- Medical supplies & consumables usage
- Vehicle accident damage
- Training costs

H1 Forecast Financial Performance :

Month 6 is the end of the H1 regime, therefore forecast for H1 equals the actual for month 6 showing a breakeven position.

Integrated Finance Report |Revenue Analysis (1)

Reporting Month: September 2021

As a result of the COVID-19 crisis, the NHS funding regime has significantly changed.

Income from Commissioners which previously would have been governed by contract agreements, and driven by activity levels, has been replaced with Payment Blocks. These are pre-set values based on 19/20 income levels with an inflationary uplift. If the Trust was funded under the previous mechanism further income of £8.28m (as per below) for emergency activity would have been received.

10% of the Trust funding £18.9m is via non recurrent funding for COVID costs and system top up.
A small amount of income (circa 4%) operates the same as it did pre-COVID – this category of income (shown as 'other' below), includes events and non NHS income sources.

H1 Planned Income	Emergency & Urgent	Patient Transport Services	111 (Rec'd from BCWB CCG)	Total Plan
Contracted activity income				
Black Country and West Birmingham CCG's	24,377,815	6,291,595	3,710,317	34,379,727
Birmingham and Solihull CCG's	26,970,273	5,745,303	4,120,069	36,835,646
Coventry and Warwickshire CCG's	17,369,271	3,228,686	2,843,026	23,440,983
Hereford and Worcester CCG's	19,839,638		2,232,264	22,071,902
Shropshire CCG's	11,878,057		1,411,777	13,289,834
Staffordshire CCG's	23,213,777			23,213,777
Cheshire CCG		4,681,166		4,681,166
Total Contract Income	**123,648,831**	**19,946,750**	**14,317,453**	**157,913,034**
Other Income				6,653,836
Non recurrent Income				
System/growth top up	6,454,596			6,454,596
Covid	8,451,000	2,344,111		10,795,111
111 First (6mths)			1,624,423	1,624,423
Total Non recurrent Income/Top up	**14,905,596**	**2,344,111**	**1,624,423**	**18,874,130**
TOTAL INCOME	**138,554,427**	**22,290,861**	**15,941,876**	**183,441,000**

If the Trust had been operating under tariff rules, income generated by activity year to date would have been £8.3m

April 2021 - £1.06m
May 2021 - 1.12m
June 2021 - £1.6m
July 2021 £1.2m
August 2021- £1.7m
September- £1.6M

In addition to the £8.28m, the Trust would have invoiced for the ongoing handover delays at Heartlands, Worcester and Good Hope Hospital.

Integrated Finance Report |Statement of Financial Position

Reporting Month: September 2021

6 Months Ended 30 September 2021	Actual Year end 2020/21 £'000	YTD Actual 2021/22 £000
Non-current assets		
Intangible assets	1,166	980
Property, plant and equipment	79,384	77,968
Receivables: due from non-NHS/DHSC group bodies	853	853
Total non-current assets	**81,403**	**79,801**
Current assets		
Inventories	3,078	2,125
Receivables: due from NHS and DHSC group bodies	8,281	12,784
Receivables: due from non-NHS/DHSC group bodies	11,871	15,568
Cash and cash equivalents: GBS/NLF	46,991	59,226
Total current assets	**70,221**	**89,703**
Current liabilities		
Trade and other payables: capital	(1,206)	(11)
Trade and other payables: non-capital	(57,107)	(75,073)
Provisions	(8,052)	(7,919)
Other Liabilties	0	(1,280)
Total current liabilities	**(66,365)**	**(84,283)**
Total assets less current liabilities	**85,259**	**85,221**
Non-current liabilities		
Provisions	(2,264)	(2,226)
Total non-current liabilities	(2,264)	(2,226)
Total net assets employed	**82,995**	**82,995**
Financed by		
Public dividend capital	42,347	42,347
Revaluation reserve	9,423	9,423
Other reserves	5,395	5,395
Income and expenditure reserve	25,830	25,830
Total taxpayers' and others' equity	**82,995**	**82,995**

The Statement of Financial Position ("SoFP") shows the assets, liabilities and equity held by the Trust and is used to assess the financial soundness of an entity in terms of liquidity, financial, credit and business risks.

No official Plan for SoFP was required in the "H1" planning round but an internal plan up to month 06 ("H1") has been compiled, based on a break-even control total as at month 06.

Integrated Finance Report |Capital Expenditure

Reporting Month: September 2021

Capital Scheme	Total £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000	Mitigated Plan £'000
Information technology	1,430	726	187	-539	1,255
Clinical equipment	430	109	9	-100	215
Estates	730	0	31	31	730
Oldbury Project	600	0	0	0	600
Fleet	13,183	5,952	5,477	-475	12,849
Contingency	250	0	0	0	0
Total capital programme	£16,623	£6,787	£5,704	-£1,083	£15,649

Capital Expenditure

Capital expenditure is managed at a system level. The system is expected to manage within an overall capital allocation of £80m. Organisational plans within the system totalled £98m. The Trust submitted a capital plan of £16.6m.

Agreement with NHSI resolved a technical issue in relation to DGH. Revised system capital allocation of £92m
All providers were asked to review and agree to submit a balanced plan with the likelihood of additional capital from slippage either within the system or region.

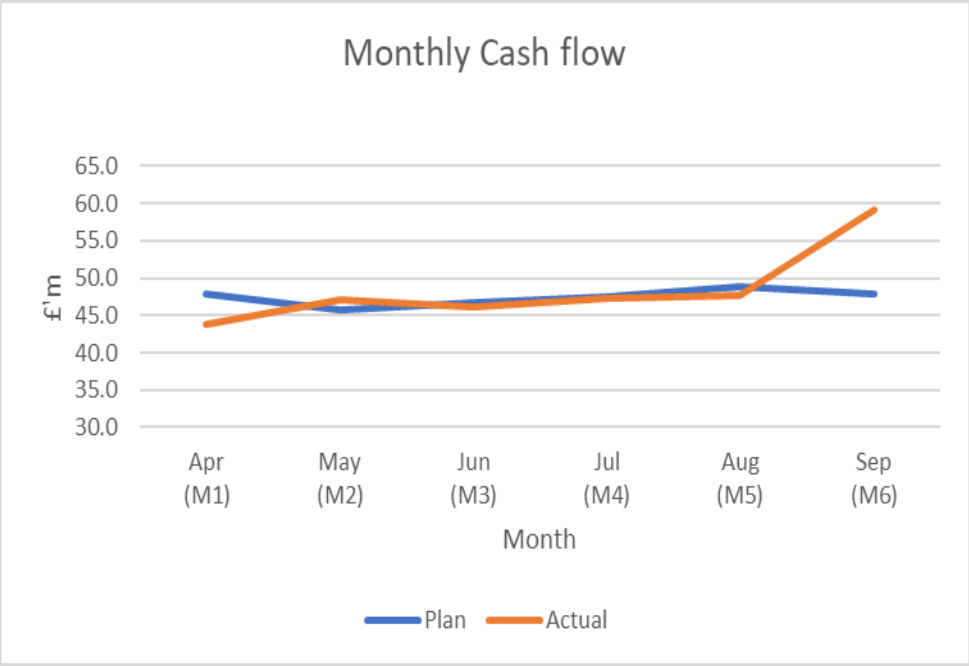
WMAS reviewed a range of options to provide mitigations against the risk share these include non utilisation of contingency and deferral of expenditure into 22/23. National funding is also being pursued as well as other sources of funding for digital and net zero projects.

WMAS have incurred expenditure of £5.70m YTD. A review of the phasing of the fleet capital plan was completed in M4.

A full review of the BCWB system plans is currently underway to ensure full delivery against allocated expenditure and ensure any requests to the region for additional capital up to the original plan of £98m are credible.

Integrated Finance Report |Statement of Cash Flow

Reporting Month: September 2021



The statement of cash flow shows how the activities of the Trust impact its cash balances, split into operating activities, investing activities and financing activities.

No official cash flow was required in the "H1" planning round but an internal plan up to month 06 has been compiled based on a break-even control total for "H1" and the submitted capital plan.

Key cash movements are highlighted below.

Year to Date

- Apprenticeship levy funding was received in M3 and higher than expected which increased the cash balance above expected.
- Capital spend comprises payments made to capital suppliers, including payments of year-end creditors.
- Cash flow is higher than expected due to £13m of hosted funding received in month 6. The majority of this funding will be paid out in month 7.

Forecast H1 and H2

- It is currently forecast that cash movements will be largely in line with the expectations to meet a balanced position.
- The cashflow accounts for the corrective payments required in respect of the Flowers settlement and pay award which were made in Sept. The funding for the Flowers settlement was also received in Sept.
- Cash flows beyond H1 will be largely dependent on the impact on the Trust's financial outturn from the NHS funding regime implemented from October and the ability to maintain the capital programme.
- Increased recruitment and additional winter funding which is largely applicable from H2 will be built into future cashflow analysis.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 07c MONTH: October 2021 PAPER NUMBER: 05b

PROCUREMENT STRATEGY 2021-24	
Sponsoring Director	Director of Finance
Author(s)/Presenter	Director of Finance
Purpose	To present the Procurement Strategy document for review and if appropriate approval, subject to comments at the meeting.
Previously Considered by	EMB
Report Approved By	Director of Finance

Executive Summary

The Trust board approved its organisational strategy in May 2021, aligned to the Trust strategy are a number of enabling strategies, which support the delivery of our organisation vision and five strategic priorities.

This paper provides an overview of the progress with the review of the Procurement Strategy. The strategy has been submitted to the relevant Committee for review prior to consideration by the Board. In the case of this strategy it is on the agenda for the Performance Committee meeting scheduled for 26 October 2021 and the views of the Committee will be submitted verbally to the Board.

The purpose of this paper to seek the Board's review and if appropriate approval of the Strategy pending any comments received.

Related Trust. Objectives/ National Standards	The documents support the Trust's updated Strategic Objectives and any relevant national standards and priorities
Risk and Assurance	The Board has the key role of formulating strategy and then holding the Trust to account for delivery of the strategy. Having reviewed and updated the documents, there is reduced risk of ambitions being out of date; and increased assurance that the Trust's ambitions are incorporated and are included in the governance process for regular measurement and update.
Legal implications/ regulatory requirements	The Trust's strategy is based upon all legal and regulatory requirements. All enabling strategies will be adjusted as required to continue to deliver
Financial Implications	The Finance Strategy will incorporate necessary work streams to ensure the requirements of the Trust Strategy are accounted for
Workforce & Training Implications	The People Strategy will incorporate necessary work streams to ensure the requirements of the Trust Strategy are provided for
Communications Issues	The Communications and Engagement Strategy identifies means of communication with internal and external stakeholders
Diversity & Inclusivity Implications	The needs of staff and members of the public will be reflected within the work streams of the People Strategy, the Diversity and Inclusion Strategy and the Communications and Engagement Strategy

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 07c MONTH: October 2021 PAPER NUMBER: 05b

Quality Impact Assessment	Individual Quality Impact Assessments will be required for each of the enabling strategies prior to presentation at the Governance Committees
Data Quality	The data on which each enabling strategy is based will be authorised by each Director

Action required

For the board to receive the Strategy and if appropriate approve the contents following the review by the appropriate Board Committee.

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PROCUREMENT STRATEGY 2021-24

DATE APPROVED:	
APPROVED BY:	**Executive Management Board**
IMPLEMENTATION DATE:	
REVIEW DATE:	
LEAD DIRECTOR:	**Director of Finance**
IMPACT ASSESSMENT STATEMENT:	**No adverse impact on Equality or Diversity**

Document Reference Number:	**Strategy –**

Change Control:

Document Number	Strategy –
Document	Procurement Strategy
Version	
Owner	Director of Finance
Distribution list	Internal and External Audience
Issue Date	September 2021
Next Review Date	
Author	Head of Procurement

Change History:

Date	Change	Comment/Approved by

CONTENTS

1 Executive Summary

The management of Procurement is essential to the efficiency and effectiveness of both clinical and support services. Patient care depends on the guaranteed availability of quality equipment, materials and services. Accountability for the expenditure of taxpayer's money requires that sound economic decisions are taken in relation to procurement.

In line with national policy the Trust Board originally approved a Supply Strategy in 2009. This document was updated in September 2016 and now requires revision in line with the government's changes addressed in this document and the move to Foundation Trust status, together with current issues and developments which impact on supply activity. This latest strategy builds on the work contained in the previous version:

- It identifies areas for on-going improvement and review together with initiatives that represent transformation in the way we buy goods and services, from the systems we have in place and the processes that we follow.

- It recognises and endorses the key recommendations of the Best Practice Guidelines – NHS Procurement "Raising Our Game" and is aligned with the NHS Standards of Procurement, both published on the 28th May 2012 and the Lord Carter report. These documents will be the framework around which improvements in procurement performance are measured, the links to these documents are: -

. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216538/dh_134498.pdf
. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/210335/nhs_standards_procurement_2nd_ed.pdf
. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/434202/carter-interim-report.pdf

This strategy sets the tone and direction of travel for the Trust in relation to procurement activities.

NB: the links and documents may be updated in line with Government changes following BREXIT

The **role of the Procurement Department** may be defined as follows:

- To lead and operate a comprehensive best practice supply management service, that adds value to the healthcare provision for patients by delivering value for money.
- To deliver procurement services that are efficient, innovative, cost effective and continually developing for the overall benefit of the Trust and its patients.

In defining a strategy that delivers best practice supply management, it is important to identify the procurement model and key elements on which the strategic priorities are based. These key elements are highlighted below.

2 Aims and Objectives

The key aim of this strategy is to maximise procurement influence on the non-pay spend of the Trust. The ongoing work to consolidate the current procurement data into meaningful comprehensive spend and demand information will enable improved engagement with departments and the supplier markets in order to effectively target and influence any gaps in expenditure control.

The Trust will support achievement of this through the following objectives:

2.1 Delivering creative and cost-competitive **commercial** solutions in the sourcing and purchase of a wide range of goods and services for the Trust.

2.2 Engaging with other Trusts and / or Procurement Hubs in a **collaborative** manner to aggregate spend and maximise buying power

2.3 Delivering creative and cost-effective **stock control** and supply chain solutions for a wide range of consumable items

2.4 Establishing and maintaining **sustainable** procurement initiatives

2.5 Supporting and developing the use of **local** providers of goods and services where it is commercially appropriate and where compliance with procurement legislation is not compromised.

2.6 Harnessing relationships with suppliers in order to adopt existing **innovations** and stimulate new innovation to deliver quality and value.

3 Procurement Savings and Strategic Sourcing

Procurement has an integral part to play in supporting the delivery of the Trust's overall Cost Improvement Programme (CIP). The whole Trust requires continued procurement focus and the application of sound strategic sourcing methodologies in those areas of the delivery of the CIP that are influenced by Procurement.

The Procurement Department will address this by:

- Continued targeted approach to high spend areas.
- In conjunction with department/finance teams formulating savings plans
- Consolidating supply to reduce the number of suppliers used by the Trust.
- Effective contract and vendor management incorporating regular reviews
- Developing effective benchmarking with other similar organisations/networks
- Considering, where appropriate, the introduction of longer-term agreements with major suppliers, including commitment expectations to realise savings benefits
- Identifying and promoting lower cost products and sources of supply
- Understanding the logistics and supply chain cost to serve models and determine

optimal supply routes, volumes and stocking options for consumables items.

The Trust will continue to maximise opportunities by collaborating with other organisations on procurement and supply activity in the following ways:

- **East of England Collaborative Procurement Hub (EoE)** – the Head of Procurement will lead the Trust's relationship with EoE, identifying and agreeing the joint sourcing work plan and ensuring the savings performance targets are delivered
- **NHS Supply Chain** – the Trust will continue to access contracts and services offered where they deliver appropriate benefits and best value
- **Government Procurement Service** – on-line access to the public sectors national procurement portal providing a range of supply and service frameworks, with the facility to undertake on-line competitive exercises efficiently and within agreed best value criteria and terms.

The Procurement Department will explore alternative collaborative opportunities when they arise and will make a commercial judgement as to their relevance.

A fundamental priority in ensuring that Procurement supports the delivery of quality patient care whilst ensuring value for money as part of the strategic sourcing program is the effective and on-going engagement with clinical staff by attending engagement meetings including the clinical equipment meetings and the clinical steering group meetings

4 Drivers for the Strategy

4.1 **The NHS Constitution** places a duty on NHS services to aspire to the highest standards of excellence and professionalism, keeping patients at the heart of everything and working across organisational boundaries in order to provide cost effective healthcare.

4.2 **WMAS' Five Year Strategic Plan** outlines the strategic context and key drivers which affect the Trust's overall strategy. A summary of this document can be found on the Trust website. The Strategic Framework can be found in Appendix 1 and the Trust's values in Appendix 2.

4.3 **Cost Improvement Requirements**
Procurement has a key role to play in supporting the delivery of the Trust's annual CIP. The demands on procurement and the expectations of the efficiencies required are increasing and the Trust needs to develop and respond to the challenges.

4.4 **The NHS Standards of Procurement** support the recommendations from the Public Accounts Committee (V2 Update June 2013) https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/210335/nhs_standards_procurement_2nd_ed.pdf by providing a clear vision of good procurement and identifying high quality procurement performance. The standards provide a structure for the Trust to work within to improve procurement performance and inform the direction and

priority for any system level support.

4.5 E-Procurement Strategy

To guide and support healthcare bodies the NHS have published an 'eProcurement strategy' https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/344574/NHS_eProcurement_Strategy.pdf for the NHS in September 2013, setting out actions for the development of national and local infrastructure that supports the adoption of GS1.

As part of this strategy, the NHS will:

- **Mandate** through contracts the use of GS1 coding for the NHS
- **Create** a single NHS GS1 data pool for the NHS to use in its systems
- Centrally **Invest** in enabling Product Information Management and Messaging technologies
- Create a single '**data warehouse'** for NHS procurement data
- **Define** standards to ensure interoperability between e-Procurement systems
- Establish **Standards** for datasets and classification
- Put implementation **Support** arrangements in place for Trusts to draw upon.

4.6 Procurement Legislation

Procurement is responsible for ensuring that the Trust complies with all local, national and European procurement legislation. Purchasing activity will continue to be conducted in accordance with Trust Standing Orders, Standing Financial Instructions, and the Scheme of Delegation and with the relevant EU Public Procurement Regulations and Information Governance requirements.

Previously EU Procurement Thresholds were subject to change on a biennial basis, now that the UK is outside of European control it no longer is subject to these regulations, however best practice advices is to continue to use them until a more suitable approach is adopted. The Trust will continue to monitor and conform to the current recommendations http://www.govopps.co.uk/ec-thresholds/

4.7 Lord Carter Review

The Department of Health commissioned an independent review of operational productivity in acute hospitals and the final report was produced in June 2015. Ambulance Trusts are urged to review the recommendations to identify efficiency measures that could be implemented within an ambulance setting.

5 Procurement Principles

The Trust's Procurement Principles are based on three core areas:

- Doing it well
- Doing it Efficiently
- Doing it Right

Transparency

- We will ensure tender opportunities are sufficiently and appropriately advertised using the Delta platform Procurement, Contract & Tender Management - Delta eSourcing (delta-esourcing.com).
- We will ensure that any conflicts of interest are declared, and when necessary appropriate action taken.
- We will publish our procurement decisions where appropriate.

Proportionality

- We will ensure that our procurement processes are proportionate to the value, complexity and risks associated with each particular requirement.
- We will ensure that potential suppliers are not excluded through overly burdensome or bureaucratic processes.

Equality

- We will ensure that all suppliers have equal opportunity to compete for our business where appropriate
- We will ensure that we treat all suppliers equally and that all financial and due diligence checks apply equally and are proportionate to the value of the particular requirement

Non-Discrimination and Consistency

We will apply local and national procurement policies and procedures consistently and fairly.

Efficiency

We will standardise and simplify our procurement processes wherever possible.

Continuity

We will work with the appropriate Managers within the Trust to monitor the performance of service contracts to ensure that they continue to deliver best value for money as and when required.

Development

We will provide support to all suppliers and internal departments to encourage continual improvement in the quality of goods and services that are provided and, where it is in the public interest will target new service areas to encourage new entrants to the market.

Innovation
We will encourage innovation from current and potential suppliers to ensure that the Trust can adopt existing innovation and stimulate innovation to deliver quality and value both for Trust patients and for taxpayers

Sustainability
We will adopt the Government's Social Value Model (PPN 06/20) from April 2022, which includes net zero as one of the themes

6 Outcomes

6.1 **Support the financial objectives** of the Trust and **generate surpluses** from the income and expenditure account to support the Trust's strategic plans.

- Financial stability as measured by the income and expenditure account, cash holdings and financial risk rating
- Underlying financial balance across the Trust
- Year on year productivity gains within the Trust
- Financial planning and management embedded into the Trust's structures, processes, and culture
- Five-year capital strategy which aligns with the Trust's service vision for that period
- Devolved financial management to the lowest level possible across the Trust
- Assurance that the Board and managers have a level of financial knowledge and the financial tools appropriate to their needs
- Partnership working with external bodies able to support the Trust to secure its strategic and operational objectives

6.2 **Support strong governance and assurance arrangements**

6.2.1 Stock Control and Receipt, and Distribution Activities
The Trust utilises a Wb based stock control and ordering system called OrderWise. The distribution department operates this system to manage both stock control and ordering. The procurement department will assist in the development of new and initiative ways to reduce cost though the supply chain and delivery of goods and services to all departments within the Trust.

6.2.2 The Trust has begone move toward utilising the stock control system in other departments as required including GS1 coding and by the falsified medicine directive (FMD), this has been introduced on all relevant medicines

6.2.3 The inventory management system (IMS) and electronic ordering programme, will effectively deliver electronic ordering for in excess of 60,000 product lines.

6.2.4 The Procurement Department will utilise strategic sourcing techniques to get the best products and services at the best value and will give continuous attention to improving and re-evaluating purchasing and the total supply chain

6.2.5 The Department will continue to develop 'purchase to pay' transactional processes that confirm contractual requirements with suppliers, allow for electronic receiving at the point of receipt (by either the Receiving Department or the end-user) and for paying for the goods or services through a range of payment options.

The transactional processes will provide visible spend data through utilisation of financial, purchasing and inventory management data, informing demand and the sourcing programme.

7 Scope

The Procurement Department analyses Non-Pay expenditure in order to identify opportunities for savings. The expenditure by supplier is placed into one of four categories:

- Estates and Facilities
- Pharmacy and Medical
- I.T.
- Non-Medical

Detailed analysis takes place on a supplier by supplier basis in order to establish an overall sourcing strategy to ensure that Procurement resource is focused on those areas of activity that will deliver maximum financial benefit for the Trust.

Procurement activities are categorised as follows:

- Aggregation
- Standardisation
- Substitution
- Contract Re-Negotiation
- Contract Renewal (Re-Tendering)

The following are out of the scope of this strategy:

- All Pay related expenses
- Cost Improvement Programmes for individual departments

8 Sustainability

The Trust's Sustainable Procurement Strategy will ensure that goods and services procured by the Trust are designed, manufactured, delivered, used and managed at end-of-life in an environmentally and socially responsible manner and forms an integral part of the Trusts overarching Sustainable Strategy.

Sustainable Procurement means improving the efficiency by which public money is spent whilst at the same time using market power to bring about major environmental and social benefits locally and globally.

The Trust through procurement will assist in the following areas: -

- Annual cost reduction targets for fuel, drugs and consumables expenditure
- Effective stock management to reduce waste
- Procurement of the 'right' goods for the job, such as clinical equipment purchases agreed through the Clinical Equipment Working Group and fleet through the Vehicle Design Group
- Managing supply chains to ensure value for money and that ethical, human rights and employment standards are met along with actions identified by the Modern Slavery Act.

9 Risks

Risk management is a key component of enhancing patient care and is therefore central to the Trust's Procurement Strategy. It is the process whereby the Trust methodically addresses the risks attached to its activities with the goal of achieving sustained benefits to patient care within each activity and across the portfolio of all Trust activities.

The identified challenges that are relevant to the Procurement Strategy are captured within the Trust's three Significant Risks:

Significant Risk 1: Failure to achieve Operational Performance Standards

Significant Risk 2: The Trust fails to manage its Finances appropriately

Significant Risk 3: The Trust fails to comply the Regulatory Body Standards and Quality Indicators

The associated risk assessments for these significant risks are influenced by clinical, operational and quality risks, which are reviewed on a regular basis through the Trust committee structure. The Finance Department continues to monitor its governance and risk management processes against the detailed key objectives originally identified by the Audit Commission as part of the Auditors' Local Evaluation exercise as updated to reflect the changes to Trust Committee structures.

Procurement has an established business continuity plan to ensure arrangements are in place for the supply of products and services in the event of an emergency situation with multiple suppliers for each mission critical line.

10 Responsibility

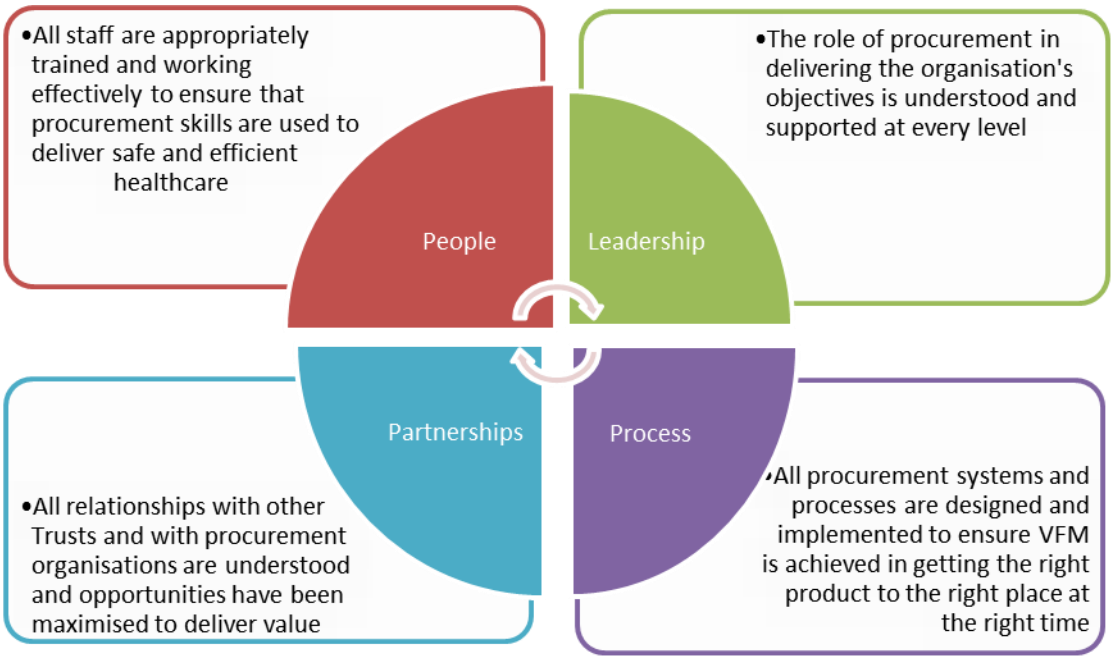
- At Board level the Director of Finance is responsible for the Procurement function, with the Head of Procurement having operational responsibility for the delivery of the service.
- High level Corporate Governance and Trust policies are in place defining operational compliance.
- Controls for performance and risk are in place ensuring operating effectiveness is controlled, measured and managed.

11 Monitoring and Review

The current Performance indicators and strategic work plan will be refreshed to present more detailed and comprehensive spend, demand and contract compliance data together with measures for transactional efficiency and performance against carbon reduction targets. These reports will also be structured to produce relevant information at a Department level, to complement the current financial reporting process.

Measurement of Performance

The 4 measures are summarised as follows:



https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/255874/nhs_procurement_dashboard_overview.pdf

Each of the 4 standards will be used by the Procurement Department to measure procurement performance and the indicators used to set goals for continuous improvement in procurement performance.

The NHS recognises there is an urgent need to encourage transparency and benchmarking, in order to achieve this, they will explore opportunities to:

- Increase transparency by requiring all providers of NHS healthcare – through the NHS Standard Contract – to publish all procurement data
- Develop, procure and implement a single, best-in-class NHS Spend Analysis and Price Benchmarking Service
- Implement a dashboard of procurement performance metrics to support internal management and governance

12 Conclusion

This updated Procurement Strategy re-states the importance of effective supply management to the overall performance of the Trust and moves the procurement function forward significantly by transforming some of the key systems and processes to provide a more integrated and efficient service.

It reflects the latest Department of Health thinking and policy in the need for improvements to NHS procurement activity and is designed to ensure that the procurement function becomes a champion of innovation and is responsive to creative ideas from both existing and potential suppliers in line with the Lord Carter of Coles report. Procurement will endeavour to evaluate and support the adoption of innovative solutions at scale and pace across the Trust.

The strategy recognises the importance of Clinical Engagement within the Trust and Local Engagement within the Community.

The 5-year strategy will be reviewed on an annual basis to ensure its relevance to overall Trust objectives

13 Delivery Plans

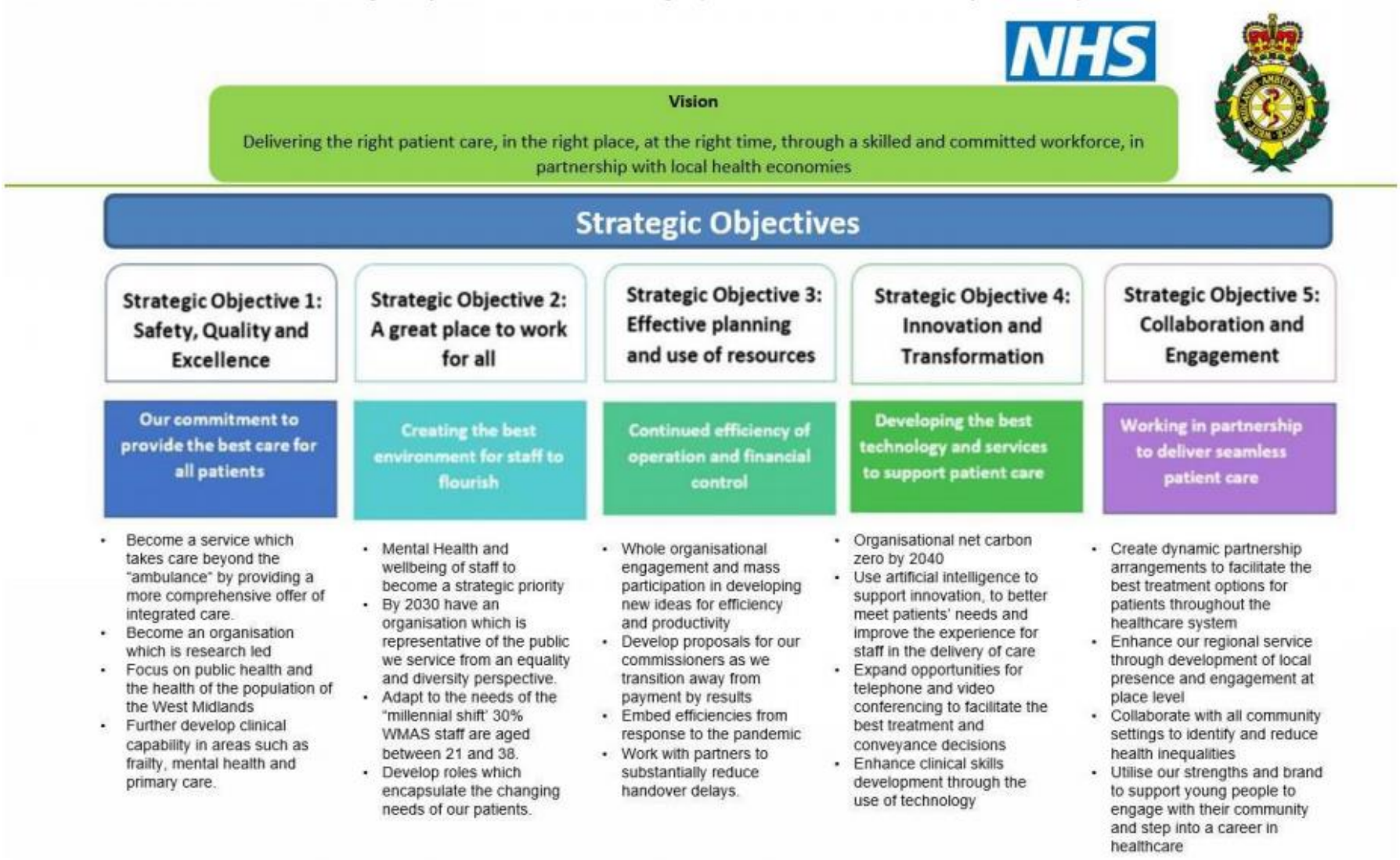
No	Deliverables	Timescale	Responsibility
1	As part of this strategy the procurement team will work with other departments to assist in the delivery of each departments CIP targets	**1st quarter of each year**	**All Department heads**
2	The Trust has procured a software system (Fleet Wave) to assist the fleet department with day to day tasks; the procurement department will utilise this package to deliver and support in the delivery of cost reductions within the fleet department	**Ongoing**	**Head of Fleet / HoP**
3	The Trust will continue to work with the National Ambulance Service Procurement Group (NASPG). The group has clear objectives (given by the Directors of Finance group (DoFg) and utilises a five-year work plan which aims to deliver savings	**Ongoing**	**Chair of the NASPG / HoP**
4	The Procurement team will imbed best practice into each department by engaging each budget holder and assisting in establishing contracts where none exist	**Ongoing**	**HoP**
5	Purchasing the cheapest item is not always the most cost effective; the procurement department will work with all departments and assist in the procurement of the correct items as part of the Trusts core principles	**Ongoing**	**HoP**
6	Work with and alongside the Capital Control Group to underpin the capital spend v revenue spend; the procurement team will identify any revenue implications of a capital spend and report these back to the group prior to the expenditure	**Ongoing**	**HoP**
7	Support departments in reducing the impact of purchase-to-pay process, Procurement will look at initiatives to get the best value out of the P2P system and further support the supply chain process	**Ongoing**	**All Department heads / HoP**
8	Work with the finance team to reduce the supplier list, (as appropriate) introduce better supplier management systems / procedures to enhance the current system	**Ongoing**	**HoP/ Finance Director**

Procurement Strategy on a Page							
Purpose	To facilitate the Trust's continued focus and application of sound strategic sourcing methodologies in all procurement activities						
Objectives	Delivering creative and cost-competitive **commercial** solutions in the sourcing and purchase of a wide range of goods and services for the Trust	Engaging with other Trusts and / or Procurement Hubs in a **collaborative** manner to aggregate spend and maximise buying power	Delivering creative and cost-effective **stock control** and supply chain solutions for a wide range of consumable items	Establishing and maintaining **sustainable** procurement initiatives	Supporting and developing the use of **local** providers of goods and services where it is commercially appropriate and where compliance with procurement legislation is not compromised.	Harnessing relationships with suppliers in order to adopt existing **innovations** and stimulate new innovation to deliver quality and value.	
Outcomes	1. Surplus from income and expenditure account to support the Trust's strategic plans 2. Financial stability as measured by the income and expenditure account, cash holdings and financial risk rating 3. Underlying financial balance across the Trust 4. Year on year productivity gains within the Trust 5. Financial planning and management embedded into the Trust's structures, processes, and culture 6. Five-year capital strategy which aligns with the Trust's service vision for that period 7. Devolved financial management to the lowest level possible across the Trust 8. Assurance that the Board and managers have a level of financial knowledge and the financial tools appropriate to their needs 9. Partnership working with external bodies able to support the Trust to secure its strategic and operational objectives 10. Strong governance and assurance arrangements 11. Stock Control and Receipt, and Distribution Activities						
Key Areas	Purchasing		Contracts		Stores		Distribution

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

VALUES	World class service	Patient Centred	Dignity and Respect for all	Skilled Workforce	Effective communication	Teamwork

Appendix 1 Strategic Framework



Appendix 2 Trust Values

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

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 08a MONTH: OCTOBER 2021 PAPER NUMBER: 06a

Executive Medical Director & Executive Nurse Director Quality Report	
Sponsoring Director	Mark Docherty, Executive Director of Nursing & Clinical Commissioning
Author(s)/Presenter	Mark Docherty, Executive Director of Nursing & Clinical Commissioning Dr Alison Walker, Executive Medical Director
Purpose	The report is presented to the Board to give assurance on the clinical quality agenda. It is an integrated report that has been developed to provide a single reporting mechanism to the Board and QGC on all clinical quality issues.
Previously Considered by	Quality Governance Committee – 18.10.21
Report Approved By	Mark Docherty, Director of Nursing and Clinical Commissioning.
Executive Summary 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. The report highlights specific areas that the Board need to be sighted on: • Patient handover delays (this is the biggest risk on the WMAS Board Assurance Framework) and there is a review to increase this to the highest risk rating of 25.	
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. Patient handover delays are creating a financial pressure for WMAS.
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.

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 08a MONTH: OCTOBER 2021 PAPER NUMBER: 06a

Quality Impact Assessment	The report will highlight any quality impact assessments as they arise.
Data Quality	The data used in the report has been provided and quality assured ahead of publication in Board papers.

Action required

The Committee is asked to:

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.
4. Note and approve the reviewed risk score of 25 for the impact of patient handover delays – this is presented as a separate report due to the significant risk to patient care presented in the report

Introduction – Quality Report from Medical Director and Nurse Director

Since the QGC July 2021, in addition to regular Trust meetings alongside patient care and patient safety, our main focus has continued to be the patient and staff safety and staff wellbeing issues related to Hospital Handover Delays. We have engaged with a presented at regional and national meetings to support systems trying to reduce the patient harms from these delays both in ambulances and in our communities.

Support and Communication with Staff

All members of the Clinical 7 Commissioning Directorate 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 and Friday at 10am
- Individual face to face meetings are held with social distancing where necessary

The Clinical Directorate will continue to support staff to work away from the HQ office.

Patient Handover Delays

The issue of patient handover delays continues to deteriorate and the impact of this means we are keeping patients waiting for very long periods for an ambulance response.

The impact of handover delays continues to deteriorate, and this is causing significant serious patient safety concerns. The current trajectory for October would suggest there will be in excess of 15,000 lost hours due to handover delays over 30 minutes; this is the highest number of lost hours ever experienced by WMAS. For this reason, a proposal to the Board that the risk identified in the Board Assurance Framework (BAF) should be raised to a 25 (5x5).

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.

We continue to work to minimise the risk, including setting standards for our staff to adhere to when handovers are delayed and patients are kept for prolonged periods in an ambulance; we still believe that the consequence of prolonged handover delays is one of the biggest risks that our organisation (and therefore patients) faces.

For winter, additional HALO provision and establishment of cohorting areas in Emergency Departments are being pursued. Michelle Brotherton has been appointed as the Operational Commander (in addition to her normal role) taking a lead for working to make improvements in the reduction of handover delays.

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

Additional Incident Fee Activity By Destination Hospital - Eligible Conveyances (this also includes Pre AIF's under 45mins)

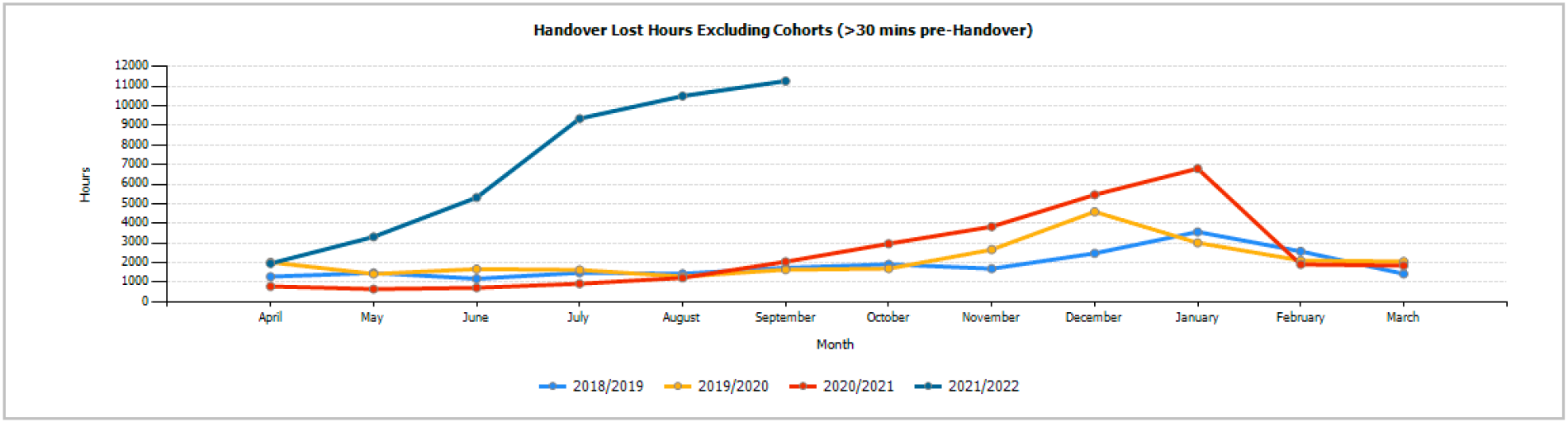
Year to date from 01/04/2021 to 30/09/2021

Lead CCG & Destination Hospital		total (pre AIF + ATF)	0-30:00 mins	30:01-45:00 mins	total	45:01-60:00 mins	Over 60:00 mins	total	1-2 hrs	2-3 hrs	3-4 hrs	4-5 hrs	5-6 hrs	6-7 hrs	7-8 hrs	8-9 hrs	9-10 hrs	over 10 hrs
Birmingham and Solihull CCG	Birmingham Childrens	3,641	3,562	67	3,629	8	4	12	4									
	Good Hope	15,845	12,048	1,024	13,072	762	2,011	2,773	1,121	502	256	98	23	7	3		1	
	Heartlands	23,786	16,793	1,969	18,762	1,160	3,864	5,024	1,974	951	481	249	131	36	32	9		
	New Queen Elizabeth Hosp	21,793	16,814	1,655	18,469	600	2,724	3,324	1,410	616	330	181	97	52	20	13	2	3
	Solihull																	
Black Country and West Birmingham CCG	City (Birmingham)	12,561	11,965	236	12,201	116	244	360	178	53	13							
	New Cross	23,319	19,753	905	20,658	533	2,128	2,661	1,102	511	258	146	70	29	11			1
	Russells Hall	20,226	16,729	1,462	18,191	623	1,412	2,035	865	332	135	44	20	7	7	2		
	Sandwell	13,721	11,997	897	12,894	239	588	827	420	122	33	9	4					
	Walsall Manor	17,028	16,317	511	16,828	111	89	200	76	10	2	1						
Herefordshire and Worcestershire CCG	Alexandra	11,250	10,422	259	10,681	175	394	569	269	87	26	10	2					
	Hereford County	8,680	7,643	611	8,254	222	204	426	164	36	3	1						
	Worcestershire Royal	15,314	11,353	853	12,206	593	2,515	3,108	1,287	613	275	184	80	46	18	3	2	7
Shropshire CCG	Princess Royal	10,338	8,287	658	8,945	349	1,044	1,393	691	224	80	24	11	4	7	2	1	
	Royal Shrewsbury	7,915	4,421	908	5,329	522	2,064	2,586	1,120	481	205	109	77	38	15	10	3	2
Staffordshire CCG	Burton	5,601	5,108	236	5,344	92	165	257	124	31	8	1	1					
	County Hospital (Stafford)	5,582	5,228	188	5,416	90	76	166	65	11								
	Royal Stoke Univ Hosp	19,228	15,206	1,954	17,160	648	1,420	2,068	873	319	157	59	7	5				
Warwickshire CCG	George Elliot	7,294	6,882	368	7,250	35	9	44	9									
	St Cross																	
	Uni Hospital Cov & War	22,244	18,654	2,172	20,826	659	759	1,418	618	107	23	7	3		1			
	Warwick	10,142	8,125	1,198	9,323	344	475	819	414	52	4	5						
Hospital Total		275,508	227,307	18,131	245,438	7,881	22,189	30,070	12,784	5,058	2,289	1,128	526	224	114	39	9	13

Table – Time lost due to handover delays exceeding 30 minutes (October 2021 is data extrapolated from 01 October to 11 October)

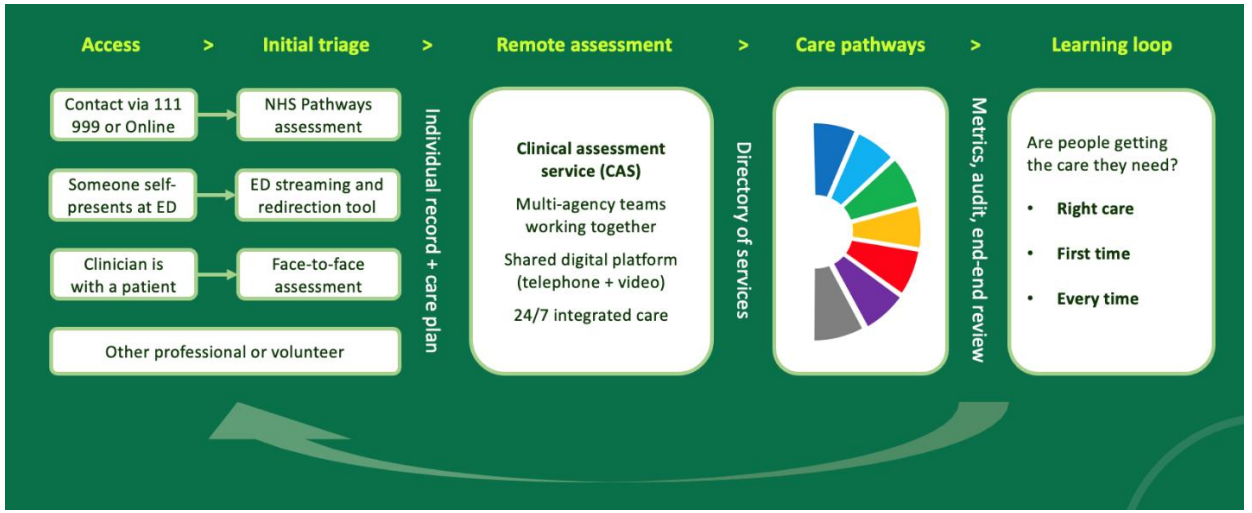
	2020/2021												2021/2022						
Destination	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct
Alexandra	05:38:33	01:19:15	01:26:53	01:58:53	03:47:32	05:20:30	16:29:06	03:58:10	21:34:31	51:19:02	08:57:48	05:58:01	09:06:50	27:16:29	51:09:34	163:06:18	220:45:55	174:35:13	62:24:23
Birmingham Childrens	11:55:08	12:13:51	06:10:35	08:31:51	08:07:51	14:00:01	09:36:57	15:25:26	11:53:03	12:08:42	08:02:44	16:29:49	09:37:48	14:30:40	23:52:12	23:11:51	23:46:26	30:35:04	13:42:13
Burton	14:21:17	06:14:25	03:26:07	06:27:44	26:35:29	85:34:00	65:55:04	64:39:24	205:35:36	26:49:39	10:11:53	54:06:38	22:45:22	61:09:49	26:14:34	77:32:05	59:27:59	91:53:00	110:33:24
City (Birmingham)	15:54:03	11:28:33	10:47:32	10:35:41	11:45:46	25:43:04	73:50:25	49:26:21	55:47:15	256:47:34	24:10:34	14:55:32	21:17:01	15:41:41	62:57:05	123:36:19	85:20:13	136:06:51	56:36:24
County Hospital (Stafford)	04:35:58	01:51:12	01:05:16	04:39:19	02:21:54	01:07:39	23:00:36	09:45:58	14:18:22	07:13:35	06:12:12	02:53:35	07:35:48	15:34:25	26:20:39	21:01:50	25:12:13	47:48:04	04:03:05
George Elliot	12:48:07	14:50:56	08:40:44	06:16:46	16:28:31	18:41:37	23:09:44	24:02:47	44:29:24	31:35:11	15:04:45	08:25:05	11:40:00	07:37:23	09:46:22	17:39:33	14:21:20	13:35:11	07:23:16
Good Hope	81:29:36	88:44:45	70:41:50	80:03:09	138:16:46	186:33:48	408:50:02	331:03:24	335:10:56	400:14:01	52:30:36	130:12:48	140:12:28	401:32:48	555:43:39	680:04:11	814:41:10	862:27:14	440:56:59
Heartlands	58:18:44	78:05:54	52:06:34	135:17:26	287:52:07	426:27:47	598:15:50	730:01:03	869:19:05	768:34:16	285:08:47	344:13:08	265:06:04	440:18:57	859:04:29	1514:16:49	1733:24:31	1412:45:39	801:41:25
Hereford County	21:02:41	23:43:39	34:11:18	23:04:31	31:19:50	50:16:07	40:31:29	40:04:46	71:07:17	40:03:19	11:10:34	21:22:41	22:57:47	29:37:52	60:06:15	91:32:45	162:00:35	120:49:44	47:58:58
New Cross	21:39:49	17:44:05	14:47:46	39:21:47	25:15:24	34:18:38	99:42:52	313:27:16	716:07:18	914:39:54	66:56:39	93:36:48	87:02:10	177:30:39	357:30:18	583:17:02	856:47:41	1002:32:29	362:18:48
New Queen Elizabeth Hosp	110:35:50	89:08:38	98:20:20	99:21:19	96:46:05	160:37:42	236:07:51	395:00:19	615:46:42	748:38:28	168:05:27	178:43:14	250:44:55	343:48:06	544:48:22	1068:19:13	1321:03:22	1146:17:55	430:23:14
Princess Royal	20:46:43	16:12:16	17:16:25	24:55:18	21:34:42	89:01:14	89:41:40	116:21:15	215:45:06	483:24:48	192:42:56	103:30:18	105:08:36	170:45:54	243:50:24	603:26:26	310:46:33	532:09:38	361:03:38
Royal Shrewsbury	16:48:46	14:33:01	44:47:24	94:19:19	134:45:40	220:00:32	259:32:43	300:02:57	355:32:43	278:41:12	222:17:50	185:39:34	265:29:53	332:37:42	624:53:54	927:58:18	990:03:46	1121:15:02	450:52:55
Royal Stoke Univ Hosp	126:02:08	90:33:06	177:42:06	214:03:17	201:39:15	264:25:24	380:57:08	719:00:57	593:27:00	332:51:39	101:08:39	159:27:17	155:32:25	304:21:41	404:00:19	860:25:04	1261:53:09	1152:41:02	653:23:46
Russells Hall	53:16:11	17:37:39	17:46:52	10:50:09	38:15:29	94:25:16	164:59:09	256:03:36	221:50:32	968:47:51	90:23:37	84:40:05	82:55:59	259:34:59	309:18:40	461:37:19	321:14:30	884:58:07	383:22:43
Sandwell	35:28:39	26:03:23	12:54:56	23:02:12	29:36:40	23:06:08	36:08:03	32:43:53	43:51:41	495:02:56	116:12:30	123:28:54	94:02:33	58:29:51	86:06:44	229:58:08	169:55:51	411:04:12	211:26:07
Solihull	02:43:21	00:22:35		00:18:05		00:01:24				01:02:34	00:01:06	00:25:01				00:10:18	00:29:49		
St Cross	06:00:02	10:32:40	04:16:55	01:55:40	02:07:07	00:22:24	00:26:49	00:42:52	00:06:37	00:47:18	00:15:00	00:10:26	00:17:04			00:23:43	00:38:36		00:13:04
Uni Hospital Cov & War	112:57:15	86:50:50	69:50:28	68:49:08	56:24:14	155:52:43	201:26:05	222:46:03	272:18:50	567:02:26	216:37:29	91:16:37	131:28:11	171:16:13	284:19:24	294:47:43	210:06:38	595:09:20	72:46:02
Walsall Manor	16:26:25	11:25:34	08:56:46	08:39:48	12:52:38	54:38:53	114:37:23	68:32:08	47:17:34	59:56:16	13:44:11	13:27:53	27:54:15	17:19:43	26:45:30	42:56:23	58:38:34	90:54:50	48:29:31
Warwick	10:01:30	07:17:19	10:25:14	22:57:40	16:32:11	16:53:21	29:45:26	21:51:06	67:17:53	58:44:34	30:32:42	26:12:16	63:36:35	61:32:02	84:12:32	121:43:03	225:40:42	208:51:02	132:14:45
Worcestershire Royal	32:59:56	30:39:45	58:57:19	43:23:31	66:09:21	123:17:58	95:18:18	120:08:06	682:15:40	292:10:22	271:13:26	194:28:31	184:56:14	405:15:23	678:29:14	1437:19:38	1627:16:18	1222:35:28	512:10:27
WMAS Total	791:50:42	657:33:21	724:39:20	928:52:33	1228:34:32	2050:46:10	2968:22:40	3835:07:47	5460:53:05	6796:35:37	1911:41:25	1853:44:11	1959:27:58	3315:52:17	5319:30:10	9344:23:59	10493:35:51	11259:05:05	14553:05:07

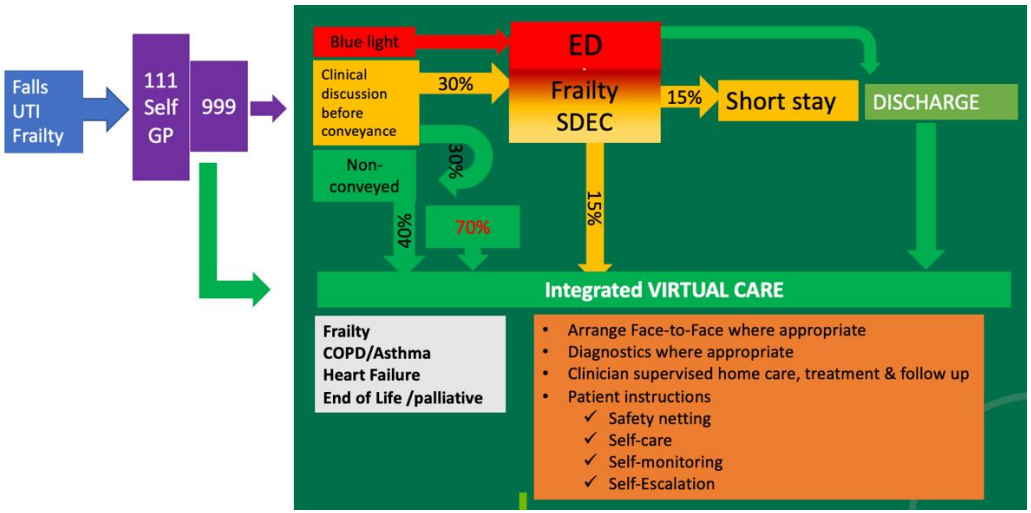
Graph – Time lost due to handover delays exceeding 30 minutes for the last 5 financial years



Care Pathway Development

We continue to work with health economies to look at specific pathways of care to enhance care pathways. There is significant work ongoing in some health communities to provide alternative pathways for frail elderly patients and getting patients into responsive community based alternatives. The South Warwickshire Model was presented at a recent King's Fund Conference on Urgent Care.





Patient Conveyance

WMAS has undertaken significant work recently with the introduction of the Clinical Navigator service in the Emergency Operations Centre; this involves the assessment of Category 3 and Category 4 incidents to see if they can receive care through alternative pathways that are more suitable to the patient.

The non-conveyance is at the highest level ever within WMAS with some areas (Staffordshire) achieving a level of non-conveyance to ED of 63%.

September 2021			Hear & Treat		See & Treat		See & Convey		Conveyed To ED		Conveyed To Non ED	
CCG	Call Volume	AQI Incident Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total
NHS Black Country and West Birmingham CCG	32,928	24,470	4,594	18.8%	7,515	30.7%	12,361	50.5%	11,786	48.2%	575	2.3%
NHS Birmingham and Solihull CCG	29,185	19,892	4,147	20.8%	5,939	29.9%	9,806	49.3%	9,133	45.9%	673	3.4%
NHS Staffordshire CCG	26,012	18,261	3,357	18.4%	6,168	33.8%	8,736	47.8%	6,754	37.0%	1982	10.9%
NHS Shropshire, Telford and Wrekin CCG	9,666	6,599	1,196	18.1%	2,073	31.4%	3,330	50.5%	3,063	46.4%	267	4.0%
NHS Coventry and Warwickshire CCG	19,466	13,183	2,578	19.6%	4,038	30.6%	6,567	49.8%	6,254	47.4%	313	2.4%
NHS Herefordshire and Worcestershire CCG	15,056	10,794	1,743	16.1%	3,138	29.1%	5,913	54.8%	5,530	51.2%	383	3.5%
CCG Total	132,313	93,199	17,615	18.9%	28,871	31.0%	46,713	50.1%	42,520	45.6%	4,193	4.5%

Year To Date			Hear & Treat		See & Treat		See & Convey		Conveyed To ED		Conveyed To Non ED	
CCG	Call Volume	AQI Incident Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total	Total	% Total
NHS Black Country and West Birmingham CCG	187,521	145,844	15,703	10.8%	51,685	35.4%	78,456	53.8%	75,034	51.4%	3422	2.3%
NHS Birmingham and Solihull CCG	167,194	119,305	14,001	11.7%	41,556	34.8%	63,748	53.4%	59,731	50.1%	4017	3.4%
NHS Staffordshire CCG	147,023	110,166	10,812	9.8%	42,006	38.1%	57,348	52.1%	45,639	41.4%	11709	10.6%
NHS Shropshire, Telford and Wrekin CCG	56,165	40,141	3,597	9.0%	14,475	36.1%	22,069	55.0%	20,519	51.1%	1550	3.9%
NHS Coventry and Warwickshire CCG	113,904	79,890	8,569	10.7%	27,783	34.8%	43,538	54.5%	41,369	51.8%	2169	2.7%
NHS Herefordshire and Worcestershire CCG	88,283	65,800	5,778	8.8%	22,123	33.6%	37,899	57.6%	35,496	53.9%	2403	3.7%
CCG Total	760,090	561,146	58,460	10.4%	199,628	35.6%	303,058	54.0%	277,788	49.5%	25,270	4.5%

Patient Experience

Formal Complaints	Last reported month (Aug 2021)	Year to date 2020-21 Total	Year to date 2021-22 YTD
WMAS	34	134	199

Year to Date the Patient Experience Team has acknowledged 99.5% of its complaints within 3 working days. The Trust has responded to 98.1% of cases within 25 working days

For the month of August, we saw 34 complaints received compared to 20 in August 2020, an increase of 14.

The main reason for a complaint was Clinical = 14

Of the cases closed to date:

2 case are justified, 7 not justified, 1 part justified and 24 cases are still under investigation and will require to be closed by 5 October 2021

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

139,459 Emergency Calls, which equates to 1 Complaint for every 17,432 calls received.

98,392 Emergency Incidents, which equates to 1 Complaint for every 5,466 Incidents.

69,428 Non-Emergency Patient Journeys, which equates to 1 Complaint for every 17,357 Journeys.

88,710 IUC Calls answered which equated to 1 complaint for every 29,570 calls received

Informal (PALS)	Last reported month (Aug 2021)	Year to date 2020-21 Total	Year to date 2021-22 YTD
WMAS	204	795	1085

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

Response – 57
Attitude and Conduct – 37
Loss and Damage– 31

Of the Cases closed to date–

25= Justified,
17 = Part Justified,
52= Not justified

Compliments	Last reported month (Aug 2021)	Year to date 2020-21 Total	Year to date 2021-22 YTD
WMAS	156	737	781

Compliments: August 2021, we received 156 compliments compared to 158 in 2020 a decrease of 2.

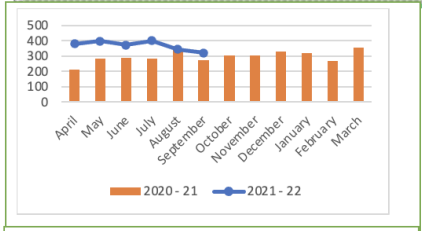
Friends and Family Test
The FFT question is available on the Trust website: '**Thinking about the service provided by the patient transport service, overall how was your experience of our service?':**

No responses received.

Discharge on Scene Results: 1 response received.

Patient Safety

Total Patient Safety Incidents	Last reported month (Sept 21)	Year to date 2020-21	Year to date 2021-22
WMAS	321	1690	2218



For the month of September, there were 321 patient safety incidents reported. This is a 18% (49) increase on the same month for last year.

Service Delivery (E&U & EOC) had 225 patient safety incidents which accounts for 70% of the total. The main themes are:

- Incidents relating to delayed ambulance responses.
- Skin tears and bruising caused during the extrication of patients.

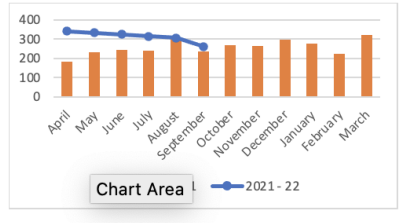
PTS had 68 patient safety incidents which accounts for 21% of the total reported. The main themes are:

- Avoidable injuries and skin tears.

IUC/111 had 28 patient safety incidents which accounts for 9% of the total reported. The main themes are:

- Incidents relating to delayed ambulance responses.

No Harm Incidents	Last reported month (Sept 21)	Year to date 2020-21	Year to date 2021-22
WMAS	261	1442	1884



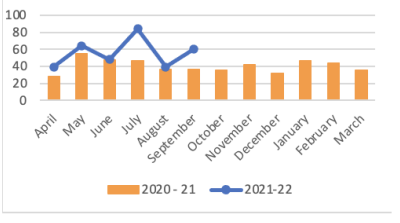
For the month of September, there were 261 no harm incidents.

Service Delivery accounts for 68% (178) of the total of no harm patient safety incidents.

PTS accounts for 21% (55) of the total of no harm patient safety incidents.

IUC/111 accounts for 11% (28) of the total of no harm patient safety incidents.

Harm Incidents	Last reported month (Sept 21)	Year to date 2020-21	Year to date 2021-22
WMAS	60	248	334



Harm	Sept 2021	%
Service Delivery	47	78%
PTS	13	22%
IUC / 111	0	0%
Total	60	100%

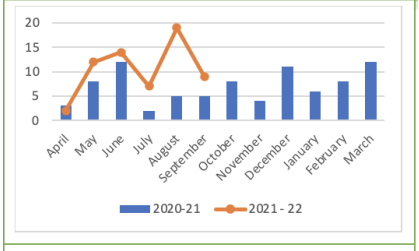
The top trend for low harm incidents, relate to harm caused due to avoidable injuries caused to patients. E.G., skin tears during moving and handling, injury due to collision/contact with an object and ECG dot removal.

The top trends for severe harm incidents, relate to delayed ambulance responses.

Service Delivery accounts for 78%, PTS 22% & IUC/111 0% of the total of patient harm incidents.

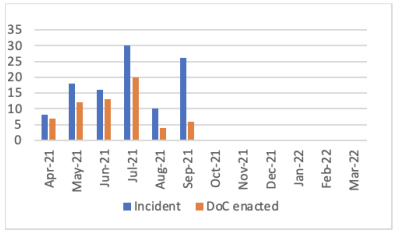
Serious Incidents and Duty of Candour

Total number of serious incidents reported	Year to date	
	Last reported month (Sept 21)	2020-21	2021-22
WMAS	9	35	63



- There are currently 75 serious incidents open on StEIS.
- 41 SI's are currently over the time frame. 1 is due to an ongoing police investigation with the others being due to work volume.
- 6 requests for SI closure were made since the last report.
- 9 SI's have been raised during August.
- The EOC delayed response SI's have been registered on StEIS and have been allocated an Investigation Officer to undertake DoC. There will be a thematic review of this group of SI's, with a single RCA encompassing all incidents. There will be a single Investigation report, which will include evidence of all the SI cases DoC, and a list of each SI will be listed as appendices and evidence. This approach has been agreed with the CCG.
- SI's have been assigned to managers who wouldn't normally investigate SI's, to assist with the workload.

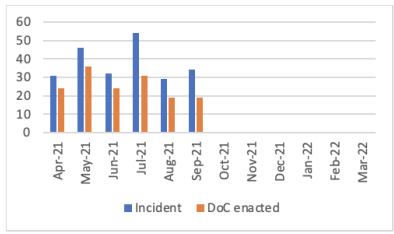
Moderate harm and above	Year to date	
	Last reported month (Sept 21)	2021-22
WMAS	26	108



Duty of Candour has been enacted in 23.1% 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 (Sept 21)	Total number of incidents	Number of incidents being open completed
WMAS	34	226	153



There have been 34 incidents where low harm has been caused to a patient.

Out of these, evidence of 'Being Open' can be provided for 19 of the incidents (55.9%).

Incident Reports

Total Incidents Reported	Year to date	
	Last reported month (Aug 21)	2020-2021 April - Mar	2021-2022 April - Aug
WMAS	826	11,204	4,475

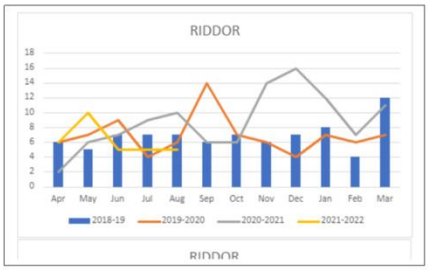
Over 50,000 ER54's received since implementation

DATIX project group to meet fortnightly to discuss progress and plot timeline of project – Risk to circulate a Survey to all Staff to determine expectations around risk and incident reporting e.g. what do Staff want to see from the system.

"Safety Matters" (newsletter) survey has gone to Staff for completion and first edition will be released end of September.

Safety Culture within the Trust to be explored via pulse survey in Q4 – preliminary work started in conjunction with Risk Appetite Statement, and to be tabled at HSRE.

RIDDOR	Year to date	
	Last reported month (Aug 21)	2020-2021 April - Mar	2021-2022 Apr – Aug
WMAS	5	106	31



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.

National Ambulance RIDDOR statistics show trends across all Trusts of slip, trip and falls, carry chair and struck by object incidents – work streams to be started. WMAS best performing Trust for reporting RIDDOR within timescales with 98%.

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 (Aug)

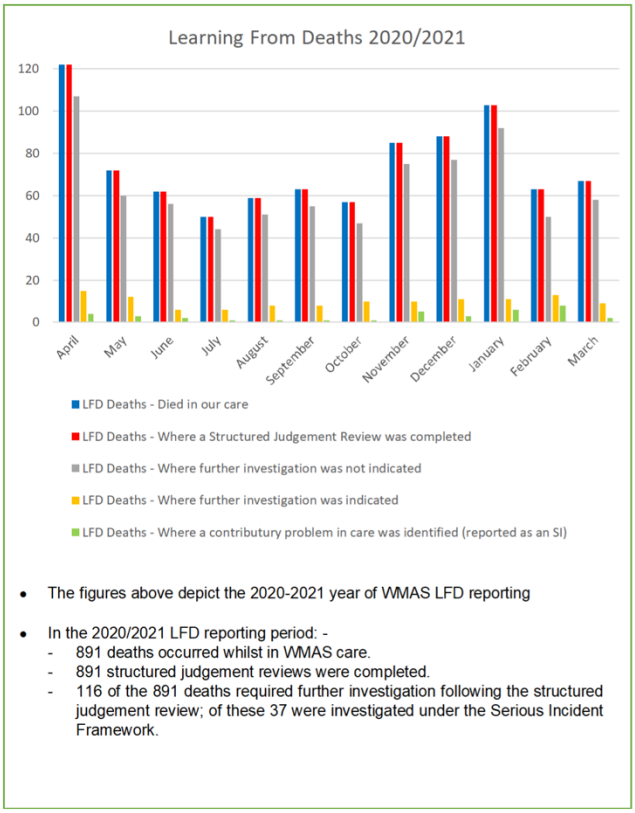
WMAS Top 5 Types	Total
Violence / Aggression	148
RTC	86
Equipment	85
Injury	64
Complaint	63

WMAS Top 5 Categories	Total
V&A - Verbal - Intentional	58
PPE	41
Equipment - Not Available or Suitable	30
Equipment - Failure	30
V&A - Physical - Intentional	28

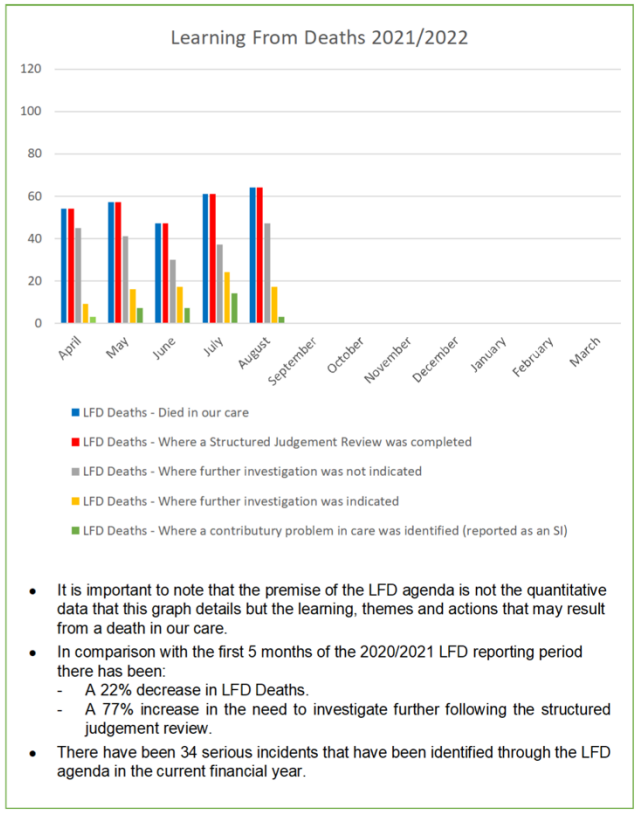
The Trust Top 5 incident categories for August;

1. V&A – Verbal - Intentional – All cases reviewed via Security
2. PPE – Majority relate to PRPH Hood issues
3. Equipment – Not Available or Suitable – Various missing pieces of equipment
4. Equipment Failure – Majority relate to Tympanic, but PRPH and a small amount of Cannula cases
5. V&A – Physical – Intentional – To be reviewed by Security due to increase

Learning from Deaths



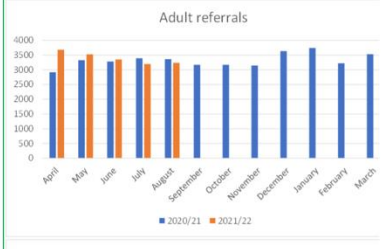
- The figures above depict the 2020-2021 year of WMAS LFD reporting
- In the 2020/2021 LFD reporting period: -
  - 891 deaths occurred whilst in WMAS care.
  - 891 structured judgement reviews were completed.
  - 116 of the 891 deaths required further investigation following the structured judgement review; of these 37 were investigated under the Serious Incident Framework.



- It is important to note that the premise of the LFD agenda is not the quantitative data that this graph details but the learning, themes and actions that may result from a death in our care.
- In comparison with the first 5 months of the 2020/2021 LFD reporting period there has been:
  - A 22% decrease in LFD Deaths.
  - A 77% increase in the need to investigate further following the structured judgement review.
- There have been 34 serious incidents that have been identified through the LFD agenda in the current financial year.

Safeguarding

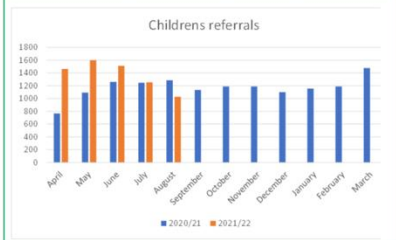
Total Adult Safeguarding Referrals	Last reported month (Aug 21)	Year to date 2020-2021	Year to date 2021-2022
WMAS	3239	39926	16997



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 3% decrease in the number of adult care/welfare and adult safeguarding referrals sent August 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	Last reported month (Aug 21)	Year to date 2020-2021	Year to date 2021-2022
WMAS	1027	14082	6854



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

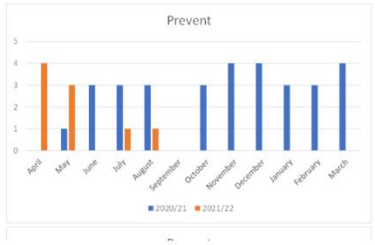
Comparison to previous years for the same time period.

There is a 20% decrease in the number of child safeguarding referrals sent August 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	Last reported month (Aug 21)	Year to date 2020-2021	Year to date 2021-2022
WMAS	1	31	9

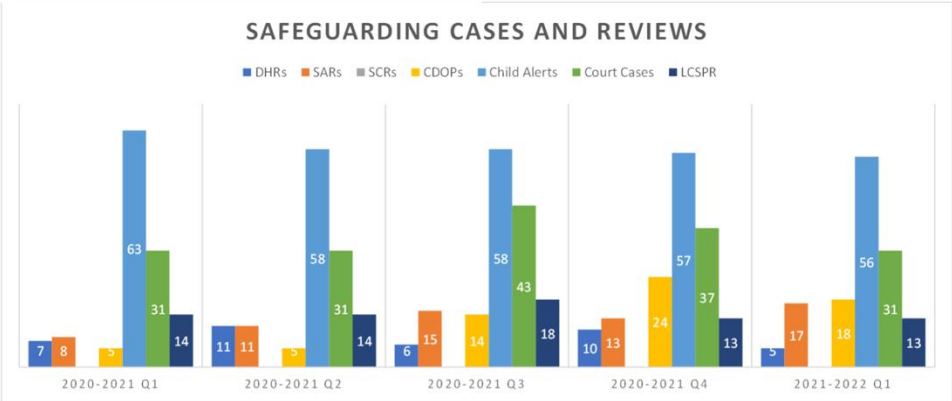


Prevent Referrals are made where there are concern an individual is being radicalised for extremism.

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



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, abuse 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 a decrease of 2 DHRs in Q1 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 LSAB 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 9 SARs from Q1 against the same period last year.

LCSPR's – Local Child Safeguarding Practice 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 (ii) 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.

WMAS have received 13 LCSPR's in Q1 2021/2022.

There has been a decrease of 1 LCSPR against the same period last year.

CDOP's Child Death Overview Panel

The Local Safeguarding Children's Boards (LSCB's) 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 Q1 there has been an increase of 13 CDOPs 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 injures. Where a child dies this may become a (Child Death Overview Panel) CDOP for WMAS.

There has been a decrease in 7 Child Alerts from Q1 against the same period last year.

Court Cases

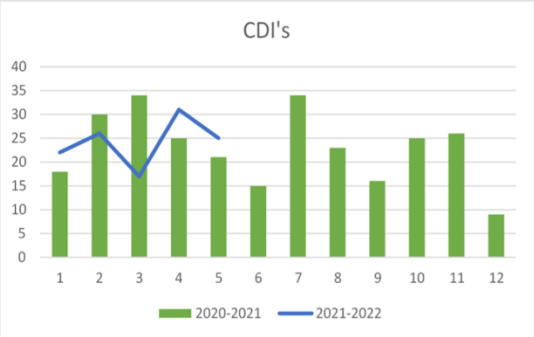
Court cases the safeguarding team can be involved with include court proceedings for child protection, abuse and or neglect.

There has been no change in court cases in Q1 against the same period last year.

Medicines Management & Pharmacy

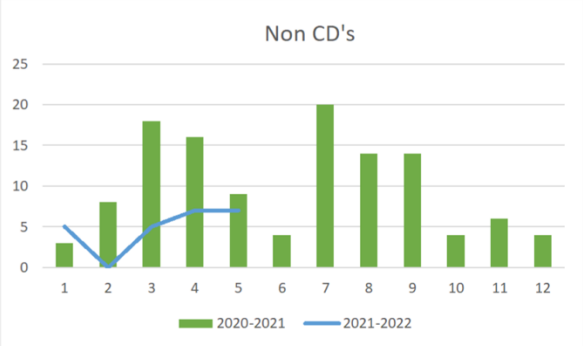
CONTROLLED DRUGS

Total Controlled Drugs Incidents (CDI's)		Year to date
Last reported month Aug 21)	2020-2021 April- to date	2021-2022 YTD
25	128	121



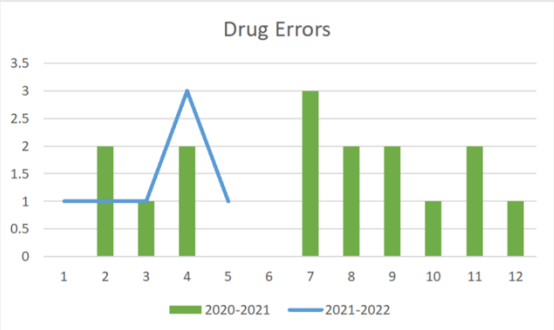
MEDICINES ER54

Total Medicines Management related ER54's		Year to date
Last reported month (Aug 21)	2020-2021 Apr- to date	2021-2022 YTD
7	54	24



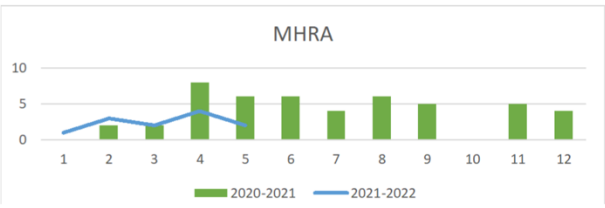
Total Drug Errors, wrong route, wrong dose etc		Year to date
Last reported month Aug21)	2020-2021 April- to date	2021-2022 YTD
1	5	7

There have been a report of the one incorrect route of adrenaline being given.



MHRA Alerts		Year to date
Last reported month (Aug 21)	2020-2021 April- to date	2021-2022 YTD

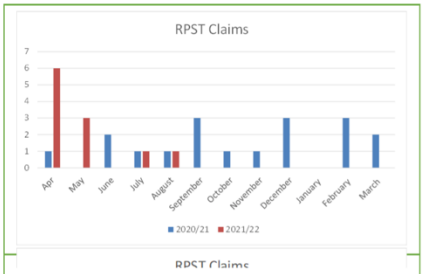
None of the medicines referenced within the alert were procured or distributed by WMAS.



Corrective and Preventative Actions (CAPA)		Year to date	
	Last reported month (Aug 21)	2020-2021 April- to date	2021-2022 YTD
WMAS	**1**	**0**	**1**

Claims and Coroners Cases

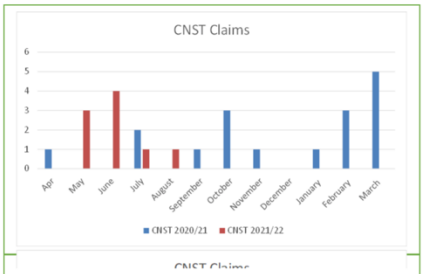
RPST (Risk Pooling Schemes for Trusts)	Last reported month Aug 21	Year to date 2020-21	Year to date 2021-22
WMAS	1	18	11



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 no change in RPST claims received in July 2021 compared to the previous year.

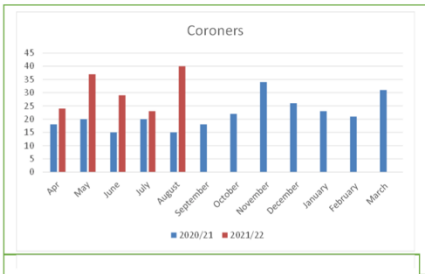
CNST (Clinical Negligence Scheme for Trusts)	Last reported month Aug 21	Year to date 2020-21	Year to date 2021-22
WMAS	1	17	9



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 an increase of 1 CNST claims received in August 2021 compared to the previous year.

Coroners Requests	Last reported month Aug 21	Year to date 2020-21	Year to date 2021-22
WMAS	40	263	153



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	Last reported month (Aug 21)	Year to date Comparison 2020-21	Year to date Comparison 2021-22 Apr-Aug
WMAS	4	86	35

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.

August 2021 saw 4 inoculation incidents. These incidents include used cannula devices, intramuscular needles and an incident where a staff member was bitten by a dog.

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	Last reported month (Aug 21)	Year to date Comparison 2020-21	Year to date Comparison 2021-22 Apr-Aug
WMAS	3	48	15

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 of 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.

August 2021 saw 3 splash incidents. All 3 incidents involve the patients' blood or bodily fluids entering the mouth/eye of the treating clinician.

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

Environment Incidents	Last reported month (Aug 21)	Year to date Comparison 2020-21	Year to date Comparison 2021-22 Apr-Aug
WMAS	4	52	25

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.

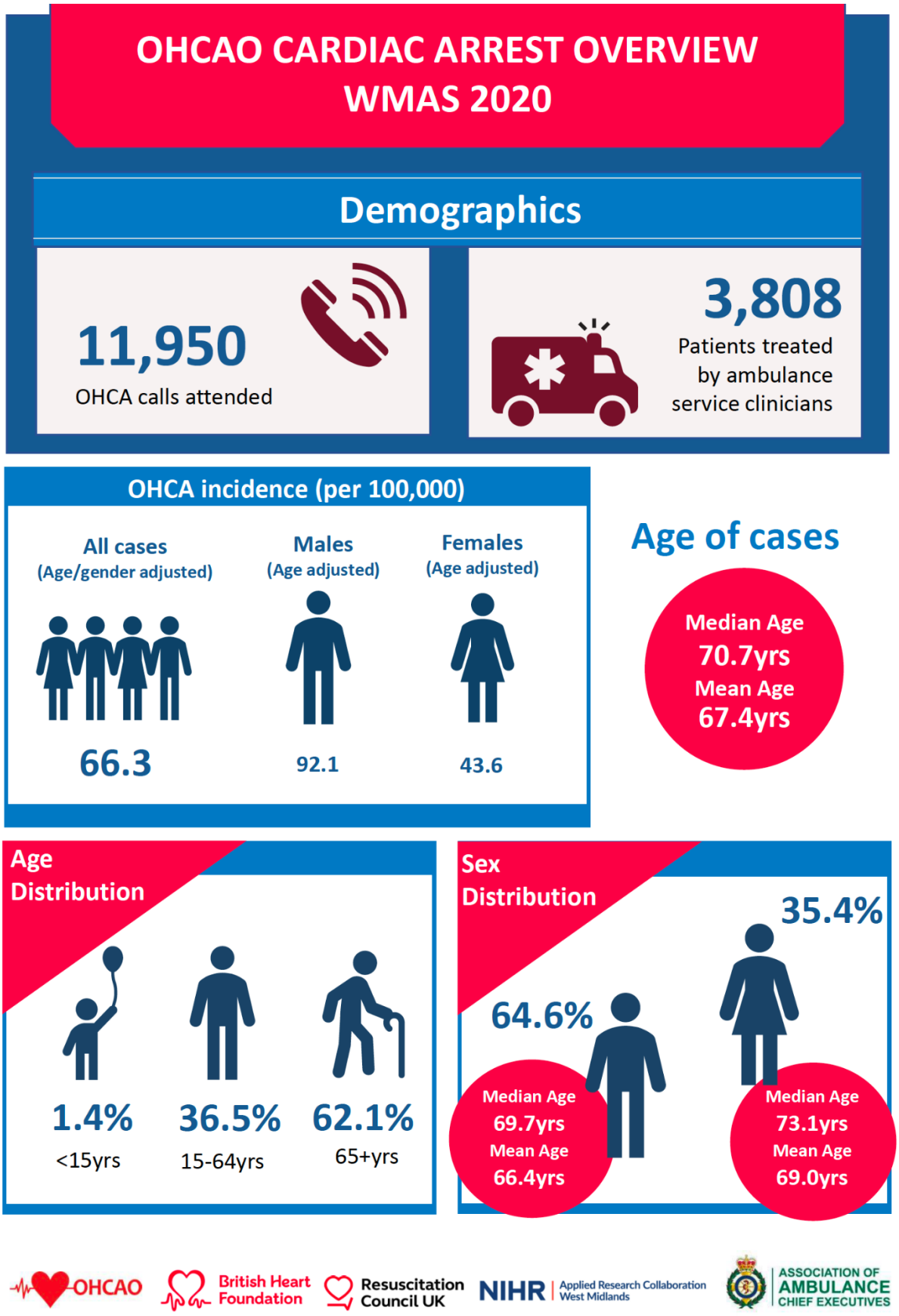
August 2021 saw 4 environment related incidents. These incidents include contaminated equipment with blood or bodily fluids and PPE concerns.

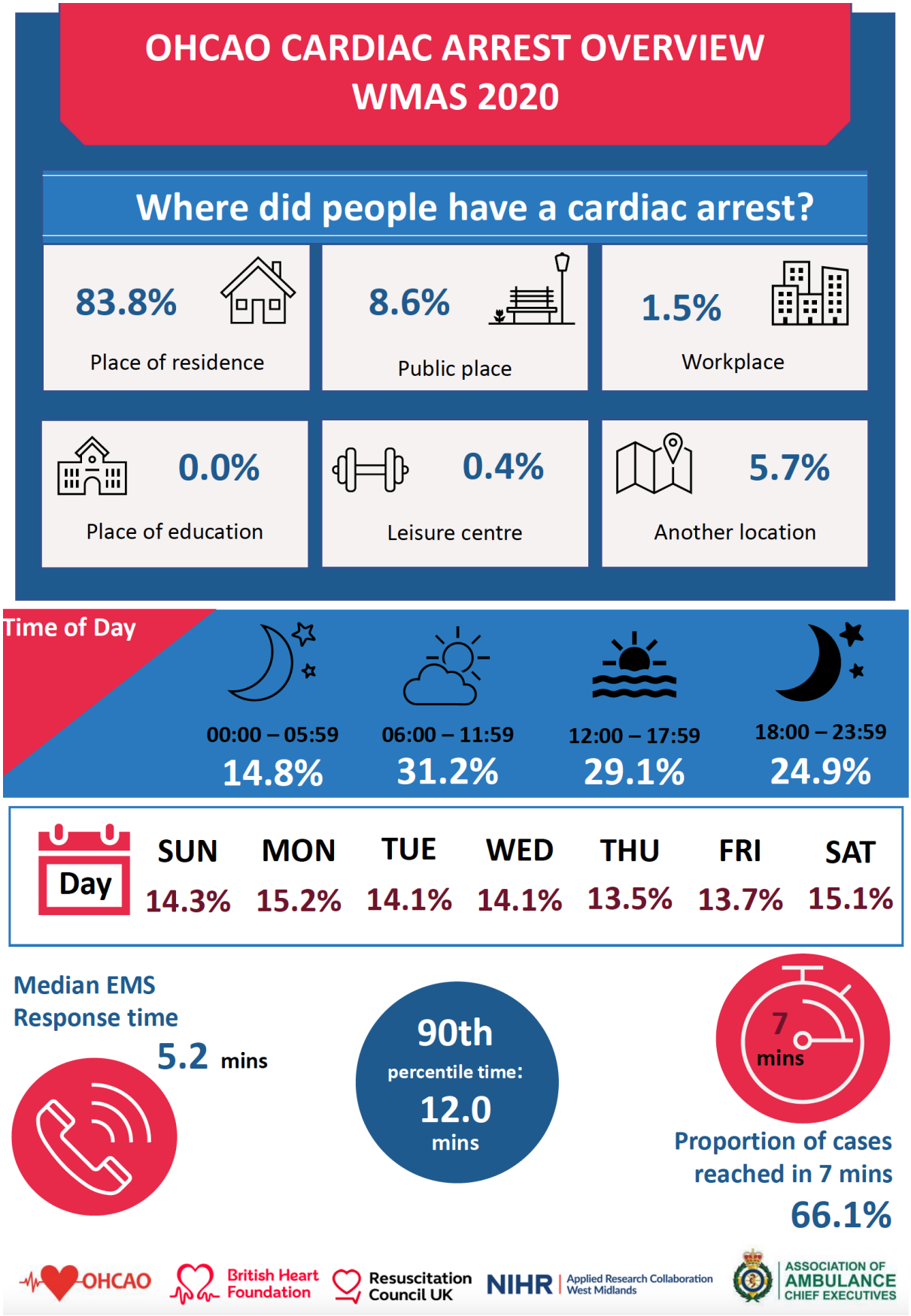
The COVID Incident Room continues to capture incident reports relating to PPE and skin irritation and this is reported by the Head of Risk in the trends and themes report.

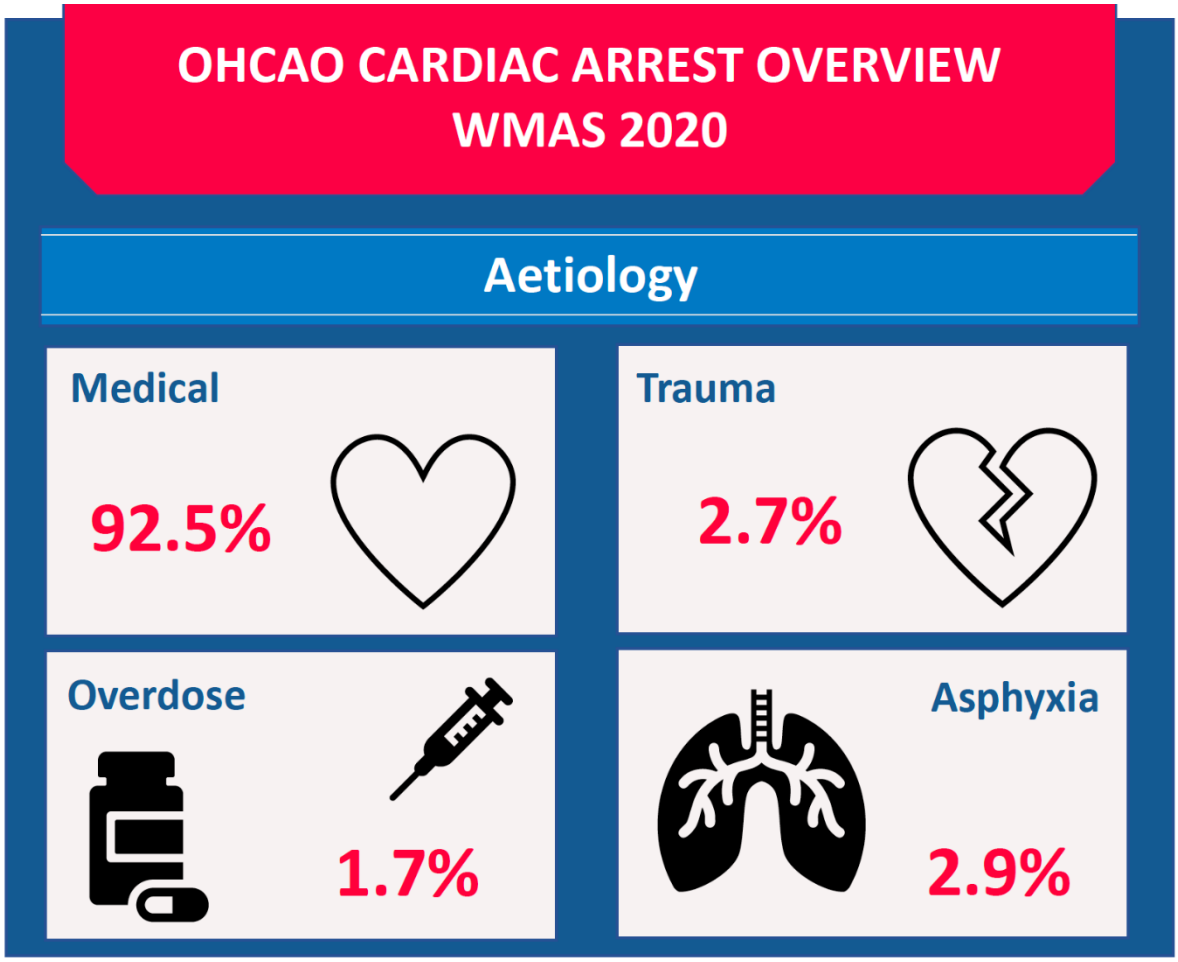
Incident reporting of environmental related incidents is encouraged through the Incident and Audit Framework.

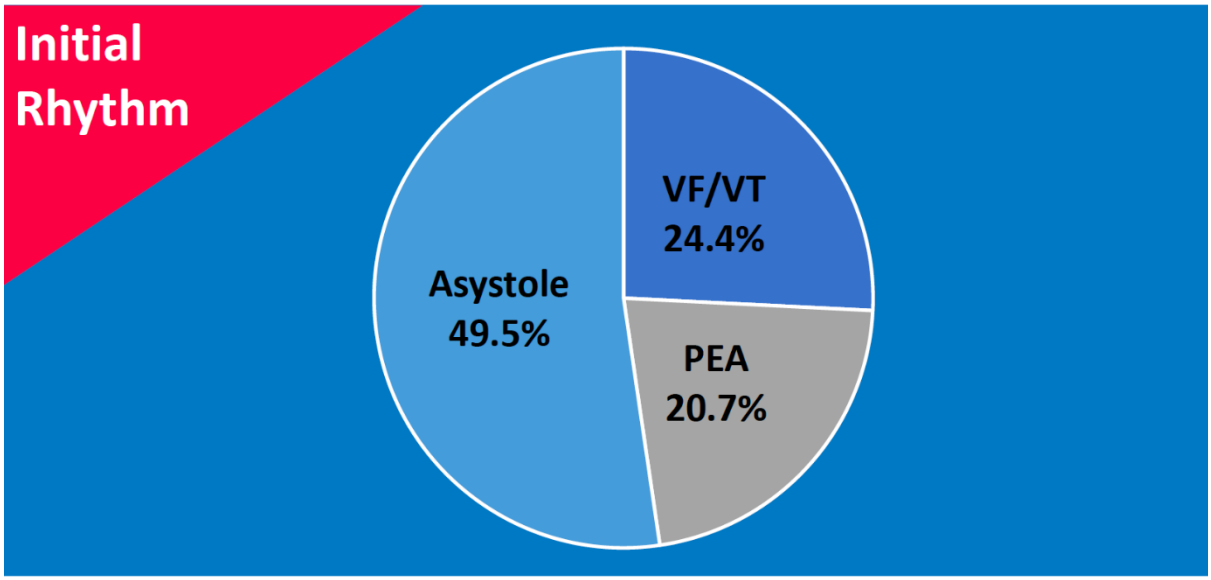
Clinical Indicators

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





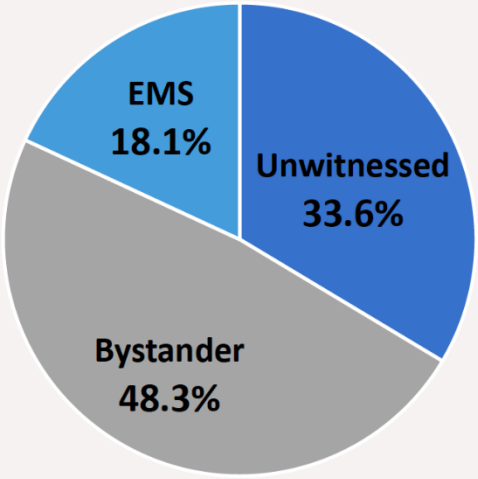




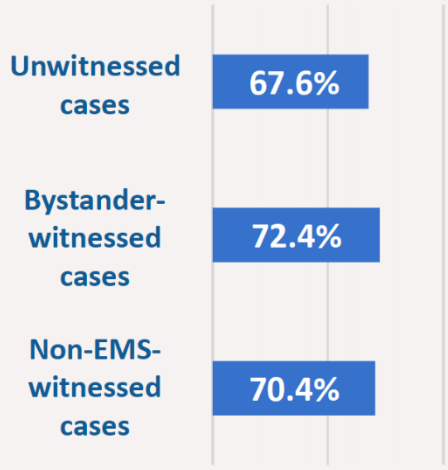
OHCAO CARDIAC ARREST OVERVIEW WMAS 2020

Bystander Interventions

Who witnessed cardiac arrest?



Bystander CPR rates:



[x]Non-EMS-witnessed cases is the combination of unwitnessed and bystander-witnessed cases

Public Access Defibrillator use

All cases **4.0%**

Bystander witnessed cases **5.1%**

Unwitnessed cases **4.4%**

OHCAO | British Heart Foundation | Resuscitation Council UK | NIHR Applied Research Collaboration West Midlands | Association of Ambulance Chief Executives

OHCAO CARDIAC ARREST OVERVIEW WMAS 2020

Clinical Outcomes

Declared dead on scene

45.2%

Admitted with ongoing CPR

26.6%

Admitted with ROSC

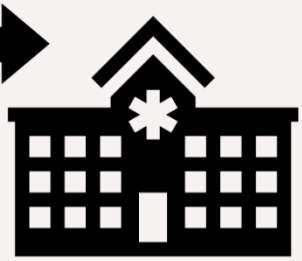
28.2%

Admitted to hospital with ROSC

28.2%

UCG[x]

47.6%



Survived to discharge

8.9%

UCG[x]

24.2%

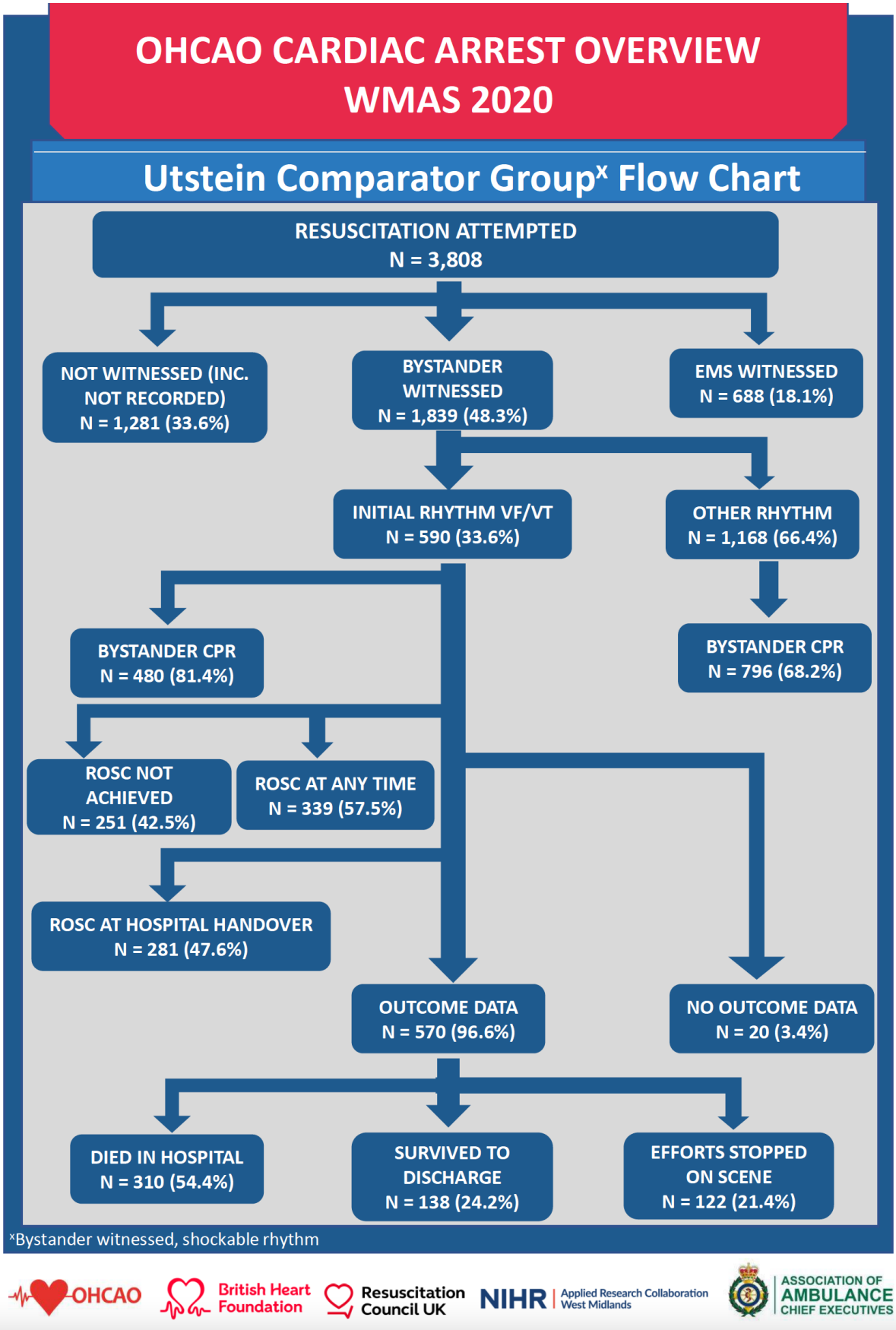
Paramedics successful in restarting

1073 hearts

333 lives saved

[x]Utstein Comparator Group: bystander witnessed, shockable rhythm

OHCAO | British Heart Foundation | Resuscitation Council UK | NIHR Applied Research Collaboration West Midlands | Association of Ambulance Chief Executives



Additional Information of Directors Activity

Medical Director

External Meetings related to Hospital Handover delays

- Regional Medical Directors meetings
- Meetings with NHSE Regional Chief Executive, Medical Director, Nurse Director and Operations Director – Patient Safety and Staff Wellbeing Meeting
- Meetings fortnightly with Regional ED Clinical Directors group and also with individual ED lead clinicians.
- Regional Patient Safety meeting with NHSE Regional CEO, WMAS Chair and CEO
- National meetings with NHSE, Ambulance Services and Regional NHSE Medical Directors

Other roles and events

- Attended National Ambulance Services Medical Director meetings and extra-ordinary meetings.
- NASMeD representative on the Royal College of Emergency Medicine Prehospital Emergency Medicine Professional Advisory Group
- Interim NARU Medical Advisor role pending a substantive appointment to September 2021.
- WMAS BAME Co-mentoring meetings
- Responded clinically as a prehospital doctor
- Participated in the fortnightly NHSE Regional Medical Directors' meetings.
- Participated in national AACE and NPCC Mental health and ABD meetings
- Meetings with Regional group to progress WMAS D&I CPD.
- Production on "Closing the Gap" WMAS CPD online videos on reducing inequity in care for people with darker skin tones and conversations on race.
- Joint meeting with WMAS Comms Director with the NHSE Director on Comms in relation to ambulance response times
- Attended national update meetings on Covid-19
- Attended regional "WMAS response to Mental Health" meeting
- WMAS Thematic Serious Incident Review meetings

Meetings Chaired:

- NHSE Frontline Clinical Cell for Covid-19
- Royal College of Emergency Medicine guideline review on Acute Behavioural Disturbance Guideline with a focus on the whole patient pathways from scene to resus
- JRCALC Agitated Delirium Guideline Group
- Chaired two Extra-ordinary WMAS SI Review Group Meetings

Research

- PARAMEDIC3 (co-investigator) Steering Group and Trial Management Group meetings (nationally funded research on OOH cardiac arrest management).
- Represented WMAS in the regular NHSE Midlands SDEC (Same Day Emergency Care, including ambulance bypass to SDEC systems) forum meetings.
- Attended the National Ambulance Services Research Group (NASRG) as the NASMeD lead for research.
- Major Trauma Triage Tool (MATTS) research study meetings.
- Review of PACKMaN (pain management in trauma) research information.

Presentations

- Joint Midlands Senate Councils Development Day presentation on Frailty Pathways (with Mark Docherty and NCD for Reducing Length of Stay), September '21
- Royal College of Emergency Medicine Annual Scientific Conference presentation and debate: Patients held in Hospital Handover Delays, October '21
- National Ambulance BME Conference: JRCALC Closing the Gap, Reducing Inequity in patient Care, October '21
- NPCC Mental Health Conference: The Ambulance Response to Acute Behavioural Disturbance, October '21
- British Association of Immediate Care Conference: Acute Behavioural Disturbance, October '21

Clinical Commissioning and Nurse Director:

- 1 Week Annual Leave
- 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
- Chair the Shropshire, Telford & Wrekin Ambulance Handover Group
- Attendance at the Shrewsbury and Telford Hospitals Safety Oversight Group
- Meetings on the South Warwickshire ED avoidance pathways
- Attendance at Warwick Hospital to meet clinicians face to face
- Discussion with commissioners on expansion of the 111 service to include Staffordshire
- Discussion with the GP Federation in Staffordshire around collaboration on out of hours service provision
- Presentation at the Joint Senates Council Session on integrated urgent care
- Attendance at the National Clinical Validation evaluation meeting
- Meeting with Anne-Marie Riley, Chief Nurse at UHNM
- Meet the WMAS Complaints team at Bromsgrove Hub
- Attendance at the WMAS Regional Partnership Forum
- Participation in the Regional Patient Flow Group
- Freedom to Speak Up Meetings
- Presentation at the Westminster Health Forum on Urgent Care
- Attendance in person at the Public Meeting in Oswestry re closure of the Community Ambulance Station
- Attendance in person at the Council Meeting in Rugby re closure of the Community Ambulance Station
- Attendance in person at the Council Meeting in Uttoxeter re closure of the Community Ambulance Station
- Attendance at the Staffordshire Moorlands District Council Health Panel
- Attendance at Hollymoor Ambulance Hub to meet staff
- 1:1 face to face catch up sessions with staff
- COVID Booster Vaccination at UHCW vaccination centre
- PTS Pathfinder Meetings
- PTS Review Group meetings in Cheshire
- 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
- National Hospital Handover Delays monthly updates

- Participation in the Regional Ambulance Flow Group
- Mentoring participants on the Engaging Leaders Programme
- Attendance at the Worcestershire Royal Hospital to do a walk-through of the Emergency Department
- Meeting with the Chief Nurse at Worcestershire Acute Hospitals Trust to discuss patient handover delays and patient harm

Medical and Nurse Directors

- Have continued to re-escalate patient harms related to Hospital Handover delays to NHSE Regional Directors and attend Hospital Handover delay meetings to continue to escalate the patient harms associated with these events for patients in ambulances with a delay to definitive care, staff delayed beyond their shift end and those with emergency conditions in the community.
- Have continued to re-escalate patient harms related to Hospital Handover delays to NHSE Regional Directors and attend Hospital Handover delay meetings to continue to escalate the patient harms associated with these events for patients in ambulances with a delay to definitive care, staff delayed beyond their shift end and those with emergency conditions in the community.
- Meeting to support responses and co-ordination of care between Prison Healthcare systems and WMAS.
- SI reviews with Acute Trust Medical and Nurse Directors.

Mark Docherty
Executive Director of Nursing &
Clinical Commissioning

Dr Alison Walker
Executive Medical Director

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 08b MONTH: October 2021 PAPER NUMBER: 06b

Clinical Strategy	
Sponsoring Director	Director Nursing and Clinical Commission The Medical Director
Author(s)/Presenter	Director Nursing and Clinical Commission The Medical Director
Purpose	To present the Clinical Strategy document for review and if appropriate approval, subject to comments at the meeting.
Previously Considered by	QGC
Report Approved By	Director Nursing and Clinical Commission

Executive Summary

The Trust board approved its organisational strategy in May 2021, aligned to the Trust strategy are a number of enabling strategies, which support the delivery of our organisation vision and five strategic priorities.

This paper provides an overview of the progress with the review of the Clinical Strategy. The strategy has been submitted to the relevant Committee for review prior to consideration by the Board. In the case of this strategy it was submitted to the Quality Governance Committee for review at its meeting held on 18 October 2021 and the views of the Committee will be submitted verbally to the Board.

The purpose of this paper to seek the Board's review and if appropriate approval of the Strategy pending any comments received.

Related Trust. Objectives/ National Standards	The documents support the Trust's updated Strategic Objectives and any relevant national standards and priorities
Risk and Assurance	The Board has the key role of formulating strategy and then holding the Trust to account for delivery of the strategy. Having reviewed and updated the documents, there is reduced risk of ambitions being out of date; and increased assurance that the Trust's ambitions are incorporated and are included in the governance process for regular measurement and update.
Legal implications/ regulatory requirements	The Trust's strategy is based upon all legal and regulatory requirements. All enabling strategies will be adjusted as required to continue to deliver
Financial Implications	The Finance Strategy will incorporate necessary work streams to ensure the requirements of the Trust Strategy are accounted for
Workforce & Training Implications	The People Strategy will incorporate necessary work streams to ensure the requirements of the Trust Strategy are provided for
Communications Issues	The Communications and Engagement Strategy identifies means of communication with internal and external stakeholders
Diversity & Inclusivity Implications	The needs of staff and members of the public will be reflected within the work streams of the People Strategy, the Diversity and Inclusion Strategy and the Communications and Engagement Strategy

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 08b MONTH: October 2021 PAPER NUMBER: 06b

Quality Impact Assessment	Individual Quality Impact Assessments will be required for each of the enabling strategies prior to presentation at the Governance Committees
Data Quality	The data on which each enabling strategy is based will be authorised by each Director

Action required

For the board to receive the Strategy and if appropriate approve the contents following the review by the appropriate Board Committee.

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DRAFT CLINICAL STRATEGY

DATE APPROVED:

APPROVED BY:

IMPLEMENTATION DATE:

REVIEW DATE:
LEAD DIRECTOR: **Executive Director of Nursing and Clinical Commissioning and Executive Medical Director**

IMPACT ASSESSMENT STATEMENT: **Impact Assessments to be carried out for specific areas of the delivery plan**

Policy Reference Number:

Change Control

Document Number	
Document	
Version	
Owner	
Distribution list	
Issue Date	
Next Review Date	
Impact Assessment	
Author	

CONTENTS

1 Executive Summary

West Midlands Ambulance Service University NHS Foundation Trust (the Trust) is committed to delivering an efficient, high quality health care service which fully integrates all the threads of clinical quality, performance and governance as detailed in the Trust's values, which can be found on our website here: http://www.wmas.nhs.uk/Pages/Vision-and-Values.aspx

The Trust is committed to delivering this strategy through the delivery plans for the following key areas:

- Clinical leadership
- Clinical development
- Clinical and Professional Standards
- Clinical Audit
- Clinical Research

This strategy is a key enabler for the Trust's Five-Year Strategic Plan, providing the basis for implementation of workstreams which will be monitored, evaluated, and reported through the Trust's Governance Structure.

2 Purpose

This Strategy sets out the strategic direction for the way in which the Trust will achieve high quality clinical care in a manner that follows national guidance and supports the key strategic business objectives. Through it, we will provide strong clinical leadership to support the development of our staff and demonstrate our commitment to the Trust Vision:

Delivering the right patient care, in the right place, at the right time through a skilled and committed workforce in partnership with Health Economies

All decisions and workstreams are driven by our values, which were drawn up by our own staff.

World class service	*Skilled workforce*	*Dignity and respect for all*
Patient centred	*Teamwork*	*Effective communication*
Environmental Sustainability		

These values are aligned to our duty under the NHS Constitution[1], places a duty on NHS organisations to aspire to the highest standards of excellence and professionalism, keeping patients at the heart of everything that they do, working across organisational boundaries in order to provide cost effective healthcare.

[1] https://www.gov.uk/government/publications/the-nhs-constitution-for-england/the-nhs-constitution-for-england

3 Scope

This strategy describes the overarching clinical leadership, responsibilities and priorities to facilitate delivery of high-quality clinical care for our key patient groups. The delivery plans for this strategy will provide the measures by which the Trust can monitor its progress. Our clinical management structure includes expert healthcare professionals and cinical leaders to support clinical discussions at all levels.

4 Responsibilities

To ensure that patients receive the highest standards of clinical care at the right place, at the right time, in partnership with the local health economies.

Every clinician has responsibility for:

- Delivering the highest quality of clinical care
- Contributing to continuous improvement in the standards of care that the Trust provides
- Accessing clinical support and senior advice to enhance their professional care

Every clinical manager has responsibility for:

- Providing clinical support to appropriate clinicians and seeking guidance from expert clinicians where necessary
- Reviewing the quality of the care delivered to patients by the clinicians for whom they have responsibility, incorporating leadership support and supervision
- Putting the patient first in their individual and managerial decision making

The Trust has responsibility for:

- Developing and continually improving our systems of clinical leadership throughout the workforce
- Delivery of excellence in research through evidence-based clinical developments, clinical audit and introducing the most effective clinical equipment

5 Objectives

To deliver the highest quality care to all patients, whether treated and discharged by our skilled clinicians, referred to healthcare or social care professionals in other sectors or conveyed to the most appropriate care setting for further clinical care. Supporting the NHS 10 Year Plan and the priorities within our local Integrated Care Systems, we will carry out specific workstreams and measurements of our care in relation to patients:

who have had a cardiac arrest or stroke
with mental health needs
who require support from or access to frailty services
who are referred to Same Day Emergency Care or alternative care pathways
when clinical validation is carried out during call triage Increase the use of digital technology to support clinical decision-making, clinical care and to support referral to alternative care pathways

Within this strategy, we will develop our responsibilities to support public health strategies and reduce inequities in care which will be established and monitored.

6 Implementation

Implementation of the strategy will incorporate:

- Workstreams classed as business-as-usual, monitored through national Ambulance Quality Indicators and locally determined measures including those in this strategy.
- Distinct transformational projects, which will be designed to enhance clinical effectiveness or the safety and experience of our patients. This may include the introduction of new clinical practice, new equipment or implementation of academically backed research trials.

All work will be linked to our Quality Strategy, which also sets out our approach to Quality Improvement methodology.

7 Risks

The following risks have been identified in the development of this strategy:

- Dependence on partner organisations for alternative care pathways linked to external health or social care bodies.
- The inclusion of future evidence or national recommendations.
- Mark any others?

8 Monitoring and Evaluation

The Director of Nursing and Clinical Commissioning will work with the Medical Director to monitor the delivery of this strategy. Exception reports will be established and escalated to the Chief Executive and Board of Directors as appropriate.

9 Measuring Results

An annual action plan will be developed as the delivery mechanism for this strategy. This will provide the outcomes for measurement and regular monitoring.

10 Appendices

A Strategy on a Page
An overview of the purpose of the strategy, and its key objectives, supported by intended outcomes and key areas that fall within the scope of the document.

B Strategic Framework
An overview of the Vision and Strategic Objectives of the Trust and the governance arrangements associated with the enabling strategies

Appendix A Clinical Strategy on a Page

<table>
<tr><td>Purpose</td><td colspan="5">Provisions of strong clinical leadership to support the development of our staff to achieve high quality clinical care in a manner that follows national guidance and supports the key strategic business objectives</td></tr>
<tr><td>Objectives</td><td colspan="5">To deliver the highest quality care to all patients, whether treated and discharged by our skilled clinicians, referred to healthcare or social care professionals in other sectors or conveyed to the most appropriate care setting for further clinical care. Supporting the NHS 10 Year Plan and the priorities within our local Integrated Care Systems, we will carry out specific workstreams and measurements of our care in relation to patients:
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<tr><td>Key Areas</td><td>Clinical Leadership</td><td>Clinical Development</td><td>Clinical and Professional Standards</td><td>Clinical Audit</td><td>Clinical Research</td></tr>
</table>

Appendix B Strategic Overview

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 08b MONTH: October 2021 PAPER NUMBER: 06b

Quality Improvement Strategy	
Sponsoring Director	Director Nursing and Clinical Commission The Medical Director
Author(s)/Presenter	Director Nursing and Clinical Commission The Medical Director
Purpose	To present the Quality Improvement Strategy document for review and if appropriate approval, subject to comments at the meeting.
Previously Considered by	QGC
Report Approved By	Director Nursing and Clinical Commission

Executive Summary

The Trust board approved its organisational strategy in May 2021, aligned to the Trust strategy are a number of enabling strategies, which support the delivery of our organisation vision and five strategic priorities.

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WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 08b MONTH: October 2021 PAPER NUMBER: 06b

Quality Impact Assessment	Individual Quality Impact Assessments will be required for each of the enabling strategies prior to presentation at the Governance Committees
Data Quality	The data on which each enabling strategy is based will be authorised by each Director

Action required

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.

QUALITY IMPROVEMENT STRATEGY

DATE APPROVED:	
APPROVED BY:	**Board of Directors**
IMPLEMENTATION DATE:	
REVIEW DATE:	
LEAD DIRECTOR:	**Strategy & Engagement Director**
IMPACT ASSESSMENT STATEMENT:	**Impact Assessments to be carried out for specific areas of the delivery plan**

Policy Reference Number:	**Strategy –**

Change Control

Document Number	Strategy - 019
Document	Quality Improvement Strategy
Version	1
Owner	Strategy & Engagement Director
Distribution list	All
Issue Date	
Next Review Date	
Impact Assessment	No Adverse Impact
Author	Strategy & Engagement Director

Change History – Communications Strategy

Date	Change	Authorised by
September 2021	Document Created	

CONTENTS

1 Background and Purpose

West Midlands Ambulance Service University NHS Foundation Trust's Vision is to: *Deliver the right patient care, in the right place, at the right time through a skilled and committed workforce in partnership with Health Economies".*

This document is an enabler for the Trust's Strategic Plan as part of our commitment to achieving our Vision. To do so, requires the highest levels of clinical quality, performance and governance supported by adherence to our values, which were drawn up by our staff; and focus on priority work streams to deliver our Strategic Objectives:

Quality is defined in this strategy as 'the delivery of safe, effective care that results in a positive patient experience'.

Quality Governance is the combination of structures and process at and below Board of Director level that supports the delivery of a safe and effective service that delivers the right patient experience.

Quality Improvement utilises a range of evidence based and methodical tools and processes for which support the assessment of quality and the establishment of goals.

The Trust recognises that a quality service is one that identifies the needs and circumstances of each patient, carer, community, and staff member and ensures that services are accessible, appropriate, safe and effective for all protected characteristic groups, and that workplaces are free from discrimination where staff can thrive and deliver.

Each year the Trust develops its Quality Account and decides on key priorities for reducing the incidence and potential for harm. The processes for establishing and monitoring our quality improvement priorities are incorporated into this document; and the Quality Account will be monitored through the Trust's assurance committees up to and including the Board of Directors.

2 Objectives

Three domains provide the basis of the planning and management of high-quality care for all of our patients.

Patient Safety:

Objective: Providing the right people and keeping them as safe as possible with the right tools to deliver a safe service to patients

Clinical Effectiveness:

Objective: The Trust will be a reflective and responsive organisation with excellent Clinical Leadership and staff that have the right qualifications, competence, skills and experience

Patient Experience:

Objective: The Trust will listen, understand, and respond to what our patients, staff, and all other stakeholders are telling us

These objectives are implemented and monitored through the following priorities:

Patient Safety Priorities	• Ensuring patient pathways and patient flows are clear and effective, and built around the needs of all patient groups • Ensuring our staff work in a safe environment when they are caring for patients • Work in collaboration with partner organisations to maximise the gain for patients • Ensure that there is a Safety Culture embedded across the organisation and people feel supported in reporting failures and raising concerns • Continue to develop a culture in which staff feel free to raise concerns
Clinical Effectiveness	• Continue to implement a rigorous clinical audit programme • Deliver care that is based on the latest evidence of effectiveness • Ensure we are implementing effective digital technology to support and enhance care delivery and patient care outcomes
Patient Experience Priorities	• Listen to the feedback from our patients and use it to improve our services • Identify Quality Champions throughout the Trust • A consistent, low tolerance for staff with poor behaviours and attitudes that are not in keeping with basic courtesies and Trust Values • By engaging with patients, their carers, relatives and significant others using their feedback to help us deliver quality and leading to the best patient experience • Provide high quality patient information ensuring communication is clear, concise and appropriate • Consistently deliver reliable, high quality care at any time of day or night regardless of demands upon the Trust • By providing high quality patient environments for the care and treatment individuals may need and surroundings that promote wellbeing for both staff and patients

The priority work streams aligned to each domain are linked to and delivered through a range of associated strategies:

Domain	Linked Strategies
Patient Safety	• National Patient Safety Strategy • Risk Management Strategy • People Strategy • Clinical Strategy • Operations Strategy • Security Management Strategy
Clinical Effectiveness	• Clinical Strategy • People Strategy • Commissioning Strategy
Patient Experience	• National Patient Experience Framework • People Strategy • Communications and Engagement Strategy • Commissioning Strategy

3 Quality Improvement

Our clinical expertise and pioneering approach to developing and enhancing operational and clinical practice have provided solid foundations on which to build a culture of continuous improvement across the organisation. Our plans incorporate tried and tested tools in the areas of:

Research

Utilising our expertise to plan and implement academic studies to support improved understanding of our patients' clinical needs and the design of future treatment. Our Research Portfolio sets out the current and planned research studies and how their intended outcomes will benefit our future clinical practice.

Clinical Audit and Business Intelligence

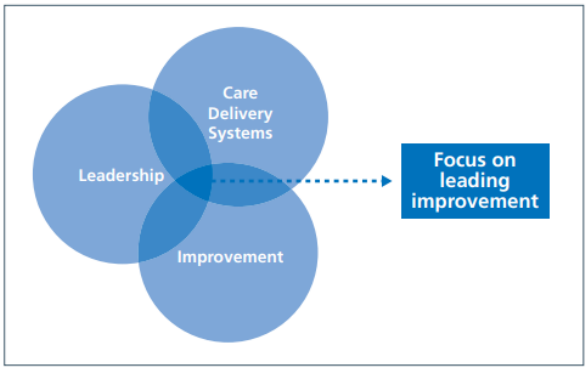
Clinical Audit is fundamentally a quality **improvement** process that also plays an important role in providing quality **assurances**.

Utilising our technology, expertise and wealth of information to demonstrate key trends in the quality of care for our patients and identify further training needs. Recent work in this area has created the opportunity to show the skills used by each clinician or to establish trends in the treatment of specific conditions. Our Clinical Audit Programme of work is updated annually. The audit results provide evidence of the quality of treatment for our patients along with any training needs. This, together with our approach to system integration, further increases our ability to use the information available to us for best effect.

Learning Culture

Further developing our culture of learning; and following improvement methodologies in all that we do. This encapsulates a broad base of facilitated learning that is available to our clinical and corporate staff, which incorporates leadership, change management, culture, performance management, quality and service improvement. A range of tools and models are incorporated which are widely used throughout the NHS and can be applied in a range of given situations, these include the principles included in:

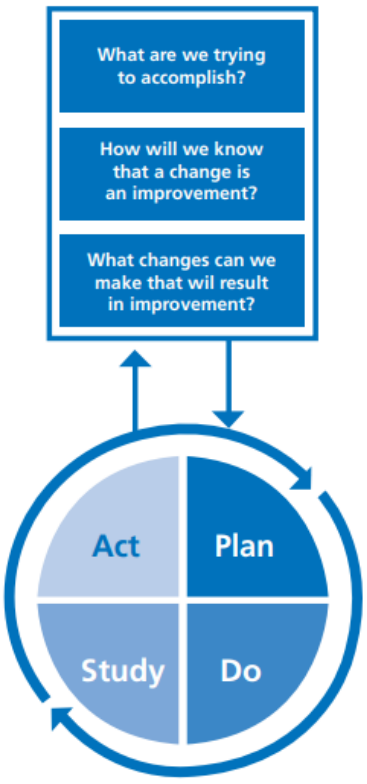
QSIR (Quality Service Improvement and Redesign) Programmes which are designed to provide participants with the know-how to design and implement more efficient and productive services.



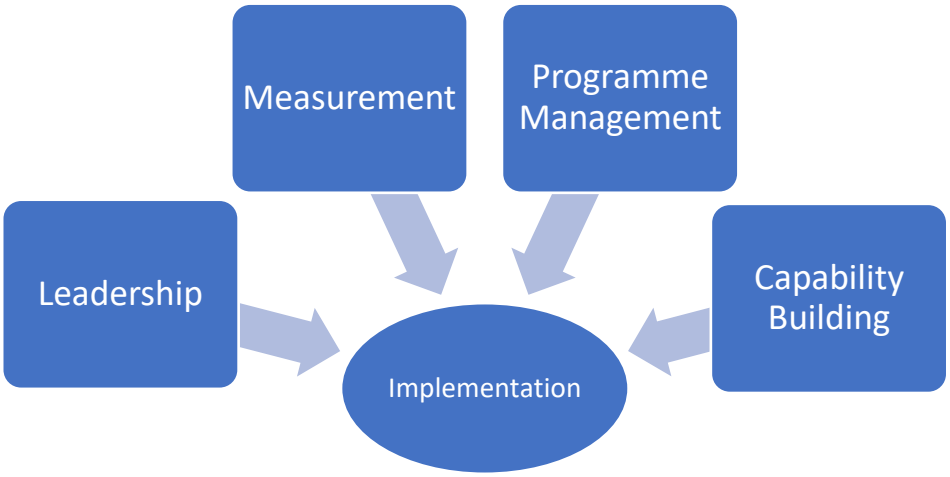
Leading Improvement Framework. This framework was developed as a theoretical model for a national programme. It was derived from research from the NHS, which examined the knowledge, skills and capabilities that leaders need in order to achieve the most relevant and sustainable improvements and it has three parts. Improvement leaders needs to work at the intersection of these three domains

Plan, Do, Study, Act (PDSA) cycles and the model for improvement

The framework includes three key questions to answer before testing an improvement concept and a process for testing change ideas. Key questions 1. What are we trying to accomplish? (The aims statement). 2. How will we know if the change is an improvement? What measures of success will we use? 3. What changes can we make that will result in improvement? (The change concepts to be tested)



4 Implementation



Leadership

The Board of Directors comprises skilled and experienced professionals with a clear focus on patient care. At the current time, WMAS is the only English Ambulance Trust to have been rated as Outstanding by the Care Quality Commission, and one of only two Ambulance Trusts to be scored within the highest segment of the Single Oversight Framework. Having continually achieved all national targets, we deploy a Paramedic on all front line emergency vehicles and operate the newest fleet in the country. Our operational infrastructure is based upon the most efficient model, which maximises effective hours and minimises downtime for operational staff. These achievements have been delivered through strong leadership and continued investment in front line services. As a result, WMAS is in the best possible position to continue to deliver the best patient care and to seek further improvements in the care delivered to our patients.

Measurement

The Trust's governance arrangements enable local level responsibility, overarching control and board level accountability. Effective monitoring of governance arrangements is key to delivering the Trust's vision and strategic objectives whilst also ensuring quality values are maintained.

The Quality Strategy sets out the overarching principles to support our work across the organisation. The objectives and planned outcomes identified within this document and the associated strategies will be measured and reported through the Quality Governance Committee. The key remit of this committee is to provide assurance to the Board of Directors on all matters pertaining to patient services (including service developments), patient safety and responsiveness to patient needs and the identification of risks that may impede achievement of the Quality agenda.

The Quality Account is an annual report, available to the public, detailing the quality of services offered by the Trust. The Quality Account is an important way for WMAS to report on quality and show improvements in the service we deliver to our local communities and stakeholders. The quality of the services is measured by looking at patient safety, the effectiveness of treatments patients receive; and feedback about the care provided.

The Quality Account complies with the requirement set out in the Health Act 2009 and any subsequent amendments and is published by 30 June each year.

Programme Management

Successful implementation of quality improvement requires the development of projects through collaboration, structured planning and transparent post implementation reviews of effectiveness. Early in this process, the intended benefits must be identified and scoped to determine:

- Who will benefit from the change
- Will there be any financial benefit?
- How will the benefit be measured
- When will the benefit start to come in to effect (and for how long)
- Will the change carry any cost of implementation?

Capability Building

Through the People Strategy, there are various initiatives in place to support team development and career progression throughout the organisation. This incorporates, among many others, arrangements for succession planning for key positions, mentoring opportunities, our Day in the Life programmes and essential operational initiatives to create capacity and efficiency during times of peak operational demand.

The Organisational Development team run an in house leadership development program for WMAS aspiring leaders, the “engaging leaders program” around 40 staff each year participate and participants are drawn from across the organisation, the program includes the following:

- Structure teaching modules on Quality Improvement, the tools and methodology that can be utilised to support it.
- All participants undertaking supervised QI projects which are presented back to the faculty and participants
- Graduates from the programme participating within an on-going network

So far over 300 WMAS have undertaken the programme, from clinical to corporate roles, giving them the tools to make an impact from a QI perspective, now and going forwards.

5 Key Audiences

It is vital that the Trust understands who the key audiences are so that suitable and often different methods of communication can be put in place so that messages can be passed and received. The main target audiences for the Trust include:

- Staff
- Board Members – Executive and Non-executive
- Foundation Trust Governors and members
- Staffside union representatives
- Staff 'champions' such as Freedom to Speak Up, Health & Wellbeing, Staff Advice and Liaison Service volunteers
- Volunteers such as community first responders, ambulance car drivers and air ambulance charity supporters
- Partner NHS organisations – Integrated Care Systems (ICS's), commissioners, acute, mental health and community organisations
- Other key stakeholders e.g. local authorities, members of Parliament, other emergency services, Healthwatch
- Members of the public
- Third sector organisations such as charities
- Our regulators such as the Care Quality Commission and NHS England

6 What is Necessary for the Strategy to Work

The responsibility for delivering the quality improvement strategy ultimately sits with the Board of Directors. Accountability for this has been delegated to the Executive Director of Nursing & Clinical Commissioning and the Executive Medical Director. However, as described previously successful implementation of the strategy will only be possible if everyone recognises and plays their part. Oversight of quality assurance and the delivery of the Quality Improvement Strategy will be monitored by the Quality Governance Committee with reporting to the Trust Board in the form of records of business. The implementation of the strategy will be supported by a number of sub-groups including:

Learning Review Group:

- provides assurance that the Trust is identifying, investigating, reviewing and learning from adverse events
- publishes quarterly reports of trends & themes and high-risk incidents. It also ensures pertinent learning is shared with staff via Trust publications
- ensures under-reporting is identified and training for managers and staff includes the importance of sharing information to enable trends and themes to be clearly identified
- provides assurance that Duty of Candour, Being Open and Serious Incident management is consistent with the requirements of Trust Policy.

Health, Safety, Risk and Environment Group

is responsible for ensuring that an effective and consistent risk management system is in place. The committee provides a multidisciplinary forum for the identification and escalation of risks, which includes ensuring that Infection prevention and control systems are in place to reduce the risk of infection and that they are utilised effectively.

Professional Standards Group

has a prime objective to ensure that care provision is safe, effective and compliant with current national and international clinical standards and guidance. This group provides expert clinical and safety advice including review of audit outcomes; it identifies assurance and risk relating to safe and effective care delivery. The group is responsible for agreeing and making formal recommendations on the Trust's mandatory education and training for patient facing staff.

Board of Directors Quality Assurance Visits

WMAS operates a 'Hub Buddy' system so each of our ambulance hubs has a named Director and non-Executive Director aligned to it. This provides Board members an opportunity to seek additional assurance and provide their own assessment of the assurance being given to the Board. This will also provide an opportunity to reinforce the WMAS vision, values and approach to quality improvement. It will also provide staff with an opportunity to raise any concerns that they may have or to share any quality improvement ideas.

7 Risks

Risk management is a key component of enhancing patient care and is a central part of strategic management. It is the process whereby the Trust methodically addresses risks attaching to its activities with the goal of achieving sustained benefits to patient care.

All staff have an important role to play in identifying, assessing and managing risk. To support staff in this role the Trust provides a fair, consistent environment that encourages a culture of openness and willingness to admit mistakes. Balanced in this approach is the need for the Trust to provide information and support for staff.

At the heart of risk management is the desire to learn from events and situations to continuously improve management processes.
The Trust's Risk Management Strategy and related policies detail how the risk elements of this strategy will be implemented.

8 Monitoring and Evaluation

The Director of Nursing and Clinical Commissioning will work with the Medical Director to monitor the delivery of this strategy. Exception reports will be established and escalated to the Chief Executive and Board of Directors as appropriate.

Quality metrics will be collated and will be presented to the Quality Governance Committee at each meeting. The Quality Account will be used as the mechanism for reporting quality through to the Board.

The Director of Nursing and Clinical Commissioning and the Medical Director will provide an integrated quality report to the Quality Governance Committee and to the Trust Board at each of the meetings in public.

Appendix 1 Strategy on a Page

Quality Improvement Strategy on a Page			
Objectives	**Patient Safety:** Objective: Providing the right people and keeping them as safe as possible with the right tools to deliver a safe service to patients	**Clinical Effectiveness:** Objective: The Trust will be a reflective and responsive organisation with excellent Clinical Leadership and staff that have the right qualifications, competence, skills and experience	**Patient Experience:** Objective: The Trust will listen, understand, and respond to what our patients, staff, and all other stakeholders are telling us
Outcomes	• Ensuring patient pathways and patient flows are clear and effective, and built around the needs of all patient groups • Ensuring our staff work in a safe environment when they are caring for patients • Work in collaboration with partner organisations to maximise the gain for patients • Ensure that there is a Safety Culture embedded across the organisation and people feel supported in reporting failures and raising concerns • Continue to develop a culture in which staff feel free to raise concerns • Continue to implement a rigorous clinical audit programme • Deliver care that is based on the latest evidence of effectiveness • Ensure we are implementing effective digital technology to support and enhance care delivery and patient care outcomes • Listen to the feedback from our patients and use it to improve our services • Identify Quality Champions throughout the Trust • A consistent, low tolerance for staff with poor behaviours and attitudes that are not in keeping with basic courtesies and Trust Values • By engaging with patients, their carers, relatives and significant others using their feedback to help us deliver quality and leading to the best patient experience • Provide high quality patient information ensuring communication is clear, concise and appropriate • Consistently deliver reliable, high quality care at any time of day or night regardless of demands upon the Trust • By providing high quality patient environments for the care and treatment individuals may need and surroundings that promote wellbeing for both staff and patients		

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 08d MONTH: October 2021 PAPER NUMBER: 06d

Commissioning Strategy	
Sponsoring Director	Director Nursing and Clinical Commission
Author(s)/Presenter	Director Nursing and Clinical Commission
Purpose	To present the Commissioning Strategy document for review and if appropriate approval, subject to comments at the meeting.
Previously Considered by	EMB Performance Committee
Report Approved By	Director Nursing and Clinical Commission

Executive Summary

The Trust board approved its organisational strategy in May 2021, aligned to the Trust strategy are a number of enabling strategies, which support the delivery of our organisation vision and five strategic priorities.

This paper provides an overview of the progress with the review of the Commissioning Strategy. The strategy has been submitted to the relevant Committee for review prior to consideration by the Board. In the case of this strategy it is on the agenda for the Performance Committee meeting scheduled for 26 October 2021 and the views of the Committee will be submitted verbally to the Board.

The purpose of this paper to seek the Board's review and if appropriate approval of the Strategy pending any comments received.

Related Trust. Objectives/ National Standards	The documents support the Trust's updated Strategic Objectives and any relevant national standards and priorities
Risk and Assurance	The Board has the key role of formulating strategy and then holding the Trust to account for delivery of the strategy. Having reviewed and updated the documents, there is reduced risk of ambitions being out of date; and increased assurance that the Trust's ambitions are incorporated and are included in the governance process for regular measurement and update.
Legal implications/ regulatory requirements	The Trust's strategy is based upon all legal and regulatory requirements. All enabling strategies will be adjusted as required to continue to deliver
Financial Implications	The Finance Strategy will incorporate necessary work streams to ensure the requirements of the Trust Strategy are accounted for
Workforce & Training Implications	The People Strategy will incorporate necessary work streams to ensure the requirements of the Trust Strategy are provided for
Communications Issues	The Communications and Engagement Strategy identifies means of communication with internal and external stakeholders
Diversity & Inclusivity Implications	The needs of staff and members of the public will be reflected within the work streams of the People Strategy, the Diversity and Inclusion Strategy and the Communications and Engagement Strategy

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 08d MONTH: October 2021 PAPER NUMBER: 06d

Quality Impact Assessment	Individual Quality Impact Assessments will be required for each of the enabling strategies prior to presentation at the Governance Committees
Data Quality	The data on which each enabling strategy is based will be authorised by each Director

Action required

For the board to receive the Strategy and if appropriate approve the contents following the review by the appropriate Board Committee.

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COMMISSIONING STRATEGY
2021 - 2023

DATE APPROVED:	**October 2021**
APPROVED BY:	**Board of Directors**
IMPLEMENTATION DATE:	**31 October 2021**
REVIEW DATE:	**October 2022**
LEAD DIRECTOR:	**Director of Nursing and Clinical Commissioning**
IMPACT ASSESSMENT STATEMENT:	**No adverse impact on Equality or Diversity**

Document Reference Number:	**Strategy – 014 (Version 3)**

Change Control:

Document Number	Strategy – 014
Document	Commissioning Strategy
Version	Four
Owner	Director of Nursing and Clinical Commissioning
Distribution list	Internal and External Audiences
Issue Date	October 2021
Next Review Date	June 2022
Author	Director of Nursing & Clinical Commissioning

Change History:

Date	Change	Comment/Approved by
October 2015	First Draft	Quality Governance Committee
November 2015	Revised Draft Approved at	Quality Governance Committee
November 2015	Presented for final approval	Board of Directors
February 2017	Reviewed	
March 2017	Presented updates to Resources Committee	Resources Committee
March 2017	Approved	Board of Directors
May 2018	Presented updates to Resources Committee	Resources Committee
May 2018	Approved	Board of Directors
September 2019	Updates presented to Resources Committee	Resources Committee
September 2019	Changes highlighted	Board Strategy and Development Meeting
30 October 2019	Agreed for Implementation	Board of Directors
October 2021	Refreshed in light of commissioning structural changes and move to block contracting arrangements	Board of Directors
Renumbered from CG – Strategy – 008 due to change in document referencing procedure		

CONTENTS

1 Executive Summary

West Midlands Ambulance Service University NHS Foundation Trust (the Trust) is committed to delivering an efficient, cost effective, high quality health care service which fully integrates all the threads of quality, performance and governance as detailed in the Trust's values (Appendix 1).

The role of commissioning, as a key driver of quality, efficiency and outcomes for patients has become increasingly important to the health system in England. Through regular engagement with key stakeholder groups, the Trust aims to attain the best possible health outcomes for the local population by assessing local needs, agreeing priorities and the best means of service delivery. This strategy is an enabler as part of the framework within the Trust's Five-Year Strategic Plan. The healthcare environment is continuously changing. Whilst we have tried to anticipate future challenges, we understand that there may be many changes during the next three to five years that cannot be foreseen at this stage.

We have tried to make this strategy as flexible as possible whilst identifying the aims and objectives for clinical commissioning. This will provide the basis for monitoring and evaluation, the results of which will be reported through the pillar committee structure as outlined on the Strategic Framework (Appendix 2).

2 Definitions

2.1 Clinical Commissioning relates to a series of actions to identify and deliver the best outcomes for patients. This incorporates the assessment of local health needs, deciding priorities and strategies, and then buying services on behalf of the population from providers such as ambulance services, hospitals, clinics, community health bodies, etc. Securing services is much more complicated than securing goods and the diversity and intricacy of the services delivered by the NHS is unparalleled. The process includes the development of service specification and contract negotiation or procurement, with continuous quality assessment. Commissioners must constantly respond and adapt to changing local circumstances. Clinical Commissioning Groups (CCGs) are responsible for the health of their entire population and are measured by how much they improve outcomes. CCGs are coming together into larger footprints into formal Integrated Care Systems (ICSs) that are likely to influence the commissioning agenda in the future.

2.2 Our Commissioning Strategy Shows the Trust's aspirations, and guide how resources are best invested both to deliver services for patients and to effectively manage and run the organisation.

2.3 Clinical Commissioning Groups (CCGs) and Integrated Care Systems (ICS) were created following the Health and Social Care Act in 2012. CCGs are clinically led statutory NHS bodies responsible for the planning and commissioning of health care services for their local area. Some CCGs have merged (Birmingham and Solihull CCGs have merged into one), or share Executive functions (e.g. Staffordshire and Stoke on Trent CCGs). Over the

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next 12 months CCGs will have merged into large footprints that cover the ICS. There are 6 ICSs in the West Midlands:

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

3 Scope

According to the Commissioning Cycle (See Appendix 3), this strategy describes the overarching behaviours, structures, systems and processes that the Trust will utilise in order to achieve the delivery of the elements of Clinical Commissioning, these are:

- Strategic Planning and Procurement of Services
- Monitoring and Evaluation

The document forms the framework upon which the Trust will:

- Review performance
- shape priorities and service improvement proposals
- make strategic decisions
- create our annual delivery plans
- influence the ICS commissioning intentions

The strategy has been formulated by a process of listening to patients and commissioners. The outcomes from these discussions are included in Appendix 4 (CCG Priorities Relevant to WMAS) and Appendix 5 (Patient Expectations). The strategy will be consulted widely to ensure our priorities are recognised and supported by others.

4 Clinical Commissioning Aims and Objectives

The Trust will continue to strive to achieve its vision through informed clinical commissioning that engages staff within the organisation and works in partnership with commissioners and in collaboration with external stakeholders. This will be supported by robust and transparent commissioning governance arrangements to support service delivery models.

The following objectives form the basis of the delivery plan of this strategy:

- Work in partnership with commissioners to implement new models of care
- Work pro-actively with relevant groups and Urgent and Emergency Care Boards in the governance of systems of care
- Deliver excellence in clinical outcomes and provide measurement of these
- Ensure the organisation has robust contract and procurement processes in place, in the context of a block contract arrangement

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5 Risks

Risk management is a key component of enhancing patient care and is therefore central to the Trust's Commissioning Strategy. It is the process whereby the Trust methodically addresses the risks attached to its activities with the goal of achieving sustained benefits to patient care within each activity and across the portfolio of all Trust activities.

The identified challenges that are relevant to the Commissioning Strategy are captured within all three significant risks:

- Significant Risk 1: Failure to achieve Operational Performance Standards
- Significant Risk 2: The Trust fails to manage its Finances appropriately
- Significant Risk 3: The Trust fails to comply the Regulatory Body Standards and Quality Indicators

These risk assessments are influenced by a variety of risks which are incorporated into the significant risk assessments, which are reviewed on a regular basis through the Trust committee structure.

6 Research & Audit

The promotion and conduct of research is a core NHS function, and The Trust recognises that a commitment to research and innovation is vital if it is to play a lead role in the development of urgent and emergency care.

The Trust will promote research activity that seeks to address the healthcare priorities for urgent and emergency care relevant to an ambulance service particularly where this leads to improvements in treatments and care for our service users. We will focus on raising awareness among patients and the public, so they are informed on research studies that are relevant to their health needs, and of the opportunities available for them to become involved.

The Trust recognises that effective healthcare commissioning requires access to the best evidence, appropriate data, and service evaluation. Research and evaluation evidence will therefore guide and inform our decisions about the commissioning and decommissioning of services. Our commitment to research will be consolidated by the activities of a research and development office, continued in partnership with local research networks, and by robust research governance arrangements to safeguard the wellbeing of those who participate.

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6 Delivery Plan

Objective 1 - Work in partnership with commissioners to design and implement new models of care

Deliverables		Responsibility	Timescale
1.	Make changes to the services we deliver to ensure they provide the greatest impact on health outcomes • We will work pro-actively to implement mental health response cars with partner agencies, subject to the necessary resource investment • We will continually review training requirements, ensuring that programmes are delivered according to emerging themes and trends and commissioned activity • Clinicians access the primary care summary care record and advanced care plans and directions electronically	Director of Clinical Commissioning Medical Director	Ongoing
2.	• Identify opportunities for enhancing patient care by developing business opportunities	Director of Clinical Commissioning	Ongoing
3.	• Changing the way we deliver services to ensure seamless care is delivered within the healthcare system, according to STP priorities	Director of Clinical Commissioning	Ongoing
4.	• Any mandated ambulance interventions are delivered	Director of Clinical Commissioning	Ongoing
5.	• WMAS will play an active role within the six Integrated Care Systems (ICSs) across the West Midlands, where we will have an associate role on the ICS Boards • An Executive Director will be allocated as the WMAS lead for each ICS	Director of Clinical Commissioning Director of Strategy & Engagement	Ongoing May 2021 Complete

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Objective 2 - Work pro-actively with Key Stakeholders in the governance of systems of care

Deliverables		Responsibility	Timescale
1.	Support commissioners in the review of pathways for patients following a fall, ensuring robustness, effectiveness, consistency and timeliness of follow up and falls prevention strategies In line with Safeguarding processes, support commissioners in the identification of frequent callers and onward planning for future care	Director of Clinical Commissioning	Ongoing
2.	• In line with Stakeholder Engagement Strategy, listen to our patients and use their experiences and feedback to improve our service and their experience	Director of Strategy & Engagement	Ongoing
3.	• Appropriate engagement with key stakeholders including: o Patients (Responsibility: All Directors) o Staff (Responsibility: People Director) o Governors (Responsibility: Director of Strategy & Engagement) o Commissioners (Director of Clinical Commissioning) o Other healthcare providers (All Directors) o HealthWatch (Responsibility: Director of Strategy & Engagement)	All Directors - As specified according to each stakeholder group	Ongoing
4.	• WMAS is represented at the ICS Boards by an Executive Director (see deliverable 5 of Objective 1)	Director of Strategy & Engagement	Ongoing
5.	• WMAS is represented at the Urgent & Emergency Care Boards • Where health economies are identified as 'troubled' the Urgent & Emergency Care Board is also attended by the Director of Clinical Commissioning	Director of Clinical Commissioning	Ongoing
6.	• Develop mechanisms to ensure that decision-making and priority setting are transparent and support the principles of the accountability for reasonableness framework	Director of Clinical Commissioning	Ongoing
7.	• Work collaboratively with partner organisations to ensure we maximise health outcomes o Patients with undiagnosed long-term conditions are referred for more specialised support via their GP	Medical Director	Ongoing
8.	• Making Every Contact Count - Work with Public Health England to deliver a programme of work that maximises health promoting opportunities o Sharing of Health Intelligence o Joint health promotion activity	Director of Clinical Commissioning	Ongoing

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Objective 3 - Deliver excellence in clinical outcomes and provide measurement of these

Deliverables		Responsibility	Timescale
1.	Work with commissioners and national bodies to define performance metrics, ensuring: • Appropriate national suite of clinical performance measures is in place • Research programmes that provide evidence-based measures of ambulance service interventions are being delivered	Medical Director	Ongoing

Objective 4 - Ensure the organisation has robust contract and procurement processes in place

Deliverables		Responsibility	Timescale
1.	• Work in partnership with ICSs to review service provision and develop a robust set of commissioning intentions • Commissioning intentions are refreshed and in place by December each year	Director of Clinical Commissioning	Annually in December
2.	• Ensure robust commissioning and contract management processes are in place	Director of Clinical Commissioning	According to NHS Improvement Timescales

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Commissioning Strategy on a Page

Purpose	To ensure that patients receive the highest standards of clinical care at the right place at the right time in partnership with the local health economies. The Trust will achieve this through informed clinical commissioning that engages clinical staff within the organisation and works in partnership with commissioners and in collaboration with external stakeholders.				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
Objectives	**Objective 1** Work in partnership with commissioners to design and implement new models of care	**Objective 2** Work pro-actively with key stakeholders in the governance of systems of care	**Objective 3** Deliver excellence in clinical outcomes and provide measurements of these.	**Objective 4** Ensure the organisation has robust contract and procurement processes in place	
Outcomes	1. The Trust's continued work towards becoming a world-class emergency care provider where staff work together to deliver the highest standards of health care and achieve excellent outcomes 2. The Trust's strategic objectives: trusted on quality, delivering for tax payers and providing excellence in healthcare 3. The Quality Contract, Commissioning for Quality & Innovation (CQUIN) and the Quality, Innovation, Productivity, Prevention programme (QIPP). 4. Delivery of the Trust's statutory objectives as an emergency ambulance provider. 5. Improvements in clinical outcomes for patients.				
Key Areas	Clinical Quality	New Models of Care	System Governance	Clinical Outcomes	Contract and Procurement

VALUES	World Class Service	Patient Centred	Dignity & Respect	Skilled Workforce	Teamwork	Effective Communication

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Appendix 1 The Commissioning Cycle

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Appendix 2 Clinical Commissioning Group Priorities for WMAS

Self-Care and Self-Management	• Supporting people to stay healthy and have healthy lifestyles • Educating people to manage long-term conditions • Making information and guidance readily available • Supporting the third sector to deliver programmes of prevention and support • Assistive technologies • Falls prevention
Primary Care Services	• Supporting innovation in the delivery of care through locality based urgent care centres • Primary Care as part of integrated locality teams supporting vulnerable and older people • Improved premises and IT systems • Supporting formal federations/collaboration of member practices • Workforce reconfiguration
Integrated Care	• Integrated care delivered by locality teams • Risk stratification and case management • Personalised Care Plans Seven day a week access to services • Supporting frail older people • Supporting people living with dementia • Anticipatory care
Urgent Care	• Urgent care coordination centre • Crisis response services • Direct access GP beds • Acute GP service • Same day emergency care (SDEC)
Supporting People to improve their Mental Health	• Reduced stigma and discrimination with parity of esteem • Prevention and early intervention • Improved recovery and enhanced Mental Health Re-ablement • Suicide Prevention • Child and Adolescent Mental Health Services
System recovery following the global COVID pandemic	• Recovery of the elective programme of work, this will impact on the PTS services • New models of working to meet the health needs of the population • Population health management
Other Service Areas and Key Enablers	• Children • Planned care • Safeguarding • Information technology • Workforce development and cultural change • Carers • Patient engagement

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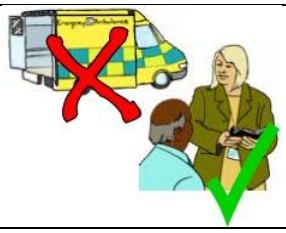
Appendix 3 Patient Expectations

	• Provide a high quality and responsive 999 service to everybody in the West Midlands • Ensure our staff are highly trained • Provide vehicles and equipment that are of a high quality • Maintain public confidence in the brand: NHS West Midlands Ambulance Service University NHS Foundation Trust • Ensure that we 'Make Every Contact Count' • Makes our service equally accessible to everybody
	• Optimise levels of 'Hear & Treat' • Provide a Clinical Support desk to clinicians 'on the road' and call takers • Ensure that we achieve high levels of satisfaction • Encourage user and public involvement • Engage with our wider public and population
	• Optimise levels of patient care managed on scene • Work in partnership with service users and other stakeholders to identify alternatives to 999 care • Implement evidence-based systems that safely enable patients to be treated outside of hospital • Develop the digital patient record to integrate patient care with the wider health system
	• Identify services that most appropriately meet the needs of service users • Work collaboratively to signpost service users to alternative services • Maintain a Directory of Services that allows alternative services to be identified for specific patient need • Identify opportunities for WMAS to deliver alternative services (e.g. Urgent Care Centres) • Deliver an integrated 111 and 999 service for the West Midlands (excluding Staffordshire and Stoke-on-Trent)
	• Ensure that patients are only taken to an acute hospital when this is needed • Patients will be taken to the most appropriate hospital for their needs • WMAS will work in partnership with hospitals to ensure the most appropriate pathways of care are implemented • Pathways of care will be designed to achieve the best patient outcome • We will develop measures of the outcomes of pathways of care (e.g. Stroke, Trauma)
	• WMAS will be an ambulance provider that is 'Best in Class' • We will deliver performance that is consistently in the upper quartile • We will provide a service that patients rate highly, and would recommend to their Friends and Family • There will be parity of esteem for all service users

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WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 08e MONTH: October 2021 PAPER NUMBER: 06e

Risk Management Strategy	
Sponsoring Director	Director Nursing and Clinical Commission
Author(s)/Presenter	Director Nursing and Clinical Commission
Purpose	To present the Commissioning Strategy document for review and if appropriate approval, subject to comments at the meeting.
Previously Considered by	QGC
Report Approved By	Director Nursing and Clinical Commission

Executive Summary

The Trust board approved its organisational strategy in May 2021, aligned to the Trust strategy are a number of enabling strategies, which support the delivery of our organisation vision and five strategic priorities.

This paper provides an overview of the progress with the review of the Risk Management Strategy. The strategy has been submitted to the relevant Committee for review prior to consideration by the Board. In the case of this strategy it was reviewed by the Quality Governance Committee at its meeting on 18 October 2021 and the views of the Committee will be submitted verbally to the Board.

The purpose of this paper to seek the Board's review and if appropriate approval of the Strategy pending any comments received.

Related Trust. Objectives/ National Standards	The documents support the Trust's updated Strategic Objectives and any relevant national standards and priorities
Risk and Assurance	The Board has the key role of formulating strategy and then holding the Trust to account for delivery of the strategy. Having reviewed and updated the documents, there is reduced risk of ambitions being out of date; and increased assurance that the Trust's ambitions are incorporated and are included in the governance process for regular measurement and update.
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Financial Implications	The Finance Strategy will incorporate necessary work streams to ensure the requirements of the Trust Strategy are accounted for
Workforce & Training Implications	The People Strategy will incorporate necessary work streams to ensure the requirements of the Trust Strategy are provided for
Communications Issues	The Communications and Engagement Strategy identifies means of communication with internal and external stakeholders
Diversity & Inclusivity Implications	The needs of staff and members of the public will be reflected within the work streams of the People Strategy, the Diversity and Inclusion Strategy and the Communications and Engagement Strategy

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 08e MONTH: October 2021 PAPER NUMBER: 06e

Quality Impact Assessment	Individual Quality Impact Assessments will be required for each of the enabling strategies prior to presentation at the Governance Committees
Data Quality	The data on which each enabling strategy is based will be authorised by each Director

Action required

For the board to receive the Strategy and if appropriate approve the contents following the review by the appropriate Board Committee.

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RISK MANAGEMENT STRATEGY
2021-2023

DATE APPROVED:	
APPROVED BY:	**Board of Directors**
IMPLEMENTATION DATE:	
REVIEW DATE:	**October 2020**
LEAD DIRECTOR:	**Director of Nursing, Quality and Clinical Commissioning**
IMPACT ASSESSMENT STATEMENT:	**No adverse impact on Equality or Diversity**

Document Reference Number:	**Strategy – 013 (Version 4)**

Change Control:

Document Number	Strategy – 013
Document	Risk Management Strategy 2019-2021
Version	Four
Owner	Director of Nursing & Clinical Commissioning
Distribution list	All
Issue Date	May 2019
Next Review Date	October 2021
Author	Head of Risk (Interim)

Change History:

Date	Change	Comment/Approved by
March 2016	Risk Management Strategy elements removed from Quality Strategy and moved to this draft document.	Identified as a recommendation from the Well Led Review 2015
March 2016	Risk Team agreed risk management objectives and Strategy on a Page	For review and comment by: • Executive Management Board (15/3/16) • Audit Committee (15/03/16) • Quality Governance Committee (16/3/16) • Board of Directors (30/3/16)
March 2017	Reviewed to take account of CQC Inspection Findings. Submitted to Quality Governance Committee for review and approval to escalate to Board of Directors	
March 2017	Approved	Board of Directors
04 March 2019		Quality Governance Committee
28 May 2019	Approved for ratification and Implementation	Board of Directors
June 2021	Review undertaken by Head of Risk following Strategy Day and discussion with Internal Audit – including reference to Risk appetite and tolerance as well as changes to BAF process, Risk Grading and risk levels. Inclusion of reference to Risk Appetite Statement which is a supportive document	
September 2021	Inclusion of reference to Pulse Surveys as well as listing relevant newer and reviewed Trust Policies and Procedures	
Renumbered from CG – Strategy – 007 due to change in referencing process		

CONTENTS

1 Executive Summary

West Midlands Ambulance Service University NHS Foundation Trust (the Trust) is committed to delivering a safe, efficient, cost-effective, high-quality healthcare service which fully integrates all the threads of quality, performance and governance as detailed in the Trust's Strategic Plans.

Risk management is a key component of enhancing patient care and is a central part of the Trust's strategic management. It is the process whereby the Trust methodically addresses the risks attached to its activities with the goal of achieving sustained benefits to patient care and to the Trust's strategic agenda, within each activity and across the portfolio of all Trust activities. The focus of risk management in the Trust is the identification and treatment of these risks.

This strategy provides the organisation with a holistic Risk Management Strategy that bridges all aspects of internal and external risk, to reduce the exposure to risk of the organisation, our staff, the patients we serve, and the general public amongst whom we operate to the absolute minimum possible.

2 Definitions

2.1 **Risk Management** is defined as: Identifying all risks which have potentially adverse effects on the quality of care, safety of patients, staff and visitors, and threat to the achievement of the Trust Strategic Objectives. It is the duty of the Trust to assess, manage, evaluate and review those risks, and take positive action to eliminate and reduce them.

2.2 Risk Appetite is defined as: the level of risk that an organisation is prepared to accept, tolerate or be exposed to at any point in time. As detailed in the Trust Risk Appetite Statement.

2.3 Risk tolerance is the minimum and maximum risk the Trust is willing to accept to ensure its Strategic Objectives are met.

2.4 Residual risk is defined as any level of risk which remains following implementation of controls/actions.

2.5 Moderate and **High Risks** can be defined as 'organisational-wide risks' that attract a score of 12 or above on the Trust Risk Grading Matrix (Appendix 1) and are escalated to the Board Assurance Framework (BAF) and ***have the potential to seriously jeopardise the ability of the Trust to achieve its Strategic Objectives*** (SO). Each Risk is assigned to a specific objective and is reviewed by the aligning committee. (Appendix 2 – Point 2.2)

These Risks differ in magnitude and complexity to other risks and often require comprehensive risk mitigation assessments which span over a longer timescale than lower level risks.

		These risks, and associated assessments, are recorded on the Trust Risk Register and an up-to-date position is provided quarterly to the Board through the Board Assurance Framework and the Risks rated 12 and above report. All risks are managed and escalated via the Trust's management and committee structure according to the Terms of Reference for each committee. The Schedule of Business clearly identifies timescales for review of each risk, details of which are available on the Trust's intranet.
	2.6	The Trust's key **Regulatory Authorities** are the Care Quality Commission (CQC) and NHS Improvement (NHSI) both of which set standards and provide frameworks for the Trust to operate a safe, effective, responsive, caring and well led service within the requirements of its Provider Licence.
3	**Introduction**	
	3.1	All activity contains inherent risks. Risk management is central to the effective running of any organisation. At its simplest, risk management is good management practice. It should not be seen as an end in itself, but as part of an overall management approach. The Trust's Board of Directors will ensure that decisions made on behalf of the organisation are taken with consideration to the effective management of risks.
	3.2	An understanding of the risks that face NHS Trusts is crucial to the delivery of emergency healthcare services moving forward. The business of emergency healthcare is by its nature, a high-risk activity and the process of risk management is an essential control mechanism. Effective risk management processes are central to providing the Board of Directors with assurance on the framework for clinical quality and corporate governance.
	3.3	The Trust **Strategic Objectives**, as set out below, require the effective management of risks attached to their delivery and success. Each Objective will align with the relevant Management Committee to review all of its risks including those included on the BAF:
		1. Safety, Quality and Excellence 2. A great place to work for all 3. Effective Planning and use of resources 4. Innovation and Transformation 5. Collaboration and Engagement
	3.4	Risk management objectives support the Trust's Strategic and Operational plans available on the Trust's intranet and website and are as follows: • To ensure accurate and timely identification, reporting and managing of risks, incidents, near misses • To facilitate timely feedback and learning from reported risks, incidents and near misses supported by robust governance processes

		• To engage with and support Board level ownership and offer assurance that the risks are thoroughly reviewed and managed effectively • To promote an open and transparent culture of risk management throughout the organisation, giving all staff confidence in the system and an understanding of the key risk definitions, processes, actions and management of risks at all levels. The plans detail how the Trust manages risks including, but not limited to, those relating to Operational, Clinical, Health & Safety, Financial and Security.
	3.5	The Trust will ensure it addresses potential for adverse reputational impacts by proactively reviewing its systems and processes in light of externally published reports. This includes reports such as the 'Themes and lessons learnt from NHS investigations into matters relating to Jimmy Saville (2015)' and other public enquiries that may have service delivery implications. For further information see the Trust Safeguarding Policy & Procedures and the Observers Procedure.
4	**Responsibilities and Organisational Framework**	
	4.1	The Chief Executive Officer has overall accountability and responsibility for risk management within the Trust. Operationally, the Chief Executive has delegated responsibility for implementation of risk management (Appendix 2).
	4.2	The Trust organisational committee structure supports delegated risk management systems within the Trust. The Terms of Reference of each of the committees and groups is reviewed throughout the year. For the most recent version please refer to the Trust intranet.
	4.3	The organisational structure is supported by the Board Assurance Framework (BAF). The Board of Directors gains assurance through the BAF that risks are being appropriately managed throughout the organisation. The BAF is built around the Trust's Risk Register. The Board of Directors review the BAF at least 4 times each year.
	4.4	A brief summary of the levels of responsibility for treatment of each level of risk is provided in Appendix 2.
	4.5	The Director of Nursing and Clinical Commissioning is responsible for monitoring compliance with this Strategy and will request an earlier review should evaluation and/or legislation identify change requirements.

5	**Promoting a Fair and Open Culture**	
	5.1	All staff have an important role to play in identifying, assessing and managing risk. To support staff the Trust provides a fair, open and consistent environment and as such both the Trust's risk register and incident reporting mechanisms are hosted on a staff facing intranet site. In turn, this encourages a culture and willingness to be open and honest in line with the national whistle-blowing helpline, and the Being Open/Duty of Candour Policy and Freedom to Speak Up.
	5.2	It is imperative that exemplary, safe and good risk management practice across all levels of the Trust is shared and disseminated appropriately, for example, Weekly Brief, Guidance Documents, Process/Procedure.
	5.3	In the interest of openness and the process of learning from mistakes, formal disciplinary action will not usually be taken as a result of a risk management investigation. However, a serious breach of health and safety regulations and serious negligence causing loss or injury are examples of gross misconduct in the Trust's Disciplinary Policy and will need to be addressed.
6	**Systems and processes for Managing Risk**	
	6.1	The Trust operates systems to identify and facilitate the management of risk throughout the organisation. These are described in detail in the appropriate procedural documents, the most pertinent ones in respect of risk are below, but note the list is not exhaustive.
		• Incident Reporting and Investigation Policies • Analysis and Learning Procedure • Complaints, Claims and Patient Safety policies and procedures • Risk Assessment and Management Policy • Manual Handling Policy • Health & Safety Policy • Managing Slips, Trips and Falls Policy • Standing Financial Instructions • Medicines Management Policy • Fire Policy • Trust Risk Appetite Statement • Board Assurance Framework • Health, Safety and Risk Management Framework • Competency to Complete a Risk Assessment • Human Factors Framework (DRAFT) • Managers ER54 Managers Investigation Procedure
	6.2	The Trust maintains policies & procedures in order to minimise risk and ensure staff work in accordance with their training and education, and

		within their level of competence. Policies and procedures are reviewed through their relevant group and committee within the Trust's governance structure. Policies and procedures are also shared with Policy Group that contains staff side colleagues.
	6.3	The Trust maintains one risk register on SharePoint, which is open for all staff to view (apart from commercially sensitive and resilience risks). Each risk has an identified Director, Committee and Risk Lead.
	6.4	Current Trust Strategies, Policies and Procedures are available from the Trusts intranet. Selected Policy documents are also available on the Trust website: www.wmas.nhs.uk
7	**Risk Assurance**	
	7.1	Para removed
	7.2	The Trust is required to publish an Annual Governance Statement and must evidence internal and external audit reports to support this Statement. The Board Assurance Framework brings together this evidence.
	7.3	The Board Assurance Framework provides the Trust with a simple but comprehensive method for the effective and focused management of the risks that provide greatest threat in not meeting its objectives. It is held on the Trust Intranet where Committee members review prior to meeting, this report is then reviewed at the relevant committee. This simplifies Board reporting and prioritisation which in turn allows more effective management and engagement and offers the assurance that thorough committee level review has taken place.
	7.4	The Board Assurance Framework identifies which of the Trust's objectives are at risk. At the same time, it provides structured assurances about where risks are being managed effectively and objectives are being delivered. The principal tools for this are the Trust's Risk Registers, Key Performance Indicators and the Trust monitoring and audit systems.
	7.5	Controls and assurances, describing how the organisation manages anticipated risks aligned with the organisation's long-term strategic objectives are identified within the Trust's strategic and operational plans.
	7.6	To deliver these the **Board of Directors**:
		• Agree a common set of objectives that set the Strategic Direction of the Trust – **Strategic Objectives**
		• Determines whether it can robustly achieve its objectives based on – **Risk analysis** and identification of **High Risks.**
		• Establishes governance systems enabling it to monitor and achieve

		its objectives – **Controls** • Understands what information it needs – **Assurance** • If at any time performance reporting and risk management processes indicate that the Trust will not meet current or future regulatory requirement/target then the Board of Directors must notify Monitor via an Exception Report.
8	**Registering Risk Assessments**	
	8.1	Each Department/Area carries out Risk Assessments that feed into the Trust Risk Register. A single framework for the assessment, rating, and management of risk is used throughout the Trust. This process is described within the Trust's Risk Assessment & Management Policy and the Trust Guide to Recording a Risk Assessment
	8.2	All risks identified which impact on the strategic objectives are held on the Trust Risk Register, and aligned to the relevant Strategic Objective on the Board Assurance Framework.
	8.3	An effective and open risk culture should encompass all Staff in the organisation. A proactive approach to risk management should be holistic and identify all risks to the organisation, including but not limited to, clinical, organisational, health and safety, business and financial.
	8.4	All minutes and actions of committees are forwarded to Head of Risk to ensure review and sufficient recording and escalation of Risks identified.
	8.5	Risk culture pulse surveys are to be disseminated at least twice per year to all Trust staff to both gather opinion and to ensure the risk and safety culture of the Trust remains open and healthy. As per the Risk Appetite Statement.

9 References

External

1. CQC, (Feb 2014) 'Care Quality Commission WMAS Review of Compliance' [online] available from http://www.cqc.org.uk

2. Monitor (2013) The NHS Foundation Trust Code of Governance [online] available from https://www.gov.uk/government/publications/nhs-foundation-trusts-code-of-governance

3. Monitor (2015) Risk Assessment Framework [online] available from https://www.gov.uk/government/publications/risk-assessment-framework-raf

4. Monitor Governance over Audit, Assurance and Accountability (2015) [online] available from https://www.gov.uk/government/publications/risk-assessment-framework-raf

5. DH², (2010) Transparency in outcomes – a framework for the NHS, Department of Health [online] available from Transparency in outcomes - a framework for the NHS : Department of Health - Consultations

6. Good Governance Institute, (2009) 'Board Assurance Frameworks' A simple rules guide for the NHS: Board Assurance Frameworks:

7. Kings Fund, (2009) 'From board to ward – identifying good practice in the business of caring' [online] available from http://www.kingsfund.org.uk/document.rm?id=8212 17 July 2012

8. NHS England (2015) Serious Incident Framework: Supporting learning to prevent recurrence. Patient Safety Domain. London.

Internal

1. Trust Strategic and Operational Plans available on the Trust's intranet site and on request from the Trust's Freedom of Information Office. FOI@wmas.nhs.uk

All other internal documents referenced in this Strategy are available from the Trust's intranet, website or from the Freedom of Information Office.

Appendix 1 Trust Risk Grading Matrix

The same grading tool is used by the Trust for all risk processes (Risk Assessment, Risk Register). Risks are measured according to the following formula:

Consequence x Likelihood = Risk Score

Risk is defined as:

1.1. The probability or likelihood that a particular hazard will cause injury, ill health, harm, damage or loss.

1.2. The extent of the risk will depend on:
- The consequence or potential severity of that harm, loss or damage (e.g. severity of any resultant injury or adverse health effect) being realised.
- The likelihood or frequency of that harm, loss or damage occurring.

1.3. **The evaluation and measurement** of risk is subjective, but the degree of subjectivity can be minimised if the consequence and likelihood criteria are adhered to, as set out below:

CONSEQUENCE SCORE OF INCIDENT (actual and potential)

Descriptor	Damage / Loss	Actual or potential impact on the individual	Actual or potential impact on the Trust	The Potential for Complaint / Litigation
Catastrophic 5	Extensive	DEATH through accident(s), to patient(s), members of staff or public. HUGE FINANCIAL LOSS	National and local adverse publicity. Severe loss of confidence in the Trust Extended Service closure RIDDOR reportable.	Litigation certain / expected Complaint definite
Major 4	Major	PERMANENT INJURY e.g. loss of body part, miss-diagnosis with poor prognosis. MAJOR FINANCIAL LOSS	National and local adverse publicity. Major loss of confidence in the Trust Temporary Service closure. RIDDOR reportable. Long term sickness	Litigation probable / expected Complaint probable
Moderate 3	Serious	SEMI PERMANENT INJURY / DAMAGE e.g. injury up to 1 year to resolve. HIGH FINANCIAL LOSS	Local adverse publicity Moderate loss of confidence in the Trust RIDDOR reportable. Long term sickness	Litigation possible but not certain. High potential for complaint.
Minor 2	Moderate	Minor SHORT TERM INJURY/ DAMAGE. e.g. injury up to 1 month to resolve. MEDIUM FINANCIAL LOSS	Minimal risk to the Trust. Possible RIDDOR	Complaint possible. Litigation unlikely.
Insignificant 1	Minor	NO INJURY or ADVERSE OUTCOME LOW FINANCIAL LOSS	No risk to the Trust.	Unlikely to cause complaint. Remote risk of Litigation.

WHAT IS THE CHANCE OF THIS INCIDENT OCCURRING AGAIN?
CHOOSE THE LIKELIHOOD OF REOCCURRENCE FROM THIS TABLE:

Descriptor	Description
5 Almost Certain	Is expected to occur in most circumstances.
4 Likely	Will occur in most circumstances.
3 Possible	Might occur at some time.
2 Unlikely	Could occur at some time.
1 Rare	May occur only in exceptional circumstances

1.4. Once you have identified the appropriate consequence and likelihood of recurrence, then plot these on the graph below and record the colour risk category assigned.

DETERMINE THE RISK CATEGORY

New simplified scoring

	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Almost Certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 unlikely	2	4	6	8	10
1 Rare	1	2	3	4	5

THE BELOW IS TO BE REMOVED

	SEVERITY / CONSEQUENCE				
LIKELIHOOD	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Almost Certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 Unlikely	2	4	6	8	10
1 Rare	1	2	3	4	5

2. Risk Classification

2.1 Low (Acceptable, Green and Yellow) Risk

Realistically it is never possible to eliminate all risks and there will be a range of risks identified within the Trust that would require it to go beyond 'reasonable' action to reduce or eliminate them. It is where the cost in time or resources required to reduce the risk would far outweigh the potential harm caused in a particular situation. These risks would be considered 'acceptable' by the Trust. Examples are frequent, low consequence events such as minor property loss and damage, injuries requiring minimum first aid only or potentially serious events that are very unlikely to occur and for which reasonable preventative measures are in place. **It should be remembered that research has indicated that a serious accident is very often preceded by a number of minor incidents or near misses, so it is important to capture and monitor trends and that appropriate action is taken to avoid a serious accident happening. These risks will form part of an aggregate review to identify trends where managerial action will have the most cost effective impact to reduce multiple low level risks.**

2.2 Moderate (Manageable, Amber) Risk

The risk can realistically be managed or reduced within a reasonable time scale through cost effective measures, such as developing a safer system of work, training, protocols or new equipment purchase. Examples are manual handling injury, malicious damage, procedure failures and injury to staff or patients.

2.3 High (Serious /Significant, Red, Score) Risk

The consequences of the event could have a serious impact on the Trust and threaten its objectives. Examples are accidental death, major fire, or a major disruption of services.

This category may include risks that are individually manageable but cumulatively serious, such as a series of similar injuries.

NEW SCORING DEFINITIONS

Very Low Risk 1 - 4	Low Risk 5 – 10	Moderate Risk 12 - 16	High Risk 20 - 25
Managed at Local Level	Managed at Directorate Level	Managed at Board Sub-Committee Level and reported to Board	Managed at Trust Board Level & Executive Management Board

Appendix 2 Management of Risk Registers & Risk Treatment Authority

2.1 **Risk management** involves a planned and systematic approach to the identification, assessment and mitigation of the risks that could hinder the achievement of strategic objectives. It involves the following main steps:

- identifying the risks that would prevent achievement of objectives
- assigning ownership
- evaluating the significance of each risk
- identifying risk appetite and tolerance
- identifying suitable responses to each risk
- ensuring the internal control system helps manage the risks
- regular review which will include effectiveness of controls and management of residual risk

The Trust Risk Registers are documented on the Trust's IT system (Sharepoint) that lists all the identified risks and the results of their analysis and evaluation. Information on the status of the risk is also included. The Register forms the basis for action plans designed to address weaknesses in controls identified and mitigate risks where this is considered to be desirable.

The Trust Risk Registers identify risks at four levels:

Level 1 – Very Low Risk
These encompass day to day tasks which are managed appropriately at a local level and would not expect to generate any incident reports.

Level 2 – Low Risk
These would include processes of work undertaken, as above, generally day to day risks and although low, could include an amount of residual risk which would require more focus and raised to a Director for further action.

Level 3 – Moderate Risk
Reviewed at Committee and could lead to injury, financial cost, litigation or further action against the Trust and potentially impact achievement of objectives.

Level 4 – High Risks
Those risks that have major implications across the whole of the Trust and could prevent the Trust achieving its Strategic Objectives. These are graded as 20-25 and once reviewed and agreed by the relevant Committee are escalated to the Executive Management Board (EMB) and then to the Board of Directors.

2.2. Roles and Responsibilities

The **Board of Directors** holds overall responsibility for the management of risks within the Trust. The Board ensures significant risks to the Trusts ability to provide a quality service are identified and managed. They review the BAF at least 4 times each year.

The **Executive Management Board** review the BAF at least quarterly and will escalate as required.

The **Quality Governance Committee** reviews and monitors actions for Patient Safety (Clinical, Health and Safety, Equipment etc.)

The Resources Committee has responsibility for monitoring and reviewing the adequacy and utilisation of resources to assure the Board upon the risks relating to the efficient and effective delivery of strategic and operational plans and objectives.

The **Health, Safety Risk & Environmental Group** review each section of the Risk Register at least annually to ensure appropriate grading, management and escalation has taken place. They alert the relevant owner and committee to any risks they deem to be a greater or lower grade than documented and review closed risks at each meeting to ensure closure was managed correctly.

The **Professional Standards Group** ensures that risks relating to the Clinical and Quality strategies are reviewed, thus ensuring high quality clinical care continues to be delivered across the organisation. PSG ensures the organisation remains Safe, Effective and Responsive and that opportunities to further improve are reviewed and actioned accordingly.

The **Operational Management Team** manages service delivery risks. They ensure that the risk registers are maintained by the relevant manager.

The People Committee has specific responsibility for the management of risks relating to the employment and development of staff and will review the risk register as a standing item.

Risks may be raised through any of the processes identified in this Strategy or through discussion at committee or working groups. Chairpersons will ensure that risks raised at meetings that are the responsibility of another group will be communicated accordingly to the appropriate forum.

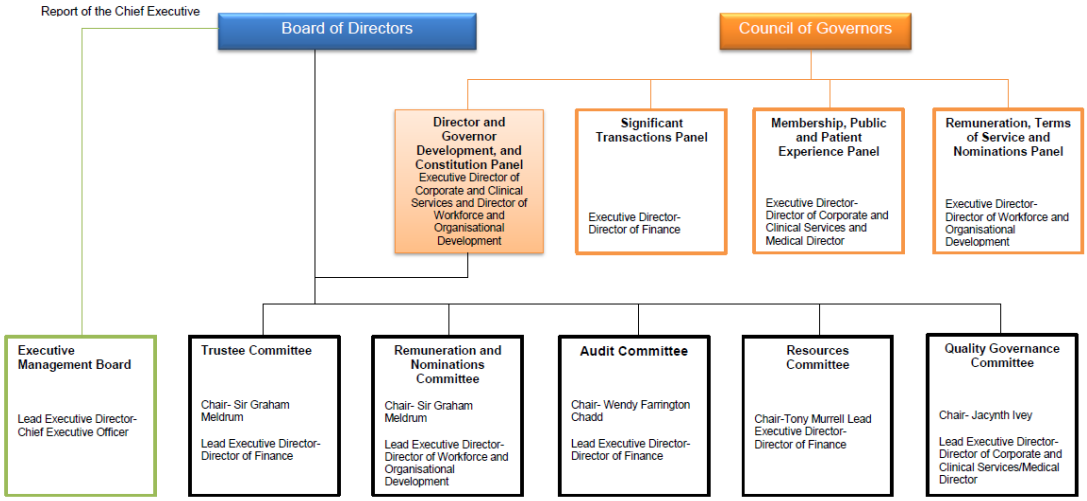
Executive Directors hold responsibility for the identification and management of their risks and ensure they are documented, registered and updated in a timely fashion for the relevant forums to review.

The Director of Nursing & Clinical Commissioning is responsible for the Risk Management Process within the Trust and as such will ensure:

- the Risk Register is maintained
- the Board Assurance Framework (BAF) is maintained

All staff have a duty to report and act upon risks that may affect the health and wellbeing of staff, patients and the public.

TRUST COMMITTEE STRUCTURE



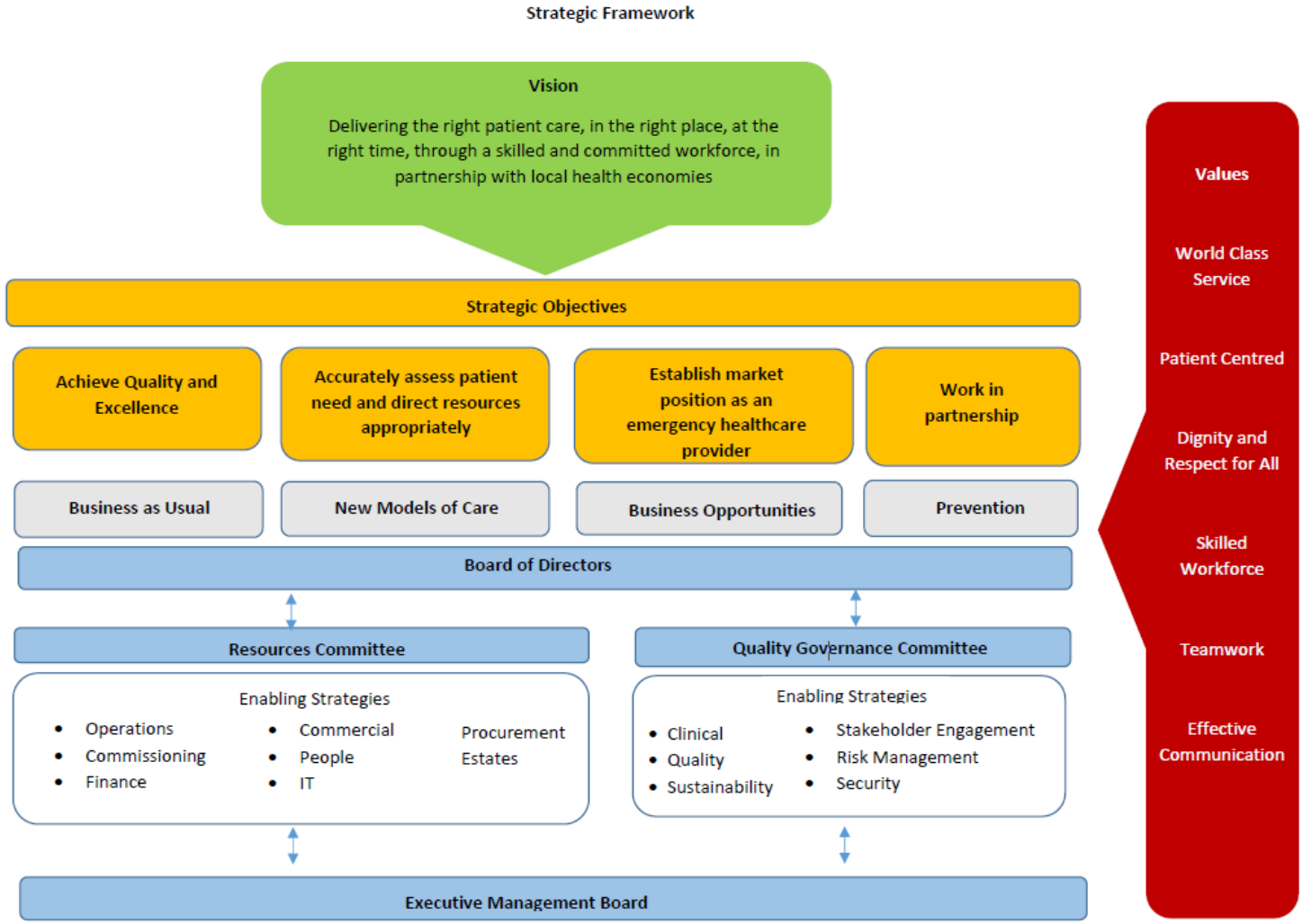
Appendix 3 Strategy on a Page

STRATEGIC OBJECTIVES	
1. Achieve Quality and Excellence	**2.** Accurately assess patient needs and direct resources appropriately
3. Establish our market position as an emergency healthcare provider	**4.** Work in partnership

Risk Management Strategy on a Page							
PURPOSE	To provide robust and efficient processes for identifying and managing situations which could present a risk to the organisation.						
OBJECTIVES	To ensure safe and timely systems for identifying, reporting and managing risks identified through analysis of internal and external information	To facilitate timely feedback and learning from reported risks, incidents and near misses supported by robust governance processes	To support Board level ownership and assurance that the risks are thoroughly reviewed and managed effectively	To promote an open and transparent culture of risk management throughout the organisation, giving all stakeholders confidence in the system			
OUTCOMES	1. Systems for reporting of risks and incidents are fit for purpose 2. Regular reporting informs the organisational structure up to and including the Board of Directors on the management of risk 3. The Board of Directors are aware of significant and 12 and above risks, with opportunity to debate and influence mitigation 4. The Board of Directors is assured that all reported risks and incidents are appropriately managed 5. Staff are able to access information relating to the identification and management of risks and understand the importance of incident reporting to support the process 6. Risk management is part of the schedule of business for all relevant committees and groups						
KEY AREAS	Risk management	Incident reporting	Analysis and Learning	Engagement	Governance Structure		
VALUES	**World Class Service**	**Patient Centred**	**Dignity and Respect for All**	**Skilled Workforce**	**Effective Communication**	**Teamwork**	

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

Appendix 4 Strategic Framework



WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD

AGENDA ITEM: 08b MONTH: October PAPER NUMBER: 06b

Hand Over Delays BAF Risk Rating of 25	
Sponsoring Director	Director of Nursing, Quality and Clinical Commissioning
Author(s)/Presenter	Head of Risk
Purpose	The Board is requested to review the report and agree to raise the risk score to 25 (Consequence 5 = Catastrophic x Likelihood 5 = Almost Certain = 25)
Previously Considered by	Discussed at EMB where completion of paper was requested
Report Approved By	Director of Nursing, Quality and Clinical Commissioning

Executive Summary

Delays at Hospitals have long been a concern for the Trust, with the risk sighted since 2013 on the Risk Register and consistently scored at a 12 and above during each review. It is currently graded at a 20 but worsening handover delays and severe patient harm has led to the opinion that this should increase to a 25. This is the highest risk level available and unprecedented in the Trusts history, this is because of the belief that patient harm is almost certain in these cases.

It is requested that the Board agree raising the risk score to 25 and discuss any further options and actions which could be initiated to ensure this risk is managed so that it does not present an even greater significance.

Related Trust Objectives/ National Standards	Ensuring that this risk is escalated and managed appropriately will ensure continued review and support the Trust in ensuring it achieves its Strategic Objectives
Risk and Assurance	Covered in the Risk Assessment **PS-074** - Risks associated with extensive Hospital Breaches, Delays and Turnaround times resulting in patient delay and harm, lack of resources to respond and serious incidents – and subsequent actions identified
Legal implications/ regulatory requirements	The report identifies good corporate governance and ensures that the trust continues to comply with Health and Safety Legislation by completing Risk Assessments and identifying relevant mitigating actions.

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD

AGENDA ITEM: 08b MONTH: October PAPER NUMBER: 06b

Financial Implications	There are no direct financial implications for the Committee to consider, however the risk assessment may identify certain actions which require financial resource
Workforce & Training Implications	There are no direct workforce implications, however the risk assessment may identify certain actions which require further workforce resource
Communications Issues	The statement will require communication through the usual channels to colleagues
Diversity & Inclusivity Implications	There are no direct implications, however risks may be identified and addressed which impact this area
Quality Impact Assessment	This is addressed, where appropriate in the risks identified and mitigating actions.
Data Quality	The information supplied in the report is gathered from existing reports and information through Orbit
Action required The Board is requested to review the report and agree to raise the risk score to 25 (Consequence 5 = Catastrophic x Likelihood 5 = Almost Certain = 25)	

Ambulance Handover Delays – increasing the risk score to 25 (Consequence – Catastrophic & Likelihood – Almost Certain)

Delays at Hospitals have long been a concern for the Trust, with the risk sighted since 2013 on the Risk Register and consistently scored at a 12 and above during each review. It is currently graded at a 20 but worsening handover delays and severe patient harm has led to the opinion that this should increase to a 25. This is the highest risk level available and unprecedented in the Trusts history, this is because of the belief that patient harm is almost certain in these cases.

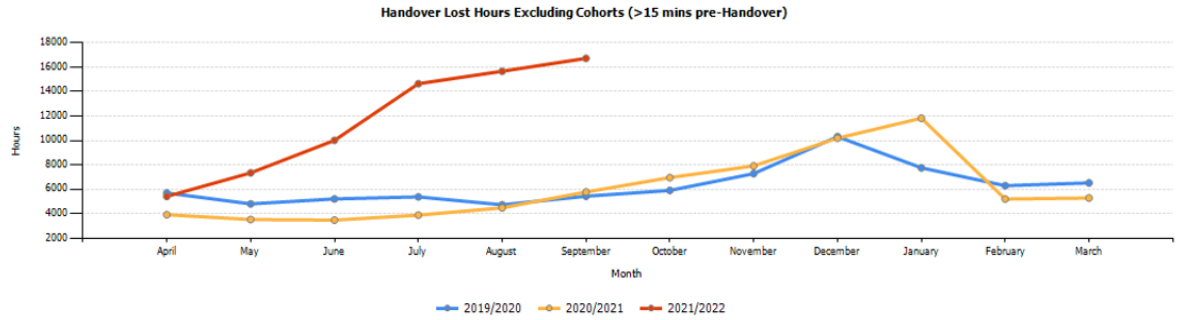
Historically, increased handover times at hospital although impacting performance and patient delays, have been manageable and rarely resulted in waits of over an hour. On Monday 4th October average waiting times at Royal Shrewsbury hit four hours with over two hour waits at Worcestershire Royal. Another five hospitals exceeded an hour for the average handover. Crews waited over nine hours to hand over at two hospitals and one patient was cohorted by ambulance staff for over 13 hours while waiting to be handed over at Shrewsbury, all of this despite conveyance rates not increasing. Although our Staff are in situ and available to offer continuing medical assistance, these prolonged periods on our vehicles and stretchers does not provide optimum patient care or experience, which would be in the Hospital. Unfortunately, there have been several cases where severe patient harm has occurred due to the hospital delay resulting in several SI's.

Although significant delays and harm to patients awaiting handover at Hospital has, and continues to occur, there is perhaps a greater risk to patients in the community who cannot receive a timely and appropriate ambulance response, because of ambulances being held at Hospital. This is reflected in the continued increase of emergency calls held in the stack, which continues to present a significant challenge for the Trust and as per a recent Freedom of Information request, patient deaths whilst waiting for an Ambulance response.

For the majority of September, the Trust has been at REAP Level 4 and Level 4 of Surge management plan several times. Patients waiting for assistance are on the increase and it is not unusual to see over 200 incidents outstanding, many of which can be for several hours. Clinical validation is now embedded and has resulted in an increase in hear and treat of approx. 15% meaning that alternative pathways are being identified for patients, reducing the need to respond an Ambulance. However, this has not resolved the issue completely with continuing high levels of call stacking, where there are instances of holding category 2 patients waiting for prolonged periods.

The impact on patients is distressing and unsafe but this also impacts our staff in various ways. These situations are stressful and they are effectively undertaking a care assistant role, rather than utilising their actual Paramedic skills in the prehospital environment. They are encountering continued stress and frustration due to an inability to respond to other patients, and greater exposure to stressful and upsetting patient conditions, feeling helpless in some cases. Not only are frontline and patient facing staff affected, but IEUC staff are experiencing a relentless and unforeseen level of call demand with little time between calls to reflect and compose themselves.

Another area of great impact on the Trust is being felt with the significant increase month on month of lost hours at handover. This is evident below showing how the last 3 months have far surpassed the usual period of significant pressure during winter and periods of extreme demand. The hours lost during September equates to losing approx. 1300 12-hour ambulance shifts over the month and subsequently, the ability of those crews to respond to patients waiting.



The overall impact of hospital delays on the system runs much further than what is seen at hospital and the compound risks have been realised with both completion of new risk assessments e.g harm due to prolonged periods on stretchers, clinical validation, impact of regular surge contingency enactment and regular review and increase of existing risks, hospital delays, stacking of incidents, Trust performance. The risks continue to be monitored using a systems approach to greater understand where risk can be reduced, and although certain actions have had some success, engagement with acutes and external agencies and an understanding of their rationale, system performance and decision making needs to happen.

The Trust will continue to follow relevant documented guidance, Professional Care Standards for Patients waiting in an Ambulance, NASMed delayed hospital handover and NHSEI Managing Conveyance escalation process and relevant actions to manage current demand and escalate accordingly but identifying further workstreams including the acutes is key.

It is requested that the Board agree raising the risk score to 25 and discuss any further options and actions which could be initiated to ensure this risk is managed so that it does not present an even greater significance.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD

AGENDA ITEM: 08g MONTH: OCTOBER 2021 PAPER NUMBER: 06g

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	The Committee is asked to note the risks and the actions and mitigations to control and reduce those risks
Previously Considered by	QGC Performance Committee EMB
Report Approved By	Director of Quality and Clinical Commissioning

Executive Summary

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.

The BAF will now show the latest updates rather than all historical changes in the "reviewed comments" for ease of review

Changes to the BAF since the last Board review are;

Strategic Objective 1 –

PS-074 - Risks associated with extensive Hospital Breaches, Delays and Turnaround times resulting in patient delay and harm, lack of resources to respond and serious incidents – Discussions have been ongoing regarding increasing the risk score to a 25 – this will be the highest scored risk on the Trust Risk Register, and the first time a risk has been graded this high. Such is the significance of this risk; a paper has been completed for review by the Board with relevant rationale as to why the decision should be made, including patient harm, lost hours, SI's and inability to respond as a result of increased hours at hospital. Assessment will be further reviewed following submission of paper and decision at Board

IPC-035 - Risks associated with bird/vermin droppings on Trust sites leading to infection, sickness, non-compliance, and litigation - Estates have already installed netting and an external bird housing to encourage the birds to nest outside the building. Contractor has advised nothing more can be done to reduce risk, short

of keeping the doors shut.

SR1 - Failure to achieve Operational Performance Standards - Performance continues to be dictated by significant levels of demand, within IEUC, delays responding to patients and waiting extensive periods at Hospitals. Relevant work streams ongoing to manage demand and improve performance including Orbit reporting, specific risk assessment creation and action review, as well as collaborative meetings with external providers (Managing ED Congestion group) to identify where actions can be implemented. BAF con tines to be reviewed at EMB with a paper planned for Hospital delays and rationale to increase the score of that risk to 25 due to its significant impact on patients.

ORG-093 - Utilisation of surge contingency as a result of COVID-19 and increased demand, and its impact on 2021/22 resourcing, training, finance and ultimately performance and potential patient delays and harm - Discussions continue at OMT and SCT to determine impact of enacting surge contingency. The Trust remains at REAP 4 due to significant demands and relevant actions are identified via other relevant risk assessments (Call Stacking, Hospital Delays, COVID-19 etc)

ORG-003 - Failure to complete Serious Incident (SI) Investigations and associated recommendations within timescales resulting in reduced learning, complaints, litigation delay of update to CCG and potential further patient safety concerns - Since the last review there have been 28 SI's registered, and there are currently 75 SI's open on StEIS – 41 of which are overdue. To assist with timely investigation EOC delayed response SI's have been registered on StEIS and have been allocated an Investigation Officer to undertake DoC. There will be a thematic review of this group of SI's, with a single RCA encompassing all incidents. There will be a single Investigation report, which will include evidence of all the SI cases DoC, and a list of each SI will be listed as appendices and evidence. This approach has been agreed with the CCG. Following discussion at LRG concerns were raised regarding the impact in delayed completion on identification and implementation of relevant actions and how this delay could impact on a reduction of incidents and therefore lead to a continuing increase. Not only is the risk a delayed completion but the relevance of the action once identified (due to time lapsed) and whether the action owner has capacity to review and complete given capacity.

PS-128 - Increase in stacking of calls during times of high demand – both 111 & 999 calls, delay to patient treatment and performance failure - Call stacking continues to present a significant challenge for the Trust. For the majority of September 2021, the Trust has been at REAP Level 4 and Level 4 of Surge management plan several times. Patients waiting for assistance are on the increase and it is not unusual to see over 200 incidents outstanding, many of which can be for several hours. A significant factor restricting our ability to respond to patients is the increasing frequency of hospital delays across multiple acute sites. Clinical validation is now embedded and has resulted an increase in hear and treat of

approx. 15% meaning that alternative pathways are being identified for patients, reducing the need to respond an Ambulance. However, this has not resolved the issue completely with continuing high levels of call stacking, where there are instances of holding category 2 patients waiting for prolonged periods.

Consideration should be given to increasing the risk score along with the hospital delays due to the compound risk and contributory factors, to a 25

Strategic Objective 2 – No changes

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 – Awaiting update on whether still relevant?

ORG-083 - **Investment in digital capability for ambulance services often benefits from a regional approach** – Awaiting update on whether still relevant?

Strategic Objective 5 –

ORG-084 - The opportunity for "collective accountability" on performance could be helpful in addressing issues – Awaiting update

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.
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 Board Assurance Framework

Strategic Objective 1 :Safety, Quality and Excellence
Lead Director: Mark Docherty

Strategic Objective	1: Safety, Quality and Excellence	**Risk Description** *What might happen if the risk materialises*	**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)*
Principal Risks		**SR-1** - Failure to achieve Operational Performance Standards	5x4=20	5x3=15	5x2=10
		PS-074 - Risks associated with extensive Hospital Breaches, Delays and Turnaround times	4x5=20	4x4=16	4x3=12
		HS-012 - Risk of staff suffering serious injury because of stab / ballistic weapons	5x3=15	5x2=10	5x2=10

Lead Committee	Health, Safety, Risk and Environment Group
Last Reviewed	October 2021 (Board)
Review comments	**PS-074 -** Risks associated with extensive Hospital Breaches, Delays and Turnaround times resulting in patient delay and harm, lack of resources to respond and serious incidents **IPC-035 -** Risks associated with bird/vermin droppings on Trust sites leading to infection, sickness, non-compliance, and litigation **SR-001 -** Failure to achieve Operational Performance Standards **ORG-093 -** Utilisation of surge contingency as a result of COVID-19 and increased demand, and its impact on 2021/22 resourcing, training, finance and ultimately performance and potential patient delays and harm **ORG-003 -** Failure to complete Serious Incident (SI) Investigations and associated recommendations within timescales resulting in reduced learning, complaints, litigation delay of update to CCG and potential further patient safety concerns

	EP-019 – Pandemic Influenza	4x5=20	4x5=20	4x3=12		**PS-128** - Increase in stacking of calls during times of high demand – both 111 & 999 calls, delay to patient treatment and performance failure
	EP-027 – Risks associated with Terrorist Threats	5x3=15	5x2=10	5x2=10		
	ORG-003 – Failure to complete SI investigations within timescales	4x3=12	4x2=8	4x2=8		
	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		
	IPC-032 PTS Staff at risk of conveyance of suspected infectious Patients including COVID-19	4x3=12	4x2=8	4x2=8		
	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		
	IPC-002 - Regulatory concerns due to non-compliance with Clinical Waste Management	4X3=12	4X2-8	4X1=4		
	ORG-093 - Utilisation of surge contingency as a result of COVID-19 and increased demand, and its impact on 2021/22 resourcing, training, finance and ultimately performance and potential patient delays and harm	5x3=15	5x2=10	5x1=5		
	ORG-094 - Easing of national COVID-19 restrictions resulting in potential risks to staff and patients, possible harm, litigation, and performance	4x5=20	4x5=20	4x5=20		
	ORG-095 - Management of changes to isolation guidance and impact on WMAS staff, to manage demand, improve resources and ensure patient delays and harm are minimised	5x3=15	5x10	5x1=5		
	ORG-096 - Clinical validation for Cat 3 and Cat 4 incidents	4x4=16	4x3=12	4x2=8		
	ORG-102 - Patients held on the	5X3=20	5X2=10	5X1=5		

	back of an Ambulance awaiting hospital handover for prolonged periods resulting in harm and potential litigation and adverse publicity				
	ORG-103 – Risks associated with IEUC dual role resulting in patient delay and harm, staff sickness and performance	5X3=15	5X2=10	5X1=5	

Strategic Objective 2 :A great place to work for all
Lead Director: Carla Beechey

Strategic Objective	2: A great place to work for all	**Risk Description** *What might happen if the risk materialises*	**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)*
Principal Risks		**ORG-078** - COVID-Secure in the Workplace	4X3=12	4X2=8	4X2=8

Lead Committee	People Committee
Last Reviewed	
Review comments	

Strategic Objective 3 :Effective Planning and use of resources
Lead Director: Claire Finn

Strategic Objective	3: Effective planning and use of resources	**Risk Description** *What might happen if the risk materialises*	**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)*
Principal Risk		**SR-2** The Trust fails to meet its financial duties	4X3 = 12	4X3=12	4X2=8
		FI-009 - Patient activity varies at a rate that cannot be contained within the Trust's cost base	3X4=12	3X4=12	3X4=12
		FI-018 - Adequate procurement controls are not in place for Tenders, Waivers and SFI and SO compliance	4x3=12	3x3=9	3x2=6
		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	4X4=16	4x3=12	4x3=12

Lead Committee	Audit Committee
Last Reviewed	
Review comments	

	business model.					
	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		

Strategic Objective 4 :Innovation and Transformation
Lead Director: Craig Cooke

Strategic Objective	4: Innovation and Transformation	**Risk Description** *What might happen if the risk materialises*	**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)*
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
		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

Lead Committee	Health, Safety, Risk and environment Committee
Last Reviewed	October 2021
Review comments	Awaiting update on whether these Risk Assessments are still required

Strategic Objective 5 :Collaboration and Engagement
Lead Director: Vivek Khashu

Strategic Objective	5: Collaboration and Engagement	**Risk Description** *What might happen if the risk materialises*	**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)*
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-087 - Proposed changes to Urgent and Emergency Care	5X3 = 15	5X2 = 10	5X2 = 10

Lead Committee	Workforce Development Group
Last Reviewed	October 2021
Review comments	Awaiting update on whether ORG-084 is still required

	Quality and Access Standards					

Appendices

Strategic Objective 1 :Safety, Quality and Excellence
Lead Director: Mark Docherty

	Risk Description *What might happen if the risk materialises*	**Assurance** ***Evidence that the controls are effectively implemented***	**Gaps in Assurance**	*Mitigating Actions*	**Board Review – Tolerance and Appetite**	**Action Required (with timescale to complete)** *Gaps in Controls or Assurance*
PS-074 -	Risks associated with extensive Hospital Breaches, Delays and Turnaround times resulting in patient delay and harm, lack of resources to respond and serious incidents	Discussions have been ongoing regarding increasing the risk score to a 25 – this will be the highest scored risk on the Trust Risk Register, and the first time a risk has been graded this high. Such is the significance of this risk; a paper has been completed for review by the Board with relevant rationale as to why the decision should be made, including patient harm, lost hours, SI's and inability to respond as a result of increased hours at hospital. Assessment will be further reviewed following submission of paper and decision at Board	Extreme demand/pressures leading to significant risks	As per RA	Paper tabled to give rationale to increase risk score to 25 as discussed at September EMB	Agree to increase score to 25
IPC-035	Risks associated with bird/vermin droppings on Trust sites leading to infection, sickness, non-compliance, and litigation	Estates have already installed netting and an external bird housing to encourage the birds to nest outside the building. Contractor has advised nothing more can be done to reduce risk, short of keeping the doors shut.	Incidents still occurring	As per RA	n/a	Continue to monitor through appropriate channels
SR-001	Failure to achieve Operational Performance Standards	Performance continues to be dictated by significant levels of demand, within IEUC, delays responding to patients and waiting extensive periods at Hospitals. Relevant work streams ongoing to manage demand and improve performance including Orbit reporting, specific risk assessment creation and action review, as well as collaborative meetings with external providers (Managing ED Congestion group) to identify where actions can be implemented. BAF con tines to be reviewed at EMB with a paper planned for Hospital delays and rationale to increase the score of that risk to 25 due to its significant impact on patients.	Extreme demand/pressures leading to significant risks	As per RA		Continue to monitor through appropriate channels
ORG-	Utilisation of surge	Discussions continue at OMT and SCT	Extreme demand/pressures leading to significant risks	As per RA		Continue to

093	contingency as a result of COVID-19 and increased demand, and its impact on 2021/22 resourcing, training, finance and ultimately performance and potential patient delays and harm	to determine impact of enacting surge contingency. The Trust remains at REAP 4 due to significant demands and relevant actions are identified via other relevant risk assessments (Call Stacking, Hospital Delays, COVID-19 etc)				monitor through appropriate channels
ORG-003	Failure to complete Serious Incident (SI) Investigations and associated recommendations within timescales resulting in reduced learning, complaints, litigation delay of update to CCG and potential further patient safety concerns	Since the last review there have been 28 SI's registered, and there are currently 75 SI's open on StEIS – 41 of which are overdue. To assist with timely investigation EOC delayed response SI's have been registered on StEIS and have been allocated an Investigation Officer to undertake DoC. There will be a thematic review of this group of SI's, with a single RCA encompassing all incidents. There will be a single Investigation report, which will include evidence of all the SI cases DoC, and a list of each SI will be listed as appendices and evidence. This approach has been agreed with the CCG. Following discussion at LRG concerns were raised regarding the impact in delayed completion on identification and implementation of relevant actions and how this delay could impact on a reduction of incidents and therefore lead to a continuing increase. Not only is the risk a delayed completion but the relevance of the action once identified (due to time lapsed) and whether the action owner has capacity to review and complete given capacity.	Number of SI's increasing	As per RA		Continue to monitor through appropriate channels
PS-128	Increase in stacking of calls during times of high demand – both 111 & 999 calls, delay to patient treatment and performance failure	Call stacking continues to present a significant challenge for the Trust. For the majority of September 2021, the Trust has been at REAP Level 4 and Level 4 of Surge management plan several times. Patients waiting for assistance are on the increase and it is not unusual to see over 200 incidents outstanding, many of which can be for several hours. A significant factor restricting our ability to respond to patients is the increasing frequency of hospital delays across multiple acute sites. Clinical validation is now embedded and has resulted an increase in hear and treat of approx. 15%	Calls continue to increase and remain in the stack	As per RA	Can no longer tolerate this risk as it continues increases	Consider raising the score to 25 as with the Hospital Delay RA

		meaning that alternative pathways are being identified for patients, reducing the need to respond an Ambulance. However, this has not resolved the issue completely with continuing high levels of call stacking, where there are instances of holding category 2 patients waiting for prolonged periods. Consideration should be given to increasing the risk score along with the hospital delays due to the compound risk and contributory factors, to a 25				

Strategic Objective 2 :A great place to work for all
Lead Director: Carla Beechey

	Risk Description *What might happen if the risk materialises*	**Assurance** ***Evidence that the controls are effectively implemented***	**Gaps in Assurance**	*Mitigating Actions*	**Board Review – Tolerance and Appetite**	**Action Required (with timescale to complete)** *Gaps in Controls or Assurance*

Strategic Objective 3 :Effective Planning and use of resources
Lead Director: Claire Finn

	Risk Description *What might happen if the risk materialises*	**Assurance** ***Evidence that the controls are effectively implemented***	**Gaps in Assurance**	**Mitigating Actions**	**Board Review – Tolerance and Appetite**	**Action Required (with timescale to complete)** *Gaps in Controls or Assurance*

Strategic Objective 4 : Innovation and Transformation
Lead Director: Craig Cooke

	Risk Description *What might happen if the risk materialises*	**Assurance** ***Evidence that the controls are effectively implemented***	**Gaps in Assurance**	**Mitigating Actions**	**Board Review – Tolerance and Appetite**	**Action Required (with timescale to complete)**

						Gaps in Controls or Assurance
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)		Awaiting update from Senior Finance Team			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.		To be discussed and drafted with Executive Director of Strategic and Digital Integration			N/A

Strategic Objective 5 : Collaboration and Engagement
Lead Director: Vivek Khashu

	Risk Description *What might happen if the risk materialises*	**Assurance** ***Evidence that the controls are effectively implemented***	**Gaps in Assurance**	**Mitigating Actions**	**Board Review – Tolerance and Appetite**	**Action Required (with timescale to complete)** *Gaps in Controls or Assurance*
ORG-084	The opportunity for "collective accountability" on performance could be helpful in addressing issues - how this would work though is ill defined		Awaiting update			N/A

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 08c MONTH: October PAPER NUMBER: 06c

Risk Appetite Statement	
Sponsoring Director	Director of Nursing, Quality and Clinical Commissioning
Author(s)/Presenter	Head of Risk
Purpose	The Board is requested to review, discuss, engage and agree whether this statement adequately reflects the Trust Risk Appetite. Where relevant, comments and changes to be fed back to Head of Risk to update the document.
Previously Considered by	Health, Safety, Risk and Environment Committee Audit Committee
Report Approved By	Director of Nursing, Quality and Clinical Commissioning

Executive Summary

Understanding risk appetite is key to enhancing management of risk, safety, and patient care and is a central part of the Trust's strategic management. It is the process whereby the Trust methodically addresses risks with the goal of achieving sustained benefits to the Trust's strategic agenda and vision and values across all Trust activities.

This statement sets out the Board's strategic approach to risk-taking by defining its overall risk appetite, its boundaries, risk tolerance, acceptance and threats to its Strategic Objectives and supports delivery of the Trust's Risk Management Strategy and Policy.

Following a presentation at the Trust Strategy Day, subsequent review and comment on the Statement, the Board is asked to accept and agree the document.

Related Trust Objectives/ National Standards	The Risk Appetite Statement supports the Board Assurance Framework and is an integral part of its management and escalation process. It also supports the Trust in ensuring it achieves its Strategic Objectives
Risk and Assurance	This statement sets out the strategic approach to risk by defining its overall risk appetite, its boundaries, risk tolerance, acceptance and threats to its Strategic

	Objectives and supports delivery of the Trust's Risk Management Strategy and Policy.
Legal implications/ regulatory requirements	Understanding Risk Appetite identified good corporate governance and ensures that the trust continues to comply with Health and Safety Legislation by completing Risk Assessments and identifying relevant mitigating actions
Financial Implications	There are no direct financial implications for the Committee to consider, however the Statement may identify certain actions which require financial resource, through the BAF
Workforce & Training Implications	There are no direct workforce implications, however the Statement may identify certain actions which require further workforce resource through the BAF
Communications Issues	The statement will require communication through the usual channels to colleagues
Diversity & Inclusivity Implications	There are no direct implications, however risks may be identified and addressed which impact this area
Quality Impact Assessment	This is addressed, where appropriate in the risks identified and mitigating actions.
Data Quality	The information supplied in the Statement is gathered from existing Policies and relevant literature around risk management

Action required

The Board is requested to review, discuss, engage and agree whether this statement adequately reflects the Trust Risk Appetite.

Where relevant, comments and changes to be fed back to Head of Risk to update the document.

RISK APPETITE STATEMENT

DATE APPROVED:	**March 2021**
APPROVED BY:	**EMB**
IMPLEMENTATION DATE:	**February 2021**
REVIEW DATE:	**November 2021**
LEAD DIRECTOR:	**Director of Nursing, Quality and Clinical Commissioning**
IMPACT ASSESSMENT STATEMENT:	**No adverse impact on Equality or Diversity**

Document Reference Number:

Change Control:

Document Number	
Document	Risk Appetite Statement 2020 - 2021
Version	One
Owner	Director of Nursing, Quality & Clinical Commissioning
Distribution list	All
Issue Date	November 2020
Next Review Date	November 2021
Author	Head of Risk (Interim)

Change History:

Date	Change	Comment/Approved by
November 2020	Creation of Risk Appetite Statement V1	
January 2021	Reviewed by Audit Committee	Comment on point 3.3 – Now updated
February 2021	Tabled at EMB	Updated Appendix 3 and requested information regarding Appendix 4 (Strategy on a Page) Updated Appendix 4 to reflect changes to Strategic Framework Appendix 5 removed
May 2021	Reviewed by Head of Risk and updated definitions and specific sections detailing Three Lines of Defence and Decision-making using Risk Appetite, new Appendix added "Swiss Cheese Model"	
June 2021	Reviewed as part of Presentation to Board of Directors on Risk Appetite to generate discussion and input from Trust Board	
July 2021	Added Definitions of Risk Appetite and "Application of 3 Lines of Defence for WMASUFT" appendix graphic	
September 2021	Changes/Updates made following comments received from Directors	

CONTENTS

1	**Executive Summary**	
	1.1	West Midlands Ambulance Service University NHS Foundation Trust (the Trust) is committed to delivering a safe, efficient, cost effective, high quality healthcare service which fully integrates all the threads of quality, performance and governance as detailed in the Trust's Strategic Plans.
	1.2	The aim of the Trust is to provide high quality, effective and safe services which improve the health, wellbeing and safety of its Staff and Patients. The Board recognises risk is inherent in the provision of healthcare, services, and therefore a defined approach is necessary to identify context of risk, ensuring that the Trust understands and is aware of the risks it's prepared to accept in the pursuit of the delivery of the Trust's aims and strategic objectives.
	1.3	The Trust endeavours to establish a positive risk culture within the organisation, where unsafe practice (clinical, managerial, etc) is not tolerated and where every member of staff feels committed and empowered to identify and escalate concerns and system weaknesses. To deliver safe, effective services, the Trust encourages staff to work in collaboration with each other and service users to minimise risk to the greatest extent possible and promote patient safety and well-being. Additionally, the Trust seeks to minimise the harm to service users and/or staff arising from their own actions and harm to others arising from the actions of service users and/or staff.
	1.4	The Trust Board has a range of committees and groups all charged with the responsibility of reviewing risks related to their terms of reference and subject matter ensuing those risks are controlled and, where necessary, escalated. It is committed to ensuring a robust infrastructure is in place to manage risks from operational level to board level (3 Lines of Defence – see Section 3 and Appendix 5), and that where risks are identified, demonstrable improvements can be put in place.
	1.5	Understanding risk appetite is key to enhancing management of risk, safety, and patient care and is a central part of the Trust's strategic management. It is the process whereby the Trust methodically addresses risks with the goal of achieving sustained benefits to the Trust's strategic agenda and vison and values across all Trust activities.
	1.6	The Trust wishes to maximise opportunities for developing and growing its business by being creative and pro-active in seeking new business ventures consistent with the strategic direction set out in the Integrated Business Plan, whilst respecting and abiding by its statutory obligations.
	1.7	Trust is continually working toward a 'mature' risk appetite and has no appetite for fraud, no tolerance for regulatory breaches and risks to patients and staff. The Trust will continually seek to identify and report all cases of alleged and confirmed fraud and action appropriately.

	1.8	The Trust may take considered risks, where the long-term benefits outweigh any short-term losses. Well managed risk taking will ensure that the skills, ability, and knowledge are there to support innovation and maximise opportunities to further improve services. The Trust commits to review its risk appetite statement on an annual basis and/or following any significant changes or events.
	1.9	This statement sets out the Board's strategic approach to risk-taking by defining its overall risk appetite, its boundaries, risk tolerance, acceptance and threats to its Strategic Objectives and supports delivery of the Trust's Risk Management Strategy and Policy.
2	**Levels of Risk Appetite**	
	2.1	**No Appetite** – The Trust is not prepared to accept uncertainty of outcomes for this type of risk.
	2.2	**Low Appetite** – The Trust accepts that a low level of uncertainty exists but expect that risks are managed to a level that may not substantially impede the ability to achieve objectives.
	2.3	**Moderate Appetite** – The Trust accept a moderate level of uncertainty but expect that risks are managed to a level that may only delay or disrupt achievement of objectives, but will not stop their progress.
	2.4	**High Appetite** – The Trust accept a high level of uncertainty and expect that risks may only be managed to a level that may significantly impede the ability to achieve objectives.
3	**Definitions**	
	3.1	**Risk management** is defined as: Identifying all risks which have potentially adverse effects on the quality of care, safety of patients, staff and visitors, and threat to the achievement of the Trust Strategic Objectives. It is the duty of the Trust to assess, manage evaluate and review those risks, and take positive action to eliminate and reduce them.
	3.2	**Risk appetite** is defined as; the level of risk that an organisation is prepared to accept, tolerate, or be exposed to at any point in time.
	3.3	**Risk tolerance** is the minimum and maximum risk the Trust is willing to accept to ensure its Strategic Objectives are met.
	3.4	**Residual risk** is defined as any level of risk which remains following implementation of controls/actions

	3.5	**Compound risk** is defined as a risk which is made up of several inter-related risks – see also Reasons' Swiss Cheese Model of safety incidents and complex system safety (Appendix 6)
	3.6	**Risk culture** encompasses the values, beliefs, knowledge, attitudes, and shared understanding of risk by all employees of the Trust. It influences the decisions taken during the day-to-day activities of all Staff
	3.7	**Risk maturity** is the improvement of risk management across the Organisation over time building on continued focus of understanding, experience, development and success of risk management and associated policies, procures and assurance
	3.8	**Risk behaviour** concerns the behaviours of employees and how decisions and actions they make open the organisation to risk.
	3.9	**Risk attitude** defines what types of risks stakeholders are willing to pursue, these can introduce bias and adversely effect the evaluation and decision making when assessing risk.
	3.10	**Strategic objectives** are defined as the five key overarching areas which will ensure the Trust continues to operate safely for its Patients and Staff and achieve clinical and operational performance.
4	**The Three Lines of Defence**	
		The model provides a simple and effective way to understand, articulate and communicate risk management and control across the organisation. By clarifying risk and control at each level it ensures greater assurance that risk is managed effectively.
	4.1	**First Line of Defence** at the first line of defence, risk management control involves all staff (front-line and support at all levels) and operational managers who own and manage risks. They are also responsible for implementing corrective actions to address any gaps in control (See Health, Safety and Risk Framework). They are responsible for maintaining effective risk management on a day-to-day basis, by implementing and enforcing Trust policies and procedures at a local level. Employees naturally serve as the first line of defence undertaking work tasks and regular exposure to risks on a day-to-day basis. The work conducted under managers supervision, (albeit mainly away from the hub in the case of operational staff when responding**)** Although it may lack independence and objectivity it provides valuable insight into the "work as done" as these staff and managers are the closest to the daily challenges presented by the operational functions of the organisation. Senior management can be assured of the success of the first line of defence through the development of good practices, performance metrics

		and targets such as resourcing, activity and response targets, incident reporting, compliance, make ready and fleet tracker, IPC audits, PDR's and mandatory training etc and by modelling the communication and appropriate behaviours to support good risk management practice?
	4.2	**Second Line of Defence** is provided by the organisations risk and compliance functions with an oversight of management activities. Assurance is provided that regulatory, environmental, ethical, and quality requirements are met but can also include assessing the accuracy and completeness of reports provided by the first line of defence (such as incident investigation and other reports). The second line of defence is typically more objective than operational management, but as part of the management structure are not organisationally independent. The responsibilities of these functions vary due to the nature of the wide area of activity they cover (Training, Risk, Fleet, IPC, Estates etc) but can include. • Supporting management policies and setting goals for implementation. • Providing risk management frameworks. • Identifying known and emerging trends and themes • Identifying shifts in the organisations risk appetite. • Assisting management in developing processes and controls to • manage risk. • Providing guidance and training • Identifying and implementing effective risk management practices by operational management. • Alerting operational management to trends and changes to regulatory requirements Information from risk areas covered by second line functions, including the results of evaluations, inspections and the extent and quality of their work, provide valuable assurance to allow internal auditors to evaluate how well the assurance activities are managed.
	4.3	**Third Line of Defence** Internal auditors provide senior management with comprehensive assurance based on the highest level of independence and objectivity within the organisation, which is not available in the second line of defence. This assurance is based on the effectiveness of governance, risk management, and internal controls, including the way the first and second lines of defence achieve risk management and control objectives. The scope of this assurance generally covers • A broad range of objectives, including efficiency and effectiveness of operations; safeguarding of assets; reliability and integrity of reporting processes; and compliance with laws, regulations, policies, procedures, and contracts. • All elements of the risk management and internal control framework,

		which includes internal control environment; all elements of an organisation's risk management framework (i.e., risk identification, risk assessment, and response); information and communication; and monitoring. Internal audit actively contributes to effective organisational governance ensuring certain conditions are met, by advocating its independence. Best practice is to establish and maintain an independent, adequately, and competently staffed internal audit function and provide this assurance to the Board. The Trust' executive team and Board also suggest additional areas of review in addition to those mandated through national guidance, regulations etc to provide greater assurance of risk areas which may have been highlighted through reporting and other concerns, increased demand and hospital delays for example See Appendix 5 for Three Lines of Defence Organisational Flow Chart
5	**Decision making using Risk Appetite**	
		When assessing risk at any level there are generally four responses to consider in how that risk is managed, which are, avoid, reduce, transfer/share, or accept. However, to determine which of these decisions is most appropriate, consideration must be given to risk appetite and how the decision made will impact across the Organisation and ensure successful management of the risk. Relevant consideration must take into account existing policies and procedures alongside the contents of this document and ensure that relevant governance arrangements have been followed. The below factors will assist in ensuring that the most suitable decision is made for the Organisation to continue to meet its strategic objectives and continue to provide a safe and effective service to its Patients and Staff. • What are the outcomes of each decision? • Understand the context of the risk and both short- and long-term impact of the decision, in every area of the Trust • What will be achieved by the decision i.e. harm reduction, likelihood reduction, further risk, cost saving, efficiency improvement etc? • Does the decision present a further opportunity or risk in another area of the Trust? • Have all risks been considered following consideration to other areas of the Trust? • What would happen if the Trust decided to make another decision? Would it increase other risks, would it reduce the level of opportunity, or the likelihood of occurrence?

		• What is the value of tolerating the risk to ensure other, more significant risks are managed? E.g., Student Paramedics returning to frontline duties during COVID-19 • Is there a specific time limit for the decision and could the risk develop/change over time and therefore further impact the decision-making process? • Are the right people involved in the decision making or does it require further escalation to ensure the correct decision is made and relevant actions implemented (Management team, Committee, Board)? • Have all appropriate mitigations/actions been completed in relation to a risk? Once these factors have been considered when assessing risk, the relevant decision can be made within the context of risk appetite, opportunity and success for the Organisation. Ideally, the answer should be one or more of the below; • Avoiding one or more risks – but with full knowledge of the impact • Taking one or more risks – with full awareness of the risk and its impact • Reduce the risk or one or more risks and/or their likelihoods • Increase the level of risk being taken to ensure greater opportunity elsewhere • Increase the level of opportunity, which may increase other risks elsewhere • Share one or more risks, such as with Estates, HR, IPC. Fleet etc. • Extend the decision and monitor for change. • Accept the risk, implement and monitor the mitigating actions • Accept the risk with relevant rationale and explanation This approach will ensure a greater understanding of the level of risk, management of risk and impact on any decisions made, as well as provide greater assurance that risk management decisions are made considering the wider impact on the Trust.
6	**Strategic Objective 1; Safety, Quality and Excellence**	
	6.1	**Key areas associated to this Objective**, Clinical Effectiveness, Patient Safety, Staff Safety, Patient Experience, Research and Service Development
	6.2	Our commitment to provide the best care and improved outcomes for our patients and not accept risks which could limit our ability to fulfil this objective. The Trust will not tolerate any risks that could result in poor quality care or an unacceptable level of residual clinical risk, non-compliance with standards or poor clinical and professional practice.
	6.3	The Trust is committed to ensuring that its Staff are working safely and are provided with the relevant training, equipment, environment, and practices to

		ensure it meets its legal duties and that any residual risk is as low as reasonably practicable. Although there will be no tolerance for any risks to safety of our Staff, it is understood that there will always be a level of residual risk due to exposure levels and unpredictability of certain roles. The Trust will continue to manage and mitigate all risks as far as reasonably practicable.
	6.4	The Trust remains the only "Outstanding" Ambulance Trust in the Country and the only Ambulance Trust with University accreditation.
	6.5	Very Low risks (those graded at 1-4 as per Risk Matrix Appendix 1) will be managed at local level through ER54 (incident reporting) and management investigation for example Low risks (those graded at 5-10) will be managed at Directorate level through trends and themes identification, management meeting and potential escalation to relevant Directorate for support e.g. Estates, Risk, Infection, Prevention and Control, Safeguarding etc Moderate risks (those graded 12 – 16) will be reviewed at both Quality Governance Committee and Health, Safety and Environment Committee, where appropriate, and reported to Board as part of the Board Assurance Framework (BAF) High risks (those graded as 20 – 25) will be escalated to Executive Management Board as part of the BAF
7	**Strategic Objective 2. A great place to work for all**	
	7.1	**Key areas associated to this Objective.** Recruitment, Staff Development, Health and Wellbeing, Facilities and Resources, Leadership
	7.2	There are few circumstances where risks are tolerated in achievement and delivery of this objective, but a recent example is with students supporting the front line to ensure that operational and clinical performance continued, and patients were not kept waiting.
	7.3	The Trust will not tolerate unprofessional conduct, bullying, or accept the risks associated or an individual's competence to perform roles or tasks safely. Staff will be supported through the capability policy in these instances
	7.4	For patient safety, quality care, service delivery and financial sustainability reasons we are prepared to consider risks associated with the implementation of non-NHS standard terms and conditions of employment, innovative resourcing, and staff development models.
	7.5	Very Low risks (those graded at 1-4) will be managed at local level through ER54 (incident reporting), welfare, PDR's and other personal development and local discussions

		Low risks (those graded at 5-10) will be managed at Directorate level through trends and themes identification, management meeting and potential escalation to for support e.g. IT, Organisational Development, Education and Training, Health and Wellbeing Moderate risks (those graded 12 – 16) will be reviewed at People Committee and reported to Board as part of the Board Assurance Framework (BAF) High risks (those graded as 20 – 25) will be escalated to Executive Management Board as part of the BAF
8	**Strategic Objective 3. Effective planning and use of resources**	
	8.1	**Key areas associated to this Objective,** Efficiency of operation, financial control, Procurement
	8.2	The Trust remains the highest achieving Ambulance Trust in the country with planning and resourcing an integral part of that achievement. The only Trust with a Paramedic on every front-line emergency vehicle as well as no use of bank or private services for E&U. The Trust also handles the most 999/111 calls of any Ambulance service in the country, the highest number of calls per capita and in the upper quartile of appropriate management on scene/non-conveyance to hospital.
	8.3	Recent achievements include the expansion of PTS to areas outside the Trust's usual geographical footprint, the use of Resources Rating 1, with reference cost second only to North East. Implementation and integration of best performing NHS 111 service and the national lead in Ambulance Response Programme. Fleet is replaced within 5 years with low carbon emissions and all vehicles meet standards for infection prevention and control compliance, reduced failure rate and vehicle life costs.
	8.4	Toleration of risks to this objective can be common especially in relation to redirecting of resources based on demand, for example during Winter pressures and more recently the COVID-19 pandemic. These are always in the best interests of our patients and acceptance of risk (level and residual) to achieve the best patient outcomes is key in achieving the wider Trust objectives.
	8.5	Very Low risks (those graded at 1-4) will be managed at local level through ER54 (incident reporting), daily decision making and handover documents (e.g. OM and EOC Duty Manager shift changes) and daily task discussions between EOC, NEOC, PTS and E&U Low risks (those graded at 5-10) will be managed at Directorate level through trends and themes identification, management meetings and potential escalation to for support e.g. Fleet, IT, Risk, Estates, external contractors and other emergency and/or care providers

		Moderate risks (those graded 12 – 16) will be reviewed at Audit Committee and reported to Board as part of the Board Assurance Framework (BAF) High risks (those graded as 20 – 25) will be escalated to Executive Management Board as part of the BAF
9	**Strategic Objective 4. Innovation and Transformation**	
	9.1	**Key areas associated to this Objective,** Digital integration, Paper free, New technology trials, Use of sustainable energy
	9.2	The Trust has always been at the forefront of Ambulance service innovation and was the first Trust to adopt a Make Ready model in 2012. This has been instrumental in the achievement of standards and ensuring our patients are the main beneficiaries of this innovation through the service they receive.
	9.3	The Trust has also become the first in Europe to trial a full electric Double Crewed Ambulance with a view to be fully operational and respond to Patients in 2021. As well as the only Trust with a Paramedic on every vehicle, we promote digital innovations, including remote consultations with patients and between healthcare professionals, Paramedics accessing shared care records, flexible and remote working for non-clinical staff and aim to be paper-free by April 2022
	9.4	This objective requires understanding of the current healthcare landscape and how innovation would rely on pre-empting any future changes. The Trust understands that there would need to be a level of tolerance based on its appetite to ensure this objective is achieved to remain an innovative and exemplar health care provider. There may be tolerance for this objective given that taking risks may present other business and financial opportunities for the Trust.
	9.5	Very Low risks (those graded at 1-4) will be managed at local level through ER54 (incident reporting), daily decision making, email, TEAMS meetings and presentations Low risks (those graded at 5-10) will be managed at Directorate level through management meetings and collaboration e.g. Fleet, IT, Risk, Estates, Human Resources, Education and Training, Moderate risks (those graded 12 – 16) will be reviewed at Health, Safety, Risk and Environment Committee and reported to Board as part of the Board Assurance Framework (BAF) High risks (those graded as 20 – 25) will be escalated to Executive Management Board as part of the BAF

10	**Strategic Objective 5. Collaboration and Engagement**	
	10.1	**Key areas associated with this Objective;** Population health management, Strategic Engagement
	10.2	The Trust identifies that to fully achieve this Objective; it is important to understand what the future of healthcare will look like. This could potentially include managing population-level health and wrap-around care to vulnerable groups with long term conditions. The facilitation of movement of front-loaded care to the patient, community-based services, primary care and metal health ownership
	10.3	Further planned innovation and transformation includes develop and implementation of a robust and frequently reviewed market analysis strategy specific to each area of commercial services. Enter new or Non-NHS markets within and outside of the West Midlands region for NEPTS, and courier and logistics transport provision.
	10.4	Generate opportunities for commercial call handling for the differing markets of large- and small-scale customers in both the NHS and non-NHS markets, on a regional and national basis. Transport for patients that are not eligible for NHS funded transport, but still require transport to hospital appointments. There may be tolerance for this objective given that taking risks may present other business and financial opportunities for the Trust.
	10.5	Very Low risks (those graded at 1-4) will be managed at local level through ER54 (incident reporting), daily decision making, email, TEAMS meetings and presentations Low risks (those graded at 5-10) will be managed at Directorate level through management meetings and collaboration e.g. Fleet, IT, Risk, Estates, Human Resources, Education and Training, Moderate risks (those graded 12 – 16) will be reviewed at Quality Governance Committee and reported to Board as part of the Board Assurance Framework (BAF) High risks (those graded as 20 – 25) will be escalated to Executive Management Board as part of the BAF
11		**Monitoring the effectiveness of this Statement**
	11.1	Testing of the Organisations perception and understanding of Risk, Risk Culture, and its Risk Appetite will be undertaken when appropriate. Although this should be dynamic and initiated during certain events, for example high risk occurrence, high trends, change of process with significant impact, major

		incident, pandemic etc there will also be a structured review, to ensure continued assurance.
	11.2	The Trust will ensure that it regularly reviews its risk appetite alongside our staff, to give the opportunity to mitigate and where possible to create a more healthy and open risk culture. A proposal has been drafted for relevant committee approval in regards 3 times per year risk culture pulse surveys (frequency to be confirmed) to all Trust staff.
12	**References**	
	12.1	CQC, (Feb 2014) 'Care Quality Commission WMAS Review of Compliance' [online] available from http://www.cqc.org.uk
	12.2	Monitor (2013) The NHS Foundation Trust Code of Governance (online) available from https://www.gov.uk/government/publications/nhs-foundation-trusts-code-of-governance
	12.3	Monitor (2015) Risk Assessment Framework(online) available from https://www.gov.uk/government/publications/risk-assessment-framework-raf
	12.4	Monitor Governance over Audit, Assurance and Accountability (2015) available from https://www.gov.uk/government/publications/risk-assessment-framework-raf
	12.5	DH², (2010) Transparency in outcomes – a framework for the NHS, Department of Health [online] available from Transparency in outcomes - a framework for the NHS : Department of Health - Consultations
	12.6	Good Governance Institute, (2009) 'Board Assurance Frameworks' A simple rules guide for the NHS: Board Assurance Frameworks:
	12.7	Institute of Risk Management, Risk Appetite and Tolerance Guidance Paper https://www.theirm.org/what-we-say/thought-leadership/risk-appetite-and-tolerance/
	12.8	NHS England (2015) Serious Incident Framework: Supporting learning to prevent recurrence. Patient Safety Domain. London.
	12.9	Trust Strategic and Operational Plans available on the Trust's intranet site and on request from the Trust's Freedom of Information Office. FOI@wmas.nhs.uk
	12.10	Board and Governor Engagement Presentations – October 2020
	12.11	Useful Documents • Risk Management Strategy

		• Health & Safety Policy • Health, Safety and Risk Framework • Competency for Completing a Risk Assessment • Incident Reporting Policy & Procedures • Safer Manual Handling Policy • Fire Policy • Control of Substances Hazardous to Health (COSSH) • Managing Slips Trips & Falls • Central Alerting System Procedure • Procedure for the Identification & Management of RIDDOR Reportable Incidents • Latex Policy • Display Screen Equipment (DSE) Policy • Stress Policy and Procedure • PPE Policy and Procedures • Infection Prevention & Control Procedures • Infection Prevention & Control Incident and Audit Framework • Hand Hygiene Procedure • Violence and Aggression Policies and Procedures • Lone Worker Policy

Appendix 1 - Trust Risk Grading Matrix

The same grading tool is used by the Trust for all risk processes (risk assessment, Risk Register) Risks are measured according to the following formula:

Consequence x Likelihood = Risk Score

Risk is defined as:

1.1. The probability or likelihood that a hazard will cause injury, ill health, harm, damage or loss.

1.2. The extent of the risk will depend on:

- The consequence or potential severity of that harm, loss or damage (e.g. severity of any resultant injury or adverse health effect) being realised.
- The likelihood or frequency of that harm, loss or damage occurring.

1.3. The evaluation and measurement of risk is subjective, but the degree of subjectivity can be minimised if the consequence and likelihood criteria are adhered to, as set out below:

CONSEQUENCE SCORE OF INCIDENT (actual and potential)

Descriptor	Damage / Loss	Actual or potential impact on the individual	Actual or potential impact on the Trust	The Potential for Complaint / Litigation
Catastrophic 5	Extensive	DEATH through accident(s), to patient(s), members of staff or public. HUGE FINANCIAL LOSS	National and local adverse publicity. Severe loss of confidence in the Trust Extended Service closure RIDDOR reportable.	Litigation certain / expected Complaint definite
Major 4	Major	PERMANENT INJURY e.g. loss of body part, miss-diagnosis with poor prognosis. MAJOR FINANCIAL LOSS	National and local adverse publicity. Major loss of confidence in the Trust Temporary Service closure. RIDDOR reportable. Long term sickness	Litigation probable / expected Complaint probable
Moderate 3	Serious	SEMI PERMANENT INJURY / DAMAGE e.g. injury up to 1 year to resolve. HIGH FINANCIAL LOSS	Local adverse publicity Moderate loss of confidence in the Trust RIDDOR reportable. Long term sickness	Litigation possible but not certain. High potential for complaint.
Minor 2	Moderate	Minor SHORT TERM INJURY/ DAMAGE. e.g. injury up to 1 month to resolve. MEDIUM FINANCIAL LOSS	Minimal risk to the Trust. Possible RIDDOR	Complaint possible. Litigation unlikely.
Insignificant 1	Minor	NO INJURY or ADVERSE OUTCOME LOW FINANCIAL LOSS	No risk to the Trust.	Unlikely to cause complaint. Remote risk of Litigation.

WHAT IS THE CHANCE OF THIS INCIDENT OCCURRING AGAIN?
CHOOSE THE LIKELIHOOD OF REOCCURRENCE FROM THIS TABLE:

Descriptor	Description

5 Almost Certain	Is expected to occur in most circumstances.
4 Likely	Will occur in most circumstances.
3 Possible	Might occur at some time.
2 Unlikely	Could occur at some time.
1 Rare	May occur only in exceptional circumstances

1.4. Once you have identified the appropriate consequence and likelihood of recurrence, then plot these on the graph below and record the colour risk category assigned.

DETERMINE THE RISK CATEGORY

	1 Insignificant	2 Minor	3 Moderate	4 Major	5 Catastrophic
5 Almost Certain	5	10	15	20	25
4 Likely	4	8	12	16	20
3 Possible	3	6	9	12	15
2 unlikely	2	4	6	8	10
1 Rare	1	2	3	4	5

Very Low Risk 1 - 4	Low Risk 5 – 10	Moderate Risk 12 - 16	High Risk 20 - 25
Managed at Local Level	Managed at Directorate Level	Managed at Board Sub-Committee Level and reported to Board	Managed at Trust Board Level & Executive Management Board

Appendix 2 - Management of Risk Registers & Risk Treatment Authority

2.1 **Risk management** involves a planned and systematic approach to the identification, assessment and mitigation of the risks that could threaten the achievement of strategic objectives. It involves the following main steps:

- identifying the risks that would prevent achievement of objectives
- assigning ownership
- evaluating the significance of each risk
- identifying risk appetite and tolerance
- identifying suitable responses to each risk
- ensuring the internal control system helps manage the risks
- regular review which will include effectiveness of controls and management of residual risk

The Trust Risk Registers are documented on the Trust's IT system (SharePoint) that lists all the identified risks and the results of their analysis and evaluation. Information on the status of the risk is also included. The Register forms the basis for action plans designed to address weaknesses in controls identified and mitigate risks where this is desirable.

The Trust Risk Registers identify risks at four levels;

Level 1 – Very Low Risk
Examples are frequent, low consequence events such as minor property loss and damage, injuries requiring minimum first aid only or potentially serious events that are very unlikely to occur and for which reasonable preventative measures are in place. It should be remembered that research has indicated that a serious accident is very often preceded by a number of minor incidents or near misses, so it is important to capture and monitor trends and that appropriate action is taken to avoid a serious accident happening. These risks will form part of an aggregate review to identify trends where managerial action will have the most cost-effective impact to reduce multiple low-level risks. These encompass day to day tasks which are managed appropriately at a local level and would not expect to generate any incident reports

Level 2 – Low Risk
These would include processes of work undertaken, as above, generally day to day risks and although low, could include an amount of residual risk which would require more focus.

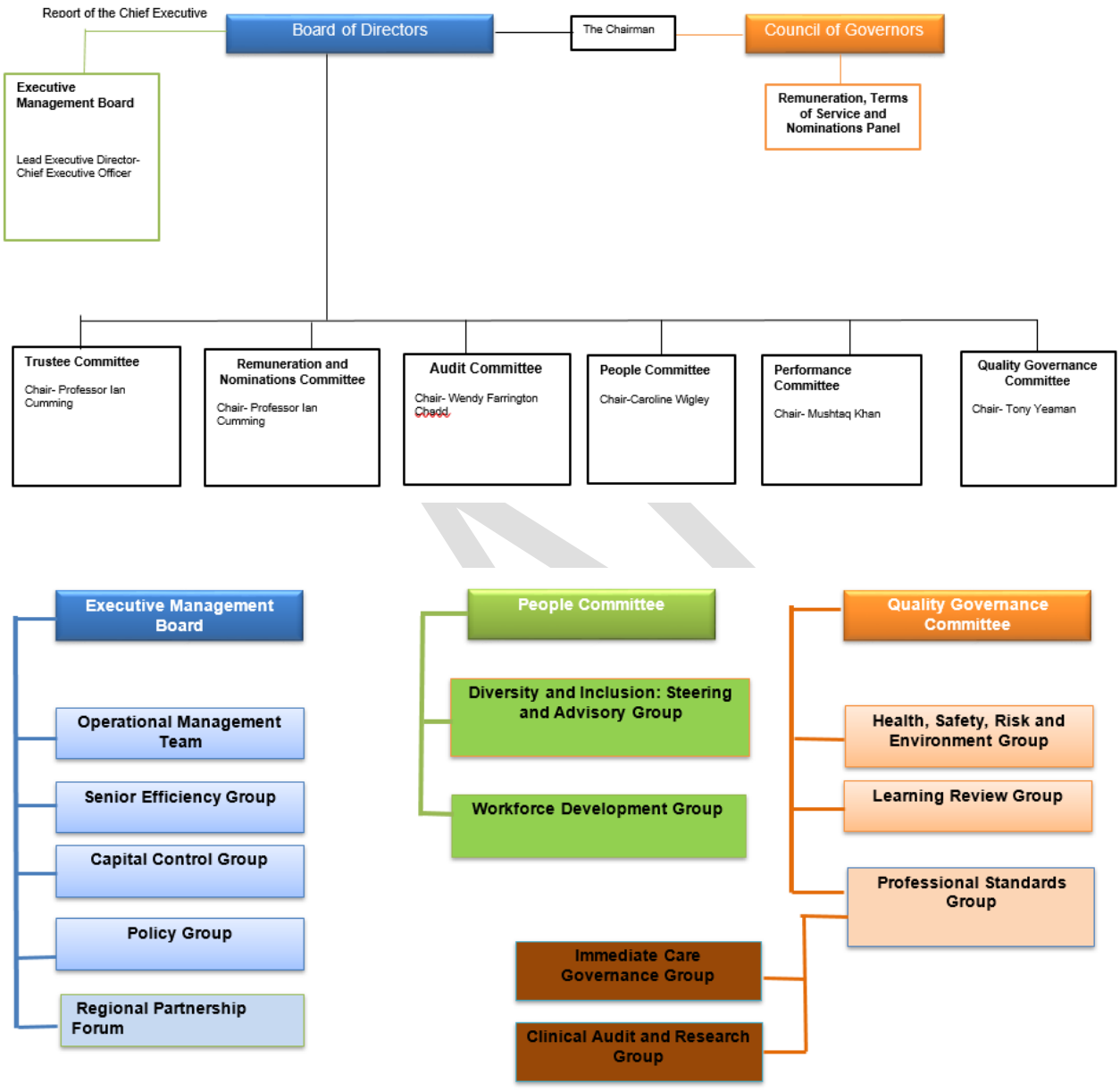
Level 3 – Moderate Risk
The risk can realistically be managed or reduced within a reasonable time scale through cost effective measures, such as developing a safer system of work, training, protocols or new equipment purchase. Examples are manual handling injury, malicious damage, procedure failures and injury to staff or patients.

Level 4 – High Risks
Those risks that have major implications across the whole of the Trust and could prevent the Trust achieving its Strategic Objectives. These are graded as 20-25 and once reviewed and agreed by the relevant Committee are escalated to the Executive Management Board (EMB) and then to the Board of Directors through the BAF.

The consequences of the event could have a serious impact on the Trust and threaten its objectives. Examples are accidental death, major fire, or a major disruption of services. This category may include risks that are individually manageable but cumulatively serious, such as a series of similar injuries.

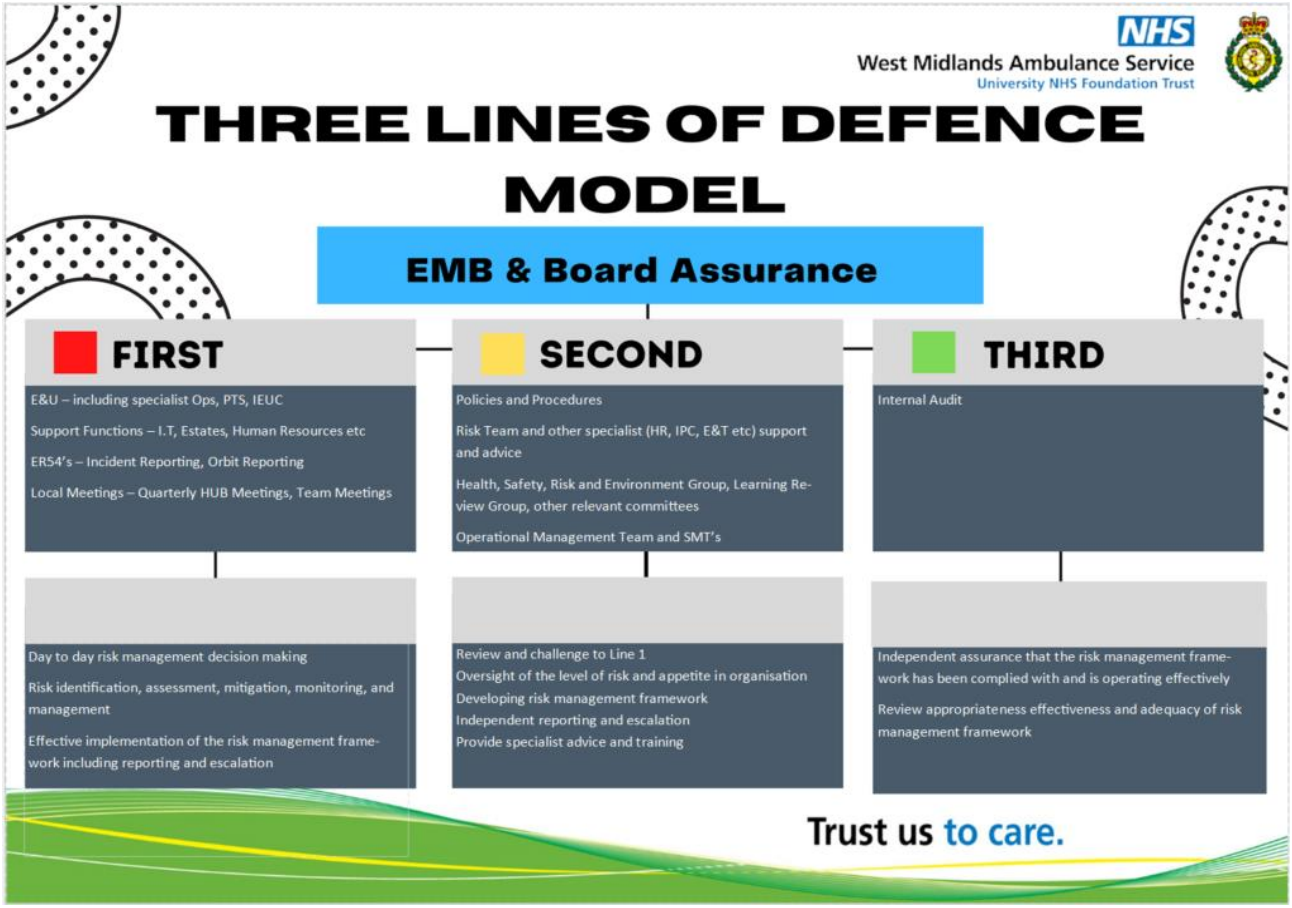
These are broad classifications and can only reflect a reasonable estimate of potential risk. For example, a patient may fall and sustain no injury, or may sustain a laceration or a fatal skull fracture. When estimating risks, experience will often inform identification of the most probable outcome.

Appendix 3 – Trust Committee Structure

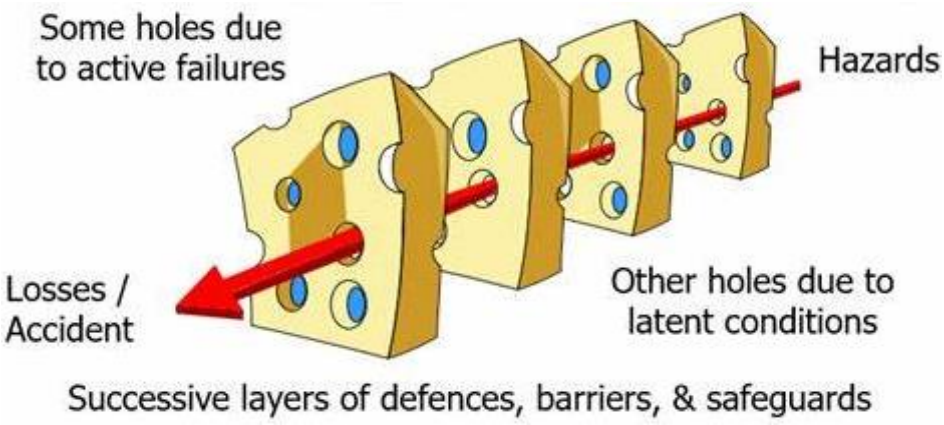


Appendix 4 – Strategic Framework

Appendix 5 – Three Lines of Defence



Appendix 6 - Swiss Cheese Model – James Reason, 2000



WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 08i MONTH: OCTOBER 2021 PAPER NUMBER: 6i

Freedom to Speak Up	
Sponsoring Director	Director of Nursing, Quality and Clinical Commissioning
Author(s)/Presenter	Head of Organisational Development
Purpose	Information
Previously Considered by	The Executive Management Board (EMB) and Learning Review Group
Report Approved By	Head of Organisational Development

Executive Summary

The attached report provides assurance to the Board of Directors that FTSU is being progressed appropriately and effectively in the Trust through the work and activities of the Guardian supported by the Executive Director (ED) and Non-Executive Director (NED) FTSU Leads, and advocates. Reporting arrangements are detailed.

Related Trust Objectives/ National Standards	Safety, Quality and Excellence; A great place to work for all.
Risk and Assurance	None identified.
Legal implications/ regulatory requirements	The Care Quality Commission inspects the Trust's FTSU arrangements and interviews the Guardian and Board members under the Well Led domain.
Financial Implications	A small amount of time is required for FTSU Advocates to be released for training and development.
Workforce Implications	The Guardian does not have any administrative support to support this role and this impacts on her ability to carry out all that is expected from the National Guardian's Office.
Communications Issues	The Trust's "paperless" policy has been expanded to include all noticeboards. This impacts greatly on the ability of the Guardian and the FTSU Advocates to effectively promote FTSU.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

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Diversity & Inclusivity Implications	There are no identified Equality and Diversity implications.
Quality Impact Assessment	Not required at this time.
Data Quality	Data is collated locally and saved on Trust SharePoint, which meets the requirements of the National Guardian's Office. The data is available to the Guardian and to the Executive Lead.

Action required

The Board of Directors is asked to note the report and updated Self-Assessment document.

The Board is asked to endorse EMB decisions to:

1. Re-name FTSU Advocates to "Ambassadors" in line with National Guardian's Office guidelines
2. Amending the process for investigations to ensure that they are truly independent at the discretion of the Guardian and Board leads

NHS
West Midlands
Ambulance Service
University NHS Foundation Trust

Freedom to Speak Up

REPORT TO THE BOARD OF DIRECTORS 27TH OCTOBER 2021

BARBARA KOZLOWSKA
HEAD OF ORGANISATIONAL DEVELOPMENT AND FTSU GUARDIAN

Freedom to speak up

Contents

Introduction

This report provides assurance that policy, processes, activity and reporting are fit for purpose, regularly reviewed and that progress is being made.

FTSU Guardian

The current Guardian, Barbara Kozlowska, Head of Organisational Development (the author), has been in post since 18 June 2017 and is stepping down from the role with effect from 3rd January 2022. Recruitment for a new Guardian is in progress, and the incumbent Guardian will mentor the new Guardian for as long as required.

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

Currently there are 39 advocates, an increase of two since July covering the region, with a further three in progress. Significant progress has been made in recruiting a more diverse cohort, and there are currently 7 BAME advocates (23%), an increase of 5.

Shrewsbury, Worcester, Hereford and the Distribution Centre and some PTS sites do not yet have advocate representation, although there has been a welcome increase in PTS Advocates through the PDR process.

As most noticeboards have been decommissioned in line with the Trust's "paperless" policy, promotion is a serious challenge.

The Guardian is keeping in touch with advocates regularly to ensure they are supported.

Advocates' mandatory training sessions have been arranged for this month, and planned to cover case studies, and "Using a Coaching Approach in Conversations". It is anticipated that these sessions will need to be postponed until the Trust is out of REAP 4.

The National Guardian's Office has advised that the term "advocates" should no longer be used. It was agreed at the Executive Management Board that the Trust adopt the term "Ambassadors".

Policy

The Raising Concerns (Whistleblowing) Policy was reviewed against the National Guardian's Office standard, and the new Freedom to Speak Up (Whistleblowing) Policy was approved in August 2017 and reviewed and agreed in September 2019. The FTSU Policy has been reviewed again Q5 2020/21 and the updated policy is published.

Vision and Strategy

A Vision and Strategy were agreed by the Board of Directors in September 2018 and reviewed at the Board Strategy Day on 26th February 2020 and was again reviewed on 28th April 2021. Some amendments and actions were agreed.

Promotion

FTSU SharePoint Site

October is national "Speak Up Month". Due to current pressures on our service, our activity this year is limited to advocates promoting their details locally, and some Weekly Briefing articles.

Reporting Arrangements

1. National Guardian's Office

Quarterly reports are submitted detailing numbers and types of concerns raised, and feedback received.

2. Board of Directors

Bi-annual reports providing assurance, and detailing trends, numbers and types of concerns raised.

3. Executive Management Board

Bi-annual reports providing assurance, and detailing trends, numbers, locations/areas and types of concerns raised, and feedback received. Recommendations will be made for action. This report is the most detailed provided and should therefore be treated as confidential.

4. People Committee

Bi-annual reports providing assurance, and detailing trends, numbers, and types of concerns raised and feedback received.

5. Learning Review Group

Quarterly report providing detail of trends, numbers and types of concerns raised, feedback received, and making recommendations for learning.

6. Care Quality Commission (CQC)

FTSU is part of the CQC Well Led Domain and the Guardian will be interviewed at inspections. CQC may also request access to data.

7. NHS Improvement (NHSI)

NHSI work jointly with the CQC in monitoring FTSU. On 2nd May 2018 NHSI wrote to CEOs with details of a guide they had published outlining their expectations of Boards about FTSU. Part of this was a self-review that all Boards were expected to complete. WMAS Board finalised this self-review on 26th September 2018. It is reviewed annually at Board Strategy Days and was reviewed this year at the April Strategy Day. All actions were completed at a meeting with the Guardian and the Board FTSU leads on 6th September 2021 who agreed to review the final document. The NED lead agreed to take queries arising from that meeting to the next meeting with the CEO. The updated document is attached with papers.

WMAS Concerns Raised July 2021 to September 2021

Four formal concerns were raised during this period, and eleven that were not formally raised under FTSU – see table below.

The Guardian is currently collecting data from advocates for Q2 regarding how many conversations they have had about FTSU. In Q1 advocates had a total of 44 conversations giving information about FTSU, and 10 where the person was considering speaking up.

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 FTSU Advocate or the Guardian at any time.

All cases, formal and informal are listed below for information.

When a concern is raised, the Guardian asks for an independent investigation. To date these investigations have always been carried out within the same area of the service as the concern being raised. The National Guardian's Office has indicated that investigations should be truly independent. It is proposed that this is adopted by WMAS. For example, a concern raised about PTS would be investigated by a different part of the service. It was agreed at EMB on 19th October 2021 that this should be at the discretion of the Guardian and Board leads.

NHS
West Midlands
Ambulance Service
University NHS Foundation Trust

QUARTER	CATEGORY	FORMAL CONCERN	CLOSED /OPEN	RAISED THROUGH	CONCERN	OUTCOME
2	Bullying and harassment, cultural and middle management	YES	CLOSED	ADVOCATE	Sexual harassment and inappropriate comments from middle managers to female staff.	Formal investigation undertaken. One middle manager demoted and moved to a different site.
2	Cultural	YES	OPEN	MICROSOFT FORM AONYMOUS	Racial discrimination in IEUC selection for call assessor teams.	Investigation complete. Evidence provided to dispute the claim. WB article pending.
2	Behavioural/relationship; middle management	YES	OPEN	EMAIL TO GUARDIAN	Racial discrimination from middle manager.	Formal investigation underway.
2	Patient safety/quality; staff safety	YES	OPEN	EMAIL TO GUARDIAN	Length of hours on shift and miles covered.	Formal investigation underway.
2	Middle Management	NO	CLOSED	ADVOCATE	Students arriving late for HD shifts not being tackled.	Concern taken to manager and dealt with.
2	Behavioural/relationship	NO	CLOSED	ADVOCATE	Concern raised by student about paramedic's behaviour towards them.	Concern taken to manager and dealt with.
2	System/process	NO	CLOSED	MICROSOFT FORMS (3) ANONYMOUS	Concern over CAS sites being closed and impact of petrol crisis.	Extra promotion agreed.
2	Personal Mental Health	NO	CLOSED	ADVOCATE	Individual's personal mental health.	Individual being supported internally and externally.
2	Staff Safety	NO	CLOSED	EMAIL TO GUARDIAN	Lack of social distancing in crew room.	Concern withdrawn, no reason given.

QUARTER	CATEGORY	FORMAL CONCERN	CLOSED /OPEN	RAISED THROUGH	CONCERN	OUTCOME
2	Terms and Conditions	NO	CLOSED	ADVOCATE	Personal T & Cs	Referred to Head of HR
2	Cultural	NO	OPEN	EMAIL TO GUARDIAN	Racial discrimination from colleagues towards patients.	Awaiting further contact.
2	Patient Safety Staff Safety	NO	CLOSED	ADVOCATE	Staff member falling asleep at the wheel, no PPE including no mask whilst patients are onboard without a mask on, smoking at the side of the vehicle.	Being dealt with by managers.
2	Bullying and Harassment	NO	CLOSED	MICROSOFT FORMS ANONYMOUS	Complaint against manager discouraging staff from taking the COVID vaccine, attending anti-mask/vaccination rallies, and ignoring complaints about racial discrimination.	Dealt with by associate director.

National Guardian
Freedom to Speak Up

NHS
Improvement

Freedom to Speak Up self-review tool for NHS trusts and foundation trusts

May 2018

Updated January 2019
Reviewed and updated February 2020
Reviewed and Updated 28th April 2021

How to use this tool

Effective speaking up arrangements help to protect patients and improve the experience of NHS workers. Having a healthy speaking up culture is evidence of a well-led trust.

NHS Improvement and the National Guardian's Office have published a guide setting out expectations of boards in relation to Freedom to Speak Up (FTSU) to help boards create a culture that is responsive to feedback and focused on learning and continual improvement.

This self-review tool accompanying the guide will enable boards to carry out in-depth reviews of leadership and governance arrangements in relation to FTSU and identify areas to develop and improve.

The Care Quality Commission (CQC) assesses a trust's speaking up culture during inspections under key line of enquiry (KLOE) 3 as part of the well-led question. This guide is aligned with the good practice set out in the well-led framework, which contains references to speaking up in KLOE 3 and will be shared with Inspectors as part of the CQC's assessment framework for well-led.

Completing the self-review tool and developing an improvement action plan will help trusts to evidence their commitment to embedding speaking up and help oversight bodies to evaluate how healthy a trust's speaking up culture is.

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
Our expectations			
Leaders are knowledgeable about FTSU			
Senior leaders are knowledgeable and up to date about FTSU and the executive (ED) and non-executive (NED) leads are aware of guidance from the National Guardian's Office.	Fully met.	Continued development for all leaders.	ED and NED leads meet regularly with Guardian and access and receive National Guardian's Office (NGO) bulletins. Board and EMB Reports are received bi-annually. Learning Review Group reports received quarterly. . Engaging Leaders and Engaging Managers programmes. Board Strategy and Development Days – FTSU Development Sessions Managers' Briefings
Senior leaders can readily articulate the Trust's FTSU vision and key learning from issues that workers have spoken up about and regularly communicate the value of speaking up.	Fully met.	Annually review vision and strategy. Annual development session at BoD Strategy Day	ED and NED leads meet regularly with Guardian and access and receive National Guardian's Office (NGO) bulletins. Board and EMB Reports are received bi-annually. Vision and Strategy reviewed at BoD Strategy & Development Day 28.04.21 Policy and processes in place and published. Board and EMB Reports are received bi-annually. Learning Review Group reports received quarterly. Engaging Leaders and Engaging Managers programmes.

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
They can provide evidence that they have a leadership strategy and development programme that emphasises the importance of learning from issues raised by people who speak up.	Partly met.	Board Development Plan?	Board and EMB Reports are received bi-annually. Established and integrated Learning Review Group meets monthly. Engaging Leaders and Engaging Managers programmes. Guiding Principles. Schedule of Business. Board Strategy and Development Days. People Strategy FTSU Policy Website Pages Regional Partnership Forum Locality Partnership Forum Executive Partnership Group

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
Senior leaders can describe the part they played in creating and launching the Trust's FTSU vision and strategy.	Fully Met.	Review Vision and Strategy annually.	Vision and Strategy reviewed 28.04.21
Leaders have a structured approach to FTSU			
There is a clear FTSU vision, translated into a robust and realistic strategy that links speaking up with patient safety, staff experience and continuous improvement.	Fully Met.	Review Vision and Strategy annually.	Agreed Vison and Strategy in place. Patient Safety team in place Active PALs reports FTSU policy stating reason for encouraging staff to speak up. Regular reports through Quality Governance Committee, Executive Management Board and Board of Directors meetings and Strategy Days. Vision and Strategy reviewed 28.04.21
There is an up-to-date speaking up policy that reflects the minimum standards set out by NHS Improvement.	Fully met.		Board and EMB Reports are received bi-annually. Learning Review Group reports received quarterly. Freedom to Speak Up Policy reviewed and approved April 2021

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
The FTSU strategy has been developed using a structured approach in collaboration with a range of stakeholders (including the FTSU Guardian) and it aligns with existing guidance from the National Guardian.	Fully met.	Review Strategy annually.	Agreed Strategy in place. Reviewed March 2021
Progress against the strategy and compliance with the policy are regularly reviewed using a range of qualitative and quantitative measures.	Fully met.		Board and EMB Reports are received bi-annually. Learning Review Group reports received quarterly. Annual NHS Staff Survey Results and Action Plans

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
Leaders actively shape the speaking up culture			
All senior leaders take an interest in the Trust's speaking up culture and are proactive in developing ideas and initiatives to support speaking up.	Fully met.	Scheduled into Board Strategy days.	Managers' Briefings. Board Hub buddies. Learning Review Group. Staff Survey Response Action Group. Listening into Action groups. Staff conversations and surveys. AIM Staff Suggestion Scheme. Weekly Briefing. Day in the Life and Hub Buddies. Engaging Leaders and Engaging Managers. ED and NED leads meet regularly with Guardian and access and receive National Guardian's Office (NGO) bulletins Board and EMB Reports are received bi-annually Learning Review Group reports received quarterly Corporate Inductions Letters sent to all staff by NED and ED leads Engaging Leaders and Engaging Managers programmes Trade Union representations from staff at Regional Partnership Forum, Locality Partnership Forums and Executive Partnership Group.

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
They can evidence that they robustly challenge themselves to improve patient safety, and develop a culture of continuous improvement, openness and honesty.	Fully met.		Board and EMB Reports are received bi-annually. Learning Review Group reports received quarterly. Engaging Leaders and Engaging Managers programmes. Guiding Principles. Schedule of Business. Board Strategy and Development Days. Responses from e-54 forms raising patient care concerns.
Senior leaders are visible, approachable and use a variety of methods to seek and act on feedback from workers.	Partly met.	All Board members need to provide evidence of visits and reports. During COVID visits were suspended in line with recommendations.	Day in the Life. Board Hub Buddies. Leadership visits. Accessible emails to all Board Directors and CEO Regular visits to all Hub sites for meetings Senior Operational Management structure with 24/7 access to a manager on site. Pulse Surveys used to gauge feedback from staff Partnership Forums with staff held every 6 weeks. Evidence would show that not all Board members take part in the above, and some that do, do not provide reports.

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
Senior leaders prioritise speaking up and work in partnership with their FTSU Guardian.	Fully met.		Guardian's access to CEO, Chairman and ED/NED FTSU leads. Regular diarised meetings with Chairman.
Senior leaders model speaking up by acknowledging mistakes and making improvements.	Fully met.		Board and EMB Reports are received bi-annually. Learning Review Group reports received quarterly. Feedback from Trade Union meetings raising concerns to Executive Management Board. Day in the Life feedback reports.

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
The Board can state with confidence that workers know how to speak up; do so with confidence and are treated fairly.	Fully met.		ED and NED leads meet regularly with Guardian and access and receive National Guardian's Office (NGO) bulletins. Policy and processes in place and published. Board and EMB Reports are received bi-annually. Learning Review Group reports received quarterly. Engaging Leaders and Engaging Managers programmes. Promotional materials visible around the Trust, and on E-Nav. Advocates selected, trained and promoted. Guardian has unlimited access to CEO Board and EMB Reports are received bi-annually Learning Review Group reports received quarterly. Guardian's feedback from people who have spoken up.

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
Leaders are clear about their role and responsibilities			
The Trust has a named executive and a named non-executive director responsible for speaking up and both are clear about their role and responsibility.	Fully met.	Continue to develop the relationship. New ED and NED lead access NGO training.	ED and NED Leads have been approved by the Board and in place since 2015. ED and NED leads meet regularly with Guardian and access and receive National Guardian's Office (NGO) bulletins.
They, along with the Chief Executive and Chair, meet regularly with the FTSU Guardian and provide appropriate advice and support.	Fully met.	Continue to develop the relationship.	ED lead and Guardian meet fortnightly. NED and ED leads and Guardian meet regularly. Guardian meets with CEO and Chairman as required.
Other senior leaders support the FTSU Guardian as required.	Fully met.	Continue to develop the relationship.	All senior leaders accessible to Guardian.

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
Leaders are confident that wider concerns are identified and managed			
Senior leaders have ensured that the FTSU Guardian has ready access to applicable sources of data to enable them to triangulate speaking up issues to proactively identify potential concerns.	Fully met.	Continue to develop the relationships.	Guardian's access to data • Staff Survey Results • Staff Conversations • Patients' experience • ER54s • Bullying and Harassment Guardian's access to CEO and Chairman Guardian's access to all Board members and senior managers.
The FTSU Guardian has ready access to senior leaders and others to enable them to escalate patient safety issues rapidly, preserving confidence as appropriate.	Fully met.	Continue to develop the relationships.	Guardian's access to CEO and Chairman Guardian's access to all Board members and senior managers. ED and NED Leads meet regularly with Guardian.

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
Leaders receive assurance in a variety of forms			
Workers in all areas know, understand and support the FTSU vision, are aware of the policy and have confidence in the speaking up process.	Fully met.	Review Vision and Strategy annually.	Policy is promoted and published. Policy in place. Vison & Strategy reviewed by BoD on 28.04.21.
Steps are taken to identify and remove barriers to speaking up for those in more vulnerable groups, such as Black, Asian or minority ethnic (BAME), workers and agency workers.	Partly met.	Continue consultation with vulnerable groups to test out barriers/enablers.	Advocates and posters. Corporate Induction. Managers' Briefings. BME Network. Engaging Leaders and Managers. FTSU E-mail in-box Advocates are part of other networks Leadership and management development has raised levels of support for staff.

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
Speak up issues that raise immediate patient safety concerns are quickly escalated.	None raised to date.		Process and capability in place.
Action is taken to address evidence that workers have been victimised as a result of speaking up, regardless of seniority.	None raised to date.		Process and capability in place.
Lessons learnt are shared widely both within relevant service areas and across the trust.	Fully met.		Policy and processes in place and published. Board and EMB Reports are received bi-annually. Learning Review Group reports received bi-annually.
The handling of speaking up issues is routinely audited to ensure that the FTSU policy is being implemented.	Fully met.	Non-Executive Director carries out annual audit of concerns raised are in line with the Policy.	Feedback from nominated NED to Board meetings. Internal Audit completed July 2019 resulting in a “Substantial” rating.
FTSU policies and procedures are reviewed and improved using feedback from workers.	Fully met.	Consult more widely on policy and procedures.	Some procedures have been removed based on feedback (contact records) and the process changed to monthly data collection by the Guardian.
The Board receives a report, at least every six months, from the FTSU Guardian.	Fully met.		Board and EMB Reports are received bi-annually. Learning Review Group reports received quarterly.

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
Leaders engage with all relevant stakeholders			
A diverse range of workers' views are sought, heard and acted upon to shape the culture of the organisation in relation to speaking up; these are reflected in the FTSU vision and plan.	Fully met.	Review Vision and Strategy annually.	Staff Survey. Staff Conversations. Listening into Action local events. Managers' Briefings. AIM Staff Suggestion Scheme. FTSU a regular part of public Board. Annual Report. Senior leaders work openly and positively with regional FTSU Guardians and National Groups. Staff side representation at Board meetings and on appropriate Committees of the Board. Vision and Strategy reviewed 28.04.21
Issues raised via speaking up are part of the performance data discussed openly with commissioners, CQC and NHS Improvement.	Met.		Robust systems in place to ensure trends are reported appropriately. Reported by Executive Director of Nursing and Clinical Quality.
Discussion of FTSU matters regularly takes place in the public section of the Board meetings (while respecting the confidentiality of individuals).	Fully met.		In Board report.

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
The Trust's annual report contains high level, anonymised data relating to speaking up as well as information on actions the trust is taking to support a positive speaking up culture.	Fully met.	To be included in annual report. .	Included in 2019/20 Annual Report.
Reviews and audits are shared externally to support improvement elsewhere.	Fully met.		Data shared with National Guardian's Office, West Midlands Network, National Ambulance network, and Guardian advises other Trust via NHSI.
Senior leaders work openly and positively with regional FTSU Guardians and the National Guardian to continually improve the trust's speaking up culture.	Fully met.		National Guardian met CEO, Chair and Board members at WMAS on 24 April 2018. CEO and Chair met National Guardian at AACE in July 2018, engaging on national workstreams.
Senior leaders encourage their FTSU Guardians to develop bilateral relationships with regulators, inspectors and other local FTSU Guardians.	Fully met.		Guardian meets with NGO, CQC, NHSI, West Midlands Network and National Ambulance Network.
Senior leaders request external improvement support when required.	Not required to date.		NHSE and NHSI available for support.

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
Leaders are focused on learning and continual improvement			
Senior leaders use speaking up as an opportunity for learning that can be embedded in future practice to deliver better quality care and improve workers' experience.	Fully met.		Board, EMB and LRG reports. Managers' Briefings. Regional FTSU Network. National Ambulance Network. Policy and processes reviewed annually.
Senior leaders and the FTSU Guardian engage with other trusts to identify best practice.	Fully met.		Guardian meets with NGO, CQC, NHSI, West Midlands Network and National Ambulance Network.
Executive and non-executive leads, and the FTSU Guardian, review all guidance and case review reports from the National Guardian to identify improvement possibilities.	Fully met.		All guidance and case review reports reviewed on a regular basis with ED lead.
Senior leaders regularly reflect on how they respond to feedback, learn and continually improve and encourage the same throughout the organisation.	Fully met.		Chair, CEO, ED and NED leads meet regularly with Guardian. Board and EMB Reports are received bi-annually. Learning Review Group reports received quarterly.

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
The executive lead responsible for FTSU reviews the FTSU strategy annually, using a range of qualitative and quantitative measures, to assess what has been achieved and what hasn't; what the barriers have been and how they can be overcome; and whether the right indicators are being used to measure success.	Fully met.	Review strategy annually.	Strategy in place with plan with annual review.
The FTSU policy and process is reviewed annually to check they are fit for purpose and realistic; up to date; and takes account of feedback from workers who have used them.	Fully met.	Policy due for renewal September 2021	Policy current and promoted. Policy reviewed and approved April 2021

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
A sample of cases is quality assured to ensure: • the investigation process is of high quality; that outcomes and recommendations are reasonable and that the impact of change is being measured • workers are thanked for speaking up, are kept up to date though out the investigation and are told of the outcome • Investigations are independent, fair and objective; recommendations are designed to promote patient safety and learning; and change will be monitored	Partly met.	Non-Executive Director carries out annual audit of concerns raised are in line with the Policy. On Internal Audit Plan.	Feedback from nominated NED to Board meetings. A number of senior managers have been trained to undertake investigations, in accordance with Trust standards to ensure consistency of approach and to ensure outcomes can be addressed. Staff receive commendations from the Chief Executive where appropriate. All staff receive confirmation of the actions taken when raised through the e-54 system for raising concerns. All actions are logged on the Trusts intranet site to be viewed by all. Independent NED carried out Audit 2019. Internal Audit completed July 2019 resulting in a “Substantial” rating.
Positive outcomes from speaking up cases are promoted and as a result workers are more confident to speak up.	Not met.	Put process in place for identifying and promoting appropriate examples. Action BK Consultation with Advocates.	Staff survey responses show staff are aware of and use the Trust processes for reporting concerns.

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
Individual responsibilities			
Chief executive and chair			
The Chief Executive is responsible for appointing the FTSU Guardian.	Fully met.		Board papers show evidence.
The Chief Executive is accountable for ensuring that FTSU arrangements meet the needs of the workers in their Trust.	Fully met.		Through meetings with Guardian, ED and NED FTSU leads.
The Chief Executive and Chair are responsible for ensuring the annual report contains information about FTSU.	Fully met.	Include each year in Annual Report.	Included in 2019/20 annual report.
The Chief Executive and Chair are responsible for ensuring the Trust is engaged with both the regional Guardian network and the National Guardian's Office.	Fully met.		CEO and Chair encourage the FTSU Guardian to attend national and regional FTSU networks.

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
Both the Chief Executive and Chair are key sources of advice and support for their FTSU Guardian and meet with them regularly.	Fully met.		CEO and Chair fully accessible as and when required. ED and NED Leads feedback from meetings with Guardian. Meetings are taking place, and future meetings are in the diary.
Executive lead for FTSU			
Ensuring they are aware of latest guidance from National Guardian's Office.	Fully met.		All guidance and case review reports reviewed on a regular basis with Guardian.
Overseeing the creation of the FTSU vision and strategy.	Fully met.	Vision and Strategy reviewed 26.02.20	Vision and Strategy in place, promoted, and reviewed annually.
Ensuring the FTSU Guardian role has been implemented, using a fair recruitment process in accordance with the example job description and other guidance published by the National Guardian.	Fully met		Inclusion of FTSU JD into current Guardian role.

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
Ensuring that the FTSU Guardian has a suitable amount of ring-fenced time and other resources and there is cover for planned and unplanned absence.	Not met		Guardian has no administrative support or dedicated resource. Cover is provided by ED lead when Guardian is on annual leave.
Ensuring that a sample of speaking up cases have been quality assured.	Fully met.	Non-Executive Director carries out annual audit of concerns raised are in line with the Policy. On Internal Audit Plan.	Independent NED carried out Audit 2019. Internal Audit completed July 2019 resulting in a “Substantial” rating.
Conducting an annual review of the strategy, policy and process.	Fully met.	Review annually at Board Strategy and Development Day.	Policy and process in place and reviewed annually.
Operationalising the learning derived from speaking up issues.	Fully met.		Learning Review Group receives quarterly reports.
Ensuring allegations of detriment are promptly and fairly investigated and acted on.	Not required to date.	Ensure evidence is available when this occurs.	Evidence via reports to the Board, as required.

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
Providing the board with a variety of assurance about the effectiveness of the Trust's strategy, policy and process.	Fully met.		FTSU Guardian reports to Board bi-annually.
Non-executive lead for FTSU			
Ensuring they are aware of latest guidance from National Guardian's Office.	Fully met.		Guidance received directly from the National Guardians Office. Information forwarded via email from Guardian and ED Lead.
Holding the Chief Executive, executive FTSU lead and the Board to account for implementing the speaking up strategy.	Met.		Regular meetings held with all parties, papers discussed at Board meetings. Triangulation of data.
Robustly challenge the Board to reflect on whether it could do more to create a culture responsive to feedback and focused on learning and continual improvement.	Fully met.		Raised regularly at Board sub-committees People Committee) and at Board level. Triangulation of data including evidence from staff and patients.

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
Role-modelling high standards of conduct around FTSU.	Fully met.		Regular statements to all staff, promoting and encouraging engagement. Supports Advocates, attending their development sessions. Supports the Guardian as and when necessary. Listens to staff (Hub Buddy, Day in the Life). Participates in FTSU listening events around the region. Encourages at sub-committees, directors and other to raise problem areas openly.
Acting as an alternative source of advice and support for the FTSU Guardian.	Fully met.		Always accessible as and when required. Supports relevant events and visits.
Overseeing speaking up concerns regarding board members.	Not needed to date.		
Human resource and organisational development directors			
Ensuring that the FTSU Guardian has the support of HR staff and appropriate access to information to enable them to triangulate intelligence from speaking up issues with other information that may be used as measures of FTSU culture or indicators of barriers to speaking up.	Fully met		All HR practitioners hold the relevant professional qualifications and CIPD membership. People Committee HR report. Guardian's direct access to People Director. Diarised meetings with guardian and Head of HR when required.

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
Ensuring that HR culture and practice encourage and support speaking up and that learning in relation to workers' experience is disseminated across the trust.	Fully met		HR practice embedded into operational management teams providing advice and guidance supporting all grievance and disciplinary matters. Best practice case work sharing takes place amongst managers and HR team to ensure consistency and appropriate action. HR attendance and contribution at E&U and PTS Operational SMT meeting. HR presence and accessibility on all WMAS sites. HR generalist team meeting. People Committee HR report. HR delivery of effective employee relations training to managers. Casework root cause analyses. Relevant HR policies and procedures in place, up to date and embedded into practice. Effective partnership working with recognised trade unions. HR membership on Staff Survey Response Action Group. SALS Executive Partnership Group Local and Regional Partnership Forum Education Training Officer's availability. Clinical Team Mentors.

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
Ensuring that workers have the right knowledge, skills and capability to speak up and that managers listen well and respond to issues raised effectively.	Fully met.	Continued education, communication and engagement.	Managers' Briefing. HR delivery training for managers, staff and trade union representatives Board Hub buddies. Staff Survey Response Action Group. Staff conversations and surveys. AIM Staff Suggestion Scheme. Weekly Briefing. Day in the Life and Hub Buddies. Engaging Leaders and Engaging Managers. Corporate and Local Inductions. Annual PDRs Mandatory Training Statutory Training Trust Supported CPD Engaging Leaders and Engaging Managers programmes.

Self-review indicator (Aligned to well-led KLOEs)	To what extent is this expectation being met?	What are the principal actions required for development?	How is the board assured it is meeting the expectation? Evidence
Medical director and director of nursing			
Ensuring that the FTSU Guardian has appropriate support and advice on patient safety and safeguarding issues.	Fully met.		Always accessible as and when required.
Ensuring that effective and, as appropriate, immediate action is taken when potential patient safety issues are highlighted by speaking up.	Fully met.		Evidence of robust processes being in place. Reporting as described above. Also, Guardian would immediately inform DoN.
Ensuring learning is operationalised within the teams and departments that they oversee.	In an ambulance trust the people that operationalise the teams and departments they oversee are the following: Directors, Assistant Chiefs, Heads of Departments and Senior / Middle Managers etc.		Regular reports as described above. Learning Review Group.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 09a MONTH: October 2021 PAPER NUMBER: 07a

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 progress and an update on the 2021 staff survey currently live.
Previously Considered by	The Executive Management Board:27th July 2021 The People Committee:26th July 2021 Staff Survey Response Action group: 22nd June 2021
Report Approved By	People Director
Executive Summary The National Staff Survey 2020 was open for 10 weeks from September until November 2020. The final response rate achieved was 56%. This year's survey opened on 20th September and will close on 26th November 2021. This paper provides a closing report to the Board of Directors about the 2020 staff survey and an overview of the progress made on the current survey.	
Related Trust Objectives/ National Standards	Achieve Safety, Quality and Excellence A great place to work for all Providing a voice to our employees (NHS People Plan) To meet 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	None identified
Financial Implications	None identified
Training & Workforce Implications	The results allow 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: 09a MONTH: October 2021 PAPER NUMBER: 07a

Diversity & Inclusivity Implications	None Identified.
Quality Impact Assessment	Not completed on this occasion.
Data Quality	The original staff survey results and associated data are held within the Organisational Development Team and are provided by Picker Europe. They are shared with relevant stakeholders upon request
Action required No action required. This paper is for information only.	

2020 STAFF SURVEY TRUST ACTION PLAN WMAS

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

SUMMARY

This Action Plan was created by the Staff Survey Response Action Group (SSRAG) to address the findings of the 2020 NHS Staff Survey. This is version 3 following discussions at the SSRAG on 23rd June 2021.

Issues identified	Actions to be taken	Key Deliverables	Lead	End Date	Comments	Actions	RAG
Health and Wellbeing - The members of the SSRAG agreed that there is a need to focus on health and wellbeing and resilience to support our people recover from the impact of the global pandemic.							
Support for staff for their Health and Wellbeing and Building Resilence	Continue promoting wellbeing and signposting staff to the resources and support available. Supporting staff who have been working remotely so that they do not feel isolated. Signposting staff to people they can talk to e.g. Mental Health Fisrt Aiders, SALS Champions, etc.	Fostering staff wellbeing will help to create a positive working environment where staff can develop and perform to their best potential.	Lucy Mackcracken	31st March 2022	Interventions from Health and Wellbeing Champions, SALS Champions, Mental Health First Aiders HR and OD staff have had Train The Trainer Sessions to deliver REACT Mental Health Conversations Programme in the organisation in view of supporting and encouraging staff to talk about their HWB and Mental Health. Implementation of the Quarterly Staff Engagement Survey for NHS staff from July 2021.	1. Ongoing. HWB Strategy going to EMB on Monday 28th June for sign off. Short term and long term aspirations for training, increasing SALS champion numbers, MH training in July, HWB Toolkit 2. PDR are due to be completed by end of June. 79% completion achieved as of Sept 2021 3. Audit Process will take place in November and December. Improvements in HWB conversations are to be noted.	
Customised support for staff. It is recognised that the needs are different for different groups of staff.	Provide the right support for staff depending on how their roles were affected by the impact of the pandemic. Different interventions required to address different situations, e.g. support for people working from home, support for staff who are on the road and having to keep going no matter how challenging circumstances have been, support for staff who are returning to a new way of working in a different environment.	This will help the organisation to measure staff wellbeing at work and provide insight on how to improve staff experience.	OD Team	31st March 2022	Interventions from Organisational Development, Occupational Health, HR, Health and Wellbeing Team. Implementation of REACT-HR and OD staff have had Train the Trainer Sessions. to deliver REACT Training in the organisation in view of supporting and encouraging staff to talk about their HWB and Mental Health. Many staff have had Mental Health First Aid Training in the Trust.	1. PDR Reviewers development on HWB section and materials- 2. Sessions for staff on developing resilience; 3. Promotion of "Building Resilience" Workbook 4. Development of staff to be REACT Trainers	

Issues identified	Actions to be taken	Key Deliverables	Lead	End Date	Comments	Actions	RAG
					Implementation of the Quarterly Staff Engagement Survey for NHS staff from July 2021.	5. Roll-out of programme across the Trust 6. Implement National Qaurterly Staff Engagement Survey on People Pulse 7. Take data to SSRAG to inform action plans	
Managers and supervisors to develop capability to support their Teams' HWB	Provide support to managers and supervisors to have the capability to support their teams' health and wellbeing and resilience. Managers to attend REACT Training when available.	This will provide managers and supervisors with the tools and confidence to support their teams effectively.	OD Team	31st March 2022	This is part of PDR Reviewers' development sessions, Engaging Leaders, Enagaging Managers programmes. Additional sessions are available on request. Implementation of REACT training. Implementation of the Quarterly Staff Engagement Survey for NHS staff from July 2021. BK offering development support	1. Development for managers on: how to support staff working from home; 2. having vital conversations; 3. using HWB support materials; 4. Developing Resilience 5. PDR Reviewers development on HWB section and materials 6. Development of staff to be REACT Trainers 7. Roll-out of programme across the Trust 8. Implement National Qaurterly Staff Engagement Survey on People Pulse 9. Take data to SSRAG for review of action plans	

	Not compliant, no actions currently being taken		Compliant
	Not compliant, some actions being taken		Exemplary

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 09b MONTH: October 2021 PAPER NUMBER: 07b

People Strategy	
Sponsoring Director	People Director
Author(s)/Presenter	People Director
Purpose	To present the People Strategy document for review and if appropriate approval, subject to comments at the meeting.
Previously Considered by	People Committee
Report Approved By	People Director

Executive Summary

The Trust board approved its organisational strategy in May 2021, aligned to the Trust strategy are a number of enabling strategies, which support the delivery of our organisation vision and five strategic priorities.

This paper provides an overview of the progress with the review of the People Strategy. The strategy has been submitted to the relevant Committee for review prior to consideration by the Board.

The purpose of this paper to seek the Board's review and if appropriate approval of the Strategy pending any comments received.

Related Trust. Objectives/ National Standards	The documents support the Trust's updated Strategic Objectives and any relevant national standards and priorities
Risk and Assurance	The Board has the key role of formulating strategy and then holding the Trust to account for delivery of the strategy. Having reviewed and updated the documents, there is reduced risk of ambitions being out of date; and increased assurance that the Trust's ambitions are incorporated and are included in the governance process for regular measurement and update.
Legal implications/ regulatory requirements	The Trust's strategy is based upon all legal and regulatory requirements. All enabling strategies will be adjusted as required to continue to deliver
Financial Implications	The Finance Strategy will incorporate necessary work streams to ensure the requirements of the Trust Strategy are accounted for
Workforce & Training Implications	The People Strategy will incorporate necessary work streams to ensure the requirements of the Trust Strategy are provided for
Communications Issues	The Communications and Engagement Strategy identifies means of communication with internal and external stakeholders
Diversity & Inclusivity Implications	The needs of staff and members of the public will be reflected within the work streams of the People Strategy, the Diversity and Inclusion Strategy and the Communications and Engagement Strategy
Quality Impact Assessment	Individual Quality Impact Assessments will be required for each of the enabling strategies prior to presentation at the Governance Committees

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 09b MONTH: October 2021 PAPER NUMBER: 07b

Data Quality	The data on which each enabling strategy is based will be authorised by each Director

Action required

For the board to receive the Strategy and if appropriate approve the contents following the review by the appropriate Board Committee.

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NHS
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PEOPLE STRATEGY
2021 - 2026

CONTENTS

WELCOME FROM CARLA BEECHEY, PEOPLE DIRECTOR

Welcome to our People Strategy, which sets out what we will do to recruit, support, develop and retain a high performing, inclusive and diverse workforce that fosters a healthy, safe and productive work experience over the next five years.

Now more than ever, we need our people to feel valued, equipped, engaged and empowered to provide the best possible experience and outcomes for patients.

The People Strategy has been developed collaboratively, listening to our people and exploring evidence-based effective practice within the NHS and in other organisations.

The People Strategy has been developed to support the delivery of our Trust Strategic Plan and complement other key organisational strategies. It aligns with the Trust's Strategic Objective of providing "a great place to work for all" directly whilst supporting our people to achieve all five. We have also focused on the priorities in the NHS People Plan and NHS Long Term Plan.

As the leading Ambulance Service in the country, we know that our people are at the heart of our success. We are committed to bringing exceptional people together through a shared purpose and shared values and supporting them to be the very best they can be, so that we can provide the very best possible care day in and day out.

INTRODUCTION

The People Strategy provides a framework and structure to match resources to demand and future needs. Gaps will need to be identified and the right actions taken to address them. We value our people and know they are our greatest asset.

The People Strategy outlines the approach we will take to enable our people to deliver the Trust's overall vision, aims and objectives. As such, it will play a key role as an enabler of change.

The People Strategy sets out how our people will be:

- Attracted to our Trust as a great place to work and as an employer of choice.
- Retained by our Trust as a place where they want to work
- Enabled and empowered to continue to deliver the quality of service, compassion and care that we do now.
- Provided with a working environment where they are highly engaged and professionally competent to flourish in a "can do" culture of innovation, rooted in good practice where the patient always comes first.
- Developed and given opportunity for advancement.

The strategy is split into five key themes of delivery

External Influences

The People Strategy takes into consideration other internal and external drivers, strategies and plans.

Internally, these includes the Trust Strategic Plan, The Operations, Finance, Fleet, IT, Clinical, Quality, Risk Management, Security, Sustainability, Equality, Diversity and Inclusion and Health and Wellbeing strategies.

Achievement of the Trust's Strategic objectives is dependent on partnership working to achieve desired service improvements and outcomes. Our Strategic objectives are split into 5 areas as indicated below.

External drivers include the NHS Long Term Plan and NHS People Plan. In January 2019, the NHS set out its Long Term Plan to make the NHS fit for the future, and to get the most value for patients, turning ambitions into plans and improvements. https://www.longtermplan.nhs.uk /.

The NHS People Plan" We are the NHS: People Plan 2020/21" – action for us all, along with "Our People Promise", sets out what our NHS people can expect from their leaders and from each other.

The plan is structured into four themes and includes specific commitments around:

1. Looking after our people – with quality health and wellbeing support for everyone

2. Belonging in the NHS – with a particular focus on tackling the discrimination that some staff face

3. New ways of working and delivering care – making effective use of the full range of our people's skills and experience

4. Growing for the future – how we recruit and keep our people, and welcome back colleagues who want to return

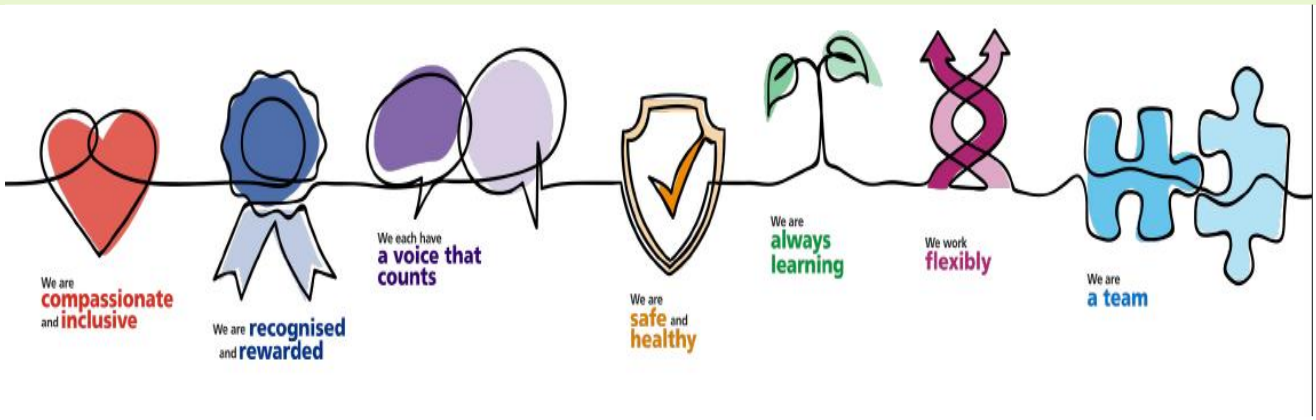
Each theme has a number of immediate actions that need to be taken by NHS organisations to enable the people who work for the NHS to deliver the Long Term Plan including;

- Make the NHS the best place to work
- Paying greater attention to why staff leave, taking action to retain existing staff and attract more people to join.
- Improve our leadership culture
- Addressing how we need to develop and spread a positive inclusive person-centred leadership culture across the NHS, with a clear focus on improvement and advancing equality of opportunity.
- Develop a workforce to deliver 21st century care
- Developing a multi-professional and integrated workforce to deliver primary and community healthcare services. While ensuring we have a flexible and adaptive workforce that has more time to provide care.
- Develop a new operating model for workforce
- Putting workforce planning at the centre of our planning processes, continuing to work collaboratively with more people planning activities devolved to local integrated care systems (ICSs).

NHS Our People Promise

The People Promise outlines the ambitions for what people working in the NHS will say about it by 2024. It has been developed to embed a consistent and ensuring offer to all staff working in the NHS. From 2021 the annual NHS Staff Survey will be redesigned to align with Our People Promise.

We are compassionate and inclusive. We are recognised and rewarded. We each have a voice that counts. We are safe and healthy. We are always learning. We work flexibly. We are a team.



OUR CORPORATE CULTURE

We believe that our values are the engine that drives our culture, and that to influence culture, we must use stories, words and behaviours that reflect the culture we want to be.

• Is High Achieving: consistently achieves and continually improves performance against our strategic objectives.

• Is Values-based: is consistent with our values, patient-focussed, can-do and collaborative.

• Has a Diverse Workforce: reflects the cultural mix of the communities we serve, and who are confident, capable and well-equipped.

• Has fully engaged staff: is committed to continual learning and high standards, and where everyone feels proud to be a part of the team and of the organisation.

• Has confident, compassionate and capable managers: who are developed, empowered and supported, and who are creating a positive performance culture in our teams.

• Has teams that work together: a joined-up organisation, using the full talents of every team to maximise the difference we are making.

• Is outward facing: strategic, and collaborative in our work with our patients.

• Is learning, improving and innovating: a pragmatic, action-orientated culture for putting learning into action.

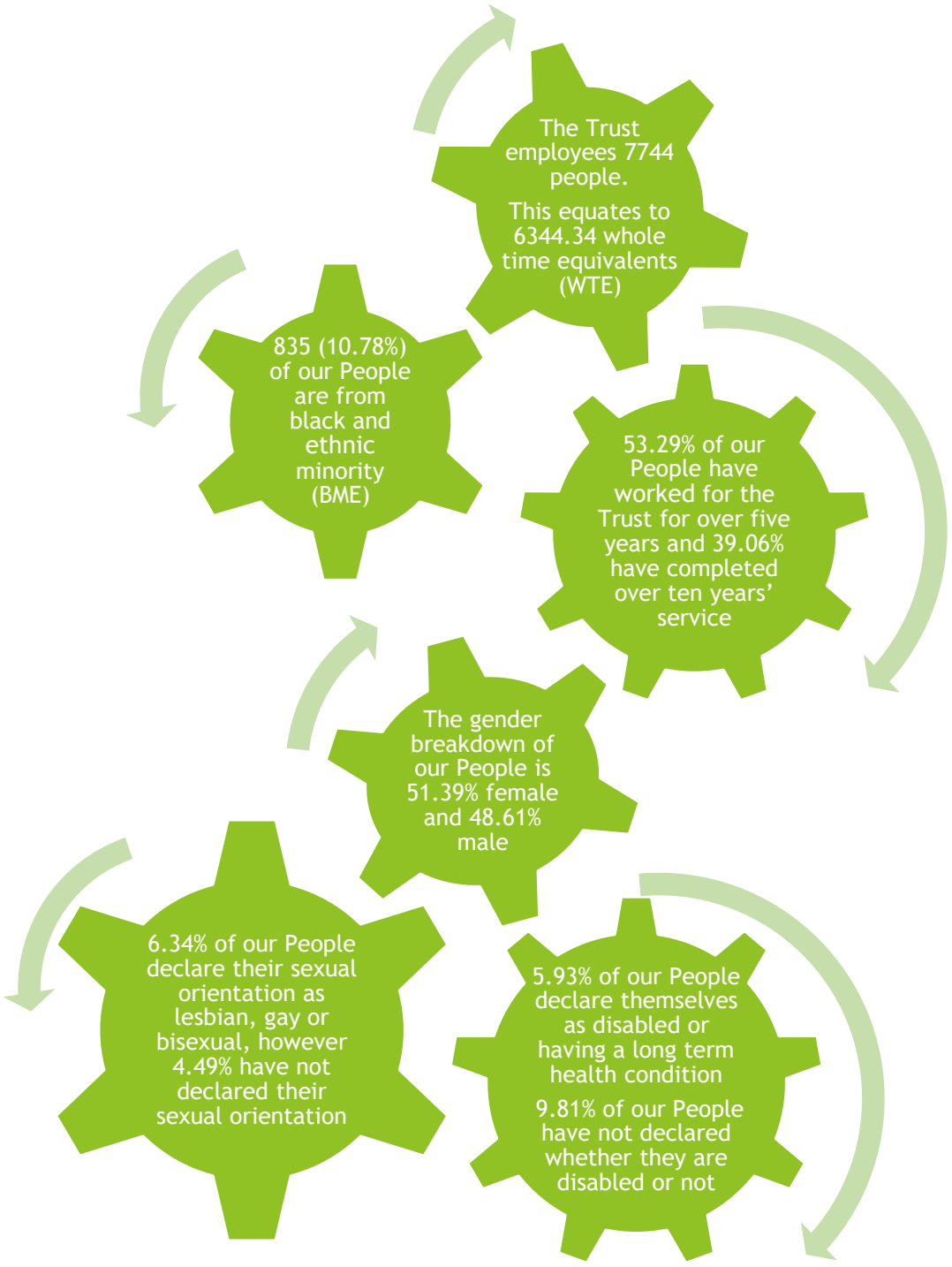
We know that stating in documents that our people are our greatest asset is not enough; we need to demonstrate this by our behaviours, thoughts and actions.

The organisation has some of the longest serving staff in healthcare and those that are just starting out in their careers. We know that our patients will receive a superior service when they are cared for by staff where there is high morale and therefore, we must all strive to make our working environment an enjoyable and stimulating experience.

In creating our corporate culture, we are firmly opposed to management by intimidation; the best results are delivered by people who do not have to be told what to do but who know our shared values and how these are enacted every day. We strive to be free of prejudice of any kind. Promotions and career development to achieve individual potential is open to everybody, regardless of religion, race, gender, or sexual preference.

We have invested in our leadership to ensure high standards are in place. The setting of clear direction, and the involvement of our people to aid the decision-making process are essential qualities and encourages us all to own the results that this brings.

OUR PEOPLE PROFILE (AS AT 31ST MARCH 2021)



HEALTH AND WELLBEING OF OUR PEOPLE

To deliver high quality patient care, the NHS needs staff who are healthy, well and engaged at work. Looking after the health and wellbeing of our people directly contributes to the delivery of high quality patient care. The People Strategy is supported by the Health and Wellbeing Strategy that outlines further detail and measures to provide support to our people.

The Trust is committed to a culture of promoting all aspects of health and wellbeing and acknowledges its responsibility in offering a diverse range of support and services accessible by all, be that mental, physical or financial wellbeing. At the same time it is also important that staff take care and responsibility to look after themselves and each other.

We will provide a positive and healthy working environment to help all of our people enhance their personal health and wellbeing and to reach their full potential.

Strategic objectives –	Safety, Quality and Excellence A great place to work for all
NHS People Plan Commitment-	Looking after our people Growing for the future

We will achieve this through:

A Board approved specific Health and Wellbeing Strategy covering the five key elements of work;

- Leadership
- Mental Health & Wellbeing
- Physical Health & Wellbeing
- Supporting a Healthy Lifestyle
- Financial Wellbeing

Offering a variety of flexible working options and packages for all roles within the Trust to support and encourage an effective and productive work life balance.

Provision of Health & Wellbeing services provided by the Trust's Occupational Health provider and support centered on prevention of work-related illness and healthy lifestyle. This can be achieved through being proactive in providing health checks for all our staff delivered locally by trained members of staff. This approach is cost effective and is open to more staff being able to avail themselves of this service. Working in partnership with Unison the equipment has been purchased for the benefit of all staff.

Health and Wellbeing Champions:

People at all levels of the Trust who promote, identify and signpost ways to support the wellbeing of their colleagues. The importance of Health & Wellbeing Champions has now been recognised nationally by NHSI & NHS England. They have now progressed to monthly development sessions focusing on key topics to enhance the role of HWB Champions. This programme has commenced with many of our Champions keen to increase their knowledge and have signed up for this opportunity. Increased Staff engagement through our HWB Champions providing a local source of information and signposting to support services.

Provision of mental health training awareness sessions for EOC staff to provide greater understanding and knowledge of patients with mental health illness and provide better patient care.
The Trust provides Mental Health First Aider (MHFA) courses aligned to MHFA England. The First Aider courses are of two-day duration. Mental Health First Aiders have an understanding of mental health and the factors that can affect wellbeing. They have the confidence to step in, reassure and support a person in distress using the Mental Health First Aid action plan until a mental health clinician can take over. A programme of MHFA training courses will take place in January-April 2022. Using technology greater support can be provided through a variety of online mental health services and tools
REACT (Recognise, Engage, Actively Listen, Check risk and Talk) training is being made available to managers and supervisors empowering people to support the mental health and wellbeing of our people.
The Zero Suicide Alliance (ZSA) is a collaboration of National Health Service trusts, charities, businesses and individuals who are all committed to suicide prevention in the UK and beyond. We are an alliance of people and organisations coming together around one basic principle: Suicide is Preventable. Free training is open to any member of staff and aligns with the other mental health training available.
The Trust has invested in developing 24 members of staff to become Menopause Trainers and advocates. As over 51% of the Trust are female this will be an invaluable asset in providing greater understanding and support for women who are going through this phase of their lives. The Trust aims to build the infra structure to work towards the Menopause Accreditation Award.
Early intervention services to aid early recovery from injury or illness through the Occupational Health provision of Physiotherapy services and expert advice.
Monthly Health promotional campaigns to encourage healthy lifestyles and awareness of your own health and taking care of yourself. Work is taking place on the validity of therapy dogs which to date has proved very popular with positive effects.
HWB theme starts when joining the Trust with induction both at Corporate and local level and followed on with a HWB conversation at appraisal.
The Trust has invested heavily in weight management programmes and currently supports two programmes. Slimming World and the new digital NHS programme providing different options to suit staff individual needs.
Physical health promotion has and is taking place through “Doing it right,” an online fitness programme covering Dance, Yoga and Pilates and is free of charge to all NHS staff. Healthy walks and gym memberships will also be explored.
Peer led annual Flu Vaccination programme. This year the Covid vaccinations were supported albeit being delivered by external providers.
The Trust attend various HWB groups both nationally and locally which allows the sharing of best practice.
Ensuring staff have a safe space at work for their rest breaks and taking regular periods of annual leave away from work for rest and recuperation.

RECRUITING & RETAINING OUR PEOPLE

The recruitment and retention of qualified, skilled and experienced people to ensure our patients receive the best possible care is a Trust priority.

The People Strategy is supported by the annual Workforce and Recruitment Plans through planning ahead to anticipate and meet changes in patient needs and demands for our service including new and innovative roles.

Strategic objectives –	Safety, Quality and Excellence A great place to work for all Effective planning and use of resources
NHS People Plan Commitment –	Growing for the future

We will achieve this through:

Effective, strategic workforce planning.

Grow your own Student Paramedic programme.

Provide and support a high quality and enjoyable placement experience for paramedic science university students in order to attract and recruit them as a graduate paramedics once qualified.

In house training scheme, HR, Mechanics, PTS, Finance to assist with succession planning and growing our own talent.

All our people will be invited to undertake their Corporate Induction prior to or on day one of their employment providing key information about the Trust and specific to the role within the Trust.

Kickstart initiative supporting local future workforce.

Undertake joiner feedback questionnaires.

Engaging with local communities to advise and inform our offering as a great place to work to attract people that are reflective of the communities we serve.

Use positive action to strive to ensure that our people are reflective of the communities we serve providing a diverse perspective of health issues within different communities.

Use Values based recruitment assessments to attract people who will provide the best patient care through their values, behaviour and attitude.

Employing Reservists the Trust are signed up to the Step into Health programme for military personnel.

Awarded the 'Veteran Aware' to encourage military veterans to apply.

Supporting applicants through the recruitment and selection processes as a Disability Confident Leader Employer.

Innovative use of roles resulting in upskilling existing staff, applying skills to new settings and work, and increasing multidisciplinary team working.

Partnership working with Princes Trust to engage and recruit young people

Engagement activities with local academic institutions to promote the Trust as an employer of choice and to attract young people to consider a career in the ambulance service

The Trust has begun plans to build a careers website to include resources for schools, colleges and job seekers to ambulance careers are accessible to all
The delivery of access courses to remove any application barriers to communities with protected characteristics
The use of diverse imagery on publications, social media and our external website to accurately reflect our staff and our communities
Constant review of recruitment processes, assessments and interview questions to ensure that they remain fit for purpose and allow us to recruit the right people into the right roles
Work as part of the NHS Jobs development group to ensure the application process remains accessible to all and provides an excellent level of customer service
Maintain excellent communication strategies both with applicants and recruiting managers to ensure that they are always informed as to the status of their application
Supporting colleagues to promote career development and promotion opportunities
Continue to build upon relationships with Job Centre Plus Work Coaches to promote and attract job seekers to the Trust and therefore lowering unemployment levels in our communities

ENGAGING WITH OUR PEOPLE

Staff Engagement is a key ingredient in helping the Trust meet the range of current challenges that it faces and in maintaining the high standard of service we provide through the quality of our People, their attitude and behaviour.

We want our people to work in an environment of trust and openness where they feel well informed and listened to and where they feel valued and empowered to do the best job they can.

Strategic objective –	Safety, Quality and Excellence A great place to work for all Collaboration and engagement
NHS People Plan Commitments -	Looking after our people Belonging in the NHS Growing for the future

We will achieve this through:

Ensuring all staff have a voice that is heard through:

NHS Staff Survey; People Pulse: regular staff conversations and pulse surveys; Listening into Action; All Ideas Matter; Day in the Life; Performance Development Reviews; being consulted; access to line managers; an open culture where all our people feel confident in speaking up.

Recognising and rewarding our people by showing appreciation for the perseverance, hard work, achievements and successes of our employees to remind them that they are truly valued - by senior leaders, by their managers and supervisors, and by their colleagues.

Offering a kind word or act of recognition to our employees, to create a positive outlook about work and motivated to continue performing well.

Rewarding the right behaviours and actions, allied to our values, to send a powerful message about what is expected.

Rewarding and recognising our people through the annual Staff Long Service and Excellence Awards, and Chief Executive Commendations.

Work is ongoing to considering how this can be developed further.

Implement Employee Self Service giving all our People the ability to view and update their personal information.

Implement Manager Self Service on the Electronic Staff Record system giving managers access to additional functionality and controls.

Well established partnership working and forums with staff representatives:

- Partnership Forums
- Engagement Events
- Surveys
- Local Meetings
- Listening in Action Groups
- Social media
- Staff Suggestion Scheme

Each year our People are offered the opportunity to give their views on the range of their experience at work through the NHS Staff Survey. The questions are grouped around key areas:

- Appraisal and development
- Health and wellbeing
- Staff engagement and involvement
- Raising concerns

The National Quarterly People Pulse Survey (which replaced the Staff Friends and Family Test (Staff FFT)) is a mechanism for assessing staff opinion on their overall experience at work and their views on standards of care.

In order to ensure that all areas of the Trust are engaged with our NHS Staff Survey results, and are able to have a local impact, the Staff Survey Response Action Group was formed in 2012. Membership is comprised of senior managers and leaders representing all parts of the organisation, and staffside colleagues.

The group meets regularly, and depending on where we are in the NHS Staff Survey cycle, will:

- Review and interrogate results' data
- Make recommendations to the Executive Management Board and Board of Directors for specific areas to be addressed in the Trust-wide action plan
- Monitor and review local action plans provided by all localities and agreed locally through Listening into Action groups
- Support promotion of the survey whilst it is open

Carrying out regular staff conversations in the form of focus groups, looking for views on specific topics, or to engage with specific groups in the Trust. The last conversation took place in March 2019 just before the national lockdown due to the pandemic and engaged with our BAME staff.

In order to deliver high quality patient care and protect the interests of patients, staff and the organisation ensuring 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.

Encouraging a culture of openness and transparency, in which members of staff feel comfortable about raising legitimate concerns.

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.

INCLUSION AND BELONGING

Equality, diversity and inclusion is at the heart of the People Strategy. Investing in a diverse workforce enables us to deliver a more inclusive service and improve patient care.

We will continue to develop an organisational culture that encourages every member of staff, whatever their role or background to succeed

Strategic objectives –	Safety, Quality and Excellence A great place to work for all Collaboration and engagement
NHS People Plan Commitments -	Looking after our people Belonging in the NHS

We will achieve this through:

A Board approved specific Equality, Diversity and Inclusion Strategy covering our four equality objectives;

- Equality Standards
- Reflective and Diverse Workforce
- Civility Respect
- Leadership is committed to creating an environment that promotes and values equality and diversity and this is embedded in all we do

Monitoring, reporting and progressing race equality issues through the nine-point Workforce Race Equality Standard (WRES).

Monitoring, reporting and progressing against the ten specific metrics in the Workforce Disability Equality Standard (WDES)

Monitoring, reporting and progressing against the Gender Pay Gap report.

Supporting and developing our ONE Network, Proud, DCA, Military Network, Women's Network.

Delivering the Springboard women's development programmes.

Board members mentoring BAME staff.

Senior BAME leaders (band 8a and above) have the opportunity to mentor members of the Board of Directors through reverse mentoring for the Board of Directors to learn from senior BAME colleagues about their experiences, ideas and concerns which will enable and shape future strategies.

"Day in the Life" is a well-established programme used primarily by members of the Board of Directors to engage with staff around the organisation. In January 2021 the Executive Management Board agreed that all BAME staff at Band 7 would have the opportunity to take part in this programme in order to state their particular perspective and learn about other areas of the Trust to support our Talent Management strategy.

Embrace the NHS Equality Delivery System 2 (EDS2) through discussion with local partners including local people, to review and improve our performance for people with characteristics protected by the Equality Act 2010. This is grouped under four goals

- Better health outcomes
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership

EDUCATION AND LEARNING

As a University Ambulance Trust, the Trust is committed to the personal and professional development of all our staff, providing the right skills, knowledge and confidence to deliver high quality care and services now and in the future. We aim to develop clinical and non clinical skills in new and innovative ways.

We want leadership and people management skills enhanced at all levels of the organisation through a compassionate and accountable approach ensuring that our current and future leaders and managers support, empower, motivate and create an environment to flourish.

Strategic objectives –	Safety, Quality and Excellence A great place to work for all Collaboration and engagement
NHS People Plan Commitments -	New ways of working and delivering care Growing for the future

We will achieve this through:

Utilising apprenticeship provisions for developing existing and new members of staff and draw levy funding streams to generate additional income to further support our People Development. Diverse delivery models across a wide range of apprenticeship standards include:

Further expanding apprentice training provision into all areas of the Trust.

Delivering a mandatory and statutory programme ensuring the safety and wellbeing of all our people and service users, aligned to the Core Skills Training Framework (CSTF) and The Care Certificate.

Working alongside our academic and research partners ensure our next generation of employees have access to the most up to date thinking in their field and builds our clinical workforce capacity.

Lead the change in Paramedic Education from a level 5 Diploma to level 6 BSc (Hons) Degree in line with HCPC entry qualifications.

The development of the Level 6 BSc apprentice delivery model. This blended approach, which is critical to meeting the delivery of education to apprentices, will see students undertake 18 weeks of a tutor-led delivery model and 34 weeks of operational practice learning

Obtaining Office for Student registration to obtain Taught Degree Awarding Powers to enable delivery of the Level 6 BSc apprenticeship through the National Academy over the next two years.

Use of blended teaching methodologies such as face to face, collaborative group and peer work, simulation suites, online video conferencing and virtual classroom to enhance the learning experience and success rates by incorporating a variety of learning styles and digital transformation.

Board Development Plan

OD Framework

The Organisational Development (OD) Team has made it a priority to develop our people to be able to act as mentors, and to also use a coaching approach when having vital conversations with colleagues and team members as a proven effective way of developing our people.

Having level 5 and level 7 qualified coaches available for staff and access to the NHS Leadership Academy Inclusive Coaching and Mentoring Network where they can access external coaches and mentors at no cost.

Mentoring programmes including: Co-mentoring; Reverse Mentoring; Patient Transport Service Mentors; Coaching for Vital Conversations.

Ensuring that all our staff who are in supervisory, management and leadership roles have the right skills, knowledge and behaviours to enable them to support their teams in the right way through our internal leadership and development programmes and access to all appropriate regional and national NHS development programmes.

Ensuring all staff at Band 7 or above hold a leadership qualification, and an audit is completed every year.

Continuing to deliver The Engaging Leaders Programme which has been running internally since 2010 to develop our Talent Pipeline. The programmme has also been delivered regionally to other NHS Trusts, and also to another ambulance service at BSc level. The programme is accredited by Coventry University at levels 5 and 6.

There is more information here: Course: About the Engaging Leaders Programme (wmids.nhs.uk)

Continuing to deliver The Engaging Managers Programme providing aspirant and actual managers and supervisors with the skills to manage themselves, their teams and the projects for which they are responsible much more effectively and productively.

Facilitating a flexible approach to staff development through The Learning Portal (TLP), our on-line learning system (virtual learning environment). Providing education and training, 24/7, web based accessibility from any work or personal computer or mobile device for staff to a range of learning, education and training tools to enhance their Continuing Professional Development (CPD) and their professional practice.

Listening carefully to our people and service users to form the basis of our Educational Training Needs Analysis.

Managing talent to systematically attract, identify, develop, engage, retain and deploy those individuals who are of particular value to our organisation, either in view of their 'high potential' for the future or because they are fulfilling business/operation-critical roles, regalrdess of role or banding. In return we ask that our staff commit to taking ownership of their own learning.

Recognising the importance of developing our staff at all stages of their career, across the entire organisation. Our aim is to ensure that everyone understands how they can progress and are able to unlock their full potential by providing the right environment for our staff to flourish both personally and professionally.

Providing a number of Talent Pools and being part of the Midlands Talent Management Community of Practice.

Providing The Flourish resource to inspire our people to think about their development and the various ways they can develop. The Continuous Professional Development (CPD) Framework outlines how the Trust supports staff who wish to pursue relevant further education. This framework also ensures that particular groups of staff are not fundamentally advantaged or disadvantaged by the processes in accessing professional qualifications and other appropriate developmental opportunities. Since 2014 the CPD Panel has been supporting over a thousand front-line and non-frontline staff to access various CPD modules, BSc Top Up Programmes for foundation degree and IHCD qualification holders and various master's level programmes, funded by the Trust.

Ensuring the pivotal talent conversation takes place through the annual PDR process. In addition the OD Team regularly meets with individuals to coach them through their aspirations and guide them in what they can do.

Ensuring the right PDR conversation takes place to ensuring all our people feel valued, engaged and understand how they contribute to the success of the Trust ensuring they know what they are expected to achieve and where the support will come from. It is also an opportunity to talk about career aspirations and health and well-being. Providing all PDR reviewers with a development session that focuses on giving them the skills and confidence to hold this vital conversation in the right way. A suite of resources is also available to support this process, and a quality audit is carried out annually.

PDRs being central to our approach to Talent Management, helping to identify those people with the potential and will to develop further.

Delivering the best possible driver training programmes to ensure road safety for all is maintained.
Operating a training programme that ensures all Blue Light responders are appropriately trained and re-assessed.
Supporting Newly Qualified Paramedics (NQP) through a structured framework and consolidation of learning period to become a competent, safe and effective professional and monitored through the NQP tacking app.
Succession planning to ensure that there are the right people in the right place at the right time with the right skill sets to fill the most senior leadership or managerial roles in the organisation over time. Succession planning is a strategic business issue designed to deliver talented people to fill those roles deemed to be key to the organisation in achieving its objectives.
Providing career planning / pathways (step on and off models) for our people to take responsibility for their own development and careers through the frameworks and support to do so.
A cultural shift to a resolution focused organisation through just culture approach.
Investing in a clinical diverse workforce enabling us to deliver conversion programmes as part of our career progression, provide further enrolment into higher education establishments (HE/FE) and further provide a wide rage of practice placements for all students, internal and external to the Trust,
Offering a variety of training routes and employment contracts to join the Paramedic profession.

MEASURING OUR SUCCESS

We will measure and evaluate success by analysis of a range of information sources including:

- Analysis of workforce demographic profiles
- Sickness absence rates and data
- Violence and Aggression rates
- Annual vaccination programs
- Staff leaver feedback through Exit Interviews
- Number of staff supported to work flexibly including amendments to shift patterns and hours of work
- Feedback and engagement with Health & Wellbeing Champions and Mental Health First Aiders
- Staff retention data
- Vacancy factor
- New joiner feedback from onboarding process
- NHS Staff Survey Results and Uptake
- Analysis of PDR reviewer audits
- Feedback and evaluation of manager development training
- Leadership development programmes
- Employee relations casework data and analysis
- Workforce Race Equality Standard (WRES)
- Workforce Disability Equality Standard (WDES)
- Gender Pay Gap Reporting
- Statutory and mandatory training completion.
- Number of trained / qualified Mentors.
- Increase in apprenticeship numbers
- Evaluation feedback from training

REVIEWING AND MONITORING OUR SUCCESS

Delivery and implementation of this strategy will be overseen by the People Director. Regular updates and Key Performance Indicator reports will be provided to the People Committee for monitoring progress and assurance purpose.

KEY PERFORMANCE INDICATORS

The following Key Performance Indicators will help us to monitor the effectiveness of the People Strategy and objectives and will include analysis and reporting of the following:

- Absence rates to remain in the top quartile when benchmarked against all English ambulance trusts
- Year on year increase in staff survey rate of response
- Increase in staff engagement score
- Increase in % of staff recommending the Trust as a place to work
- Increase % of staff recommending the Trust as a place to be treated
- Uptake of annual vaccination programs
- Increase in BAME workforce
- Increase in number of people from a BAME background in leadership roles
- Statutory and mandatory training completion above 85%.
- Increase in number of trained / qualified mentors
- Paramedic Skill Mix.
- WRES improvement year on year outcomes
- WDES improvement year on year outcomes
- Implement a resolution focused framework to replace current grievance policy
- Level 4 Associate Ambulance Practitioner - Qualification Apprenticeship Achievement rate

REFERENCES

NHS People Plan - We-Are-The-NHS-Action-For-All-Of-Us-FINAL-March-21.pdf (england.nhs.uk)

NHS People Promise - NHS The Promise (england.nhs.uk)

NHS Long Term Plan - www.longtermplan.nhs.uk

NHS Staff Survey - Working together to improve NHS staff experiences | NHS Staff Survey (nhsstaffsurveys.com)

WMAS - Supporting The Health and Wellbeing of Our People - Controlled Documents - Health and Wellbeing Strategy 2021 - 2025.pdf - Workforce & OD (sharepoint.com)

WMAS - Equality, Diversity and Inclusion Strategy - Controlled Documents - Equality Diversity and Inclusion Strategy.pdf - Workforce & OD (sharepoint.com)

Health Education England - Health Education England | Health Education England (hee.nhs.uk)

WMAS – Trust Strategy - Strategies - OneDrive (sharepoint.com)

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO TRUST BOARD

AGENDA ITEM: 10b MONTH: October 2021 PAPER NUMBER: 08b

2021/22 Winter Plan v1.4	
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, EMB and Trust Board
Report Approved By	Craig Cooke – Executive Director for Strategic Operations and Digital Integration

Executive Summary

This is an update to the Trusts Winter Plan to reflect the increased workforce planning and arrangements to further the support the Trust given the current demand on the Trust that has significantly increased since the original plan was agreed.

This includes the increases in AAP cohorts, winter HALO provision, introduction of the Clinical validation team and identifying the significant turnaround delays that are being experienced through Q2 and in Q3 currently, which is unprecedented.

This paper comes to Trust Board for final 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

WEST MIDLANDS AMBULANCE SERVICE
UNIVERSITY NHS FOUNDATION TRUST

REPORT TO TRUST BOARD

AGENDA ITEM: 10b MONTH: October 2021 PAPER NUMBER: 08b

Financial Implications	There are financial implications to delivering this plan that have previously been consider by EMB to enable the plan to be completed
Workforce & Training Implications	The necessary recruitment and training have previously been approved by EMB
Communications Issues	N/A
Diversity & Inclusivity Implications	Given the recruitment of additional staff from within the organisation and externally, these implications are already considered through opportunities within the recruitment process. This plan is inclusive to all citizens, patients and staff within the Trusts regional arrangements
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 Trust Board for approval as part of the Trust's formal signoff process for Winter Planning	

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 10C MONTH: October 2021 PAPER NUMBER: 08C

NHS Violence Prevention & Reduction Standard, including a general update of body worn cameras, and stab vests.	
Sponsoring Director	Executive Director of Strategic Operations & Digital Integration
Author(s)/ Presenter	Chris Kerr Head of Governance &Security John Kelly- Head of Security & Safety
Purpose	To inform the Trust board of the Violence Prevention and Reduction Standard and associated action along with an update on progress with body worn cameras and stab proof vests.
Previously Considered by	29 September 2021 – Trust Board Strategy day 5 October 2021 – EMB 18 October 2021 – QGC
Report Approved By	Executive Director of Strategic Operations & Digital Integration

Executive Summary

- The use of Body Worn Cameras (BWC) will commence on Tuesday 26 October 2021
- The installation of the last 6 Hubs for BWC is in progress but will not delay the 26 October 2021 launch
- Updated BWC policy passed at Policy Group, HSREG and received via Chair's report at QGC on 18 October 2021
- The Trial of 22 Stab Proof Vests at Willenhall Hub started 27 September 2021 and will run for 3 months.
- NHSE has updated the Violence Prevention & Reduction Standard
- The violence prevention and reduction standard provides a risk-based framework that supports a safe and secure working environment for NHS staff
- WMAS required to review our status against the Violence Prevention & Reduction Standard and provide Board assurance that we have met it twice a year
- Update to NHSE due 31 March 2022
- 57 Indicators on Violence Prevention & Reduction Standard
- Action plan in place to achieve all 57 requirements by deadline.
- WMAS will update HSREG Violence & Aggression report to provide assurance

Related Trust Objectives/ National Standards	All Trust Strategic Objectives, National Standards and Legislation appropriate to the Trust business

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REPORT TO TRUST BOARD OF DIRECTORS

AGENDA ITEM: **MONTH: October 2021** **PAPER NUMBER: 8c**

Risk and Assurance	Trust Risk Register HS-017-V17 – Risk of harm to staff due to verbal & physical assaults leading to sickness, complaints and litigation Trust Risk Register HS 012-V21 – Risk of stab/ballistic injury Trust Risk Register ORG -091-V2- Implementation of BWC trial – Organisational risks Trust Risk Register ORG -092-V2 – Operational risks with the use of BWC
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	Progress will be publicised within the Weekly Briefing
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 is required to receive the report for assurance.	

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Body Worn Cameras

The Trust will commence the use of Body Worn Cameras on Tuesday 26 October 2021.

Nine of the fifteen hubs and HART have had all work completed i.e., the electrical and networking requirements, along with the installation of the allocated number of cameras. The remaining six HUBs will be installed in the garage areas with the use of metal cabinets for protection, this approach has been already installed in Stoke Hub. Work has already been carried out at all six Hubs, with the cabinets due to arrive shortly. The will not delay at the launch of the Hubs already completed

The draft body worn camera policy was presented to EMB on Tuesday 5 October and Policy Group on Thursday 7 October. Whilst it remains the Trust's long-term objective that all Emergency Operational staff wear a body worn camera at all times when on duty, in order to maintain progress a compromise position has been reached that it is still mandatory to book out and take out a body worn camera at the start of the shift. The staff member will undertake their own dynamic risk assessment for each incident they attend regarding body worn camera. The policy was approved at Policy Group on 7 October 2021, 15 October 2021 HSREG, and it was noted at QGC on 18 October 2021.

Stab Proof Vests

The trial commenced on Monday 27 September 2021 and will run for 3 months ending on the 3 January 2022.

There are 20 volunteers at Willenhall hub who have agreed to take part in a trial of stab proof vests. The vests have been delivered to the Trust and a risk assessment was undertaken by two of the volunteers on the 7 September 2021. The risk assessment included getting in and out of the vehicle, driving, using the stretcher/carry chair, carrying green bag/Zoll monitor and performing CPR. Both volunteers were able to carry out normal activities while wearing the vests.

There were some initial points raised by the volunteers during the risk assessment that will be monitored during the trial and may require further considerations during the trial:

- The risk assessment was carried out on a day where temperatures were in the upper 20's leading to issues with excessive perspiration. There may be requirements for extra uniform/extra stab vest outer cover.
- The stab vests to be used in the trial have hi vis markings that do not conform to appropriate requirement
- There may be issues with appropriate cleaning of the vest covers if heavily contaminated with blood/bodily fluids

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- The vests to be used in the trial do not bear a NHS logo

The wearing of the vests will be mandatory for all the volunteers for the duration of their shifts and should only be removed during rest breaks, whilst at the hub etc.
Each volunteer will be expected to complete a questionnaire at the end of the trial period.

If it is identified during the trial that there are medical procedures that cannot be undertaken or are difficult to perform whilst wearing the vests or if an individual is having difficulties, then some members of staff may be withdrawn from the trial before the end date.

A report detailing the findings of the trial will be provided to Learning Review Group, EMB and Trust Board after January 2022.

Violence Prevention and Reduction Standard

The violence prevention and reduction standard provides a risk-based framework that supports a safe and secure working environment for our staff

We are required to review our status against the Violence Prevention & Reduction Standard and provide Board assurance twice a year.

There are 57 indicators with the Violence Prevention and Reduction standard. The assurance process for these indicators will follow a process similar to the governance of the Data Security and Protection Toolkit.

The Trust has assessed its current position in relation to the violence prevention and reduction standard and has created the following action plan:

PDCA (Plan, Do, Check, Act)	Ref	Indicator	Evidence / Actions
Plan	1	The organisation has developed a violence prevention and reduction strategy which has been endorsed by the board and is underpinned by the relevant legislation and government guidance.	Security Management Strategy 2.1 - Reduce the number of … incidents… e.g. violence and aggression People Strategy - staff welfare Risk Strategy - reduction of risk, likely hood, severity and mitigation.

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Plan	2	The organisation has developed a violence prevention and reduction policy which has been endorsed by the board and is underpinned by workforce and workplace risk assessments.	Management of Violence and Aggression Policy & Procedure Section 5 Management of Violence and Aggression Policy & Procedure Health & Safety at Work Act 1974 (section 7) Management of Health & Safety Regulations 1999 Crime & Disorder Act 1988 Hyman Rights Act 1998 x7 Risk Assessments
Plan	3	The organisation has engaged with key stakeholders, including trade unions, health and safety representatives and other appropriate stakeholders.	Monthly meeting with staff side (Calendar invite evidence) - includes Head of Risk Risk Assessments show appropriate stake holder BWC agenda, shows appropriate stakeholder
Plan	4	The organisational risks associated with violence have been assessed and shared with appropriate stakeholders in the sustainability and transformation partnership (STP) or integrated care system(ICS).	**ACTION** - John Kelly to take forward and highlight at HSREG with the Chair. Currently not undertaken, 30 Sept 2021 (Next HSREG) October 2021 in progress
Plan	5	The senior management (the chief executive and the board) is accountable for the violence prevention and reduction strategy and policy, and this is clearly set out in both documents.	Accountability stated in Strategy
Plan	6	Senior management is informed about any disparity trends for violence and aggression against groups with protected characteristics, and a full equality impact assessment has been developed and made available to all stakeholders.	BME Male/Female Currently reported monthly to Head of D&I **Action** - to be included in HSREG quarterly reports (Sept 2021) Updated report received at QGC for assurance (in progress)
Plan	7	The violence prevention and reduction objectives and expected performance criteria outcomes have been incorporated into the policy.	Objective 3.2 is to reduce acts of violence & aggression

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Plan	8	There are practical and efficient methods for measuring status against the objectives identified and agreed by the senior management team in consultation with key stakeholders.	Violence Reduction & Prevention figures are in the TIP Reports to HSREG - yearly trend and month on month includes Physical Assaults Verbal Security Incident Near Misses (HSREG includes staff side representatives) **Action** - expand the reportable data, currently monthly data only. Base, Day, Time - continue to develop
Plan	9	The organisation is compliant with relevant health and safety legislation and any other applicable statutory legislation, and this has been validated, ie via the organisation's auditors	Audit of Risk Management System (this includes incident report and risk register) **Action** - seek assurance Head of Risk
Plan	10	Inequality and disparity in experience for any staff groups with protected characteristics have been addressed, and this is clearly referenced in the equality impact assessment.	**Action** - Head of Security with Head of D&I
Plan	11	Plans have been developed and documented for achieving violence prevention and reduction objectives, and the outcomes are clearly set out in the policy.	**Action** - Head of Security Capture - BWC plan Capture - stab proof vest plan Capture - Training - CCTV policy on vehicles Capture Flagging address on CAD policy
Plan	12	The plans are updated and maintained to consider improvements, lessons learnt and updated risk assessments, annually as a minimum schedule.	Risk Assessments are annual - see review date **Action**: Lesson Learnt (we have a Lessons Learnt Group)- but we need to adapt the report - December 2021
Plan	13	Risk assessments are available to managers, their staff, trade union representatives and other relevant stakeholders.	Risk Assessments are available on Trust Intranet
Plan	14	The plans are reviewed in consultation with subject matter experts pertaining to the Equality Act 2010.	**Action** - Head of Security with Head of D&I

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Do	1	The senior management assesses and provides the resources required to deliver the violence prevention and reduction objectives.	Violence Prevention and Reduction objectives added to the Head of Security and Safety role and supported by Executive Director of Strategic Operations and Digital Integration Director proactively wrote to NHSE to procure further funding for BWC CEO provided funds for trial of stab vests Head of Safety & Security part time role increased to full time **Action** - evidence to file store (30 Sept 2021) **Action** - HSREG minutes **Action** - LRG minutes (following V&A report)
Do	2	A designated board-level (director) manages the violence prevention and reduction workstream and ensures appropriate and sufficient resources are allocated to the function (which is underpinned by an organisational risk assessment).	Executive Director of Strategic Operations and Digital Integration is the designated board level director
Do	3	The senior management team regularly provides accessible communications on the violence prevention and reduction objectives and priorities.	Chief Executive Officer and senior operational managers regularly communicate with staff on violence and prevention and reduction via the Weekly Briefing, video messages
Do	4	Communications cover all staff groups and functions within the organisation	**Action** - Communications go out through the Weekly Briefing which is accessible to every person within the organisation and is aimed at everyone within WMAS **Action** - Head of Security - continue to develop indicator
Do	5	The recognised trade unions are consulted and involved in the development of violence prevention and reduction objectives.	Monthly meetings held between Staff Side representatives, Head of Risk and Head of Security and Safety
Do	6	A diversity lens is applied to objectives development, to provide due diligence for Public Sector Equality Duty, and this is validated by the subject matter expert pertaining to the Equality Act 2010.	**Action** - Head of Security with Head of D&I - 30 Nov 2021
Do	7	The organisational roles and responsibilities across all levels are clearly set out in a violence prevention and reduction policy.	Included within the Management of Violence and Aggression Policy and Procedures

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Do	8	A training needs analysis (violence) informed by the risk assessment has been undertaken, and suitable and sufficient training and support are accessible and provided to all staff.	**Action** - TNA to be undertaken Head of Security working with Education and Training (Action 30 October 2021)
Do	9	Violence prevention and reduction workforce and workplace risk assessments are managed and reviewed as part of an ongoing process and documented in the appropriate organisational risk registers.	Risk assessments controlled and managed by Risk Team. Review dates are provided on a regular basis
Do	10	Violence risks are co-ordinated across the organisation, and are accessible and shared with senior management and all appropriate stakeholders.	WMAS follows the Trust's Risk Management Process, and therefore risks are co-ordinated across the organisation. The Risk Register is open to all staff
Do	11	Identified violence risks and their mitigations/controls are communicated to all staff in regular bulletins	The Trust uses the organisations weekly brief to communicate to all staff.
Check	1	The efficiency and effectiveness of the violence prevention and reduction plans and processes are assessed and reviewed as a minimum every six months or following organisational changes or serious incidents.	The Trust report regularly to the HSREG, EMB and Trust Board. Although this does not include the effectiveness of the approach, this will be added to Schedule of Business (HSREG and LRG) going forward (action 30 Sept 2021) Updated LRG report for 20 October 2021
Check	2	The senior management is directly accountable for ensuring that the system is working effectively and providing assurance that the violence prevention and reduction objectives are being achieved	HSREG is chaired by a Executive Director (Agenda to go into evidence store) EMB agenda demonstrated at exec level TB agenda demonstrates at TB BWC group - FD, Coms Dir and Deputy Chief Exec
Check	3	Staff members are actively encouraged to report all incidents, including near misses.	RMS - Risk Management System - encourages this This is backed up by weekly brief articles Incident report received at SMT (Senior Management Teams) and Staff side groups
Check	4	Violence data is managed in accordance with the General Data Protection Regulations (GDPR)	The Trust's Data Protection Officer The Trust's Data Protection Policy that WMAS adheres to DSPT framework
Check	5	Violence data is frequently analysed using primary metrics to support the violence prevention and reduction assessments and inform the audit process.	WMAS receive monthly violence data reports This is received at LRG and HSREG on a quarterly basis

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			Action - Head of Security to further develop data from Incident reporting
Check	6	Violence data is analysed using the demographic make-up of the workforce, including age, sex, ethnicity, disability and sexual orientation.	Age, ethnicity but not disability and sexual orientation **Action** - Head of Security to develop plan with Head of D&I
Check	7	The protection and storage of data about violence follows the organisation's information governance policies.	The Trust has a Data Protection Policy, a Data Protection and Caldicott Procures, an IT Security Policy. The storage of data about violence adheres to these
Check	8	Data collected about violence assures that the processes are effective and identifies where lessons can be learnt and that the policy objectives are being achieved.	LRG V&A Reports
Check	9	A process exists for auditing violence prevention and reduction performance and ensuring that associated systems are effectively managed and assessed regularly.	The Trust has annual audit of the Risk Management System that captures Trust incidents and the Trust's Risk Register. The Trust's risk assessments for Violence and Aggression **Action** - Does Violence Prevention and Reduction Standard require specific internal audit -Head of Security 30 Sept 2021
Check	10	The audit outcomes inform a regular senior management review held at least twice a year.	This will be added to the regularly reporting going fwd - HSREG 30 Sept 2021
Check	11	All incidents are logged, reviewed, assessed and any corrective actions are recorded within acceptable timeframes, and where this may be prolonged by investigations and or staff support, this is recorded and communicated to senior management, relevant staff and stakeholders.	The Trust follows the Risk Management System for this. The reporting of incidents is logged and captured at Senior Management Team meetings, including timely acknowledgment of incidents by managers
Check	12	The violence prevention and reduction risk registers are updated accordingly.	The Trust Risk register follows the Risk Management Process This is reported to HSREG that captures and reports all changes
Act	1	A senior management review is undertaken twice a year and as required or requested to evaluate and assess the violence prevention and reduction programme, the findings of which are shared with the board.	EMB SOB (Schedule of Business) HSREG quarterly reports
	2	**Inputs to the process include:**	

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		local risk management system (data about violent incidents)	WMAS used one Risk Management System Risk Management Strategy Risk Management Policy
		risk registers	WMAS uses one Risk Register Risk Strategy Risk Management Policy
		audit and governance reports that include violence performance	Internal Audit Reports on Risk Management System Reports to OMT, SMT PTS and SMT AE form part of Internal Audit report on the ER54 (RMS)
		lessons learned (STP and ICS level)	**Action** Head of Security
		review of the violence prevention and reduction processes	Policies are regularly review (Change history of policy) Risk Assessments regularly reviewed (maximum one year) Quarterly reporting for HSREG and LRG
		risk assessments (workplace and workforce)	Risk Assessments are captured : **Action**: List them:
		triangulated with WRES and WDES	**Action** - Head of Security to liaise with Head of D&I 30 Sept 2021
		staff experiences (causation themes, impact on health and wellbeing, consequences, etc)	Head of Security - Capture current process Wellbeing letter to staff at incident state Follow up regarding incident case
		Serious incidents	**Action**: list V&A quarterly where SI threshold met
		NHS staff Survey, local or pulse surveys	**Action**: Capture Staff Survey actions
		Local HR intelligence (staff recruitment and leavers rates, absenteeism or retention rates)	**Action**: Head of Security
		key stakeholders.	Capture Agenda for key stakeholders for HSREG, LRG, Head of Security/Staff side meeting
		trade union concerns raised through the health and safety committee	Capture agenda and minutes for HSREG
		meetings with chief constable or designated representative, police and crime commissioners, etc.	Meetings have taken place with representatives from Staffordshire Police and West Mercia police. Further meetings and contact to be arranged with West Midlands police and Warwickshire police
Act	3	Following the senior management review (twice a year) the violence prevention and reduction lead updates as necessary the objectives, policy, plans and supporting processes required to deliver the outcomes.	Action for SOB on HSREG and LRG

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Act	4	Senior management has enough information from the violence prevention and reduction performance inputs to make informed decisions about the violence prevention and reduction policy, and this information is based on credible intelligence and risk assessments.	Violence Reduction & Prevention figures are in the TIP Reports to HSREG - yearly trend and month on month includes Physical Assaults Verbal Security Incident Near Misses (HSREG includes staff side representatives) **Action** - expand the reportable data, currently monthly data only. Base, Day, Time - continue to develop
Act	5	Violence prevention and reduction forms part of the overall organisational strategy and workforce planning process and is closely aligned to the STP and ICS planning arrangements	Security Management Strategy People Strategy Risk Strategy
Act	6	Staff receive timely responses to incident investigations, and where this may be prolonged by process requirement, this is recorded and communicated to staff, senior management and relevant stakeholders.	Capture - incident reporting process (ER54)

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WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 10d MONTH: October 2021 PAPER NUMBER: 08d

Security Management Strategy	
Sponsoring Director	Director of Strategic Operations and Digital Integration
Author(s)/Presenter	Director of Strategic Operations and Digital Integration
Purpose	To present the Strategy document for review and if appropriate approval, subject to comments at the meeting.
Previously Considered by	EMB Performance Committee
Report Approved By	Director of Strategic Operations and Digital Integration

Executive Summary

The Trust board approved its organisational strategy in May 2021, aligned to the Trust strategy are a number of enabling strategies, which support the delivery of our organisation vision and five strategic priorities.

This paper provides an overview of the progress with the review of the Strategy. The strategy has been submitted to the relevant Committee for review prior to consideration by the Board. In the case of this strategy and the views of the Committee will be submitted verbally to the Board.

The purpose of this paper to seek the Board's review and if appropriate approval of the Strategy pending any comments received.

Related Trust. Objectives/ National Standards	The documents support the Trust's updated Strategic Objectives and any relevant national standards and priorities
Risk and Assurance	The Board has the key role of formulating strategy and then holding the Trust to account for delivery of the strategy. Having reviewed and updated the documents, there is reduced risk of ambitions being out of date; and increased assurance that the Trust's ambitions are incorporated and are included in the governance process for regular measurement and update.
Legal implications/ regulatory requirements	The Trust's strategy is based upon all legal and regulatory requirements. All enabling strategies will be adjusted as required to continue to deliver
Financial Implications	The Finance Strategy will incorporate necessary work streams to ensure the requirements of the Trust Strategy are accounted for
Workforce & Training Implications	The People Strategy will incorporate necessary work streams to ensure the requirements of the Trust Strategy are provided for
Communications Issues	The Communications and Engagement Strategy identifies means of communication with internal and external stakeholders
Diversity & Inclusivity Implications	The needs of staff and members of the public will be reflected within the work streams of the People Strategy, the Diversity and Inclusion Strategy and the Communications and Engagement Strategy
Quality Impact Assessment	Individual Quality Impact Assessments will be required for each of the enabling strategies prior to presentation at the Governance Committees

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 10d MONTH: October 2021 PAPER NUMBER: 08d

Data Quality	The data on which each enabling strategy is based will be authorised by each Director

Action required

For the board to receive the Strategy and if appropriate approve the contents following the review by the appropriate Board Committee.

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SECURITY MANAGEMENT STRATEGY

DATE APPROVED:	**18 October 2021**
APPROVED BY:	**Quality Governance Committee**
IMPLEMENTATION DATE:	**October 2021**
REVIEW DATE:	**October 2024**
LEAD DIRECTOR:	**Executive Director of Strategic Operations and Digital Integration**
IMPACT ASSESSMENT STATEMENT:	**No adverse impact on Equality or Diversity**

Document Reference Number:	**OPS – Strategy – 004 (Version 3)**

Change Control:

Document Number	OPS – Strategy – 004
Document	Security Management Strategy
Version	Three
Owner	Executive Director Strategic Operations and Digital Integration
Distribution list	All
Issue Date	October 2021
Next Review Date	October 2024
Author	Head of Security and Safety

Change History:

Date	Change	Comment/Approved by
25 November 2014	Sent for approval for ratification	Approved and implemented
06 March 2017	Asked for extension on strategy – agreed	Health Safety & Risk Group
August 2017	Reviewed and removed NHS Protect.	Head of Security & Safety
04 September 2017	Approved	Health Safety & Risk Group
14 September 2017	Approved for implementation	Quality Governance Committee
7 April 2020	12-month extension agreed	Executive Management Board
16 September 2021	Reviewed	Head of Security & Safety
30 September 2021	Approved	Health Safety Risk & Environmental Group
18 October 2021	Approved	Quality Governance Committee

CONTENTS

1 Introduction

1.1 The overriding principle for security management is to support West Midlands Ambulance Service University NHS Foundation Trust (WMAS or the Trust)) in providing high quality healthcare through a safe and secure environment that protects patients, staff and visitors, their property, and the physical assets of the organisation. Security management is the responsibility of all NHS managers and staff.

People are our most important asset and we recognise that their security, safety and welfare and that of others affected by our activities is paramount. As a minimum, the Trust will comply with legislation and work with stakeholders, clients, consultants and regulators to raise the standards of the service.

1.2 NHS England and NHS Improvement (NHSE&I) are the organisation responsible for leading violence prevention and reduction work within all NHS organisations. NHSE&I has introduced a violence prevention and reduction standard throughout the NHS which comprises of metrics that all organisations are expected to adhere to. All Trusts are expected to submit an annual return to NHSE&I showing their current compliance with the standard.

This document outlines the overarching security strategy for tackling crime within the Trust and reflects national guidance and recommendations. More details on priority areas (organisational and local) for action are outlined in the NHSE&I violence prevention and reduction standard which will be presented to the Health Safety & Risk Environment Group (HSREG). Trust compliance with the standard will be submitted as an annual return to NHSE&I.

2 Purpose

2.1 The purpose of the development and delivery of a proactive organisational Security Management Strategy includes:

- To develop and make best use of integrated security systems
- Improved levels of safety for staff, patients and the public
- Greater staff morale and patient / public confidence
- Reduce employee sickness / absenteeism and staff replacement costs
- Greater accountability for property, equipment and cash, leading to loss reduction
- Reduced costly litigation and insurance premiums
- Greater standardisation and implementation of best practice
- Enhanced management confidence when subject to internal or external audits e.g. NHS Resolution, Care Quality Commission (CQC)

The key aims of this Security Management Strategy are:

- To comply with new and existing DH directions and guidance. including the requirements outlined within the NHSE&I violence prevention and reduction standard.
- To promote a culture in which all staff, patients and visitors take responsibility for the safety of people and property
- To reduce the number of security related incidents (e.g. violence and aggression / theft) and to seek sanctions and redress where incidents do occur
- To ensure staff are trained to the appropriate level in security, personal safety and managing incidents of violence and aggression including Conflict Resolution Training (CRT)
- To achieve the requirements within CQC and NHS Resolution.
- To develop and maintain an effective collaborative working relationship with local stakeholders, and local agencies
- To protect the assets of the Trust against fraud, dishonesty, vandalism, damage and any potential litigation. Scope - All staff working within the Trust, and contractors and visitors.

3 Definitions

3.1 Security

To establish a safe and secure environment that has systems and policies in place to:

- Protect NHS staff, patients, visitors and others carrying out activities on behalf of the Trust W from violence, harassment and abuse.
- Safeguard all NHS Property and assets from theft, misappropriation or criminal damage

3.2 Physical Assaults

The accepted definition of a physical assault is – “The intentional application of force to the person of another without lawful justifications, resulting in physical injury or personal discomfort”.

3.3 Non-Physical Assaults

The accepted definition of a non-physical assault is – “the use of inappropriate words or behaviour causing distress and/or constituting harassment”.

3.4 Theft

A person is guilty of theft if he dishonestly appropriates property belonging to another with the intention of permanently depriving the other of it.

3.5 Work Related Violence

The Health and Safety Executive (HSE) definition of work-related violence: 'Any incident, in which a person is abused, threatened or assaulted in circumstances relating to their work. This can include verbal abuse or threats as well as physical attacks

4 Security Management Organisational Structure

4.1 The Trust recognises that security management cannot be simply attributed to one person, but is an integral part of the normal management process. The Trust will ensure that a structure is in place to deliver security management with the Trust Board and Committees and groups with responsibility for security management.

The Trust board has demonstrated its commitment to security management through:

- Establishing the role of the Security Management Director (SMD), Nominated Executive Director (NED) and the Local Security Management Specialist (LSMS)
- The endorsement of the security strategy and development & ratification of associated policies and work programmes

5 Duties of Key Individuals

5.1 The delivery of this strategy is dependent not only on the responsibility delegated to key committees and their integrated reporting structure but also through the responsibilities held with key roles across the Trust.

5.2 Chief Executive

The Chief Executive is the Accountable Officer for the Trust and has overall accountability and responsibility for the operational implementation of this strategy.

5.3 Executive Directors

Executive Directors have many responsibilities in relation to security management. As members of the Trust Board, they have a corporate responsibility to ensure that:

The Security Management Strategy is fit for purpose.
It is implemented effectively and that the controls are in place to illustrate that all reasonable care has been taken to manage security proactively.
Clear objectives are set for line managers to secure the implementation of the Security Management Strategy, to monitor performance against these objectives and to act appropriately on this information

5.4 Security Management Director (SMD)

In line with the Secretary of State Directions, The Trust has a nominated Executive Director as the Trust's SMD.
This is the Executive Director of Strategic Operations and Digital Integration.
The role of the SMD includes:

- Agree the NHSE&I violence prevention and reduction standard and monitor the delivery of the work plan via the Health, Safety and Risk Committee
- Promoting Security at Board level
- Ensuring compliance with the requirements and directions issued by Secretary of State, DH and NHSE&I.

5.5 Local Security Management Specialist (LSMS)

The overall objective of the LSMS is to work on behalf of the Trust to deliver an environment that is safe and secure so that the highest standards of clinical care can be made available to patients. The LSMS's will undertake their duties to tackle violence and general security management; in accordance with training, security standards, advice and guidance provided by various agencies (Police, local intelligence etc).

The objective will be achieved by working in close partnership with stakeholders within the NHS (LSMS's own organisation and in other NHS organisations). External organisations such as the Police, Crown Prosecution Services, other professional bodies and trade unions. The LSMS will work towards the creation of a pro-security culture within the Trust.

5.6 Non-Executive Directors

Non-executive Directors have a corporate responsibility to ensure that the Security Management Strategy is:

- Fit for purpose.
- Implemented effectively.
- Controls and assurances are in place to illustrate that all reasonable care has been taken to manage security proactively.

One of the Trust's non-executive directors (NED) is tasked with promoting security management at Board level to challenge, scrutinise and ensure accountability in respect of security management work

5.7 All Staff

All staff has a legal obligation to co-operate and adhere to this Strategy regarding its aims, objectives and principles. Great emphasis is placed on the importance of the co-operation of all staff in observing security and combating crime and ensuring their own and colleagues' safety in accordance with the Trusts Health and Safety Policy.

Every member of staff has a responsibility to familiarise themselves with:

- Any special security requirements relating to their place of work or work practices
- The action to take in the event of a security incident
- To safeguard themselves, colleagues, visitors, patients so far as reasonably practicable and ensure that neither equipment nor property are put in jeopardy by their actions, either by instruction, example or behaviour
- To follow agreed working methods and security procedures always
- To comply with all training requirements concerning security and safety issues

Additionally, staff should be aware of their responsibilities in protecting always, the assets/property of the Trust and its patients. Where staff know or suspect a breach in security, they must report it immediately to their manager, and/or the LSMS/Head of Security &Safety. If it is a breach of premises security or suspected physical threats or verbal abuse towards staff then the LSMS/Head of Security &Safety should be notified as soon as possible. Staff should ensure that they comply with the Trust's incident reporting system procedure.

5.8 Contractors, Agency and Bank Staff

All contractors including agency staff are expected to work in accordance with the Security Management Strategy and associated policies. The responsibilities of these staff regarding security management will be communicated to them via the manager responsible for their engagement**.**

5.9 Violence Prevention and Reduction lead

As part of the NHSE&I violence prevention and reduction standard the Trust has appointed a designated violence prevention and reduction lead. The role will be undertaken by the Head of Security & Safety**.**

6 Process

6.1 The Trust will provide leadership for all local anti-crime work by applying an approach that is strategic, coordinated, intelligence led and evidence based. Through the NHSE&I violence prevention and reduction standard the Trust will comply with the requirements of the NHS Standard contract in relation to security management and will put in place and maintain appropriate security management arrangements. The Trust will also comply with the NHSE&I violence prevention and reduction standard

The security annual objectives are outlined in the NHSE&I violence prevention and reduction standard and progress monitored against objectives/targets by the SMD. The NHSE&I violence prevention and reduction standard is refreshed annually. The following documents will be submitted to the SMD for approval and ratification:

- NHSE&I Violence Prevention and Reduction Standard assurance return NHSE&I violence prevention and reduction standard annual return
- A Trust security management strategy and associated operational policy

6.2 Additional work programs, developed and refreshed on an annual basis, will be developed against the NHSE&I Violence Prevention and Reduction Standard which will ensure the following strategic direction underpins the NHSE&I violence prevention and reduction standard on an annual basis.

6.2.1

Plan

The NHS organisation must review their current status against the violence prevention and reduction standard and identify their future requirements, to understand what needs to be completed and how, who will be responsible for what, and what measures will be used to judge success. This phase of the process includes developing or updating strategies, policies and plans to deliver the aims.

6.2.2

Do

The NHS organisation must:

- assess and manage risks
- organise and implement processes, and communicate plans to and involve NHS staff and key stakeholders in their delivery
- provide adequate resources and training.

6.2.3 Check

The NHS organisation must ensure that the plans are implemented successfully, assess how well the risks are controlled and determine if the aims have been achieved, ie via audit measures. As part of the process, the NHS organisation should routinely assess any gaps and ensure swift corrective action. Credible, accurate and unambiguous data will assist in checking incidents of violence have fallen.

6.2.4 Act

The NHS organisations must review its performance to enable the senior management team to direct and inform changes to policies or plans, in response to any localised lessons learnt and incident data collected in respect of violence prevention and reduction. The NHS organisation should share critical findings with internal and external stakeholders.

6.2.5 Investigations
Investigate security incidents in accordance with established practice and legislation and liaise with Police and any other relevant parties to secure suitable sanctions / redress where appropriate.

6.2.6 Security Alerts and Advanced Warnings
There will be occasions when the LSMS will need to put out security alerts to all staff or certain departments. This can be instigated by receipt of a Security Alert nationally or due to either an incident within the Trust or information gained from joint working with outside agencies.

6.2.7 Capital Projects
The LSMS needs to be involved in all Capital Projects to discuss any security weaknesses, offer advice on lighting, access control etc. and ensure a risk based approach is taken to identify and protect the Trust's assets and infrastructure.

6.2.8 Combined Personal Identification / access card

The Trust has adopted a combined identification / access card which is an integral part of the security arrangements within the Trust. This identification / access card must be worn and clearly displayed ALWAYS by Trust staff whilst at work and on Trust property. In addition, non-Trust staff working on site e.g. contractors will be issued with temporary passes which again must be clearly displayed ALWAYS.

6.2.9 Closed Circuit Television (CCTV)

The Trust operates the G4S remote access control software at all its HUBs. The G4S software program is an integrated software package that facilitates video monitoring and image playback of multiple remote Digital cameras. CCTV monitoring and access control has been incorporated into all new Controlled Drugs (CD) rooms at the Trust regional "Hubs" All front line Accident and Emergency operational vehicles have external and internal CCTV systems fitted, to both support trust staff and protect trust assets .

6.2.10 Incident Reporting

The Trust will utilise the electronic incident reporting system to enable staff to report all security related incidents

6.2.11 Body Worn Cameras

Body worn cameras will be installed at all Trust HUBs as part of a NHSE&I national body worn camera trial**.** It is the Trusts intention that all front line Accident and Emergency operational staff will have access to a body worn camera, to both support trust staff and protect Trust assets.

7 Implementation

The Security Management Strategy will be implemented by the Local Security Management Specialist (LSMS) with support from key members of staff where required (See duties of key individuals –section 5).

Following approval of this strategy it will be communicated to Trust staff via the "Weekly Briefing" and on the Trust internal intranet site.

8 Training

The organisation will ensure that the nominated person(s) (LSMS) or other persons attend all necessary training, development events and continuous professional development as required, to appropriately fulfil their role on an on-going basis.

The Trust Corporate induction programme and Statutory & Mandatory training will provide all employees with an overview of security management.

9 Review

This strategy will be reviewed at least every three years by the Policy Author and the NHSE&I violence prevention and reduction standard will be reviewed annually

10 Monitoring Compliance

Significant events or breaches of compliance with the strategy will be investigated by the LSMS, any findings will be reported to the SMD and where appropriate escalated to the Trust Board.

The Head of Security & Safety will submit to the SMD and NHSE&I an annual submission in relation to the Trust's compliance with the violence prevention and reduction standard

11 References

- Health & Safety at Work Act 1974
- NHSE&I violence prevention and reduction standard

12 Trust Associated Documents

- Consent Policy
- Health and Safety Policy
- Security Policy
- Clinical Strategy
- Incident Reporting Policy and Procedure
- Investigation Policy
- Standing Financial Instructions and Scheme of Delegation
- Fraud Sanctions and Redress Policy and Protocol
- Risk Assessment and Management Policy
- Freedom to Speak Up (Whistle Blowing)
- Lone Worker Policy
- Management of Violence and Aggression Policy and Procedure
- Fire Policy
- Safeguarding Children, Young People and Adults at Risk Policy
- Central Alerting System CAS Procedure
- Medicines Management Policy
- Lockdown Procedure

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 10f MONTH: October 2021 PAPER NUMBER: 08e

IT, Data & Digital Strategy	
Sponsoring Director	Director of Strategic Operations and Digital Integration
Author(s)/Presenter	Director of Strategic Operations and Digital Integration
Purpose	To present the Strategy document for review and if appropriate approval, subject to comments at the meeting.
Previously Considered by	EMB Performance Committee
Report Approved By	Director of Strategic Operations and Digital Integration

Executive Summary

The Trust board approved its organisational strategy in May 2021, aligned to the Trust strategy are a number of enabling strategies, which support the delivery of our organisation vision and five strategic priorities.

This paper provides an overview of the progress with the review of the Strategy. The strategy has been submitted to the relevant Committee for review prior to consideration by the Board. In the case of this strategy it is on the agenda for the Performance Committee meeting scheduled for 26 October 2021 and the views of the Committee will be submitted verbally to the Board.

The purpose of this paper to seek the Board's review and if appropriate approval of the Strategy pending any comments received.

Related Trust. Objectives/ National Standards	The documents support the Trust's updated Strategic Objectives and any relevant national standards and priorities
Risk and Assurance	The Board has the key role of formulating strategy and then holding the Trust to account for delivery of the strategy. Having reviewed and updated the documents, there is reduced risk of ambitions being out of date; and increased assurance that the Trust's ambitions are incorporated and are included in the governance process for regular measurement and update.
Legal implications/ regulatory requirements	The Trust's strategy is based upon all legal and regulatory requirements. All enabling strategies will be adjusted as required to continue to deliver
Financial Implications	The Finance Strategy will incorporate necessary work streams to ensure the requirements of the Trust Strategy are accounted for
Workforce & Training Implications	The People Strategy will incorporate necessary work streams to ensure the requirements of the Trust Strategy are provided for
Communications Issues	The Communications and Engagement Strategy identifies means of communication with internal and external stakeholders
Diversity & Inclusivity Implications	The needs of staff and members of the public will be reflected within the work streams of the People Strategy, the Diversity and Inclusion Strategy and the Communications and Engagement Strategy

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 10f MONTH: October 2021 PAPER NUMBER: 08e

Quality Impact Assessment	Individual Quality Impact Assessments will be required for each of the enabling strategies prior to presentation at the Governance Committees
Data Quality	The data on which each enabling strategy is based will be authorised by each Director

Action required

For the board to receive the Strategy and if appropriate approve the contents following the review by the appropriate Board Committee.

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NHS
West Midlands
Ambulance Service
University NHS Foundation Trust

Information Technology, Data and Digital Strategy 2021 – 2026

DATE APPROVED:	
APPROVED BY:	
IMPLEMENTATION DATE:	
REVIEW DATE:	
LEAD DIRECTOR:	Craig Cooke, Director of Strategic Operations and Digital Integration
IMPACT ASSESSMENT STATEMENT:	

Document Reference Number:

Contents

1 Executive Summary

The Information Technology Strategy defines the Information Technology (IT), Data and Digital Strategy for West Midlands Ambulance Service University NHS Foundation Trust (WMAS or the Trust) over the coming years.

This strategy has evolved to recognise the increasing role of national and regional drivers in NHS technology and data solutions. The strategy considers internal and external drivers on the department and sets out plans in the context of five themes:

- Emergency and Urgent (E&U) Operations
- Emergency Operations Centre (EOC) systems
- Patient Transport Services (PTS)
- IT and Data services
- National and regional initiatives

The document recognises the governance structure that supports the IT and Business Intelligence functions of the Trust that enables the delivery of digital services.

2 Introduction

This document is the IT, Data and Digital Strategy for WMAS. The IT focus defines the Trust strategy for delivery and development of technology services and solutions. The Data focus describes how we use data to deliver and improve services. The Digital view describes the Trust approach to use technology and data for the benefit of patients and staff. We will promote a collaborative workforce through digital solutions and best practice processes, whilst sustaining world class patient care.

Becoming a digital ambulance service is about more than IT systems and requires commitment from all areas of the organisation: digital is about what we do and how we interact with technology, it is not the technology itself. Digital is built on the solutions delivered by the IT Department that delivers technology solutions for the trust, supports existing systems and maintains security against cyber threats. Digital uses our data (internally and shared) to better inform choices made by the organisation and our partners.

Digital is a technological, cultural and operational shift in which organisations leverage data to deliver customer value, innovate with agility and sustain vitality.

3 Drivers

The IT Department's primary role is to service the technology needs of operational functions of the trust as well as the corporate functions that support these front-line services. The Business Intelligence Unit's (BIU) primary role is to manage the Trusts data, and present it to the organisation in order to monitor and innovate the Trusts delivery, efficiency and clinical behaviours

There are four key external programmes that influence our work:

- Data Security and Protection Toolkit (DSPT)
- Integrated Care Systems (ICS)
- Ambulance Radio Programme (ARP)
- NHSX: Digital Strategy, Data Strategy, What Good Looks Like, Unified Tech Fund

By April 2022, there will be six Integrated Care Systems (ICS) in the West Midlands region (replacing current Sustainability and Transformation Partnerships (STP). Each of the ICS has a digital delivery focus and has provided input to the local response to the NHS Long Term Plan. The IT Department will monitor the requirements of the ICS digital plans and provide the technology that will underpin WMAS requirements. A key strand of ICS digital plans is the establishment of local integrated care records (ICR) that allow providers to share and access patient records. The West Midlands Shared Care Record programme will enable patient data to be shared across the region.

ARP is delivering a new digital communication bearer and associated equipment to English Ambulance Trusts. ARP will replace control room equipment, vehicle radio and mobile data systems and the radio bearer.

The NHSX Digital Strategy is due for release in 2021. The main themes of the strategy will be to Digitise, Connect and Transform. Supporting the strategy will be the NHSX Data Strategy and the NHS Service Standard. In September 2021, NHSX launched What Good Looks Like and the Unified Tech Fund which indicate the national expectations for digital solutions and the approach to future funding. NHSX are releasing targeted funding, in year, through the Unified Tech Fund to address national priority areas.

4 Scope

4.1 IT Department

The IT Department provides services to all trust directorates and works with external partners to deliver services. The IT Department delivers:

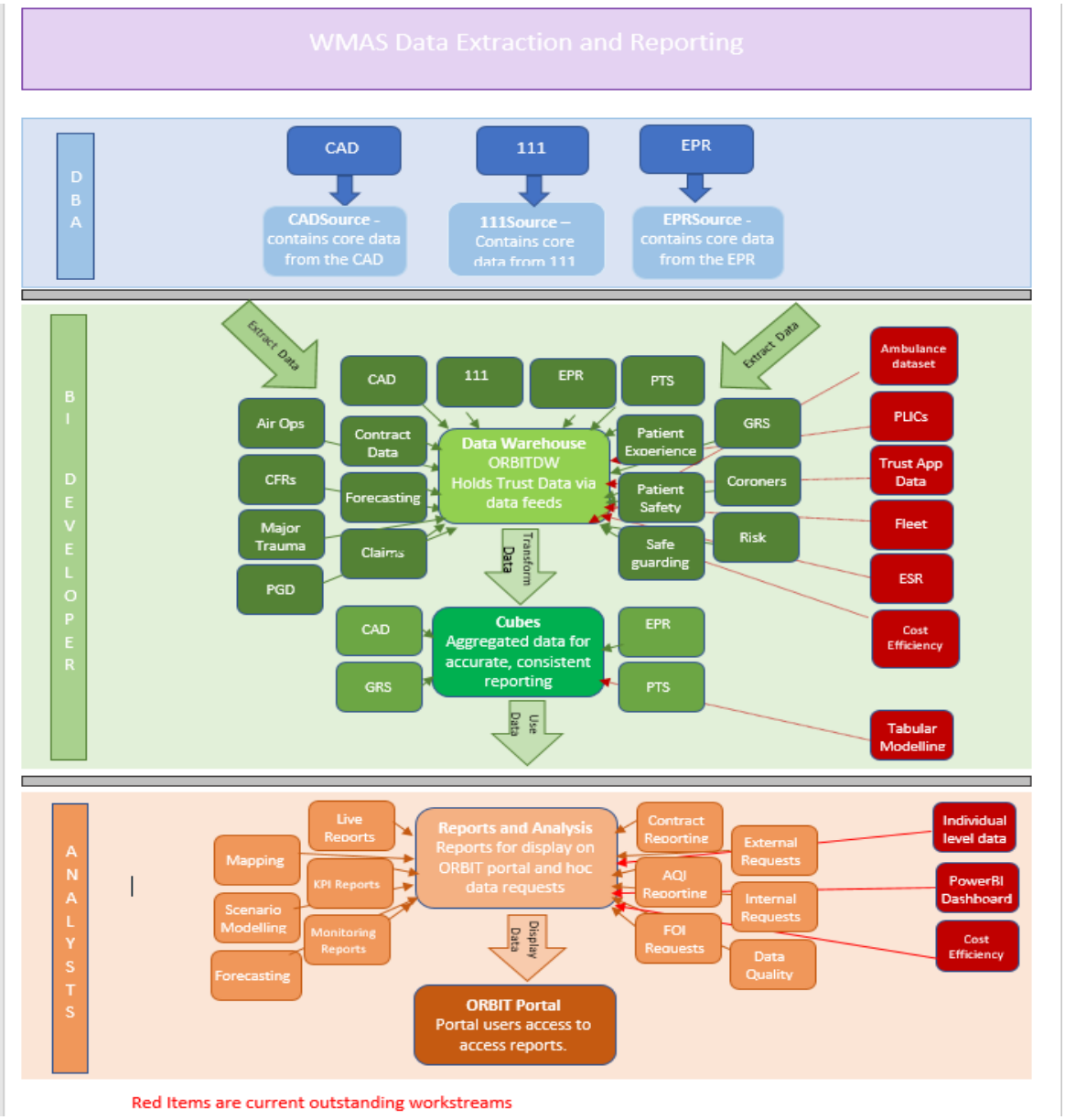
- IT technical solutions and management
- IT telecommunications solution and management
- Web based technologies
- 24-hour IT support through service desk and on call
- Cyber security management

4.2 Business Intelligence Unit

The BIU supports both internal and external stakeholders delivering:

- National and Local contractual reporting
- Internal self-service report portal
- External report portal
- Forecasting
- Ad hoc analysis to support internal and external decision making

BIU extracts and maintains data for the following Trust areas:



4.3 Digital

The Digital Strategy provides the digital ambition of the trust. Delivery of the strategy is underpinned by IT solutions and data services but is delivered by the way that every directorate operates. The IT Department and BIU will often lead on work elements. Engaging with staff and patients about what they do and how they interact with technology is key to our digital journey.

5 Achievements

Deployment of Electronic Patient Record has enabled digital capture of the patient record. Observations are available to the hospital before the crew arrive.

Global Digital Exemplar Programme

The Trust is one of three ambulance Global digital Exemplar (GDE) trusts. GDEs are an internationally recognised NHS provider delivering improvements in the quality of care, through the world-class use of digital technologies and information.

The IT Department supports the delivery of the Trust GDE programme through delivery of technical solutions and commitment of staff resource. Through the GDE programme we will improve the digital maturity of the organisation and provide additional capability to our staff to improve the care we provide to patients.

Highlights of the GDE include:

- Access to patient records
  - Using GP Connect, Medical Interoperability Gateway (MIG) and Graphnet with InterSystems due for deployment
  - Enabling access to information to support patient care
- Access to Directory of Services
  - Enabling access to information on available services to offer patient care
- Access to Child Protection Information Sharing system
  - Allowing notifications to be sent to local authority safeguarding leads about vulnerable children
- Messaging to GPs and Coroners following completion of an incident
  - Providing early notification of patient interaction
- HR Document management system
  - Allowing remote access to personnel records for HR staff
- Stock control management
  - Providing improved stock control across the organisation
- Digitised Make Ready process
  - Supporting preparation of ambulances for 999 operations

The Trust has migrated its desktop computers to Windows 10 and has deployed advanced threat protection (ATP) technologies to the desktop.

The IT Department and BIU have supported the integration of 999 control room and 111 services. Technical solutions for the 111 service were deployed (including new telephone and call taking systems, network infrastructure, desktop equipment and reporting solutions). A single operating location has been established at Brierley Hill for 999 and 111.

6 Approach

To deliver the Digital Strategy, the Trust is implementing through a range of perspectives:

- Platforms
- Processes
- Data storage
- Security
- Data analysis
- Empower users
- Integrated care

There perspectives maintain the existing good foundations, allow the development of digital services and therefore realise digital innovation.

7 Objectives

Objectives fall into five areas of focus: Emergency Services, Integrated Emergency and Urgent Care, Patient Transport Services (PTS), IT and data services, and national and regional initiatives. Through technical and/or data initiatives, our digital ambition will be realised.

7.1 Emergency Services

Objective: Enable the E&U vehicle and associated IT systems to provide a digitally enabled platform for patient care.

Initiative	Technical	Data	Digital
EPR Development	- System updates in line with supplier developments. - Development of video solutions between ambulance and other provider's teams. - Access to West Midlands Shared Care Record.	- Integrated EPR data with other Trust data sources. - Enhanced Clinician Dashboard. - Wider Clinical Reporting. - Integration into ORBIT portal - Using AI to support patient care modelling.	- Cross team working between crew, EOC, Safeguarding. - Working with other providers to establish best care option for patients. - Increased access to patient records enabling crews to deliver improved care. - Access to individual clinician feedback to support learning and development.
ARP	- Deploy ARP mobile data solution. - Deploy ARP voice solution.	- n/a	- New user interface for mobile data solution and increased data capacity. - New radio bearer for ambulance communication.
Personal Issue Devices	- Deploy personal issue devices to staff. - Provide access to systems to support role.	- Availability of dashboards and reports on personal devices. - Ability to view own data from range of systems.	- Improved access to patient records. - Development of digital services for staff.

Digital Make Ready	- Technical system to enable make ready status to be captured digitally. - Automated links between hub and stock control.	- Use of data to support cost improvement programme. - Integrate with other systems for additional insight.	- Vehicle status captured online with alerts visible beyond the make ready area. - Online crew resource sheets with multiple points of access.
Artificial Intelligence	- Ensuring that suitable technical platforms exist and have access to data.	- Utilise tools to provide new insights into resource modelling, patient care pathways, system pressures for example.	- Using the insight from AI to inform and develop working practices that support improved patient care.

7.2 Integrated Emergency and Urgent Care (IEUC)

Objective: Maintain and develop solutions that support digital delivery of patient care through incident management, triage and communication systems across 999 and 111 services.

Initiative	**Technical**	**Data**	**Digital**
Consolidation	- Delivery of single control room for IEUC.	- Integrated reporting for 111/999. - Improved integrated resource modelling. - Patient pathway developments.	- Single operating model for call taking and use of shared clinical resources.
ARP	- Deploy ARP control room solution (CRS). - Migrate to Emergency Services Network.	- n/a	- New voice solution for ambulance dispatch.

System Development	- System updates in line with supplier developments. - Development of video solutions. - Integration with patient care record.	- Sharing of data with healthcare partners. - Development of patient pathways. - Improved access to patient data for clinicians.	- Cross team working between crew, EOC, Safeguarding and external partners. - Working with WMAS Trauma leads to establish best care for patients. - Working with hospital providers to establish appropriate care pathways. - Increased access to patient records enabling crews to deliver improved care.
Artificial Intelligence	- Ensuring that suitable technical platforms exist and have access to data.	- Utilise tools to provide new insights into resource modelling, patient care pathways.	- Using the insight from AI to inform and develop working practices that support improved patient care.

7.3 Patient Transport Services (PTS)

Objective: Deliver the digitally enabled pathway for non-emergency patients.

Initiative	**Technical**	**Data**	**Digital**
Contract Changes	- Delivery of IT infrastructure at new control and station sites. - Extension of infrastructure at existing sites.	- Operational oversight of contract performance. - Supporting improvement plans.	- Staff can access operational services and corporate communications.
Review Technology for Patients	- Support implementation of technical solutions onto existing system.	- Wider insight into efficiency and service delivery.	- Patient tools to give more control of journey and improve patient experience.

7.4 IT and Data Services

Objective: Maintain and develop systems and services to the trust.

Initiative	Technical	Data	Digital
Cyber threat management	- Monitoring for threats. - Implementing new safeguards.	- n/a	- Supporting user education. - Secure access to digital services.
Maintaining and Developing Trust IT infrastructure	- Patching systems. - Investing in new platforms. - Aligning with NHS direction for cloud first and internet first solutions.	- Upgrading to new platform. - Wider range of tools for data access.	- Responding to the needs of users for new functionality. - Secure access to digital services.
Expanding Interoperability	- Deploying technical solutions to support sharing of data (integration engine). - Adopting appropriate standards for sharing data.	- Using external datasets to provide additional insight. - Linking to hospital data for patient outcomes. - Benchmarking with other ambulance services.	- Two-way data sharing with external partners supporting improved patient care and population health management.
Service desk	- Maintaining IT Service Level. - Supporting desktop equipment.	- n/a	- Providing tools and security that allow staff to carry out their work.
Business Continuity	- Preparing for system disruption.	- Understanding user needs during disruption.	- Supporting service availability and continuity.
Paper-free	- Supporting technical solutions for paper-free working. - Identify and deploy digital services.	- Using data outputs as Trust moves to more digital services.	- Enabling more efficient working in the Trust.
Supporting new requirements	- Infrastructure for new estate. - Systems for new and existing applications. - Framework for user-led development (IT).	- Upgrade to new SQL servers - Implement new tools e.g. PowerBI. - Framework for user-led development (BI).	- Supporting improvements to staff, partner and patient experience.

7.5 National and Regional Initiatives

Objective: Enable the delivery of NHS programmes and ICS Digital plans within WMAS operating area

Initiative	Technical	Data	Digital
Carter Report	- Responding to emerging initiatives for technical standardisation.	- Using data to identify variation.	- Changing working practices through collaborative working.
AACE Priorities	- Identifying technical solutions that meet AACE priorities (National Ambulance Digital Leads Group).	- Ensuring consistency of data (National Ambulance Information Group).	- Changing working practices through collaborative working.
CQUIN	- Responding to emerging requirements for technical solutions.	- Responding to emerging requirements for data.	- Using CQUIN solutions as part of patient care delivery.
Ambulance Data Set (ADS)	- Updating systems to support ADS.	- Leading the input to ADS and use of available data.	- Transfer of data to partners for use in patient care.
ICS Digital Programme	- Working with ICS partners to deploy technical solutions (e.g. video, integrated care records, cyber).	- Working with partners to share and access data. - Supporting development of population health management systems.	- Accessing patient records from ICS providers. - Working on common systems to reduce the number of options available to staff and patients.
WM Shared Care Record Programme	- Creating an interface to the West Midlands Shared Care Record.	- Supply data to shared record.	- Accessing patient records from regional providers.
GDE	- Complete the GDE accreditation process.	- n/a	- Enabling staff to access additional patient information sources. - Learning from our data to improve care delivery.
NHSX Ambulance Digital Strategy	- The NHSX strategy is being created in 2021.	- The NHSX Data strategy is being created in 2021.	- Improving patient and staff experience.

8 Platform Roadmap

Existing	Future
Use of on-premise and cloud servers. Mix of local clients and web-based solutions.	- Increased use of public cloud-based delivery and software as a service (cloud first). - Increase in web-based solutions (internet first).
Local and Wide Area Network in place with modern firewall protection. The core of the WMAS network was replaced in 2020.	- Future work will see updates to Wi-Fi and remote access solutions.
Cyber threat monitoring in place. Cyber defence solutions in place.	- Maintaining and strengthening the Trust's cyber defences. - Maintaining compliance with DSPT - Progress will be captured through DSPT and audit assessments.
Telephone system at Trust sites updated between 2019 and 2021. Mix of ISDN and SIP connectivity.	- ISDN is an end-of-life technology. SIP will become the standard approach for delivery of telephone lines.
Established radio system at Trust sites.	- Through the Ambulance Radio Programme, move to radio platform with additional hosting in external data centres. - Use of shared platform with other ambulance trusts.
On site data warehouse with reporting portal for all staff	- Implement Hybrid solution to storing and using data using on premise and cloud technologies - Use of a centralised intelligence portal supporting all development technologies

9 Governance

9.1 Internal

The Director of Strategic Operations and Digital Integration is responsible for IT and Digital. Reporting takes place through the Performance Committee into the Trust Board.

The department provides input to the trust Data Security and Protection Toolkit (DSPT) submission. DSPT is managed by the Information Governance Team.

The Director of Strategic Operations and Digital Integration is the Trust Chief Information Officer (CIO), Chief Clinical Information Officer (CCIO) and Senior Information Risk Owner (SIRO). CIO, CCIO and SIRO roles are present on the WMAS Trust Board through the Director of Strategic Operations and Digital Integration. The Trust CCIO leads on digital innovation.

Clinical input is sought from the Medical Director where appropriate. The Trust has a named Clinical Safety Officer.

Financial performance, for revenue and capital budget lines, is monitored monthly by the Head of IM&T and management accountants from the Finance Directorate. The department has consistently supported trust cost improvement programme initiatives.

For ARP and GDE, the WMAS Project Review Group provides a project board to monitor progress. Reporting takes place through the Professional Standards Group.

9.2 External

External work programmes have associated governance arrangements.

The Director of Strategic Operations and Digital Integration is a member of the ARP Programme Board.

The Head of IM&T is a member of:

- The NHS Digital Provider Digitisation Programme Board (representing ambulance GDE trusts).
- ICS Digital Boards and the West Midlands Shared Care Record Programme Board.
- The Ambulance Digital Leads group, a sub-group of the Association of Ambulance Chief Executives (AACE) Chief Executive Group.

The Head of Business Intelligence chairs the National Ambulance Information Group.

9.3 Risk

The IT Department and BIU make input to the trust risk register managed by the Clinical and Nursing Directorate.

Individual projects may run a project risk register.

9.4 Cyber Security

The IT team reviews and acts on security alerts including the NHS Digital CareCERT bulletins.

The trust carries out threat assessments in relation to cyber-attacks and will continue to implement countermeasures to protect trust assets.

The Trust is subject to regular audits from Internal Audit, NHS Digital and ARP.

9.5 Business Continuity

The IT team leads on business continuity for core infrastructure (e.g. networks, telephony and email) and key systems (e.g. 999 and PTS CAD systems).

The IT Department and BIU hold business continuity plans for department functions that are subject to regular review. The teams provide solutions to meet the requirements of other departmental business continuity plans.

10 Delivery Plans

10.1 Plan for Emergency Services

	Deliverable	Lead	User Lead	Timescale
1	Delivery of ARP (radio) mobile data solution	Head of IM&T	Emergency Services Operations Delivery Director (ES Ops Dir)	March 2023
2	Deploy next generation EPR system	EPR Project Manager	ES Ops Dir	July 2021
3	Delivery of ARP voice solution	Head of IM&T	ES Ops Dir	In review
4	Deploy iPads	EPR Project Manager	ES Ops Dir	December 2021
5	Development of EPR system	EPR Project Manager	ES Ops Dir	March 2026
6	Link EPR with ICR and West Midlands Shared Care Record	Head of IT	Head of IM&T	March 2022

10.2 Plan for Integrated Emergency and Urgent Care (IEUC)

	Deliverable	Lead	User Lead	Timescale
1	Delivery of ARP Control Room Solution	Head of IM&T	EOC Commander TG	November 2022
2	Development of Clinical Assessment Service	Head of IT	IEUC Director	March 2022
3	Ongoing development of CAD platform	Head of IT	Head of IEUC Systems and Development	March 2026
4	Link IEUC with ICR and WM Shared Care Record	Head of IT	Head of IEUC Systems and Development	March 2022

10.3 Plan for PTS

	Deliverable	Lead	User Lead	Timescale
1	Support for contract changes (ongoing)	Head of IT	Non-emergency Services Operations Delivery Director (NES Ops Dir)	March 2026
2	Review patient technology solutions	Head of IT	NES Ops Dir	November 2022

3	Deploy iPads	EPR Project Manager	NES Ops Dir	December 2021

10.4 Plan for IT Services

	Deliverable	**Lead**	**User Lead**	**Timescale**
1	Cyber Threat assessment and counter measures	Head of IT	Dir of Strategic Operations and Digital Integration	March 2026
2	Maintain IT Service Desk service level agreement	Service Desk Manager	Head of IM&T	March 2026
3	Business continuity testing	Service Desk Manager	Head of IM&T	March 2026
4	Maintain and develop IT infrastructure	Head of IT	Head of IM&T	March 2026
5	Ongoing development of digital paper-free solutions	Application Development Manager	Department heads	March 2026
6	Delivering infrastructure to changing Trust estate	Head of IT	Head of Fleet and Facilities	March 2026
7	Decommission ISDN services, replace with SIP	Telecoms Manager	Head of IM&T	March 2024
8	System deployment and upgrades for corporate functions	Head of IT	Department heads	March 2026

10.5 Plan for Data Services

	Deliverable	**Lead**	**User Lead**	**Timescale**
1	Incorporate new technologies and platforms for report delivery and self service	Head of BI	Dir of Strategic Operations and Digital Integration	March 2023
2	Integrate additional Trust data sources into BI Platform	Head of BI	Department heads	March 2024
3	Work with ICSs to increase data sharing and share intelligence	Head of BI	n/a	March 2024
4	Increase use of AI and Machine Learning to support Trust	Head of BI	Dir of Strategic Operations and Digital Integration	March 2026
5	Expand centralised information portal for all reporting and intelligence	Head of BI	Users	March 2024

10.6 Plan for National and Regional Deliverables

	Deliverable	**Lead**	**User Lead**	**Timescale**
1	Improve digital maturity benchmark	Head of IM&T	Head of IT	March 2026
2	Engagement with 6 ICS Digital workstreams	Head of IM&T	N/A	March 2026
3	Working with Ambulance Digital Leads on AACE priorities	Head of IM&T	N/A	March 2026
4	GDE Accreditation	Head of IM&T	Director of Strategic Operations and Digital Integration	October 2021

Appendix 1 IT, Data and Digital Strategy on a Page

WMAS Strategic Objectives	
Safety, Quality and Excellence	A great place to work for all
Effective planning and use of resources	Innovation and Transformation
Collaboration and Engagement	

IT, Data and Digital Strategy						
Purpose	Deliver technical services. Develop digital services. Share data. We will promote a collaborative workforce through digital solutions and best practice processes, whilst sustaining world class patient care.					WMAS 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
Objectives	**Emergency Services** Enable the E&U vehicle and associated IT systems to provide a digitally enabled platform for patient care	**IEUC Systems** Maintain and develop technical solutions that support digital delivery of patient care through incident management, triage and communication systems	**PTS** Deliver the digitally enabled pathway for non-emergency patients	**IT Services** Maintain and develop systems and services to the trust. Enhance cyber security	**Regional and National Direction** Enable the delivery of the NHS Long Term Plan linked with ICS/STP Digital Plans	
Outcomes	Paper free working Deployment and use of new technology to deliver benefits for the trust, our staff and our patients					
Key Areas	Interoperability	Standards	Security	Collaboration	Delivery	

WMAS Values	World Class Service	Patient Centred	Dignity & Respect	Skilled Workforce	Teamwork	Effective Communication	Environmental Sustainability

Appendix 2 Trust Strategic Framework

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 11a MONTH: OCTOBER 2021 PAPER NUMBER: 09a

Review of Enabling Strategies	
Sponsoring Director	Strategy and Engagement Director
Author(s)/Presenter	Strategy and Engagement Director
Purpose	To provide an overview of the status of enabling strategies to support the Trust organisational strategy 2021-2026
Previously Considered by	EMB
Report Approved By	Strategy and Engagement Director

Executive Summary

The Trust board approved its organisational strategy in May 2021, aligned to the Trust strategy are a number of enabling strategies, which support the delivery of our organisation vision and five strategic priorities.

This paper provides an overview of the progress with each of the enabling strategies and the committees they are aligned to for governance purposes. As they have progressed, they have been listed for, or presented to, the appropriate governance committee upon completion. Where necessary, documents have been circulated to the committee by email for review and feedback of comments ahead of the meeting date, under the appropriate standing orders afforded to each committee.

The purpose of this paper to board is to set out the range enabling strategies and to note the progress of completion and sign off against the relevant review dates. In addition, the paper also sets out how each of the enabling strategies overlay with our strategic objectives and priorities, agreed in the 2021-2026 organisational strategy.

Related Trust. Objectives/ National Standards	The documents support the Trust's updated Strategic Objectives and any relevant national standards and priorities
Risk and Assurance	Having reviewed and updated the documents, there is reduced risk of ambitions being out of date; and increased assurance that the Trust's ambitions are incorporated and are included in the governance process for regular measurement and update
Legal implications/ regulatory requirements	The Trust's strategy is based upon all legal and regulatory requirements. All enabling strategies will be adjusted as required to continue to deliver
Financial Implications	The Finance Strategy will incorporate necessary work streams to ensure the requirements of the Trust Strategy are accounted for
Workforce & Training Implications	The People Strategy will incorporate necessary work streams to ensure the requirements of the Trust Strategy are provided for
Communications Issues	The Communications and Engagement Strategy identifies means of communication with internal and external stakeholders

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 11a MONTH: OCTOBER 2021 PAPER NUMBER: 09a

Diversity & Inclusivity Implications	The needs of staff and members of the public will be reflected within the work streams of the People Strategy, the Diversity and Inclusion Strategy and the Communications and Engagement Strategy
Quality Impact Assessment	Individual Quality Impact Assessments will be required for each of the enabling strategies prior to presentation at the Governance Committees
Data Quality	The data on which each enabling strategy is based will be authorised by each Director

Action required

For the board to note the progress with the development of our enabling strategies as a collective group.

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WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 11a MONTH: OCTOBER 2021 PAPER NUMBER: 09a

Introduction

Underpinning the Trust organisational strategy are a further sixteen underpinning strategies which span all Executive Director Portfolios.

Appendix one sets out how the enabling strategies map against our five strategic objectives and priorities.

In response to the pandemic being declared in March 2020, the Trust board took a decision to extend its organisational strategy and its underpinning strategies by a further year, to enable the board and executive team to focus on the response to the pandemic.

The trust organisational strategy was refreshed and approved by the Trust board in May 2021, almost all the 16 underpinning strategies were due for refresh after that date, to enable their focus on supporting the Trusts new strategy and its delivery.

Current position

The table below sets out each of our strategies, when they were originally approved, when the re-fresh was required and the sub-committee of the board they are aligned to.

The Trust approved its organisational strategy in time to replace the previous (extended) version, which occurred in May 2021.

If the live strategies which are current are discounted, almost all of the rest required re-fresh by September, a date which was set purely by extending them by a further year.

Of the 16 underpinning strategies:

- 3 are refreshed and live, in advance of the September date
- 9 are scheduled to be considered for approval in October itself, via board sub committees and where appropriate board itself
- 3 are in draft stage, awaiting committee sign off (October still the aim)
- 1 (Operations) is requested to be deferred for approval by March 31st 2022.

The underpinning strategy requiring further time for re-fresh is the Operational strategy, perhaps the most significant in addition to our finance, clinical and quality strategies.

Extending its life until March 31st 2022 would enable more time for the organisation to consider its delivery model as the six ICSs now get traction, but also in response to the current pressures and challenges faced on delivering response times, which are increasingly looking like a medium to long term challenge.

The financial context WMAS will face whilst restoring performance and delivering upon our quality and clinical ambitions will also need to shape our operational strategy for the next five years.

Furthermore, the current winter period WMAS faces, in addition to a different approach to accountability through the new Single Oversight Framework will also need to be considered when developing our operational strategy.

Enabling Strategy	Approved	Review Date	Responsible Director	Reports to	Progress
Trust Strategy	May-21	May 26	Strategy and Engagement Director	EMB and Board of Directors	Complete – no action required
Clinical Strategy	Oct-19	Sep-21	Medical Director and Director of Nursing and Clinical Commissioning	Quality Governance Committee	Draft to be ready for QGC October.
Quality Strategy	Oct-19	Sep-21	Medical Director and Director of Nursing and Clinical Commissioning	Quality Governance Committee	Draft to be ready for QGC October.
Communications and Engagement Strategy	Oct-19	Sep-21	Strategy and Engagement Director (supported by Communications Director)	QGC and EMB	Approved by EMB Scheduled for October QGC - to be included in CEO EMB update to Board
Risk Management Strategy	May-19	Sep-21	Director of Nursing and Clinical Commissioning	Quality Governance Committee	Ratified by HSRE, scheduled for October QGC
Security Strategy	Sep-17	Sep-21	Director of Strategic Operations and Digital integration	Quality Governance Committee	Ratified by HSRE, scheduled for QGC in October
Sustainability Strategy	Mar-21	Apr-26	Director of Strategic Operations and Digital integration	Quality Governance Committee	Complete. Updates to be made in conjunction with Estates Strategy Review
Operations Strategy	Jul-18	Sep-21	Chief Executive	Performance Committee	Draft currently not ready for performance committee review
Commissioning Strategy	Oct-19	Sep-21	Director of Nursing and Clinical Commissioning	Performance Committee	Reviewed by EMB – requires Performance Committee sign off

Finance Strategy	Oct-19	Sep-21	Director of Finance	Performance Committee	Draft completed – circulated to performance committee in readiness for October board
IT Strategy	Mar-16	Sep-21	Director of Strategic Operations and Digital integration	Performance Committee	Draft completed – requires Performance committee sign off
Procurement Strategy	Nov-16	Sep-21	Director of Finance	Performance Committee	Draft completed and now with performance and audit committee for sign off
Estates Strategy	Oct-19	March - 24	Director of Strategic Operations and Digital integration	Performance Committee	Complete – will be updated to take into account recent Internal Audit recommendations.
Commercial Services Strategy	Oct-19	Sep-21	Director of Nursing and Clinical Commissioning	Performance Committee	Reviewed by EMB -requires performance committee sign off
Fleet Strategy	Oct-19	Mar-24	Director of Strategic Operations and Digital integration	Performance Committee	Complete – no action required
People Strategy	Oct-19	Sep-21	People Director	People Committee	People Committee sign off – scheduled for October Trust board
Equality and Inclusion Strategy	Jul - 21	Jul-24	People Director	People Committee	Complete – no action required

Conclusion

Whilst managing a very challenging period through the summer with record breaking levels of calls and now into the winter period, with record breaking levels of lost hours and performance on response times consequently deteriorating, WMAS has refreshed most of the key underpinning strategies to deliver our vision and strategic objectives. Delivery of these strategies and the objectives within them will be monitored through the relevant sub-committee they are aligned to.

Whilst one is recommended to be refreshed in December (estates) on the back of Internal Audit work, the board is asked to extend the current operational strategy until March 31st 2022 to enable a more fundamental review of our delivery model. This is to take into consideration what will be an unprecedented winter, which will likely set the tone for the following year, an increasingly challenging financial context with the move to block funding, partnership working across the six ICSs, the need to restore performance and further improve the outcomes for our patients.

Appendix 1 -

		Linked Enabling Strategies															
Strategic Priorities	**Strategic Objective**	**Clinical Strategy**	**Quality Strategy**	**Communications and Engagement**	**Risk Management**	**Security Strategy**	**Sustainability Strategy**	**Operations Strategy**	**Commissioning Strategy**	**Finance Strategy**	**IT Strategy**	**Procurement Strategy**	**Estates Strategy**	**Commercial Services Strategy**	**Fleet Strategy**	**People Strategy**	**Equality and Inclusion**
Become a services which takes care beyond the 'ambulance' by providing a more comprehensive offer of integrated care	1	✓	✓	✓				✓	✓		✓					✓	
Become an organisation which is research led	1	✓	✓	✓												✓	
Focus on public health and the health of the population of the West Midlands	1	✓	✓	✓					✓								
Further develop clinical capability in areas such as frailty, mental health and primary care	1	✓	✓	✓				✓	✓								
Mental Health and wellbeing of staff to become a strategic priority	2	✓	✓	✓		✓							✓			✓	
By 2030 have an organisation which is representative of the public we serve from an equality and diversity perspective	2			✓												✓	✓

Outcomes	Objective	Linked Enabling Strategies														
		Clinical Strategy	Quality Strategy	Communications and Engagement	Risk Management	Security Strategy	Sustainability Strategy	Operations Strategy	Commissioning Strategy	Finance Strategy	IT Strategy	Procurement Strategy	Estates Strategy	Commercial Services Strategy	Fleet Strategy	People Strategy	Equality and Inclusion
Adapt to the needs of the 'millennial shift' 30% of WMAS staff are aged between 21 and 38	2	✓														✓	✓
Develop roles which encapsulate the changing needs of our patients	2	✓	✓	✓												✓	
Whole organisational engagement and mass participation in developing new ideas for efficiency and productivity	3			✓					✓	✓		✓				✓	
Develop proposals for our commissioners as we transition away from payment by results	3								✓	✓							
Embed efficiencies from response to the pandemic	3			✓				✓	✓	✓						✓	
Work with partners to substantially reduce handover delays	3	✓	✓	✓				✓									

Outcomes	Objective	Linked Enabling Strategies															
		Clinical Strategy	Quality Strategy	Communications and Engagement	Risk Management	Security Strategy	Sustainability Strategy	Operations Strategy	Commissioning Strategy	Finance Strategy	IT Strategy	Procurement Strategy	Estates Strategy	Commercial Services Strategy	Fleet Strategy	People Strategy	Equality and Inclusion
Organisational net carbon zero by 2040	4						✓			✓			✓		✓		
Use artificial intelligence to support innovation to better meet patients' needs and improve the experience for staff in the delivery of care	4	✓	✓					✓		✓	✓	✓					
Expand opportunities for telephone and video conferencing to facilitate the best treatment and conveyance decisions	4	✓	✓					✓		✓	✓	✓					
Enhance clinical skills development through the use of technology	4	✓	✓					✓			✓					✓	
Create dynamic partnership arrangements to facilitate the best treatment options for patients throughout the healthcare system	5	✓	✓	✓				✓								✓	

Outcomes	Objective	Linked Enabling Strategies															
		Clinical Strategy	Quality Strategy	Communications and Engagement	Risk Management	Security Strategy	Sustainability Strategy	Operations Strategy	Commissioning Strategy	Finance Strategy	IT Strategy	Procurement Strategy	Estates Strategy	Commercial Services Strategy	Fleet Strategy	People Strategy	Equality and Inclusion
Enhance our regional service through development of local presence and engagement at place level	5	✓	✓	✓				✓					✓				
Collaborate with all community settings to identify and reduce health inequalities	5	✓	✓	✓												✓	
Utilise our strengths and brand to support young people to engage with the community and step into a career in healthcare	5			✓												✓	

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY
NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 11a MONTH: OCTOBER 2021 PAPER NUMBER: 09a

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 11b MONTH: October 2021 PAPER NUMBER: 09b

Communications & Engagement Strategy	
Sponsoring Director	Strategy & Engagement Director Communications Director
Author(s)/Presenter	Strategy & Engagement Director Communications Director
Purpose	To present the Communications & Engagement Strategy document for review and if appropriate approval, subject to comments at the meeting.
Previously Considered by	EMB Performance Committee
Report Approved By	Strategy & Engagement Director Communications Director

Executive Summary

The Trust board approved its organisational strategy in May 2021, aligned to the Trust strategy are a number of enabling strategies, which support the delivery of our organisation vision and five strategic priorities.

This paper provides an overview of the progress with the review of the Strategy. The strategy has been submitted to the relevant Committee for review prior to consideration by the Board. In the case of this strategy it was reviewed at the meeting of the Quality Governance Committee and the views of the Committee will be submitted verbally to the Board.

The purpose of this paper to seek the Board's review and if appropriate approval of the Strategy pending any comments received.

Related Trust. Objectives/ National Standards	The documents support the Trust's updated Strategic Objectives and any relevant national standards and priorities
Risk and Assurance	The Board has the key role of formulating strategy and then holding the Trust to account for delivery of the strategy. Having reviewed and updated the documents, there is reduced risk of ambitions being out of date; and increased assurance that the Trust's ambitions are incorporated and are included in the governance process for regular measurement and update.
Legal implications/ regulatory requirements	The Trust's strategy is based upon all legal and regulatory requirements. All enabling strategies will be adjusted as required to continue to deliver
Financial Implications	The Finance Strategy will incorporate necessary work streams to ensure the requirements of the Trust Strategy are accounted for
Workforce & Training Implications	The People Strategy will incorporate necessary work streams to ensure the requirements of the Trust Strategy are provided for
Communications Issues	The Communications and Engagement Strategy identifies means of communication with internal and external stakeholders
Diversity & Inclusivity Implications	The needs of staff and members of the public will be reflected within the work streams of the People Strategy, the Diversity and Inclusion Strategy and the Communications and Engagement Strategy

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM: 11b MONTH: October 2021 PAPER NUMBER: 09b

Quality Impact Assessment	Individual Quality Impact Assessments will be required for each of the enabling strategies prior to presentation at the Governance Committees
Data Quality	The data on which each enabling strategy is based will be authorised by each Director

Action required

For the board to receive the Strategy and if appropriate approve the contents following the review by the appropriate Board Committee.

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COMMUNICATIONS

AND

ENGAGEMENT STRATEGY

DATE APPROVED:	
APPROVED BY:	
IMPLEMENTATION DATE:	
REVIEW DATE:	
LEAD DIRECTOR:	**Strategy & Engagement Director**
IMPACT ASSESSMENT STATEMENT:	**Impact Assessments to be carried out for specific areas of the delivery plan**

Policy Reference Number:	**Strategy – 019 (Version 1)**

Change Control

Document Number	Strategy - 019
Document	Communications and Engagement Strategy
Version	1
Owner	Strategy & Engagement Director & Communications Director
Distribution list	All
Issue Date	October 2019
Next Review Date	September 2021
Impact Assessment	No Adverse Impact
Author	Strategy & Engagement Director

Change History – Communications Strategy

Date	Change	Authorised by
Feb 12	Version 3.5 Approved	Comms Director / NED
Apr 16	Version 4.0 Draft	Comms Director / NED
June 16	Version 4.1 Draft	EMB
June 16	Version 4.2	EMB
Aug 18	Version 5.1	Comms Director

Change History – Stakeholder Engagement Strategy

Date	Change	Authorised by
May 2018	Reviewed and Submitted to Quality Governance Committee for review	Approved for submission to Board of Directors
May 2018	Submitted to Board of Directors	Approved

Change history – Communication and Engagement Strategy

Date	Change	Authorised by
August 2019	Combine Communications Strategy with Key Elements of Stakeholder Engagement Strategy and circulate for comment	
September 2019	Changes reviewed	Quality Governance Committee
September 2019	Changes highlighted	Board Strategy and Development Meeting
30 October 2019	Agreed for implementation	Board of Directors
January 2021	Extension Agreed	Trust Board
September 2021	Reviewed by Communications Director and Strategy and Engagement Director, submitted to EMB for Review	Approved by Executive Management Board
October	Reviewed and approved by Quality Governance Committee	

CONTENTS

1 Executive Summary

West Midlands Ambulance Service University NHS Foundation Trust (the Trust) is committed to delivering an efficient, high quality health care service which fully integrates all the threads of clinical quality, performance and governance as detailed in the Trust's values, which can be found on our website here: http://www.wmas.nhs.uk/Pages/Vision-and-Values.aspx

The Trust's Communications and Engagement Strategy supports this commitment by setting out its delivery plan internal and external communications as well as our plans to engage with external organisations. We will do this through:

- Embedding a strategic approach to engagement and communications
- Adopting a systematic approach to continuous relationship building
- Using our shared vision and narrative that is continuously implemented and reinforced
- By driving open, transparent, two-way engagement approaches that build trust
- Influencing decision-making using patient, public and staff insight – to gain a genuine understanding of the experiences and lives of people the organisation comes into contact with
- Managing the reputation of the Trust
- Promoting confidence in the Service and communicating what's happening in a timely and informative way
- Using the channels we have available to work with other partners to encourage behaviour change to benefit the whole of the NHS via schemes such as 'Make Every Contact Count' and our use of social media amongst others to take a proactive, preventative approach to healthcare

2 Purpose

This Strategy sets out the strategic direction for the way in which the Trust will achieve effective and positive communications and engagement with the staff and stakeholders in a manner that supports the key strategic business objectives. Through it, we will demonstrate our commitment to the Trust Vision:

Delivering the right patient care, in the right place, at the right time through a skilled and committed workforce in partnership with Health Economies

It will also set out ways that each of the Trust's Values, which were drawn up by our own staff, will be highlighted and embedded within the organisation. It is notable and welcome that one of the seven values is 'effective communication':

World class service *Skilled workforce* *Dignity and respect for all*
Patient centred *Teamwork* *Effective communication*
Environmental Sustainability

This document describes not only how the Trust will engage effectively with audiences such as the media and external stakeholders, but how it will seek to build on its firm foundation for effective and powerful internal communications with its mobile and geographically diverse workforce.

3 Drivers for the Strategy

The NHS Constitution places a duty on NHS organisations to aspire to the highest standards of excellence and professionalism, keeping patients at the heart of everything that they do, working across organisational boundaries in order to provide cost effective healthcare. Having effective and efficient communications and engagement methods will only help the Trust to achieve that duty. WMAS' Five-Year Strategic Plan outlines the strategic context and key drivers which affect the Trust's overall strategy. A summary of this document can be found on the Trust website.

4 Background

Lord Reith, the founding father of the BBC, is quoted as saying the role of the BBC was to 'inform, educate and entertain'. Similarly, as an NHS organisation, if we fail to explain how we work, why we work, and what we do, we shouldn't be surprised if our staff and the public of the West Midland criticise us for inaction. We should be striving to tell them our story by informing and educating in an entertaining and thoughtful way.

In the foreword to the Department of Health publication 'The Communicating Organisation', it says: "Our vision of improving quality relies on everyone who works in the NHS playing their part in communicating with colleagues, patients and their communities. Communications and Engagement cannot be confined to managing relationship with the media and similar activities. The focus will be on supporting organisations to deliver their strategic objectives."

Research by the Cabinet Office showed that engaged staff are 43% more productive, perform up to 20% more effectively and take an average of 3.5 fewer sick days per year than disengaged staff.

Given these statements, the Trust must take 'Communications and Engagement' seriously at all levels to ensure that its vision, values and objectives can be taken forward in the most efficient and effective way possible. To that end, this Strategy looks at all aspects of Communications and Engagement and how it can be used to support the development of the Trust over the coming months and years.

This Strategy should be read in connection with other Trust Strategies and which support the Trust to achieve its Vision and deliver services to meet the requirements of patients.

The Board of Directors will be accountable for delivering the Strategy.

5 Objectives

Given the above, the Trust will look to use the Strategy to achieve the following key tasks:

- Improve internal communications so that staff feel more empowered to play a role in how the Trust develops
- Enhance the Trust's reputation and influence the public's use of ambulance services through targeted press, social media and contact with key stakeholders
- Support the development of integrated healthcare through engagement with commissioning and other public sector stakeholders
- Support the recruitment and retention of staff through regular communications and engagement
- Develop communication to take on board views of minority and seldom heard groups
- To build relationships with important third sector bodies who play a significant role in delivering healthcare services in addition to the NHS
- To measure our own performance as partners to work with

6 Who are the Key Audiences

It is vital that the Trust understands who the key audiences are so that suitable and often different communication and engagement methods can be put in place so that messages can be passed and received. The main target audiences for the Trust include:

- Staff
- Board Members – Executive and Non-executive
- Foundation Trust Governors and members
- Staff side union representatives
- Staff 'champions' such as Freedom to Speak Up, Health & Wellbeing, Staff Advice and Liaison Service volunteers
- Volunteers such as community first responders, ambulance car drivers and air ambulance charity supporters
- Partner NHS organisations – Integrated Care Systems (ICS's), commissioners, acute, mental health and community organisations
- Other key stakeholders e.g. local authorities, members of Parliament, other emergency services, Healthwatch
- Members of the public
- The traditional media
- Social media
- Members of the public
- Third sector organisations such as charities
- Our regulators such as the Care Quality Commission and NHS England

7 What is Necessary for the Strategy to Work

It is vital that effective communications and engagement is actively recognised and valued by the Board of Directors, executive team and all managers and staff. To achieve this the Trust should follow these guiding principles when engaging with both internal and external stakeholders:

- Ensure that all communications are timely, relevant, and honest. Messages will be delivered in a co-ordinated fashion, without contradiction or inconsistency.
- Make sure that the communications function has direct access to the Chief Executive / Chairman and other executives.
- The method of delivery is appropriate to the information being exchanged and for the audience that the Trust is aiming to communicate with.
- Staff at all levels will feel empowered to be actively involved in communications and engagement so that they can contribute to a 'conversation'. This will ensure they put their views forward as much as listening to the information being passed to them from the Trust.
- Face-to-face contact is by far the most reliable and effective method for ensuring effective communication. The Trust will maximise these opportunities by adopting an "open door" policy throughout the organisation. Staff should feel able to speak to their manager to discuss issues and make suggestions at any time.
- We maximise the opportunity that technology brings to engage with internal and external stakeholders.
- The Trust will ensure there is Executive Director level attendance at all of our A&E Delivery Boards across the region – a key focal point of engagement
- As the NHS moves a "place" based structure, our Hubs and their leadership will become an integral part of local engagement with partners.
- The Trust Board has signed off both director links to individual ICS's and constituent A&E delivery boards, in addition to Executive and Non-Executive Director links to WMAS hub sites and departments.
- Written communications will be in plain English and where required will be made available in a variety of formats to meet individual needs.
- Translation services for stakeholders whose first language is not English or those who are visually impaired will be provided on request.
- Information will be provided in a format that is easily accessible.
- We engage with partners so they feel their voice is heard within WMAS and feel that they have a stake in what we do, we will regularly measure how our external partners feel about working with us
- The use of social media will continue to develop to extend our reach, for example we now have 3200 members of staff on a closed Facebook group that enables staff to freely interact with one another, posing questions, providing feedback and being able to interact with executive directors and senior managers to.

8 Internal Communications

8.1 Key Aims and Messages

Our staff and volunteers are our most important asset, so it is vital that their views are listened to. Not only are they important ambassadors for the Trust, but international research also shows that staff working on the frontline of a business very often come up with ideas that make a huge impact on the way a business performs – in this case, providing healthcare in an emergency and urgent setting. The National Staff Survey Results have repeatedly shown that staff want to know what is going on in their organisation and very often do not feel as though their views are listened to.

Equally, research by the Department of Health has shown that one in four people get their opinion of the NHS from staff who work within it. If we have engaged and happy staff, this will improve our standing within the communities we serve.

For the Trust, continually reviewing and improving levels of employee engagement offers the potential to:

- help connect clinical indicators and quality standards with organisational performance measures on the professional agenda
- focus staff on taking a proactive approach to improvements in quality of service
- support the approach to managing the changes that will be required across the NHS system

8.2 Communications and engagement is embedded in All That We DO

It is now widely accepted that good communications and engagement must be embedded in everything that the Trust does. However, for this to be effective it is implicit that staff throughout the organisation have the skills necessary to deliver this to staff at all levels. There are four key components of this:

- Staff Induction
- Project Planning
- Open Access Approach
- Learn from Our Mistakes

8.3 How Do We Ensure Messages are Heard?

As already specified, communication is not just a top down process; it is vital that managers listen to the views of staff so that feedback can be received and ideas progressed. To that end several methods are in place to assist the process:

- The National Staff Survey
- Partnership Working with Staff side
- Board Buddy Scheme
- Day in the Life Scheme
- *Friends and Family Test*
- *Staff Development Programmes*
- *Freedom to Speak Up Scheme*
- *All staff Briefings*

Be Open to Communication That Staff Use Appropriate Communication Tools to Talk with Staff

Within appendix 'B' you will find details of methods the Trust will use to communicate with staff. Whilst many of those tools are tried and tested, it is worth noting that for an increasingly high number of our current staff and the majority of our future staff using social media is an integral part of their lives. ONS data shows that 78% of the UK population own a smartphone and 99% of adults aged 16 to 34 years were recent internet users. It is therefore vital that the Trust not only uses this form of communication but invests in this area so that it can maximise these tools, not only for getting messages out to staff, but listening to their feedback.

9 External Communications

9.1 Key Considerations

Although the public perception of the ambulance service is extremely good, it is still vital that positive messages about the Trust continue to be fed out to the public and stakeholders so that they can see that we are 'different' and a high performing organisation that is patient centred.

We have already seen the number of patients being conveyed to hospital drop to around 50% as new technology and increased skills are introduced. Ensuring partners (both NHS and in the wider community), stakeholders and the public are aware of these changes is necessary to ensure they understand what will happen if they are unlucky enough to require an ambulance or dial 999 or 111.

There are also broader requirements, such as the Freedom of Information Act, which places a duty on public organisations to be much more open about their work and how they make decisions.

Good external communications can help the organisation to engage with its members and the public. By doing so, we are able to listen to the views of our communities, particularly those that are seldom heard, which can help ensure that we meet the needs of all communities rather than simply assuming that we know what is required.

9.2 Corporate Stakeholders

As a key provider of health services, the Trust must engage with other organisations who are accountable for the provision of public services, either for assurance of value for money, or delivery of safe services. With such a large area to cover, there are significant challenges in meeting the requirements for engagement. Some of the main government departments and organisations who require regular communication with the Trust include:

- Department of Health and Social Care, Ministers, Members of Parliament
- Regulators (Care Quality Commission, NHS England and NHS Improvement, Medical and Healthcare Regulations Agency, Healthcare Professions Council)
- Safeguarding Boards
- Health Education England
- Integrated Care Systems (ICS') and "place" level within them
- Other NHS organisations
- Health and Wellbeing Boards
- Health Overview and Scrutiny Committees
- A&E Delivery Boards
- Commissioners
- Clinical Research Networks
- Local Medical Committees
- Local Education and Training Boards
- HealthWatch groups

9.3 Ethos

We will aim to be as helpful as possible to any of the audiences listed in this Strategy and will work with colleagues within the Trust to provide facts, figures and other information.

We must at all times be honest and not attempt to mislead the media, public or stakeholders.

9.4 Our Aims

As a Trust we will aim to build confidence in the organisation by following these principles:

- Transparency in all that we do
- Openness and honesty
- Inclusivity and accessibility
- Respect
- Proactively and responsibly promote the Trust's reputation
- Demonstrate and encourage innovation and support best practice
- Good communications is embedded in all that we do
- Work with other directorates to create a climate where everyone feels that they can make a positive difference
- Consistency of message
- Positivity and enthusiasm
- Assist in ensuring WMAS is recognised as a good employer and the public be interested in working for us
- Maintain public confidence in the service

10 Risks

A number of risks have been identified in the delivery of this strategy. These include:

- The ability to effectively engage with staff due to the mobile nature of the workforce. This can be mitigated by use of new technology as highlighted in Appendix 'C'
- The ability to participate fully with developments in all ICS and 'place' level within them,'
- Capacity to deliver effective engagement and communications across a wide area with current level of resourcing within the team.
- The necessity for all Directorates to work together to ensure that good communications is embedded within the organisation as a key priority

11 Monitoring and Evaluation

The Communications Director will work with the Strategy & Engagement Director to monitor the delivery of this strategy. Exception reports will be established and escalated to the Chief Executive and Board of Directors as appropriate.

12 Achieving Success

To achieve the Strategy, all in the Trust need to be aware of the importance of communications and engagement and to play their part in developing this function. There need to be clear lines of responsibility and information tracking to ensure news is identified early, disseminated to the right audiences and in the most appropriate manner.

The need for awareness amongst staff of both internal and external issues is vital. For certain staff, extra training is necessary. This can range from developmental courses for middle managers in good communications to media training for senior staff. This should be a regular occurrence to ensure their familiarity is maintained.

13 Measuring Results

This strategy needs to be evaluated continually to ensure that the needs of the Trust are being met. A number of methods can be used:

- Results of the Staff Survey
- Communications Surveys
- Press Coverage
- The success of our online presence
- Feedback from stakeholders Via a six-monthly survey, the first of which was conducted as part of developing the trust five-year strategy. This will be to test how our partners view work working with us and will inform how we can continually improve upon our partnership arrangements.

All feedback received will be collated and considered by the appropriate management or governance committee for subsequent action, as appropriate.

14 Appendices

A. Communications Plan
Annex A contains some basic details of the types of work that will be necessary to ensure the successful implementation of the Strategy. It is a 'living' document that will be updated as and when necessary but should be kept under review on a quarterly basis by the Communications Director and the Non-Executive Director identified in section 4.

B. Internal Communications – Practical Methods of Delivery
For any strategy to be effective, staff at all levels must embrace it. This section provides some practical guidance as to how this can be achieved.

C. Methods of Engaging with External Stakeholders
The Trust works hard to ensure that it has a high public profile. Not only does this raise confidence in the organisation, but it enables the Trust to pass clear and concise messages to the public be it for public health or in the time of a crisis.

D Strategy on a Page
An overview of the purpose of the strategy, and its key objectives, supported by intended outcomes and key areas that fall within the scope of the document.

E Strategic Framework
An overview of the Vision and Strategic Objectives of the Trust and the governance arrangements associated with the enabling strategies

Appendix A Communications and Engagement Plan

Key Messages

- Promote the corporate performance, achievements and developments of WMAS to all audiences.
- Emphasise the role of WMAS in the community; the locality focus; and delivery of patient care services beyond Accident & Emergency.
- Build public awareness of clinical excellence by emphasising it through incident press reports.

Project	Timing	Process
(1) On-line presence	Work on-going	• Continue to expand the use of social media as it provides direct entry to literally millions of individuals every week • Continue to update the website so that it can be an information portal and direct users to our social media.
(2) Development of internal briefing methods	On-going	• Carry out a survey of staff to find out their views of the way the Trust communicates • Make better use of online meetings that can bring hundreds of staff together without them physically having to attend a single location • Develop the use of support mechanisms internally such as SALS, Mental Wellbeing services, Freedom to Speak up and Health & Wellbeing Champions etc.
(3) Key Stakeholders	Six monthly	It is the stated aim of the Trust that it will work in partnership with other NHS organisations in the region and other key stakeholders. It is important WMAS understand where it needs to further improve around communications and engagement with partners. To assess how effectively we are working with partners we will undertake a 360 degree feedback process with them every six months to inform future planning

Appendix B Internal Communications and Engagement – Methods of Delivery

People generally need to come across the same message in several different ways before it is properly received. The old adage in marketing is that you tell the client, remind him and then remind him that you have already told him. It therefore follows that the Trust needs a co-ordinated and systematic approach to communicating with staff so that messages go from the top down, but just as importantly, messages are able to start at the bottom and reach the top.

For any strategy to be effective, staff at all levels must embrace it. It is vital that we use clear and simple methods that are understood by staff to make it as easy as possible for them to access the messages we are trying to distribute. The following areas are some of a range of methods that can be used to get messages to staff but also listen to their views:

- *Face to Face*
- *Weekly Briefing:*
  As well as providing updates on the Trust and other important information, one of the key roles of the Weekly Briefing is the distribution of four specific notices:
    - Operational Bulletins
    - Clinical Notices
    - Health & Safety Notices
    - Standard Operating Procedures

  The decision to use this method was agreed with staffside to ensure that there was a clearly defined method of getting such important messages out. These must be displayed clearly on each station and on the Trust intranet site.
- *Clinical Times*
- *Special Bulletins*
- *E-mail*
- *Intranet*
- *Hub Plasma Screens*
- *Microsoft Teams*
  An innovative workspace, that features group and private messaging and sharing of files among designated groups of staff. This software is available on the Trust's IT systems which enables active discussion between designated teams.
- Executive and Non-Executive hub buddying
- Social Media
  The staff have developed a closed Facebook group with 3200 staff members (c40% of all staff) where (within group rules) staff are free to pose questions, comment on topical issues, seek support and provide feedback. Several of the Executive Directors are on the group and it serves as a helpful forum of information sharing, communications and engagement. There are additional closed Facebook and WhatsApp groups, which provide support and a means of engagement for specific staff groups.

  Yammer is a programme that looks similar to Facebook but is designed for business use. It allows document sharing and comments and has the potential to be extremely useful for imparting information with staff, but equally, listening to their comments and feedback. Currently, there is no defined strategy for its use, but the fact that over 1,000 staff have signed up to have an account, which they can access from a secure app on their smart phone, would suggest that it has the potential to be extremely effective.

Appendix C Methods of Engaging with External Stakeholders

The public face of the Trust must be used to raise the profile and standing of the West Midlands Ambulance Services within the Region and nationally. Making our stakeholders aware of developments within the Trust will allow us to help them understand a variety of issues on the health agenda such as new ways of working and the appropriate use of the 999 service.

- Media
- Using Real Patients and Staff as Spokespeople
- Emergency Preparedness / Crisis Communications
- Trust Website
- Social Media
- Documentaries and other TV / Radio programmes
- Public Health and Education
- Annual Report and Quality Account
- Public Board Meetings
- Patient Advice and Liaison Service
- Public Engagement / Consultations
- Foundation Trust Membership
- Liaison with Key Public Sector Organisations
- Direct engagement with key third sector bodies who provide overlapping care with WMAS to build relationships and aligned services

Appendix D Strategy on a Page

Communications and Engagement Strategy on a Page				
Purpose	This Strategy sets out the strategic direction for the way in which the Trust will achieve effective and positive communications and engagement with the staff and stakeholders in a manner that supports the key strategic business objectives.			
Objectives	Improve internal communications so that staff feel more empowered to play a role in how the Trust develops	Enhance the Trust's reputation and influence the public's use of ambulance services through targeted press, social media and contact with key stakeholders	Support the development of integrated healthcare through regular collaboration with stakeholders from our Integrated Care Systems, commissioning, and other public sector stakeholders	Support the recruitment and retention of staff through regular communication
	Provide updates on the progress towards our goals to key stakeholders and members of the community	Develop communication and innovation to seek the views of minority and seldom heard groups within our communities	To build relationships with important third sector bodies who play a significant role in delivering healthcare services in addition to the NHS	To measure our own performance as partners to work with.
Outcomes	A variety of key outcomes will be monitored for each stakeholder group. Monitoring and evaluation will be carried out using the following approaches: • Results of the Staff Survey • Communications surveys • Press coverage • The success of our online presence • Feedback from stakeholders			
Key Areas	People and Communities	National Organisations and Government Departments	Local Organisations	Regulators and Safeguarding

Appendix E Strategic Overview

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 12 MONTH OCTOBER 2021 PAPER NUMBER 10

Title	Review of the Board Committees Terms of Reference
Sponsoring Director	The Chairman
Purpose	To review of the Terms of Reference provisionally approved by the Board pending detailed review by each of its committees.
Previously Considered by	The meeting of the Board of Directors in July 2021 Each Committee has reviewed its relevant Terms of Reference.
Report approved by:	The Chairman

The Board at its meeting in July 2020 agreed a revised governance and committee structure. Although there were a number of changes to the Trust committee structure, for the purpose of this report the salient matter was the former Resources Committee was deleted from the structure and its Terms of Reference was distributed between the following two committees which were established in its place:

- A Performance Committee
- A People Committee

These committees were in addition to the Quality Governance Committee.

The EMB, at its meeting on 1 June 2021 agreed that it was now timely to review the Board Committees, primarily to reduce duplication i.e. an issue being discussed at several committees and then the Board; and also in the light of changes to the Board membership.

The Trust Secretary was asked to meet with each of the lead directors (and NEDs) and discuss:

1. Have we got the right number of Committees?
2. Does the ToR have the right membership and focus?
3. What do you think we can do to make the Coversheet more helpful?

The outcome of those discussions were presented to the Board Briefing meeting in June 2021 and the meeting of the Board of Directors in July 2021 (A copy of the reports are available upon request to the Trust Secretary). In addition further meetings took place between the Chairman, CEO, Committee Chairs and lead directors. The Board at its meeting in July resolved that the Board Committees should review its respective Terms of Reference and submit its recommendations to the Board in October 2021.

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO THE BOARD OF DIRECTORS

AGENDA ITEM 12 MONTH OCTOBER 2021 PAPER NUMBER 10

The Terms of Reference are now attached for review and approval, subject to the comments set out in the attached report.		
Related Trust Objectives Is it contributing to the Trust Objectives:		Please tick relevant objective
SO1 – Safety Quality and Excellence (our commitment to provide the best care for patients)		X
SO2 – A great place to work for all (Creating the best environment for all staff to flourish)		X
SO3 - Effective Planning and Use of Resources (continued efficiency of operational and financial control)		X
SO4 - Innovation and Transformation (Developing the best technology and services to support patient care)		X
SO 5 – Collaboration and Engagement (Working in partnership to deliver seamless patient care)		X
Is the proposal required to enable the Trust to meet national standards?	The Board and its Committees have the key role of formulating strategy and then holding the Trust to account for delivery of the strategy. The Committee structure should enable the Board to carry out its duty of oversight and also formulate strategy. The committees should enable the directors of the Trust to carry out these duties The Trust are required to remain compliant with its licence and CQC registration and a strong governance model is crucial to retaining our Licence and Registration.	
Risk and Assurance	The Trust are required to remain compliant with its licence and CQC registration and a strong governance model is crucial to retaining our Licence and Registration. The Board receives assurance through triangulation of Finance, Performance and Quality, and its committee structure is based around this assurance framework. In addition having a Quality Governance Committee in place with the membership including the Medical Director and the Director of Nursing, and being chaired by a NED with relevant clinical experience enables the Board to receive assurance in relation to the Quality of Patient Care.	
Legal implications/regulatory requirements	Legal advice has not been sought in relation to any matters within this report. The primary responsibility of the Board of Directors of the West Midlands Ambulance Service NHS Foundation	

	Trust is to provide governance and stewardship to the Trust in accordance with UK laws and regulations. It is established pursuant to the NHS Act 2006 as amended by the Health and Social Care Act 2012 and regulations implementing the Act. The NHS Act 2006 (Schedule 7) (As amended) 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 the same regulations requires the Board of Directors to have in place: • A committee consisting of the chair, the Chief Executive and the other non-executive directors to appoint or remove the executive directors. • A committee of non-executive directors to decide the remuneration and allowances, and the other terms and conditions of office, of the executive directors It is considered good practice in the NHS for the Board of Directors to have in place a Quality Governance Committee with the purpose as set out in the attached Terms of Reference.
Financial implications	The Performance Committee of the Board has responsibility for providing information and making recommendations to the Board of Directors on financial and operational performance issues and for providing assurance that these are being managed.
Workforce & Training Implications	The purpose of the People Committee is to provide assurance to the Board on the quality and impact of people, workforce and organisational development strategies and the effectiveness of people management in the Trust. This Committee has oversight and recommends to the Board on matters pertaining to quality of care provided by its employees.

Communications Issues	The salient matters considered at meetings of the Board of Directors and the Council of Governors are disseminated if appropriate within the Trust through the Weekly Brief. Members of the public and the press are welcome to attend public Board and Council meetings. The meeting dates and the papers for the public meeting are available on the Trust website.
Equality and Diversity Implications	The Trusts duties under the Public Sector Equality Duty will be included specifically within the Terms of Reference for the Board and its People Committee. All staff and directors and Committees should be aware of our Public Sector Equality Duties when considering matters
Quality Impact Assessment	Not applicable in relation to the content of this report although this comes within the Terms of reference for this Committee.
Data Quality	The documents referred to in this report are held by the Trust Secretary.

Recommendation:

a. That the Terms of Reference for the following Committees be reviewed and approved:
   - Quality Governance Committee
   - Performance Committee
   - People Committee

b. That it be noted that the following Committee Terms of Reference were not subject to review on this occasion and that the Terms of reference are not amended at this stage:
   - Remuneration & Nominations Committee
   - Trustee Committee
   - Audit Committee

The background and reasons for the review

The Board at its meeting in July 2020 agreed a revised governance and committee structure based around five key themes. For the purpose of this report those key themes are set out below:

1) Strategy - The strategic direction of the organisation has to be owned and agreed by the board as a whole and that formulating strategy is therefore a whole-board activity. As we look forward the future delivery of healthcare, the impact of robotics, of artificial intelligence, and of genomics are going to be immense. The role of artificial intelligence, home-based clinical informatics and the 'internet of things' in particular will bring huge changes and huge opportunities for us in WMAS. Couple these technological changes with the evolving role of paramedics in the delivery of healthcare away from their traditional role in 999 services and we have really exciting opportunities ahead of us, and WMAS can lead with these opportunities rather than be led by others. Therefore as a board it needs to position itself to be able to dedicate significant protected time to thinking these issues through, and how we build our new strategic direction. This will require better focus in terms of meetings of the Board and the structure of its governance also better engagement with stakeholders.

2) Streamlining - The time spent in Board and Committee meetings needs to have better focus so that it can be more productive with our time. The frequency of committees and sub-committees within WMAS is generally acceptable, but some meetings do seem to last much longer and that in terms of time management should never as a rule last longer than 3 hours. After 3 hours the meeting loses its identity and also focus it is also doubtful that it is productive due to lack of concentration.

3) Structure of Committees - In terms of developing a more streamlined approach to the governance of the Trust as previously stated, it is appropriate for the Board to annually review its Committees and governance. Generally, the Committees structure in existence is still appropriate. However, directors have in the past suggested that the Resources Committee has so much within its Terms of Reference that it is unable to provide detailed focus on the key issues. To this end and given the publication of the interim NHS People Plan it is timely to consider splitting the Resources Committee into a Finance & Performance Committee and a People Committee. This would allow the drawing up of much clearer Terms of Reference and provide better focus.

4) Succession (and resilience) - as the Covid emergency has shown we have some exceptionally talented people in WMAS. Which provides us with an opportunity develop our 'talent pipeline' so that ideally, we have at least one credible candidate in-house for every senior job that becomes available. This could be a key role for the newly established people committee) to give some thought to how we can strengthen our talent planning across the organisation and how non-executives could add value in this area.

5) Stakeholder engagement – WMAS has a reasonable track record in engaging with key stakeholders; this will be a good base to respond to the changing health care system and structure. In this changing landscape we will need to develop even stronger relationships with the NHS (especially trusts and ICS/STPs), with key partners in the third sector, with Local Authorities, with academic providers, and to develop strategic alliances where these can help in our objective to remain a world leading provider.

The EMB, at its meeting on 1 June 2021 agreed that it was timely to review the current Board Committees, to reduce duplication i.e., an issue being discussed at several committees and then the Board; and also in the light of changes to the Board.

The methodology of the review was set out in the EMB resolution which was to speak to each of the directors both executive and Non-Executive to ensure that that there was consensus the Trust Secretary was asked to meet with each of the lead directors (and NEDs) and discuss NB due to pressures of work several directors were not available at the time of writing this report. Given though that this is a dynamic process their views will still be sought and fed into the review prior to the Board meeting in July 2021 when any changes to the committee structure will be determined:

1. Have we got the right number of Committes?

2. Does the ToR have the right membership and focus?

3. What do you think we can do to make the Coversheet more helpful?:

The outcome of the discussions was submitted to the Board Briefing Meeting on 30 June 2021 and are available upon request to the Trust Secretary.

The Terms of Reference attached was at Committee meetings during October 2021 and are attached to include the track changes and are submitted now for review and approval.

For reasons of transparency and propriety the following Comments were received during the review by the relevant Committee:

People Committee:

Staffside feel that it would not be advisable to reduce the number of meetings of the Committee as we could lose focus. The Chair expressed his view that quarterly meetings would align and allow a better focus for discussion at the meetings. He added that work is carried out away from this meeting and we need to balance hearing a voice from all areas and not taking people away from their day jobs.

Quality Governance Committee:

In relation to membership of the Committee:

The number of NEDs on each Committee should be three not two.

It was observed that the Chairman of the PSG (which is the Director of Strategic and Digital Integration) is not a member of the Committee. Yet PSG covers areas of crucial importance to the QGC such as Quality reporting on areas such as Caldicott Guardion.

The frequency of meetings:

The number of meetings in the year needs to be reviewed by the Chairman and lead Executives. As part of this review it should be on a fixed day.

The workplan of the Committee:

The Committee Chairman and lead Executives will review the Committee Schedule of Business to build in deep dives on specific issues.

The Chairman will specifically meet with the lead Executives prior to the meetings with executive leads to plan the agenda so that it has better focus.

Performance Committee meets on 26 October 2021 and views of the Committee will be reported.

Phil Higgins
Trust Secretary

October 2021

ANNEX

Terms of Reference of the Quality Governance Committee

Contents

1 Role and purpose

Strategic Objectives:

SO1 – Safety Quality and Excellence (our commitment to provide the best care for patients)

SO5 – Collaboration and Engagement (Working in partnership to deliver seamless patient care)

The Committee is constituted as a standing committee of the Trust's Board of Directors ('the Board') and its constitution & terms are as set out below, subject to amendment at future Board meetings. The Committee supports the Board in shaping the culture, setting the direction and holding to account. It is required to comply with all extant standing orders and standing financial instructions and has no delegated powers other than those embodied in these Terms of Reference. Hence the term Chair will apply to the Chair of the Committee, and members is to be read as a member of the Committee.

The Committee is authorised to investigate all matters within its Terms of Reference and to seek any information it requires from any member of staff to discharge its responsibilities and all staff are required to cooperate with any request for information required by the Committee.

The purpose of the Quality Governance Committee is to provide the Trust Board with an objective and independent review of quality, to support the delivery of safety and excellence in patient care. This remit includes a focus on six key dimensions:

- Patient Safety – avoiding harm from care that is intended to help people.
- Clinical Effectiveness – providing services based on evidence and which produce a clear benefit.
- The experience of the patient – establishing a partnership between practitioners and service users to ensure care respects their needs and preferences.
- Timeliness of care – ensuring care is delivered in a timeframe that reduces harmful delays.

- Efficiency – avoiding waste and maximizing the positive impacts of available resources.

- Equitable – providing care that does not vary in quality because of a service users' characteristics.

The Committee will enable the Trust Board to obtain assurance that high standards of care are provided, and that adequate and appropriate governance structures, processes and controls are in place throughout the Trust to:

- Promote safety, high quality patient care across all Trust departments

- Identify, prioritise and manage risk arising from clinical care

- Ensure the effective and efficient use of resources through evidence based clinical practice

- Ensure that the Trust is aligned to the statutory and regulatory requirements relating to quality and safety

- Ensure effective supervision and education and training of the workforce

- Protect the health and safety of Trust employees

- Ensure effective information governance across the Trust's functions.

~~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. For these aspects, the Committee shall ensure that appropriate standards are set and compliance with them monitored on a timely basis, for all areas that fall within the duties of the Committee.~~

~~The Lord Darzi review (2008) defined quality in the NHS in terms of three core areas:~~

- ~~Patient Safety~~
- ~~Clinical Effectiveness~~
- ~~The Experience of the Patient~~

~~The Terms of reference will reflect this definition in terms of the powers and duty of this committee.~~

~~The Committee will help develop proposals or priorities, business continuity and sustainability, risk mitigation, values and standards, and contribute to the development of strategy. The Committee will also ensure that relevant KPIs, strategic and operational milestones and timescales, are identified and monitored for achievement and effectiveness.~~

~~The Committee may allocate work streams, where appropriate, based on a 'task and finish' principle. The Committee may, where appropriate, through the Medical Director, obtain external expert advice as required to provide assurance to the Board.~~

~~The Chair will provide, as a scheduled item of business, written feedback for discussion at each public meeting of the Board on an 'assurance, exception & escalation' basis for all business scheduled for the most recent meeting of the Committee. The feedback report will be supported by approved minutes of meetings of the Committee.~~

2 Membership

Non-Executive Directors

- Lisa Bayliss Pratt (clinical experience)
- Mohammed Fessal

Executive Director of Nursing and Clinical Commissioning

Executive Medical Director

Lead paramedic for urgent and emergency care

Clinical Governance Lead for 111

Staffside Representatives

~~The Committee shall comprise of three non-executive directors and at least one should have clinical experience and the following:~~

- ~~Executive Medical Director~~
- ~~Executive Director of Nursing and Clinical Commissioning~~
- ~~Quality Improvement and Compliance Director~~
- ~~Head of Operational Information & Planning~~
- ~~Director of Strategic Operations & Digital Integration~~
- ~~Strategic & Engagement Director~~
- ~~Lead Paramedic (Emergency Care)~~
- ~~Head of Clinical Practice (Strategic Engagement)~~
- ~~Representative from 111~~
- ~~Patient Group Representative (proposal)~~
- ~~Staffside Representatives~~

The Chief Executive should attend meetings of the Committee at least once a year otherwise at his sole discretion or when invited by the Chair of the Committee.

Fully briefed deputies of sufficient seniority, understanding and authority to participate fully in the meeting are to attend in circumstances where non-attendance is unavoidable. Other members of staff may be expected to attend meetings where areas of performance, risk or strategy are their responsibility.

A quorum will be one non-executive member and either the Executive Director of Nursing & Clinical Commissioning or Executive Medical Director. The Chairman may not be the Chairman of the Audit Committee at the same time.

3 Accountability

The Committee is directly accountable to the Board and will promote the values of WMAS, support a positive culture, and adopt behaviours that exemplify the corporate culture, ensuring that constructive challenge is made as appropriate.

4 Review arrangements

These Terms of Reference will be reviewed by the Committee on an annual basis. The Trust Chair will ensure all committee terms of reference are amended in light of any major changes in committee or Trust governance arrangements/requirements. The Committee

will self-assess its performance in accordance with Board approved protocols, including an annual performance report to the Board.

5 Working methodology

A minimum of 5 meetings will be held each year, with additional meetings where necessary for the due discharge of the remit of the Committee. The timing of monthly meetings will be as necessary to ensure the timely discharge of business by the Board and additional meetings may be arranged with the agreement of the Chair or on the instruction of the Board.

The Chair is responsible for the setting of the meeting agenda, the effective running of the Committee, sound leadership, ensuring that the Committee works effectively and takes full account of important issues facing WMAS, ensuring compliance with Trust approved strategies and procedures.

The PA to the Executive Director of Nursing & Clinical Commissioning and Executive Medical Director will be the secretary to the Committee and will provide administrative support and advice. Duties will include agreement of agenda's and required attendees with the Chair, together with the collation and timely distribution of associated documentation (7 days in advance) for the meeting, the taking of minutes and the recording of action plans of matters arising and maintenance of annual/forward cycles of business. The minutes will be circulated within 10 working days after the meeting.

Papers may only be tabled on an exceptional basis, and with the agreement of the Chair. The business and input materials for each meeting will be planned and structured to facilitate the completion of scheduled business in a time span not exceeding three hours. For each scheduled item of business, a planned time allowance will be agreed with the Chair.

The Committee will scrutinise the performance of the executive in meeting agreed goals and objectives, satisfy itself on the integrity of clinical, quality and other information provided, satisfy itself that clinical and quality performance aspects of business cases and change plans, controls and systems of risk management and mitigation are sound and applied with due diligence.

The Committee will ensure adequate information is provided on a timely basis, with any areas of concern highlighted, and appropriate remedial/development plans provided in a suitable format to monitor the reporting of progress, performance and service sustainability.

The Chair will ensure that any sensitive, contentious, exceptional or urgent items are escalated to the CEO and Trust Chair immediately following the meeting.

6 Duties and interrelationships

Review of Clinical and Quality related strategies

- The Committee has primary responsibility for the compilation and delivery of the Quality Account and associated Annual Reports.
- Receive and review the recommendations from Executive Management Board (EMB) and recommend to the Board approval of all clinical and quality related strategies (Clinical, Quality and Stakeholder Engagement), and to regularly monitor achievement of the associated strategic priority objectives and milestones.

Review of Compliance/Clinical and Quality

- To receive and regularly review recommendations on all contractual and regulatory compliance in respect of clinically and quality governance standards and duties.

Compliance with Information Governance specifically related to patient data.

- To receive and review the recommendations in relation to compliance with all relevant information governance legislation and guidance including Caldicott Guidelines and SIRO report Data Protection Act with respect to the use of clinical data and patient identifiable information

Monitor performance against the Quality Account

- Monitor performance against the Quality Account and annual priority objectives ensuring a continual drive for quality improvement.

Make recommendations to the Board on the content of the Quality Account

- To receive and review the recommendations of EMB in relation to the Trust's Quality Account before submission to the Board.

Monitoring Quality & Clinical KPIs

- To receive and regularly review recommendations on the performance against relevant quality and clinical KPI's and seek assurance that adverse variances are acted upon to meet all defined standards and targets.

Workforce quality governance (Should this be People Cttee?)

- To receive and regularly review recommendations on the adequacy of, and performance against, workforce quality governance measures, and monitor the effectiveness of action plans to address adverse variances.

Learning from Incidents, deaths and complaints

- Receive and review the report from the Learning Review Group and make appropriate recommendations to the Board in relation to Quality .
- Proposed: To receive the Coroners and Claims report.
- Receive and review incident themes and complaint themes and trends from the results of patient surveys, PALS, Staff Surveys and seek assurance from the Executive Director of Nursing & Clinical Commissioning that appropriate action is being taken to address any risks to quality.

Quality of safeguarding

- Seek assurance from the Executive Director of Nursing & Clinical Commissioning that appropriate processes are in place that safeguard adults and children.

Clinical Audit & Research and Development

- Within the remit of the Committee, and as deemed appropriate by the Committee, make recommendations to the EMB and Audit Committee for topics/issues to be considered for

inclusion in the annual internal audit programme also Clinical Audit Programme and the Research and Development programme.

- To receive and monitor at least quarterly the annual clinical audit programme and R&D programme.

References from EMB

- Regularly review EMB business reports of key issues and assurances referred by, or within the remit of, the Committee.

Quality Impact Assessments/CIP

- Review and receive assurance from the EMB on the rigour of CIP and material service change Quality Impact Assessments, making appropriate recommendations, and escalate any concerns to the Board patient safety so that it can assure the Board that risk is being managed according to organisational policies and procedures.

Quality, Safety & Risk

- The Committee is responsible for the escalation of significant Quality and Safety risks from the Risk Register to the Board and has specific responsibility for the management of the Trusts Clinical risk register.
- Review the recommendations of any relevant external or internal reports and monitor effective and timely implementation of associated action plans.
- The Committee is responsible for setting their appetite and tolerance (as per the Trust risk Appetite Statement) for levels of risk which pertain to their Strategic Objective. Any actions which are identified to reduce the relevant risks need to be logged, assigned, monitored appropriately and escalated to the BAF if relevant.

Strategy and Quality (BAF)

- To receive and review the recommendations from EMB on any material changes in the profile of resource related risks which relate to the strategic objectives included in the BAF.

Oversight of Sub Groups

- Approve the Terms of Reference of Reporting Groups and review annually and assess effectiveness.
- Ensure through its Health, Safety, Risk & Environment Group the effective prevention and control of Healthcare Associated Infection (HCAI) for the organisation.
- To agree the Terms of Reference and Annual work programme for the Health, Safety, Risk & Environment Group and receive appropriate recommendations from the Group.

- Receive and review reports from:
  - Learning Review Group;
  - Health, Safety, Risk & Environment Group; and make appropriate recommendations to the Board in relation to Quality.

External/Internal reports relevant to the Committee

- At the sole discretion of the Committee's Chair, to review the recommendations of any relevant external or internal reports and monitor effective and timely implementation of associated action plans.

Review of its Terms of Reference

Annual review of the Committees' Terms of Reference and effectiveness, with a performance report to the Board~~The objectives and principal duties of the Committee are as specified below.~~

~~In event of any ambiguity or concern regarding the role of the Committee, its sustainability or relevance in light of any changing circumstance/anticipated/ emerging issue or of its interrelationship with any other committee or working group of the Trust, this should be referred to the next Board meeting for clarification and resolution.~~

~~To receive and review the recommendations from Executive Management Board (EMB) and recommend to the Board approval of all clinical and quality related strategies (Clinical, Quality and Stakeholder Engagement), and to regularly monitor achievement of the associated strategic priority objectives and milestones.~~

~~To receive and regularly review recommendations on all contractual and regulatory compliance in respect of clinically and quality governance standards and duties.~~

~~To receive and review the recommendations in relation to compliance with all relevant information governance legislation and guidance including Caldicott Guidelines and SIRO report Data Protection Act with respect to the use of clinical data and patient identifiable information.~~

~~To receive and review the recommendations of EMB in relation to the Trust's Quality Account before submission to the Board.~~

~~Annual review of the Committees' Terms of Reference and effectiveness, with a performance report to the Board.~~

~~Approve the Terms of Reference of Reporting Groups and review annually and assess effectiveness.~~

~~Regularly review EMB business reports of key issues and assurances referred by, or within the remit of, the Committee.~~

~~Monitor performance against the Quality Account and annual priority objectives ensuring a continual drive for quality improvement.~~

~~At the sole discretion of the Committee's Chair, to review the recommendations of any relevant external or internal reports and monitor effective and timely implementation of associated action plans.~~

~~To receive and regularly review recommendations on the performance against relevant quality and clinical KPI's and seek assurance that adverse variances are acted upon to meet all defined standards and targets.~~

~~To receive and regularly review recommendations on the adequacy of, and performance against, workforce quality governance measures, and monitor the effectiveness of action plans to address adverse variances.~~

~~Receive and review the report from the Learning Review Group and make appropriate recommendations to the Board in relation to Quality.~~

~~Receive and review incident themes and complaint themes and trends from the results of patient surveys, PALS, Staff Surveys and seek assurance from the Executive Director of Nursing & Clinical Commissioning that appropriate action is being taken to address any risks to quality.~~

~~Seek assurance from the Executive Director of Nursing & Clinical Commissioning that appropriate processes are in place that safeguard adults and children.~~

~~Within the remit of the Committee, and as deemed appropriate by the Committee, make recommendations to the EMB and Audit Committee for topics/issues to be considered for inclusion in the annual internal audit programme also Clinical Audit Programme and the Research and Development programme.~~

~~To receive and monitor at least quarterly the annual clinical audit programme and R&D programme.~~

~~Review and receive assurance from the EMB on the rigour of CIP and material service change Quality Impact Assessments, making appropriate recommendations, and escalate any concerns to the Board. Receive regular and annual reports and recommendations from approved working groups and monitor their effectiveness in delivering compliance and quality improvement.~~

~~Ensure through its Health, Safety, Risk & Environment Group the effective prevention and control of Healthcare Associated Infection (HCAI) for the organisation.~~

~~To monitor areas of risk management relating to patient safety so that it can assure the Board that risk is being managed according to organisational policies and procedures. The Committee is responsible for the escalation of significant Quality and Safety risks from the Risk Register to the Board and has specific responsibility for the management of the Trusts Clinical risk register.~~

~~To receive and review the recommendations from EMB on any material changes in the profile of resource related risks which relate to the strategic objectives included in the BAF.~~

~~To agree the Terms of Reference and Annual work programme for the Health, Safety, Risk & Environment Group and receive appropriate recommendations from the Group.~~

7 Delegated authority

Currently there is no delegated authority for this Committee

8 Key input documents

- Clinical, Quality, Engagement, Security,
- Quality Account including Annual Reports
- Strategic and Annual Plans and relevant supporting priority objectives and KPIs
- Monthly Integrated performance report (IPR) - relevant elements
- CIP and service change Quality Impact Assessments
- Relevant risk register extracts (12+ risks)
- CQUIN
- Risk Management Strategy

- Clinical Audit Programme
- Research & Development Programme

9 Inward reporting arrangements

- Health, Safety, Risk & Environment Group
- Learning Review Group
- Professional Standards Group
- Executive Management Board for progress on items within the remit of the Committee
- Other ad hoc Task & Finish work streams/groups

The following report into the Professional Standards Group:

Immediate Care Governance Group

Clinical Audit and Research Group

~~September 2020~~ October 2021

The People Committee Terms of Reference

1	**Role and Purpose** **(T-rust Strategic Objective:** **SO2 – A great place to work for all (Creating the best environment for all staff to flourish)**

The People Committee ('the Committee') is formally established as a -Committee of the Board of Directors of West Midlands Ambulance Service University NHS Foundation Trust. Its constitution and terms of reference are subject to amendment by the Board.

The Committee derives its power from the Board and has no executive powers, other than those specifically delegated in these terms of reference.

The Committee will adhere to and be cognisant of the Trust values at all times.

The purpose of the Committee is to provide assurance to the Board on the quality and impact of people, workforce and organisational development strategies and the effectiveness of people management in the Trust. This includes but is not limited to recruitment and retention, training, appraisals, employee health and wellbeing, learning and development, employee engagement, reward and recognition, organisational development, leadership, workforce development, workforce spend and workforce planning and employee culture, diversity and inclusion.

The Committee will assure the Board of the achievement of the objectives set out in the NHS People Plan and the Trust's People Plan and ensures alignment of work with the STP/ICS Workforce Strategy.

)

The Committee may set up subgroups aligned to key areas of its activity as it deems appropriate.

The committee will promote local level responsibility and accountability.

2	**Membership**

The Committee shall consist of the following members:

Membership
3 Non-Executive Directors (to include the NED Wellbeing Guardian)
The People Director
Non-Emergency Services Operations Delivery Director
Emergency Services Operations Delivery Director
Director of Finance or a representative
Integrated Emergency and Urgent Care Director

- Non- Executive Director x 2
- Executive Director of Workforce and Organisational Development
- Executive Director of Nursing & Clinical Services
- Director of Finance
- Operations Representative
- Non-Emergency Services Representative
- Head of Human Resources
- Head of Organisational Development

- ~~Head of Education and Training~~
- ~~Head of Workforce Planning and Analytics~~
- ~~Head of Equality and Diversity~~
- ~~Workforce Manager: Health and Wellbeing lead.~~
- Trade Unions Representatives x 3 total (~~for~~ Unison, Unite and GMB)

Other members/attendees may be co-opted or requested to attend as considered appropriate.

One of the Non-Executive Directors shall act as Committee Chair. In their absence, one of the other Non-Executive Directors present shall be nominated and appointed as acting Chair for the meeting.

~~The following shall be required to attend all meetings of the Committee:~~

~~Freedom to Speak up Guardian~~

~~Other members/attendees may be co-opted or requested to attend as considered appropriate.~~

The quorum necessary for the transaction of business shall be 3 members, of which one Non-Executive Directors and one ~~Executive~~ Director must be present. Deputies will not count towards the quorum

Commented [CB1]: Claire is the only **Executive** Director? So if she doesn't attend the meeting can't go ahead?

Commented [PH2R1]: Good point and I think the wording could change how would it work if we took out the word executive?

3 Accountability

~~The Committee will provide a report to the Board of Directors in support of its work on promoting good management and assurance processes. The report shall include matters requiring escalation and key risks (as applicable) after each meeting of the Committee.~~

The approved Minutes of the Committee meeting will be submitted to the next appropriate meeting of the Board of Directors.

4 Review arrangements

The Committee's Terms of Reference shall be reviewed on an annual basis and approved by the Board of Directors.

5 Working methodology

The Committee will have an annual schedule of business which is a dynamic document and is developed and maintained by the Chairman and Lead Director with reference to the schedule of business of the Board of Directors. The Trust's business is always conducted by employees and an executive team led by the Chief Executive Officer (CEO) with oversight from the Board.

Meetings of the Committee are either ordinary which are scheduled as part of the Annual Cycle of Business or are extraordinary meetings which are convened for specific matters at the sole discretion of the Chair~~man~~.

All papers will normally be submitted for review by the Chair~~man~~ and lead Director at least two weeks prior to the Committee meeting. All papers for meetings must be finalised and distributed at least five days prior to the meeting of the Committee. Late papers will normally only be accepted in exceptional circumstances and will only remain on the agenda for the Committee meeting at the express permission of the Chair~~man~~ in consultation with the lead director.

The production of high quality, concise papers (with appendices - if really necessary) is crucial for effective decision making, and these should be produced and circulated on time, and read in advance of the meeting by all committee ~~board~~ members.

Reports should:

- have the standard coversheet
- be concise and to the point as a general rule no report should be more than six pages in length including the coversheet
- have the appropriate control boxes completed.
- be cross referenced to the financial plan agreed by the Board
- contribute to the successful outcome of the Trust strategic plan

For procedural details see the Standing Orders for the practice and procedure of the Board of Directors and for the avoidance of doubt the Standing Orders of the Board of Directors do apply to its Committees (Annex 7 of the Constitution). (Pursuant to paragraph 6.1.3 of the Standing Orders of the Board of Directors as contained within the Constitution, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees established by the Board of Directors, in which case the term "Chair" is to be read as a reference to the Chair of the committee (or sub-committee) as the context permits, and the term "member" is to be read as a reference to a member of the committee also as the context permits.)

Meetings will normally be held on the following basis:

- Meetings will be held bi-monthly (every two months).
- Items for the agenda should be sent to the Committee Secretary a minimum of 7 days prior to the meeting. Urgent items may be raised under 'any other business'.
- The agenda will be issued by email to the Committee members and attendees, five days ~~one week~~ prior to the meeting date, together with the action schedule and other associated papers.

A duly convened meeting at which a quorum is present shall be competent to exercise all or any of the authorities, powers and discretions vested in or exercisable by the committee.

The Committee shall be supported by the PA to the People Director ~~of Workforce and Organisational Development~~ whose duties in this respect will include:

In consultation with the Committee Chair and People ~~Executive~~ Director ~~of Workforce and Organisational Development~~ develop and maintain the reporting schedule to the Committee.

Collation of papers and drafting of the agenda for agreement by the Chair of the Committee.

Taking the minutes and keeping a record of matters arising and issues to be carried forward.

Advising the group of scheduled agenda items.

Agreeing the action schedule with the Chair and ensuring circulation.

Maintaining a record of attendance.

6	Duties and interrelationships
Review of National Guidance	

Commented [CB3]: It says a minimum of five days above – does this need to be consistent

Commented [PH4R3]: Yes it does Carla. This will be amended to five days for consistency

- Review national workforce guidance and strategies, for example the NHS People Plan, and their applicability to the Trust.
- Monitoring and review of the Trust's People Plan as part of strategy
- Consider and recommend to the Board, the Trust's overarching People Plan and associated activity/implementation plan(s) to support Trust forward strategy.
- Obtain assurance and monitor delivery of the People Plan through the associated activity/implementation plan.

Monitoring relevant KPIs

- Consider and recommend to the Board the key people and workforce performance metrics and targets for the Trust.
- Receive regular reports to gain assurance that these targets are being achieved and to request and receive exception reports where this is not the case.

Review risks to delivery of relevant Strategic priorities and Risk

Review and provide assurance on those elements of the Board Assurance Framework identified as the responsibility of the Committee, seeking where necessary further action/assurance.
Review workforce related risks identified on the Corporate Risk Register and seek assurance in relation to risk mitigation and future activity/plans.
The Committee is responsible for setting their appetite and tolerance (as per the Trust risk Appetite Statement) for levels of risk which pertain to their Strategic Objective. Any actions which are identified to reduce the relevant risks need to be logged, assigned, monitored appropriately and escalated to the BAF if relevant.

Review workforce metrics

Review workforce related elements of the Performance Scorecard and provide assurance on the adequacy of the Trust's performance against operational workforce metrics.

Strategic reviews

Conduct reviews and analysis of strategic people and workforce issues at national and local level and, if required, agree the Trust's response.

Confidential reporting

Provide assurance to the Audit Committee and Board that that arrangements are in place to allow staff -to raise in confidence concerns about possible improprieties in financial, clinical or safety matters, and that those processes allow any such concerns to be investigated proportionately and independently.

Staff Communications

Seek assurance on the adequacy and effectiveness of staff communication and levels of staff engagement

Any other matter referred to the Committee

Seek assurance on any additional matter referred to the Committee from the Board.

D&I

To receive and review the Equality, Diversity & Inclusion Strategies and annual implementation plans, arising out of analysis of the WDES, WRES, Gender Pay Gap and EDS2 information and data.

Training & Development

To oversee and seek assurance on the development and delivery of the Trust's education and training strategy through the development of clinical and non clinical skills in new and innovative ways.

~~The specific responsibilities of the Committee are to:~~

~~Review national workforce guidance and strategies, for example the NHS People Plan, and their applicability to the Trust,~~

~~Consider and recommend to the Board, the Trust's overarching People Plan and associated activity/implementation plan(s) to support Trust forward strategy.~~

~~Obtain assurance and monitor delivery of the People Plan through the associated activity/implementation plan.~~

~~Consider and recommend to the Board the key people and workforce performance metrics and targets for the Trust.~~

~~Receive regular reports to gain assurance that these targets are being achieved and to request and receive exception reports where this is not the case.~~

~~Review and provide assurance on those elements of the Board Assurance Framework identified as the responsibility of the Committee, seeking where necessary further action/assurance.~~

~~Review workforce related risks identified on the Corporate Risk Register and seek assurance in relation to risk mitigation and future activity/plans.~~

~~Review workforce related elements of the Performance Scorecard and provide assurance on the adequacy of the Trust's performance against operational workforce metrics.~~

~~Conduct reviews and analysis of strategic people and workforce issues at national and local level and, if required, agree the Trust's response.~~

~~Review workforce performance and metrics at intervals to be decided by the Committee.~~

~~Provide assurance to the Audit Committee that that arrangements are in place to allow staff to raise in confidence concerns about possible improprieties in financial, clinical or safety matters, and that those processes allow any such concerns to be investigated proportionately and independently.~~

~~Seek assurance on the adequacy and effectiveness of staff communication and levels of staff engagement~~

~~Seek assurance on any additional matter referred to the Committee from the Board.~~

7 Delegated authority

The Committee is authorised by the Board to investigate any activity within its terms of reference.

The Committee is accountable to the Board and any changes to these terms of reference must be approved by the Board of Directors.

The Committee is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.

The Committee is authorised by the Board to request the attendance of individuals and authorities from outside the Trust with relevant experience and expertise if it considers this necessary.

The Committee is authorised by the Board to obtain outside legal or other specialist ad-hoc advice at the expense of the organisation, subject to budgets agreed by the Board

8	Key input documents

- The Constitution
- Standing Financial Instructions
- NHS People Plan
- People Strategy~~Plan~~
- STP/ICS Workforce Strategy
- Risk Register and Board Assurance Framework
- Financial Plans and Budgets
- Appropriate Business Cases
- Equality, Diversity & Inclusion Strategies and annual implementation plans
- NHS Staff Survey
- Trust Strategic Plan

9	Inward reporting arrangements

A briefing from those Groups reporting up to the People Committee detailing items for escalation and key risks (as applicable) will be received by the Committee along with exception reports as agreed.

- ~~Equality,~~ Diversity and Inclusion: Steering and Advisory Group

Finance & Performance Committee – Terms of Reference

1	**Role and Purpose** **(Trust Strategic Objectives:** **SO3 - Effective Planning and Use of Resources (continued efficiency of operational and financial control)** **SO4 - Innovation and Transformation (Developing the best technology and services to support patient care)**

The Performance Committee (the Committee) is constituted as a standing committee of the Board of Directors. The Committee is a Non-Executive Committee and has no executive powers, other than those specifically delegated in these Terms of Reference. The Terms of Reference can only be amended with the approval of the Board.

The Committee is authorised by the Board of Directors to investigate any activity within its terms of reference. It is authorised to seek any information it requires from any member of staff and all members of staff are directed to co-operate with any request made by the Committee.

The Committee is responsible for providing information and making recommendations to the Board of Directors on financial and operational performance issues and for providing assurance that these are being managed.

The approved Minutes of the Committee meeting will be submitted to the next appropriate meeting of the Board of Directors.

2	**Membership**

Three ~~wo~~ Non Executive Directors of which one will be the Chairman appointed by the Board.

other members include:
Director of Finance
Director of Strategic Operations and Digital Integration
Integrated Emergency & Urgent Care Director

Other members/attendees may be co-opted or requested to attend as considered appropriate.

Quorum

Pursuant to paragraph 4.18 of the Standing Orders of the Board of Directors of the Constitution no business shall be transacted at a meeting unless at least one-third of the whole number of the Directors is present, including at least one ~~Executive~~ Director and~~,~~ one Non-Executive Director. For the avoidance of doubt an “acting Director” as defined in the Constitution shall count towards the quorum.

All Board members outside the core membership have an open invitation to attend any meeting if he/she wishes to do so.

3	**Accountability**

The Committee is accountable solely to the Board of Directors.

4 Review arrangements

These terms of reference will be reviewed on an annual basis. The Chair will ensure terms of reference are amended in light of any major changes in legislation and Trust governance arrangements/requirements.

5 Working methodology

The Committee will have an annual schedule of business which is a dynamic document and is developed and maintained by the Committee Chairman and Lead Directors with reference to the schedule of business of the Board of Directors. The Trust's business is always conducted by employees and an executive team led by the Chief Executive Officer (CEO) with oversight from the Board.

The Committee will meet on at least five occasions a year.

Meetings of the Committee are either ordinary which are scheduled as part of the Annual Cycle of Business or are extraordinary meetings which are convened for specific matters at the sole discretion of the Chairman.

All papers for meetings must be finalised and distributed at least five days prior to the meeting of the Committee. Late papers will only be accepted at the discretion of the Chair.

The production of high quality, concise papers (with appendices - if really necessary) is crucial for effective decision making, and these should be produced and circulated on time, and read in advance of the meeting by all board members.

Reports should:

- have the standard coversheet
- be concise and to the point as a general rule no report should be more than six pages in length including the coversheet
- have the appropriate control boxes completed.
- be cross referenced to the financial plan agreed by the Board
- contribute to the successful outcome of the Trust strategic plan

As a general rule the business of the meeting should be concluded within no more than 3 hours.

For procedural details see the Standing Orders for the practice and procedure of the Board of Directors and for the avoidance of doubt the Standing Orders of the Board of Directors do apply to its Committees (Annex 7 of the Constitution). (Pursuant to paragraph 6.1.3 of the Standing Orders of the Board of Directors as contained within the Constitution, as far as they are applicable, shall apply with appropriate alteration to meetings of any committees established by the Board of Directors, in which case the term "Chair" is to be read as a reference to the Chair of the committee (or sub-committee) as the context permits, and the term "member" is to be read as a reference to a member of the committee also as the context permits.)

The Committee will be supported administratively by the PA to the Director of Finance whose duties in this respect will include:

- Agreement of the agenda with the Chairman of the Committee
- collation and distribution of papers at least five working days before each meeting.

- Taking the minutes and keeping a record of matters arising and issues to be carried forward.
- Providing support to the Chairman and members as required

6 Duties and interrelationships

The specific responsibilities of the Committee are to:

Integrated Performance

- Review the performance of the Trust and ensure there is integration across workforce and activity planning at both a Trust and directorate level.

Exception reporting on non financial matters

- Receive exception reports on non finance performance when required focusing on areas that require attention

Scrutiny and overview

- Provide overview and scrutiny in any other areas of financial and operational performance referred to the Committee by the Board.

Effectiveness of reporting systems

- Monitor the effectiveness of the Trust's financial and operational performance reporting systems ensuring that the Board is assured of continued compliance through its annual reporting, reporting by exception where required.

- That reporting on the financial performance of the Trust is being triangulated against agreed plans, progress and performance measures, reporting on progress to the Trust Board

Assurance of business development opportunities, Capital, and revenue investment schemes

- Approve the Trust Business case process
- To provide the Board of Directors with assurance that major capital investment schemes are in line with the Trust's overall agreed strategy that the development, effective management, and delivery of the Trust's capital programme is being carried out, and that this is fit for purpose – Audt Committee?

- Evaluate, and review the financial validity of individual significant investment decisions (that require Board approval), including the review of outline and full business cases. Business cases that require Board approval will be referred to the Committee following initial review by the Executive Management Board – Audit Committee?

Monitoring financial performance

- Review the Trust's performance against its annual financial plan and budgets. that the robustness, credibility and quality of financial management and planning information is reviewed and triangulated by the Committee Audit Committee? .

- Receive the ICS performance and system decisions

- Agree the key performance and progress measures relating to the full assurance purpose, including:

    - o the Trust's strategic financial priorities
    - o national performance and statutory targets
    - o consolidated financial performance summaries and related budgets
    - o statement of financial position
    - o working capital performance
    - o cash flow status
    - o progress on capital investment programme
    - o use of resources ratings
    - o risk mitigation

Monitoring operational performance

- Review the Trust's operational performance against its annual plan and to monitor any necessary corrective planning and action.

Overview of medium and Long terms financial planning

- Review the wider finance strategy
- Provide overview and scrutiny to the development of the medium and long term financial models (MTFM and LTFM)
- Ensure the MTFM and LTFM is designed, developed, delivered, managed and monitored appropriately that the strategic financial principles, priorities, risk and performance parameters are aligned and support the Trust's strategic objectives and its long-term sustainability
- Ensure that the annual and longer term plan is triangulated for patient demand, capacity (including workforce), performance and finance
- Ensure that appropriate clinical advice and involvement in the MTFM and LTFM is provided

Oversight of the Trusts estate management

- Monitor the performance of the Trust's physical estate and non-clinical services and that the Trust's resources and assets are being used effectively and efficiently
- Review proposals for acquisition, disposal, change of use of land/buildings

Delivery of annual and long term waste reduction programme

- Review the in-year delivery of annual efficiency savings programmes
- Overview and scrutiny of a multiyear efficiency and waste reduction programme

Regulator compliance

To receive That the Trust's compliance with current statutory and external reporting standards and requirements, including NHS and Treasury policies and procedures – Audit Committee?

Monitoring Key Performance Indicators

- Review the performance indicators relevant to the remit of the Committee -

Strategy & Risk

- Consider any relevant risks within the Board Assurance Framework and corporate level risk register as they relate to the remit of the Committee, as part of the reporting requirements, and to report any areas of significant concern to the Audit Committee or the Board as appropriate
- The Committee is responsible for setting their appetite and tolerance (as per the Trust risk Appetite Statement) for levels of risk which pertain to their Strategic Objective. Any actions which are identified to reduce the relevant risks need to be logged, assigned, monitored appropriately and escalated to the BAF if relevant.
- That the Trust's degree of exposure to financial risk, and any potential to compromise the achievement of the strategic objectives is being effectively managed;
- Provide the Board of Directors with advice and support on the development and delivery of the following strategies:

    - Long term financial planning
    - capital strategy
    - investment strategy
    - estates strategy
    - the commercial strategy for the Trust
    - digital strategy

Any other matters referred to the Committee

- Undertake any other responsibilities as delegated by the Board of Directors.

Accountability and Reporting arrangements

- ~~Review the integrated performance of the Trust~~
- ~~Receive exception reports on non finance performance when required focusisng on areas that require attention~~
- ~~Provide overview and scrutiny in any other areas of financial and operational performance referred to the Committee by the Board.~~
- ~~Monitor the effectiveness of the Trust's financial and operational performance reporting systems ensuring that the Board is assured of continued compliance through its annual reporting, reporting by exception where required.~~
- ~~To provide the Board of Directors with assurance that major capital investment schemes are in line with the Trust's overall agreed strategy~~
- ~~Review the Trust's performance against its annual financial plan and budgets.~~
- ~~Review the Trust's operational performance against its annual plan and to monitor any necessary corrective planning and action.~~
- ~~Monitor the performance of the Trust's physical estate and non-clinical services.~~
- ~~Provide overview and scrutiny to the development of the medium and long term financial models (MTFM and LTFM)~~
- ~~Ensure the MTFM and LTFM is designed, developed, delivered, managed and monitored appropriately~~
- ~~Ensure that appropriate clinical advice and involvement in the MTFM and LTFM is provided~~
- ~~Review the in-year delivery of annual efficiency savings programmes~~

- ~~Assure the Trust's maintenance of compliance with NHSE/I~~
- ~~Review the performance indicators relevant to the remit of the Committee~~
- ~~Consider any relevant risks within the Board Assurance Framework and corporate level risk register as they relate to the remit of the Committee, as part of the reporting requirements, and to report any areas of significant concern to the Audit Committee or the Board as appropriate~~
- ~~Undertake any other responsibilities as delegated by the Board of Directors. Accountability and Reporting arrangements~~

The Committee shall be directly accountable to the Board of Directors and shall refer to the Board any issues of concern it has with regard to any lack of assurance in respect of any financial or operational aspect.

~~The Chair of the Committee shall prepare a summary report to the Board on any issues to be referred to the Board. The Chair of the Committee is also required to inform the Board on any exceptions to the annual work plan or strategy.~~ The Chair will report any specific issues on the risk register to the Audit Committee.

The minutes of the Committee meetings shall be formally recorded and the approved minutes submitted to the next meeting of the Board following the production of the minutes.

The Terms of Reference of the committee shall be reviewed at least annually by the Committee and approved by the Trust Board.

7 Delegated authority

None

8 Key input documents

- The Constitution
- Standing Financial Instructions
- Trust Strategies and Plans
- Risk Register and Board Assurance Framework
- Financial Plans and Budgets
- Appropriate Business Cases

9 Inward reporting arrangements

The Committee has no established sub-committees but it will receive information and assurances from the ~~Trust's internal performance review processes and meetings~~following:

Integrated performance reviews

Executive meeting with directorate teams to focus on performance, activity demand, capacity available, spend against budget, delivery of CIP, forecast workforce rostering/capacity and management of overtime

Capital Control Group

Changes required to the prioritisation process of capital projects

Long term Planning and investment cases

- Due diligence process to ensure investment requests have been appropriately reviewed and signed off by all prior to EMB approval. Including adequate option appraisals

- To support long term planning – demand, workforce, finance

~~July 2021~~October 2021

WEST MIDLANDS AMBULANCE SERVICE UNIVERSITY NHS FOUNDATION TRUST

REPORT TO BOARD OF DIRECTORS

AGENDA ITEM: 15 MONTH: OCTOBER 2021 PAPER NUMBER: 12

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	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 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.

	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.	

West Midlands Ambulance Service
University NHS Foundation Trust

Trust Information Pack

October 2021

Trust us to care.

C O N T E N T S

1

VISION AND VALUES

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

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

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	Strategic Objective 2: A great place to work for all	Strategic Objective 3: Effective planning and use of resources	Strategic Objective 4: Innovation and Transformation	Strategic Objective 5: Collaboration and Engagement
Our commitment to provide the best care for all patients	**Creating the best environment for staff to flourish**	**Continued efficiency of operation and financial control**	**Developing the best technology and services to support patient care**	**Working in partnership to deliver seamless patient care**
• 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.	• 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.	• 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.	• 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	• 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

West Midlands Ambulance Service
University NHS Foundation Trust

Our Corporate Culture – A Commitment

Towards an engaged, learning culture at its best

We believe that our values are the engine that drives our culture, and that to influence culture, we must use stories, words and behaviours that reflect the culture we want to be.
We therefore commit to a culture that:

- **Is High Achieving:** consistently achieves and continually improves performance against our strategic objectives
- **Is Values-based:** is consistent with our values, patient-focussed, can-do and collaborative
- **Has a Diverse Workforce:** reflects the cultural mix of the communities we serve, and who are confident, capable and well-equipped.
- **Has a fully engaged staff:** is committed to continual learning and high standards, and where everyone feels proud to be a part of the team and of the organisation
- **Has confident and capable managers:** who are developed, empowered and supported, and who are creating a positive performance culture in our teams
- **Has teams that work together:** a joined-up organisation, using the full talents of every team to maximise the difference we are making
- **Is outward-facing:** strategic, and collaborative in our work with our patients
- **Is learning, improving and innovating:** a pragmatic, action-orientated culture for putting learning into action

We know that stating in documents that our people are our greatest asset is not enough; we need to demonstrate this by our behaviours, thoughts and actions.

The organisation has some of the longest serving staff in healthcare and those that are just starting out in their careers. We know that our patients will receive a superior service when they are cared for by staff where there is high morale and therefore we must all strive to make our working environment an enjoyable and stimulating experience.

In creating our corporate culture we are firmly opposed to management by intimidation; the best results are delivered by people who don't have to be told what to do but who know our shared values and how these are enacted every day. We strive to be free of prejudice of any kind. Promotions and career development to achieve individual potential is open to everybody, regardless of religion, race, gender, or sexual preference.

We have invested in our leadership to ensure high standards are in place. The setting of clear direction, and the involvement of our people to aid the decision making process are essential qualities and encourages us all to own the results that this brings.

Ian Cumming
Chairman

Anthony Marsh
Chief Executive Officer

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OPERATIONAL & CLINICAL KEY PERFORMANCE INDICATORS

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

Trust Information Pack

September 2021

Service Delivery Directorate

Operational Metrics and KPIs

Contents

Section 1: Demand

Call Demand

	All Emergency Calls			
	Current Year	Previous Year	Variation from Previous Year	% Variation
	Call Count	Call Count	Call Count	Call Count
Month	138,333	106,789	31,544	29.5 %
QTD	428,022	312,065	115,957	37.2 %
YTD	793,565	592,031	201,534	34.0 %

	Demand against Contract		
	Assigned Incidents	Contract Incidents	% Variation
Month	105,146	96,310	9.17 %
QTD	320,614	296,153	8.26 %
YTD	634,061	588,694	7.71 %

		111 vs 999 calls			
		Current Year		Previous Year	
	111/999	Call Count	Call Count	Call Count	Call Count
Month	999	127,526	92.2 %	88,308	82.7 %
	111	10,807	7.8 %	18,481	17.3 %
	Total	138,333		106,789	
QTD	999	391,094	91.4 %	255,773	82.0 %
	111	36,928	8.6 %	56,292	18.0 %
	Total	428,022		312,065	
YTD	999	695,827	87.7 %	482,262	81.5 %
	111	97,738	12.3 %	109,769	18.5 %
	Total	793,565		592,031	

Incident Demand

	All Incidents			
	Current Year	Previous Year	Variation from Previous Year	% Variation from Previous Year
	Incident Count	Incident Count	Incident Count	Incident Count
Month	99,185	93,531	5,654	6.0 %
QTD	301,770	281,224	20,546	7.3 %
YTD	599,532	546,760	52,772	9.7 %

	Emergency Incidents			
	Current Year	Previous Year	Variation from Previous Year	% Variation from Previous Year
	Incident Count	Incident Count	Incident Count	Incident Count
Month	94,694	87,113	7,581	8.7 %
QTD	287,133	260,910	26,223	10.1 %
YTD	567,703	506,268	61,435	12.1 %

Section 1: Demand

	All Incidents by County				All Incidents by County			
	Current Year		Previous Year		Current Year		Previous Year	
	Month		Month		YTD		YTD	
County	Incident Count	% of Total Incidents	Incident Count	% of Total Incidents	Incident Count	% of Total Incidents	Incident Count	% of Total Incidents
Birmingham	24,769	25.0 %	23,248	24.9 %	148,660	24.8 %	135,521	24.8 %
Black Country	21,929	22.1 %	20,262	21.7 %	131,491	21.9 %	119,271	21.8 %
Arden	14,101	14.2 %	13,592	14.5 %	85,970	14.3 %	79,732	14.6 %
Staffordshire	19,537	19.7 %	18,127	19.4 %	118,145	19.7 %	105,116	19.2 %
Herefordshire	2,864	2.9 %	2,656	2.8 %	17,325	2.9 %	15,600	2.9 %
Shropshire	7,050	7.1 %	6,886	7.4 %	43,197	7.2 %	40,454	7.4 %
Worcester	8,756	8.8 %	8,604	9.2 %	53,767	9.0 %	50,212	9.2 %
Out of Area	102	0.1 %	91	0.1 %	596	0.1 %	541	0.1 %
No Value	77	0.1 %	65	0.1 %	381	0.1 %	313	0.1 %
Total	**99,185**		**93,531**		**599,532**		**546,760**	

Treatment Type (AQI Incidents, Emergency only)

Treatment Type Group	Treatment Type	MTD	QTD	YTD
Hear & Treat	Advice	4,020	7,639	8,798
	Alt Service	13,612	35,259	49,703
	Total	17,632	42,898	58,501
	%	18.9 %	15.2 %	10.4 %
See & Convey	Transport - ED	42,554	132,598	277,957
	Transport - Non ED	4,193	12,625	25,277
	Total	46,747	145,223	303,234
	%	50.1 %	51.4 %	54.0 %
See & Treat	Response	28,888	94,362	199,742
	Total	28,888	94,362	199,742
	%	31.0 %	33.4 %	35.6 %
Total	Total	**93,267**	**282,483**	**561,477**

Section 2: Performance

(S&T and S&C Treatment Types only - this doesn't apply to Call Answer figures)

	Target		Month		QTD		YTD	
Priority	Mean	90%	Mean	90%	Mean	90%	Mean	90%
Category 1	7:00	15:00	7:43	13:30	7:40	13:29	7:20	12:55
Category 1 T	19:00	30:00	9:06	16:14	8:56	16:04	8:29	15:11
Category 2	18:00	40:00	30:59	67:01	28:14	58:55	22:08	44:21
Category 3	60:00	120:00	147:18	359:51	143:18	352:24	91:47	225:43
Category 4	-	180:00	172:06	389:24	161:58	383:18	112:06	280:18
HCP 2hr	-	-	139:30	315:46	123:56	284:39	94:27	211:02
HCP 4hr	-	-	218:59	447:18	159:32	361:31	128:04	301:31

Call Answer	Month	QTD	YTD
Call Answer Mean	0:05	0:07	0:04
Call Answer Median	0:00	0:00	0:00
Call Answer 95th	0:24	0:36	0:19
Call Answer 99th	1:53	2:47	1:48

MTD

	Target		Arden		Birmingham		Black Country		Herefordshire		Shropshire		Staffordshire		Worcester	
Priority	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%
Category 1	7:00	15:00	8:30	14:26	6:32	10:44	6:12	10:16	11:06	22:53	11:03	22:27	8:18	14:03	9:21	17:33
Category 1 T	19:00	30:00	10:10	17:14	7:30	12:04	7:06	11:32	13:43	27:15	13:30	26:10	9:49	16:46	11:25	20:32
Category 2	18:00	40:00	42:03	84:58	29:52	69:08	19:07	36:59	33:55	70:44	43:51	93:59	33:07	68:59	30:46	61:51
Category 3	60:00	120:00	157:01	377:32	164:14	436:53	115:06	269:01	115:12	235:54	191:46	491:20	153:51	358:59	135:02	306:45
Category 4	-	180:00	191:01	417:04	193:08	439:50	143:59	348:44	163:50	363:27	203:23	510:37	183:18	369:51	111:32	223:53
HCP 2hr	-	-	119:59	256:11	136:44	313:01	121:37	265:56	104:51	231:56	235:07	533:33	136:52	287:21	131:15	317:20
HCP 4hr	-	-	217:03	477:32	227:33	430:24	211:41	429:42	212:24	442:59	301:53	591:18	201:34	414:17	226:01	513:46

QTD

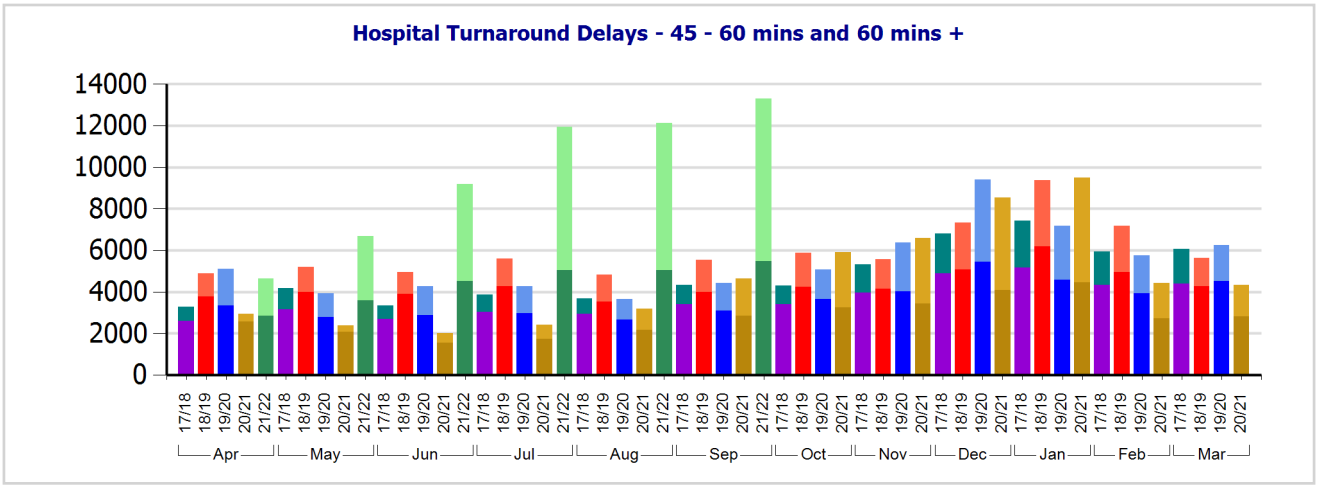
	Target		Arden		Birmingham		Black Country		Herefordshire		Shropshire		Staffordshire		Worcester	
Priority	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%
Category 1	7:00	15:00	8:30	14:37	6:25	10:42	6:12	10:20	11:05	22:06	10:57	21:40	8:15	14:14	9:22	17:31
Category 1 T	19:00	30:00	10:00	17:49	7:17	11:53	7:02	11:39	13:29	27:04	13:04	25:27	9:46	16:50	11:05	20:11
Category 2	18:00	40:00	36:53	75:13	28:14	61:29	16:36	31:00	29:19	59:13	38:42	84:02	29:04	59:00	32:34	65:50
Category 3	60:00	120:00	158:14	385:29	175:46	460:28	107:16	254:35	96:49	214:12	169:04	434:37	139:56	326:17	142:08	349:28
Category 4	-	180:00	182:21	440:05	186:51	462:24	145:23	338:52	117:23	278:19	182:13	481:19	160:10	356:57	128:27	300:13
HCP 2hr	-	-	119:20	285:00	124:47	292:47	94:33	207:36	101:38	210:31	190:26	446:41	121:09	269:49	125:08	308:00
HCP 4hr	-	-	161:12	367:57	142:28	335:06	140:16	341:54	177:19	401:47	245:44	538:37	165:47	351:47	171:14	404:43

YTD

	Target		Arden		Birmingham		Black Country		Herefordshire		Shropshire		Staffordshire		Worcester	
Priority	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%	Mean	90%
Category 1	7:00	15:00	8:04	13:57	6:05	10:11	5:55	9:48	10:52	21:32	10:28	20:50	7:53	13:36	8:58	16:32
Category 1 T	19:00	30:00	9:23	16:45	6:52	11:20	6:44	11:05	13:05	25:30	12:25	24:03	9:17	16:06	10:39	19:35
Category 2	18:00	40:00	28:18	56:29	20:42	41:19	13:57	25:20	24:35	49:17	31:17	64:14	23:22	45:49	25:19	49:01
Category 3	60:00	120:00	105:24	263:28	109:34	280:57	67:22	159:33	66:18	154:47	112:40	274:43	87:46	214:18	89:51	220:00
Category 4	-	180:00	123:51	319:41	134:44	341:39	100:40	246:45	86:47	192:06	124:50	303:19	105:20	261:47	95:45	233:32
HCP 2hr	-	-	94:35	208:39	94:31	208:23	71:13	158:14	80:30	178:57	147:06	308:26	90:43	204:00	93:55	213:08
HCP 4hr	-	-	126:01	311:47	115:53	278:11	111:58	273:58	143:17	313:30	200:51	426:03	133:37	289:32	136:50	336:08

Section 3: Hospitals

	Total Conveyances				Over 1 Hr Turnaround Delays				Hours Lost at Hospital (over 30 min turnaround)			
	Current Year	Previous Year	Variation	% Variation	Current Year	Previous Year	Variation	% Variation	Current Year	Previous Year	Variation	% Variation
Month	49,714	52,046	-2,332	-4.5 %	7,832	1,816	6,016	331.3 %	19,576	4,592	14,984	326.3 %
QTD	155,139	156,472	-1,333	-0.9 %	21,811	3,543	18,268	515.6 %	51,696	10,670	41,026	384.5 %
YTD	324,434	290,184	34,250	11.8 %	31,314	4,669	26,645	570.7 %	72,553	18,490	54,063	292.4 %



	Hospital Turnaround Timebands													
	MTD							YTD						
Destination	Under 30		30-60 mins		60+ mins		Total	Under 30		30-60 mins		60+ mins		Total
Alexandra	1177	64.1 %	503	27.4 %	155	8.4 %	**1835**	8762	74.1 %	2482	21.0 %	586	5.0 %	**11831**
Birmingham Childrens	449	57.5 %	312	39.9 %	20	2.6 %	**781**	3111	64.1 %	1682	34.7 %	61	1.3 %	**4854**
Burton	461	41.5 %	573	51.6 %	77	6.9 %	**1111**	3514	50.7 %	3135	45.2 %	286	4.1 %	**6935**
City (Birmingham)	1355	59.4 %	811	35.6 %	115	5.0 %	**2281**	9481	66.9 %	4307	30.4 %	381	2.7 %	**14169**
County Hospital (Stafford)	598	62.2 %	311	32.3 %	53	5.5 %	**962**	4374	72.2 %	1533	25.3 %	153	2.5 %	**6060**
George Elliot	535	45.0 %	641	54.0 %	12	1.0 %	**1188**	4127	52.2 %	3724	47.1 %	54	0.7 %	**7905**
Good Hope	1009	36.2 %	1176	42.2 %	601	21.6 %	**2786**	8721	47.7 %	6831	37.4 %	2730	14.9 %	**18282**
Heartlands	1317	31.4 %	2034	48.5 %	839	20.0 %	**4190**	11309	41.6 %	11399	41.9 %	4486	16.5 %	**27195**
Hereford County	633	38.6 %	879	53.6 %	128	7.8 %	**1640**	5377	51.1 %	4680	44.5 %	456	4.3 %	**10513**
New Cross	1679	43.0 %	1514	38.7 %	716	18.3 %	**3909**	15155	58.9 %	8271	32.2 %	2300	8.9 %	**25726**
New Queen Elizabeth Hosp	1116	30.3 %	1885	51.2 %	682	18.5 %	**3683**	9728	39.0 %	11944	47.9 %	3239	13.0 %	**24912**
Princess Royal	649	33.4 %	902	46.4 %	394	20.3 %	**1945**	5428	43.6 %	5421	43.6 %	1587	12.8 %	**12436**
Royal Shrewsbury	224	16.5 %	513	37.8 %	619	45.6 %	**1356**	2635	27.3 %	4145	42.9 %	2885	29.8 %	**9665**
Royal Stoke Univ Hosp	1285	27.0 %	2593	54.6 %	873	18.4 %	**4751**	11598	36.2 %	17347	54.1 %	3122	9.7 %	**32068**
Russells Hall	915	27.4 %	1752	52.5 %	668	20.0 %	**3335**	8856	40.9 %	10768	49.8 %	2012	9.3 %	**21637**
Sandwell	911	39.3 %	1094	47.2 %	312	13.5 %	**2317**	7132	47.4 %	7007	46.6 %	899	6.0 %	**15038**
Solihull	3	75.0 %		0.0 %		0.0 %	**4**	17	73.9 %	5	21.7 %		0.0 %	**23**
Uni Hospital Cov & War	1348	32.9 %	2247	54.8 %	507	12.4 %	**4102**	10738	39.3 %	15053	55.1 %	1520	5.6 %	**27312**
Walsall Manor	1481	49.8 %	1398	47.1 %	92	3.1 %	**2971**	10747	59.3 %	7143	39.4 %	247	1.4 %	**18137**
Warwick	373	21.9 %	1101	64.5 %	233	13.6 %	**1707**	3568	31.6 %	6835	60.6 %	874	7.8 %	**11277**
Worcestershire Royal	1152	40.3 %	971	34.0 %	736	25.7 %	**2859**	9077	49.3 %	5900	32.0 %	3436	18.7 %	**18413**

Section 4: Resourcing

RPI

	Month	QTD	YTD
Category 1	1.41	1.42	1.43
Category 2	1.04	1.04	1.04
Category 3	1.05	1.05	1.04
Category 4	1.06	1.05	1.05
HCP	1.07	1.07	1.08
Total	**1.09**	**1.09**	**1.08**

Percentage of Double Crewed Ambulances with a Paramedic as Part of Crew

6 Months Trend

	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21
Bromsgrove Hub	95.2%	95.8%	98.4%	100.0%	99.8%	99.0%
Coventry Hub	100.0%	99.9%	100.0%	99.9%	100.0%	99.9%
Donnington Hub	100.0%	99.8%	100.0%	100.0%	100.0%	100.0%
Dudley Hub	99.3%	99.2%	99.1%	99.9%	99.8%	99.5%
Erdington Hub	99.5%	99.9%	99.9%	99.3%	97.6%	96.0%
Hereford Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Hollymoor Hub	99.1%	99.9%	99.7%	99.8%	99.9%	98.8%
Lichfield Hub	100.0%	100.0%	100.0%	99.8%	99.8%	99.2%
Sandwell Hub	93.6%	97.8%	96.5%	98.9%	94.9%	86.7%
Shrewsbury Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Stafford Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Stoke Hub	100.0%	99.8%	99.8%	99.9%	99.7%	100.0%
Warwick Hub	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Willenhall Hub	96.7%	99.7%	100.0%	100.0%	100.0%	99.4%
Worcester Hub	99.9%	100.0%	100.0%	100.0%	100.0%	99.9%
Total	**98.9%**	**99.5%**	**99.6%**	**99.8%**	**99.4%**	**98.5%**

Percentage of Emergency Incidents Attended by a Paramedic (unknown are included with Para figures)

6 Months Trend

	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sep 21
Percentage	99.1%	99.4%	99.3%	99.2%	98.2%	98.2%

Job Cycle Times (minutes)

	MTD		QTD		YTD	
	S&T	S&C	S&T	S&C	S&T	S&C
Category 1	93.43	114.75	91.88	109.65	91.12	103.55
Category 2	108.50	148.07	106.71	141.69	98.93	127.29
Category 3	188.59	266.41	197.73	247.76	164.85	190.93
Category 4	209.20	327.39	211.90	296.68	179.68	235.10
HCP	261.93	288.47	232.46	248.37	197.07	209.02

Section 5: EPR Completion

Month

Overall WMAS

	All Eligible Incidents		
	Eligible Inc	EPRs	%
Total	**78,786**	**74,259**	**94.3 %**

	Transported Eligible Incidents		
	Eligible Inc	EPRs	%
Total	**50,535**	**47,687**	**94.4 %**

	Non Transported Eligible Incidents		
	Eligible Inc	EPRs	%
Total	**28,251**	**26,572**	**94.1 %**

Notes:
- 1538 cases excluded from Incident count due to 'No Patient Found' VNR reason
- County based on Incident location.
- Count of Unique CAD_IDs with matching EPR record
- See and Treat + See and Convey incidents only.

Incidents by County

Arden			Birmingham			Black Country			Staffordshire			Herefordshire			Shropshire			Worcester		
Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%
11,168	**10,685**	**95.7 %**	**18,998**	**17,951**	**94.5 %**	**17,652**	**16,849**	**95.5 %**	**15,654**	**15,043**	**96.1 %**	**2,405**	**1,515**	**63.0 %**	**5,676**	**5,370**	**94.6 %**	**7,233**	**6,846**	**94.6 %**

YTD

Overall WMAS

	All Eligible Incidents		
YTD	Eligible Inc	EPRs	%
Total	**528,219**	**501,596**	**95.0 %**

	Transported Eligible Incidents		
YTD	Eligible Inc	EPRs	%
Total	**330,868**	**313,362**	**94.7 %**

	Non Transported Eligible Incidents		
YTD	Eligible Inc	EPRs	%
Total	**197,351**	**188,234**	**95.4 %**

Notes:
- 7982 cases excluded from Incident count due to 'No Patient Found' VNR reason
- County based on Incident location.
- Count of Unique CAD_IDs with matching EPR record
- See and Treat + See and Convey incidents only.

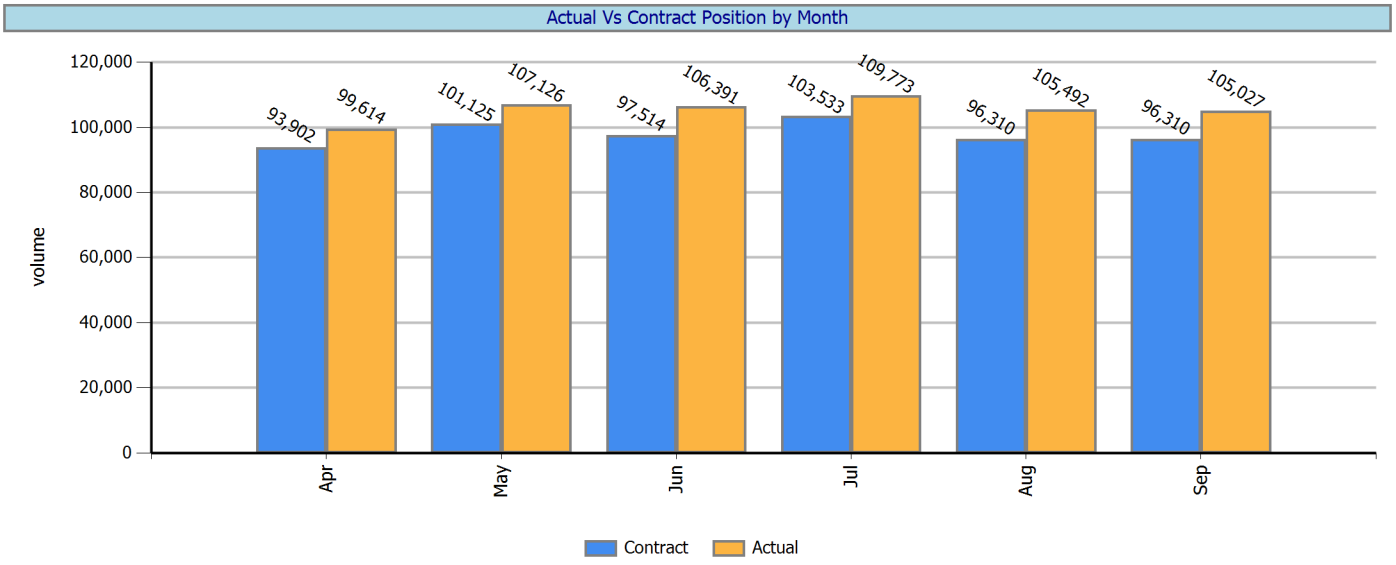
Incidents by County

Arden			Birmingham			Black Country			Staffordshire			Herefordshire			Shropshire			Worcester		
Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%	Inc	EPRs	%
75,798	**71,867**	**94.8 %**	**127,970**	**120,820**	**94.4 %**	**116,283**	**110,809**	**95.3 %**	**105,225**	**100,440**	**95.5 %**	**15,754**	**14,374**	**91.2 %**	**38,827**	**36,936**	**95.1 %**	**48,362**	**46,350**	**95.8 %**

Section 6: Monthly Contract Position

all information contained within this section is for guidance only as an error margin exists between this and all other Contract related reports

	September 2021				Year To Date			
CCG	Actual	Contract	Diff	% Diff	Actual	Contract	Diff	% Diff
Birmingham and Solihull CCG	22,413	20,515	1,898	9.25%	134,475	125,397	9,078	7.24%
Black Country and West Birmingham CCG	27,116	24,932	2,184	8.76%	161,863	152,396	9,467	6.21%
Coventry and Warwickshire CCG	14,946	13,797	1,149	8.32%	90,969	84,337	6,632	7.86%
Herefordshire and Worcestershire CCG	12,312	11,467	845	7.37%	74,985	70,090	4,895	6.98%
Shropshire, Telford and Wrekin CCG	7,466	7,100	366	5.16%	45,965	43,398	2,567	5.92%
Staffordshire CCG	20,569	18,499	2,070	11.19%	124,019	113,076	10,943	9.68%
WMAS	105,027	96,310	8,717	9.05%	633,423	588,694	44,729	7.60%



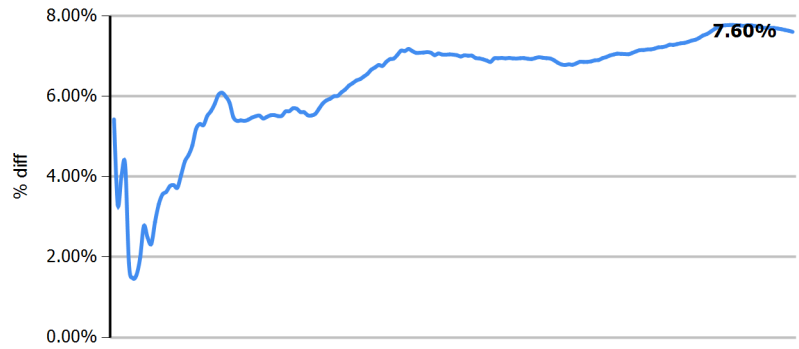
Please note this report for guidance only: An error margin exists between this report and the CCG Contract Monitoring Report. Data includes No Values & OOA's (hidden).

Financial Position Vs Contract (YTD)
£8,222,461

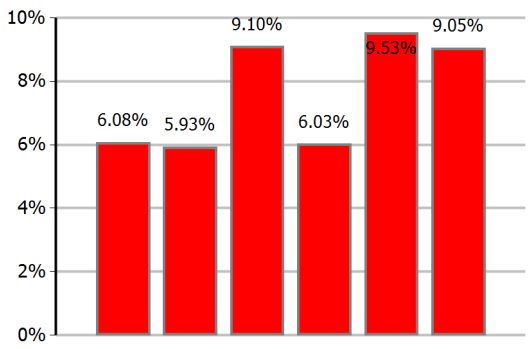
Section 6: Monthly Contract Position

all information contained within this section is for guidance only as an error margin exists between this and all other Contract related reports

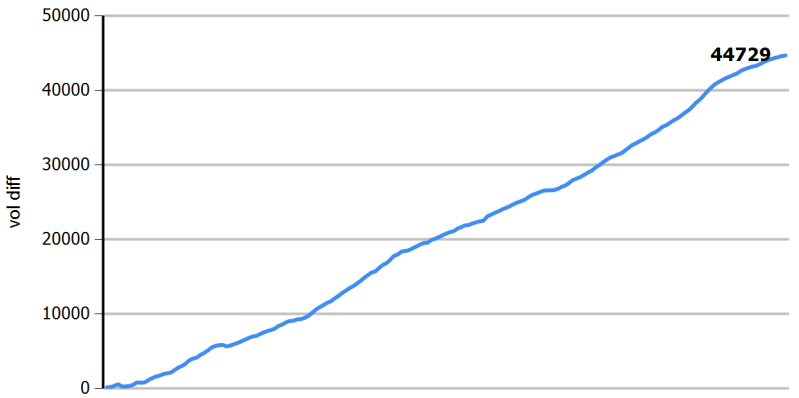
Cumulative Actual Vs Contract (percent difference)



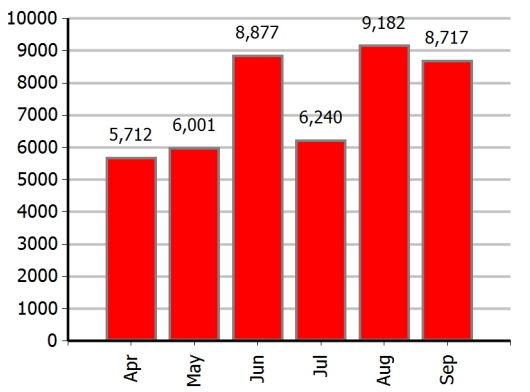
Actual Vs Contract (percentage) by Month



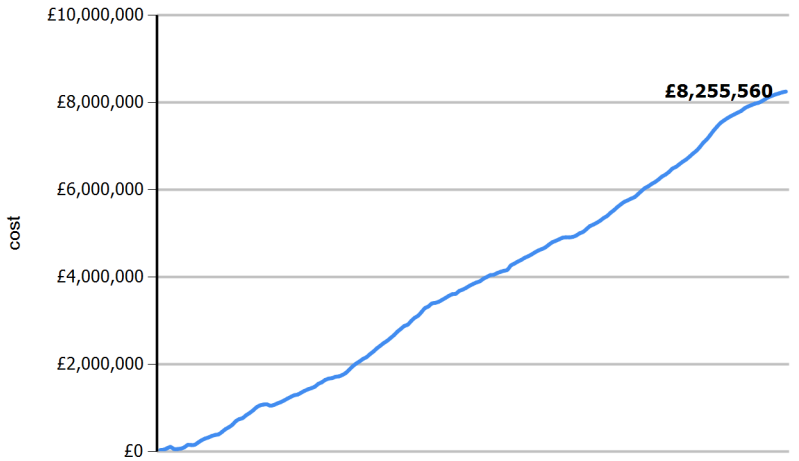
Cumulative Actual Vs Contract (volume difference)



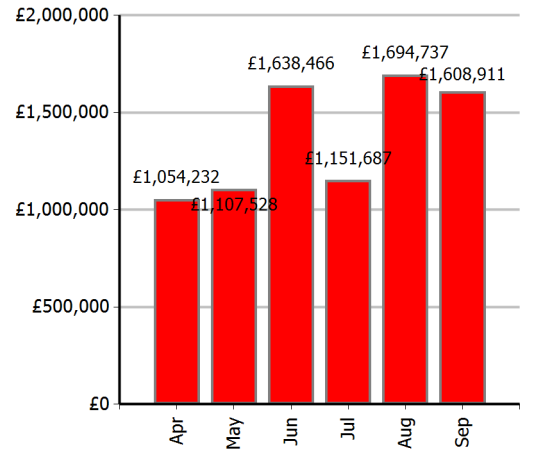
Actual Vs Contract (volume difference) by Month



Cumulative Actual Vs Contract (volume difference) by Cost



Actual Vs Contract (difference) Cost by Month



Clinical Performance Report

West Midlands Ambulance Service
University NHS Foundation Trust

Contents:

Data Tables:

Stroke

STEMI

Cardiac Arrest

Data available up to the end of:

WMAS :	August 2021
National :	Ap 2021

Re-submission data to be published in September 2021; therefore national figures will be updated.

Further Information

Statistical Process Control

Statistical Process Charts (SPC) visualise where variation is within expected limits or where performance falls outside those expected areas and improvement is needed

Common cause is where the variation is within expected limits therefore no investigation or intervention is needed

Special cause variation is outside expected limits therefore investigation is needed to identify what initiatives should be implemented to reduce the variation and improve performance

Care Bundle

A care bundle ensures that the patient is receiving all of those elements of identified good practice to ensure the best standard of care.

Management of Stroke

A stroke happens when the blood supply to part of your brain is cut off. It can be caused by a blockage or break in one of the blood vessels in the brain. Blood carries essential nutrients and oxygen to your brain. Without blood your brain cells can be damaged or destroyed. It is essential that when an ambulance attends a patient with a suspected stroke a FAST test is completed, a blood glucose and blood pressure measurement is documented.

Management of STEMI

STEMI stands for **ST E**levation **M**yocardial **I**nfarction. A STEMI is a type of heart attack where a coronary artery gets blocked by a blood clot, as a result virtually all the heart muscle being supplied by the affected artery starts to die.

When an ambulance attends Aspirin and GTN should be administered, the patient's pain needs to be assessed and managed.

Management of Cardiac Arrest

There are three elements that are reported for Cardiac Arrest:

- Return of Spontaneous Circulation 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 12 lead ECG, Blood glucose, End-tidal C02, Oxygen administered, Blood pressure, and fluids administered.

Management of Sepsis

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

Adult patients with a pre-hospital impression of suspected sepsis with a National Early Warning score (NEWs) of 7 and above should receive an appropriate care bundle.

Management of Stroke

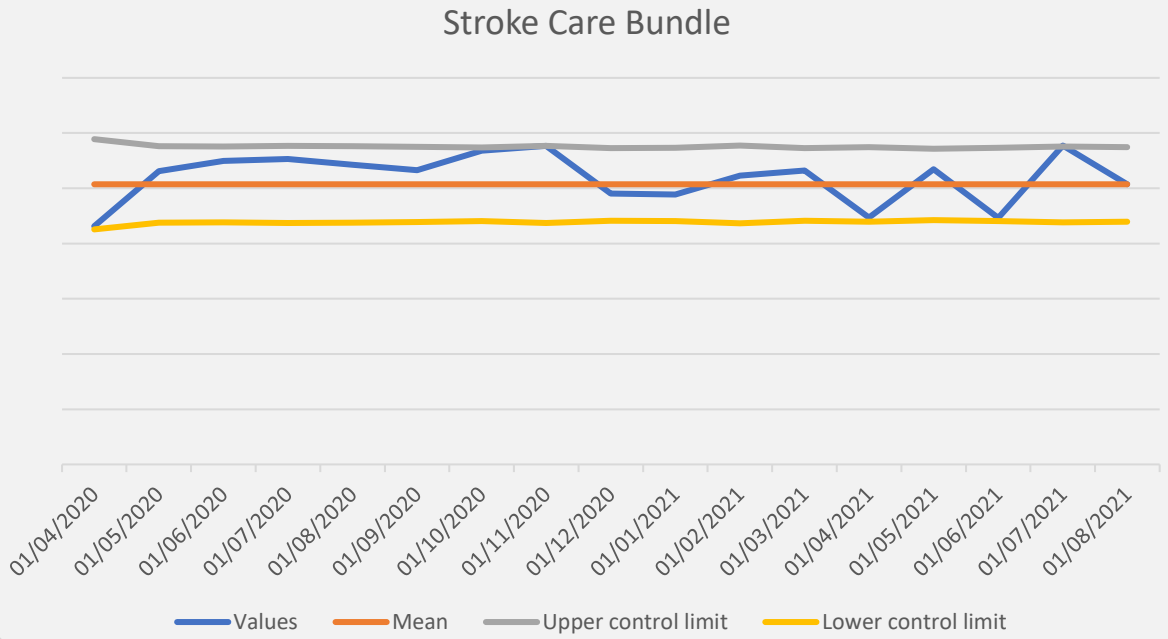
Common

Special

Monthly Trend

	August 2020	September 2020	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021
WMAS	99.37%	99.27%	99.63%	99.59%	98.85%	98.84%	99.17%	99.32%	98.47%	99.34%	98.46%	99.77%	99.07%

Statistical Process Control



Common Cause Discussion

The Trust have been reporting consistently above 98% for the Care Bundle, 17 patients during August 2021 did not receive the care bundle. Ongoing quality improvement work as follows:

Action	Timescale	Responsible	Progress
Introduction of performance reports for Hubs	October 2021	J Lumley-Holmes	Ongoing
Publish clinician and management dashboard	June 2021	J Lumley-Holmes	Complete
Provide SPC by geographical/Hub area	October 2021	J Lumley-Holmes/external partner	Ongoing

National Comparison

Care Bundle						
	Aug-2020		Nov-2020		Feb-2021	
WMAS	99.37%		99.59%		99.17%	
National	98.26%	3rd	97.81%	1st	97.76%	2nd

Hospital Data Comparisons (Last Reported April 2021)

Call to Hospital (90th percentile)		
WMAS	01:43	
National	02:08	1st

Hospital to CTN Scan (90th percentile)		
WMAS	03:21	
National	03:13	7th

Hospital to thrombolysis (90th percentile)		
WMAS	02:06	
National	01:32	9th

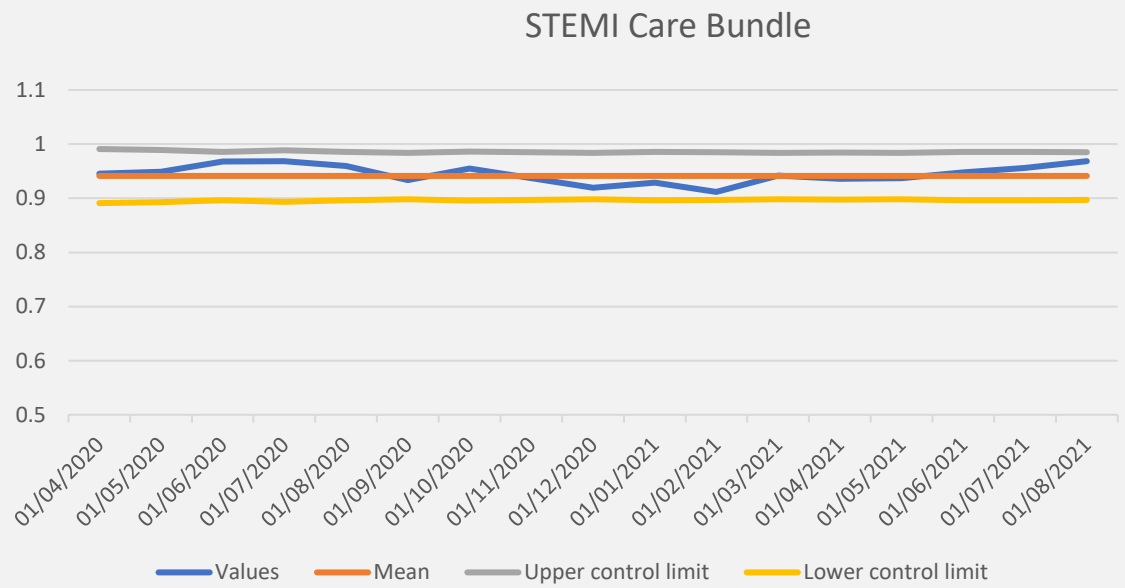
Management of STEMI

Monthly Trend

Common | Special

	August 2020	September 2020	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021
WMAS	95.98%	93.36%	95.47%	93.73%	91.94%	92.89%	91.15%	94.18%	93.61%	93.70%	94.80%	95.58%	96.88%

Statistical Process Control



Common Cause Discussion

The Trust has consistently achieved above 94% for the STEMI care bundle however this dropped to below 94% for the April-June 21 however this is within normal variation. In July 2021 11 patients did not receive a full care bundle.

Quality Improvement work has included:

- Redesign of the pain scoring tool
- Mandatory education session on the management of STEMI
- Redesign of the EPR STEMI recording page
- Awareness campaign to reduce the 999 on scene times.

National Comparison

Care Bundle						
	July-2020		Oct-2020		Jan-2021	
WMAS	96.79%		95.47%		92.89%	
National	78.31%	1st	76.38%	1st	74.19%	1st

Last Available from MINAP (April 2021)

Call to Catheter (Mean)		
WMAS	02:15	
National	02:17	4rd

Call to Catheter (90th percentile)		
WMAS	03:02	
National	03:09	3rd

Management of Cardiac Arrest

Common Special

Monthly Trend

	August 2020	September 2020	October 2020	November 2020	December 2020	January 2021	February 2021	March 2021	April 2021	May 2021	June 2021	July 2021	August 2021
ROSC At Hospital (overall)	27.12%	26.87%	28.08%	26.40%	25.00%	17.97%	21.02%	23.67%	30.66%	24.14%	22.14%	30.60%	23.90%
ROSC At Hospital (comparator)	43.40%	48.72%	47.37%	55.00%	42.55%	34.55%	36.67%	39.53%	57.58%	45.83%	44.44%	45.83%	31.25%
Survival to Discharge (overall)	12.03%	8.05%	7.32%	9.52%	9.01%	4.33%	6.25%	10.38%	11.94%	11.96%	Available 28 September 2021	Available end of October 2021	Available end of November 2021
Survival to Discharge (comparator)	28.30%	27.78%	16.07%	30.77%	20.00%	15.09%	17.24%	23.81%	32.26%	34.09%			

Click here for SPC Charts

- *Survival at 30 days is now "the number who, at least 90 days after the date of arrest, have no date of death, or have a date of death more than 30 days after the date of arrest".*
- *National data to be included once the re-submission figures have been published.*

Common Cause Discussion

The Trust completed the following to improve cardiac arrest management :

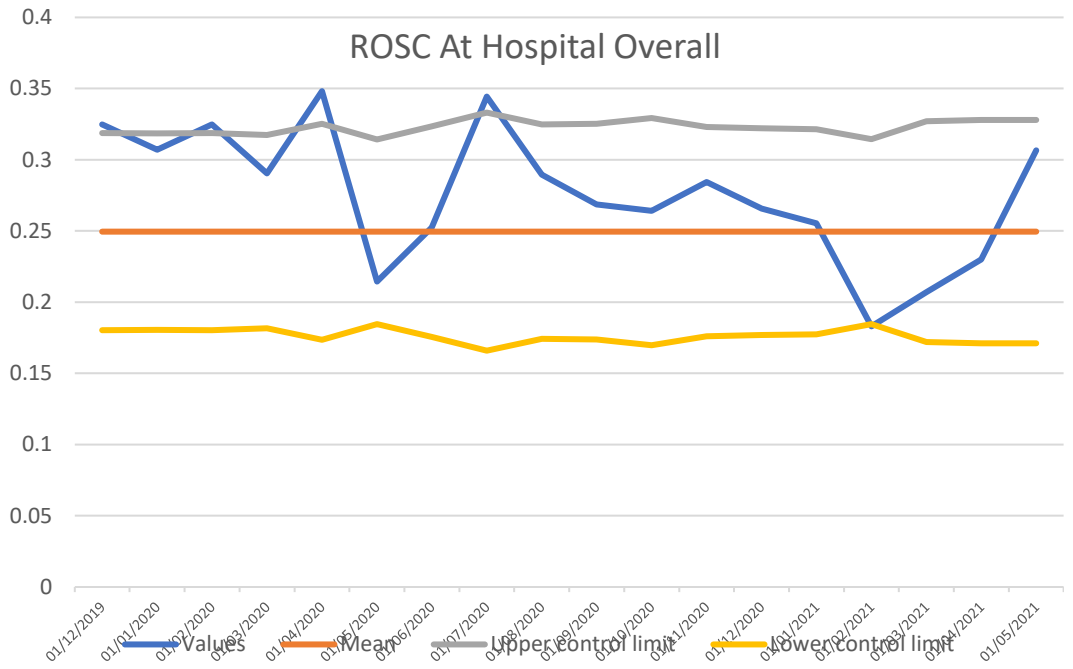
- Quality improvement programmes
- Mandatory education sessions on the management of cardiac arrest
- Cardiac arrest checklists

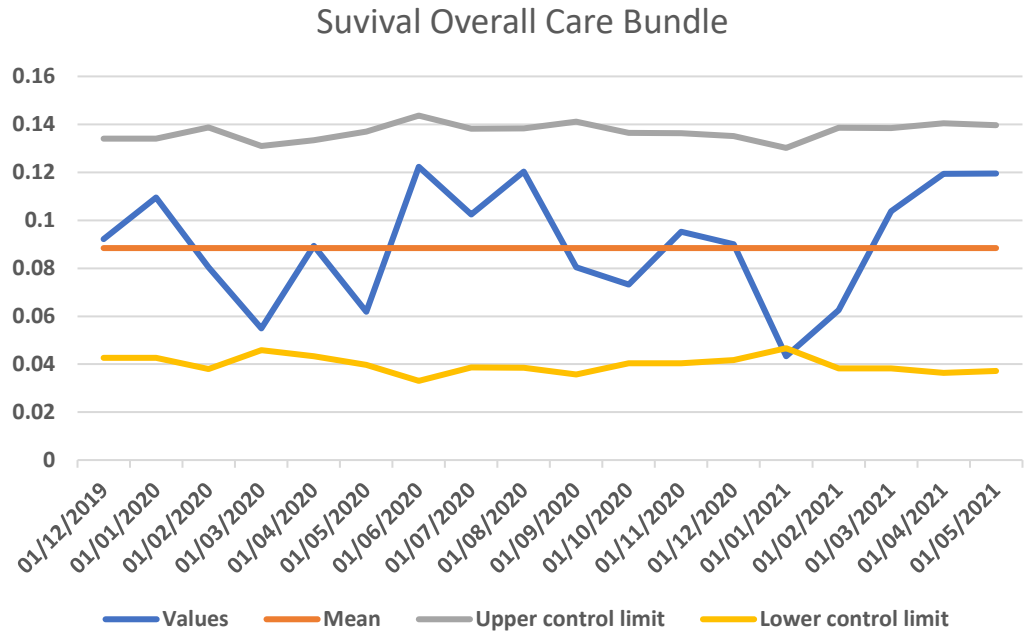
Special Cause Discussion

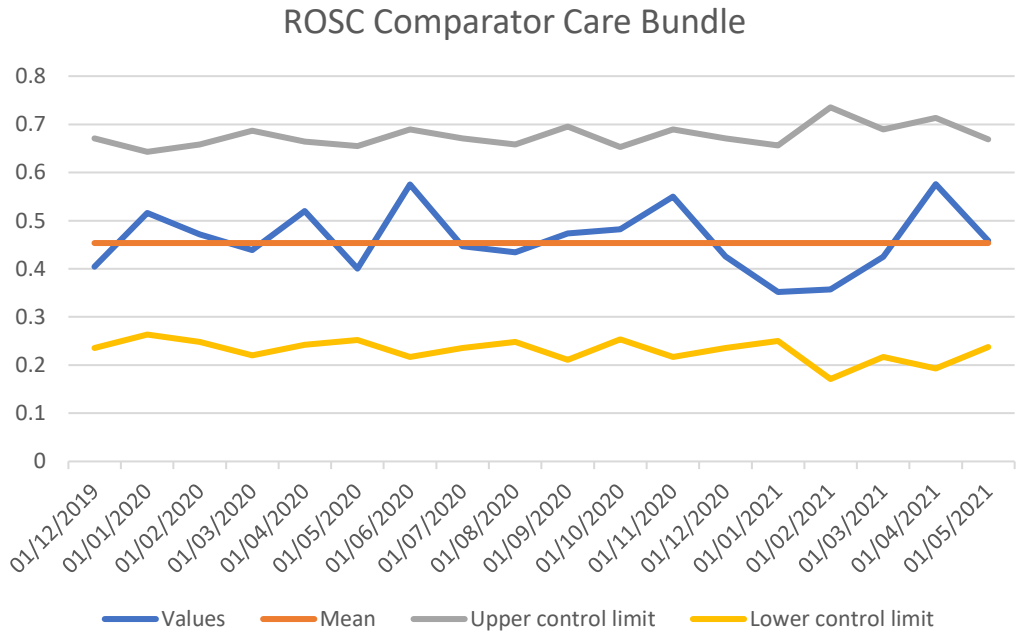
The Trust saw a deterioration in its overall ROSC performance during the beginning of the Covid-19 pandemic.

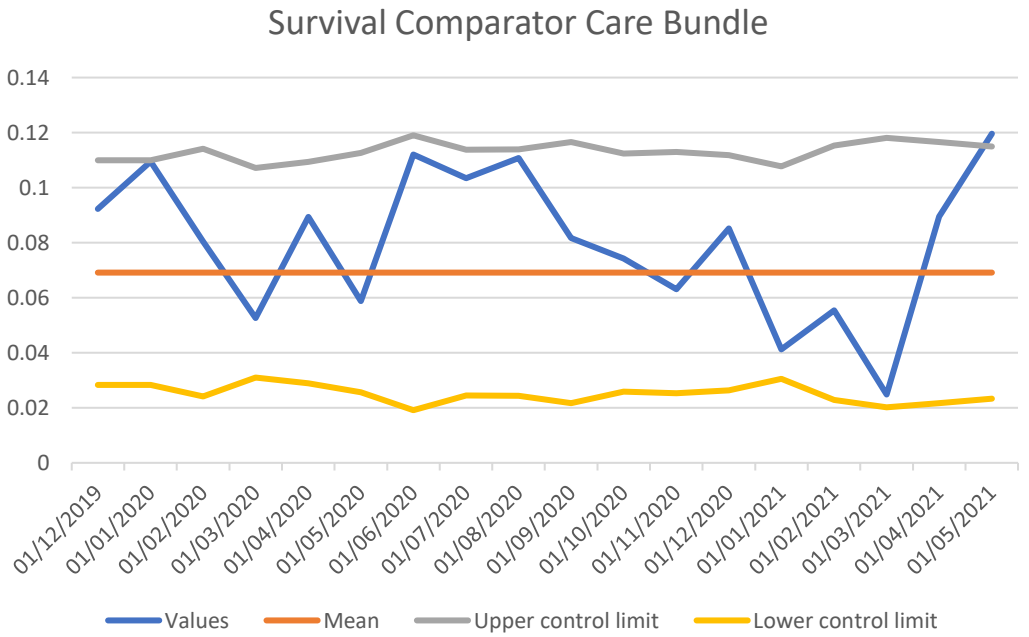
Significant changes were made to the implementation of resuscitation, this was due to the application of PPE before commencing resuscitation. It is known that delays to commencing external chest compression and defibrillation reduces ROSC.

Management of Cardiac Arrest **SPC Charts**









Management of Post Resuscitation

Monthly Trend

	July 2020	Oct-2020	Jan-2021	April 2021	July 2021
Care Bundle	**69.09%**	**67.86%**	**77.88%**	**70.30%**	**74.04%**
12 Lead ECG	81.65%	87.50%	89.00%	89.11%	87.50%
BM Recorded	89.91%	87.50%	97.00%	91.09%	91.35%
BP Recorded	87.16%	90.18%	92.00%	90.10%	96.15%
ETCO2 Recorded	98.17%	98.21%	88.00%	97.03%	98.08%
O2 Administered	96.33%	91.96%	93.00%	93.07%	96.15%
Saline Administration	88.07%	90.18%	94.00%	91.09%	94.23%
National Care Bundle	**73.78%**	**76.50%**	**75.31%**	**Not yet available**	

Discussion

The Trust has consistently achieved above 68% for the care bundle in post ROSC management:

- Mandatory education sessions on the management of cardiac arrest and post ROSC care
- Post ROSC checklist

Management of Sepsis

Monthly Trend

	June 2020	Sept 2020	Dec 2020	March 2021	June 2021
Care Bundle	**81.03%**	**85.61%**	**87.10%**	**85.13%**	**86.5%**
All observations recorded	99.62%	99.55%	99.71%	98.60%	99.21%
O2 administered	97.70%	98.80%	97.95%	98.40%	99.01%
Administration of Saline	97.51%	97.90%	97.65%	97.90%	98.11%
Hospital Pre-alert	84.48%	88.91%	90.47%	88.62%	89.67%
National Care Bundle	**80.57%**	**81.54%**	**85.49%**	**83.54%**	**NA**

Discussion

The Trust has consistently achieved above 81% for the management of sepsis care bundle:

- Mandatory education sessions on the management of sepsis
- Implementation of the NEWS 2 score
- Introduction of the Sepsis Trust tool

Management of Stroke Data Tables

Data Provided by SSNAP

Month	Time from call to hospital arrival			Time from arrival at hospital to CT scan			Time from arrival at hospital to thrombolysis		
	Mean	Median	90th percentile	Mean	Median	90th percentile	Mean	Median	90th percentile
Apr-20	01:10	01:08	01:39	01:16	00:48	03:00	01:17	01:13	01:43
May-20	01:08	01:03	01:39	01:22	00:48	02:52	01:13	01:00	01:50
June-20	01:07	01:05	01:35	01:23	00:54	02:48	01:07	01:04	01:45
Jul-20	01:05	01:03	01:31	01:20	00:42	03:07	01:05	00:56	01:46
August-20	01:11	01:06	01:44	01:30	00:47	03:12	01:06	00:57	01:47
September-20	01:12	01:07	01:46	01:18	00:47	03:09	01:19	01:21	01:56
October-20	01:15	01:10	01:49	01:24	00:51	03:20	01:17	01:05	02:13
November-20	01:16	01:08	01:57	01:29	00:47	03:42	01:18	01:02	02:16
December-20	01:18	01:09	01:57	01:36	00:56	03:43	01:11	00:59	01:59
January 2021	01:29	01:13	01:53	01:29	00:50	03:23	01:13	01:01	02:07
February 2021	01:13	01:19	01:43	01:23	00:49	02:58	01:16	01:06	02:11
March 2021	01:13	01:08	01:46	01:35	00:53	03:34	01:10	01:03	01:47
April 2021	01:10	01:05	01:43	01:23	00:45	03:21	01:15	01:04	02:06

Management Stroke Care Bundle

Month	WMAS %	National %
Apr-20	98.16%	Not required
May-20	99.08%	98.03%
Jun-20	99.47%	Not required
Jul-20	99.38%	
Aug-20	99.37%	98.26%
Sept-20	99.27%	Not required
Oct-20	99.63%	
Nov-20	99.59%	97.81%
Dec 20	98.85%	Not required
Jan-21	98.84%	
Feb-21	99.17%	97.76%
Mar-21	99.32%	Not required
April 2021	98.47%	
May 2021	99.34%	Awaiting national data
June 2021	98.46%	Not required
July 2021	99.77%	
August 2021	99.07%	Awaiting national data

Management of STEMI Data Tables

Data Provided by MINAP

	Call to Catheter	
	Mean	90th percentile
Apr-20	02:05	02:41
May-20	02:08	03:01
Jun-20	02:06	02:52
Jul-20	02:11	03:04
Aug-20	02:03	02:49
Sept-20	02:10	03:09
Oct-20	02:18	03:22
Nov-20	02:15	03:09
Dec-20	02:07	02:50
Jan-21	02:15	03:09
Feb-21	02:10	03:06
Mar-21	02:05	02:43
April-21	02:15	03:02

Management STEMI Care Bundle

Month	WMAS %	National %
Apr-20	94.53%	76.19%
May-20	94.88%	Not required
Jun-20	96.86%	
Jul-20	96.79%	78.31%
Aug-20	95.98%	Not required
Sept-20	93.36%	
Oct-20	95.47%	76.38%
Nov-20	93.73%	Not required
Dec-20	91.94%	
Jan-21	92.89%	74.19%
Feb-21	91.15%	Not required
Mar-21	94.18%	
April 2021	93.61%	Awaiting national data
May 2021	93.70%	Not required
June 2021	94.80%	
July 2021	95.58%	Awaiting national data
August 2021	96.88%	Not required

3

GOVERNANCE & SECURITY KEY PERFORMANCE INDICATORS

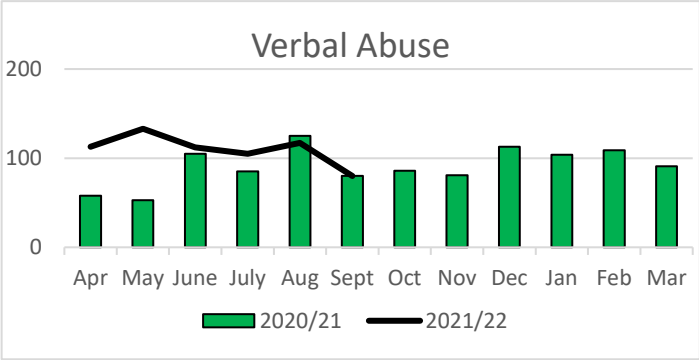
NHS
West Midlands Ambulance Service
University NHS Foundation Trust

Trust Information Pack

October 2021

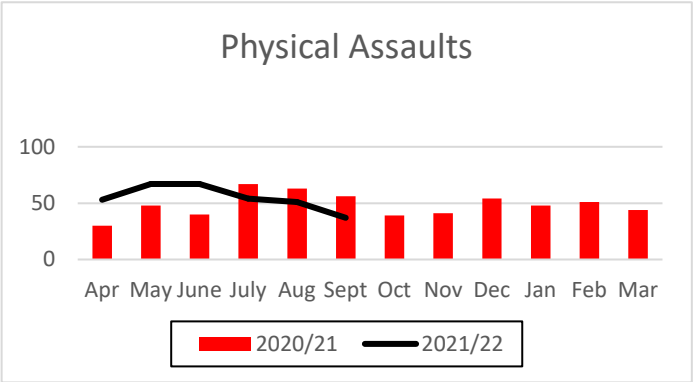
Governance and Security

Physical / Verbal Assaults, Near Misses and Security Incidents Report



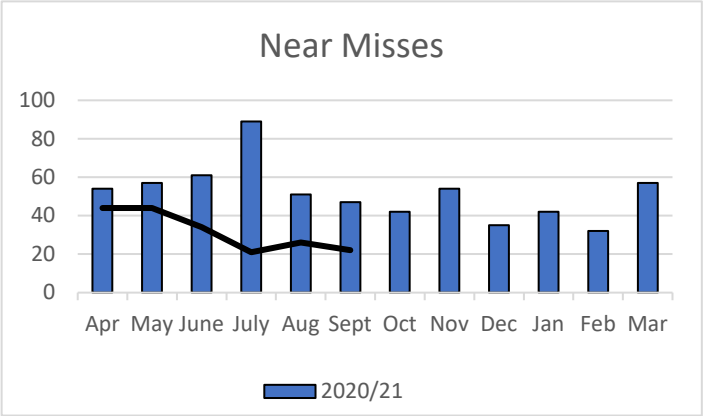
Verbal Abuse

For the second quarter of this financial year 2021/22 verbal abuse incidents showed a slight increase (12) on a monthly basis for the same period in 2020/21. On an annual basis (year to date) the Trust is showing an increase having received a total of 660 reported incidents to date for 2021/22 (an increase of 154) against 506 for the 2020/21 retrospective period.



Physical Assaults

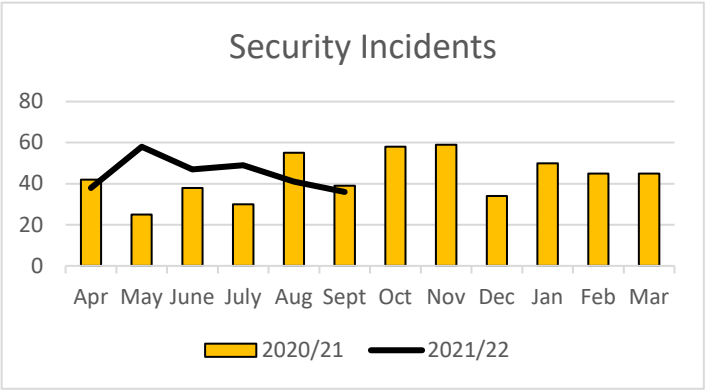
For the second quarter of this financial year physical assaults were showing a slight decrease on a monthly basis for the same period in 2020/21. On an annual basis (year to date) the Trust is showing an increase having received a total of 329 reported physical assaults to date for 2021/22 (an increase of 25) against 304 for the 2020/21 retrospective period



Near Misses

For the second quarter of the financial year 2021/22 reported near miss incidents were considerably less than the same period in 2020/21. This has resulted in the Trust having a total of 191 recorded incidents to date for 2021/22 (a decrease of 168) against 359 incidents for the 2020/21 retrospective period.

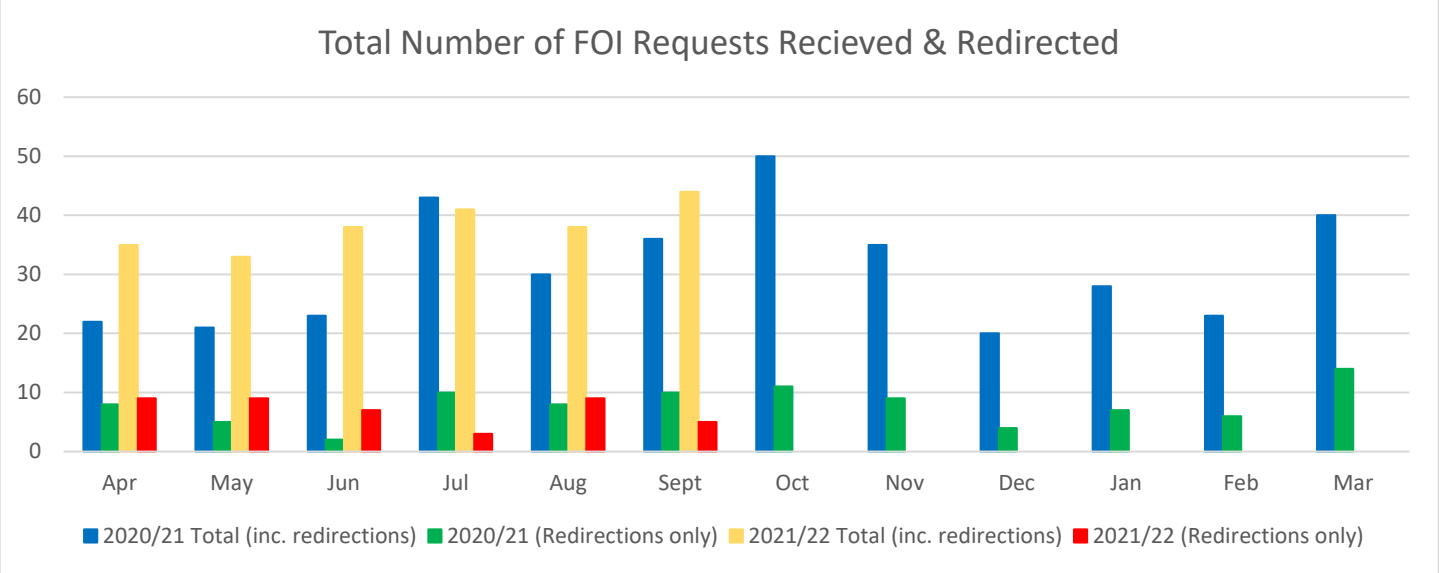
Definition: A near miss is an unplanned event that has the potential to cause but does not actually result in injury.



Security Incidents

This area includes incidents such as lost Trust property, theft of property (ID cards, equipment etc) and criminal damage caused to trust property. This has resulted in the second quarter of the financial year; the Trust having received a total of 269 reported security incidents for 2021/22 (an increase of 40) against 229 for the 2020/21 retrospective period.

Freedom of Information (FOI)



Number of FOI Requests Received		
2019/20	2020/21	2021/22
657	371	229

Number of FOI Breaches (Exceeding Statutory Time Limit to respond)		
2019/20	2020/21	2021/22
57	4	2

Freedom of Information

Since 1 April 2021 we have two requests breach the statutory time limit.

The Trust website is currently under review in partnership with the Press Office to see if there is any more information that could be made available to reduce the number of FOIs and to update existing information.

Records Management

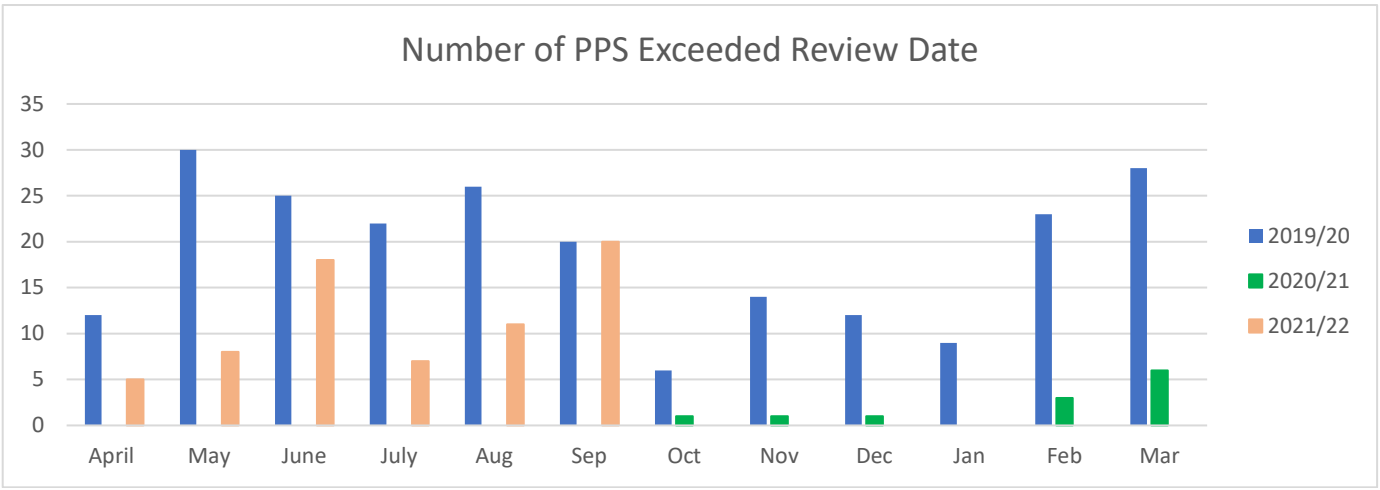
The new NHSX Records Management Code of Practice 2021 has now been released.

The Records Management Code of Practice 2021 provides guidance on how to keep records, including how long to keep different types of records. It replaces previous versions.

Records Management Code of Practice - NHSX

There are currently a number of on-going inquiries including the Independent Inquiry into Historic Child Sex Abuse (IICSA) and the Infected Blood Public Inquiry (IBI). This means that records must not be destroyed until guidance is issued by the relevant Inquiry.

Policies, Procedures & Strategies (PPS)



Policies Procedures and Strategies

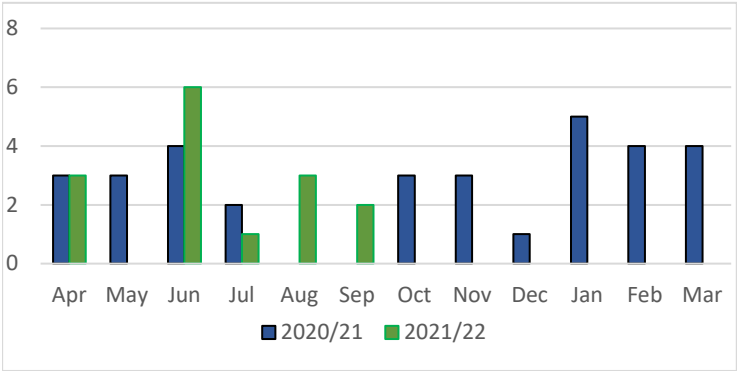
Document owners are reminded when their documents are due for review at least 6 months before their review date to help minimise the number of documents passing their review dates.

The Trust currently have 312 documents.

Twenty documents have breached the timeframe for review which was due by the end of September 2021.

Data Protection

Data Protection Breaches and Near Misses		Year to date Comparison	
	Last reported month (Sept 21)	2020-21 April – September	2021-22 April – September
WMAS	**2**	**12**	**15**



Due to the identifiable nature of these DPA breaches and near misses. Each one will be reviewed through the Trust's Governance structure in particular through Learning Review Group.

Data Protection Impact Assessments (DPIAs)

September 2021

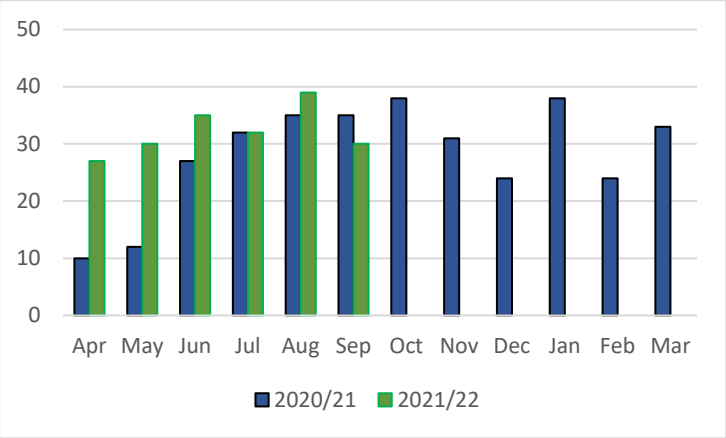
PACKMaN DPIA_v2.0 29.09.2021
WCTU – Warwick Clinical Trial Unit's DPIA accepted and agreed DPIA for research project. DPO log reference number is DPO210906

Pre-hospital Randomised trial of Medication route in out-of-hospital cardiac arrest (PARAMEDIC3)
WCTU – Warwick Clinical Trial Unit's DPIA accepted and agreed DPIA for research project. DPO log reference number is DPO210911

October 2021
Updated DPIA for Body Worn Camera

NB:
Data Protection Impact Assessment (DPIA) is a

SAR (Subject Access Requests)		Year to date Comparison	
	Last reported month (Sept 21)	2020-21 April – September	2021-22 April - September
WMAS	**30**	**151**	**193**



Individuals have a right to their personal information under the Data Protection Legislation, known as SARs (Subject Access Requests). This includes staff requesting their personal files. It does not include solicitor request where Electronic Patient records are released under consent.

There have been 3 incidences of Subject Access Requests not being fully completed in the appropriate timeframe since April 2021.

Data Sharing Agreements / Information Sharing Protocols (DSAs / ISPs)

October 2021
Information Sharing Agreement for PHEWS (Pre-Hospital Early Warning scores for Sepsis study) agreed and signed by the Caldicott Guardian

NB:
DSA/ISPs set out a common set of rules to be adopted by the various organisations involved in the data sharing operation outlining what information is shared and for what purpose.

Strategic information governance advice is now being provided by NHSX and guidance will start to be transitioned to the new NHSX website in the new year.

9 September 2021
Statement in response to DCMS consultation into proposed data protection reform | ICO

9 September 2021
G7 data protection and privacy authorities' meeting: communiqué | ICO

14 September 2021
Blog: Sharing personal data in an emergency – a guide for universities and colleges | ICO

4

NURSING & CLINICAL COMMISSIONING INDICATORS

West Midlands Ambulance Service
University NHS Foundation Trust

Trust Information Pack

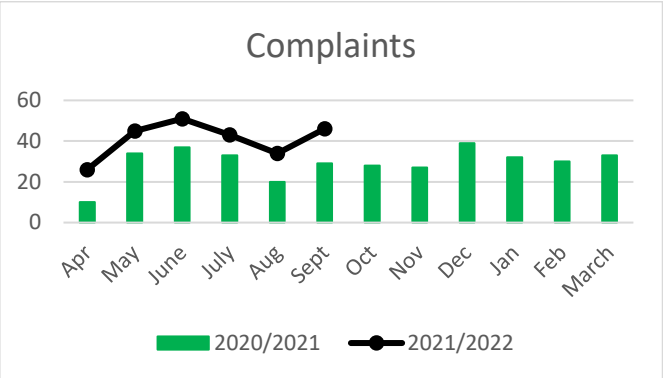
Nursing & Clinical Commissioning Directorate

Trust Board October 2021

Patient Experience

Formal Complaints

	Last reported month (Sept 2021)	Year to date 2020-21 Total	Year to date 2021-22 YTD
WMAS	**46**	**163**	**245**



Year to Date the Patient Experience Team has acknowledged 98.8% of its complaints within 3 working days. The Trust has responded to 98.5% of cases within 25 working days

For the month of September, we saw 46 complaints received compared to 29 in September 2020, an increase of 17.

The main reason for a complaint was Response = 12

Of the cases closed to date:

6 Justified, 6 Part Justified, 11 Not Justified. 23 Cases are still under investigation. Cases open need to be closed by 4 November 2021

Month of September 2021: In September 2021 the Trust undertook: 144,057 Emergency Calls, which equates to 1 Complaint for every 7,202 calls received.

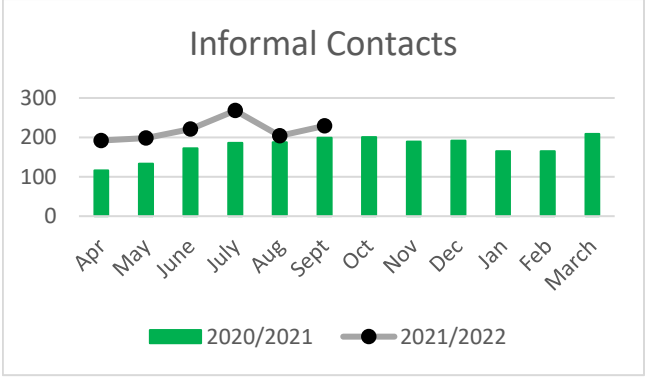
97,709 Emergency Incidents, which equates to 1 Complaint for every 6,513 Incidents.

71,784 Non-Emergency Patient Journeys, which equates to 1 Complaint for every 11,964 Journeys.

81,205 IUC Calls answered which equated to 1 complaint for every 20,301 calls received

Informal (PALS)

	Last reported month (Sept 2021)	Year to date 2020-21 Total	Year to date 2021-22 YTD
WMAS	**229**	**994**	**1312**



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

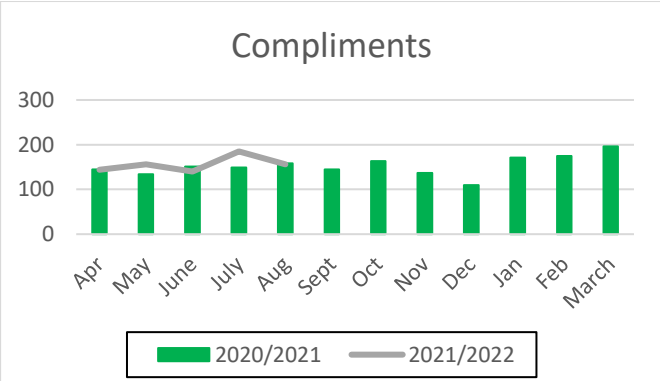
Response – 72
Attitude and Conduct – 61
Loss and Damage– 26

Of the Cases closed to date–

29= *Justified*,
22 = *Part Justified,*
54= *Not justified*

Compliments

	Last reported month (Sept 2021)	Year to date 2020-21 Total	Year to date 2021-22 YTD
WMAS	**Not**	**737**	**781**



Compliments: September 2021, not available at this time.

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?':**

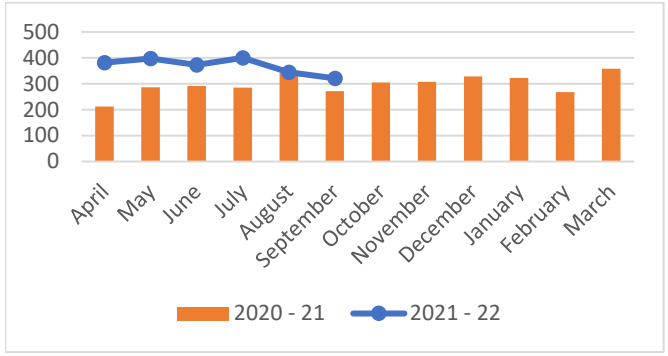
Response (YTD)	Small Survey	FFT Survey	PTS Survey
Very Good	5	2	6
Good	1	0	1
Neither Good or Poor	0	1	1
Poor	0	0	0
Very Poor	0	1	2
Don't Know	0	0	0
Total	**6**	**4**	**4**

Discharge on Scene Results: 0 response received.

Patient Safety Incidents

Total Patient Safety Incidents

	Last reported month (Sept 21)	Year to date 2020-21	Year to date 2021-22
WMAS	**321**	**1690**	**2218**



For the month of September, there were 321 patient safety incidents reported. This is a 18% (49) increase on the same month for last year.

Service Delivery (E&U & EOC) had 225 patient safety incidents which accounts for 70% of the total. The main themes are:

- Incidents relating to delayed ambulance responses.
- Skin tears and bruising caused during the extrication of patients.

PTS had 68 patient safety incidents which accounts for 21% of the total reported. The main themes are:

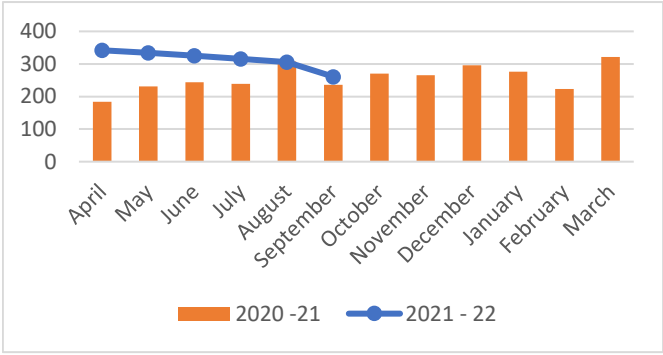
- Avoidable injuries and skin tears.

IUC/111 had 28 patient safety incidents which accounts for 9% of the total reported. The main themes are:

- Incidents relating to delayed ambulance responses.

No Harm Incidents

	Last reported month (Sept 21)	Year to date 2020-21	Year to date 2021-22
WMAS	**261**	**1442**	**1884**



For the month of September, there were 261 no harm incidents.

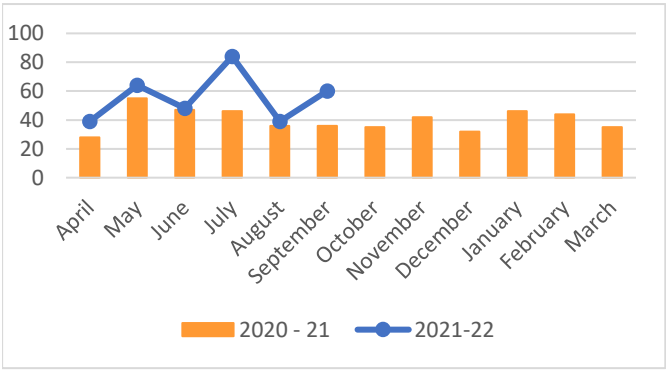
Service Delivery accounts for 68% (178) of the total of no harm patient safety incidents.

PTS accounts for 21% (55) of the total of no harm patient safety incidents.

IUC/111 accounts for 11% (28) of the total of no harm patient safety incidents.

Harm Incidents

	Last reported month (Sept 21)	Year to date 2020-21	Year to date 2021-22
WMAS	**60**	**248**	**334**



Harm	Sept 2021	%
Service Delivery	47	78%
PTS	13	22%
IUC / 111	0	0%
Total	60	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.

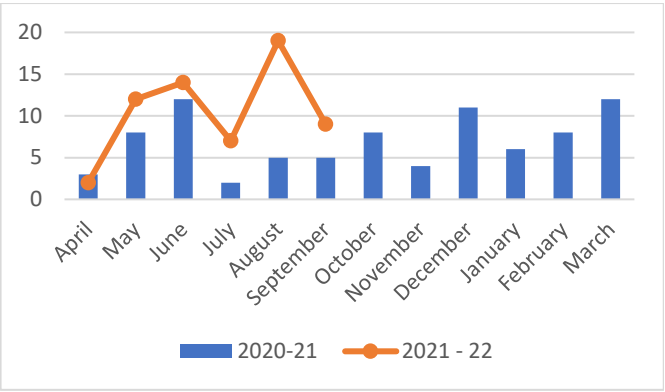
The top trends for severe harm incidents, relate to delayed ambulance responses.

Service Delivery accounts for 78%, PTS 22% & IUC/111 0% of the total of patient harm incidents.

Serious Incidents and Duty of Candour

Total number of serious incidents reported

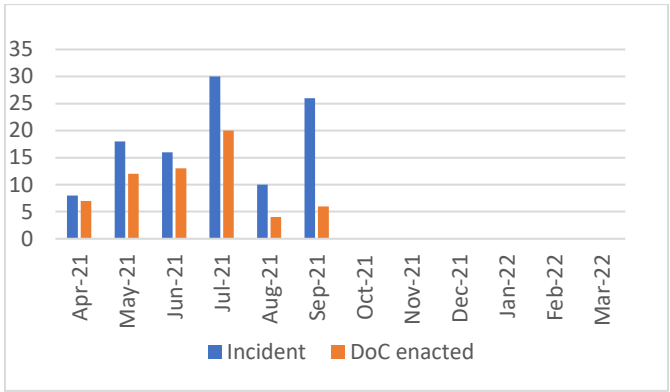
	Last reported month (Sept 21)	Year to date 2020-2021	Year to date 2021-2022
WMAS	**9**	**35**	**63**



- There are currently 75 serious incidents open on StEIS.
- 41 SI's are currently over the time frame. 1 is due to an ongoing police investigation with the others being due to work volume.
- 6 requests for SI closure were made since the last report.
- 9 SI's have been raised during August.
- The EOC delayed response SI's have been registered on StEIS and have been allocated an Investigation Officer to undertake DoC. There will be a thematic review of this group of SI's, with a single RCA encompassing all incidents. There will be a single Investigation report, which will include evidence of all the SI cases DoC, and a list of each SI will be listed as appendices and evidence. This approach has been agreed with the CCG.
- SI's have been assigned to managers who wouldn't normally investigate SI's, to assist with the workload.

Moderate harm and above

	Last reported month (Sept 21)	Year to date 2021-2022
WMAS	**26**	**108**

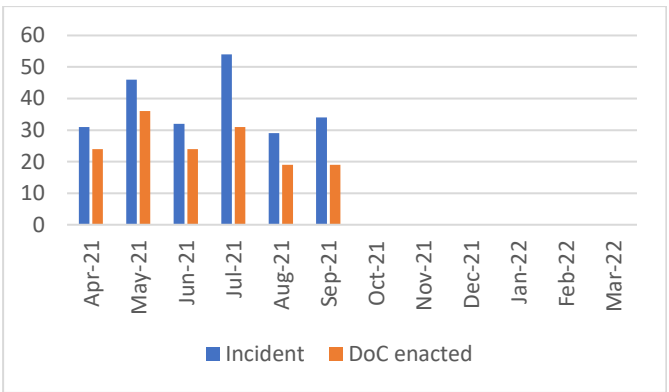


Duty of Candour has been enacted in 23.1% of cases where moderate harm or above has been caused, this is because at the time of reporting, NoK (Next of Kin) details are not always known.

Multiple reporting of the same incident also reduces the compliance.

Low harm

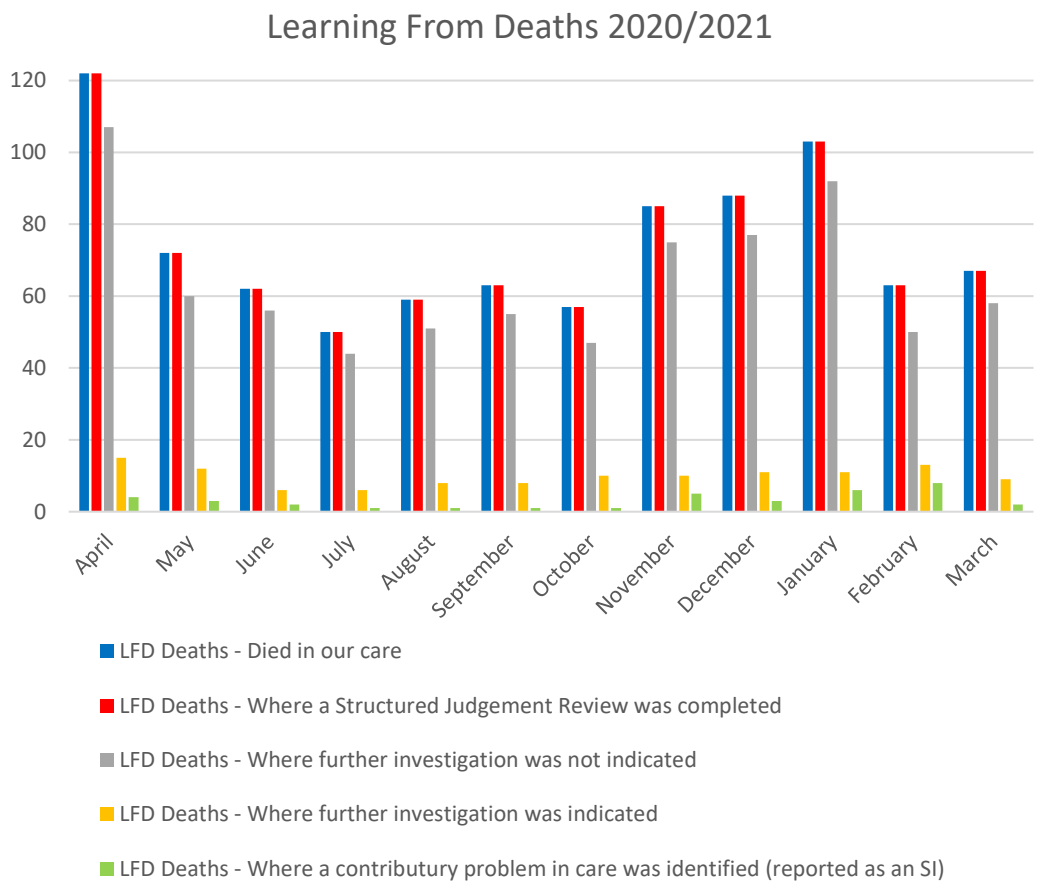
	Last reported month (Sept 21)	Year to date Total number of incidents	Year to date Number of incidents being open completed
WMAS	**34**	**226**	**153**



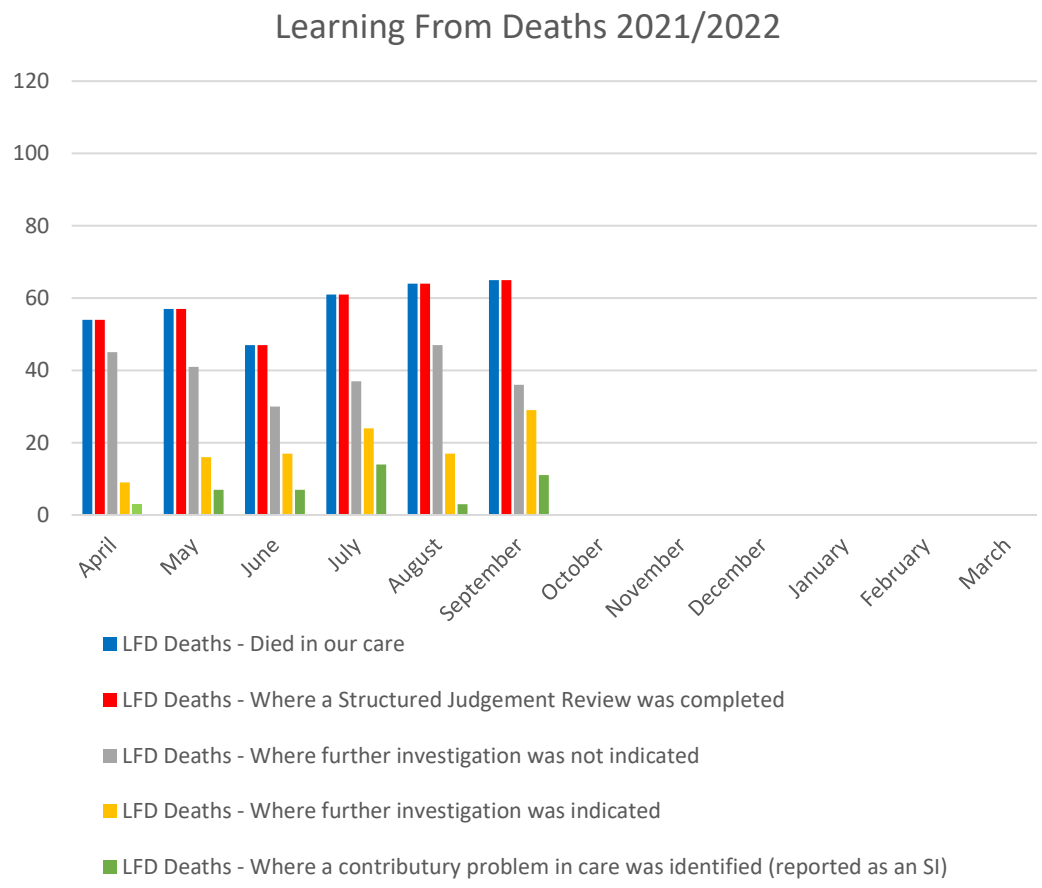
There have been 34 incidents where low harm has been caused to a patient.

Out of these, evidence of 'Being Open' can be provided for 19 of the incidents (55.9%).

Learning from Deaths (LFD)



- The figures above depict the 2020-2021 year of WMAS LFD reporting
- In the 2020/2021 LFD reporting period: -
  - 891 deaths occurred whilst in WMAS care.
  - 891 structured judgement reviews were completed.
  - 116 of the 891 deaths required further investigation following the structured judgement review; of these 37 were investigated under the Serious Incident Framework.

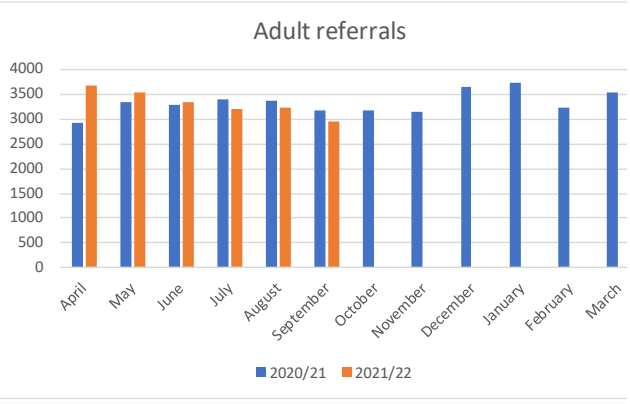


- It is important to note that the premise of the LFD agenda is not the quantitative data that this graph details but the learning, themes and actions that may result from a death in our care.
- In comparison with the first 6 months of the 2020/2021 LFD reporting period there has been:
  - A 19% decrease in LFD Deaths.
  - A 104% increase in the need to investigate further following the structured judgement review.
- There have been 48 serious incidents that have been identified through the LFD agenda in the current financial year.

Safeguarding Referrals

Total Adult Safeguarding Referrals

	Last reported month (Sept 21)	Year to date 2020-2021	Year to date 2021-2022
WMAS	**2958**	**39926**	**19955**

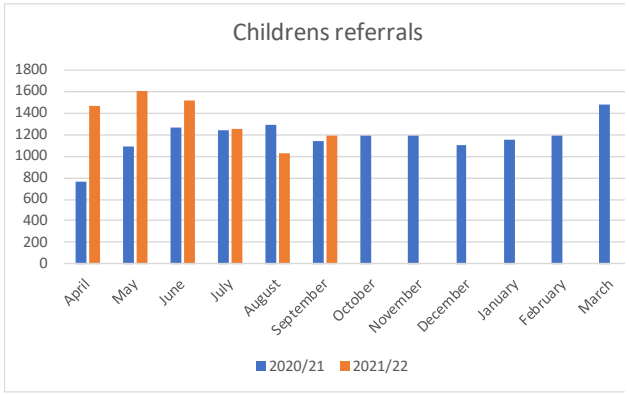


Adult Safeguarding- these figures are for referrals for 18 years and older and include adult care concerns. The referrals are received from E&U staff, PTS staff and anyone else in the organisation. Comparison to previous years for the same time period.

There is a 7% decrease in the number of adult care/welfare and adult safeguarding referrals sent September 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

	Last reported month (Sept 21)	Year to date 2020-2021	Year to date 2021-2022
WMAS	**1195**	**14082**	**8049**



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

Comparison to previous years for the same time period.

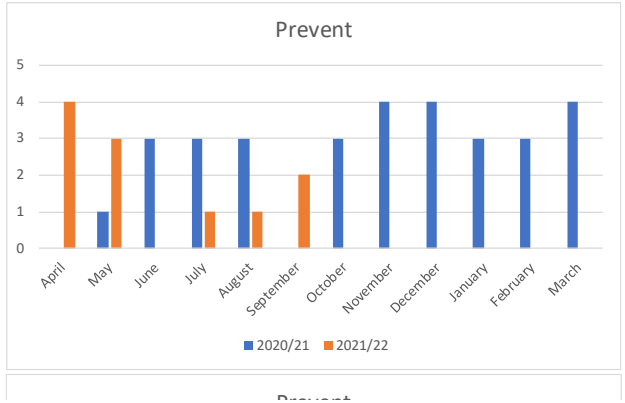
There is a 5% increase in the number of child safeguarding referrals sent September 2021 compared to the previous year.

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

	Last reported month (Sept 21)	Year to date 2020-2021	Year to date 2021-2022
WMAS	**2**	**31**	**11**



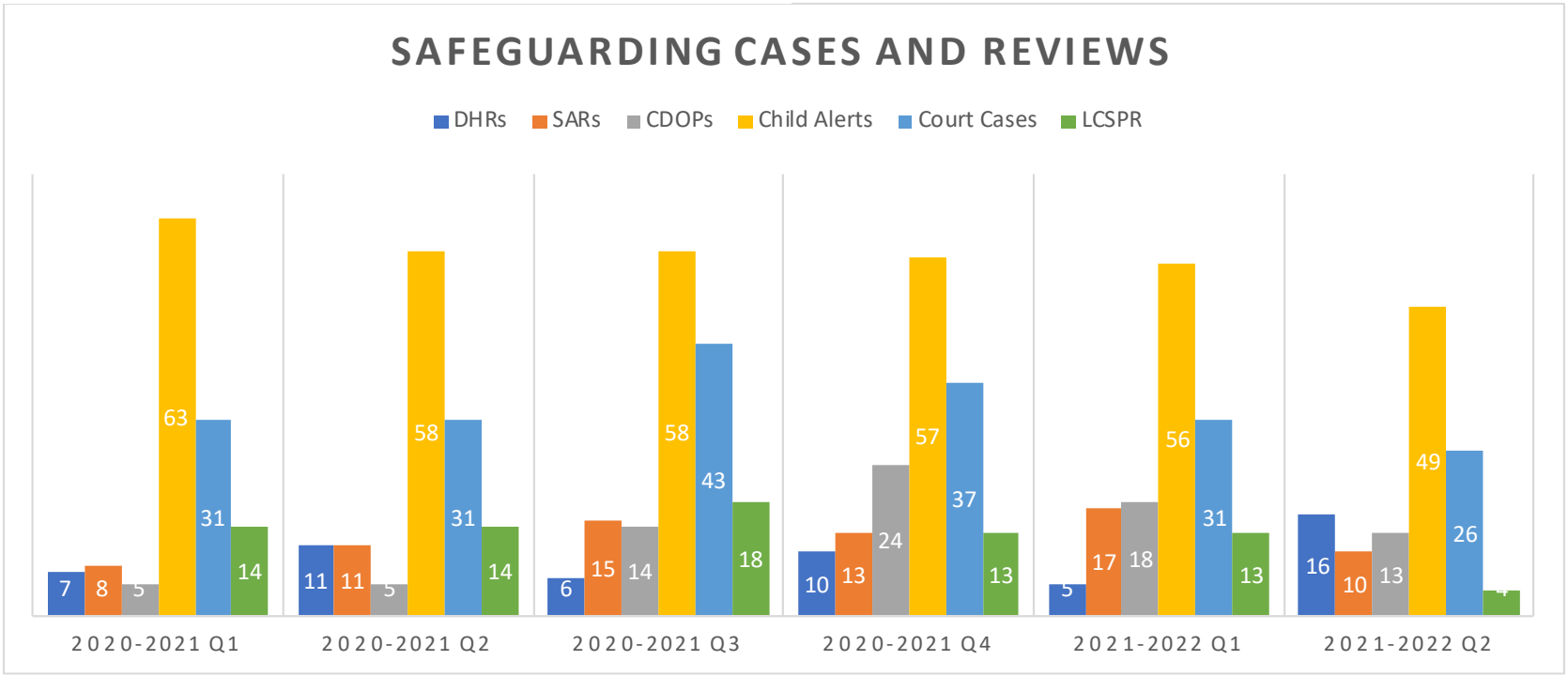
Prevent Referrals are made where there are concern an individual is being radicalised for extremism.

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



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, abuse 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 5 DHRs in Q2 against the same period last year.

CDOP's Child Death Overview Panel

The Local Safeguarding Children's Boards (LSCB's) 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 Q2 there has been an increase of 8 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 LSAB 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 a decrease of 1 SARs from Q2 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 injures. Where a child dies this may become a (Child Death Overview Panel) CDOP for WMAS.

There has been a decrease in 9 Child Alerts from Q2 against the same period last year.

LCSPR's – Local Child Safeguarding Practice 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 (ii) 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.

WMAS have received 13 LCSPR's in Q1 2021/2022.

There has been a decrease of 10 LCSPR against the same period last year.

Court Cases

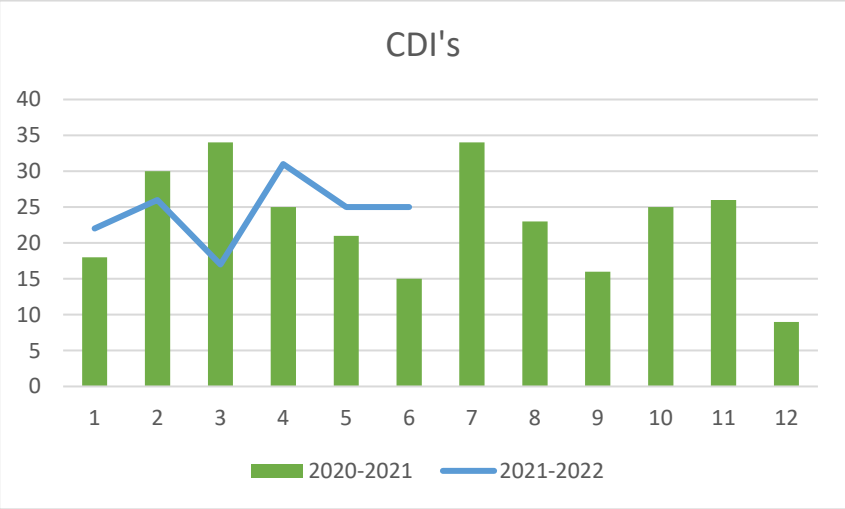
Court cases the safeguarding team can be involved with include court proceedings for child protection, abuse and or neglect.

There has been a decrease of 5 court cases in Q2 against the same period last year.

Medicines Management and Pharmacy

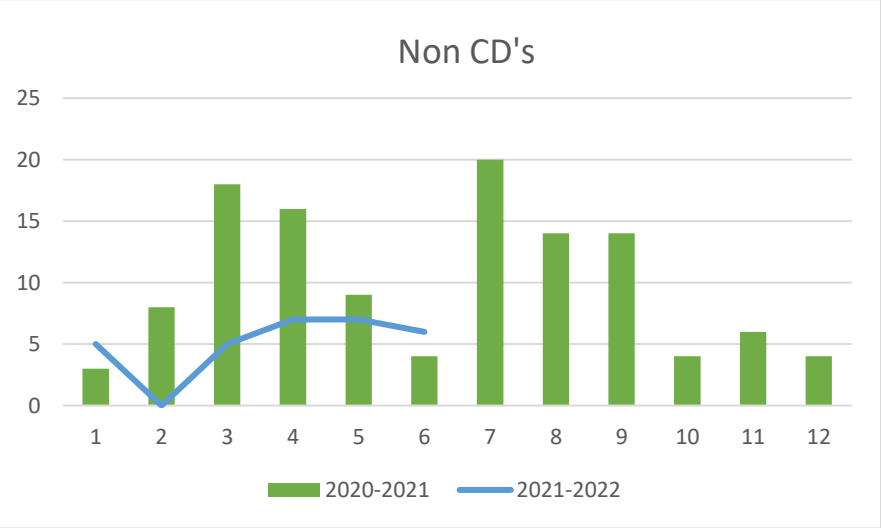
CONTROLLED DRUGS

Total Controlled Drugs Incidents (CDI's)		Year to date
Last reported month *Sep* 21)	2020-2021 April- to date	2021-2022 YTD
25	143	146

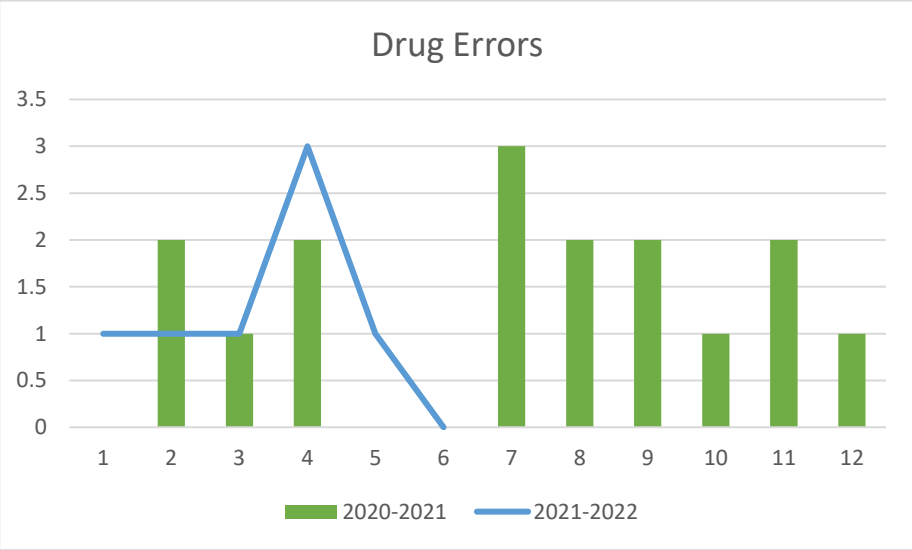


MEDICINES ER54

Total Medicines Management related ER54's		Year to date
Last reported month (*Sep* 21)	2020-2021 Apr- to date	2021-2022 YTD
6	58	30

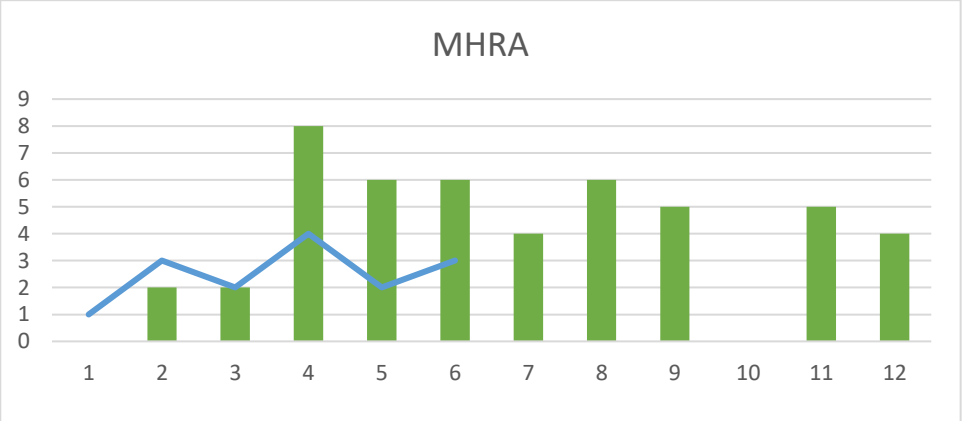


Total Drug Errors, wrong route, wrong dose etc		Year to date
Last reported month *Sep* 21)	2020-2021 April- to date	2021-2022 YTD
0	5	7



MHRA Alerts		Year to date
Last reported month (*Sep* 21)	2020-2021 April- to date	2021-2022 YTD

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



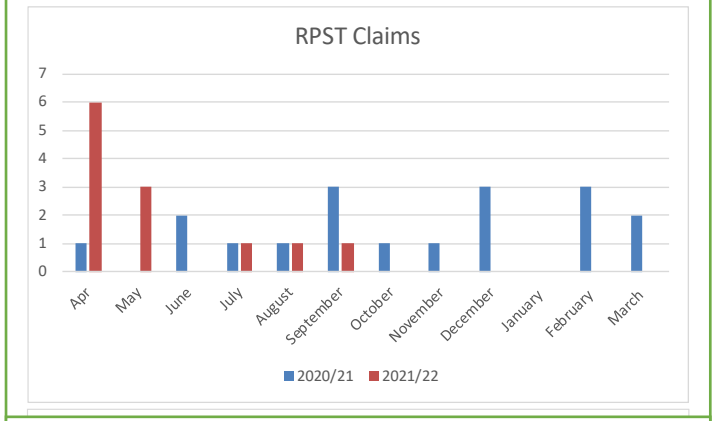
Corrective and Preventative Actions (CAPA)		Year to date	
	Last reported month (*Sep* 21)	2020-2021 April- to date	2021-2022 YTD
WMAS	**0**	**0**	**1**

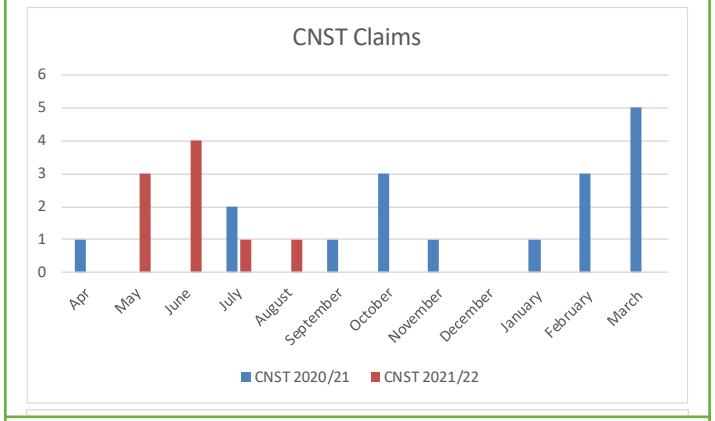
Claims and Coroners

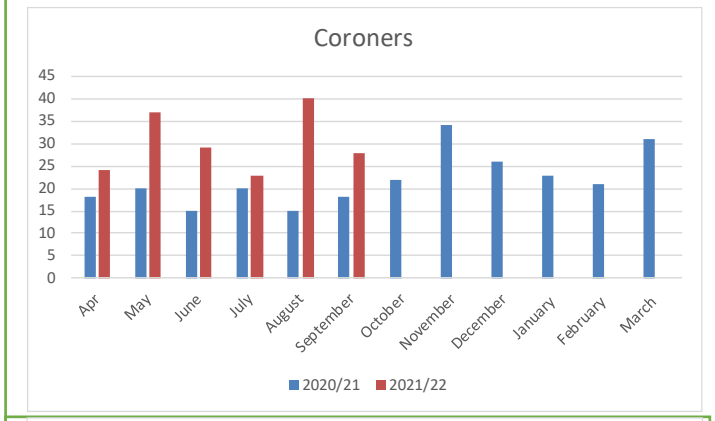
RPST (Risk Pooling Schemes for Trusts)		Year to date	
	Last reported month Sept 21	2020-21	2021-22
WMAS	**1**	**18**	**12**

CNST (Clinical Negligence Scheme for Trusts)		Year to date	
	Last reported month Sept 21	2020-21	2021-22
WMAS	**0**	**17**	**9**

Coroners Requests		Year to date	
	Last reported month Sept 21	2020-21	2021-22
WMAS	**28**	**263**	**181**







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 a decrease of 2 RPST claims received in September 2021 compared to the previous year.

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 September 2021 compared to the previous year.

Coroners Requests

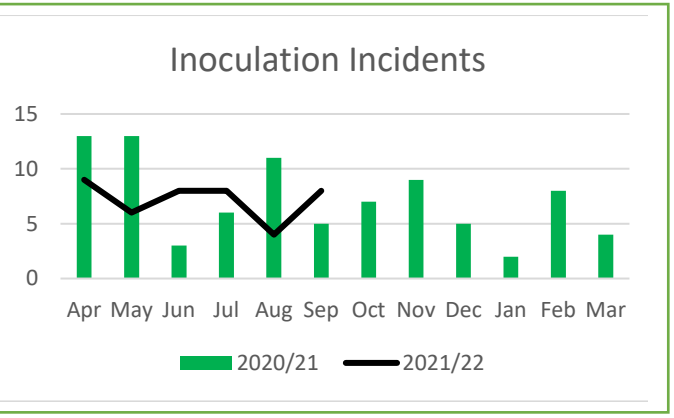
West Midlands Ambulance Service covers the following areas for Coroners

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

Infection Prevention and Control

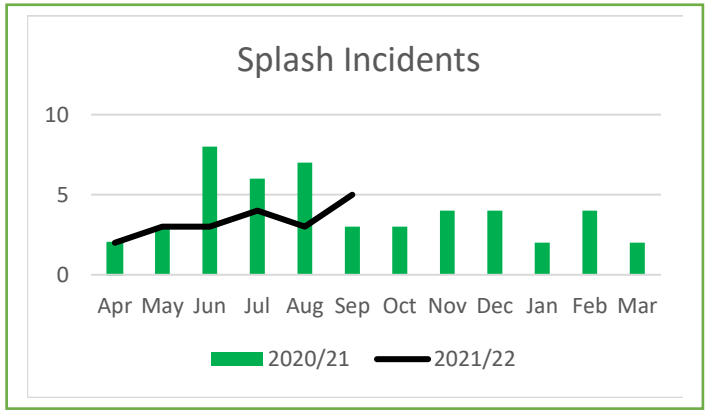
Inoculation Incidents

	Last reported month (Sep 21)	Year to date Comparison 2020-21	Year to date Comparison 2021-22 Apr-Sep
WMAS	**8**	**86**	**43**



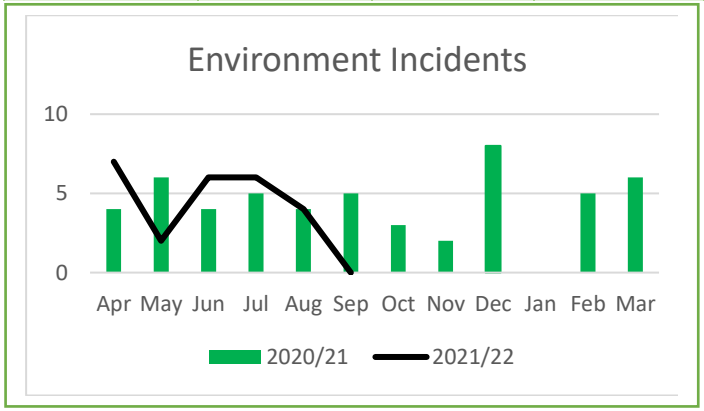
Splash Incidents

	Last reported month (Sep 21)	Year to date Comparison 2020-21	Year to date Comparison 2021-22 Apr-Sep
WMAS	**5**	**48**	**20**



Environment Incidents

	Last reported month (Sep 21)	Year to date Comparison 2020-21	Year to date Comparison 2021-22 Apr-Sep
WMAS	**0**	**52**	**25**



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.

September 2021 saw 8 inoculation incidents. These incidents include used cannula devices, an intramuscular needles and an intraosseous needle.

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 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 of 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.

September 2021 saw 5 splash incidents. All 3 incidents involve the patients' blood or bodily fluids entering the mouth/eye of the treating clinician.

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

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.

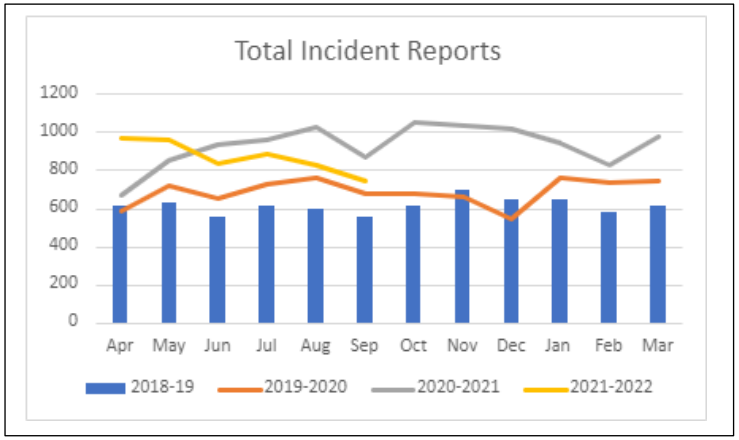
September 2021 saw 0 environment related incidents reported. Issues relating to vehicle cleanliness was discussed at Health Safety Risk and Environment with a

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.

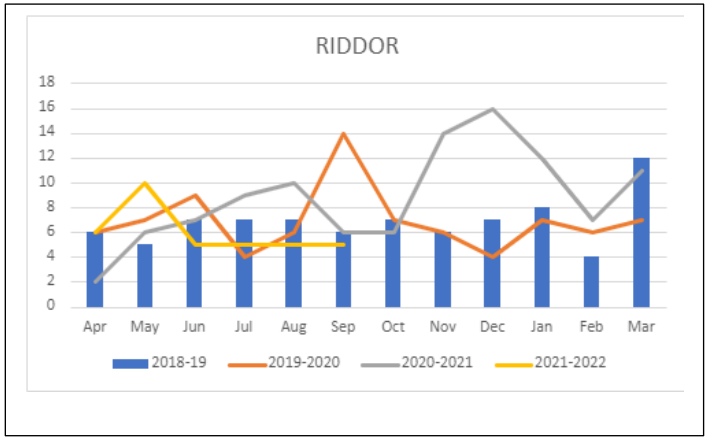
Incident reporting of environmental related incidents is encouraged through the Incident and Audit Framework.

Incident Reports

Total Incidents Reported		Year to date	
	Last reported month (Sep 21)	2020-2021 April - Mar	2021-2022 April - Sep
WMAS	**745**	**11,204**	**5,220**



RIDDOR		Year to date	
	Last reported month (Sep 21)	2020-2021 April - Mar	2021-2022 Apr – Sep
WMAS	**5**	**106**	**36**



Top 6 Incidents for Non-Patient Safety (Sep)

WMAS Top 5 Types	Total
Violence / Aggression	105
RTC	96
Equipment	74
Injury	70
Complaint	52

WMAS Top 5 Categories	Total
V&A - Verbal - Intentional	37
Equipment - Failure	36
RTC - Struck another vehicle/object	34
Near Miss	33
RTC - Struck by Third Party	24
PPE	24

Over 50,000 ER54's received since implementation

DATIX project group to meet fortnightly to discuss progress and plot timeline of project – Risk to circulate a Survey to all Staff to determine expectations around risk and incident reporting e.g. what do Staff want to see from the system.

First edition of "Safety Matters" (newsletter) released for all staff.

Safety Culture within the Trust to be explored via pulse survey in Q4 – preliminary work started in conjunction with Risk Appetite Statement, reviewed at HSRE for comments.

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.

National Ambulance RIDDOR statistics show trends across all Trusts of slip, trip and falls, carry chair and struck by object incidents – work streams to be started. WMAS best performing Trust for reporting RIDDOR within timescales with 98%.

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.

The Trust Top 6 incident categories for September;

1. V&A – Verbal - Intentional – Reviewed via Security
2. Equipment Failure – Majority relate to Tympanic, but PRPH, small amount of Cannula cases
3. RTC – Struck another vehicle/object – Low speed manoeuvring
4. Near Miss – Mainly V&A
5. RTC – Struck by Third Party – Majority whilst stationary or in Patient property
6. PPE – Majority relate to PRPH Hood issues

5

FINANCIAL PERFORMANCE

West Midlands Ambulance Service
University NHS Foundation Trust

Finance Report

Reporting period: Month 6 -September 2021

Trust us to care.

Integrated Finance Report |Finance Headlines

Reporting Month: September 2021

As Part of the on-going emergency financial regime the Trust has set a breakeven financial plan for the first half of the year (April 21 – September 21). This is referred to as H1. The Trust is reporting achievement of the breakeven plan at M6. Additional income received from all 6 systems supported the delivery of a breakeven position.

There will be an increased focus on the Better Practice Payment Code to achieve 95%. The Trust is currently at 92.0%

H2 guidance has now been received. The financial arrangements are expected to be similar to H1 with a greater CIP (waste reduction) requirement

INCOME

£7.1m favourable position reported at Month 6 due to the pay award impact and funding from ICS to cover WMAS deficit position.

£22.3m non recurrent income

£

Year To Date position at M6 (H1) Forecast – H2 plan currently being finalised.

EXPENDITURE

including Operating Expenditure and Finance Costs is £7.1m adverse position at Month 6.

H1 Target £482k of which 100% has been identified. Assumed delivery from Q2 as per planning assumptions.

OVERTIME SPEND

YTD £9.1m

Overtime spend Year to date equates to £9.1m, compared to a spend of £9.6m, for the period April to Sept 20 which was at the height of the pandemic.

CASH-FLOW

£59m closing cash balance

BPPC – 92.0% Against target of 95%

Capital

Capital Plan £16.6m

Capital Expenditure of £5.7m at Month 6. Full Year forecast expenditure £16.6m

Integrated Finance Report |Trust Financial Position

Reporting Month: September 2021

6 Months Ended 30 September 2021	YTD Budget £'000	YTD Actual £'000	YTD Variance to Budget £,000	Budget H1 £,000	Forecast H1 £,000	H1 Variance to Budget £,000
Total Income From Patient Care Activities	177,870	183,915	6,045	177,870	183,915	6,045
Adjusted Top Up Income	0	0	0	0	0	0
Total Other Operating Income	5,544	6,648	1,104	5,544	6,648	1,104
Total Operating Income	**183,414**	**190,563**	**7,149**	**183,414**	**190,563**	**7,149**
Total Medical and Dental - Substantive	(456)	(654)	(198)	(456)	(654)	(198)
Total Agenda for Change - Substantive	(135,048)	(137,992)	(2,944)	(135,048)	(137,992)	(2,944)
Total Medical and Dental - Bank	(720)	(784)	(64)	(720)	(784)	(64)
Total Agenda for Change - Bank	(1,752)	(2,900)	(1,148)	(1,752)	(2,900)	(1,148)
Total Medical and Dental - Agency	0	0	0	0	0	0
Total Agenda for Change - Agency	0	0	0	0	0	0
Other gross staff costs	(558)	(615)	(57)	(558)	(615)	(57)
Total Employee Expenses	**(138,534)**	**(142,945)**	**(4,411)**	**(138,534)**	**(142,945)**	**(4,411)**
Total Operating Expenditure excluding employee expenses	**(44,345)**	**(47,183)**	**(2,838)**	**(44,345)**	**(47,183)**	**(2,838)**
Total Operating Expenditure	**(182,879)**	**(190,128)**	**(7,249)**	**(182,879)**	**(190,128)**	**(7,249)**
Operating Surplus/ (Deficit)	**535**	**435**	**(100)**	**535**	**435**	**(100)**
Total Finance Expense	(10)	(11)	(1)	(10)	(11)	(1)
PDC dividend expense	(525)	(525)	0	(525)	(525)	0
Movements in Investments & Liabilities	0	101	101	0	101	101
Net Finance Costs	**(535)**	**(435)**	**100**	**(535)**	**(435)**	**100**
Surplus/Deficit For the Period	**0**	**0**	**0**	**0**	**0**	**0**
Control Total Adjustments	0	0	0	0	0	0
Donated assets (income)	0	(128)	(128)	0	(128)	(128)
Donated assets (depn)	0	0	0	0	0	0
Impairments	0	0	0	0	0	0
Impact of consumables from other DHSC bodies	0	0	0	0	0	0
Control Total	**0**	**(128)**	**(128)**	**0**	**(128)**	**(128)**

Year to date Financial Performance :

Breakeven position at 30 September 2021

Income from Patient Care Activities: £6.0m favourable

- £22m of non-recurrent funding in the position.
- £3.9m income accrued for pay award impact and £2.2m for funding from ICS to cover deficit position
- Additional funding for 111 First

Other Operating Income: £1.1m favourable

- Overperformance on other operating income due to higher than expected Apprenticeship Levy income in line with recruitment plan.

Expenditure: £7.2m adverse

- Ongoing pressures to services resulting in high use of overtime
- Recruitment in 999, and 111 in line with the recruitment plan and to support the pressures on the service
- Pay award impact for months 1 to 6.
- PTS Taxi's to support PTS contracts/KPI's
- Medical supplies & consumables usage
- Vehicle accident damage
- Training costs

H1 Forecast Financial Performance :

Month 6 is the end of the H1 regime, therefore forecast for H1 equals the actual for month 6 showing a breakeven position.

Integrated Finance Report |Revenue Analysis (1)

Reporting Month: September 2021

As a result of the COVID-19 crisis, the NHS funding regime has significantly changed.

Income from Commissioners which previously would have been governed by contract agreements, and driven by activity levels, has been replaced with Payment Blocks. These are pre-set values based on 19/20 income levels with an inflationary uplift. If the Trust was funded under the previous mechanism further income of £8.28m (as per below) for emergency activity would have been received.

10% of the Trust funding £18.9m is via non recurrent funding for COVID costs and system top up.
A small amount of income (circa 4%) operates the same as it did pre-COVID – this category of income (shown as 'other' below), includes events and non NHS income sources.

H1 Planned Income	Emergency & Urgent	Patient Transport Services	111 (Rec'd from BCWB CCG)	Total Plan
Contracted activity income				
Black Country and West Birmingham CCG's	24,377,815	6,291,595	3,710,317	34,379,727
Birmingham and Solihull CCG's	26,970,273	5,745,303	4,120,069	36,835,646
Coventry and Warwickshire CCG's	17,369,271	3,228,686	2,843,026	23,440,983
Hereford and Worcester CCG's	19,839,638		2,232,264	22,071,902
Shropshire CCG's	11,878,057		1,411,777	13,289,834
Staffordshire CCG's	23,213,777			23,213,777
Cheshire CCG		4,681,166		4,681,166
Total Contract Income	**123,648,831**	**19,946,750**	**14,317,453**	**157,913,034**
Other Income				6,653,836
Non recurrent Income				
System/growth top up	6,454,596			6,454,596
Covid	8,451,000	2,344,111		10,795,111
111 First (6mths)			1,624,423	1,624,423
Total Non recurrent Income/Top up	**14,905,596**	**2,344,111**	**1,624,423**	**18,874,130**
TOTAL INCOME	**138,554,427**	**22,290,861**	**15,941,876**	**183,441,000**

If the Trust had been operating under tariff rules, income generated by activity year to date would have been £8.3m

April 2021 - £1.06m
May 2021 - 1.12m
June 2021 - £1.6m
July 2021 £1.2m
August 2021- £1.7m
September- £1.6M

In addition to the £8.28m, the Trust would have invoiced for the ongoing handover delays at Heartlands, Worcester and Good Hope Hospital.

Integrated Finance Report |Statement of Financial Position

Reporting Month: September 2021

6 Months Ended 30 September 2021	Actual Year end 2020/21 £'000	YTD Actual 2021/22 £000
Non-current assets		
Intangible assets	1,166	980
Property, plant and equipment	79,384	77,968
Receivables: due from non-NHS/DHSC group bodies	853	853
Total non-current assets	**81,403**	**79,801**
Current assets		
Inventories	3,078	2,125
Receivables: due from NHS and DHSC group bodies	8,281	12,784
Receivables: due from non-NHS/DHSC group bodies	11,871	15,568
Cash and cash equivalents: GBS/NLF	46,991	59,226
Total current assets	**70,221**	**89,703**
Current liabilities		
Trade and other payables: capital	(1,206)	(11)
Trade and other payables: non-capital	(57,107)	(75,073)
Provisions	(8,052)	(7,919)
Other Liabilties	0	(1,280)
Total current liabilities	**(66,365)**	**(84,283)**
Total assets less current liabilities	**85,259**	**85,221**
Non-current liabilities		
Provisions	(2,264)	(2,226)
Total non-current liabilities	(2,264)	(2,226)
Total net assets employed	**82,995**	**82,995**
Financed by		
Public dividend capital	42,347	42,347
Revaluation reserve	9,423	9,423
Other reserves	5,395	5,395
Income and expenditure reserve	25,830	25,830
Total taxpayers' and others' equity	**82,995**	**82,995**

The Statement of Financial Position ("SoFP") shows the assets, liabilities and equity held by the Trust and is used to assess the financial soundness of an entity in terms of liquidity, financial, credit and business risks.

No official Plan for SoFP was required in the "H1" planning round but an internal plan up to month 06 ("H1") has been compiled, based on a break-even control total as at month 06.

Integrated Finance Report |Capital Expenditure

Reporting Month: September 2021

Capital Scheme	Total £'000	YTD Plan £'000	YTD Actual £'000	YTD Variance £'000	Mitigated Plan £'000
Information technology	1,430	726	187	-539	1,255
Clinical equipment	430	109	9	-100	215
Estates	730	0	31	31	730
Oldbury Project	600	0	0	0	600
Fleet	13,183	5,952	5,477	-475	12,849
Contingency	250	0	0	0	0
Total capital programme	£16,623	£6,787	£5,704	-£1,083	£15,649

Capital Expenditure

Capital expenditure is managed at a system level. The system is expected to manage within an overall capital allocation of £80m. Organisational plans within the system totalled £98m. The Trust submitted a capital plan of £16.6m.

Agreement with NHSI resolved a technical issue in relation to DGH. Revised system capital allocation of £92m
All providers were asked to review and agree to submit a balanced plan with the likelihood of additional capital from slippage either within the system or region.

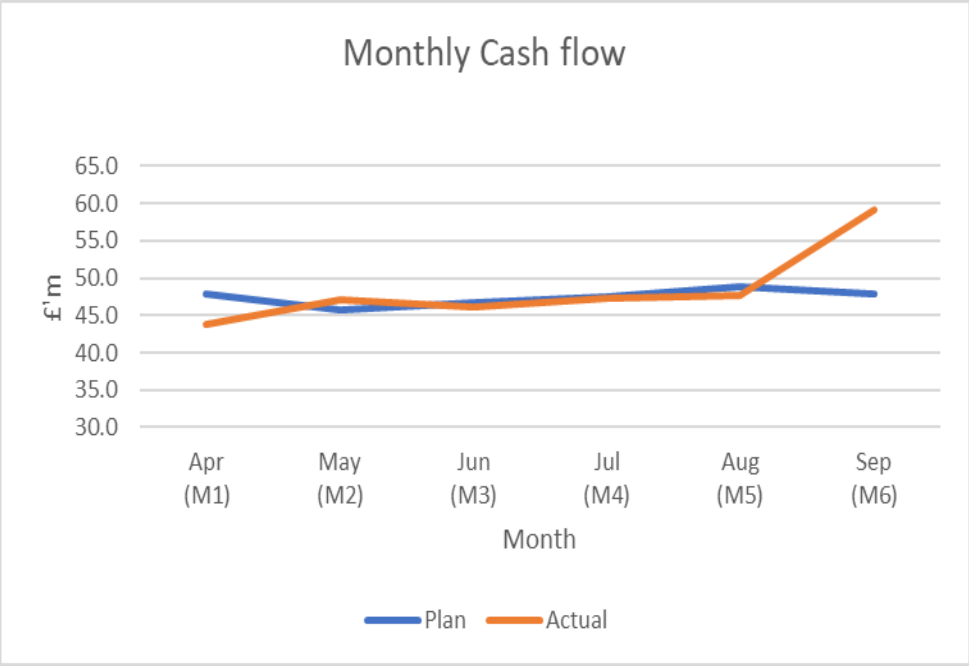
WMAS reviewed a range of options to provide mitigations against the risk share these include non utilisation of contingency and deferral of expenditure into 22/23. National funding is also being pursued as well as other sources of funding for digital and net zero projects.

WMAS have incurred expenditure of £5.70m YTD. A review of the phasing of the fleet capital plan was completed in M4.

A full review of the BCWB system plans is currently underway to ensure full delivery against allocated expenditure and ensure any requests to the region for additional capital up to the original plan of £98m are credible.

Integrated Finance Report |Statement of Cash Flow

Reporting Month: September 2021



The statement of cash flow shows how the activities of the Trust impact its cash balances, split into operating activities, investing activities and financing activities.

No official cash flow was required in the "H1" planning round but an internal plan up to month 06 has been compiled based on a break-even control total for "H1" and the submitted capital plan.

Key cash movements are highlighted below.

Year to Date

- Apprenticeship levy funding was received in M3 and higher than expected which increased the cash balance above expected.
- Capital spend comprises payments made to capital suppliers, including payments of year-end creditors.
- Cash flow is higher than expected due to £13m of hosted funding received in month 6. The majority of this funding will be paid out in month 7.

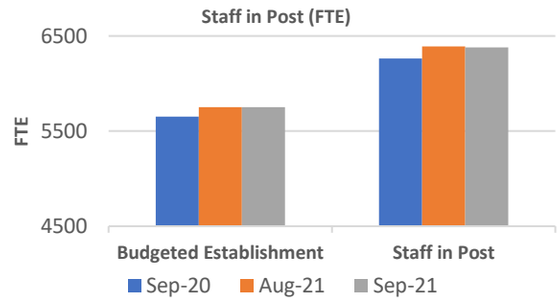
Forecast H1 and H2

- It is currently forecast that cash movements will be largely in line with the expectations to meet a balanced position.
- The cashflow accounts for the corrective payments required in respect of the Flowers settlement and pay award which were made in Sept. The funding for the Flowers settlement was also received in Sept.
- Cash flows beyond H1 will be largely dependent on the impact on the Trust's financial outturn from the NHS funding regime implemented from October and the ability to maintain the capital programme.
- Increased recruitment and additional winter funding which is largely applicable from H2 will be built into future cashflow analysis.

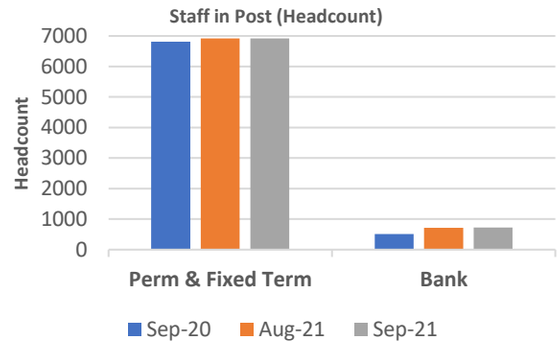
6

WORKFORCE INDICATORS

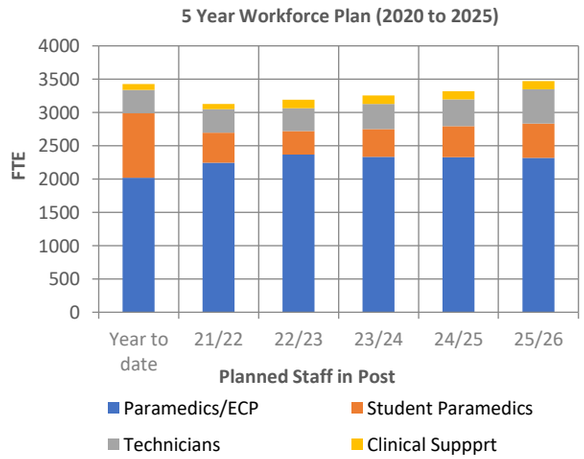
Data as at 08-10-21	WORKFORCE PERFORMANCE SCORECARD SEPTEMBER 2021		
	Establishment & Staff in Post (FTE)		
FTE	**Sep-20**	**Aug-21**	**Sep-21**
Budgeted Establishment	5651.16	5752.01	5752.01
Staff in Post	6261.86	6391.92	6379.52
Air Amb, Naru, NEDs	47.52	40.89	41.89
Total FTE	**6309.38**	**6432.82**	**6421.41**
	Staff in Post (Headcount)		
Headcount	**Sep-20**	**Aug-21**	**Sep-21**
Perm & Fixed Term	6815	6922	6918
Air Amb, Naru, NEDs	70	62	63
Bank	510	713	721
University Students	*386*	*548*	*542*
Total Headcount	**7395**	**7697**	**7686**
	Operational Workforce		
	Sep-20	**Aug-21**	**Sep-21**
Budgeted Ops Establishment	3057.00	3106.00	3106.00
Staff in Post FTE	3320.44	3424.91	3405.70
Paramedic Skill Mix	60.83%	58.96%	58.76%
Skill Mix (exc St Paramedics)	81.91%	82.19%	81.84%
Recruitment (Students) H/C YTD	251	157	233
Recruitment (PTS to AAP) H/C YTD	47	0	0



The budgeted establishment for 2021/22 is set at 5752.01 FTE (monthly average). In Aug 2021 this was exceeded by 6391.92 FTE and 6379.52 FTE in August.



The Trust headcount having peaked at 7805 is now reducing, this is mainly due to the pandemic and University students on the Bank.

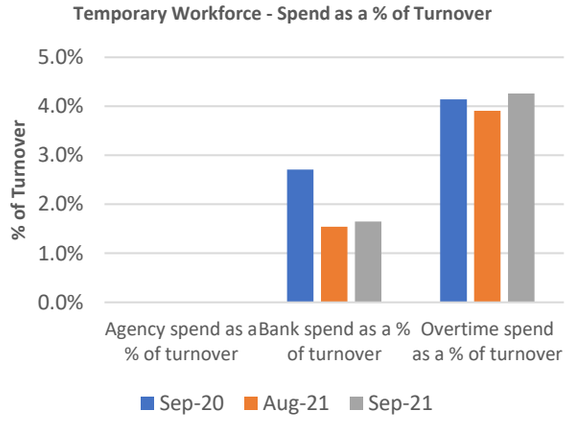


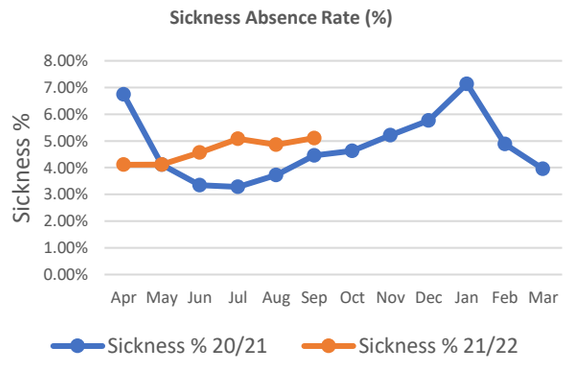
The budgeted establishment for 2021-22 is 3106.00 FTE. **There is an over establishment of 299.7 FTE.**
The paramedic skill mix is 58.76% and is affected by newly qualified paramedics (NQP) and student paramedics recruitment.
The Recruitment Plan for 2021-22 is for 458 Student Paramedics and 144 Graduate Paramedics. These numbers have not been included in the 5 year Workforce Plan.

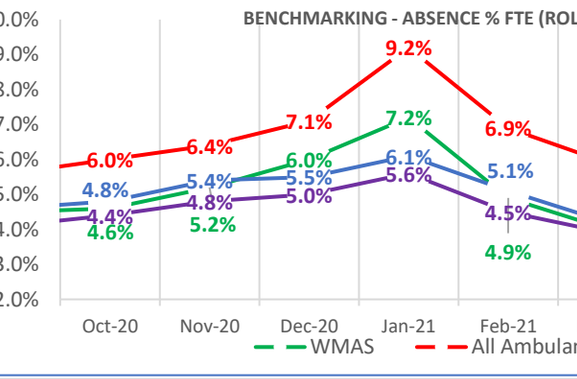
	Temporary Workforce		
	Sep-20	Aug-21	Sep-21
Agency Spend	£ 3,285	-	-
Agency spend as a % of turnover	0.01%	0.00%	0.00%
Bank Spend	£ 72,961	£ 477,791	£ 511,863
Bank spend as a % of turnover	2.71%	1.54%	1.65%
Overtime Spend	£ 1,115,539	£ 1,213,846	£ 1,323,740
Overtime spend as a % of turnover	4.14%	3.91%	4.26%

	Sickness Absence Rate (%)		
	Sep-20	Aug-21	Sep-21
Sickness %	**4.46%**	**4.85%**	**5.11%**
WMAS excluding Covid-19	3.81%	3.95%	4.17%
Covid-19	0.66%	0.90%	0.93%
Short Term		2.49%	2.98%
Long Term		2.36%	2.12%

	Sickness Absence Cost		
	Sep-20	Aug-21	Sep-21
Cost £	**£ 738,232**	**£ 837,439**	**£ 880,904**
WMAS excluding Covid-19	£ 627,887	£ 686,421	£ 716,701
Covid-19	£ 110,210	£ 151,018	£ 164,203







Agency Spend - this cost was associated with the TUPE Transfer of NHS 111 in November 2019. The WMAS model has been to recruit into permanent posts.Agency spend ceased in Oct 20.

Bank Spend - this increased substantially due to the engagement of university students into employed positions to support the workforce resource during the pandemic in 2020. The spend has continued to wane.

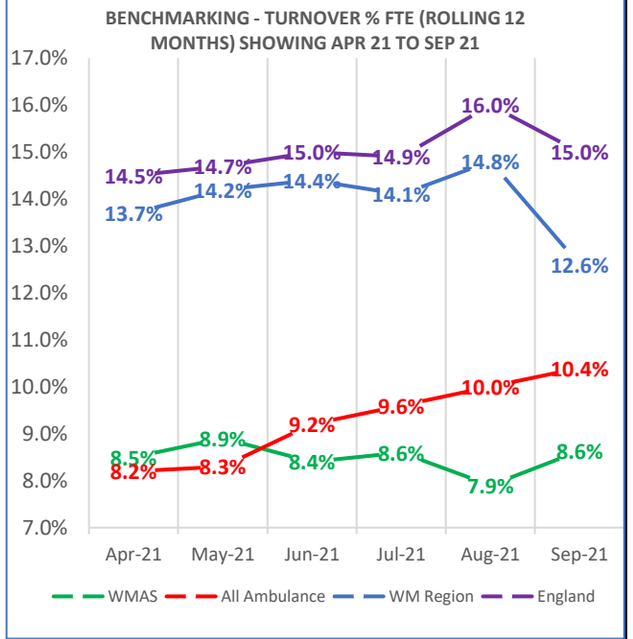
Overtime Spend - there was an increase in this cost arising from activity associated with the pandemic. However, the rate continues to be managed and is reviewed regularly

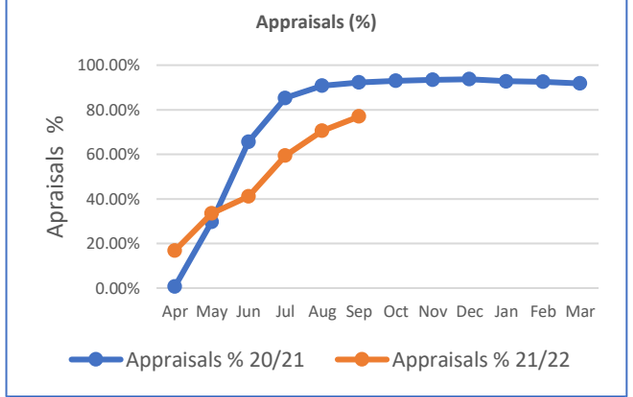
Nationally all parts of the NHS experienced an increase in sickness absence levels in April 2020. However, the Trust management of sickness, partially through early swab tests, has ensured that sickness absence levels remain the best for the ambulance sector and compares favourably with regional and national trends.

	Staff Movements		
	Sep-20	Aug-21	Sep-21
Average Headcount (12m)	6576	7539	7504
Average FTE (12m)	5,825.98	6369.41	6353.34
Starters Headcount	96	144	78
Starters FTE	88.75	142.10	70.67
Leavers Headcount	93	104	85
Leavers FTE	63.64	65.57	59.59
Leavers Headcount (12m)	783	941	935
Turnover Rate FTE (12m) %	9.55%	8.62%	8.63%
Maternity	94	119	125

	Appraisals		
	Sep-20	Aug-21	Sep-21
Year to Date	90.72%	70.52%	77.50%
Rolling 12 months	90.60%	73.19%	78.29%

Data as at 11-10-21	Mandatory Training		
	Sep-20	Aug-21	Sep-21
E&U %	50.47%	16.11%	23.55%
PTS %	38.29%	41.47%	52.34%





The highest number of leavers in May and June were from the Additional Clinical Services staff group University Students on Bank, Call Assessors from 111 and Allied Health

Staff Group	Leavers Count	Leavers FTE	Avg FTE	FTE %
Add Prof Scientific and Technic	2	0.59	27.38	2.16%
Additional Clinical Services	47	32.67	2,071.18	1.58%
Administrative and Clerical	6	3.27	585.88	0.56%
Allied Health Professionals	19	14.20	2,414.90	0.59%
Estates and Ancillary	7	5.67	278.85	2.03%
Medical and Dental	0		8.19	
Nursing and Midwifery Registered	1	0.20	78.74	0.25%
Students	3	3.00	959.65	0.31%
Grand Total	85	59.59		

The timeline for completion of PDRs for all non-operational staff and managers is detailed below:
Band 8 & 9 – by the end of April 2021
Band 7 – by the end of May 2021
Band 6 – by the end of June 2021
All other staff by the end of July 2021.
The completion rate is currently higher than in 2020-21.

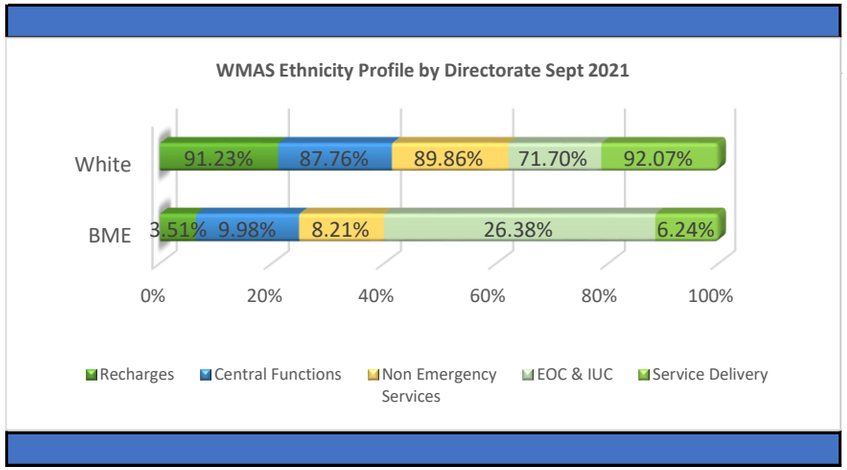
Clinical Mandatory Training is planned to commence in June 2021. PTS Mandatory Training commenced in Apil and is progressing well.

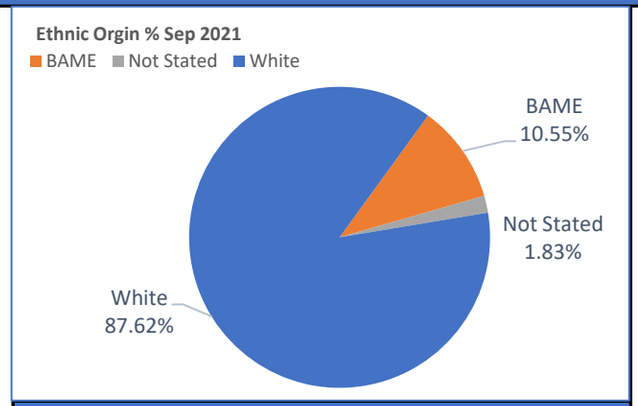
Data as at 08-10-21

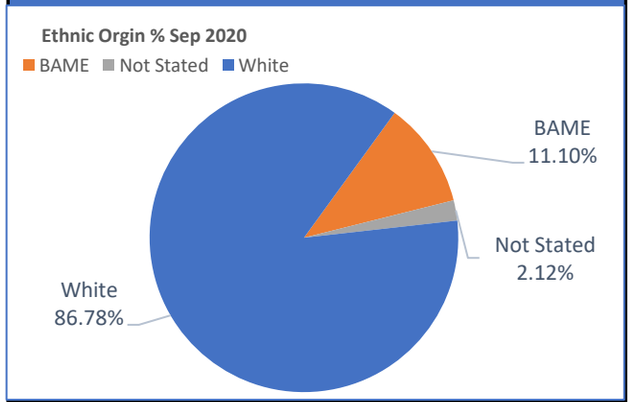
ETHNICITY

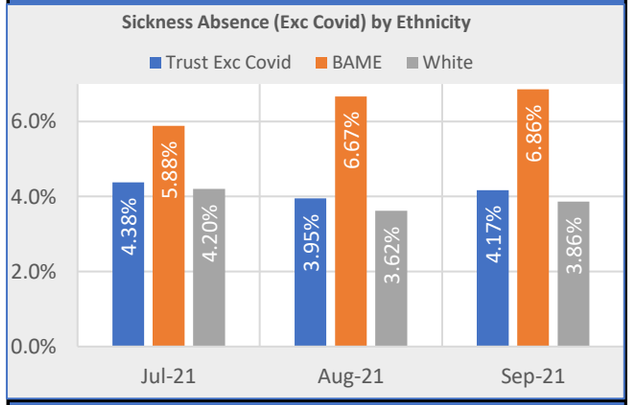
	Ethnic Origin		
Sep-21	Headcount	%	FTE
BAME	811	10.55%	640.47
Not Stated	141	1.83%	122.81
White	6733	87.61%	5657.13
Grand Total	**7685**	**100.00%**	**6421.41**

	Ethnic Origin		
Sep-20	Headcount	%	FTE
BAME	821	11.10%	647.19
Not Stated	157	2.12%	125.21
White	6417	86.78%	5536.98
Grand Total	**7395**	**100.00%**	**6309.38**

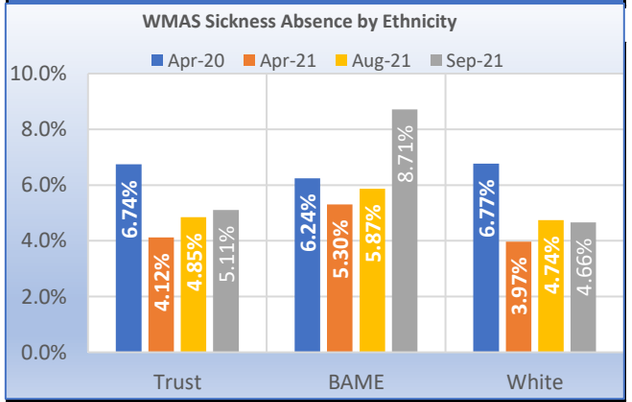


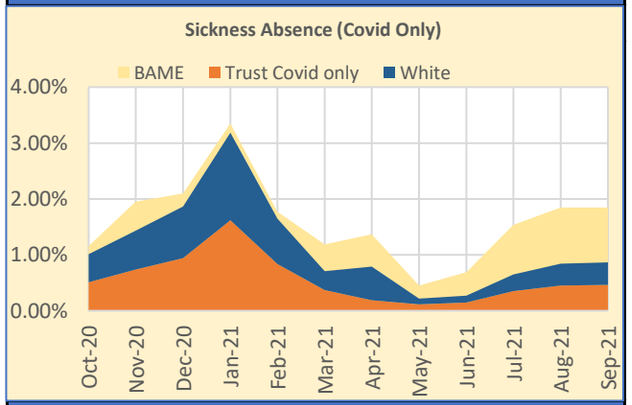


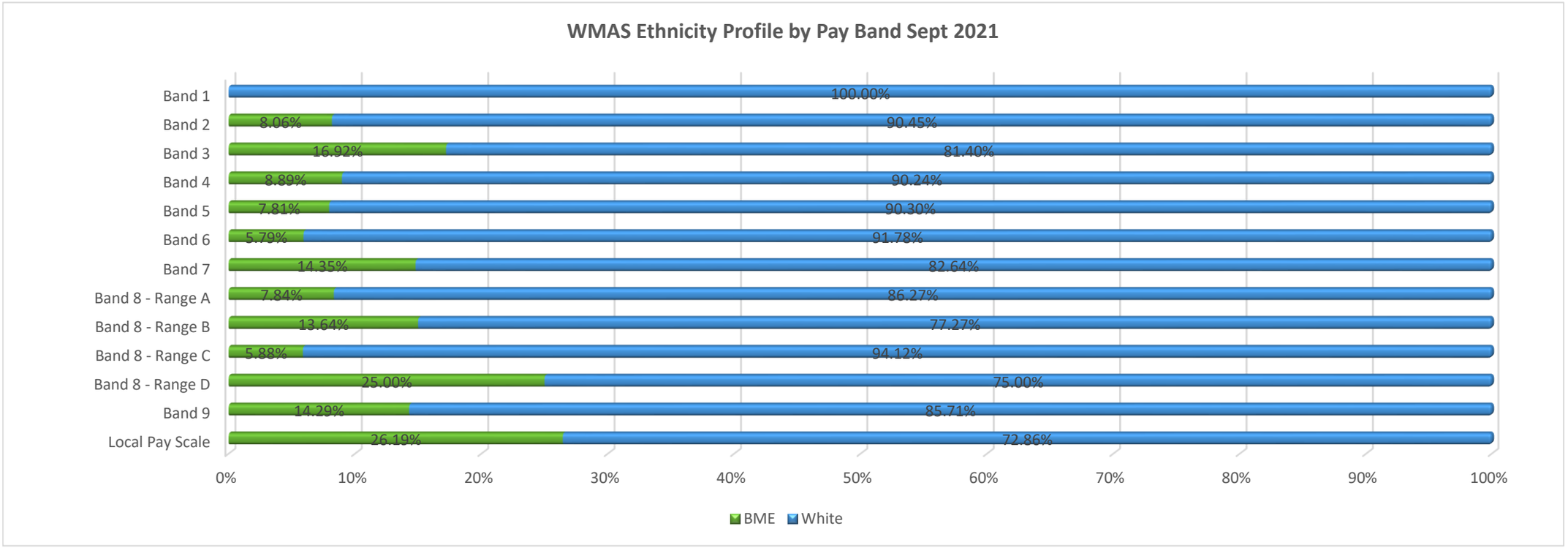




The number of staff from a BAME background reduced marginally from the previous year.
The charts on sickness absence below show the impact of Covid-19 on the workforce - April 2020 is included for reference.






WMAS Ethnicity Profile by Pay Band Sept 2021
Band 1
Band 2
Band 3
Band 4
Band 5
Band 6
Band 7
Band 8 - Range A
Band 8 - Range B
Band 8 - Range C
Band 8 - Range D
Band 9
Local Pay Scale
100.00%
8.06%
90.45%
16.92%
81.40%
8.89%
90.24%
7.81%
90.30%
5.79%
91.78%
14.35%
82.64%
7.84%
86.27%
13.64%
77.27%
5.88%
94.12%
25.00%
75.00%
14.29%
85.71%
26.19%
72.86%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
BME
White

7

PUBLIC MEMBERSHIP

Membership Breakdown Report - October 2021

	Members	Population
Public Members	9074	**5,955,554**
Staff Member	7805	
Total	16879	
Catchment Areas	Members	
Birmingham	2089	1,374,458
Black Country	2842	1,205,296
Coventry and Warwickshire	1113	944,902
Staffordshire	1382	1,136,828
West Mercia	1618	1,136,828
Out of Trust Area	30	
Total	**9074**	**5,955,554**
Gender	Actual	
Male	3857	2,953,156
Female	4952	3,002,398
Unknown	265	
Total	**9074**	**5,955,554**
Monitor Ethnicity	Actual	Population
Asian	1950	604357
Black	296	182109
Mixed	141	131669
Other	98	31821
Unknown	450	0
White	6142	4491926
Total	**9105**	**5407622**
General Ethnicity	Actual	Population
Asian Bangladeshi	157	52,477
Asian Chinese	16	31,263
Asian Indian	863	218,397
Asian Other	300	74,979
Asian Pakistani	614	227,241
Black African	103	64,250
Black Caribbean	170	86,782
Black Other	23	31,077
Mixed Other	35	21,378
Mixed White and Asian	25	32,548
Mixed White and Black African	13	9,225
Mixed White and Black Caribbean	68	68,518
Other Ethnic Group	98	31,821
Unknown	450	0
White British	5976	4,427,289
White Gypsy and Irish Traveller	0	4,726
White Irish	60	55,185

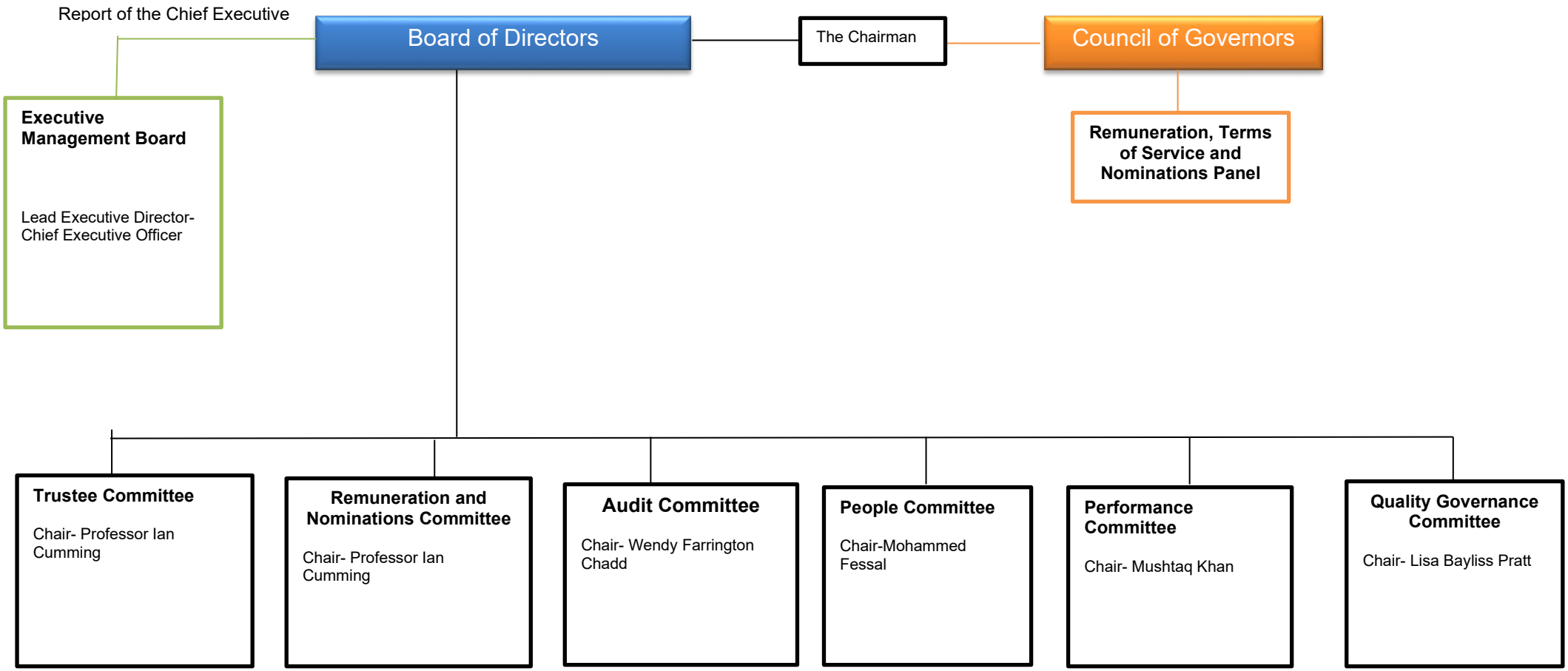
White Other	106	4,726
Other Arab	0	18,079
Total	**9074**	**5,595,494**
Monitor Age Range	Actual	Population
Age 0-16	0	1,238,370
Age 17-21	25	358,826
Age 22+	6464	4,358,358
Unknown	2585	
Total	**9074**	**5595494**
Age	Actual	Population
Age 0 - 16	0	1,238,370
Age 17-21	25	358,826
Age 22-29	765	640,123
Age 30-39	997	764,955
Age 40-49	1304	716,615
Age 50-59	1135	792,680
Age 60-74	1325	914,089
Age 75 +	938	529,896
Unknown	2585	0
Total	**9074**	**5595494**
NRS Classification	Actual	Population
AB	2122	464,168
C1	2509	700,672
C2	2022	539,612
DE	2353	711,263
Unknown	68	0
Total	**9074**	**5595494**

8

GOVERNANCE STRUCTURE

NHS
West Midlands Ambulance Service
University NHS Foundation Trust

TRUST COMMITTEE STRUCTURE

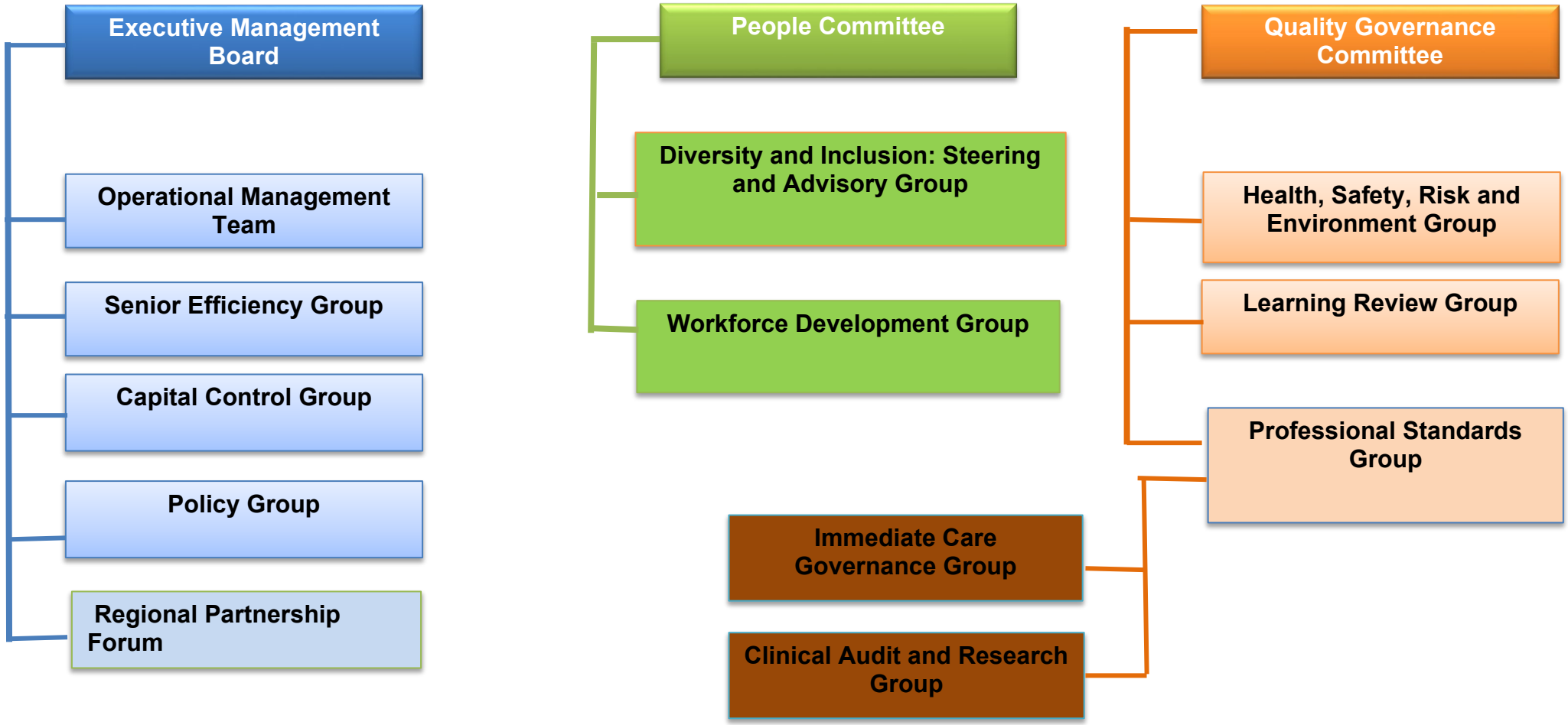


Working Groups are not shown on this chart except those reporting directly to the Board of Directors

Version 1 April 2021

West Midlands Ambulance Service
University NHS Foundation Trust

TRUST COMMITTEE STRUCTURE



Version 1 April 2021

9

MEETING SCHEDULE

West Midlands Ambulance Service University NHS Foundation Trust
Committee Dates April 2021 to March 2022

					2021									2022		
Title of Meeting	**Chair**	**Secretariat**	**Staff side Reps**	**Apr**	**May**	**Jun**	**Jul**	**Aug**	**Sep**	**Oct**	**Nov**	**Dec**	**Jan**	**Feb**	**Mar**
Board of Directors	Ian Cumming	Phil Higgins	Staff side rep x 1		26		28			27			26		30
Board Strategy and Development Days	Ian Cumming	Phil Higgins		28		30			29		24			23	
Non Executive Director Meetings	Ian Cumming	Phil Higgins		7	5	2	7	4	1	6	3	1	5	2	2
Board of Directors Committees	**Executive Management Board (EMB) (merged with Strategic Planning Group)**	Anthony Marsh	Karen Freeman		6 & 20	4 & 18	1, 15, 29	13 & 27	10 & 24	7 & 21	5 & 19	2, 16, 30	14 & 28	11 & 25	8 & 22	8 & 22
	Trustee Committee - (As and when required)	Ian Cumming	Phil Higgins													
	Remuneration and Nominations Committee - (As and when required)	Ian Cumming	Phil Higgins													
	Audit Committee	Wendy Farrington-Chadd	Donna Stevenson			19		13				9				
	People Committee	Mohammed Fessal	Dawn John			24		26		20		29		17		28
	Performance Committee	Mushtaq Khan	Donna Stevenson		27			27			26					
	Quality Governance Committee (QGC)	Lisa Bayliss-Pratt	Nicky Shaw	Staff side reps x 2		24					18			17		21
EMB Sub Committees	Operational Management Team	Craig Cooke														
	Senior Efficiency Group	Claire Finn	Donna Stevenson			27		29		30		25		27		
	Capital Control Group	Claire Finn	Donna Stevenson			13		15		16		18	16	13		
	Policy Group	Nathan Hudson	Aimee Summers		8	6	3	1	5	9	7	11	9	6	3	3
	Regional Partnership Forum	Nathan Hudson	Dawn John	Staff side Reps x 15	14	25		5	19	27		10	20		2	17
Quality Governance Sub Committees	Health, Safety, Risk and Environmental Group	Mark Docherty	Nicky Shaw	Staff side reps x 2		13		22		16		18		20		24
	Learning Review Group	Mark Docherty	Nicky Shaw	Staff side reps x 2	21	17	21			20	20	22		24	21	23
	Professional Standards Group	Craig Cooke	Nicky Shaw	Staff side reps x 2	26	24	28	26		27	25	29		31	28	28
	Immediate Care Governance Group (Report to Professional Standards Group)	Alison Walker	Nicky Shaw			11		6		14		9		4		1
	Clinical Audit and Research Programme Group (Report to Professional Standards Group)	Craig Cooke	Jenny Lumley-Holmes	Staff side rep x 1		10	24		2	13	28		8	17		3
People Sub Committees	Workforce Development Group	Carla Beechey	Dawn John	Staff side Reps x 2		12		7		1		8		5		7
	Diversity and Inclusion: Steering and Advisory Group	Carla Beechey	Dawn John	Staff Side Reps x 2		20			17			18			10	
RPF Sub Meetings	Executive Partnership Group	Nathan Hudson	Carla Beechey	Staff Reps x 6		11		7	25		25			6		2
	BBC Locality Partnerhsip Forum	Senior Ops Manager	Samantha Walton	Staff Side Reps x 11	22	20	24	29		23	21	25				
	EOC Partnership Forum	Jeremy Brown	Louise Bowater	Staff Side Reps x 4	29	27	24	29	26	30	28	25				
	West Mercia Locality Partnership Forum	Liz Parkes		Staff Side Reps x 6												
	Staffordshire Locality Partnership Forum	Dean Jenkins		Staff Side Reps x 9	22	27	24	29	26	23	28	25				
	Coventry and Warwickshire Locality Partnership Forum	Dan Swain		Staff Side Reps x 7	23	28	25	30	27	24	29	26				
	Non Emergency Services Locality Partnership Forum	Michelle Brotherton	Sharon Davies	Staff Side Reps x 7	27	25	22	27		21	19	23		25	22	22
Council of Governors	**Council Of Governors Meeting**	Ian Cumming	Suzie Wheaton			11		28				9				
	Council of Governors Development Day (As required)	Ian Cumming	Suzie Wheaton													
	Annual Council of Governors and Annual Member Meetings	Ian Cumming	Suzie Wheaton					28								
	Remuneration Terms of Service and Nominations Panel (as required)	Ian Cumming	Suzie Wheaton													

10

GLOSSARY OF TERMS

GLOSSARY OF TERMS

Abbreviation	Full Description
A&E	Accident and Emergency
AAA	Association of Air Ambulances
AACE	Association of Ambulance Chief Executives
ABP	Annual Business Plan
ACAO	Assistant Chief Ambulance Officer
ACDC	Active Compression Decompression
ACLS	Advanced Cardiac Life Support
ACPO	Association of Chief Police Officers
AD	Active Directory
AED	Automated External Defibrillator
AFA	Ambulance Fleet Assistant
AfC	Agenda for Change
ALF	Ambulance Leadership Forum
AMI	Acute Myocardial Infarction
AMPDS	Advanced Medical Priority Despatch System
ANTT	Aseptic Non-Touch Technique
AQI	Ambulance Quality Indicators
ARMS	Ambulance Risk Management Standards
ARP	Ambulance Response Programme
ARV	Alternative Response Vehicle
ASN	Ambulance Service Network
ASD	Annual Skills Development
BAF	Board Assurance Framework
BASICs	British Association of Immediate Care Doctors
BC	Black Country
BAME	Black, Asian, Minority and Ethnic
BME	Black and Ethnic Minority
BNF	British National Formulary
C&W	Coventry and Warwickshire
CAD	Computer Aided Dispatch
CAT	Category
CBRN	Chemical, Biological, Radiological, Nuclear
CC	Call Connect
CCGs	Clinical Commission Groups
CCU	Critical Care Unit
CDP	Career Development Plan
CEN	Committee of European Normalisation
CfH	Connecting for Health
CFMS	Counter Fraud and Security Management Service
CFR	Community First Responder

CHD LIT	Coronary Heart Disease Local Implementation Team
CIPs/EP's	Cost Improvement Plans/ Efficiency Plans
CNST	Clinical Negligence Scheme for Trusts
CONOPS	Concept of Operations
CPI	Clinical Performance Indicator
CPO	Community Paramedic Officer
CPR	Cardiopulmonary Resuscitation
CQC	Care Quality Commission
CQUIN	Commissioning for Quality and Innovation
CRES	Cash Releasing Efficiency Savings
CSD	Clinical Support Desk
CSU	Commissioning Support Unit
CTM	Clinical Team Mentor
CTS	Courier Transport Service
DCA	Double Crewed Ambulance
HDU	High Dependency Unit
DitL	Day in the Life
DGH	District General Hospital
DH	Department of Health
DN	District Nurse
E&U	Emergency & Urgent
EBITDA	Earnings Before Interest, Tax, Depreciation and Amortisation
ECA	Emergency Care Assistant
ECIST	The Emergency Care Intensive Support Team
ECPAG	Emergency Call Prioritisation Advisory Group
ECP	Emergency Care Practitioner
ECR	Extra Contractual Referral
ECS	Emergency Care System
ED	Executive Director
EDI	Equality, Diversity and Inclusion
EDS	Equality Delivery System
EFL	External Financing Limit
EIA	Equality Impact Assessment
EISEC	Enhanced Information System for Emergency Controls
EHR	Electronic Health Record
EMB	Executive Management Board
EOC	Emergency Operations Centre
EPO	Emergency Planning Officer
EPRR	Emergency Preparedness, Resilience and Response
ERMA	Emergency Response Management Arrangements
EPR	Electronic Patient Record
ESR	Electronic Staff Record

FAAW	First Aid at Work
FAST	Face, Arm, Speech Test
FY	Financial Year
FT	Foundation Trust
FTN	Foundation Trust Network
FTGA	Foundation Trust Governors Association
FTSU	Freedom to Speak Up
GRS	Global Rostering System
GP	General Practitioner
HALO	Hospital Ambulance Liaison Officer
HART	Hazardous Area Response Team
HCAI	Healthcare Acquired Infections
HCRT	Health Care Referral Team
HCSW	Health Care Support Worker
HEE	Health Education England
HPA	Health Protection Agency
HPC	Health Professions Council
HQ	Headquarters
HSE	Health and Safety Executive
ICD	Incident Command Desk
ICCS	Integrated Control and Command System
ICP	Immediate Care Point
ICT	Information and Communications Technology
IE & UC	Integrated Emergency & Urgent Care
IG	Information Governance
IGT	Information Governance Toolkit
IHCD	Institute of Health Care Development
IIP	Investors in People
ILCOR	International Liaison Committee on Resuscitation
IMAS	Interim Management and Support
IM&T	Information Management and Technology
IMR	Internal Management Review
IOR	Initial Operational Response
IOSH	Institute of Safety and Health
IPC	Infection Prevention and Control
IRU	Incident Response Unit
IWL	Improving Working Lives
JESIP	Joint Emergency Services Interoperability Programme
JOPS	Joint Operational Principles
JRCALC	Joint Royal Colleges Ambulance Liaison Committee
KA34	Department of Health Korner Return
KLOE	Key Lines of Enquiry

KPIs	Key Performance Indicators
KSF	Knowledge & Skills Framework
LAN	Local Area Network
LAT	Local Area Teams
LDC	Leadership Development Centre
LINKs	Local Involvement Networks
LMS	Logistics Medical Service
LRG	Learning Review Group
LSMS	Local Security Management Specialist
LUCAS	Lund University Cardio Assist System
MAA	Midlands Air Ambulance
MAU	Medical Assessment Unit
MCV	Mass Casualty Vehicle
MEOC	Mobile Emergency Operations Centre
MERIT	Medical Emergency Response Incident Team
MI	Major Incident
MINAP	Myocardial Infarction Audit Project
MISU	Major Incident Support Unit
MIU	Major Incident Unit
MP	Millennium Point
MP	Member of Parliament
MTFA	Marauding Terrorist Firearm Attack
NACC	National Ambulance Coordination Centre
NARU	National Ambulance Resilience Unit
NASMeD	National Ambulance Service Medical Directors
NED	Non-Executive Director
NHSCB	National Health Service Commissioning Board
NHSE	National Health Service Executive
NHSLA	National Health Service Litigation Authority
NHSP	National Health Service Pathways
NICE	National Institute for Health and Clinical Excellence
NLC	National Leadership Council
NOS	National Operation Standards
NpfIT	National Programme for IT
NSF for CHD	National Service Framework for Coronary Heart Disease
OD	Organisational Development
OOH	Out of Hours
ONS	Office for National Statistics
ORCON	Operational Readiness Consultants
PAC	Public Accounts Committee
PALS	Patient Advice and Liaison Service
PbR	Payment by Results

PDR	Personal Development Review
PCC	Primary Care Clinic
PCI	Primary Percutaneous Coronary Intervention
PCT	Primary Care Trust
PFI	Private Finance Initiative
PHTLS	Pre-Hospital Trauma Life Support
PIs	Performance Indicators
PLS	Paramedic Life Support
POMIS/STOMIS	Purchase Order & Stores Management Information Systems
PoP	Point of Presence
PPEG	Public & Patient Engagement Group
PRF	Patient Report Form
PSIAM	Priority Solutions Integrated Access Management
PTS	Patient Transport Service
QGC	Quality Governance Committee
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity and Performance
REAP	Resourcing Escalatory Action Plan
RIDDOR	Reporting of Injuries, Diseases and Dangerous Occurrences Regulations
ROSC	Return of Spontaneous Circulation
RPST	Risk Pooling Scheme for Trusts
RRV	Rapid Response Vehicle
SfBH	Standards for Better Health
SCR	Serious Case Review
SHA	Strategic Health Authority
SI	Serious Incident
SLA	Service Level Agreement
SOC	Strategic Operations Centre
SORT	Special Operations Response Team
SOM	Standard Operating Model
SOP	Standard Operating Procedure
SPC	Statistical Process Control
SPA	Single Point of Access
SR0	Senior Responsible Officer
SSAG	Staff Survey Action Group
SSP	System Status Plan
STEIS	Strategic Executive Information System
STEMI	ST Elevation Myocardial Infarction
STREAM	Strategic Reperfusion Early After Myocardial Infarction
SWOT	Strengths, Weaknesses, Opportunities & Threats
TAAS	The Air Ambulance Service

TAS	Telephone Answering Service
TMIU	Temporary Minor Injury Unit
TUPE	Transfer of Undertakings (Protection of Employment) Regulations 2006
UCS	Unscheduled Care Service
UHB	University Hospital Birmingham
UHCW	University Hospital Coventry & Warwickshire
UHU	Unit Hour Utilisation
UPS	Uninterruptible power supply
USAR	Urban Search and Rescue
UTC	University Technical College
VAS	Voluntary Aid Services
VCS	Voluntary Car Service
VLE	Virtual Learning Environment
VPO	Vehicle Preparation Officer
WAHT	Worcestershire Acute Hospital Trust
WAN	Wide Area Network
WBA	Work Based Assessment
WDC	Workforce Development Confederation
WM	West Mercia
WMAS	West Midlands Ambulance Service
WNAA	Warwickshire and Northamptonshire Air Ambulance
WRES	Workforce Race Equality Standard
WTE	Whole Time Equivalent
YTD	Year to Date